PROJECT COMPLETION REPORT

TO CREATE DEMAND FOR COVID-19 VACCINATION OF ELIGIBLE POPULATION THROUGH EXTENSIVE ADVOCACY EFFORTS AND INTER-PERSONAL COMMUNICATION

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Submitted By: HUJRA-VSO

Integrated Health Systems Strengthening and Service Delivery (IHSS-SD)

EXECUTIVE SUMMARY

INTRODUCTION

The COVID-19 pandemic has magnified long embedded racial, ethnic, and socioeconomic inequities across the public health sector. From case identification, testing, data collection practices, surveillance, and easily accessible treatment and care, communities of color and economically disadvantaged persons living near or at poverty levels have been burdened with few protections to stem the viral spread. As a result, marginalized populations and other under-resourced communities have experienced disproportionate rates of infection, as well as higher morbidity and death rates attributable to COVID-19. Moreover, the economic fallout tied to the pandemic has had even more of a disastrous impact on less advantaged individuals and families, as seen in staggering rates of job loss, housing instability, and food scarcity. Children and young people living at the margins have experienced significant educational losses throughout the pandemic because, when compared to more advantaged learners, many more poor students of all ages lack access to technology and broadband necessary for remote learning. It is well established that poor and/or remote communities, older adults, individuals with disabilities, economically disadvantaged families will have harder times during periods of recovery than those with greater financial advantage and security.

Too much conflicting information on vaccines, misinformation and disinformation have the potential to impact people's attitudes, beliefs, knowledge and intention to accept vaccination. Digital platforms can also be means to circulate rumours, which may also go beyond the digital space – in traditional media and in communities, from one person to another. Feedback from communities consistently shows that due to the influence of misinformation, disinformation and rumours, many community groups across the globe believe a cure either already exists or they rely on herbal remedies and other unproven treatments. The differences among vaccines, cures and treatments are still unclear for many people.

There is growing evidence of vaccine delays or refusals due to a lack of trust in the importance, safety and effectiveness of vaccines, alongside persistent access issues. Community trust is key to ensuring vaccine uptake and buy-in. To build trust, it is key to understand how communities perceive the disease and their main questions, doubts and fears around vaccines, generally, and towards COVID-19 vaccines, more specifically. Previous experience of epidemics and communities' risk perception about the disease can also influence vaccine uptake. Lack of trust in service providers, past negative experience of vaccination and poor quality of services may also affect the decision to accept a new vaccine in certain contexts.

Emergence of Outbreak to Pandamicity

On 12 January 2020, the World Health Organization (WHO) confirmed that a Novel Coronavirus was the cause of a respiratory illness in a cluster of people in Wuhan City, Hubei Province, China, which was reported to the WHO on 31 December 2019. Pakistan registered its first Novel Coronavirus on 26 February 2020, when two cases were recorded (a student in Karachi who had just returned from Iran and another person in the Islamabad, the Capital of Pakistan). By March 18th, 2020, all four provinces of Pakistan registered COVID-19 cases, which expanded to all districts of Pakistan by 17th June 2020.

On 18th March 2020 Khyber Pakhtunkhwa (KP) reported two deaths one from its capital Peshawar and the other in Mardan district. The first victim was a 50-year-old man who returned to Mardan district after performing the Umrah pilgrimage in Mecca, Saudi Arabia. The second victim was a 36-year-old man from KP's Hangu district, who passed away at a hospital in Peshawar. The man had a travel history from Dubai to Pakistan.

Khyber Pakhtunkhwa has reported 177,723 Positive case of COVID-19 since the beginning of the outbreak with 57,31 deaths (CFR: 3.0%). 384 confirmed cases are currently hospitalized and are admitted in the various hospitals of the Province, out of which 99 Patients are on low flow oxygen, 258 are on high flow, 27 Patients are on Ventilators & are critical. A total of 169,651 (95.4%) have recovered and discharged.

Among the total number of confirmed COVID cases district Peshawar (64526) has contributed 36.3% cases, district Mardan (12336) contributed 7% cases, district swat (9616) contributed 5.4% cases, district Charsadda (4270) contributed 2.4% cases.

COVID vaccination started on 3rd February 21 & KP province has started vaccination initially with only 16 health facilities & now KP province providing covid vaccination from 1014 health facilities, 34 mass vaccination centers & 78 mobile vaccination. Total registered population on NIMS are 11,689,927, out of them 1063, 5476 (91%) population received first dose of vaccination while 5575,483 (52.4%) received complete vaccination.

Target Area & Beneficiaries

The HUJRA Village Support Organization intends to extend its support to JSI in the following districts for demand creation of COVID-19 vaccination,

Target Districts

1. District Peshawar
2. District Mardan
3. District Charsadda
4. District Swat

Goal

To break the transmission chain of COVID 19 and induce Herd Immunity

Objectives

- Increase to >95%, knowledge of COVID-19 vaccine (benefits, schedule, side effects, place and time of vaccination) among the individuals in the project area.
- Promote to over 80%, positive attitudes regarding COVID-19 vaccine (safety, efficacy, willingness/intention) among eligible population.
- Increase to >80%, public demand for COVID-19 vaccine uptake among eligible population.

Project Beneficiaries

The project will leads towards mass mobilization and increase the vaccine rate within the project district. The project will benefit five hundred thousand individuals in total covering pregnant women, older population and vulnerable population and individuals under the eligible head will be benefited from the project intervention.

Implementation Methodology & Approach

Acceptance of Vaccinations

Psychological science indicates that vaccine acceptance is an outcome behavior that can be influenced by a wide array of factors. While individuals engage in complex decision-making models to reach desired outcomes, not all members of a given population will reach acceptance at the same rate or through the use of the same decision-making processes. Identifying barriers to vaccination acceptance and other appropriate health interventions is necessary to deploy a safe and trusted vaccination successfully. Research related to vaccination behaviors utilized in past pandemics consistently demonstrates reluctance among populations to participate in public health interventions involving inoculations. The mistrust on vaccination has grown in the recent times and is believed to permeate attitudes toward the development of vaccinations developed in response to the much more widespread and dangerous global COVID-19 pandemic. Acceptance is further stymied by several root causes including religious traditions that prohibit routine vaccinations across the life cycle, vocal interest groups and movements known as anti-vaxxers, and the politicization of vaccine development. Also contributing to mistrust is the unprecedented speed of vaccination development over a relatively short period of months fostering concern about safety, testing and transparency. These barriers contribute to a concept called vaccine hesitancy.

Vaccination hesitancy is defined as a delay in acceptance or refusal of vaccines despite availability. Community leaders must be aware of how vaccine hesitancy applies within the context of their communities. The World Health Organization's explains the scope of vaccination hesitancy as follows:

The scope of vaccine hesitancy does not apply to situations where vaccine uptake is low because of poor availability e.g., lack of vaccine (stock outs), lack of offer or access to vaccines, unacceptable travel/distances to reach immunization clinics, poor vaccine program communication.

In low uptake situations where lack of available services is the major factor, hesitancy can be present but is not the principal reason for unvaccinated and under-vaccinated members of the community. In these settings, improving and expanding services must be the priority.

Communication is a key tool for success of any immunization program but is not a specific determinant in vaccine hesitancy. However, inadequate or poor communication about vaccines (e.g., why they are recommended and their safety and effectiveness) can contribute to vaccine hesitancy.

WHO Strategic Advisory Group of Experts (SAGE) Vaccine Hesitancy model

This strategy will use WHO Strategic Advisory Group of Experts (SAGE) Vaccine Hesitancy model which has been used to explore factors that affect the uptake of vaccine in various countries. The model differentiates between contextual, individual and groups and vaccine or vaccination-specific factors that influence immunization acceptance and utilization (WHO, 2014). The three domains of SAGE model will be used to promote uptake of COVID-19 vaccine as outlined below

Contextual influence

This explains factors that people who are supposed to get the vaccine cannot control but affect their uptake of vaccines. Contextual influence arises due to socio- economic, cultural, environmental, health system, or political factors. The strategy will consider the following when developing communication products and special emphasis will be made during the community engagement and social mobilization during the project implementation.

Communication and media environment: The community media will be briefed of COVID-19 and will be part of the communication and mobilization team for them to have up to date COVID-19 vaccine information and issues so that they can publish and broadcast accurate information that can demystify myths and misinformation. Information on COVID-19 and updates will be shared on national and community media platforms.

Use of influential leaders, and anti- or pro-vaccination organizations: The development of communication products and implementation of community engagement strategy will involve influential persons, religious organizations mainly who have been involved in mobilizing resources for COVID-19 case management and organizations or people who are anti and pro vaccination in all communication meetings and will use such people in print and audio visual products to promote uptake of COVID-19 vaccine.

Vaccine and vaccination-related issue

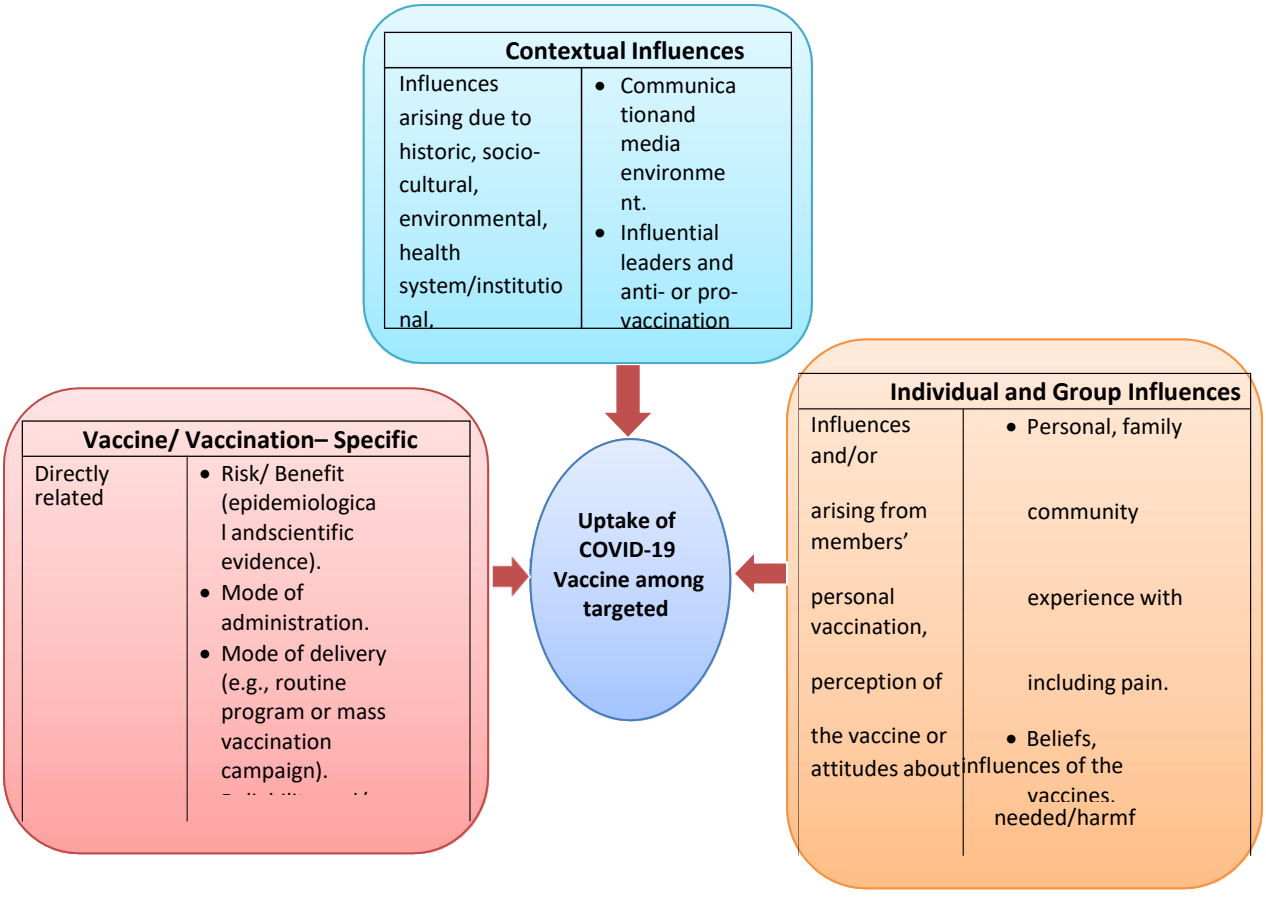
These include the risk and benefits of taking the vaccine, the scientific evidence available to back up the efficacy of the vaccine. The schedule, mode of delivery and the supply of the vaccine and the knowledge base and attitude of health workers towards the vaccine. The communication of the vaccine will make sure that all the mentioned issues are incorporated in the communication

to promote up take of vaccine. The communication team will make sure that the health workers are updated with current information to develop positive attitude toward COVID-19 vaccine.

Individual and group influences

This describes factors that group of people can motivate or demotivate the mases to get the vaccine. These are personal, family and/or community members' perceptions and experience with vaccination. The beliefs, attitudes about vaccines, health and prevention, their knowledge about COVID-19 vaccines, their trust in health system and health providers, perceived risk and/or benefit of the vaccine and belief that immunization as a social norm or not needed or harmful. The mobilization team will make sure that it builds trust of communities towards the health systems and health providers by providing platform for dialogue between community members and health workers or other health officials. The mobilization team will identify the influencers and will motivate them to get the vaccine. The mobilization team will also engage the communities to make immunization as a social norm and that it prevents deadly diseases like COVID-19. Testimonies of individuals will be broadcasted or published and uploaded in all media platforms or will be discussed in community to motivate the others to get the vaccine.

Figure: SAGE conceptual model and relationship to vaccine uptake



Project Details

1. Community Engagements and Social Mobilization Activities

As community is main stakeholder of the project therefore community members are engaged during the project life through various means. Discussions about the highly anticipated COVID-19 vaccinations have included concerns about politicization, safety, and mistrust. Despite the need for a vaccine that is safely produced, previous low vaccination uptake coupled with vaccination hesitancy may prove problematic as countries try to regain any semblance of normalcy and economies strive to recover. Research has demonstrated that trust-building borne of effective and respectful communication can influence communities and individuals to participate in immunization. The following information should be used to facilitate transparent and thoughtful conversations between community leaders and individuals to foster informed decisions about vaccination behaviours:

2. Meetings with Community Members

During the project life interaction with the community members were made and community members honestly and freely discussed their mistrust therefore under this project HUJRA arranged meetings with community members in different villages to get the desired result of the project.

3. Engagement of Religious Leaders

Engagements with religious leaders will bring differing perspectives to the vaccination conversation. Although increasing the uptake of a safely produced vaccine as a mode of pandemic control and eradication is a mainstream belief, not all community members will share this view. Meeting with the religious leaders were really important as they have high influence over community therefore tailoring interventions are vital steps for vaccine uptake across community members.

4. Community profiling and Baseline survey

In the start of project implementation HUJRA VSO get the community profile (Microplane) for each district from relevant health officials and design there strategy as per the UC requirement. In this exercise list of UCs in every district was compiled and got the data that what is peace of vaccination and what are the current situation of vaccine are the important factors that should be address.

5. Engagement with Local Influencers and Community Elders

Evidence suggests that efforts to counter vaccine hesitancy and promote vaccination need to emphasize putting “people at the center” of those efforts. Research has highlighted the potential effectiveness of dialogue-based interventions, including social mobilization and engagement with community leaders and trusted community representatives, as well as the importance of community involvement in creating, adjusting, and implementing these solutions to ensure adequate buy-in and trust. Under this component HUJRA had arranged tehsil and district level dialogue sessions with community representative and government officials and discussed the COVID 19 vaccine related myths and facts, listening to community members’ concerns in the presence of health officials and they were responded by the technical person of the District this resulted in the full cooperation from the community elders during the project life.

Project Activities:

a. Social mobilization through interpersonal communication Activities in groups

i. Men Session

During the project tenure the overall target under this component was 600 sessions while the total sessions conducted was 900 session which is 150% achievement. Among the four district the higher sessions were carried out in District Peshawar in which 260 sessions was conducted against 150 planned session.

ii. Female Session

During the project tenure the overall target under this component was 600 while the total sessions was conducted was 1081 which is 180% achievement. The higher sessions were recorded in district Peshawar. In the said district 345 sessions were carried out against the set target of 150 sessions.

iii. School Session

The theme behind market/factor sessions was not to miss a single person of the community, those who were not present at homes, the messages may reached them. The target was 200 out of which 423 was achieved which is more than 200% in all four districts assigned to HUJRA VSO. The higher sessions were recorded in district Swat among the four districts. in the said district 155 sessions were carried out against the set target of 50 sessions.

iv. Mosque Session

To remove the religious misconceptions, the religious leaders or the maulvis of the respective villages were mobilized. Session were organized in mosques, so that the doubts may be removed. The targets was 4000 out of which 1620 were achieved. The low performance reason was that during duty timing there was only one session was possible that was after Zuhar prayer.

v. Market factories session

During the project tenure the overall target under this component was 200 sessions while the total sessions conducted was 423 which is 212% achievement. The higher sessions were recorded in district Peshawar. In the district 167 sessions were carried out against the set target of 50 sessions.

b. Social mobilization through interpersonal communication Activities through one to one interaction

HUJRA VSO did the community profiling in consultation with the Health department and also the list of UCs were provided by the JSI. After that HUJRA that social mobilization through household interaction and social mobilization teams visited door to door in the targeted UCs. The overall target set during the project life was 32000 and HUJRA successfully achieved the target by 370% with overall household reached was recorded 11853. The highest was recorded in District Mardan with 39920 household reached with 499% achieved against the

set target of 8000 while the lowest figure was recorded in District Peshawar with 22639 against the set target of 8000.

c. Awareness Sessions

i. Mega phone Announcement

Megaphone were used where the Mosques were locked or the power issue in Mosques. It was also used to collect women to the female vaccination point. This was used a lot to disseminate the messages. The total target was 4000 in all districts out of which 7385 is achieved which is over 100 %.

ii. Loudspeaker Announcement

Loud speaker announcement was considered to be entry point for the staff in respective villages to inform the people that a team is here to vaccinate the people, for session. In this announcement the vaccination point for male and female was also to be announced so that the people would be well informed where the activity is going on.
The target was 4000 in all 4 districts, out of which 2484 is achieved. The Low achievement ratio is Just because in most cases the Mosques are locked or the power issue.

d. Vaccination carried out

i. Vaccinated at CVC

The option was to mobilise and sensitise the people to get vaccinated at Covid-19 Vaccination Centres established by JSI at HUJRA VSO`s assigned districts. The overall target in the four districts was 36000 in which 70780 individuals were vaccinated which is recorded as 197% achievement. The lowest was recorded in District Charsadd which 34% of the target while the highest was recorded in District Swat in which 36817 individuals were vaccinated against the set target of 9000. The below graph shows the targets and achievements for vaccinations at CVC at outreach vaccinations.

ii. Outreach Vaccination

The above all activities were meant to aware the masses about COVID-19 and finally get them vaccinated. The target was set 600000 people vaccinated in 1st dose, 2nd dose and Booster. The set target for the project life was 150,000 individuals from which 23431 persons were vaccinated during door to door visit which is only 16% of the total target. The lowest rate is recorded because most of them vaccinated at the health facilities set by the government.

e. Overall Population Reached

The total population of the target areas in all four districts are 1514197 (1.5 Million) and the overall project objective is to reach 90% of the total population which 1362777 (1.3 Million); during the project intervention HUJRA has successfully reached to the population of 1.5 Million which is recorded 117% achievement against the set target.

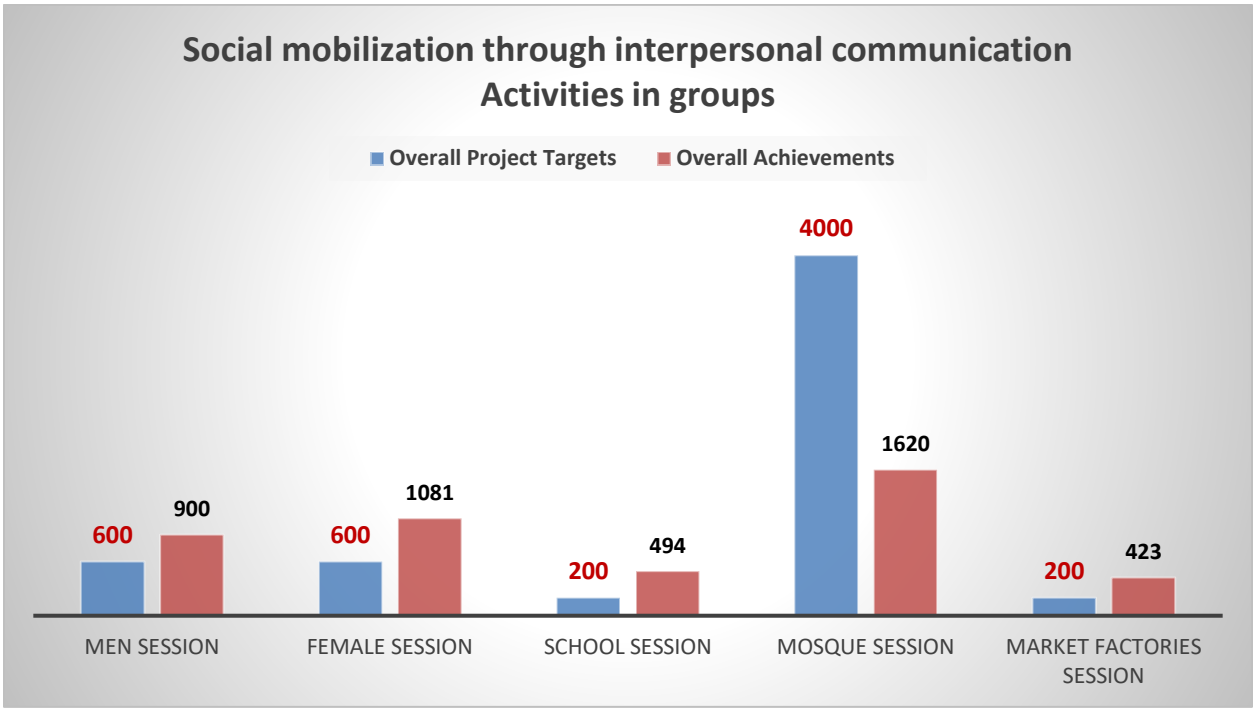
Annexure:

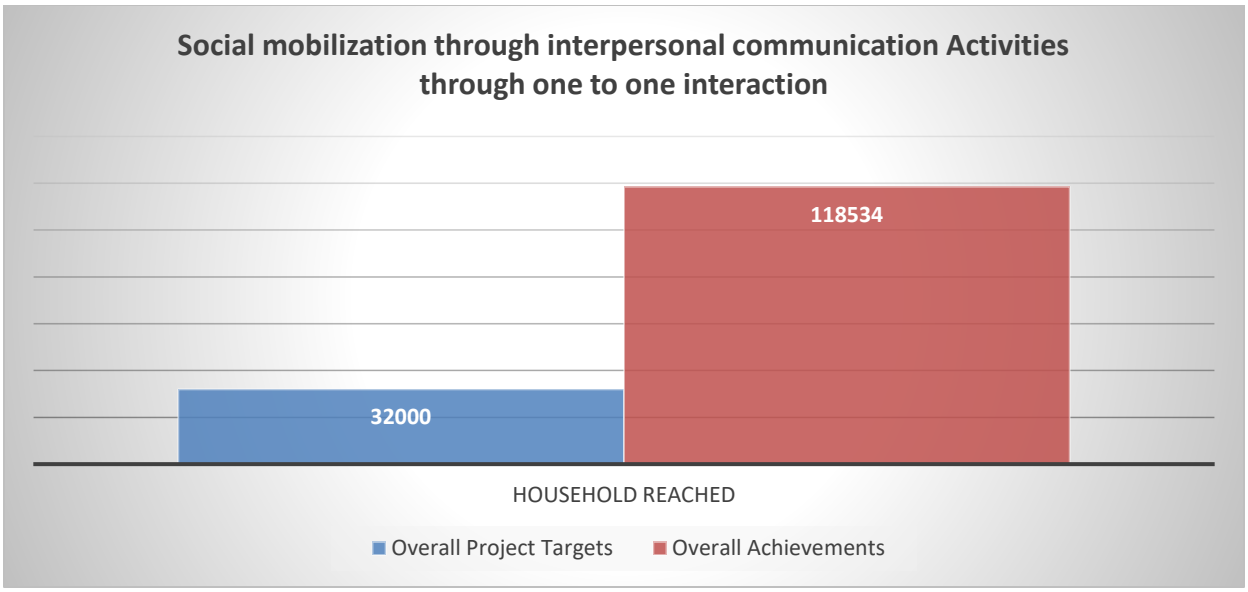
The graphical presentations are shared below

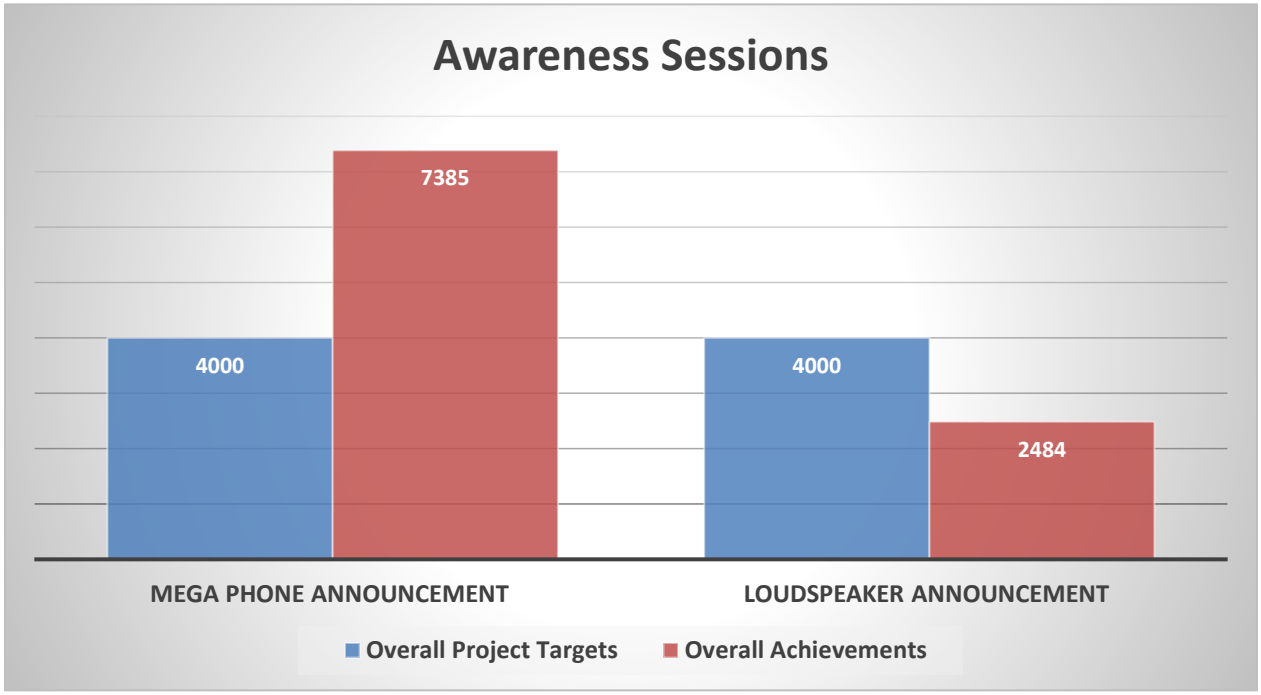
Overall Details (04 Districts)

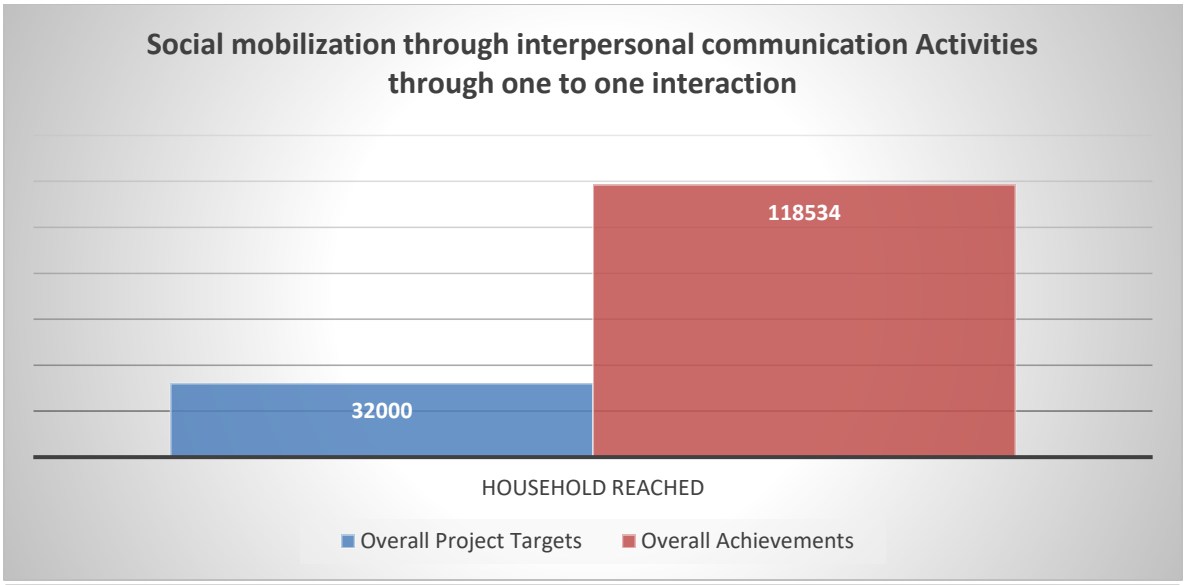
Overall Project Targets V/S Achievements

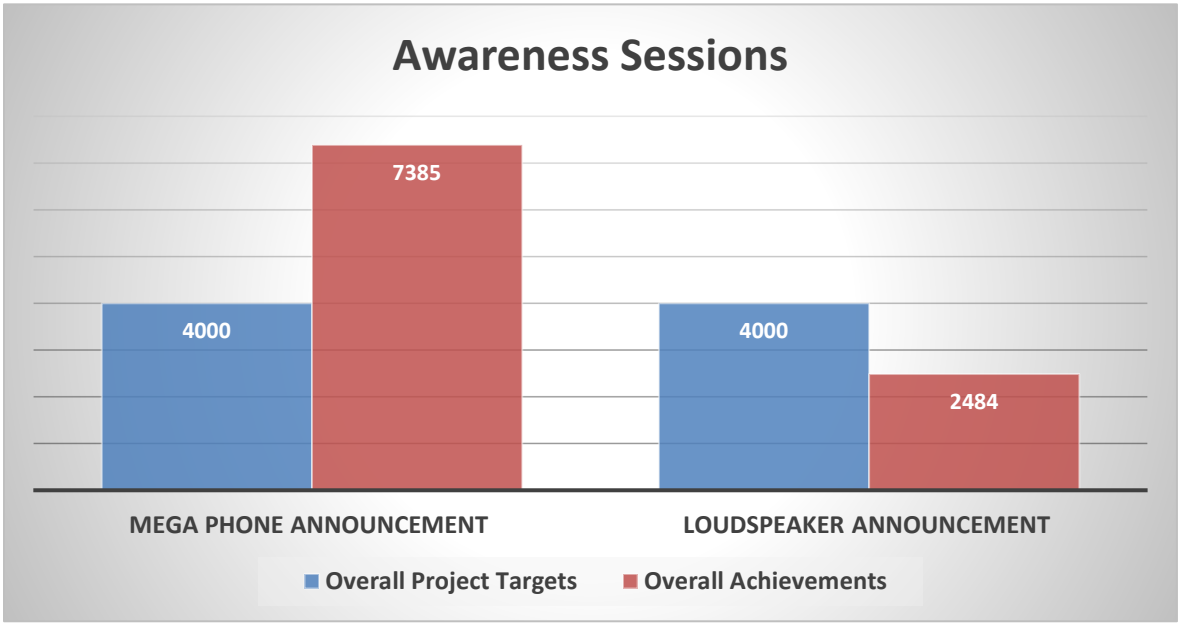
S. No	Activity	Overall Project Targets	Overall Achievements	Overall % Achieved
1	Men Session	600	900	150%
2	Female Session	600	1081	180%
3	School Session	200	494	247%
4	Mosque Session	4000	1620	41%
5	Market factories session	200	423	212%
6	Household Reached	32000	118534	370%
7	Mega phone Announcement	4000	7385	185%
8	Loudspeaker Announcement	4000	2484	62%
9	Vaccinated at CVC	36000	70780	197%
10	Outreach Vaccination	600000	78714	13%
11	Target Population	1514197	1514197	100%
12	Population coverd *(90% of the total Population)*	1362777.3	1591212	117%

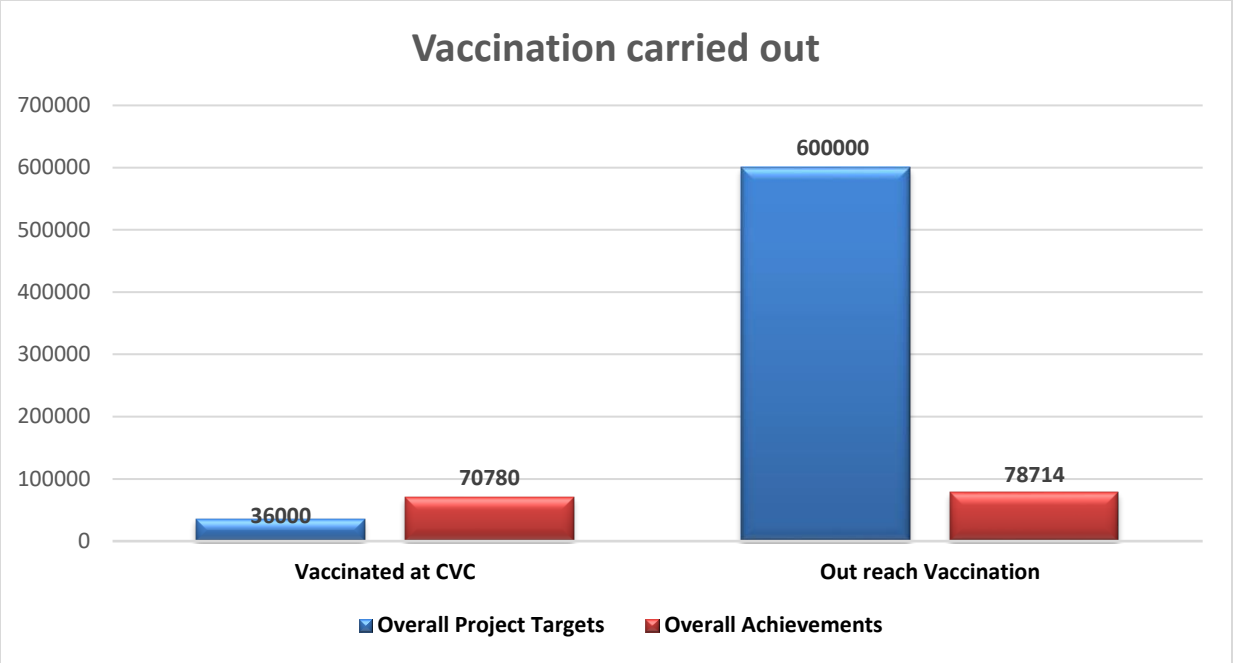


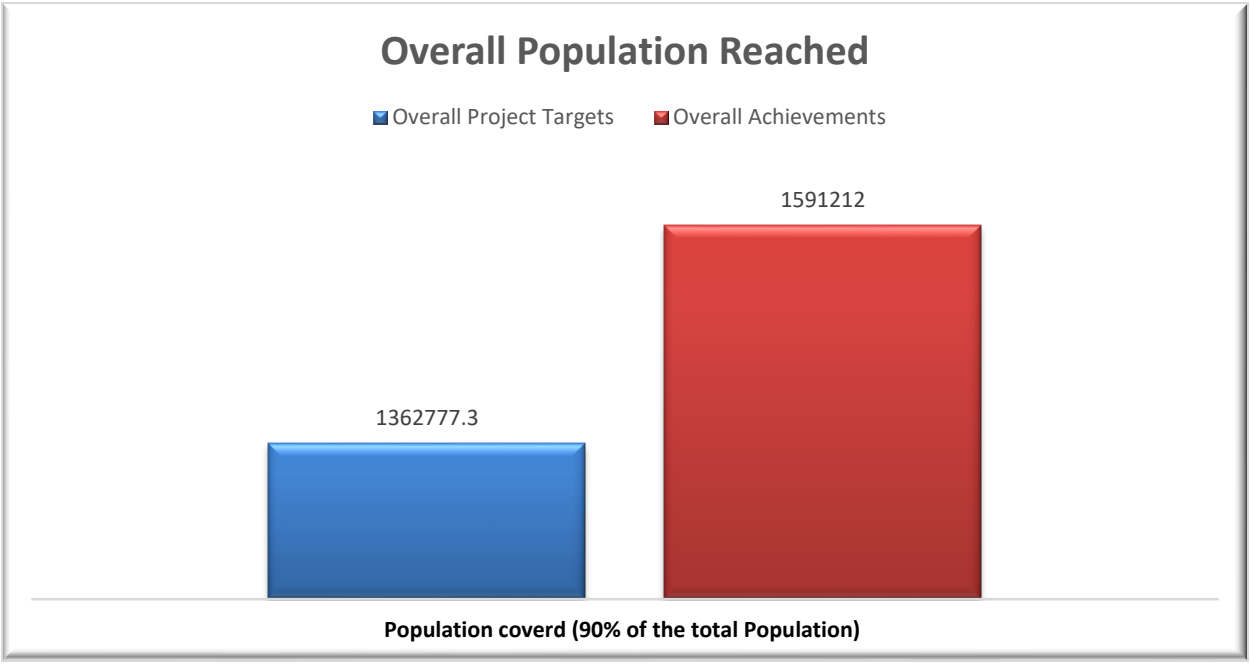

Social mobilization through interpersonal communication Activities through one to one interaction
118534
32000
HOUSEHOLD REACHED
Overall Project Targets
Overall Achievements


Awareness Sessions
7385
4000
4000
2484
MEGA PHONE ANNOUNCEMENT
LOUDSPEAKER ANNOUNCEMENT
Overall Project Targets
Overall Achievements


Social mobilization through interpersonal communication Activities through one to one interaction
118534
32000
HOUSEHOLD REACHED
Overall Project Targets
Overall Achievements


Awareness Sessions
7385
4000
4000
2484
MEGA PHONE ANNOUNCEMENT
LOUDSPEAKER ANNOUNCEMENT
Overall Project Targets
Overall Achievements

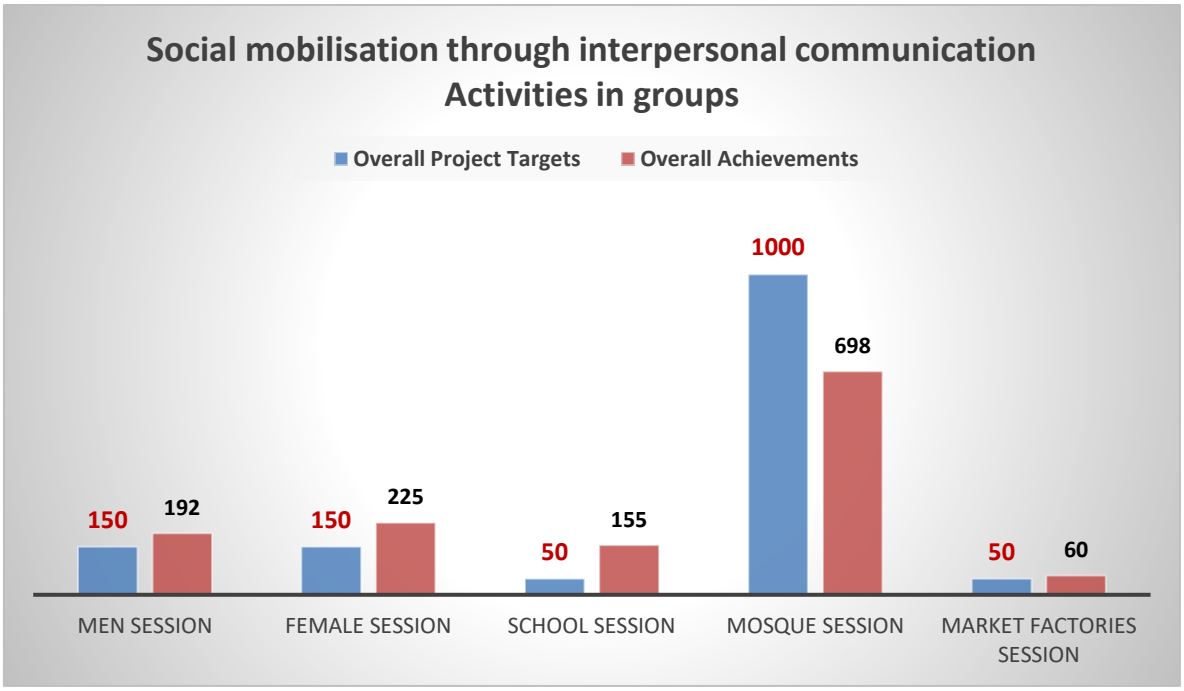

Vaccination carried out
700000
600000
500000
400000
300000
200000
100000
0
36000
70780
600000
78714
Vaccinated at CVC
Out reach Vaccination
Overall Project Targets
Overall Achievements

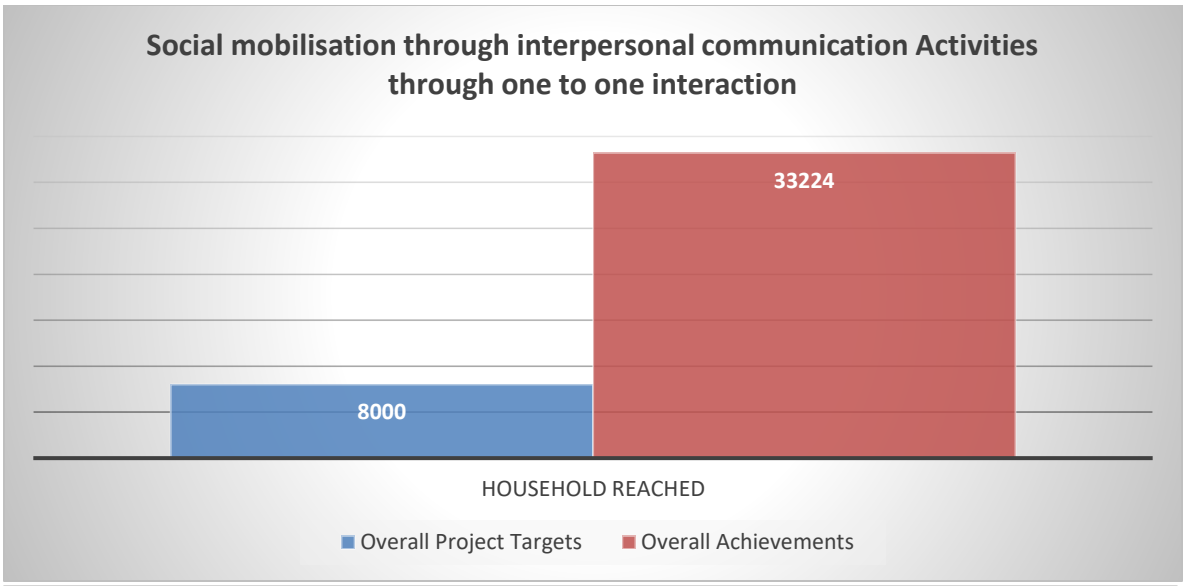

Overall Population Reached
Overall Project Targets
Overall Achievements
1362777.3
1591212
Population coverd (90% of the total Population)

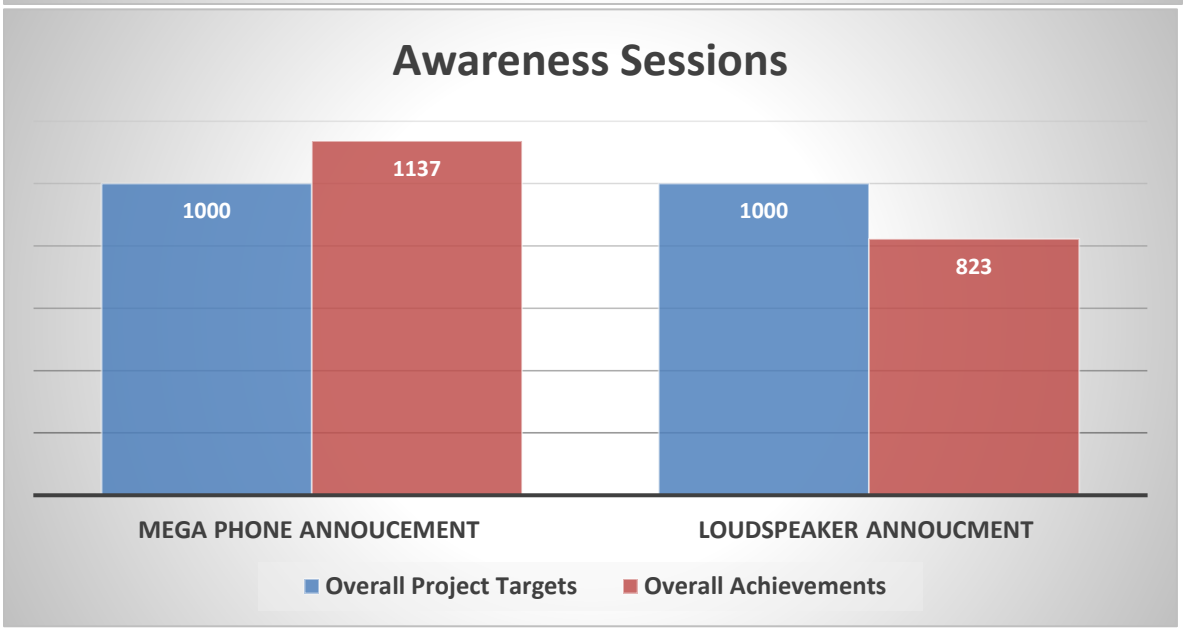
1. District Swat

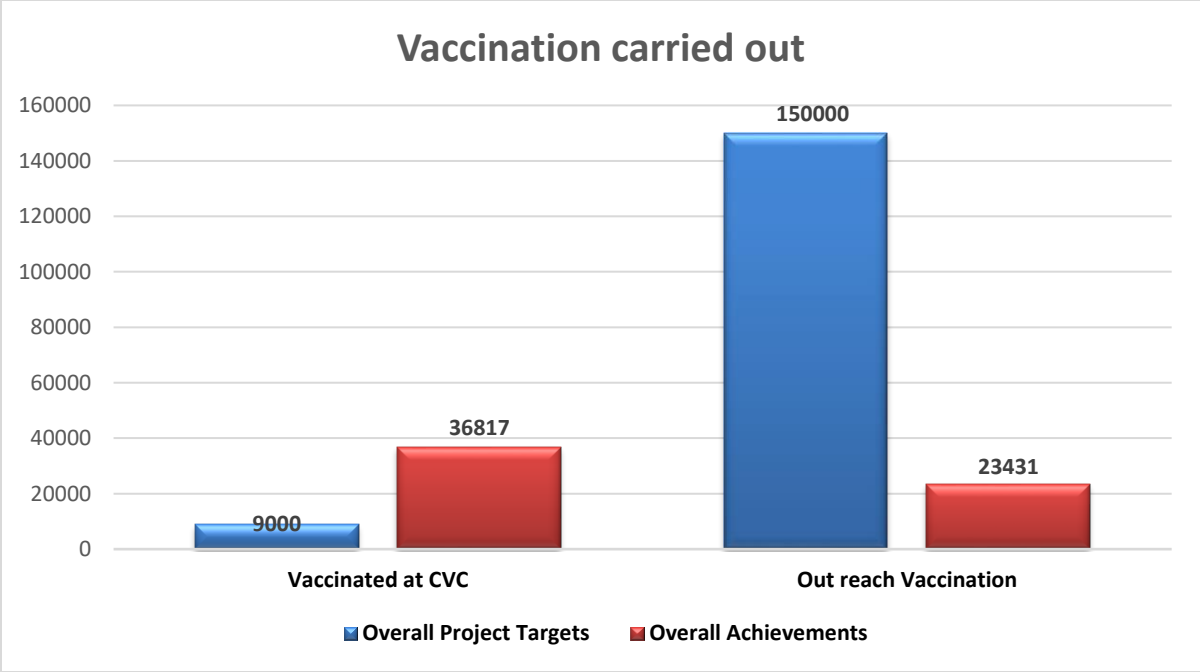
Overall Project Targets V/S Achievements

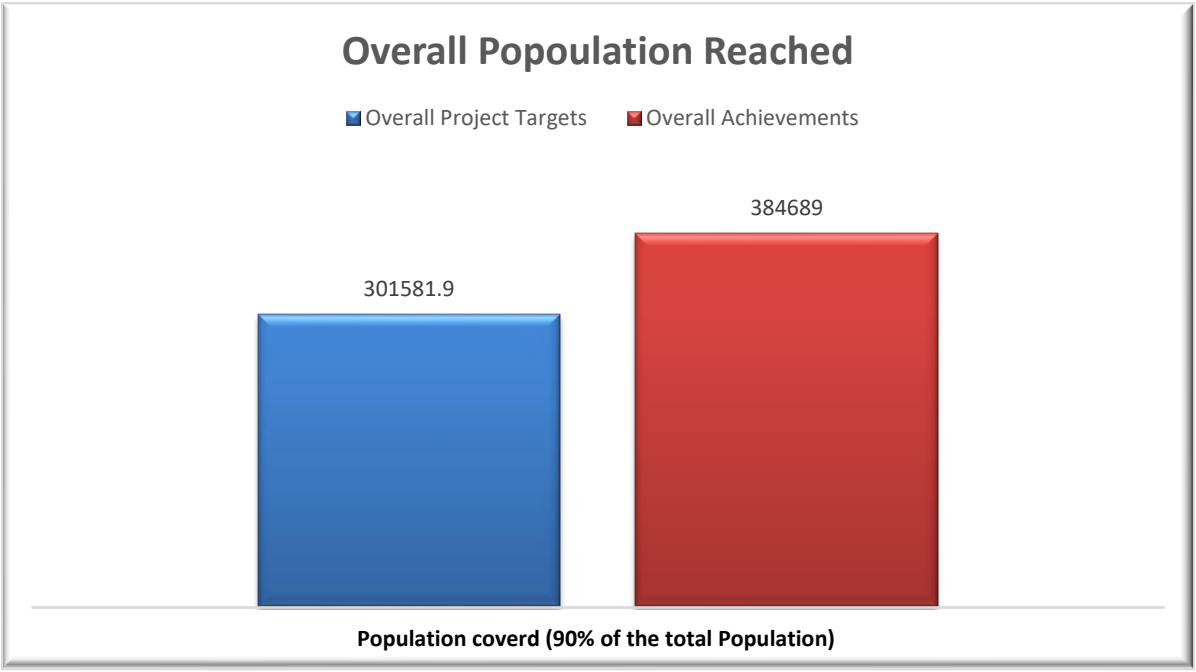
S. No	Activity	Overall Project Targets	Overall Achievements	Overall % Achieved
1	Men Session	150	192	128%
2	Female Session	150	225	150%
3	School Session	50	155	310%
4	Mosque Session	1000	698	70%
5	Market factories session	50	60	120%
6	Household Reached	8000	33224	415%
7	Mega phone Announcement	1000	1137	114%
8	Loudspeaker Announcement	1000	823	82%
9	Vaccinated at CVC	9000	36817	409%
10	Out reach Vaccination	150000	23431	16%
11	Target Population	335091	335091	100%
12	Population coverd *(90% of the total Population)*	301581.9	384689	128%




Social mobilisation through interpersonal communication Activities through one to one interaction
33224
8000
HOUSEHOLD REACHED
Overall Project Targets
Overall Achievements


Awareness Sessions
1000
1137
1000
823
MEGA PHONE ANNOUCEMENT
LOUDSPEAKER ANNOUCMENT
Overall Project Targets
Overall Achievements

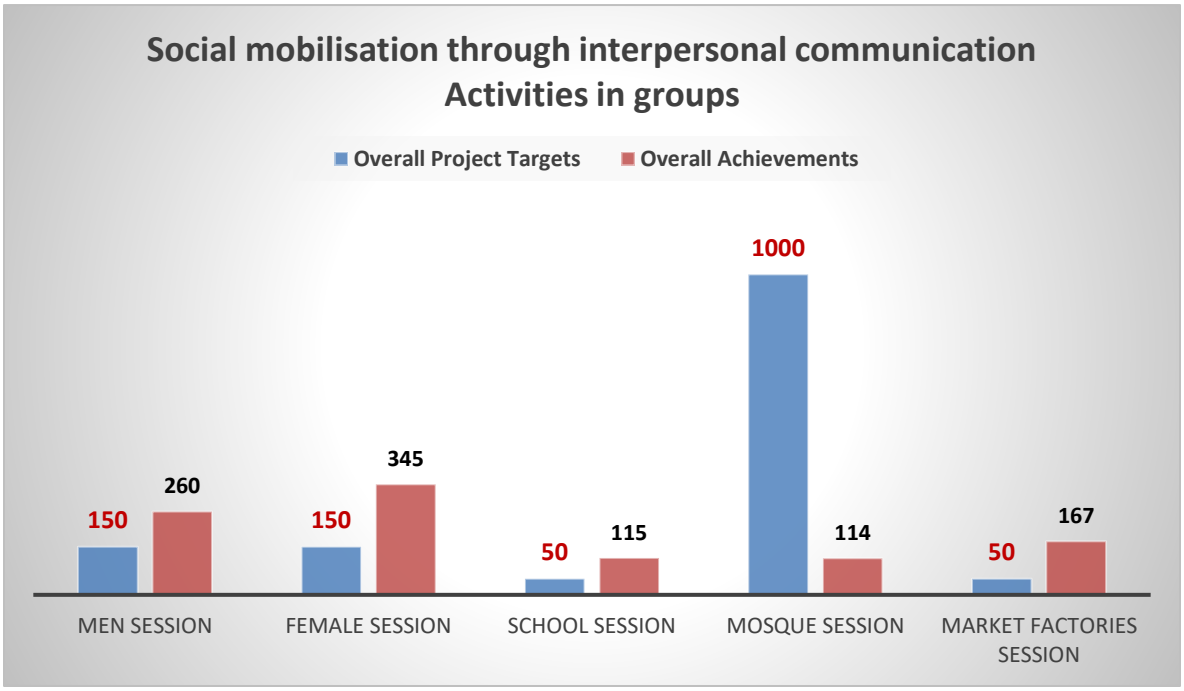

Vaccination carried out
160000
140000
120000
100000
80000
60000
40000
20000
0
9000
36817
150000
23431
Vaccinated at CVC
Out reach Vaccination
Overall Project Targets
Overall Achievements

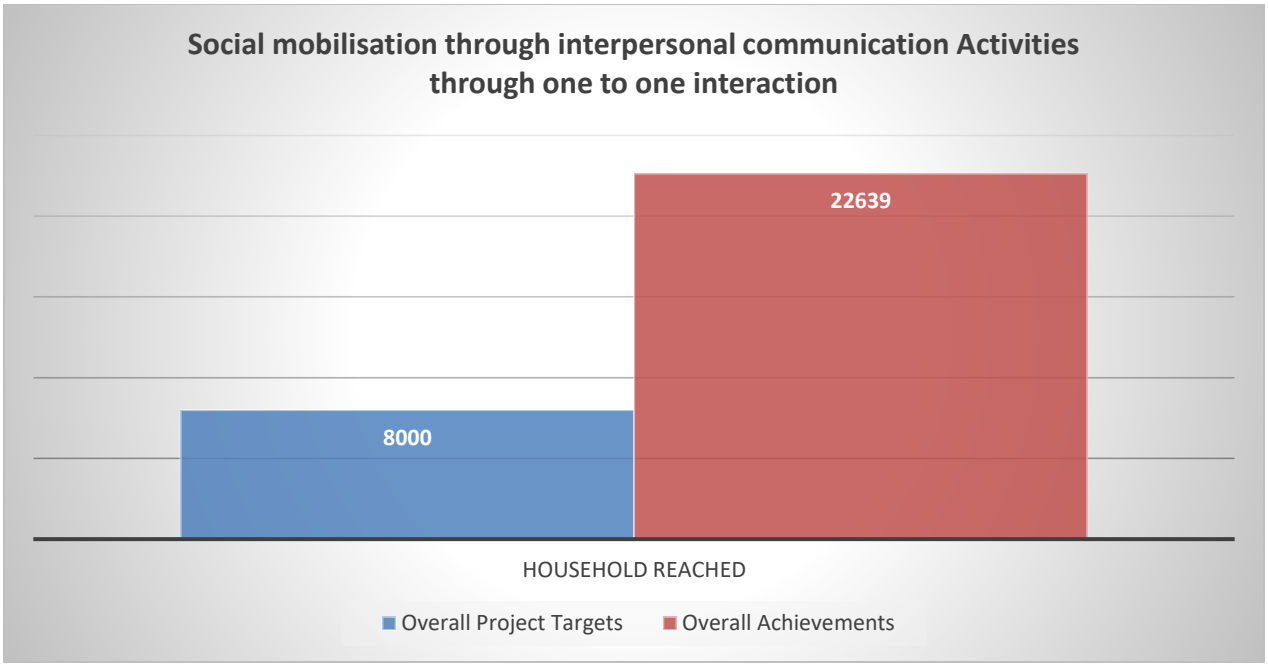

Overall Popoulation Reached
Overall Project Targets
Overall Achievements
301581.9
384689
Population coverd (90% of the total Population)

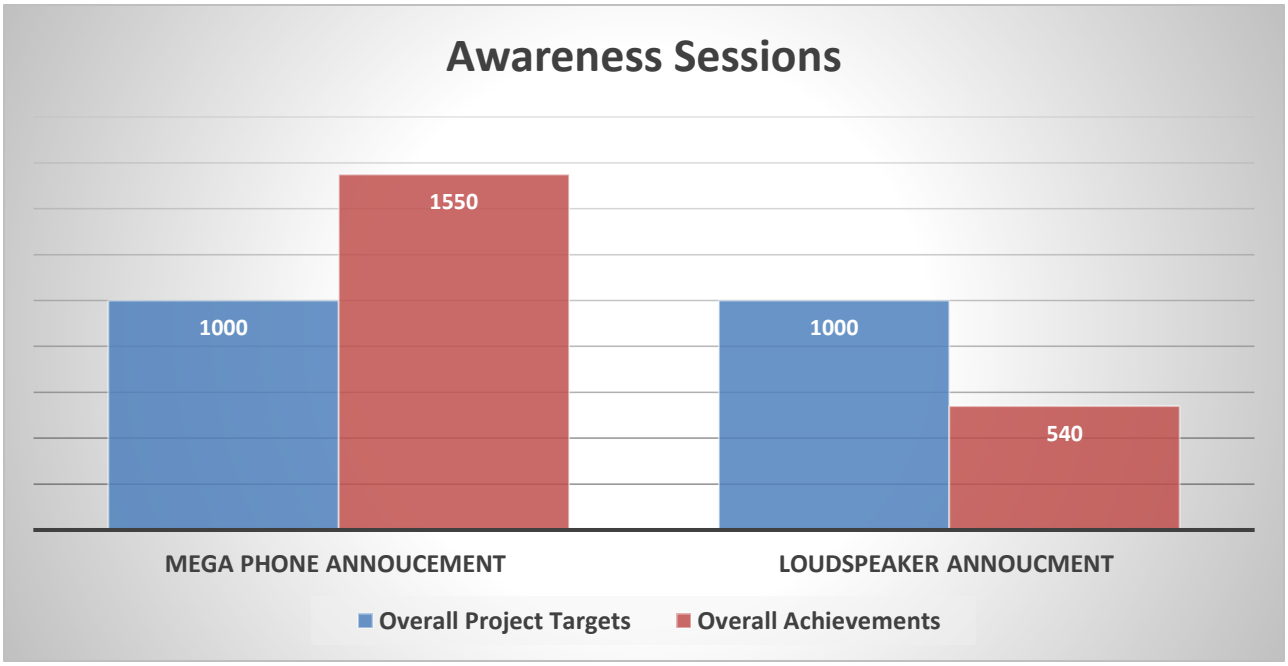
2. District Peshawar

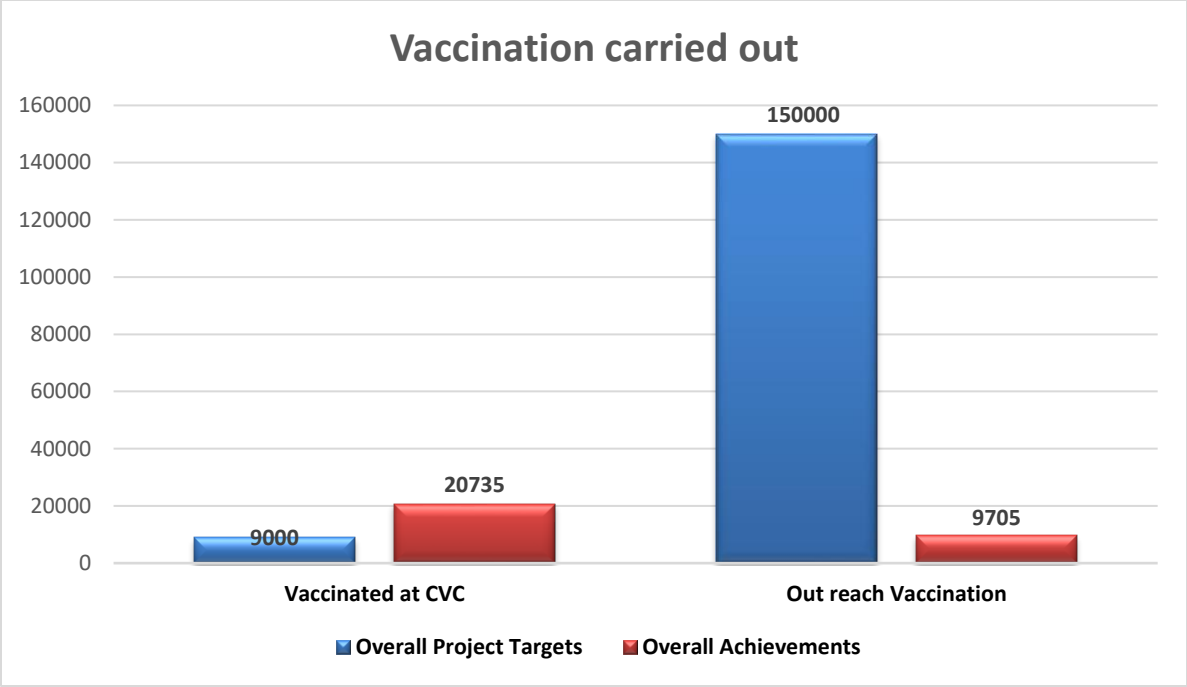
Overall Project Targets V/S Achievements

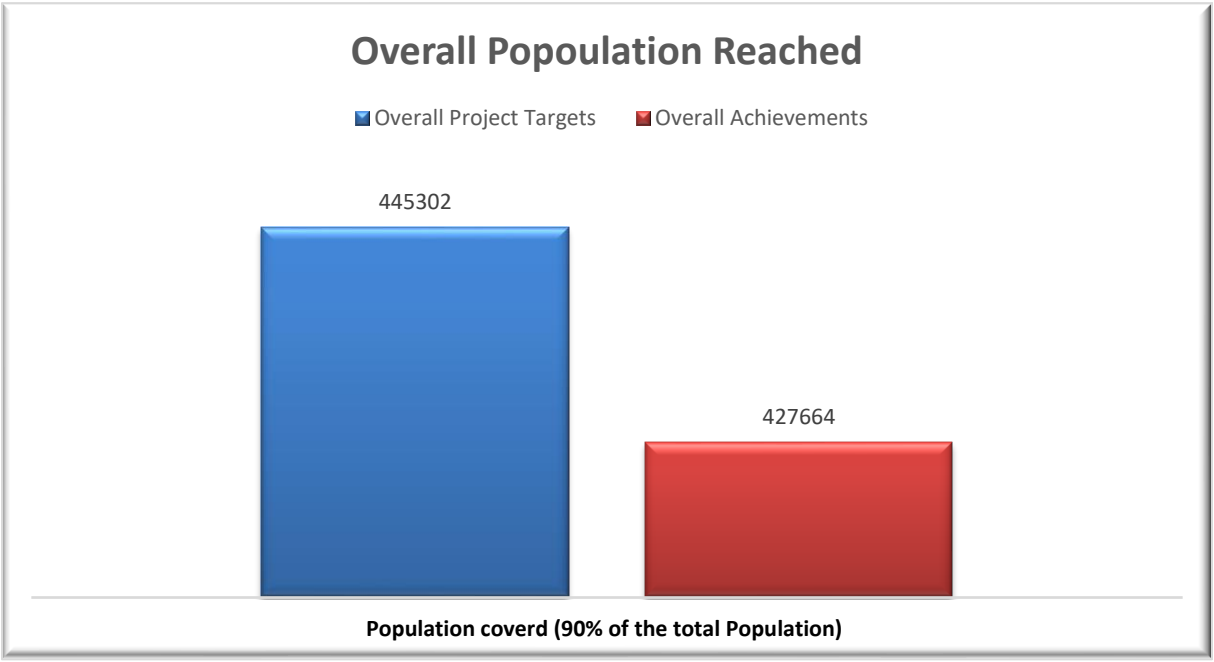
S. No	Activity	Overall Project Targets	Overall Achievements	Overall % Achieved
1	Men Session	150	260	173%
2	Female Session	150	345	230%
3	School Session	50	115	230%
4	Mosque Session	1000	114	11%
5	Market factories session	50	167	334%
6	Household Reached	8000	22639	283%
7	Mega phone Announcement	1000	1550	155%
8	Loudspeaker Announcement	1000	540	54%
9	Vaccinated at CVC	9000	20735	230%
10	Out reach Vaccination	150000	9705	6%
11	Target Population	494780	494780	100%
12	Population coverd *(90% of the total Population)*	445302	427664	96%




Social mobilisation through interpersonal communication Activities through one to one interaction
22639
8000
HOUSEHOLD REACHED
Overall Project Targets
Overall Achievements


Awareness Sessions
1550
1000
1000
540
MEGA PHONE ANNOUCEMENT
LOUDSPEAKER ANNOUCMENT
Overall Project Targets
Overall Achievements

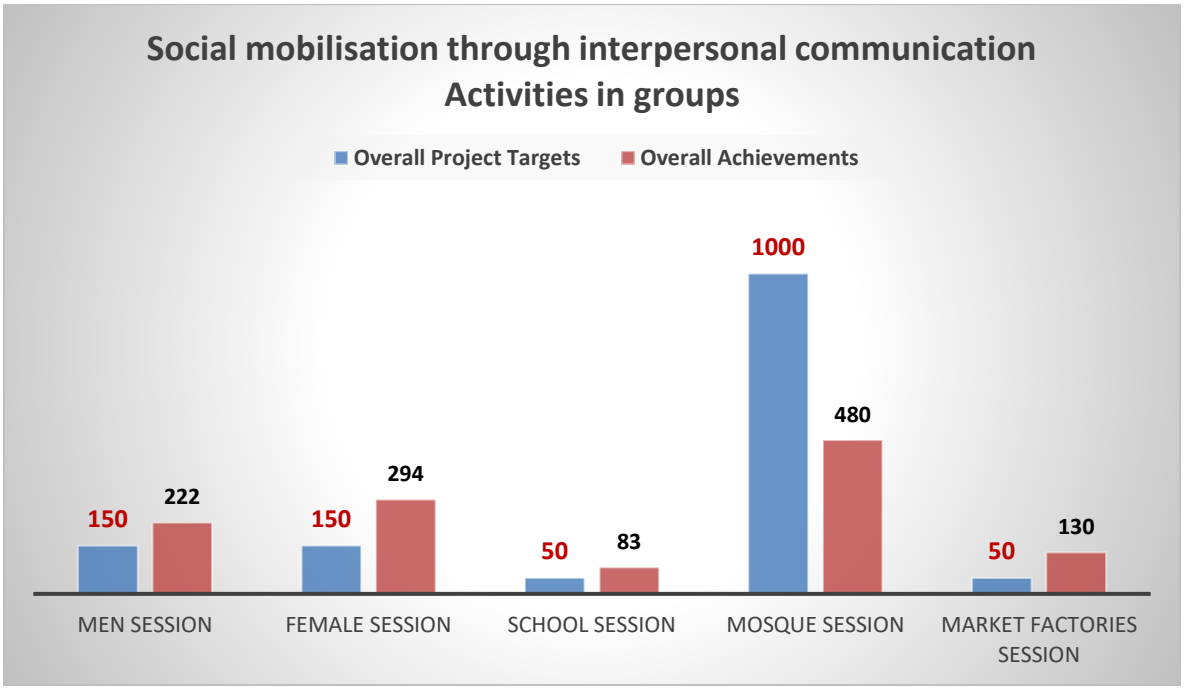

Vaccination carried out
160000
140000
120000
100000
80000
60000
40000
20000
0
9000
20735
150000
9705
Vaccinated at CVC
Out reach Vaccination
Overall Project Targets
Overall Achievements

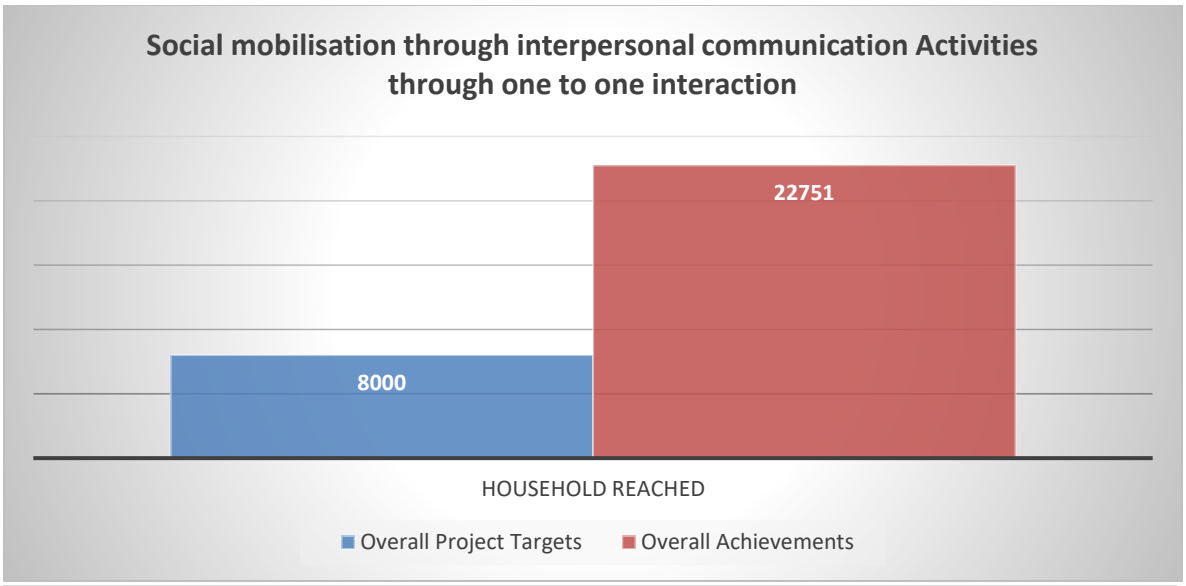

Overall Popoulation Reached
Overall Project Targets
Overall Achievements
445302
427664
Population coverd (90% of the total Population)

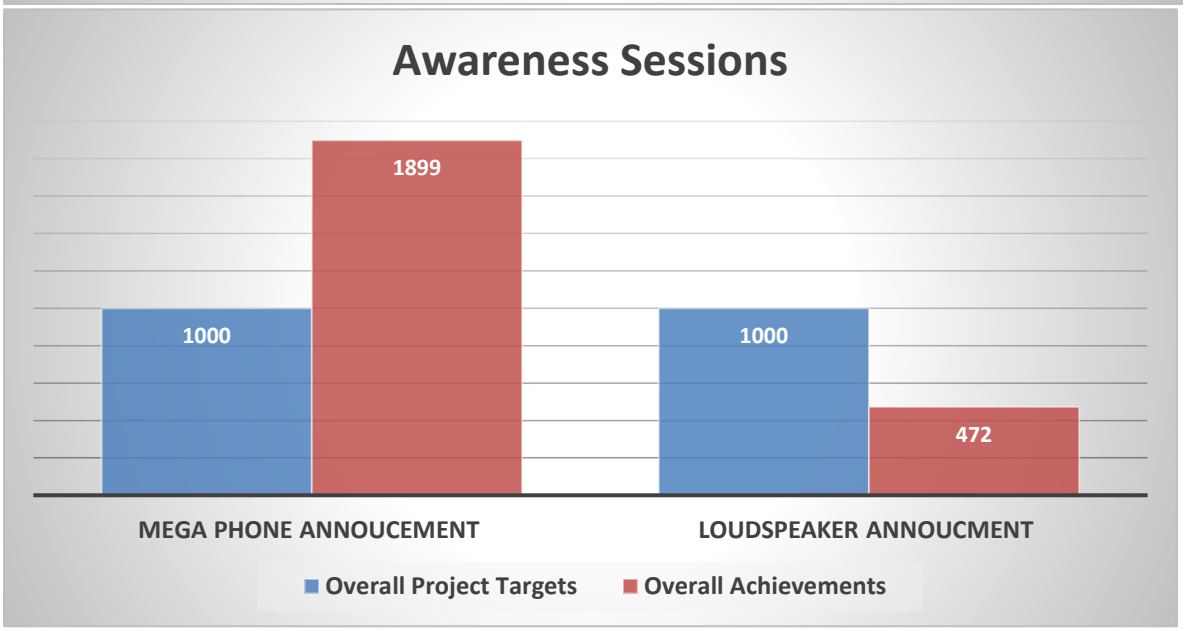
3. District Charsadda

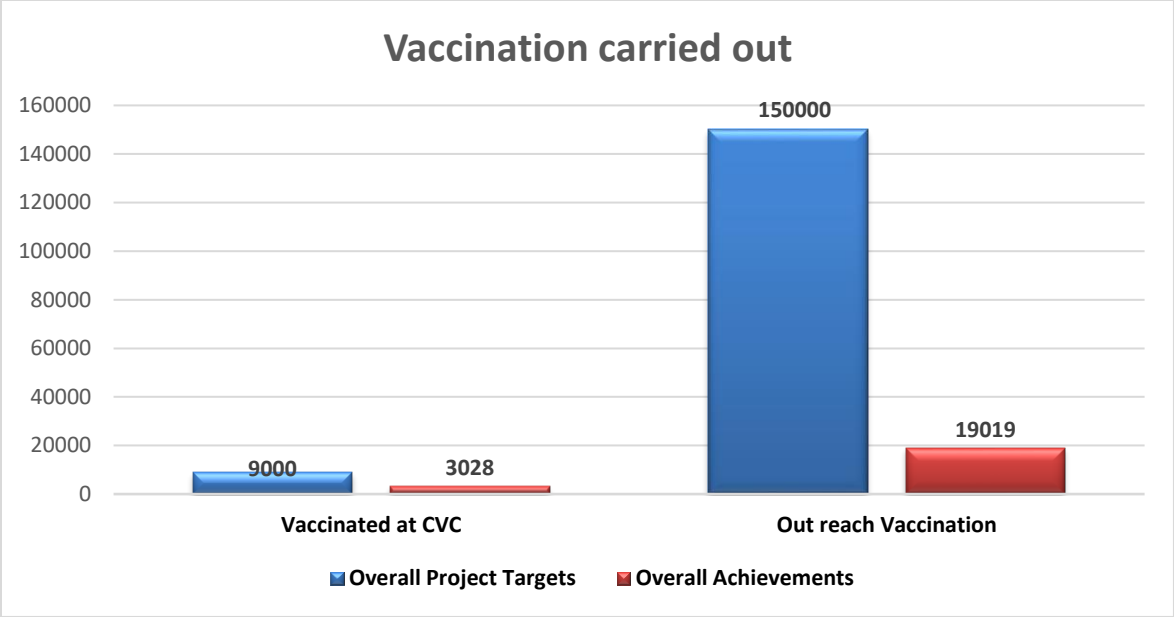
Overall Project Targets V/S Achievements

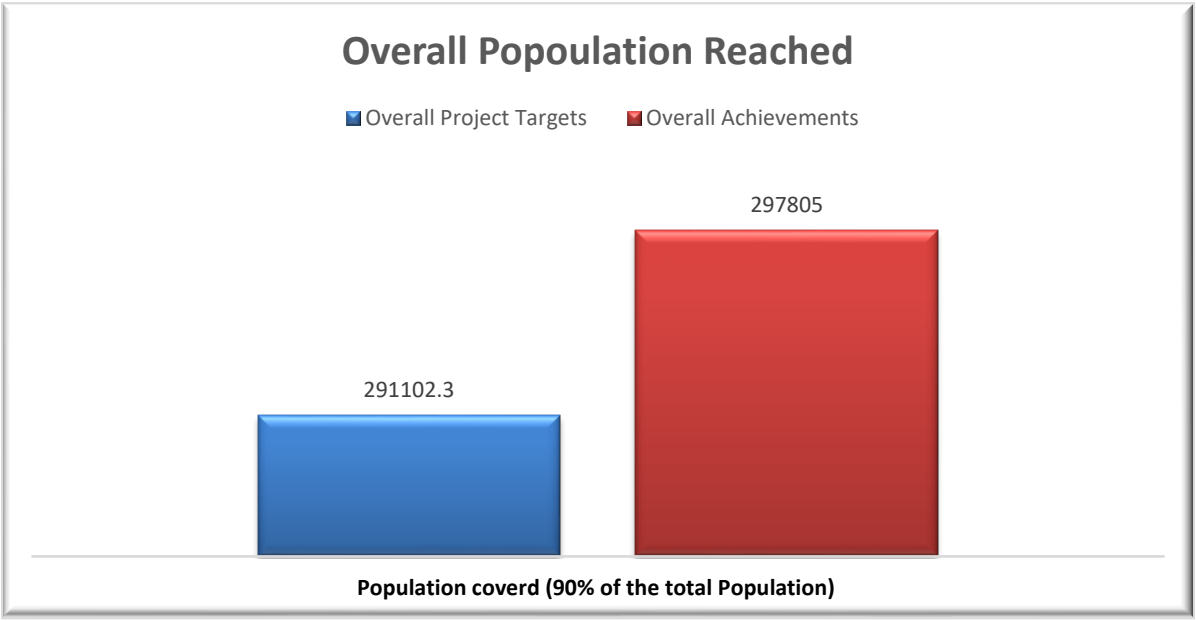
S. No	Activity	Overall Project Targets	Overall Achievements	Overall % Achieved
1	Men Session	150	222	148%
2	Female Session	150	294	196%
3	School Session	50	83	166%
4	Mosque Session	1000	480	48%
5	Market factories session	50	130	260%
6	Household Reached	8000	22751	284%
7	Mega phone Announcement	1000	1899	190%
8	Loudspeaker Announcement	1000	472	47%
9	Vaccinated at CVC	9000	3028	34%
10	Outreach Vaccination	150000	19019	13%
11	Target Population	323447	323447	100%
12	Population coverd *(90% of the total Population)*	291102.3	297805	102%




Social mobilisation through interpersonal communication Activities through one to one interaction
22751
8000
HOUSEHOLD REACHED
Overall Project Targets
Overall Achievements


Awareness Sessions
1899
1000
1000
472
MEGA PHONE ANNOUCEMENT
LOUDSPEAKER ANNOUCMENT
Overall Project Targets
Overall Achievements

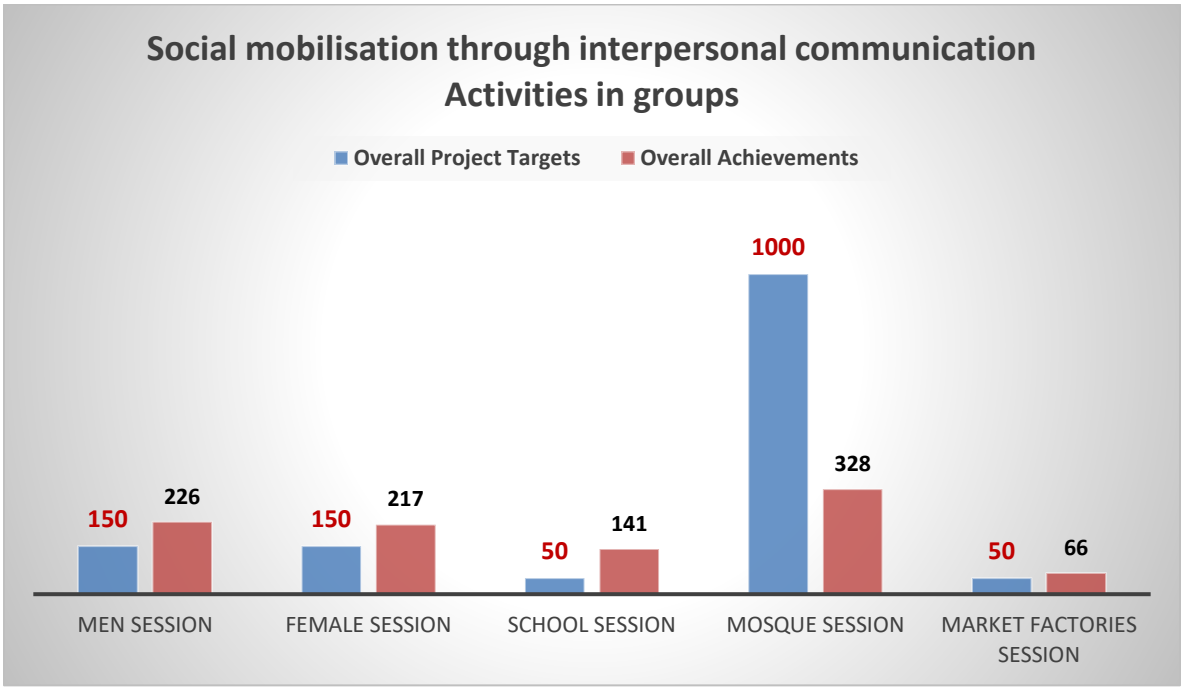

Vaccination carried out
160000
140000
120000
100000
80000
60000
40000
20000
0
9000
3028
150000
19019
Vaccinated at CVC
Out reach Vaccination
Overall Project Targets
Overall Achievements

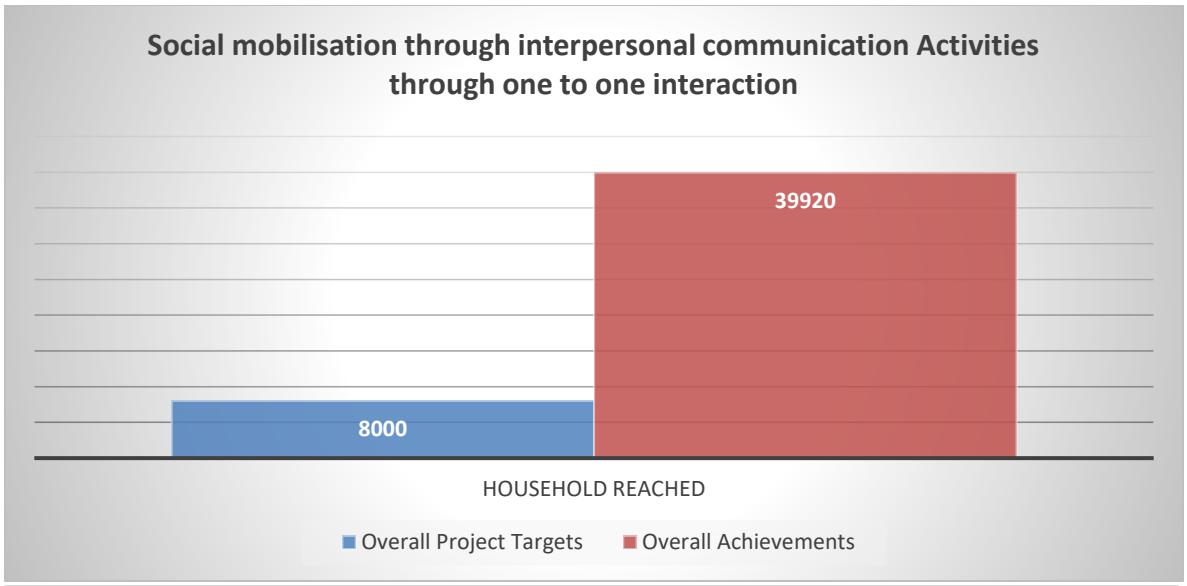

Overall Popoulation Reached
Overall Project Targets
Overall Achievements
297805
291102.3
Population coverd (90% of the total Population)

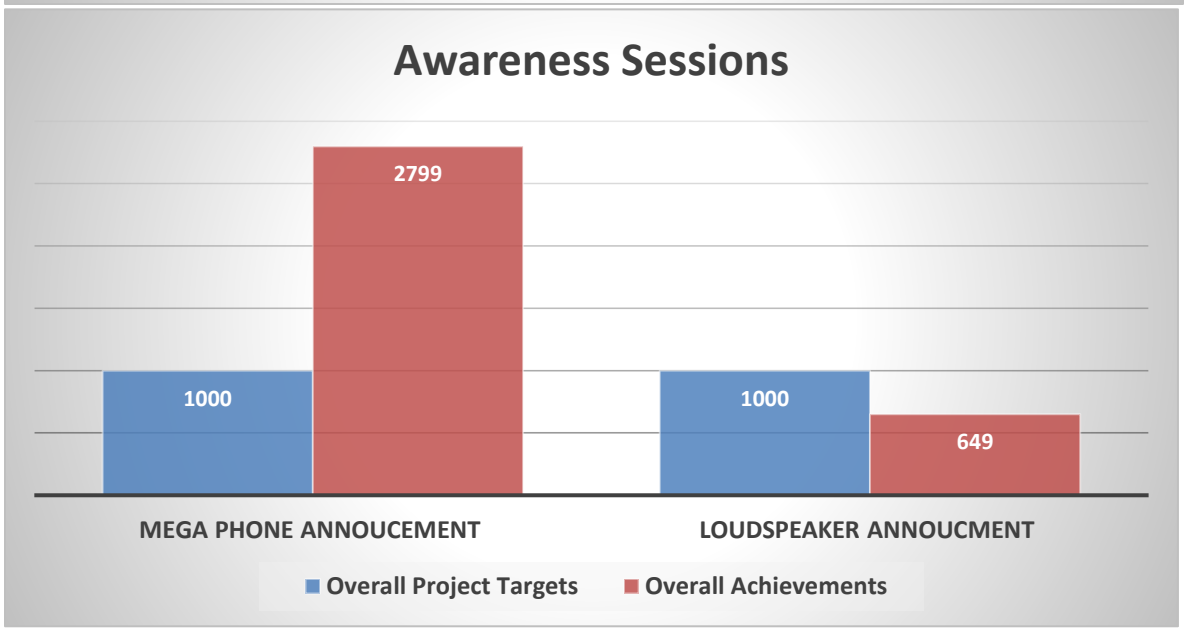
4. Mardan

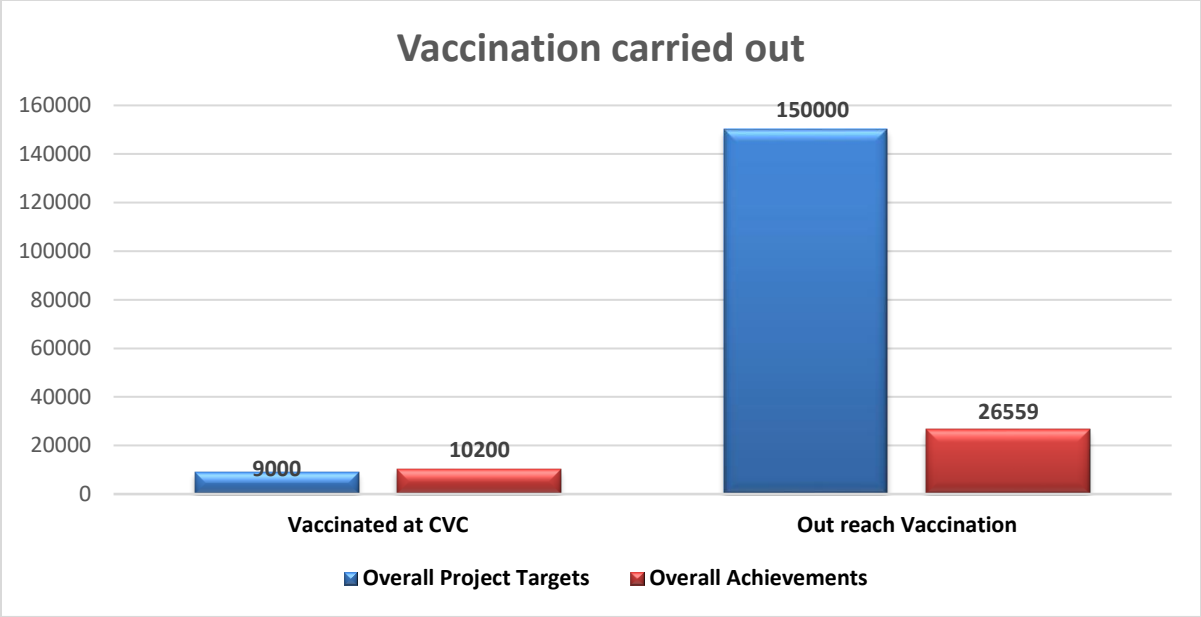
Overall Project Targets V/S Achievements

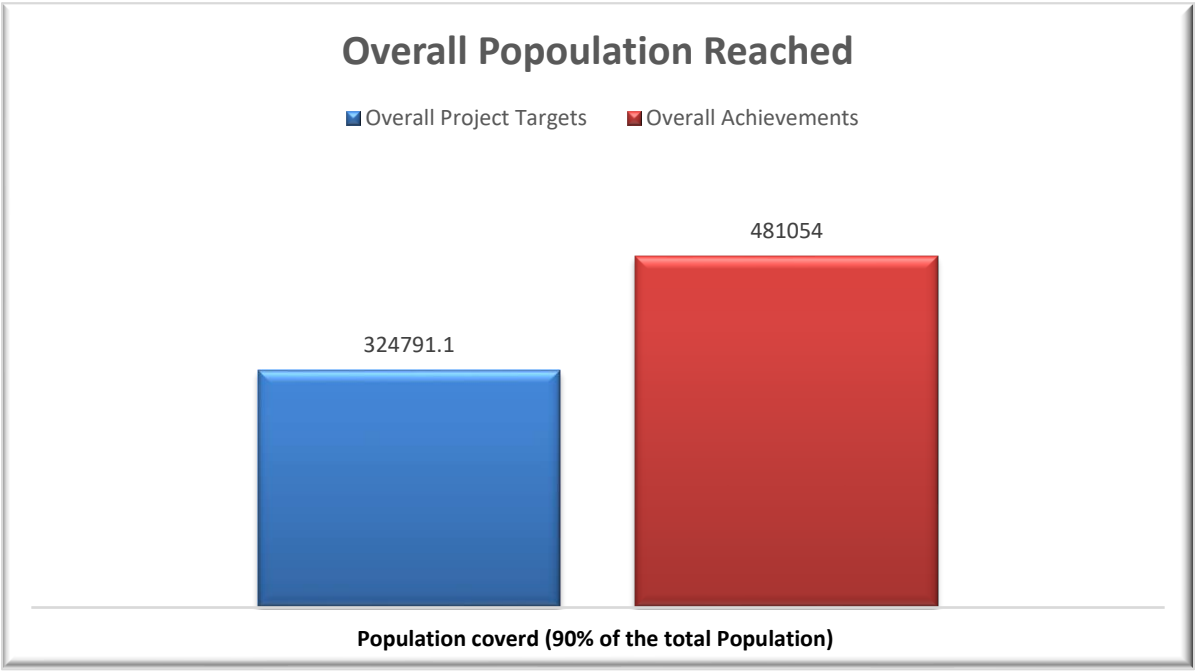
S. No	Activity	Overall Project Targets	Overall Achievements	Overall % Achieved
1	Men Session	150	226	151%
2	Female Session	150	217	145%
3	School Session	50	141	282%
4	Mosque Session	1000	328	33%
5	Market factories session	50	66	132%
6	Household Reached	8000	39920	499%
7	Mega phone Announcement	1000	2799	280%
8	Loudspeaker Announcement	1000	649	65%
9	Vaccinated at CVC	9000	10200	113%
10	Outreach Vaccination	150000	26559	18%
11	Target Population	360879	360879	100%
12	Population coverd *(90% of the total Population)*	324791.1	481054	148%




Social mobilisation through interpersonal communication Activities through one to one interaction
39920
8000
HOUSEHOLD REACHED
Overall Project Targets
Overall Achievements


Awareness Sessions
2799
1000
1000
649
MEGA PHONE ANNOUCEMENT
LOUDSPEAKER ANNOUCMENT
Overall Project Targets
Overall Achievements


Vaccination carried out
160000
140000
120000
100000
80000
60000
40000
20000
0
9000
10200
150000
26559
Vaccinated at CVC
Out reach Vaccination
Overall Project Targets
Overall Achievements


Overall Popoulation Reached
Overall Project Targets
Overall Achievements
324791.1
481054
Population coverd (90% of the total Population)