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| Reaching Impact, Saturation, and Epidemic Control (RISE) |
| RISE COVID-19 Response  India Country Technical Assistance for Response to  the Second Wave: Strengthening Capacities and Building Health System Resilience  **Improving COVID-19 vaccine coverage**  **Strategy Document**  **Period:** **24 months (May 1, 2021–April 30, 2023)** |

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# List of Abbreviations

|  |  |
| --- | --- |
| AEFI | Adverse Events Following Immunization |
| AESI | Adverse Events of Special Interest |
| CBO | Community Based Organization |
| COVID | Corona Virus Disease |
| CRF | Case Reporting Format |
| FBO | Faith Based Organization |
| FOGSI | Federation of Obstetric and Gynecological Societies of India |
| IAP | Indian Academy of Pediatrics |
| IMA | Indian Medical Association |
| LAC | Latin America and Caribbean |
| NEGVAC | National Expert Group on Vaccine Administration for COVID-19 |
| PEPFAR | United States President’s Emergency Plan for AIDS Relief |
| RISE | Reaching Impact, Saturation, and Epidemic Control (Project) |
| TA | Technical Assistance |
| USAID | United States Agency for International Development |
| UT | Union Territories |
| WHO | World Health Organization |

# **Executive Summary**

*The COVID-19 pandemic is an unprecedented health and development crisis and boosting vaccination is one of the core strategy of the Government of India’s response plan. But despite the ongoing efforts for more than six months, less than one third of the country’s targeted population received one dose of vaccine and less than one of every ten people completed their vaccination schedule (29.7% and 8.5% vaccine uptake respectively as on 9th August 2021). Large population base, diverse socio-demographic settings, inadequate public infrastructure and variable level of vaccine confidence across states and districts are some of the reasons for sub-optimal COVID-19 vaccine uptake. It is critical to undertake measure for improving vaccination coverage in the coming months for restricting the COVID-19 transmission and effectively managing subsequent waves of the pandemic.*

*Jhpiego – the global health leader, is leading the implementation of USAID supported 5-year global RISE Project with overarching purpose to technically assist national governments towards attaining and maintaining epidemic control with stronger local partners capable of managing and achieving results through sustainable, self-reliant, and resilient health systems by 2024. In India, improving COVID-19 vaccine coverage is an important component of the overall mandate under RISE project and the team is working through its network of health facilities from both public and the private sectors.*

*RISE project team has strategically identified four crucial areas for enhancing vaccine uptake in its acute implementation phase of 10 months. These include but are not limited to - strengthening of selected high case-load facilities for providing vaccination; larger engagement of private sector providers and addressing their acute skill and resource needs; improving reporting and management of adverse events occurring after COVID-19 vaccination; and addressing and implementing strategic activities to build vaccine confidence for improved vaccine delivery. The key strategies for achieving these objectives are capacity building based on hub-and-spoke approach for tertiary and secondary level facilities and teaching institutions; partnership-based mentorship to the facility staff for building skills and addressing urgent requirements; engaging with professional associations and CBO/FBO for seeking their participation and support; implementing innovative digital solutions for improved reporting and artificial intelligence (AI) based social media listening to identify vaccine related misconceptions and guide communication strategy and messages.*

*Through its strategic approach, RISE will bring unrivaled expertise towards catalyzing Government of India’s efforts for boosting COVID-19 vaccination for advancing evidence-based programming to scale for sustainable, self-reliant, and resilient health system in the country.*

*\*\*\*\*\**

# **About**

**The Organization**

Jhpiego is a non-profit global health leader and Johns Hopkins University affiliate. It has been working to strengthen public health programming for almost five decades in more than 155 countries. With its current presence in over 41 countries, Jhpiego has remained responsive to emerging challenges, from Ebola virus disease in West Africa to plague outbreak in Madagascar to the Zika global epidemic and at present for the ongoing COVID-19 pandemic. Throughout its portfolio, Jhpiego works to protect and support frontline health care workers, who are disproportionately affected by local epidemics and pandemics, so that they can remain healthy, provide uninterrupted services, and reduce the spread of disease. Jhpiego is leading the global “Reaching Impact, Saturation, and Epidemic Control (RISE) project in more than 46 countries across Africa, Asia, the Middle East, and the Latin America and Caribbean (LAC) region.

**The Project**

RISE is a 5-year global project funded by the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) and the U.S. Agency for International Development (USAID). RISE works with countries towards attaining and maintaining epidemic control with stronger local partners capable of managing and achieving results through sustainable, self-reliant, and resilient health systems by 2024.[[1]](#endnote-1) Its consortium partners are positioned to provide service delivery, technical assistance, and health system support to respond to the COVID-19 epidemic.

In India, RISE project focuses on its network of health facilities in selected states and districts towards achieving six strategic objectives – (i) improving COVID-19 vaccine coverage as an important component of the overall COVID-19 response; (ii) strengthen oxygen management capacity, readiness plan and implementation capabilities; (iii) build healthcare workforce capacity on the management of COVID-19 and acute hypoxia; (iv) improve biomedical waste management processes and practices; (v) enhance laboratory capacity; and (vi) build cross-sectoral partnerships with public and private sector organizations.

**The Strategy Document**

The

This document describes RISE project’s strategy underlying its objective to improve COVID-19 vaccination coverage in India. The strategy comprises of sub-objectives, proposed activities, expected outcomes and impact, and the theory of change towards achieving the overall objective. This strategy document is intended for use by the USAID India and RISE team, and for information of government counterparts, non-government and private sector healthcare providers, and other partners and stakeholders.

# **Introduction**

The COVID-19 pandemic unfolded as an unprecedented health and developmental crisis. Sudden surge in COVID-19 cases during the India’s second wave jeopardized lives of millions of people highlighting a lack of preparedness across the country’s health system. Globally, reaching out and vaccinating most of the population across all countries for developing an immunity shield against COVID-19 virus (SARS-CoV-2) is considered as quickest and a cost-effective measure for controlling the pandemic.

Boosting COVID-19 vaccination is one of the core strategies of the Government of India’s COVID-19 response plan. Government of India proactively developed and implemented its National COVID-19 Vaccination Strategy deriving guidance from the global best practices, standard operating procedures recommended by the World Health Organization (WHO) as well as the recommendations of National Expert Group on Vaccine Administration for COVID-19 (NEGVAC).[[2]](#endnote-2) The national strategy is based on ‘dynamic mapping model’ depending on the availability of vaccines, efficient administration of vaccination to protect and strengthen country’s healthcare system and prioritization of vulnerable groups for vaccination.

Launched on 16th January 2021, COVID-19 vaccination is currently in its third phase of roll out in the country. During the first phase (till 28th February), vaccination was provided free-of-cost only at the government health facilities. To scale up vaccination coverage, private sector was gradually engaged from the second phase once the vaccination capabilities and procedures got stabilized.

For promoting engagement of the non-government and private sector, selected hospitals were entrusted to provide vaccination at a price fixed by the national government. Initially, Government of India directly procured all vaccines from manufacturers and distributed them to state governments as well as the private sector. To further broaden the scope, private sector was allowed to directly procure COVID-19 vaccines from the manufacturers restricted to 25% of their monthly production (21 June 2021 onwards) and charge a fixed amount from the beneficiaries including the cost of vaccine and a nominal service charge. The purpose of implementing these provisions was to enable the smaller and remoter private hospitals to obtain timely supply of vaccines and ensure equitable access and regional balance.[[3]](#endnote-3)

Considering the large population base, diverse socio-demographic settings in states and districts, and status of vaccine acceptance and uptake in India, it is critical to undertake measures for strengthening the select high case-load facilities for providing COVID-19 vaccination services, involving more private sector providers and respond to their acute and immediate skill and resource needs, and implement strategic activities to build vaccine confidence for improved vaccine delivery. In this context, India’s RISE team is well positioned to leverage its existing network within health facilities and strengthen collaborative efforts with Government and India and implementation partners to deliver a coordinated technical assistance (TA) strategy across the country’s health system.

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# **Situation Analysis**

**COVID-19 vaccination uptake in India**

India has a massive target of vaccinating 940 million people above the age of 18 years in a span on one year. This number will increase further once the cut off age for COVID-19 vaccines is dropped further. As of 8 August 2021, total 508.66 million COVID-19 vaccine doses were administered in the country. Still only 29.7% of the country’s population had received at least one dose of the vaccine and meagre 8.5% population have completed its schedule.[[4]](#endnote-4) In other words, more than two-third of the population has not received even a single dose of the vaccine making them vulnerable for COVID-19 infection and continuing its transmission.

The country had a slow start, with COVID-19 vaccination gradually picking up after mid-March or almost two months of launch of vaccination (figure 1). Out of the 30 million individuals prioritized for the first phase, 18 million were registered for vaccination and 11.1 million received their first dose. Only 2.46 million people received the second vaccine dose, translating to an uptake rate of 8% nationally.[[5]](#endnote-5) The current cumulative vaccination figures reveal an encouraging trend of vaccine uptake with an average of 4-5 million vaccinations every day. However, the logarithmic status shows a not-so-promising trend with gradual plateauing in the progress of vaccination (figure 2).[[6]](#endnote-6)

**Figure 2: COVID-19 vaccine doses administered in India (logarithmic)**

**Figure 1: COVID-19 vaccine doses administered in India (linear/cumulative)**

**Challenges and hurdles**

Constrained immunization service delivery, inadequate focus on developing skills and resilience of healthcare workforce, inconsistent involvement of the private sector, digital divide related equity challenges, and lack of vaccine eagerness and confidence are major challenges faced by the country’s health system hampering the COVID-19 vaccine uptake.

Since the launch of COVID-19 vaccination in India, private sector lobbied and continued expressing its intent to augment government’s capacity across the value chain of COVID-19 vaccine distribution and administration. A survey showed that 81% of respondents from private healthcare industry was willing to vaccinate front line workers in local areas and 75% were willing to vaccinate in their local communities. Besides this, 70% private establishments were willing to allocate manpower in semi-urban/rural areas for vaccination and 94% to impart training for inoculation.[[7]](#endnote-7)

**Private healthcare sector** is the leading source of healthcare in both urban (56%) and rural areas (49%) with total infrastructure accounting for nearly 62% of entire country’s health infrastructure.[[8]](#endnote-8) The private sector provides 58% of all hospitals, 29% of all hospital beds, and 81% of doctors providing clinical services.[[9]](#endnote-9) Although under-recognized, the private sector also plays a significant role in providing immunization services, especially for new and under-utilized vaccines. Overall, 7.2% households’ approach private providers for childhood vaccination - 16.7% in urban areas compared with 3.4% in rural areas.[[10]](#endnote-10)

Despite the intent as well as presence, private sector accounted for only 7% of total COVID-19 vaccinations done between May 1 to July 15, 2021.[[11]](#endnote-11) The proportion (of people vaccinated by private sector) exceeded 10% in only 7 states (and Union Territories) and approximately 80 out of 750 districts in the country. Even this was concentrated in few urban pockets, with just 25 districts in some of the country’s largest metropolises accounting for 54% of all private vaccination.[[12]](#endnote-12) The private sector’s share was less than one percent in half the districts especially in the predominantly rural areas and in Northeastern States.

**Penetration of COVID-19 vaccine**s also faced challenges including vaccine hesitancy spurred by rumours and misconceptions and digital dependency issues arising from mandatory registration on the Co-WIN app for those between 18 to 44 years of age. The access to vaccination centers significantly gets disrupted, especially for socio-economically weaker sections who are digitally illiterate, with less or no access to technology (bots/applications), lack of smartphone accessibility, no or disrupted internet connectivity, language disconnect, and local health care centres being located miles away.[[13]](#endnote-13)

Although there is paucity of data on the rate of COVID-19 **vaccine acceptance**, **vaccine hesitancy**, and factors contributing to them but based on the findings from other countries studies show false information, lack of sufficient and transparent information, lack of trust in government and public agencies, and religious factors are some reasons behind vaccine hesitancy.[[14]](#endnote-14) The rapid development of COVID-19 vaccines has raised concerns about their safety, contributing to vaccine hesitancy.[[15]](#endnote-15) Concerns about vaccine safety, efficacy, and potential side effects are also main reasons for COVID-19 vaccination hesitancy.[[16]](#endnote-16) Jhpiego’s own social media research in Delhi and Mumbai show over 30% of social media users as hesitant, with concerns about side effects the over-riding concern.

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# **Vision, Mission and Strategic Objectives**

**Vision**

RISE will build upon the existing gains and infrastructure to improve COVID-19 vaccination coverage and respond to the future waves of COVID-19 with stronger local partners capable of managing and achieving results through sustainable, self-reliant and resilient health systems.

**Mission**

Work towards improving COVID-19 vaccination coverage in the network of RISE facilities through strengthening vaccine service delivery, enhancing involvement of non-Government sector and private sector, improving AEFI management system, building vaccine confidence and mitigating misinformation.

**Strategic objectives**

Objective 1: Strengthen COVID 19 vaccination activities in RISE network of facilities.

Objective 2: Enhance involvement of non-Government sector and private sector for improving COVID 19 vaccination coverage.

Objective 3: Improve identification, reporting, investigation and management of adverse events following immunization (AEFI).

Objective 4: Improve vaccine confidence and mitigate specific misinformation & vaccine hesitancy.

# **Timeline and Geography**

**Timeline**

Activities towards achieving the stated objectives will be implemented over a period of 24 months starting from 1st May 2021 till 30th April 2023.

Depending on the urgency and current needs, activities will be categorized into two periods as follows:

|  |  |  |
| --- | --- | --- |
| **Phase** | **Period** | **Focus on…** |
| Acute phase | Initial 10 months | Technical assistance to address the immediate needs of the COVID-19 vaccination for improving quality and coverage by strengthening vaccine service delivery at the secondary and tertiary level facilities within the RISE network; building capacities of the workforce; expanding through private sector engagement; strengthening AEFI reporting, investigation and management; and building vaccine confidence. |
| Recovery and resilience phase | Remaining 14 months | Support in utilizing the existing mechanisms for vaccination of the remaining population. |

**Geographical Setting**

Project activities and interventions will be focused on RISE network facilities identified in different States (and Union Territories) of the country. Activities will be undertaken in collaboration with the National Health Mission and the regional intervention facilities in few states.

Intervention states for specific objectives are given in the following matrix. The selection will be firmed up in consultation with the key stakeholders.

|  |  |  |
| --- | --- | --- |
| Objective | Number of states | Names of states |
| 1 (strengthen health system) | 20 | Andhra Pradesh, Assam, Chhattisgarh, Delhi, Goa, Gujrat, Haryana, Himachal Pradesh, Jharkhand, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Odisha, Punjab, Rajasthan, Tamil Nadu, Telangana, Uttarakhand, West Bengal |
| 2 (engage private sector) | 7 | Haryana, Karnataka, Kerala, Maharashtra, Punjab, Telangana, Madhya Pradesh |
| 3 (strengthen AEFI reporting) | TBD | TBD |
| 4 (mitigate vaccine hesitancy | TBD | TBD |

# **Implementation Strategy**

**Overall approach**

* Respond to the current needs of existing health workforce and implement strategic activities towards building health system capabilities for improving COVID-19 vaccination coverage.
* Use multi-pronged strategic activities under each objective and, where possible seek to expand partnerships with the public, private, faith-based and governmental sectors.
* Implement innovative digital solutions to improve reporting practices related to adverse events and understand community perceptions about COVID-19 vaccination to guide focused actions.
* Leverage the existing technical expertise at John Hopkins University, Indian medical colleges engaged in the RISE program, existing global technical assistance partners under RISE and other COVID-19 focused technical programs supported by USAID.

**Strategies**

**Objective 1: Strengthen COVID 19 vaccination activities in RISE network of facilities.**

* 1. **Implementing hub-and-spoke model strengthening service delivery**

Hub-and-spoke model is an organizational approach wherein health facilities are arranged in form of a network comprising of –

1. An anchor facility (hub), which is either a teaching institution (such as medical college or teaching hospital) or a tertiary level hospital (such as specialized multi-facility hospital)
2. Multiple secondary facilities (spokes) complementing the anchor facility and offering limited-service arrays linked with the anchor facility for technical support and guidance. These facilities route (or refer) its clients needing more intensive services to the hub for management

Through strategic centralization of COVID-19 management and vaccination services at one specialized facility and distribution of basic services via secondary sites, the hub-and-spoke model affords unique opportunities to maximize efficiencies, effectiveness, and the market coverage.

Under RISE project, state level medical colleges and/or attached tertiary level hospitals will be identified as the hub. Other secondary and tertiary level health facilities from the government and private sectors having adequate facilities to provide COVID-19 vaccination will be designated as spokes and will be linked to the hub facility for ongoing training and capacity building as well as mentorship support. Referral linkages will also be developed between the facilities for timely appropriate management of AEFI cases.

**Hub-and-spoke model for strengthening COVID-19 vaccination service delivery**

*National Hub*

WHO Collaboration Center for Emergency and Trauma Care

Development and curation of educational materials

Mentoring of regional and state hubs

*Regional/State Hubs*

Teaching institute of prominence selected by states

Adoption and development of educational materials

CCWG teams

Capacity building activities for spoke facilities

*Spokes*

All secondary and tertiary care facilities engaged in Covid-19 care

From public and private sector

Participate in capacity building activities organized by their assigned hubs

Has access to all the capacity building material and resources

**Regional/ State Hubs**

**Regional/ State Hubs**

**Regional/ State Hubs**

**Regional/ State Hubs**

**Spoke**

**Spoke**

**Spoke**

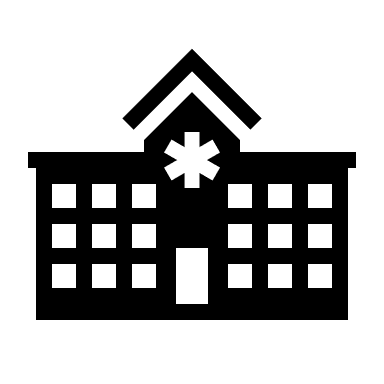
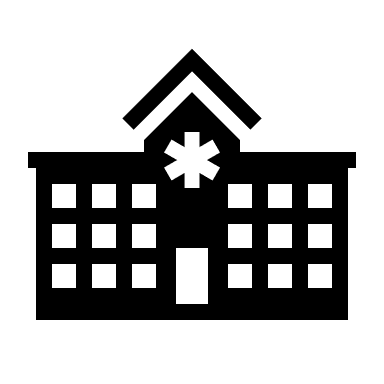
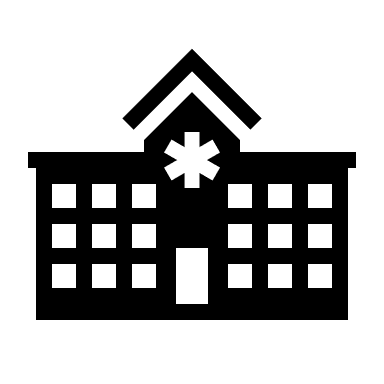
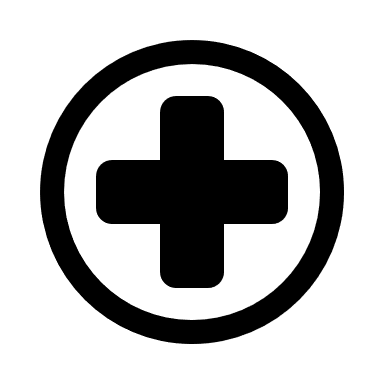
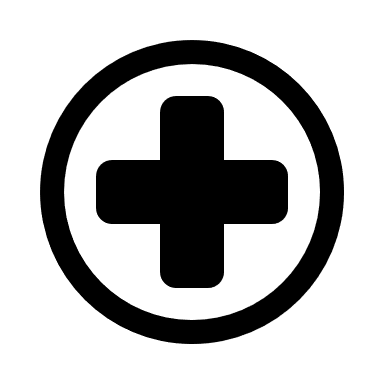
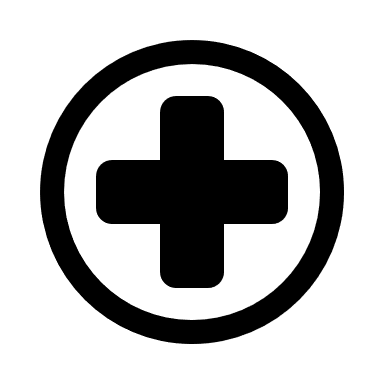
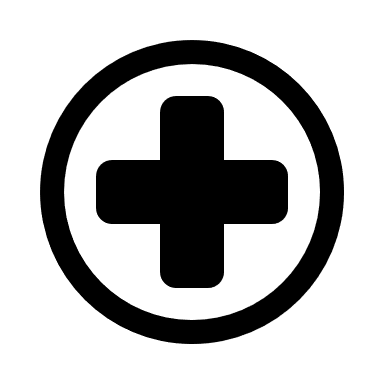
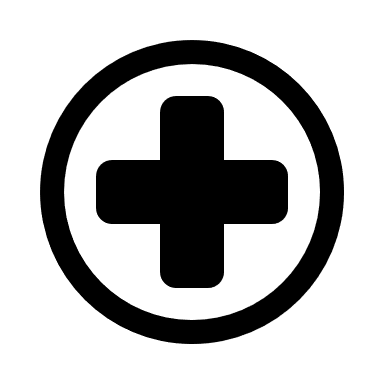
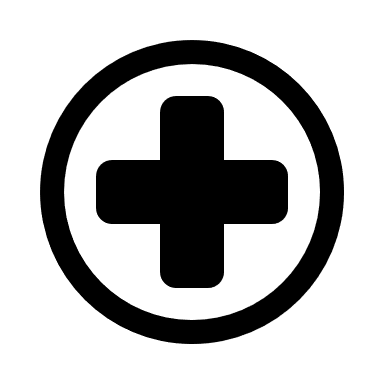
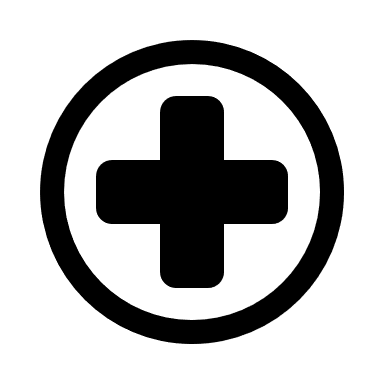
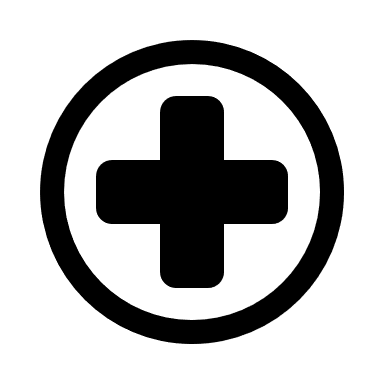
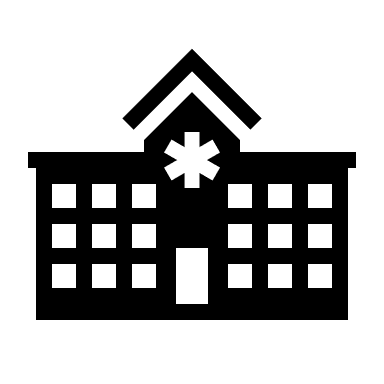
**Spoke**

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Using this model, RISE team will implement capacity building activities for vaccinators, medical officers and other cadres of healthcare providers using a blended tele-mentoring package (a hybrid training approach that would include virtual as well as in person training though hubs). Training guidance will be adapted based on the Government of India guidelines and standard practices for COVID-19 vaccination. National and State level trainers will be identified for conducting these trainings and provide ongoing mentorship to the staff.

* 1. **Partnership- and hub-based capacity building & mentorship approach**

The capacity building & mentorship approach implies a reciprocal and collaborative relationship between the staff of Hub and Spoke RISE network facilities providing them with an ongoing opportunity to gain knowledge and sharpen skills. It will involve hands-on learning, with frequent and supervised practice guidance.

Identified personnel from the hub facilities will be assigned to provide support using digital /mobile health platform and guiding the vaccinators and healthcare providers on various aspects of COVID-19 vaccination, AEFI reporting and management, and mitigating vaccine hesitancy by using tailored communication messages. RISE team will use hub-based capacity building using standardized training packages & checklists for improving processes.

* 1. **Develop model COVID-19 vaccination centers**

Selected hub facilities will be developed as model COVID-19 vaccination centers or the demonstration sites for providing cross learning opportunities to staff from other network facilities of both government and private sectors. Model COVID-19 Vaccination Centres will be COVID Vaccination Centres providing quality vaccination services and preventing vaccination activity from becoming super spreader events for COVID-19 infection. These Model COVID-19 Vaccination Centers will be used as demonstration sites to provide COVID-19 vaccination training to ‘Spoke’ facilities including private health facilities. The model facilities will be selected based on quantitative scoring system to evaluate the compliance of COVID-19 Vaccination Operational Guidelines and COVID appropriate behaviour by the facility staff.

**Objective 2: Enhance involvement of non-Government sector and private sector for improving COVID 19 vaccination coverage.**

* 1. **Engaging professional associations for enhanced participation of the private sector**

A large proportion of private sector healthcare providers are members of professional associations like Indian Medical Association (IMA), Indian Academy of Pediatrics (IAP), India Association of Preventive & Social Medicine, Indian Public Health Association, Federation of Obstetric and Gynecological Societies of India (FOGSI). For engaging with these private providers in COVID-19 vaccination, RISE will coordinate with these and similar professional associations and other state specific associations to identify and initiate dialogue. RISE will work to establish sustainable service delivery and quality assurance/improvement systems and develop continuous professional development marketplace through strategic engagement for COVID 19 vaccination with the private sector stakeholders.

Over a period, it will further sustain the private sector engagements and continue capacity building support to develop longer-term consensus on vaccine service delivery, stigma-related issues, counselling, and other aspects to help align these agencies with government public health goals and immunization program systems.

**2.2 Improving dialogue with FBOs’ and CBOs’ for expanding network of private health facilities**

RISE will leverage connections with the Faith Based Organization (FBO) and Community Based Organizations (CBO) to expand its network of private health facilities. To achieve this, team will work closely with faith-based health networks to provide mentoring support to their private health facilities and clinics in a sustainable manner. This activity will use the existing and newly identified hubs and spokes for efficient and effective delivery of key messages using – (i) high-quality on-site and virtual simulation-based and skills-based learning resources; (ii) e-mentoring sessions; and (iii) dissemination of standard operating procedures, guidelines and best practice documents on vaccine specific information and interpersonal communication.

**Objective 3: Improve identification, reporting, investigation and management of AEFI.**

* 1. **Improve reporting and management of AEFI and Adverse Events of Special Interest (AESI)**

Fear from adverse events is a major reason behind poor vaccination coverage. Proper management of such events both clinically and socially requires timely identification and reporting. RISE will work with the network facilities in selected geographies to use digital solutions for improved and timely reporting of these events and on the other hand will build capacity of healthcare providers to manage these cases.

This will be based on partnership-based mentorship of the health facility staff and vaccinators to identify adverse events and report them in Co-WIN portal according to the national guidelines. The support will further be extended to medical officers for sensitizing them regarding management of serious and severe AEFI cases.

**3.2 Digital solutions to strengthen systems for advance analytics especially for private sector & high-risk population (pregnant & lactating female)**

A digital solution to support vaccine safety monitoring in RISE facilities that is as streamlined and integrated as possible including, if feasible and appropriate, the application of machine learning to add speed and breadth of analysis. The overall objective of this assignment is to improve identification, reporting, and investigation of adverse events following immunization (AEFI) by RISE facilities. Key activities to achieve this include some or all of:

* Deploying digital solutions to strengthen systems for AEFI reporting, collation and advance analytics (including but not limited to predictive analytics).
* Explore possibilities to integrate proposed digital solution to existing technology platforms (CoWIN and SAFE vac) for timely investigation and management of AEFI cases.
* Enhance use of safety surveillance data for improving program efforts
* Enable active safety monitoring for AESI in selected sites as mutually agreed
* Crisis communication and strengthening AEFI response mechanism in RISE facility areas

**Objective 4: Improve vaccine confidence and mitigate specific misinformation & vaccine hesitancy.**

* 1. **Conducting implementation research to address vaccine hesitancy**

Project will utilize digital solutions to conduct sentiment analysis and social listening of social media platforms in specified geographies. The findings from these will be shared with Government of India and other concerned authorities and organizations to guide tailoring of communication messages to mitigate vaccine hesitancy.

Project will also engage influencers and informers with wide presence on social media to disseminate tailored communication messages for improving vaccine confidence and coverage.

* 1. **Engage FBOs’ and CBOs’ for addressing vaccine hesitancy and improve vaccine confidence**

RISE will further leverage its FBO and CBO network and engage them for addressing vaccine hesitancy and improving vaccine confidence. It will expand on rapid formative work from the acute phase to identify approaches to counter rumors, including potential partnership with FBO, CBO based organizations and potential influencers at the facility level.

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# **Theory of Change**

Timeline

Description automatically generated

# **Activities and Indicators**

## **Objective 1: Strengthen COVID 19 vaccination activities in RISE network of facilities.**

**Acute Phase**

| **Sub-objectives** | | **Activities [[17]](#footnote-1)** | **Review indicators** | | |
| --- | --- | --- | --- | --- | --- |
| **Input** | **Process** | **Outcome** |
| 1.1 | Rapid review of existing RISE network vaccination sites in public and private sector | Catalogue RISE network facilities in the private and public sectors according to their profile.  Identify facilities with vaccination services for planning interventions  Conduct a rapid assessment at RISE facilities with vaccination services to assess strengths and gaps | RISE network facilities catalogued | Rapid assessment of facilities providing vaccination services done | Findings from rapid assessment documented and shared |
| 1.2 | Strengthen existing vaccination Centres through capacity building with special focus on reducing vaccine wastage, infection prevention strategies, safe injection practices, improving AEFI management, enhancing data use for evidence-based planning, etc. | Develop capacity building material (module, job aids and presentations)  Plan capacity building activities at selected RISE facilities  Organize orientation sessions for the staff | Capacity building material developed | Orientation sessions planned | Number of staff members trained by cadre |
| 1.3 | Ensure COVID appropriate behavior by providers and beneficiaries to minimize risk of vaccination activity becoming a super spreader event | Disseminate job aids on COVID appropriate behaviour (display at RISE facilities)  Orient vaccinators about the correct practices | Job aids developed on COVID appropriate behaviour | Number of facilities with display of job aids | Number of sessions with compliance to COVID appropriate behaviour |
| 1.4 | Utilizing existing Digital Platforms in improving quality of vaccination services in RISE network of facilities | Undertake quick assessment about knowledge and gaps related to use of CoWIN app at RISE facilities  Plan orientation of vaccinators regarding features and use of CoWIN app  Organize orientation of vaccinators and staff | Findings from assessment finalized and shared | Orientation meetings planned | Vaccinators oriented regarding use of CoWIN app |
| 1.5 | Engagement with various professional bodies to enhance role of private & non- Government sector | Identify public and private sector players to support COVID vaccination  Organize orientation meeting for identified stakeholders at hub facilities of RISE network  Plan and conduct mentorship visits with representatives from different professional bodies to facilities providing COVID vaccination | Stakeholder mapping done | Orientation meeting organized | Number of joint mentorship visits |

**Recovery and resilience Phase**

| **Sub-objectives** | | **Activities proposed** | **Review indicators** | | |
| --- | --- | --- | --- | --- | --- |
| **Input** | **Process** | **Outcome** |
| 1.6 | Further develop the road maps with the public and private sector to sustain the gains related to strengthened immunization systems, AEFI management systems, and operational infrastructures to distribute and administer future mass vaccination efforts | Consolidate the learnings from acute phase  Identify gaps and areas requiring strengthening in discussion with the stakeholders  Develop roadmap for the activities to be done during recovery and resilience phase | Learnings consolidated | Stakeholder discussion conducted to identify gaps | Roadmap developed for the resilience phase |
| 1.7 | Support COVID vaccination coverage of the remaining cohort (population below 18 years of age) | Plan and organize reassessment & mentorship visits to the RISE network facilities.  Share feedback with concerned authorities to sustain the improvements and vaccinate remaining cohort | Reassessment & Mentorship visit plan developed on monthly basis | Joint or self-assessment conducted | Number of assessments |
| 1.8 | Develop and implement COVID Vaccination mentorship system for identifying gaps in the program and immediate corrective measures to improve program performance | Document process and learnings from COVID vaccination mentorship under RISE project  Organize dissemination meeting to share the learnings | Learnings documented | dissemination material developed | Dissemination meeting organized |
| 1.9 | Establish data driven facility-based review mechanisms to improve program performance | Develop checklists/tools to facilitate data driven review mechanism  Orient key stakeholders regarding the use of tools | Tools developed for review | Stakeholders oriented | Number of monthly reviews conducted |

## **Objective 2: Enhance involvement of non-Government sector and private sector for improving COVID 19 vaccination coverage.**

**Acute Phase**

| **Sub-objectives** | | **Activities proposed[[18]](#footnote-2)** | **Review indicators** | | |
| --- | --- | --- | --- | --- | --- |
| **Input** | **Process** | **Outcome** |
| 2.1 | Identifying and engaging with Professional Bodies and partners to improve participation of non-Government & private sector | Conduct stakeholder mapping to identify area specific professional bodies and partners  Initiate dialogue for engaging them for COVID vaccination  Plan and organize coordination meeting with the identified stakeholders | Stakeholder mapping done | All identified stakeholders approached for dialogue | Coordination meeting conducted on periodic basis |
| 2.2 | Enhance capacity of private & non-Government sector in COVID 19 Vaccination Program using hub-and-spoke model at RISE network facilities | Adapt capacity building material developed for public health staff for private sector  Plan orientation of vaccinators and other concerned staff from private sector  Organize capacity building workshops for private sector | Capacity building material adapted for private sector | Orientation workshops planned | Number of private sector staff oriented |
| 2.3 | Implement operational guidelines from Government of India and State Governments for engaging the private sector for vaccine delivery, leveraging RISE connections with faith-based and other private providers | Consolidate updated guidelines for COVID-19 vaccine delivery from national/state levels  Share and explain the guidelines to relevant stakeholder from private sector  Follow up with the stakeholders for implementation of guidelines | Updated guidelines shared with the private sector stakeholders | Follow up visits conducted to review compliance | Number of private sector providers complying with the guidelines |
| 2.4 | Training of vaccination workforce from private sector based on existing operational guidelines | Develop training material based on updated guidelines  Plan periodic orientation of the private sector staff on updated guidelines  Organize re-orientations of private sector staff | Training material adapted and updated | Orientation meetings planned | Number of private sector staff oriented on updated guidelines |
| 2.5 | Improving quality of vaccination services through hub based/ partnership-based mentorship mechanism | Identify mentors from RISE network facilities  Plan mentorship visits for them to attached facilities as well as other facilities  Participate during the mentorship visits and provide inputs for improving vaccination services  Consolidate findings from mentorship visits and share with the concerned authorities | Mentors identified | Mentorship visits planned | Number of mentorship visits organized (per facility per month) |

**Recovery and resilience Phase**

| **Sub-objectives** | | **Activities proposed** | **Review indicators** | | |
| --- | --- | --- | --- | --- | --- |
| **Input** | **Process** | **Outcome** |
| 2.6 | Sustain the private sector engagements and continue capacity building support | Plan and organize periodic coordination meetings with the private sector partners to understand their concerns and required actions  Plan and organize on job reorientations of the staff from private sector on updated guidance especially when new COVID vaccines are introduced | Coordination meetings planned in discussion with all partners | Coordination meetings organized on periodic basis | Number of on job orientations done |
| 2.7 | Look to institutionalize work with professional bodies (IMA, IAP, FOGSI) and other stakeholders to develop longer-term consensus on vaccine service delivery, stigma-related issues, counselling, and other aspects to help align these agencies with government public health goals and immunization program systems | Identify areas for long term relationships with the professional bodies/ faith based organizations for COVID vaccination  Develop terms of references for engaging professional bodies on long term basis with government immunization program | Areas for long term engagement identified | Meetings organized with bodies for developing terms of reference | Terms of reference developed for engagement |

## **Objective 3: Improve identification, reporting, investigation and management of AEFI**

**Acute Phase**

| **Sub-objectives** | | **Activities proposed[[19]](#footnote-3)** | **Review indicators** | | |
| --- | --- | --- | --- | --- | --- |
| **Input** | **Process** | **Outcome** |
| 3.1 | Facilitate availability of AEFI kits at the public and private health facilities | Conduct rapid assessment of availability and content of AEFI kits at the network facilities.  Disseminate national/state specific guidelines regarding availability and use of AEFI kits at health facilities  Assess status of availability during the periodic mentorship visits | Findings from rapid assessment compiled and shared | Disseminated guidelines and oriented facility staff about them | Proportion of facilities with availability of AEFI kits as per the guidelines |
| 3.2 | Improve reporting and investigation of AEFI cases through existing digital platform at selected public and private facilities | Conduct a rapid assessment of ongoing practices for reporting and investigating AEFI and knowledge of existing digital platforms  Develop training material and job aids on use of digital platforms for AEFI reporting  Plan orientation of concerned staff members on AEFI reporting and investigation using digital platforms  Conduct orientation of the staff members | Findings from assessment compiled and shared | Training material and job aids on AEFI developed | Number of staff members trained on AEFI reporting using digital platforms |
| 3.3 | Improve AEFI management & referral linkages at public and private facilities | Identify and map secondary and tertiary level facilities with expertise to manage AEFI cases  Facilitate issuance of guidelines from government health department on referral linkage facilities in public and private sectors  Disseminate guidelines and review the status on periodic basis | Facilities identified | Guidelines issued from the health department | Number of AEFI cases referred to identified facilities |
| 3.4 | Capacity building at public and private sector facilities on AEFI management as per Government of India guidelines | Adapt training material on AEFI management for building capacity of public and private facility staff  Identify national and state level trainers for conducting the trainings  Plan cascaded trainings of staff at secondary and tertiary level facilities identified for referral and management of AEFI cases.  Support in organizing the trainings | Training materials adapted for use  Trainers identified | Plan for capacity building activities developed | Number of staff members trained on AEFI management |
| 3.5 | Operational research and innovations: In selected areas: Exploring active monitoring (such as cohort event monitoring) where this can add value. Explore opportunities of deploying digital solutions to strengthen systems for AEFI data capture, collation and advance analytics | Identify and contract agencies with expertise in implementing digital solutions for AEFI reporting and data analytics  Implement digital solutions in selected health facilities  Demonstrate feasibility of integrating the model with existing digital platforms | Agency contracted to develop and implement digital solution | Digital solution implemented in selected facilities | Digital solution integrated into existing national level digital platforms |

**Recovery and resilience Phase**

| **Sub-objectives** | | **Activities proposed** | **Review indicators** | | |
| --- | --- | --- | --- | --- | --- |
| **Input** | **Process** | **Outcome** |
| 3.6 | Continue to support timely reporting and management of AEFI following COVID-19 vaccination | Plan and conduct periodic mentorship visits to the network facilities to review reporting and management of AEFI cases  Organize cross learning visits of the staff to better performing facilities | Plan developed for joint mentorship visits | Periodic mentorship visits conducted | Number of cross learning visits |
| 3.7 | Expand the digital based advance analytics work from the acute phase to improve data analysis and strengthen use of AEFI data for improving COVID 19 vaccination AEFI management system | Work with identified agency to expand the scope of proposed digital solution for strengthening use of data for improved coverage  Implement and demonstrate the solution in selected facilities to assess its feasibility and scalability | Scope of expansion finalized in discussion with agency | Advance analytics implemented in selected facilities | Feasibility and scalability documented |

## **Objective 4: Improve vaccine confidence and mitigate specific misinformation & vaccine hesitancy.**

**Acute Phase**

| **Sub-objectives** | | **Activities proposed[[20]](#footnote-4)** | **Review indicators** | | |
| --- | --- | --- | --- | --- | --- |
| **Input** | **Process** | **Outcome** |
| 4.1 | Conduct rapid formative research (sentiment analysis & social listening) in selected geographies with focus on COVID-19 vaccination at RISE network facilities | Identify and contract agency having expertise in conducting formative research (sentiment analysis and social listening) using artificial intelligence platform  Identify geographies representing different regions of the country (five cities from North, South, East, West and Central regions) and implement the research  Consolidate and disseminate findings on periodic basis | Agency contracted to conduct formative research | Research implemented in the selected geographic areas | Findings consolidated and disseminated |
| 4.2 | Implement existing communication strategies for improving vaccine confidence in RISE network facilities | Adapt/develop communication material recommended by the Government of India on COVID-19 vaccination and COVID appropriate behavior  Support promotion of COVID appropriate behaviour and respiratory etiquettes through effective communication approaches | Messages and material adapted for use at RISE network facilities | Ongoing support to the staff for adopting COVID appropriate behaviour | Proportion of sessions with strict compliance to COVID appropriate behaviour |
| 4.3 | Strengthen risk and crisis communication for promoting COVID 19 vaccination and safety monitoring for building trust in the vaccination program | Based on the findings of formative research develop/adapt communication messages for building vaccine confidence  Identify potential informers and messages and use them for broader social media campaign to address vaccine misinformation and improve vaccine confidence  Plan and conduct evaluative research on message effectiveness | Messages revised based on findings of formative research | Potential informers identified to address vaccine related mis-information | Evaluative research shows less circulation of messages on vaccine hesitancy |
| 4.4 | Engage with Community Based Organizations, faith-based organizations, etc., for addressing vaccine hesitancy and improving vaccine confidence in selected facilities | Identify and engage influencers that are trusted voices and engage them for enhancing vaccine confidence | CBO and FBO identified | Orientation done to engage them | Number of influencers engaged in network facilities |

**Recovery and resilience Phase**

| **Sub-objectives** | | **Activities proposed** | **Review indicators** | | |
| --- | --- | --- | --- | --- | --- |
| **Input** | **Process** | **Outcome** |
| 4.5 | Expand on rapid formative research from the acute phase to identify approaches to counter rumors, including potential partnership with CBOs, faith-based organizations & potential influencers at facility level | Continue undertaking sentiment analysis and social listening to assess any misinformation  Develop/revise and disseminate risk communication messages using different social media platforms and informers to counter rumours and misinformation  Identify and engage CBO and FBO at the health facility level for promoting COVID-19 vaccination and COVID appropriate behaviour  Disseminate findings and document success stories | Findings from different interventions compiled and synthesized for documentation and dissemination | | number of success stories documented |
| 4.6 | Support and/or participate in periodic USAID-led partner meetings to assure alignment with WHO, UNICEF & other communication partners activities to address overlap and share best practices, exchange experiences, and resolve conflicts and to review USAID’s policies | Participate and share findings and best practices during USAID led partner meetings | Implement-ion findings and best practices compiled and disseminated | | Number of meetings participated |
| 4.7 | Broaden communication campaigns in the mixed vaccines environment, dedicating resources to identify trends and patterns around vaccine confidence as well as communication strategies to increase vaccine confidence | Assess vaccines confidence around use of multiple vaccines to guide communication strategy | Analyze trends and patterns of vaccine confidence with respect to use of multiple vaccine products | | Communication messages adapted to increase confidence towards multiple vaccines |

# **Monitoring Framework and Targets**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Progress Monitoring Indicators** | | **Source** | **Frequency** | **Level**  **(N: National; S: State; F: Facility)** | **Target** | | |
| **Public** | **Private** | **Total** |
| 1 | Number of facilities in RISE network providing COVID-19 vaccination services (functioning as vaccination sites) | Program reports | Monthly | F S N | 750 | 250 | 1000 |
| 2 | Number of workforce from vaccination sites at the health facilities trained on COVID-19 vaccine delivery aspects | Program reports | Monthly | S N | 2625 | 875 | 3500 |
| 3 | Proportion of vaccination sites which reported AEFI submitted AEFI related documents for investigation (CRF) | Program reports | Monthly | F | 80% | 80% | 80% |
| 4 | Number of beneficiaries who received COVID-19 vaccines at RISE network facilities | CoWIN Program reports | Monthly | S N | Actual | Actual | Actual |
| 5 | Number of RISE facilities having acceptable level of vaccine wastage (less than 10% as per Govt. of India) | CoWIN  Program reports | Monthly | S N | 80% | 80% | 80% |
| 6 | Number of plan documents (road maps) and operational tools finalized and approved | Documents and tools | Quarterly | N | - | - | 4\* |
| 7 | Number and type of communication materials developed and shared with approved recipients, by topic (post vaccine behavior, vaccine hesitancy), type of material and medium | Program reports | Quarterly | S N | - | - | 10 |
| 8 | Number of training material developed on COVID-19 vaccination for health workforce | Program reports | Quarterly | S N | - | - | 12 |

* Strategy document, action plan, mentorship checklist and guidance, roadmap for resilience phase

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