

Innovations to overcome vaccine hesitancy and increase COVID-19 vaccination among key populations and people living with HIV in Telangana, India

SUCCESS STORY | JANUARY 2022

Since September 2021, EpiC has supported 18 local civil society organizations in risk communication and community engagement to promote COVID-19 vaccination among their clients and members, including PLHIV, trans people, and female sex workers.

COVID-19 vaccination among key populations and people living with HIV

Since the start of the COVID-19 pandemic, India has experienced some of the highest numbers of COVID-19 cases globally and suffered many deaths. Despite recent declining infection and death rates in India, COVID-19 remains a serious health threat. Vaccinations were launched in January 2021, and the government of India has made consistent efforts to increase COVID-19 vaccination coverage among all eligible populations in a phased manner. By the end of October 2021, almost a quarter of the country had been fully vaccinated.¹

Vaccine hesitancy has been a major barrier to more widespread vaccination coverage, and vaccine uptake among poor and higher risk populations, including people living with HIV (PLHIV), key populations (transgender people, female sex workers, people who inject drugs, and men who have sex with men), and some health care workers, has been especially low. Lack of accurate information, myths and misconceptions about the vaccine and its effects, stigma, fear of disclosing HIV status, and a shortage of communication materials designed for key populations and PLHIV in local languages have fueled low uptake among these groups.

The Meeting Targets and Maintaining Epidemic Control (EpiC) project in India, funded by the United States Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), partners with local community-based organizations (CBOs) and PLHIV networks across seven PEPFAR priority districts in two states: Maharashtra and Telangana. Both states have been grappling with high HIV infection rates among key populations and are now facing the brunt of the COVID-19 pandemic. Of the 34.3 million COVID-19 cases that have been reported in India, Maharashtra has had the highest caseload with 6.62 million cases, and Telangana has had 672,000 cases.² The project recently received funding under the American Rescue Plan Act (ARPA) to work with civil society organizations (CSOs) in Maharashtra and Telangana to address vaccine hesitancy and promote access to COVID-19 vaccines, as well as support safe and uninterrupted access to HIV services and commodities for key populations and PLHIV.

Partnering with CSOs in Telangana State to address hesitancy, increase demand, and dispel myths about vaccination

In Telangana, EpiC has been working in five districts through its lead partner, Lepra Society, to build organizational capacity of 18 local CSOs that provide services to PLHIV or key populations. These CSOs are trusted organizations with strong ties to PLHIV and the transgender, female sex worker (FSW), men who have sex with men (MSM), and hijra (a term used in South Asia to describe a person whose birth sex is male but who identifies as female or as neither male nor female) populations. Most of EpiC's CSO partners in India have been involved in COVID-19 response since the start of the pandemic, mobilizing resources for key populations, PLHIV, and the general public for prevention, testing, and management services.

¹ [JHU Coronavirus Resource Center](#), India. Accessed November 5, 2021.

² [JHU CSSE COVID-19 Data](#) and [Our World in Data](#), Accessed November 5, 2021.



Box 1. Causes of vaccine hesitancy among key and vulnerable populations in Telangana State, India

Transgender people:

- Fear of side effects
- Concerns about vaccine interaction with hormonal therapy
- Concerns about personal information related to sex and gender identity required on government's vaccination appointment app
- Desire to avoid crowded places due to stigma

Female sex workers:

- Loss of daily wage due to vaccination side effects (fever for 2–3 days after vaccination)
- Myth that people cannot drink alcohol for three days after vaccination results in fear of lost wages because clients of FSWs like to drink alcohol with FSWs
- Stigma and discrimination when seeking health services
- Lack of awareness about vaccines

PLHIV:

- Fear of side effects
- Fear of disclosure of HIV status during vaccination due to stigma and discrimination
- Concerns about interaction with HIV treatment, oral substitution therapy, or tuberculosis medicines
- Long waiting time for vaccination due to queue in hospitals

Very few of the approximately 30,000 key population individuals and 55,000 PLHIV who are registered with the project's 18 local CSO partners in Telangana had been vaccinated against COVID-19 at the end of August 2021. Additionally, few CSO staff had been vaccinated. The CSOs had not engaged in vaccine mobilization efforts and were not maintaining systematic records on the vaccination status of their registered key population and PLHIV clients. In September 2021, EpiC supported the CSOs to start engaging in risk communication and community engagement (RCCE) to promote COVID-19 vaccination among their clients and members.

Understanding COVID-19 vaccine hesitancy among key populations

To understand the drivers of vaccine hesitancy, the project convened a half-day session for partner staff from the 18 CSOs and community members to discuss COVID-19 vaccination myths and misconceptions. Box 1 lists the most common reasons reported for non-vaccination among participants.

Preparing CSOs for vaccine promotion activities

EpiC convened a kickoff meeting and training session to prepare the CSOs for vaccination promotion. Peer volunteers from the CSOs received training on community mobilization, vaccination myths and misconceptions, and reporting systems. Eleven organizations were selected to participate in a vaccination drive (Table 1).

Table 1. CSOs selected to participate in vaccination drive

| DISTRICT | ORGANIZATION | CLIENTS SERVED |
|---------------|--|---------------------------------|
| Hyderabad | Network of HIV positive people (NHP+) | PLHIV network |
| | Trans Equality Society | Transgender and hijra |
| Mahaboobnagar | Mennonite Brethren Development Organisation (MBDO) | Core composite ³ NGO |
| Karimnagar | Karimnagar Asha Jyothi Positive Society (KAJPS) | PLHIV network |
| | Integrated Network for Community Empowerment (INFOCEM) | MSM and transgender |
| | Spandana Sri Maythri Sri Public Welfare Society | FSW |
| | Vanitha Maythri Sri Public Welfare Society (VMPWS) | FSW |
| Nalgonda | Nalgonda Youth Positive Society (NYPS) | PLHIV |
| | Liberty of Foundational Efforts (LIFE CBO) | MSM |
| | Mano Prakash Human Service (MPHS) | Core composite NGO |
| Rangareddy | Mahila Abhivruddhi Samstha (MAS) | FSW |

Key populations and PLHIV within the community were already registered with the CSOs for HIV services, but their vaccination status had not been collected or tracked. EpiC supported outreach workers and peer educators to check the vaccination status of registered members. Those who were identified as unvaccinated were prioritized for support to overcome vaccine hesitancy or other barriers to vaccination.

Once CSO staff—including peer volunteers—were educated in their local dialect about COVID-19 and the barriers to vaccination, they began engaging with unvaccinated key population individuals and PLHIV to educate them on the importance of vaccination. Peer volunteers set up help desks for clients to register for vaccine appointments on the CoWIN App (owned by the Government of India).

³ Core composite is government terminology used for NGOs that are funded under the National AIDS Control Program (NACP) to reach more than one category of key population.

Addressing vaccine hesitancy and promoting access to COVID-19 vaccines through social and behavior change materials

To dispel myths and promote demand for vaccines, the project adapted available social and behavior change (SBC) materials on COVID-19 vaccination for key and vulnerable populations, including PLHIV. EpiC also supported development of new materials specifically for key populations and PLHIV that included COVID-19 vaccination and prevention messages and reminders on HIV prevention, care, and treatment.

EpiC supported local partner Lepra Society to adapt existing materials on COVID-19 preventive behaviors specifically for festivals in India where large gatherings and celebrations were expected. These materials were translated in Telegu and displayed as posters at the vaccination sites.



Examples of IEC materials containing messages on COVID-19 prevention and vaccination were adapted by local partner Lepra Society.



A transgender client receives a vaccine through the work of the Trans Equality Society.

Photo credit: Nandita, Trans Equality Society

Case examples: community-based organizations increasing vaccination uptake among PLHIV and key populations in Telangana State

Overcoming barriers to vaccination among transgender and hijra community members

One of the biggest reasons cited for vaccination hesitancy by the transgender and hijra community was uploading their identity (Aadhaar) details on the Government of India’s CoWIN app, a mandatory requirement for anyone seeking vaccination services in India. The transgender and hijra community members were worried that personal information about their identity would be revealed.

Trans Equality Society (a CSO supported by EpiC for organizational development through PEPFAR funding) works for the welfare of transgender people and hijras in Hyderabad district. The organization also manages a transgender clinic funded by USAID. EpiC encouraged the medical team at the clinic to begin verification of the vaccination status of all transgender clients visiting the clinic and to counsel them on the importance of vaccination.

The peer volunteers of Trans Equality Society also shared testimonies of other transgender and hijra clients whose gender identity remained confidential when they received their vaccinations. Volunteers from the organization then accompanied unvaccinated members to vaccine sites. With EpiC support, Trans Equality Society helped 51 transgender and hijra community members receive their first vaccination during September and October 2021.



Health workers run a vaccination drive.

Photo Credit: Sharada, Spandanasri Maythrisri
Public Welfare Society



A vaccination drive is held by Karimnagar Asha Jyothi Positive Society (KAJPS) in Karimnagar.

Photo Credit: L.Ramana, District Coordinator,
Karimnagar

Addressing fears and misconceptions to overcome vaccine hesitancy among PLHIV

The Karimnagar Asha Jyothi Positive Network works for the welfare of PLHIV in Karimnagar district of Telangana. After receiving training on COVID-19 vaccine promotion from EpiC, the network members listed unvaccinated PLHIV and spoke to them on the phone about the importance of vaccination. After interacting with some of the PLHIV, the network leaders realized that many PLHIV who are taking antiretroviral therapy (ART) and tuberculosis (TB) medicine believed they should not get vaccinated when they are taking medication. The peer educators addressed the myths surrounding vaccination and shared examples of other PLHIV who take ART or TB medication who were vaccinated without complications. Due to self-stigma and the desire to avoid crowds, some PLHIV were not visiting the vaccination centers. After receiving effective counseling from the network, members started seeking advice from the medical officer at the ART centers and visited the nearby health centers to get vaccinated. Through their continued efforts, the network has mobilized more than 780 PLHIV for vaccination between September – December 2021.

Peer-led outreach to female sex workers

Integrated Network for Community Empowerment (INFOCEM) is a CBO located in Siricilla town of Karimnagar district that works with MSM, transgender people, and FSWs. Peer educators with INFOCEM found during their outreach activities that FSWs in brothel areas were not getting vaccinated due to lack of information about COVID-19 and the importance of vaccination. These women were not visiting primary health care centers fearing stigma and discrimination from health center workers. INFOCEM's peer educators counseled the FSWs on vaccination using SBC materials specially developed for them. Over a three-month period, peer educators mobilized 262 FSWs and accompanied them to the vaccination sites to provide additional psychosocial support.

Lessons learned and recommendations

- HIV service delivery infrastructure for community-led HIV services holds promise for expanding vaccine access to vulnerable populations, including key populations and PLHIV.
- Drivers of vaccine hesitancy vary among different key populations and must be understood to inform design of vaccine promotion activities and SBC materials. Generic risk communication and vaccine promotion materials may be helpful to start implementation quickly but adapting those materials to address specific reasons for hesitancy among key populations and PLHIV is highly recommended. Involvement of local CSOs and communities is essential when designing messages and content.
- Peer-led outreach is a promising strategy to promote COVID-19 vaccine uptake because peers have a pre-existing, trusted relationship with key populations and PLHIV. Training CSOs and peer volunteers with appropriate information about vaccines (including about safety and efficacy as well as rumors, misinformation, and myths) led to increased uptake of COVID-19 vaccines among key populations and PLHIV.
- To hold a successful vaccine drive, CSOs found it helpful to list their unvaccinated clients/ members and do targeted outreach to each unvaccinated individual.
- Key populations and PLHIV often hesitate to share personally identifying information on government registers due to stigma and fear that their HIV status or other personal information may be revealed. Additionally, many key population and PLHIV clients faced challenges registering for vaccination on CoWIN. CSOs and peer volunteers were essential to help clients navigate the CoWIN app to register for a vaccination appointment, provide reminders, and accompany clients to vaccination sites.

For inquiries, please contact  Hally Mahler, EpiC Project Director: hmahler@fhi360.org