

Flu Vaccinatio

Health Benefits

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## **Factsheet** HER PariVaar Rahe Immunized (HER PRImmunized)

## **Grameen Foundation India Private Limited (GFI)**

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## About Health & Nutrition vertical and HER PariVaar Rahe Immunized (HER PRImmunized) program

Our Health & Nutrition vertical focuses on improving the physical health and well-being of women, children, and adolescent girls. We co-create sustainable solutions with communities and equip frontline workers to drive lasting change.

**HER PRImmunized** program uses a digital-first strategy to boost awareness and uptake of routine immunizations of children under 5 years. We also raise awareness about women's reproductive health and the importance of HPV vaccination for adolescent girls and women. Through trusted frontline workers and local leaders, the program engages families at home and online by leveraging social media, tailored content, and behavioral nudge.

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# INTRODUCTION

## BACKGROUND

India continues to face significant challenges in achieving universal immunization, particularly in rural and marginalized communities. In Uttar Pradesh, only 67.1% of children aged 12-23 months are fully immunized, according to NFHS-5 data. Immunization gaps are even more concerning among children under five years of age, with many remaining unvaccinated or partially immunized. Additionally, awareness and uptake of the Human Papillomavirus (HPV) vaccine among adolescent girls and young women remain extremely low.

To address these challenges, the HER PRImmunized project was launched by Grameen Foundation with support from the Pfizer Foundation in the Handia block of Prayagraj district. Uttar Pradesh. The project aimed to identify and vaccinate children under five years of age who had missed or defaulted on their routine immunization schedules, while also promoting awareness and demand for the HPV vaccine among adolescent girls and young women aged 9–24 years.

The initiative focused on strengthening community-level health systems, leveraging digital tools, and building trusted peer networks to ensure inclusive, gender-responsive, and sustainable solutions. By targeting underserved populations, the project sought to improve immunization coverage and reduce health disparities in rural and low-income communities.

## **PROJECT SOLUTION AND EXPECTED OUTCOME**

#### **Project Outcomes**

- Improved routine immunization coverage for over 4,000 left-out and drop-out children under five years, with a ripple effect reaching more than 10,000 community members.
- Significant increase in awareness, confidence, and willingness to adopt preventive health measures, especially regarding HPV vaccines among 2,000 adolescent girls and young women aged 9–24 years.

#### **Learning Outcome**

- Identification of behavioral, social, and systemic barriers to vaccine uptake such as digital access, misinformation, and trust in health systems providing evidence to guide future policies on adolescent and childhood vaccination awareness.
- The role of digital media and community role models was critical in influencing demand and addressing hesitancy.

#### **Project Solution**

- The HER PRImmunized project applied a participatory approach combining digital health communication, community mobilization, and frontline health worker (FLW) capacity building. It partnered with local health departments, SHGs, and educational institutions to deliver tailored vaccine messaging.
- Drawing from social behaviors change theories, it used WhatsApp, YouTube, and community videos to engage adolescent girls, caregivers, and health workers.
- It aimed to reduce missed immunizations due to lack of awareness, hesitancy, and post-COVID disruptions, especially among underserved rural populations.
- Target population: 4,000+ children (0-5 years) and 2,000 + girls and young women (9-24 years), with indirect impact on 25,000+ community members.
- Expected outcomes: Increased vaccine awareness, reduced hesitancy, strengthened systems, and improved digital health engagement.

## THEORY OF CHANGE

#### INPUT

- Training: Capacity-building sessions for FLWs, adolescent girls, and SHGs on vaccines, HPV, and RI.
- **Digital Tools:** Development of regional-language videos, WhatsApp messages, posters.
- **Community Partnership:** Collaboration with schools, PRIs, ASHAs/ANMs, and SHGs.
- Mentoring: Handholding support for 300 adolescent girls and 75 FLWs as peer health leaders.

## ACTIVITIES

- Conduct school and community awareness sessions on RI and HPV.
- Share vaccine awareness videos via WhatsApp and YouTube. Organize health camps for Health Check -up and counselling.
- Facilitate peer-to-peer nudging through trained adolescent role models and FLWs.
- SHG-led discussions and mobilization at the village level.

#### OUTPUT

- Parents and adolescent girls sensitized on routine and HPV vaccination.
- Increased knowledge of cervical cancer and vaccine-preventable diseases.
- Improved use of digital content for health information..
- Community health champions (FLWs and adolescent girls) activated at the grassroots.

## OUTCOME

- Increased routine immunization coverage among 0-5-year-old children.
- Improved awareness and demand for HPV vaccine (despite limited availability).
- Reduced vaccine hesitancy and fear of side effects.
- Improved trust in digital health communication and FLWs.
- Strengthened health-seeking behavior and peer influence.

#### IMPACT

- Sustained vaccine demand in marginalized communities.
- Improved adolescent health literacy and preventive care.
- Reduced vaccine hesitancy and fear of side effects.
- Enhanced public health outcomes through higher immunization levels.
- A replicable model for rural vaccine confidence and uptake.

## **STUDY DESIGN**

#### **PROGRAM LOCATIONS**

Handia Block, Prayagraj District, Uttar Pradesh

#### APPROACH

- Mixed-method approach • Quant interviews (F-2-F)
- BL -846 EL 846
- Qual interviews (FGDs) BL - 8. EL - 8

#### **PROGRAM DELIVERY MODELS**

Digital model - WhatsApp messaging and YouTube videos

#### COMMUNICATION PACKAGE FOR AWARENESS CREATION

- 10 videos , 10 messages and 10 posters for Routine Immunization
- 5 Videos and 5 Poster and 10 Messages for HPV Vaccine
- Nukkad Nataks, Health Camps, Road Rallies
- Other videos, posters from the field, interviews, etc.

#### PROCESS OF DELIVERING COMMUNICATION PACKAGE

- Training in groups of ~20 beneficiaries
- On-boarding on social media channels and sharing of videos and posters via the same
- One-on-one curated nudging for any confusion, misconception, misunderstanding





# FINDINGS OF THE PROJECT

## **Profile of respondents(%)**



## THE PRIMARY SOURCE OF INCOME FOR HOUSEHOLDS (%)



## **Profile of respondents (%)**

### **Current activity status (%)**



#### Poverty status (%)



- 1. The majority of respondents in both groups were housewives, comprising 93% of the Program group and 95% of the control group.
- 2. The program specifically targeted low-income populations, as evidenced by their poverty status.
- 3. Over half of the households in both the Program and control groups live on less than USD 2.50 per person per day (PPP, 2005).

## Purpose and frequency of smartphone usage (%)



#### Frequently use the internet



- 1. In villages where the program was implemented, 99% of individuals used smartphones for both internet access and communication, compared to 68% in the control villages. The control group showed more limited use: 23% used phones only for calls or SMS, and 9% used them only for internet—highlighting broader digital adoption in the program areas.
- 2. Phone usage was also significantly higher in program villages, with 89% of users engaging multiple times per day, versus 70% in control villages. In contrast, control villages had more users reporting single daily use (24%) or occasional use, reflecting lower overall digital engagement.

## Internet usage profile (% of respondents)



#### Time on average do you browse internet daily



- 1. Internet usage is widespread in both groups, with 83% of Program participants and 78% of Control participants accessing the internet on their own phones. Reliance on family members' phones or hotspots is lower, indicating strong individual access to digital connectivity.
- 2. Internet browsing is notably more intensive in Program villages: over half (53%) use it for 1–2 hours each day, compared to just 19% in Control villages. Meanwhile, 61% of respondents in Control areas browse for less than an hour daily.

## Internet usage by type of activities (%)



#### Summary

Endline data shows that entertainment continues to be the dominant use of the internet, particularly in Program Villages, where 85% of users engage in it. There has also been a notable rise in the use of the internet for health-related information in Program Villages (66%), indicating growing awareness and interest in health topics compared to Control Villages.

## Trust in health-related information received on social media (%)



- 1. In the Program areas, 74% of participants reported high trust (38% fully, 36% moderately), compared to just 30% in the Control group (13% fully, 17% moderately).
- 2. Conversely, low or no trust was significantly more common in the Control group at 70% (55% with little trust, 15% neutral), compared to 27% in the Program areas (21% little trust, 6% neutral).





# ROUTINATION RELATED FINDINGS

## Vaccination Status: Age-appropriate routine vaccines (%)



#### Program

#### Summary

- 1. Routine immunization coverage for children under five remained consistently high in Program areas, ranging from 70% to 99%, while Control areas showed significantly lower coverage, between 11% and 44%—particularly for OPV, Pentavalent, and DPT booster doses.
- 2. Across all 13 vaccine indicators, Program villages outperformed Control villages, demonstrating the strong effectiveness of targeted outreach and follow-up efforts.

## Vaccine availability (%)



#### **Vaccines Avalibilty**

Summary

All types of vaccines are provided free of cost at public healthcare institutions such as government hospitals, Community Health Centres (CHCs), Primary Health Centres (PHCs), Anganwadi Centres (AWCs), and schools. Fewer than 5% of respondents reported that vaccines are chargeable at private healthcare facilities."

## Difficulties faced in getting children vaccinated (%)

Opportunity cost in getting child vaccinated (%)





#### Summary

The majority of respondents reported no cost associated with vaccinating their children. Specifically, 78% of respondents in the Program group indicated that they incurred no expenses for child vaccinations. Additionally, over 73% of respondents in the Program group stated that the child's mother is the one who takes the child to the vaccination center.

# Additional facilities in getting children vaccinated (%)



#### Summary

The majority of respondents indicated a preference for having a vaccination center in a nearby village to make it easier to vaccinate their children. In addition, respondents expressed a desire for shorter waiting times, free vaccines, and improved access to information about vaccination schedules as further supportive measures.

## Motivation for getting children vaccinated (%)



#### Summary

Community engagement continues to play a crucial role in boosting vaccination rates, with 88% of respondents identifying videos and posters from the Grameen Foundation as a major motivating factor. Furthermore, 46% of caregivers indicated that the wish to safeguard their child's health was a significant influence in their decision to vaccinate.

## Belief that routine vaccinations can cause side-effects to children (%)



#### Summary

14 % of respondents in the Program group believe that routine vaccinations may cause side effects in children.

## Information on vaccine availability and process (%)



#### Summary

- 1. More than 96% of respondents got enough information on children's routine vaccinations.
- 2. More than 96% of respondents knew where to get information on the availability of vaccines.

## The intervention (%)



- 1. A substantial proportion (62% of respondents) benefited from comprehensive outreach efforts, receiving information through both WhatsApp and in-person sessions.
- 2. The program primarily involved sharing videos, posters, vaccination schedules, and messages from frontline healthcare workers, enriching participants' understanding of vaccination protocols and benefits

## Positive outcomes and motivation (%)



#### Summary

- 1. Over 95% of respondents in the Program group reported feeling motivated to vaccinate their children as a result of information provided by Grameen Foundation India.
- 2. Additionally, 56% of respondents indicated that this information helped them correct their views on vaccination.
- 3. Furthermore, 52% reported that the information encouraged other family members to also vaccinate their children.

## Cascade effect and community impact (%)



#### Summary

56% of respondents reported sharing the content received from the Grameen Foundation with other WhatsApp groups, highlighting the program's effectiveness in utilizing peer networks for spreading information. This method of dissemination created a significant ripple effect, as nearly all respondents (98%) noted that their friends or family members were encouraged by the shared content to vaccinate their children.

## Impact of the program (%)



- 1. There was a significant improvement in the accuracy and timeliness of information regarding the availability of routine vaccines, with a 28% increase (DID).
- 2. Trust in elected leaders promoting vaccines grew by 12%.
- 3. Trust in religious leaders recommending vaccines experienced a modest increase of 4%.
- 4. Trust in pharmacists endorsing vaccines remained largely unchanged, showing only a 1% increase.





# HPV VACCINATION FINDINGS

## HPV Awareness Participants Profilea (%)



- Category C Women aged 18–24 years
- Category B Guardians of adolescent girls (9–17 years)



Hinduism

Islam

Program Control

## Intervention (%)







The information available about the HPV vaccine is sufficient and reliable.



Heard about cervical cancer



## Intervention (%)





#### First information receive about the HPV vaccine



### Vaccine Status and People in Favor of Getting Vaccine (%)



- 1. Only 1% of respondents in locations where the program was implemented received the HPV vaccine.
- 2. No respondents in control locations (without the program) received the HPV vaccine.
- 3. Despite awareness campaigns, overall vaccine uptake remains very low, mainly due to limited availability and cost barriers.

## **Trust Source about health Information (%)**



Three sources do you trust the most for information on the benefits and availability of the HPV vaccine

## Recommendations

- 1. Leverage high community trust in ASHAs, ANMs, and AWWs to lead vaccine awareness and mobilization.
- 2. Train frontline workers to address vaccine myths and misinformation effectively.
- 3. Use social media (e.g., WhatsApp, YouTube) to share local-language videos and visuals on vaccine benefits.
- 4. Involve trusted local figures to endorse vaccination and influence community behavior.
- 5. Ensure regular, clear communication about vaccine availability and schedules through multiple channels.





## COLLABORATE & PARTNER WITH US

Partner and join forces with us to transform health and nutrition outcomes in communities. Together, we can make a lasting difference in the lives of those who need it most. Let's create healthier, more resilient futures—starting today!



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