



**Indo-Global  
Social Service Society**  
*Celebrating the Spirit of Humanity*



# VACCINES AND THE URBAN POOR

A survey report of the urban poor community's  
access to vaccines, relief and the related challenges  
during the 2nd wave of COVID

June 2021



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June 2021

To cite this study:  
Indo Global Social Service Society Publications; Vaccines and the Urban Poor;  
June 2021

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acknowledgments

Published by  
Indo Global Social Service Society (IGSSS)  
28, Lodhi Road, Institutional Area,  
New Delhi - 110003 India  
[www.igsss.org](http://www.igsss.org)

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Photo credits: Danish Siddiqui/Reuters



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## Acknowledgements

We would like to thank our state and city teams for their tireless efforts in data collection and community engagement. We would like to thank our wonderful intern Christo Peter and Guwahati city coordinator Priyakshi Gogoi for analysing the data and help write the report. We would like to thank the volunteers who in a very short span of time fulfilled the immense task of enumerators in their respective urban settlements. Your endeavour inspires us daily. This report would not have been possible if not for the participation of our urban poor communities who despite undergoing tremendous amounts of suffering during the pandemic have displayed courage and empathy in helping us in this endeavour. Below are the names of all the city teams who facilitated the large scale data collection

Delhi

Tarun, Meenakshi, Kavita

Indore

Anjali Anand, Savita Tanwar

Durg

Pranshu Bais, Khamman Singh, Kavita & Priya

Guwahati

Priyakshi Gogoi, Jenifar Chaudhary, Anjali Kujur

Bhubaneswa

Sarmila Patnaik, Manjuprava Mohapatra, Shan8lata Sahoo, Prama Pradhan

Gorakhpur

Pawan Kumar Srivastava, Laxmi Singh, Dipendra, Apoorva

Raipur

Premanand Baa, Swati Yadav, Sapna Tandi & Mamta Sahu

Jabalpur

Shiv Kumar, Ajay Singor, Deeksha Yadav

Bhopal

Manohar Ranawat, Mahima Choudhary, Ravi Malviya

Patna

Sunny Deol, Rajani Singh

Nagpur

Shahina Sheikh, Pornima Bagde

Jamshedpur

Mahabir Mahato, Isha Singh

Ranchi

Rishit Neogi, Shanti Kumari

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## Introduction

India is seeing an unprecedented rise in COVID cases a full year after the nationwide lockdown was announced. This has happened despite the development of numerous vaccines from all parts of the world and the availability of the same in India. Most Indian cities placed significant restrictions on mobility which adversely affected livelihoods of the urban poor across the nation. This was exacerbated by the lack of access to basic services, and most of all lack of medical attention.

Apart from the obvious measures that must be taken to provide material relief to urban poor communities – direct cash transfers, providing low interest or zero interest loans and cash relief to sections of informal sector workers – vaccinations are a key solution to the pandemic. The second wave of the pandemic is coinciding with national vaccine rollout plans. However there have been some questions about the availability of the vaccines for all sections of society equally. Making the vaccine universally available for all citizens over 18 is a welcome step, but in the context of differential pricing and vaccine shortages and only some states promising free vaccines, it is difficult to see how the vaccine will reach marginalised sections in cities. Those whose livelihoods and safety are most directly threatened require the vaccine urgently. With the Covid vaccination drive widening across India, a 'class divide seems to opening up - almost every centre in big cities is reporting more recipients from wealthier quarters. The reasons for this divide could range from poor access to smartphones, digital illiteracy, high priced vaccines to transport issues and vaccine scepticism.

Urban inequalities that were uncovered in 2020 are now being exhibited again on a national level. In the context of vaccine accessibility, the union government's order on the 7th of June was a welcome decision. The announcement freed state government from under the burden of negotiating prices for the vaccine so that they could focus on only provision of vaccines to all citizens at equitable prices.

### Low vaccinations amongst informal sector workers

As a second wave of COVID-19 cases sweeps India, informal sector workers are shunning vaccination because they fear losing a day's pay to get the jab, or possible side effects that could force them to skip work for longer. Knowledge of where to get vaccinated, how to register for the jab, documents to be furnished, other eligibility criteria are unknown to large populations of basti dwellers in cities. Financial distress is also a major factor hindering accessibility to the vaccine or general health services. The fear of losing even a day's salary is very real for many people who have to pay back huge debts accumulated

1 <https://timesofindia.indiatimes.com/india/the-poor-may-be-getting-left-behind-in-vaccination-drive/articleshow/81420727.cms>

2 <https://www.reuters.com/article/us-health-coronavirus-india-vaccine-trfn-idUSKBN2BL13B>

during the lockdown. <sup>2</sup> Myths and misinformation about the vaccines have also been widespread. Several private vaccine centres had to shut their doors due to a lack of vaccine availability. They are also struggling with high ‘vaccine hesitancy’ According<sup>3</sup> to the testimonies of some slum dwellers, for the longest time, most were scared of the vaccine after hearing reports of people suffering fatal symptoms after getting the vaccine.

To understand the depth of these issues regarding accessibility of the vaccine and other concerns of the urban poor Indo Global Social Service Society conducted a survey of more than 600 urban slum dwellers across 13 cities. The results of this fact finding survey have gone on to influence the organisation’s and its partners’ relief efforts on the ground.

Photo credits: Ashish Vaishnav/SOPA Images



3 <https://science.thewire.in/health/watch-poor-communication-worsens-vaccine-hesitancy-hamdard-institute-of-medical-sciences/>

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## Common issues urban poor are facing during the 2nd wave

1. **Livelihoods have suffered due to lockdowns:** Informal workers such as street vendors, domestic workers and construction labourers and many other daily wage earners will have no avenues to earn in the event of a lockdown.
2. **Day to day updating / changing guidelines and regulations:** Different state governments are constantly announcing short term lockdowns, short term relief measures and guidelines as they are monitoring the COVID scenario on a day-to-day basis. A large number of orders in a short span of time in different states is difficult to keep up with and may result in much confusion.
3. **Access to food and ration provisions has suffered:** PDS shops and ration providers have been ordered by the government to ensure free rations to all who have ration cards. However, it is likely that the provision of adequate rations will fall short of the actual requirements of the urban poor communities. Not only the quantity but the quality and variety of essential foods is likely to suffer. Only food grains were in abundance last year while essential items like vegetables, oil etc were unavailable during the lockdown.
4. **Misinformation about the vaccine and low vaccination rates:** Along with shortages of vaccines and a lack of health infrastructure to administer them properly, there is also a problem of serious misinformation being spread about the vaccine. A few cases of people dying after having taken the vaccine has led to immense fears amongst the communities about it. False and unverified messages on social media have added to this stigma.

Photo credits: Faizan Khan/Mid Day





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## Sample size and description

The sample for the survey included 50 persons from bastis (slums) in each of the 13 cities across 9 states of India. The sample of the survey included informal sector worker groups such as construction workers, domestic workers, street vendors, waste pickers, rickshaw pullers, shop assistants, cobblers, tailors and so on, who reside in informal settlements (or slums) in the 13 cities. The total number of survey respondents were 676. In some cities, the surveyors talked to more than 50 respondents hence the sample is 676 not 650. The survey had a total of 16 questions categorised in the following sections.

### Livelihood

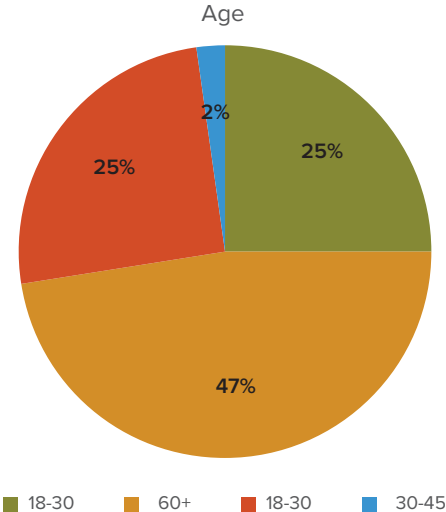
The livelihood section included questions about the effects the 2nd wave of COVID has had on informal sector livelihoods and financial strains caused by it. With almost no social security available to urban poor informal workers, a lockdown (as we learned last year) results in a complete halt of opportunities to earn. Since most workers are daily wagers, such situations threaten their survival. The question of PDS services was also included in the livelihood section.

### Vaccination

The vaccination section constitutes the bulk of the survey. It focuses on the awareness, availability, and knowledge about the vaccine. The survey also aimed to quantify the vaccine hesitancy amongst the urban poor population. Reasons behind vaccine hesitancy have also been explored.

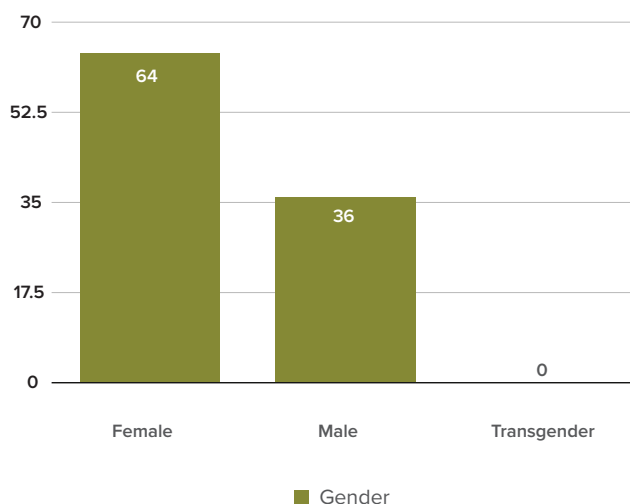
### 2nd Wave of Covid

The 2nd covid wave section aims to understand the preparedness and protective measures being taken by urban poor communities in light of the second, more deadly COVID wave. Awareness of the rapidly worsening pandemic situation and the mutated strains to the virus was also inquired about. Activities like double masking and regular sanitisation of surrounding areas as well as households are recommended in the context of the



rapid community spread in the 2nd wave.

47% of the respondents were between 30-45 years. Respondents from the 18-30 age group constituted 25% and 45-60 constituted 25% as well. Over 2% of the respondents were above the age of 60. This makes the average age of the respondents relatively young in the below 45 category. Persons under the age of 45 were given late access to the vaccination and understandably their coverage was relatively low. However it remains to be seen whether this is merely because of the lack of vaccinations or is the lack of awareness, vaccine hesitation, digital divide or other such reasons.



64% of all respondents were female and the rest were males. It is reported that due to a lack of proper information being spread about the vaccines, there is a greater fear about the vaccines amongst women who think pregnancy and fertility gets affected, and are therefore less willing to be administered. While there are a few precautions pregnant women must take while preparing for the vaccine, incomplete and misleading information leads to unnecessary fears.

Photo Credits: IGSSS Delhi



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## Methodology

The survey was conducted through telephonic surveys and online methods keeping in mind COVID protocols. Door to door survey was avoided. The survey was in the form of an interview schedule. The interview schedule was prepared after consultations with the state teams of IGSSS. A review of the ground situations of the 13 cities revealed certain common issues that have been mentioned in the introduction chapter. To address the common issues, to get quantifiable data to back up the claims of the city teams it was necessary to conduct this survey.

After the interview schedule was drafted, it was sent to the city teams. Training was provided to all city team members and the volunteers on how to conduct the study. 50 slum/basti dwellers from each of the 13 cities made up the sample size, making it a total of above 650 respondents from 13 cities across 9 states. Only one respondent from one household was considered in the sample size of the city (50). Multiple respondents from a single household were not counted. The city teams work directly with slum/basti communities in their respective cities therefore they have a sizeable number of contacts. The survey was done via telephonic conversations and the data was submitted to a central hub wherein it was analysed.

**Dates of Survey:** This survey was conducted over a 10 day period starting from the 3rd week of May till the final week (17 May to 27 May). At this time, the 2nd wave of the pandemic was raging and it had been almost 3 weeks since the vaccine had been declared universally available for all above 18 years of age in India.

S.NO	CITY	STATE
1	Bhopal	MADHYA PRADESH
2	Jabalpur	MADHYA PRADESH
3	Indore	MADHYA PRADESH
4	Guwahati	ASSAM
5	Gorakhpur	UTTAR PRADESH
6	Nagpur	MAHARASHTRA
7	Ranchi	JHARKHAND
8	Jamshedpur	JHARKHAND
9	Durg	CHHATTISGARH
10	Delhi	DELHI
11	Raipur	CHHATTISGARH
12	Patna	BIHAR
13	Bhubaneswar	ODISHA

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## Limitations

This survey has a few limitations as listed below

**Dates of survey are early:** This survey was conducted in the 3rd and 4th week of May, when the pandemic was at its peak and large scale lockdowns were enforced in most states. It had been 3 weeks since the vaccination drive had been opened for all 18+ citizens. The national situation has changed quite a bit in the month of June with the central government announcement central procurement of vaccines and distributing it to the states, from the 21st of June, therefore lowering prices and ensuring assured supply. The survey data may reflect differently in the month of June and July however, the vaccine situation for the urban poor communities is not likely to have changed drastically, which makes this study relevant.

**Relatively small sample size:** The sample size of 676 respondents is relatively small to be considered as a national sample size. The sample size was kept small as the questions were not very detailed and the answers for them were likely to be similar throughout the urban poor settlement. The sample size was also kept small so as to not ask for the community members participation in times of extreme personal distress. However, the sample of 676 persons holds a 99% confidence level and 5% margin of error for a gross total population of about 46 lakhs, which is over the combined slum population of these 13 cities.<sup>4</sup>

**No coverage of all states:** This survey covers 13 cities spanning 9 states and should not be taken as a national sample or as generalised findings for the all states. The urban poor communities that were surveyed were from differing varying settlements across the 13 cities and therefore can be considered an appropriate sample size for those states.

**Variance in COVID crisis among states:** India has become the worst affected nation during the the 2nd wave of the pandemic but the effects have differed considerably in different states/cities. Some cities and regions have been more severely affected than others, resulting in different degrees of lockdowns being announced imposed. Although the pandemic has led to a humanitarian, public health crisis on a national scale, one should not treat all states/cities as equally affected. In this study, we have not considered this variance among states because the urban poor community across these cities face similar vulnerabilities, and their experiences therefore can be generalised to a certain extent.

4 <https://www.indiaonlinepages.com/population/slum-population-in-india.html#:~:text=Total%20Slum%20Population%20in%20India%20%20%20S,%20%20%2C561%2C748%20%2025%20more%20rows%20>

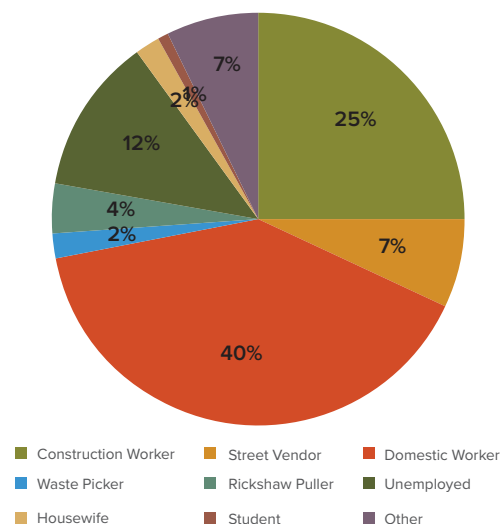
# Findings

## Livelihood section

### 1. What is your livelihood?

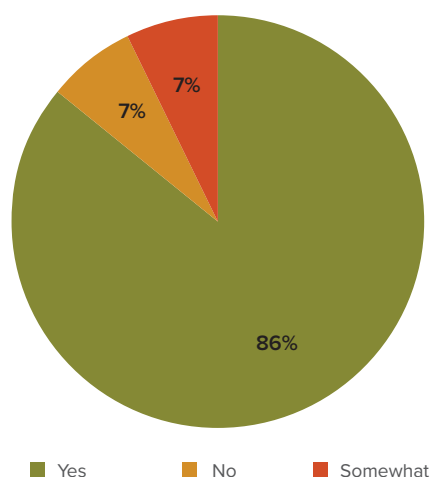
n<sup>5</sup> = 676

This survey had a varied group of respondents. Most of them (40%) were domestic workers. A quarter were construction workers. 7% of the respondents were students, while 2% of them were housewives. Rickshaw pullers, waste pickers and street vendors made up 4%, 2% and 1% of our respondents respectively. 12% of the respondents were unemployed. The remaining 7% (other) of the respondents included painters, daily wage workers, tailors, delivery professionals, ASHA workers, garage helpers etc. The finding of a 12% unemployment rate is in line with other reports on unemployment in the country. Financial Express had reported that due to the lockdown measures enforced to curb the second wave of Covid-19, the urban unemployment rate for the week ending on 23rd May stood at 17.41%.



### 2. Has your livelihood/earning been affected because of current lockdown restrictions?

n = 676



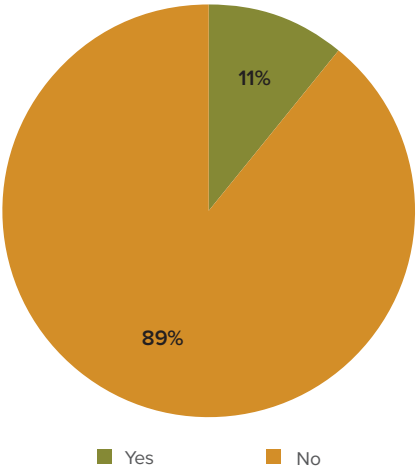
Only 7% of the respondents did not face a significant decline in income due to the lockdown measures. A staggering majority of 86% of the respondents saw their income significantly decline during this pandemic. The remaining 7% saw their income decline too, but only somewhat. This finding is very similar to that of the CMIE survey conducted in April this year which found that 97% of the families have faced a decline in incomes (when adjusted for inflation) during the second wave of the pandemic.

5 n refers to the number of respondents. This number will change according to the questions by law of elimination. For example, if 676 respondents are asked if they know about the vaccine and only 50% say yes, then the next question regarding vaccine will be asked to 338 respondents only.

3. Have you been given any financial help from the government during this lockdown?

n = 676

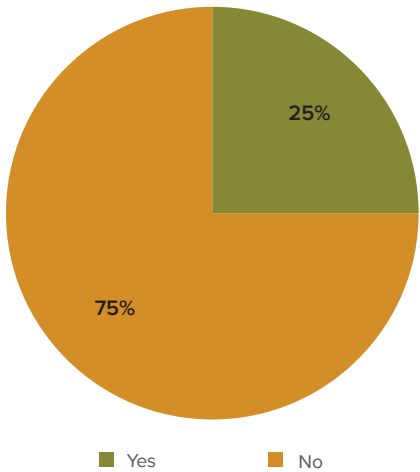
Due to the fall in actual income faced by most of the households in the country the government had announced certain plans and measures to help them. Predictably, it was found that 89% of our respondents did not receive any financial help in terms of cash transfers, advance pensions and so on from the government during this lockdown. Lately there have been many announcements from the state and central government awarding large cash sums for those who have lost family members due to COVID, or due to lack of oxygen. Children who have become orphans due to both parents passing away due to the pandemic have been assured of financial support in education and other expenses by some states.



**Observation:** Our survey found that the cities of Nagpur and Indore performed significantly better than other states when it came to financial assistance provided by government. Maharashtra and Madhya Pradesh saw all registered street vendors being given cash assistance of INR 1500 and 1000 respectively<sup>6</sup>

4. Do you have a functional Ration card?

n = 676



A quarter of the respondents reported not having a functional ration card. This is a significant statistic as it goes to show accessibility to food-grain. Livelihoods have greatly suffered during these lockdowns and almost all state governments and the central government has announced free rations under different schemes for all. Ration card holders are the primary beneficiaries for these provisions but if a significant population of urban poor informal sector workers do not have functional ration cards, these schemes

will be useless. Provision of universal rations should be considered by the administration along with free or very low cost cooked meals at canteens.

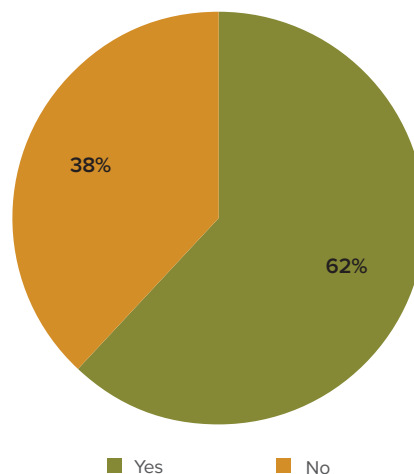
6 <https://www.indiatvnews.com/news/india/covid19-chief-minister-shivraj-singh-chouhan-announces-relief-street-vendors-farmers-coronavirus-pandemic-700424>

**Observation:** The cities of Patna, Delhi, Indore and Jabalpur were the worst performers in this regard, with an average of 35% or more not having functional ration cards. High number of migrant workers in these areas and not having city based address proofs are major hindrances in availing ration cards.

### 5. Have you got rations from the PDS shop in the past week or month?

n = 507

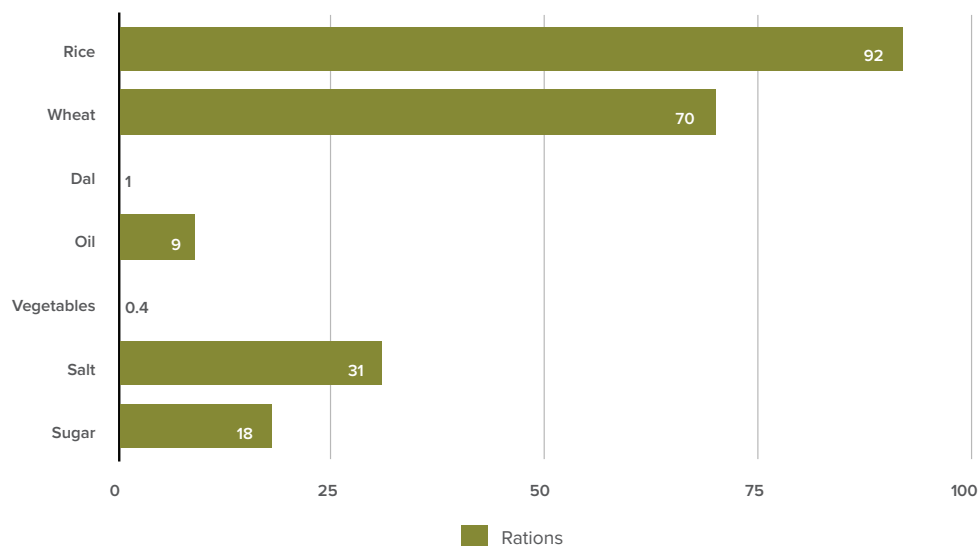
38% of respondents said they had not received any rations in the past week or month. This survey was taken when the second wave was at its peak and lockdowns were prevalent almost everywhere. In that time, almost 40% of those with ration cards were unable to receive or get any rations. A startling figure which brings into question the PDS system and its ability to provide food in a crisis situation to the most vulnerable. Reasons for this were restriction of mobility due to lockdowns, but mainly it was PDS shops not having adequate stocks.<sup>7</sup>



**Observation:** More than 50% of respondents from Delhi, Durg (Chhattisgarh) and Patna reported not having received any rations in a month despite them trying. The case of Durg is curious as Raipur in the same state reported excellent ration coverage for all basti dweller respondents.

### 6. What rations did you get?

n = 314



7 <https://www.ndtv.com/delhi-news/delhis-poor-battle-hunger-as-stock-runs-out-fast-in-free-ration-centres-2460235>

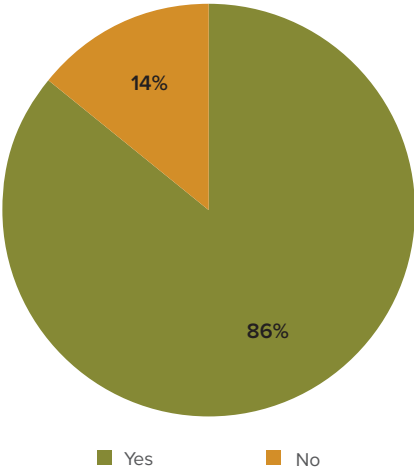
92% of all respondents received rice in the rations. 70% received wheat. 31% received salt and 18% received sugar. The rest of the components made up of pulses (dal), vegetables and cooking oil were all less than 10%. Less than 1% ration card holders received vegetables in their monthly/weekly rations. This was seen in the previous lockdown as well when rice was overabundant in the ration kits but without much else. Varied items in ration kits are essential for nutritious eating and this is an issue to be looked at state and local governments along with CSOs providing rations.

**Vaccination section**

**7. Are you aware of the vaccine that can help in fighting COVID 19?**

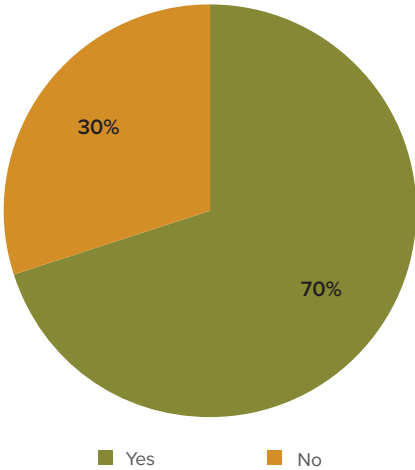
n = 676

The result of the survey shows that 86% of the respondents knew about the vaccine. They were aware that the vaccines can help fight against the COVID-19 pandemic. 14% of the respondents did not know about the vaccination which indicates that still there are people who still need to be reached out to. Vaccine hesitancy has been a long standing issue amongst slum dwellers and earlier vaccine drives for polio, TB, influenza have always faced tough situations when it came to urban poor communities who mistrust the system as they have always had bad experiences in medical institutions. Confidence building measures should always accompany awareness drives.



**8. Do you know about registration at the COWIN website or Aarogya Setu app to get access to the vaccine?**

n = 676



70% of the people have heard about the vaccine registration application and the website where they could register their names and book an available slot to get vaccinated. 30% of the respondents are fighting their battle without knowledge of the application or the website. Those are the key mediums of getting a vaccination during this pandemic. Although recently the central government has made walk in registration facility mandatory for all states, it is upto all

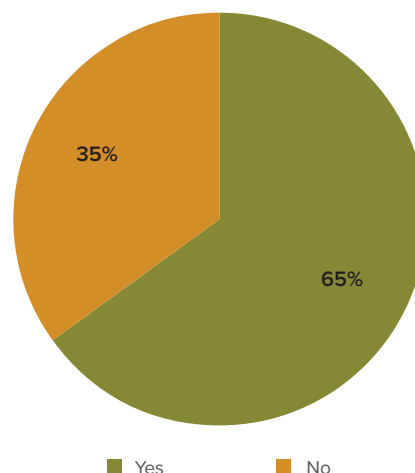


local governments, CSOs and other ground staff to implement these measures as the digital divide will result in more inequality.

### 9. Are you willing to take the vaccine if it is available to you?

n = 676

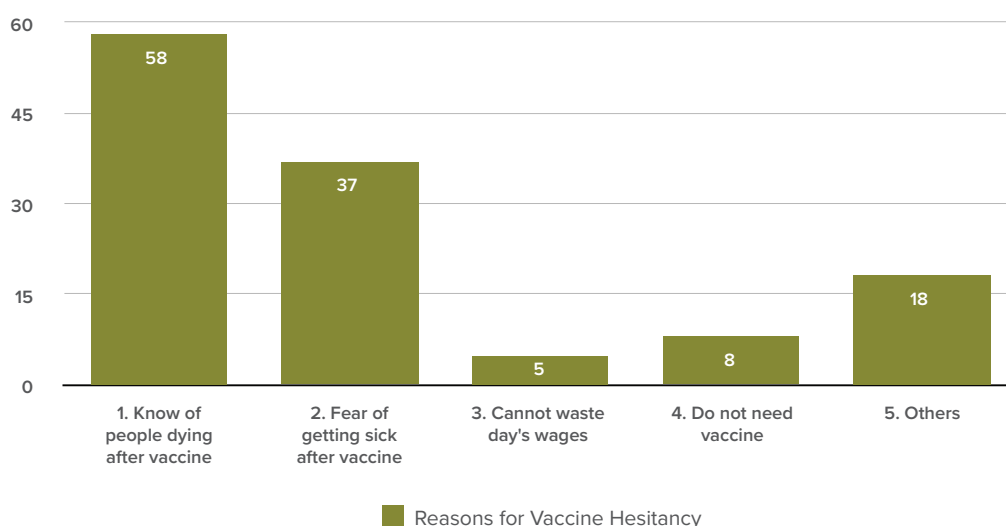
The survey found that 65% were willing to take the COVID-19 vaccine whenever they get the chance. 35% of the respondents are hesitating and are not ready to take the vaccine. 35% of all respondents displaying hesitancy to a vaccine that is crucial to end the devastating effects of a pandemic is a surprising fact. The reasons behind vaccine hesitancy have been inquired about below.



### 10. If not, why?

n = 236

When people were asked about the reasons behind vaccine hesitancy, it led us to various directions. 58% of the respondents don't want to take the vaccine because they heard of people having lost lives after taking the vaccines. 37% of the respondents are fearful of getting sick after getting the vaccine. 5% of the respondents said that they cannot waste their day's wages on this. 8% of them say they don't need a vaccine.



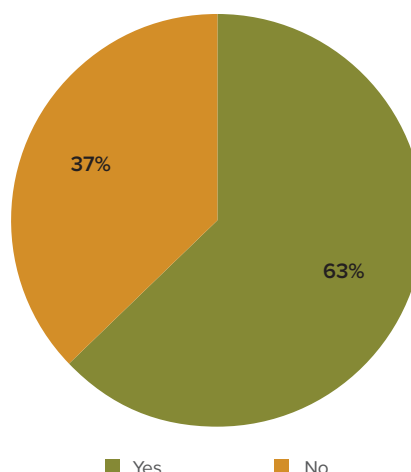
Other issues included fear of the vaccine due to being pregnant, having co-morbidities like BP issues, diabetes, other illnesses, no digital literacy for registration and being unaware of vaccine locations. Rumours over WhatsApp that blame vaccines for a host of illnesses, and fake news that the vaccines can cause infertility are major causes of hesitancy.<sup>8</sup>

8 <https://www.orfonline.org/expert-speak/disparity-in-access-to-covid-19-vaccination/>

### 11. Do you know where the vaccine will be available?

n = 676

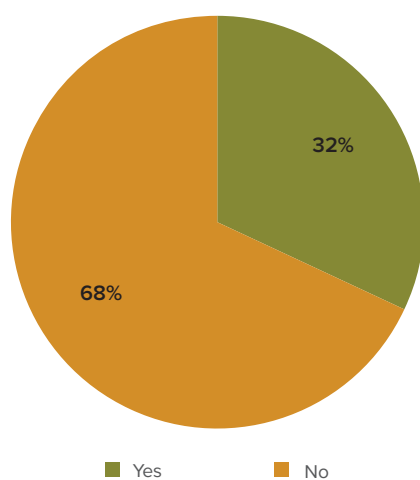
Though the vaccination drive is widening across the county, this survey shows that one-third of our respondents were not aware of where they could get the vaccines. Vaccination centres are fairly unknown if one does not log onto the CoWin website and locate the centre. This is a major hindrance for the urban poor worker communities.



**Observation:** The cities of Jamshedpur and Ranchi were the worst performing cities wherein more than 90% of slum respondents were unaware of where they could avail the vaccine from.

### 12. Have you tried to get the vaccine?

n = 676



68% of the respondents have not even attempted to get the vaccine in the past month or so. The vaccination drive has until now, been over reliant on digital registration. A large quota of vaccinations being provided by private clinics and hospitals led to a significant class divide in the earlier days of the vaccine program.<sup>9</sup> Issues like co-morbidities and age were being given preference but the factors of livelihood, vulnerable and exposed livelihoods were being completely omitted. The poor are

struggling to get vaccinated.

**Observation:** Except the cities of Delhi, Indore and Patna, all other cities had more than 75% of the urban poor population who had not even attempted to get the vaccine.

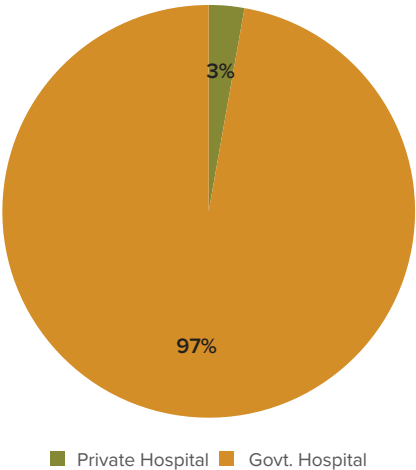
### 13. If yes, from where?

n = 425

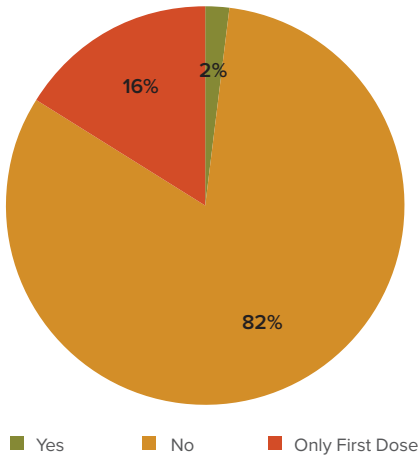
97% of the respondents who tried to get a vaccine went to the government hospitals. Fortunately, government hospitals are still providing the vaccine free of cost however

9 <https://qz.com/india/1983300/indias-poor-are-being-left-behind-in-coronavirus-vaccine-drive/>

vaccine availability is the major issue. Some of the respondents went to the private hospitals to get a vaccine but at 3%, it is quite low. Government hospitals have been witnessing shortages of oxygen, beds and effective drugs. Vaccine camps have been available in these hospitals but the slots for 18-45 years category are extremely few.



**14. Have you been vaccinated yet?**  
n = 425

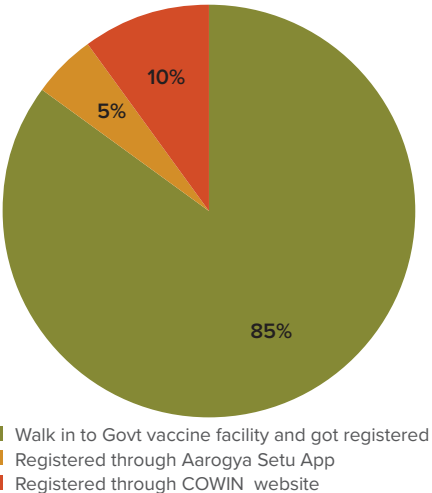


Only 2% of the respondents got vaccinated and 16% of the respondents have been administered with the first dose. This figure tells us that the majority of the respondents are struggling with getting a vaccine. The lack of awareness and unavailability of vaccination facilities are playing a vital role here. The findings of this survey taken in the third week of May coincides with the national data of less than 2% of the population being vaccinated with both doses. Although the

real data on vaccinations may have gone up in the month of June, the situation for the urban poor worker communities would not have changed much at all.

**15. If yes, how did you get vaccinated?**  
n = 77

Out of those who got vaccinated, 85% walked to government vaccine facilities and got registered. Only 15% of them registered themselves on the CoWin website and the Aarogya Setu application. The issue of the digital divide is very clearly visible in this piece of data. The CoWin website started off as a way of registering all persons in a systematic fashion through a centralised portal. However, when the aim is accessibility to all, the portal only becoming bilingual after 2 months of its existence is concerning. The portal needs to be revamped to suit all regional needs and its usage must be simplified further and displayed effectively.

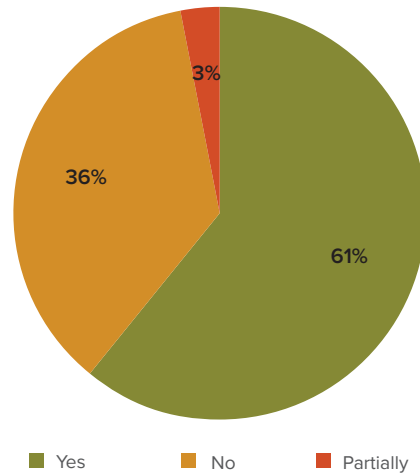


## 2nd wave covid section

### 16. Do you know about the new strain of COVID?

n = 676

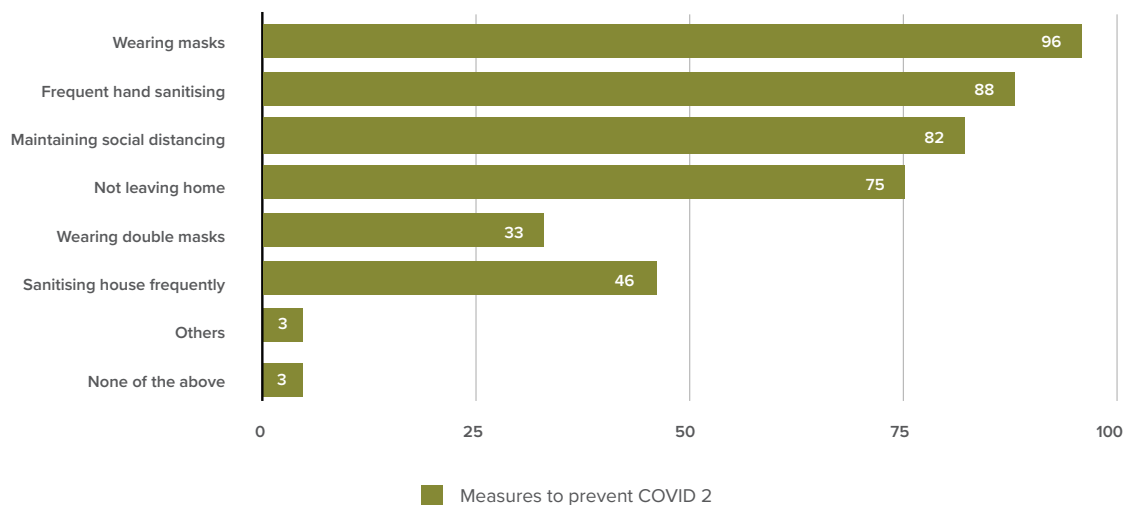
In the last two years, SARS-CoV-2 (the virus that causes Covid-19) has undergone mutations and new variants or strains have emerged. These variants may become a cause of concern if they become more transmissible or cause greater harm to the infected. When respondents were asked if they were aware of any such strains, almost two-thirds of them said they knew about the variants. 36% of the respondents did not know about the strains and the remaining 3% had partial knowledge.



### 17. What type of preparedness measures are you taking?

n = 676

Respondents were given a checklist which listed down some common preparedness measures and they were to select every measure they followed. Wearing a mask was the most common measure as 96% of the respondents followed it. Frequently sanitising hands, maintaining social distance and not leaving the house followed closely as 88%, 82% and 75% of the respondents followed these measures respectively. Almost half (46%) of the respondents also sanitized their houses frequently. Although 96% of the respondents wore masks, only a third of them (33%) wore double masks. 3% of the respondents also followed other measures like home remedies, eating nutritious food, and prayers. 3% of the respondents did not follow any measure to prevent Covid-19.



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## General recommendations

### For livelihoods, relief, and ration for urban poor

1. **Cash Transfers:** Financial assistance in the form of direct cash transfers for informal sector workers should be undertaken by respective governments.
2. **Rations for All:** PDS centres must be open to all, especially to those workers/families who do not have ration cards
3. **Improve Quality of Ration:** Improvement of ration kit quality<sup>10</sup> and inclusion of vegetables and fruits should be ensured.
4. **Free Cooked Food Canteens:** Subsidised and free cooked food to be provided through canteens and community kitchens in multiple locations throughout cities. CSOs and NGOs must be included in this endeavour
5. **Home Delivery of Rations:** Home delivery of ration provisions should be ensured for all members of urban poor community especially for those who have not been vaccinated, PwD, immobile persons.

### For enhancing vaccination amongst urban poor

1. **Community Help desks:** Establish help/registration desks in every urban poor community/slum to facilitate registration and spread awareness about the vaccine
2. **Incentive for vaccine:** Provide financial/other incentives to informal sector/daily wage workers for taking vaccines, such as lost wages refund and other allowances
3. **Community Task Force:** Establish community COVID-19 vaccine task forces to spread awareness and ensure maximum vaccine coverage through constant community interaction
4. **Multi-lingual COWIN website:** COWIN portal to include more languages like Kashmiri, Bodo, Dogri, Manipuri and Konkani to ensure more inclusiveness
5. **Priority to urban poor informal sector:** Make inclusiveness of marginal groups a priority of vaccine policy so that informal sector workers and urban poor can get preference in vaccine availability in all states

<sup>10</sup> The quality and variety of the ration kit should be drastically improved. Kerala's ration kit should be emulated <https://www.india.com/news/india/kerala-announces-free-food-kits-to-all-including-migrant-workers-from-may-15-check-details-4653896/>

6. **Mobile vaccinations:** Mobile vaccinations must be encouraged for specific groups of urban poor who cannot come to vaccination site. Trained staff and volunteers should accompany mobile vaccine vans to facilitate safe and secure vaccination drives in slum communities
7. **Monitoring marginalised amongst urban poor:** Using the community task force to monitor the marginal within the urban poor and to establish protocols for homeless, transgender persons, lactating mothers to be vaccinated immediately
8. **Welfare Boards vaccination for members:** Asking worker-welfare boards such as the BoCW, Town Vending Committees etc to procure and provide vaccination support for members, as private organisations and offices are currently doing

### **For vaccine awareness, better coordination and support to volunteers**

1. **Use of socio-religious mobilisers:** Use religious figures and spaces to spread vaccine and COVID precaution awareness and to calm community's hesitancies
2. **Walk in Centres near slums:** Walk-in facilities must be located either in informal settlements or near clusters of small units can benefit workers which must operate at hours that are most conducive to workers
3. **Training of Community Task Force:** Training to be provided to community task force so they can successfully carry out a vaccine drive to dispel misinformation and increase vaccine registration
4. **Extensive spread of awareness:** Door to door awareness using task force volunteers groups from within community should be pursued. Comprehensive coverage of the community is needed to ensure public health safety.
5. **IEC material sharing:** Collation and sharing of SoPs and accessible IECs for pre and post vaccination care must be immediately done. Social media apps should be used to spread correct and positive information about the vaccine
6. **Recognition to NGO/CSO volunteers:** Support and recognise NGO workers/ volunteers as frontline workers during the 2nd wave of the pandemic
7. **Regular follow-up:** Constant reminder calls and mobilisation for vaccination through digital and telephonic means once member of the community has registered to get the vaccine

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## Annexure

### Interview Schedule

1. Name
2. Name of Basti/Locality
3. City
4. Age
5. Gender
6. Do you have Aadhar card?

### Livelihood section

7. What is your livelihood?
8. Has your livelihood/earning been affected because of current lockdown restrictions?
9. Do you have a functional ration card?
10. Have you received any rations in the past week/month
11. What rations did you receive?
12. VACCINATION SECTION
13. Are you aware of the vaccine that can help in fighting COVID 19?
14. Do you know about registration at the COWIN website or Aarogya Setu app to get access to the vaccine?
15. Are you willing to take the vaccine if it is available to you?
16. If not, why?
17. Do you know where the vaccine will be available?
18. Have you tried to get the vaccine?
19. If yes, from where? (government or private hospital)
20. Have you been vaccinated yet?



## 2nd wave covid section

21. Do you know about the new strain of COVID?

22. What type of preparedness are you taking?

- a. Wearing masks
- b. Sanitizing hands frequently
- c. Maintaining social distance frequently
- d. Not going outside of home frequently
- e. Wearing double mask
- f. Sanitizing your house frequently

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## About IGSSS

Indo-Global Social Service Society is a non-profit organisation working with the mandate for humane social order used on truth, freedom, justice and equity. Established in 1960, IGSSS works for development, capacity building and enlightenment of vulnerable communities across the country for the effective participation in development.

With its presence all over of India, IGSSS has set its thematic focus on promoting sustainable livelihoods, energising the youth as change makers, protecting lives, livelihood and assets from the impact of hazards, advocating for the rights of CityMakers (Urban Poor Residents) and developing a cadre of leaders from the community and civil society organisations. Gender and Youth are underlying themes across all its interventions.



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