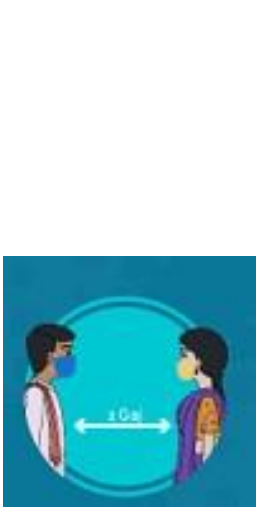


Analysis and Findings
Knowledge Survey: Community Awareness on COVID-19

To assist the Ministry of Health and Family Welfare, Government of India
A joint effort by WHO, NCDC & IDEA

INDEX

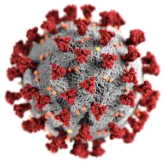
EXECUTIVE SUMMARY

The country has witnessed two waves of COVID-19 disease, and has managed to recover not fully but have been able to stay afloat socially, economically and financially. The government has left no stone turned to orchestra a very effective and successful response, which has been reflected in low cases being reported, rising testing capacities, rising vaccination drives and renewed push to social media campaigns resulting in an overall rise to the knowledge of the community in terms of the diseases, its symptoms, its treatment and its prevention.

In line with government's response mechanism the World Health Organization (WHO) India, has supported National Centre for Disease Control (NCDC) in carrying out this community knowledge survey to assess the knowledge of the community on COVID-19 disease risk perception, following the COVID-19 appropriate behaviours and also vaccination perceptions/ hesitancy and issues.

This national survey was rolled out from March 31, 2021 to April 13, 2021 through online methodology, the responses have been received from 166 districts and attained a confidence level of 95%, primarily we can say 90% of the responses have been received from Urban India, thus signalling that to reach rural India a mix of online and offline methods need to be put in practice.

The data has been studied intra-strata with each question being bifurcate on age groups, gender and rural or urban scenario. The critical findings captured during this survey are presented below:-



79.32 % of respondents have been successful in identifying 3 symptoms and 3 COVID-19 Appropriate Behaviour.

90% of the respondents are COMMUNITY, 10% are from frontline health workers.

Almost an equal number of males and females participated in the survey.

90% of the respondents hail from URBAN India

81% of the respondents say that FEVER is the primary symptom, 62% saying cough and 59% difficulty in breathing. 39% combined have selected it.

91% have responded to wearing mask, 86% to washing hands and maintaining physical distance

46% attend mass gathering but with CAB, 43% have clearly voted that they do not want to attend

55% know the right helpline number for COVID-19

66% said they will call the COVID-19 helpline for seeking assistance, though rural respondents were more pro to contact local doctor then the helpline.

47% still seek low risk perception on COVID-19; though female have a more serious risk perception of the disease.

77% said that senior citizens or population above 50 years are at most risk for contacting COVID-19.

97% of the respondents are aware of the vaccine availability in the country

95% of the population will follow COVID-19 appropriate behaviour CAB even after being vaccinated.

89% of the respondents have trust on the information provided by the MOHFW (GOI).

78% of the respondents feel that Television is their primary source of information.

91% of the respondents say that they will accept the vaccine when provided.

49% of the respondents who do not want to get vaccinated have sighted that they have concerns on its side effects and 23% doubt its effectiveness and 25% females are worried in taking vaccine during pregnancy, lactation and in older age groups (especially in rural background)

73% of the respondents say if MOHFW (GOI) has recommended it, they will accept the vaccine.

INTRODUCTION

COVID-19 has unprecedentedly affected the entire nation. Community awareness is a prerequisite in this fight against the COVID-19. Behavioural and social interventions have become an essential component of efforts to mitigate the effects of outbreaks. Interventional strategies for prevention, control, and mitigation of outbreaks heavily rely on inter-sectorial coordination/collaboration, community engagement, community participation, and ownership. Central to this approach is the commitment to integrated and technically sound strategies that include effective health communication during outbreak control.

In India, extensive efforts have been laid down on various communication campaigns, behavioural and risk communication strategies to improve the COVID-19 appropriate knowledge, attitude, and behaviours, thereby reducing the risk of transmission, delaying the spread of infection, in turn reducing the disease burden and mortality. Apart from print and electronic media, social media was also used extensively to connect with the people and many COVID-19 dedicated sessions were also developed. Networking with diverse stakeholders like departments of telecommunication, postal services, and the National Council for Science and Technology Communication to sensitize people about COVID-19 was also done[1].

The cases of Delta Variant have been reported in India and the Union Health Ministry has also warned the states that the Delta Plus variant of Covid-19 has increased transmissibility, causes stronger binding to receptors of lung cells and has the potential of reducing monoclonal antibody response. However, amid the emerging cases and concerns over the third wave of COVID-19, a study conducted by the Indian Council of Medical Research in collaboration with Imperial College of London has said that the third wave of the Covid-19 may not be as severe as the second wave. The scaling up of vaccination and COVID-19 appropriate behaviour could play an important role in mitigating these waves[2].

Vaccines have been developed which are effective against the spread of this disease. Some countries have already started vaccinating their citizens. The government of India started one of the world's largest vaccination drives to vaccinate Indian citizens on January 16, 2021. As of June 25, 2021, India has administered total doses of 315, 045, 926, including the first and second doses of the currently approved vaccines[3].

There were also some discussions about reaching the Herd immunity. The concept of Herd immunity is used for vaccination in which a population can be protected from a certain virus if a threshold of vaccination is reached. However, to achieve the Herd immunity, the percentage of the population who needs to be immune should be known as it varies with each disease and in case of COVID-19; the immunity is not known yet. The attempt to reach the Herd immunity through exposing people to a virus is scientifically problematic as well as unethical and letting it spread through the population of any age or health status will also lead to unnecessary infections, suffering and deaths. Hence, the Herd immunity against COVID-19 should be achieved by

[1] https://www.sylff.org/news_voices/29095/#_ftn8
[2] https://www.livemint.com/news/india/study-on-covid-vaccine-against-delta-plus-variant-is-underway-icmr-11624717133267.html
[3] Retrieved from: https://www.mohfw.gov.in/

protecting people through vaccination and not by exposing them to the pathogen that causes the disease[4].

However, it is seen that safety and hesitancy issues among the general masses are still persistent in India regarding taking the COVID-19 Vaccine. For example, in Karnataka according to the public health experts, hesitancy regarding taking COVID-19 Vaccine has been very common in the tribal belts of many districts like Chamarajanagar, Mysore, Raichur, Uttar Kannada and Kodagu. Lack of trust, misinformation and decrease in COVID-19 cases are some of the main reasons for low levels of vaccination[5].

In light of this, the National Centre for Disease Control (NCDC) in collaboration with the World Health Organization (WHO) launched a national survey on "**Knowledge Survey on Community Awareness of COVID-19"** from **March 31, 2021- April 13, 2021**.

Key objectives of the survey:

1. To assess the current understanding of the target population on COVID-19 Appropriate Behaviour, disease symptoms and prevention.
2. To understand the level of awareness attained by the community on COVID-19 vaccination-related issues (safety/ eagerness/ hesitancy).

The information collected, collated, analysed and presented is critical for devising policies/ interventions/ innovative campaigns to emphasize more on community awareness on COVID-19, bust myths and hesitancies, according to the present context.

[4] https://www.who.int/news-room/q-a-detail/herd-immunity-lockdowns-and-covid-19?gclid=Cj0KCQjw5uWGBhCTARIsAL70sLLM4THKzdVZBriwxmJM8nCbcEaB5xtJIBk6blFhWju8IurDu4n_QeoaAhJWEALw_wcB#

[5]https://economictimes.indiatimes.com/news/indoutreach/articleshow/83492923.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst

METHODOLOGY

A questionnaire on **"Knowledge Survey on Community Awareness of COVID-19"** along with its approach methodology (Figure 1) was finalized by the World Health Organization (WHO) and the National Centre for Disease Control (NCDC). The survey commenced on March 31st –May 13th, 2021 (Approximately 45 days). Total landing counts of the survey was 11, 015. For the current study, India is divided into six zones based on the six existing administrative "Zonal Councils" (West, South, East, North, Central and North East) that were set up vide Part-III of the States Reorganization Act, 1956[6].

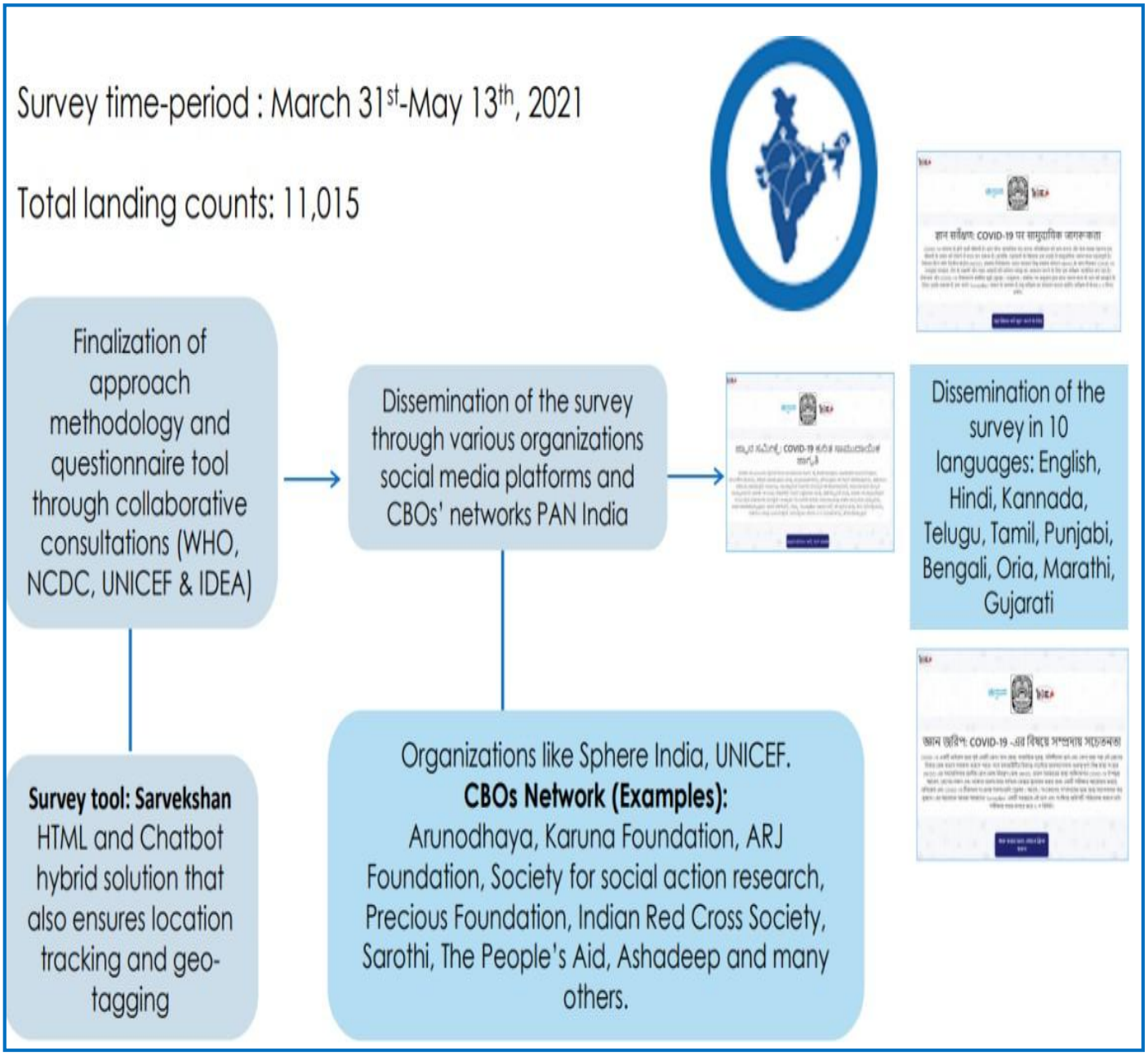


Figure 1: Methodology chart

[6] Zonal Council in India. Wikipedia. Available from: https://en.wikipedia.org/wiki/Zonal_Council

Maximum responses were captured from **North (28%),** followed by **West (20%), South (14%), East (13%), North-East (13%)** and **Central (12%)** zones (Figure 2).

Zone	Districts	% of counts
North	Gurugram/ New Delhi, Faridabad, Chandigarh, Jalandhar, Srinagar, Jodhpur, Noida, Hissar, Dehradun, Nainital, Kota, Kurushetra, Sonipat, Jammu, Lucknow, Ajmer, Chittorgarh, Jaipur, Aligarh, Bahraich, Banswara, Basti, Bareilly, Gorakhpur, Ghaziabad, Kanpur, Meerut, Mirzapur, Moradabad, Etawah, Barnala, Patiala, Bhojpur, Balrampur, Banswara, Baran, Bharatpur, Bikaner, Churu, Dausa, Dholpur, Hanumangarh, Hardoi, Jhunjhunu, Jind, Kannauj, Kapurthala, Kasganj, Lakhimpur, Lalitpur, Ludhiana, Maharajganj, Mainpuri, Muzaffarnagar, Panchkula, Pilibhit, Raebareli, Rampur, Rohtak, Saharanpur, Sant Kabir nagar, Sawai Madhopur, Siddharth nagar, Sirohi, Sonbhadra, Tonk, Udaipur, Udham singh Nagar, Unnao, Varanasi, Kangra,	2369 (28%)
South	Bangalore, Chennai, Kottayam, Kollam, Hyderabad, Thrissur, Udupi, Kasargodu/Vishakhapatnam, Thirivallur, Krishnagiri, Madurai, Trichy, Prakasam, Silvassa,	1166 (14%)
East	Kolkata, Cuttack, Bokaro/ Patna, Begusarai, Buxar, Darbhanga, East Singhbhum, Jhumri Telaiya Koderma, Kendrapada, Khagaria, Khurda, Koderma, Madhubani, Malda, Sambalpur, Vaishali, West Champaran, Janjgir champa, Raipur, Rajnandgaon	1120 (13%)
West	Pune/Mumbai, Nagpur, Aurangabad, Thane, Pachora , Mangaon , Nasik, Beed, Chandrapur, Wardha, Washim, Surat, Ahmedabad, Gondia, Raigad, Ratnagiri, Jamnagar, Valsad	1662 (20%)
North-East	Kamrup-Metro, Kohima, Imphal, Shillong, Kohima, Imphal, Senapati, Guwahati	1095 (13%)
Central	Bhopal/ Indore, Lucknow, Haridwar, Dhar, Katni, Khargone, Hoshanabad, Jabalpur, Kandla, Barwani, Betul, Bilkisganj Sehore, Dewas, Guna, Gwalior, Harda, Jhabua, Mandla, Raisen, Rajgarh, Rewa, Sagar, Sehore, Shajapur, Sidhi, Singrauli, Ujjain,	913 (12%)

Figure 2: Percentage of survey counts from the six zones.

Initially18 districts were selected for the survey and the survey was rolled out PAN-India in 10 languages (English, Hindi, Kannada, Telugu, Tamil, Punjabi, Bengali, Oria, Marathi and Gujarati). As the survey progressed it spread beyond and covered a total of **166 districts** with efforts from various CBOs, NCDC and WHO (Country office) India.

Assessing the landing counts we found that in almost 138 districts, the survey counts ranged from 1-50, further in 8 districts the survey counts fell in the range of 51-200, in around 12 districts we received 201-300 counts, and in two of the districts we received almost 301-400 counts, and in two other districts 401-500 counts, and in three district the counts received were 501-600 counts and in 1 district it was 601-850 counts (Figure 3).

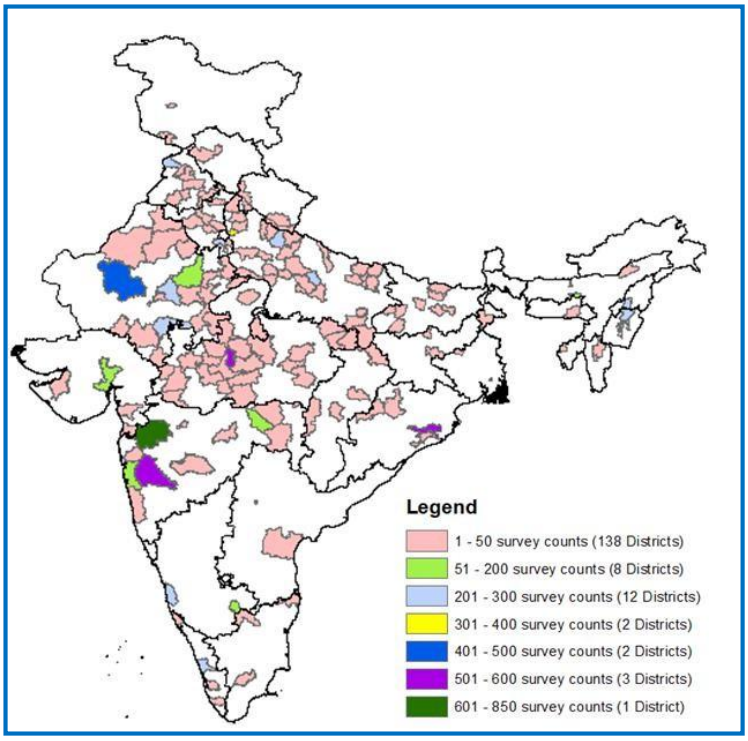


Figure 3: Representation of covered districts (166) based on survey counts

The 10 districts from which a good proportion of responses were captured include Nashik (810, 10%), Pune (546, 7%), Cuttack (534, 6%), Jodhpur (456, 5%), Kolkata (426, 5%), Hyderabad (309, 4%), Ghaziabad (306, 4%), Gurgaon (282, 3%), Amritsar (235, 3%) and Bareilly (210, 3%) (Figure 4).

The survey was disseminated widely PAN-INDIA through a network of CBOs like Arunodhaya, Karuna Foundation, ARJ Foundation, Society for social action research, Precious Foundation, Indian Red Cross Society, Sarothi, The People's Aid, Ashadeep and many others. It was also disseminated through other international organizations like UNICEF along with academic and professional institutes.

The survey has been configured to attain 95% confidence level at an interval of 5. Initially the sample we had planned was 5,400 the 95% confidence level was 359, but we were able to attain 11,015 responses so the confidence level on this figure was 379.

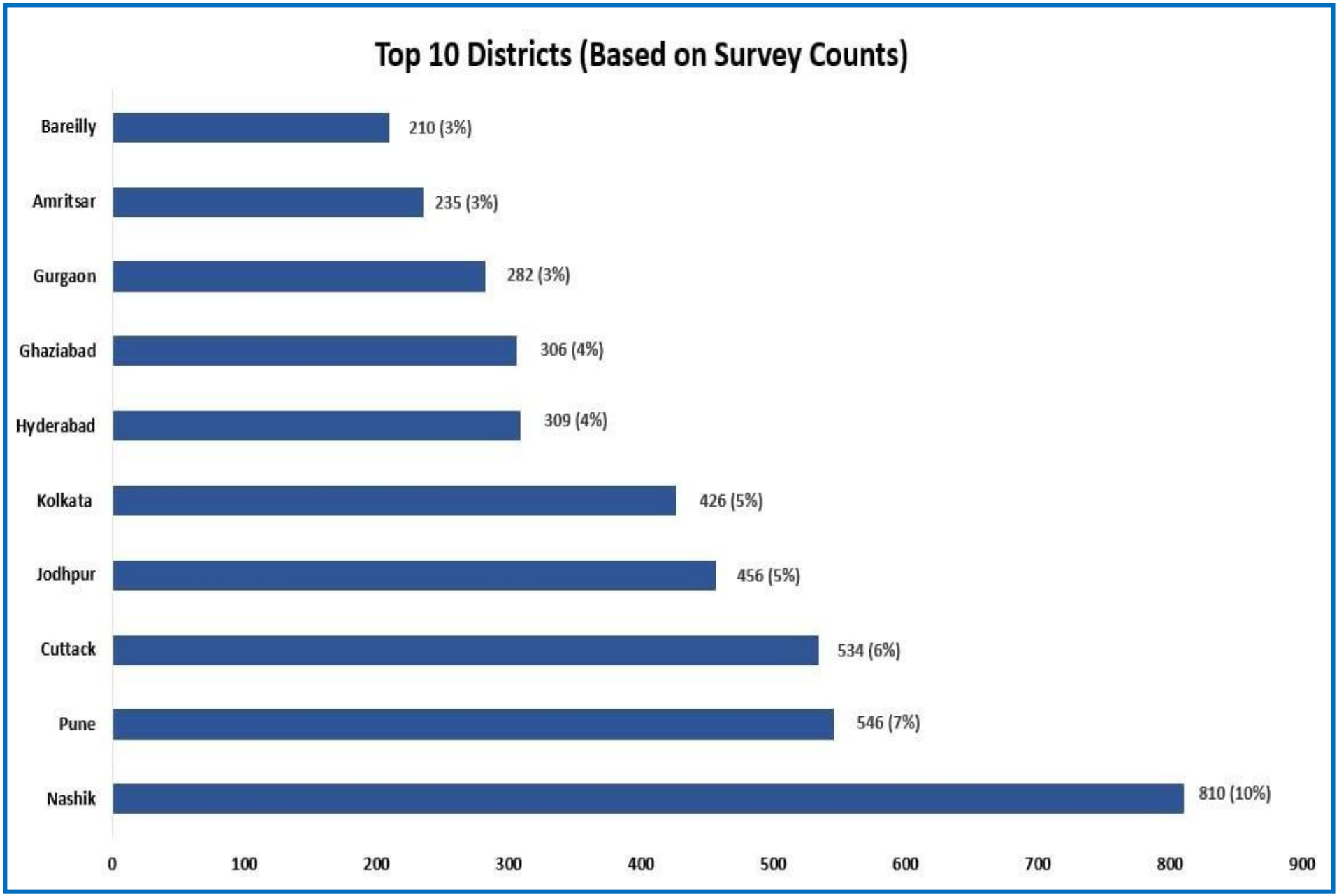


Figure 4- List of 10 districts on survey counts

The survey tool used for this study is **"Surveyaan".** It is a chat bot and HTML hybrid solution developed to collect evidence in multi-languages. It provides facilities to make a comprehensive survey incorporating different types of questions like single select, multi-select, text type along with the provision to directly skip the question according to the chosen option. Once the respondents receive the link through any of the social media platforms like Whatsapp, Facebook or any other platform, they fill in the survey at their own convenience and data gets accumulated at the backend.

Selection criteria

Initially recommendation of 18 targeted districts was received from NCDC. The initial bifurcation of data among these 18 districts was divided on the basis of case load of these districts per lakh population (Table 1).

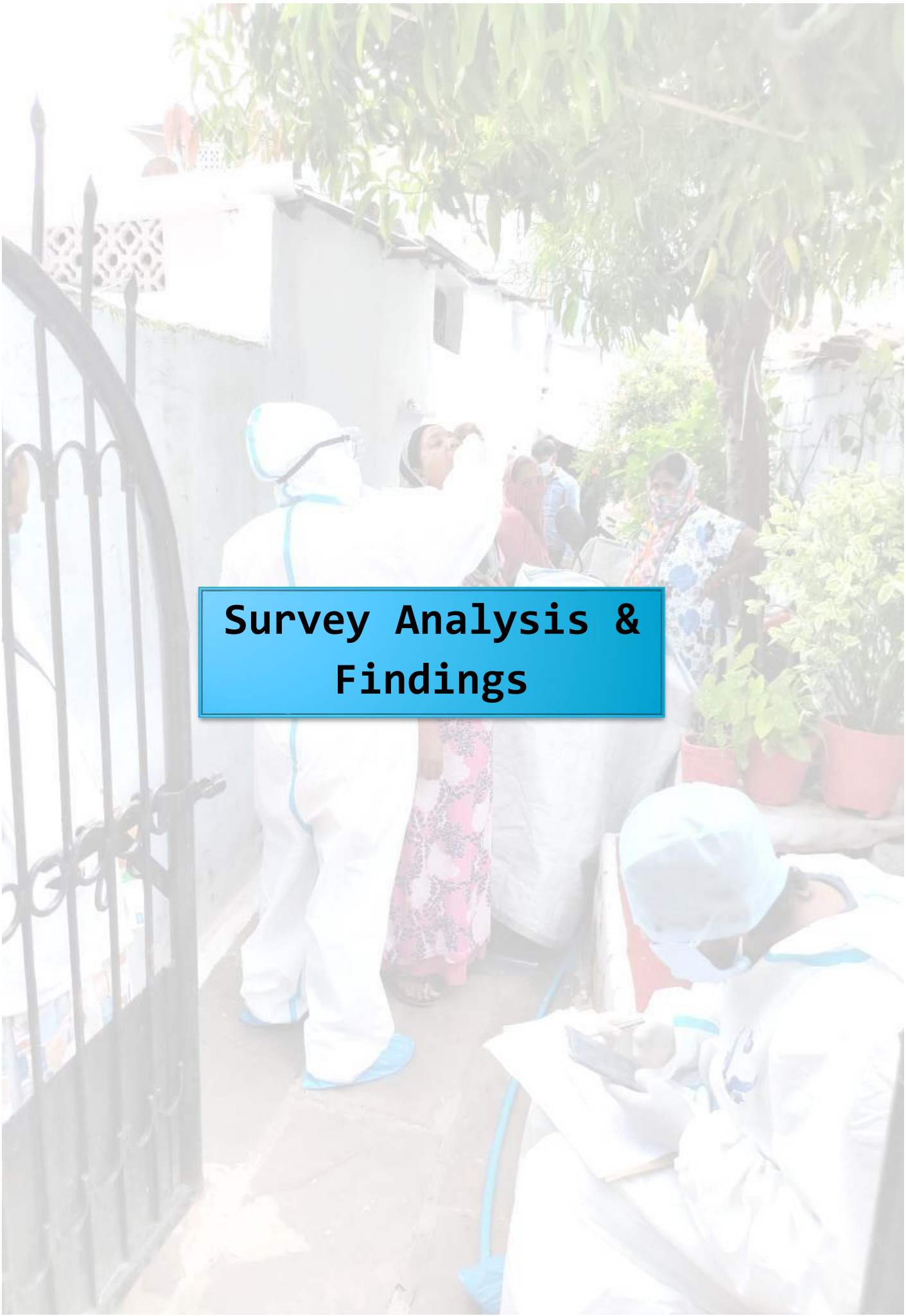
Table 1: Distribution of districts based on case load per population as on December 31, 2020

Zone	**High cases per lakh population (HCPL)**	**Medium cases per lakh population (MCPL)**	**Medium cases per lakh population (lCPL)**
South	Bangalore	Kasargodu/ Vishakapattanam	Krishnagiri
North	Gurugram/ New Delhi	Jodhpur	Amritsar
East	Kolkata	Cuttack	Bokaro/Patna
West	Pune/Mumbai	Nasik	Ahmadabad
Central	-	Lucknow, Bhopal/Indore	Haridwar
North East	Kamrup metro	Kohima	Imphal

As the survey progressed, the respondents were not restricted to the given districts and instead the volume of districts increased by almost ten-fold leading to 166 confirmed districts. This enabled the survey to modify the survey selection criteria into urban/ rural scenario, therefore understanding the length and breadth of the responses, covering the whole of country.

Quantitative analysis was performed on the accumulated data and further inter-strata comparison is being done for the various sub-groups of population.

- Gender – Female/ Male
- Age-group - 15-30 years/31-50 years/ Above 50 years
- Categorization of districts - Rural/ Urban



Survey Analysis & Findings

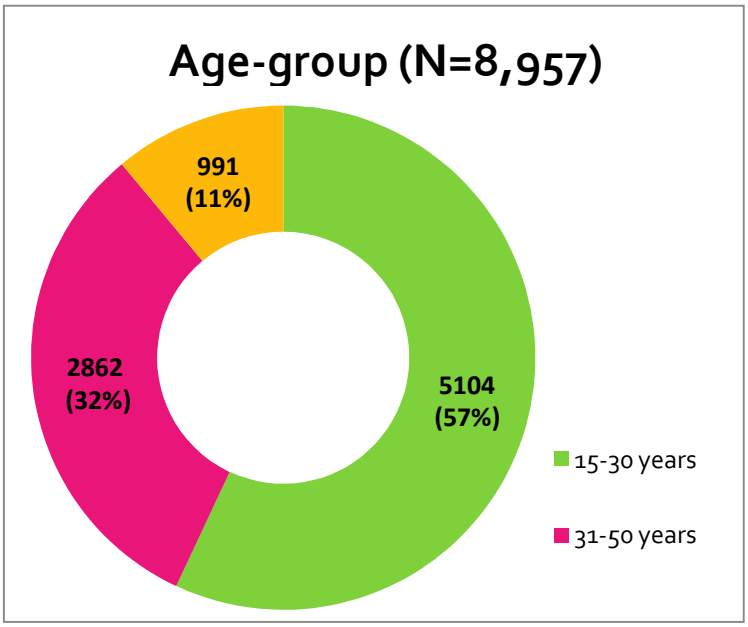
ANALYSIS & FINDINGS

The second wave of COVID-19 tremendously impacted the community and resulted in massive loss of lives. Undoubtedly, community awareness on COVID-19 appropriate behaviours (CAB) and vaccine related issues is crucial in this fight against the on-going pandemic.

To assess the current understanding of the target population on COVID-19 appropriate behaviour, disease symptoms, prevention and COVID-19 Vaccination issues, this survey was disseminated PAN-India. The survey brings to surface an interesting analysis leading to some key findings.

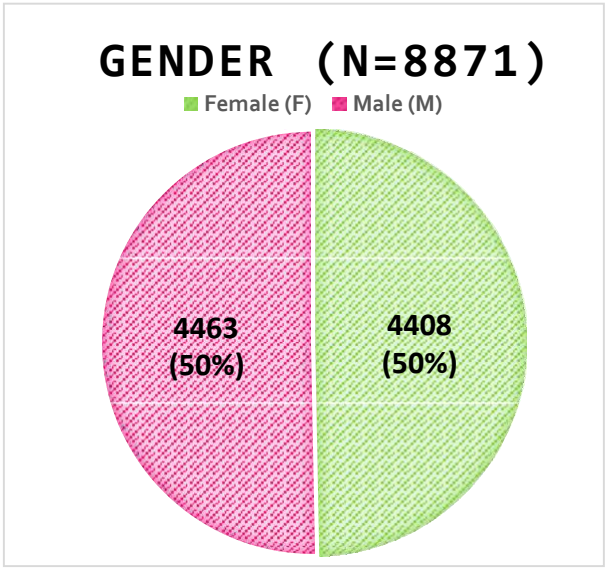
1. DEMOGRAPHY

*Age-group of the respondents**



A total 8, 957 respondents attempted this question from PAN India. **A good proportion of the respondents fall in the age group i.e. 15-30 years (57%) followed by 31-50 years (32%) and above 50 years (11%).** This analysis reveals that the youth are most receptive to online surveys then the other segments of the population as it is a proven fact and this survey further affirms it.

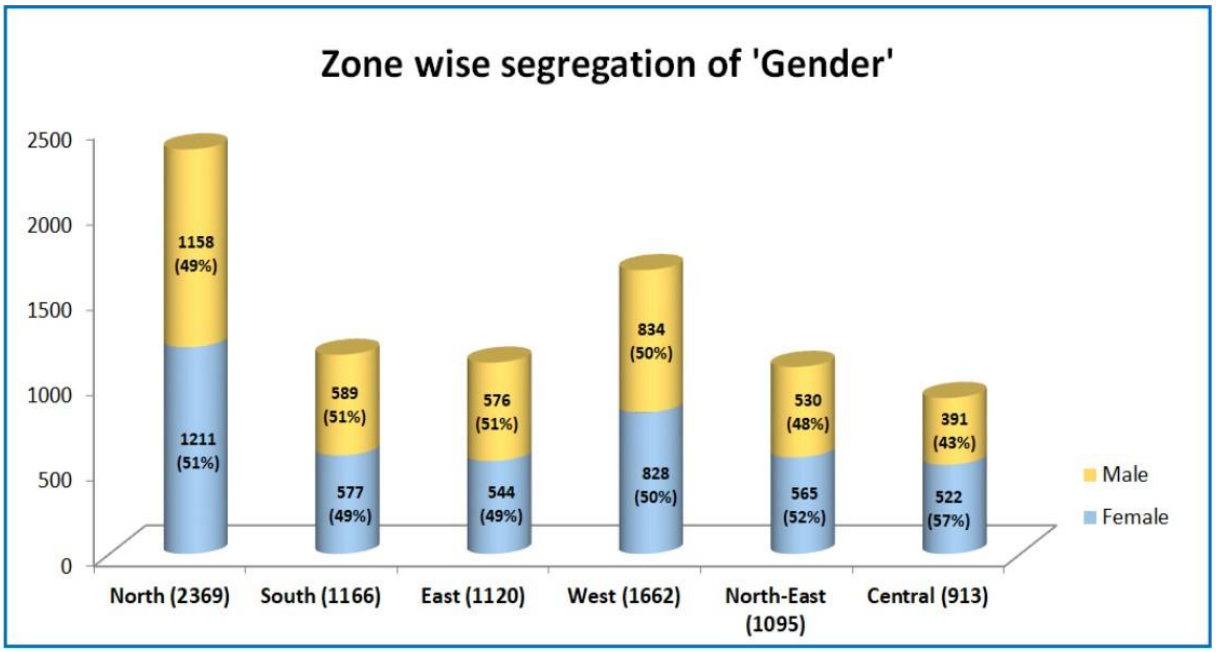
Gender



A total of 8, 871 respondents attempted this question. **An equal proportion of the males and the females participated in the survey overall, also aligning in same balance at different age groups as well as in urban/ rural scenario**. Therefore complete gender balance was attained.

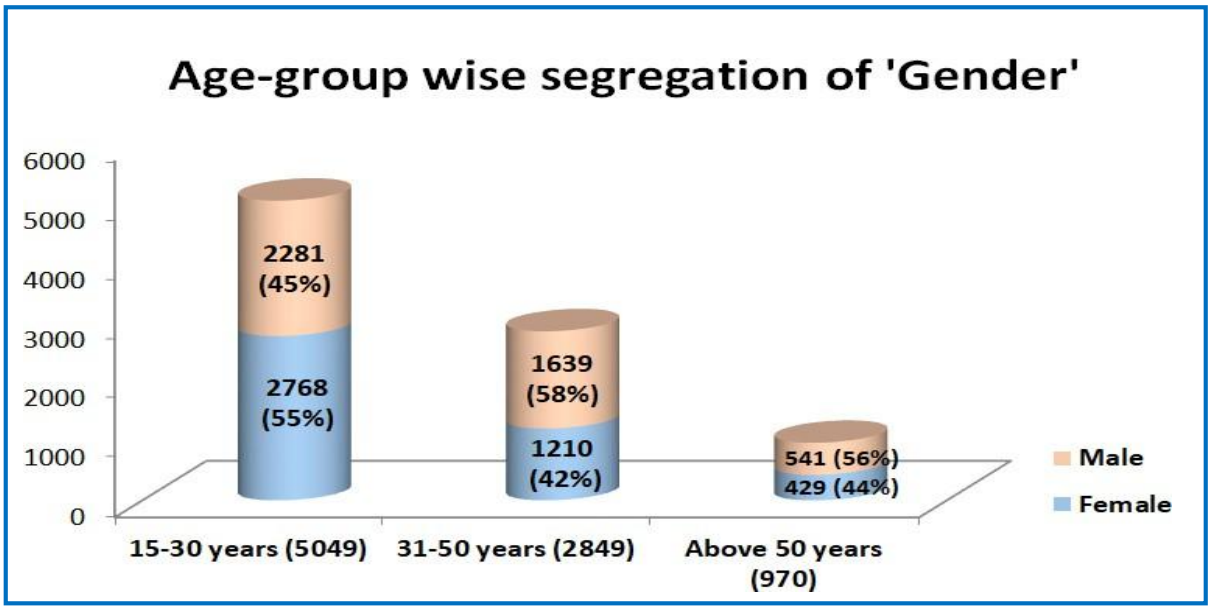
***Children in the age group 1-15 years (Early mobile users) are also included in the category of 15-30 years (Fixed Mobile users). It is represented in a single group.**

Gender (Zone-wise)



Almost an equal participation males and females in all five zones (North, South, East West, North-East and Central) are being experienced.

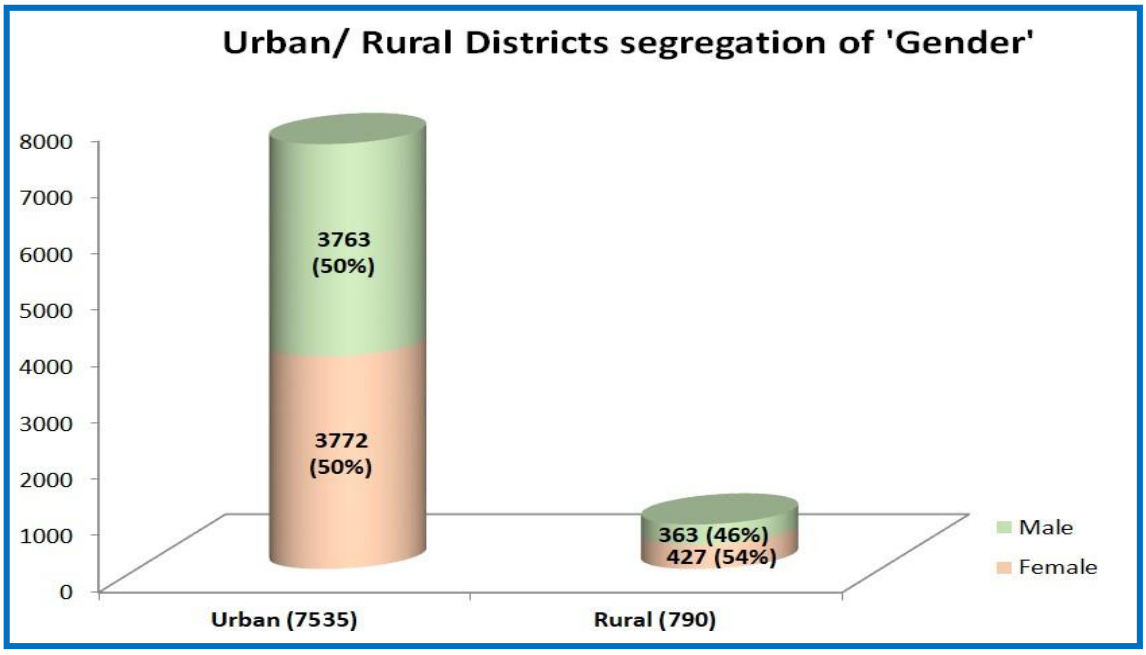
Gender (Age-group-wise)



In the youngest age-group, the participation of females (55%) is more as compared to the males (45%). In the age-group 31-50 years, males (58%) are more in number as compared to the females (42%) and the same scenario is also seen for Above 50 years age-group (Male: 56%, Female: 44%).

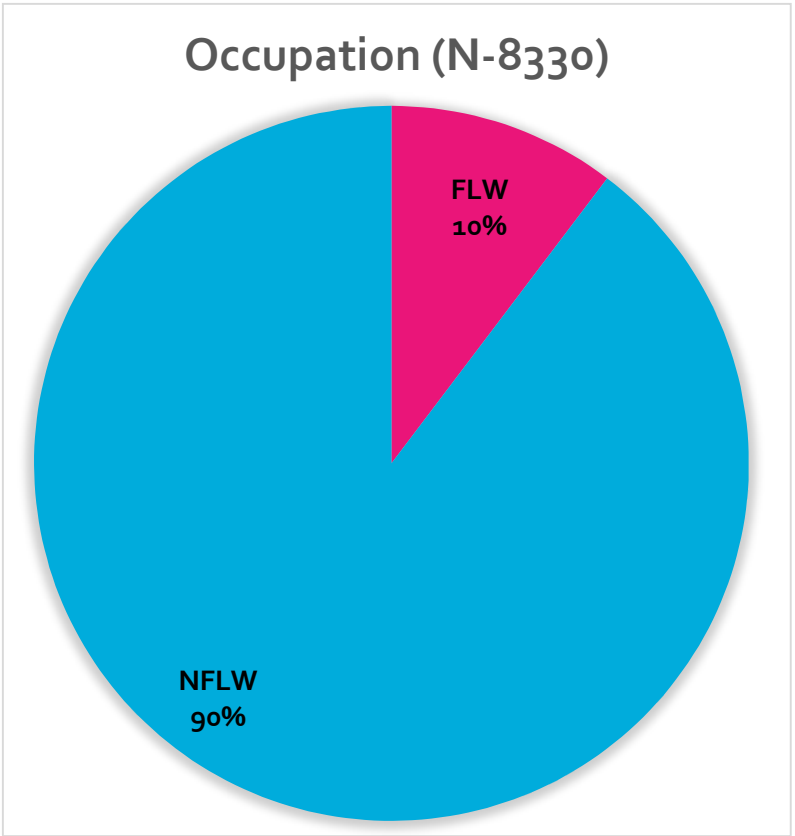
Gender (Urban/ Rural-wise)

Gender (Urban/Rural - Wise)



An equal participation of males and females has been seen in the urban/rural part of India. Participation of females in rural part of India is more as compared to the urban part.

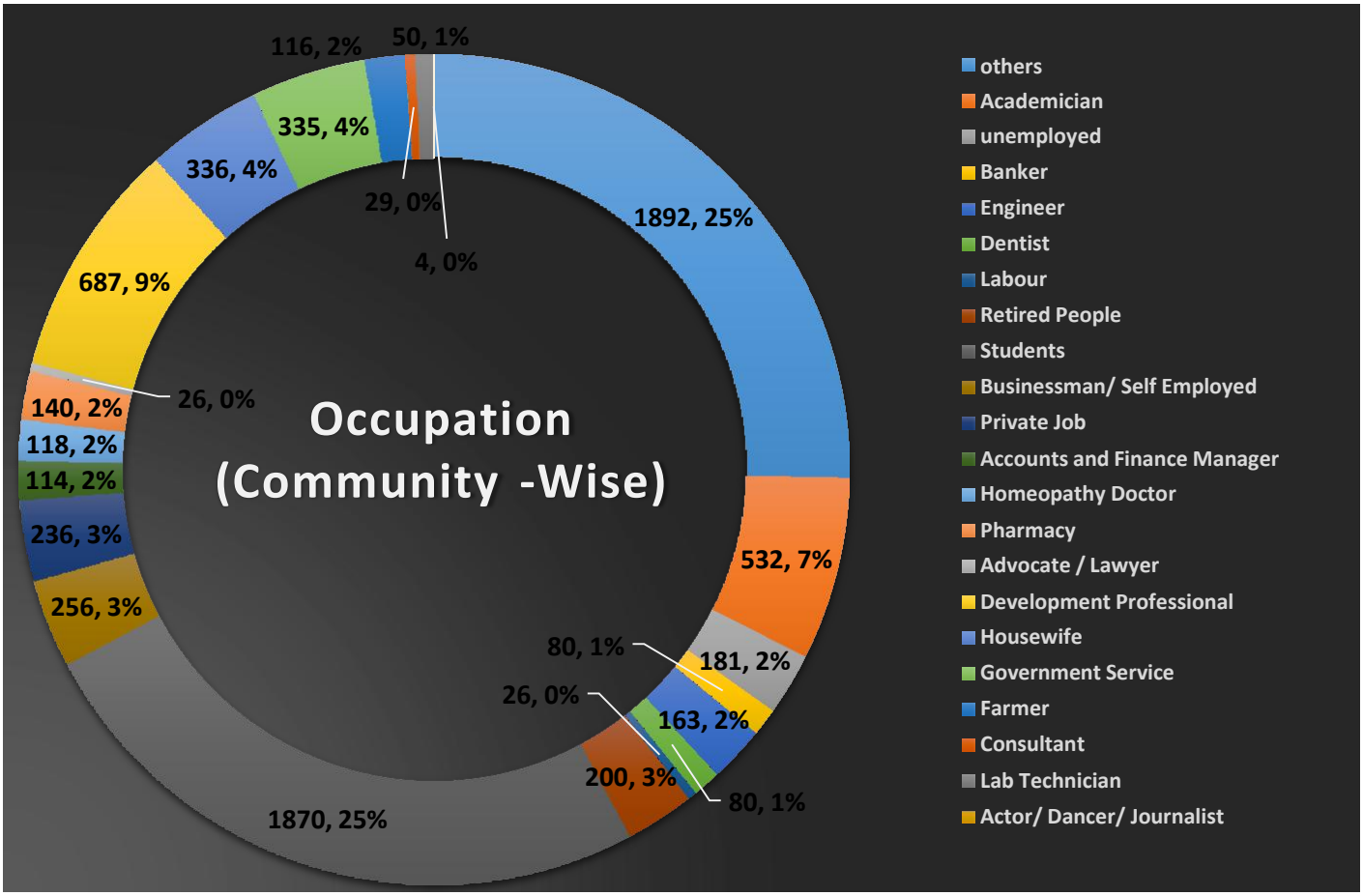
*1.3 Occupation****



The majority of the respondents are from Community (90%) and 10% respondents are the Frontline workers as categorized by the MOHFW. **Therefore we can derive that the responses reflect opinions of the community and that also 90% of the community is from urban background.** Therefore in natural sense, the responses from rural are minimalistic in nature and need to be investigated further with the help of online and offline methods.

***All the healthcare workers are also included under the category of Frontline Workers as per the **MOHFW categorization**

1.3. *Occupation (Community-wise)*



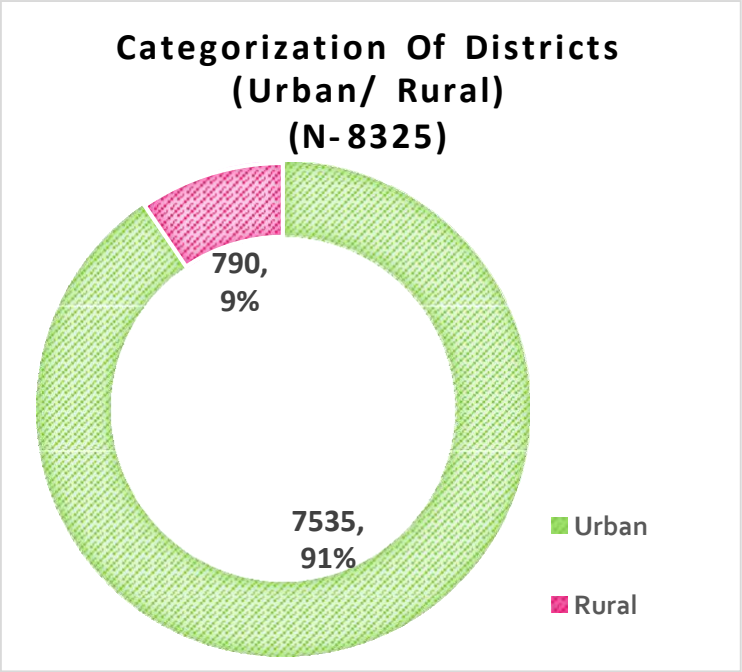
Occupation (Community -Wise)	No. of People
Others	1892
Academician	532
Unemployed	181
Banker	80
Engineer	163
Dentist	80
Labour	26
Retired People	200
Students	1870
Businessman/ Self Employed	256
Private Job	236
Accounts and Finance Manager	114
Homeopathy Doctor	118
Pharmacy	140
Advocate / Lawyer	26
Development Professional	687
Housewife	336
Government Service	335
Farmer	116
Consultant	29
Lab Technician	50
Actor/ Dancer/ Journalist	4

Majority of the respondents who participated in the survey were mostly from the urban background further when we investigate their occupation two groups come out significantly

- Students (25%).
- Others (mostly reflect daily wagers, municipal corporation sweepers, shop assistants and low wage earners)

This was followed by development professionals (9%), Academicians (7%), Housewives (5%), Government servants (5%), Retired people (3%), businessmen (3%), private firm employees (3%), unemployed (2%), bankers (1%), accountant/financial manager (2%), Farmers (2%), Engineers (2%), Homeopathic (2%), pharmacist (2%), dentist (1%), consultant (0.4%), lab technician (0.6%), labourer (0.3%), advocate (0.3%) and actor/ dancer/ journalist (0.1%).

1.4 Categorization of districts (Urban/ Rural)



The majority of the respondents hail from the urban part of India (91%). Only 9% were from the rural areas. Looking at the districts breakup and the geo-tagging conversion we were able to assess this finding, but further we need to plan and undertake similar survey from rural communities using online and offline methods. Assessing the same parameters related to risk perception about the disease, practicing the COVID-19 appropriate behaviour and vaccine related issues.

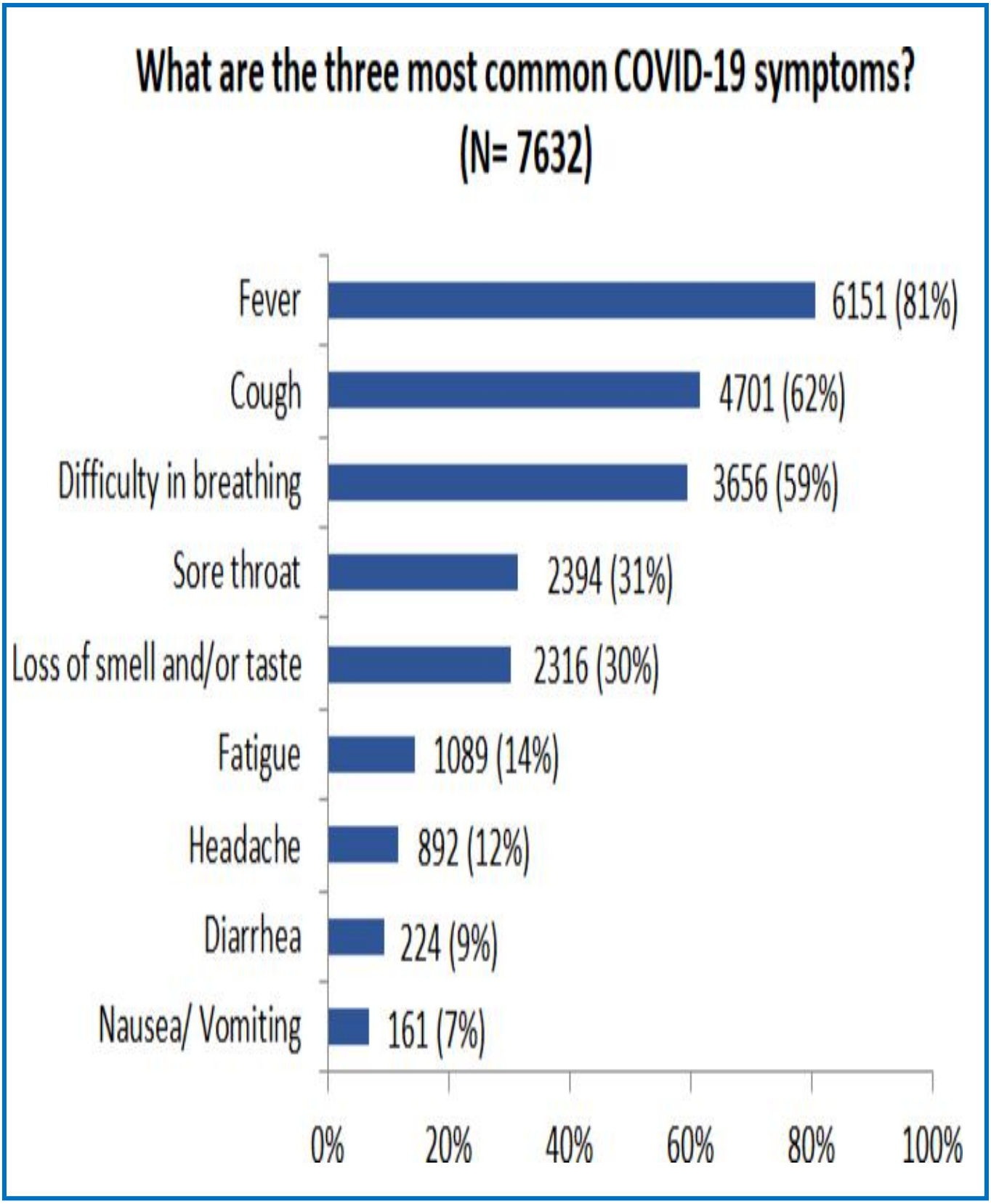
Across the country the community is responding to COVID-19 appropriate behaviour.

The government is trying to reach every nook and corner of India to ensure proper testing and treatment.

The Survey response 90% from urban townships of India with only 9% from rural India exhibits that the golden handshake has been done between the government and the community and hence we are experiencing low COVID-19 surge.

SURVEY ANALYSIS

COVID-19 Symptoms



Majority of the respondents have chosen primarily first three symptoms fever (81%), cough (62%) and difficulty in breathing (59%) as the three most common COVID-19 symptoms, followed by sore throat (31%), loss of smell/ taste (30%). This shows that the majority are aware of the common COVID-19 symptoms.14% of the respondents selected Fatigue, followed by Headache (12%), Diarrhoea (9%) and Nausea/ Vomiting (7%).

Percentage of respondents who collectively selected three different patterns of COVID-19 symptoms

Percentage of respondents who collectively selected **fever, cough and difficulty in breathing**: 2968 (39%)

Percentage of respondents who collectively selected **fever, cough and loss of smell/taste**: 1098 (14.3%)

Percentage of respondents who collectively selected **loss of smell/taste, difficulty in breathing, headache**: 16 (0.2%)

Percentage of respondents who collectively selected **sore throat, loss of smell/taste and fatigue**: 185 (2%)

COVID-19 Symptoms (Gender-wise)

If you study the collective selection pattern of symptoms through the lens of male and female then we are not far away from the norm – **both the genders experience the symptoms in harmonised way with fever leading the path followed by cough, difficulty in breathing,** sore throat, loss of smell or taste, fatigue, headache, diarrhoea and finally nausea and vomiting.

COVID-19 Symptoms (Urban/Rural-wise)

Looking at the urban and rural analysis though the urban reference on the study is almost 90%, still if we read the pattern of symptomology **is still the same in both rural and urban areas with fever heading the bar followed by cough, difficulty in breathing,** sore throat, loss of smell and taste, fatigue, headache, diarrhoea and finally nausea.

COVID-19 Symptoms (Age-wise)

We have also studied symptoms age wise which **has again created a harmonised pattern with fever being the highest in all age groups followed by cough, difficulty in breathing,** sore throat, loss of smell or taste, fatigue headache, diarrhoea and finally nausea.

Though compared to first wave where youth were not complaining much about difficulty in breathing, in this analysis it has been reported by them as well. Though many news pieces have come up the next wave of COVID-19 would be largely affecting the youth but this is not the case and should be debunked.

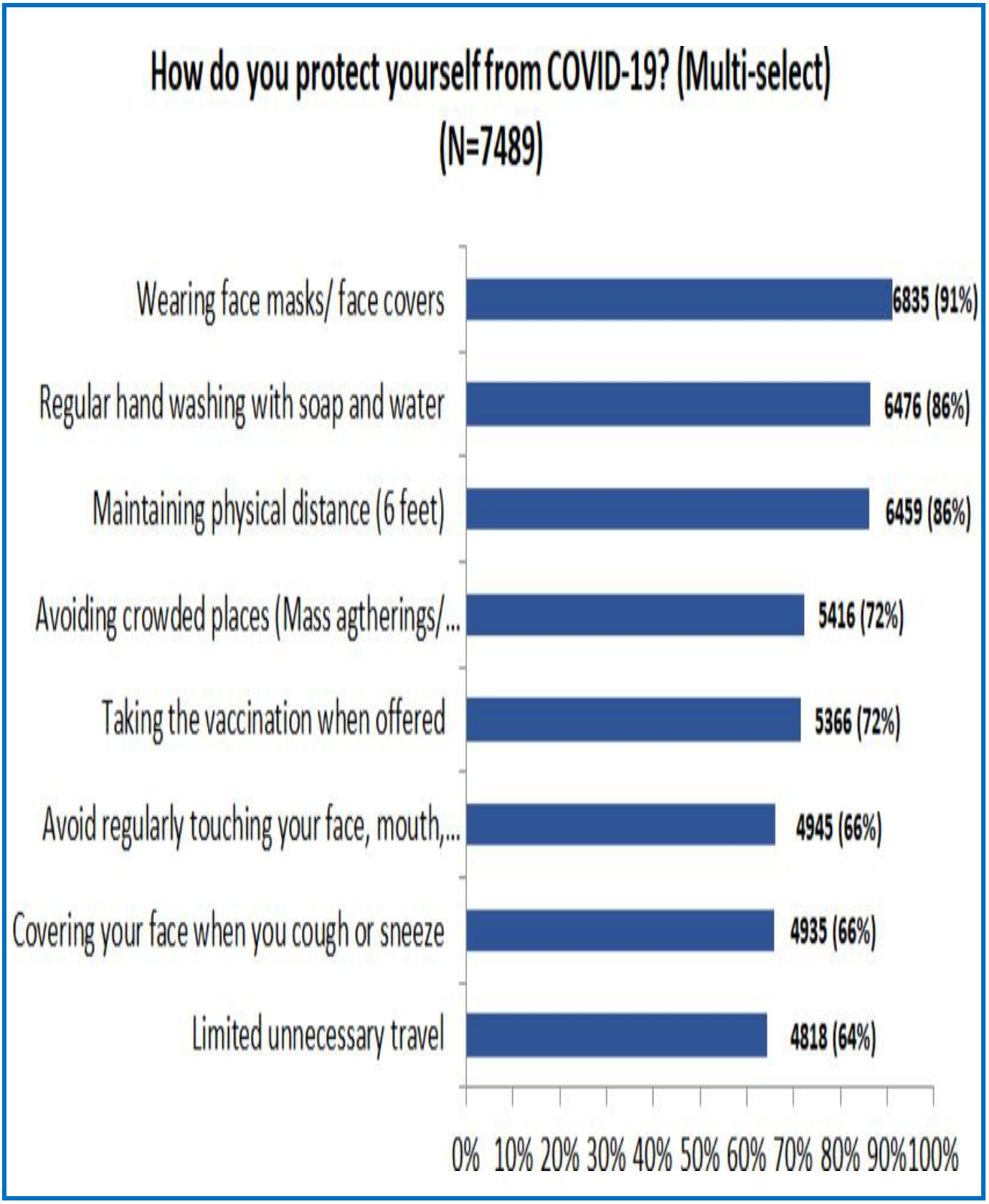
The spread of vaccination among youth and all other age groups as well is the foremost solution for this on-going pandemic. **The evidence to connecting any symptom with any age group has not been found so therefore all the age groups are equally vulnerable if not following COVID-19 appropriate behaviour.**

"Thankfully, I have never been infected with COVID-19. I haven't taken the vaccine yet because it is not available for the below 18 age-group. I don't have any hesitation in taking the vaccine. If it is available now, I would take it.

I am very careful and taking the precautionary measures of COVID-19. We never go out. Only my father goes out for office purpose, for groceries or any other important stuff. After buying grocery, we always clean everything and follow all the necessary precautions"

-K.P. Malavika, 1st year Intermediate Student, Hyderabad

COVID-19 Appropriate Behaviours (CAB) and protective measures



The analysis shows that majority of the respondents are aware about the three W's of COVID-19 Appropriate Behavior, i.e. Wear a Mask (91%), Wash your hands (86%), Watch your distance (86%). An equal proportion of the respondents selected avoiding mass gathering and taking vaccination (72%) as precautionary measures. Covering face while sneezing or coughing and avoiding touching of face/ mouth were opted each by 66% of respondents. However, 64% selected limited travelling as a preventive measure.

COVID-19 Appropriate Behaviours (CAB) and protective measures (Gender-wise)

Under the backdrop of equal gender participation among all the zones we have also achieved equal participation from all age groups as well (under youth 55% are female in middle age 42% are female and in above 50 category 44% are female, further analysing the data in urban / rural scenario also witness good participation from females 50% in urban and 54% in rural.

We are able to submit that the protection measures haven't changed i.e. wearing masks remains the highest followed by regular hand washing, maintaining physical distance, taking vaccination when offered, avoiding crowded places, avoid regularly touching your face, mouth, eyes and nose, covering your face while coughing or sneezing and finally limiting unnecessary travel.

COVID-19 Appropriate Behaviours (CAB) and protective measures (Age-wise)

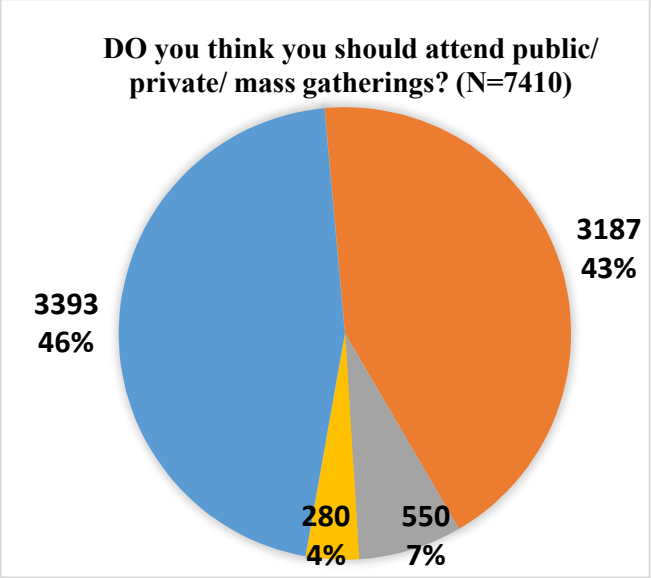
Evaluating the age wise analysis we are able to make out the preventive measure pattern also remain same across age groups i.e. the most prominent preventive measure being wearing face masks, regular hand washing, maintaining physical distance, avoiding crowded places, taking vaccination when offered avoid regular touching your face, mouth, eyes, and nose, covering your face when you cough or sneeze and finally limiting unnecessary travel.

COVID-19 Appropriate Behaviours(CAB) and protective measures (Urban/ Rural-wise)

46% of the respondents said that they should attend public/private/mass gatherings only when it is unavoidable and only while following all COVID-19 appropriate behaviour (CAB).

43% feels that they should not attend such gatherings at all, which indicates that they are practicing preventive measures stringently. However, 7% of them are still in favour of attending the gatherings and 4% of them are not sure about it. This 11% population needs to be catered to in our RCCE interventions.

Views on attending mass gatherings



Yes	*7%*
Yes, Only when it is unavoidable while following all COVID - 19 appropriate behavior	*46%*
No, not at all	*43%*
Not Sure	*4%*

Views on attending mass gatherings (Gender-wise)

The gender interpretation is also reflecting the overall view as the gender balance has been maintained throughout in all the perspectives and queries leading to a straight forward finding that genders are in sync with the overall findings of the survey.

Views on attending mass gatherings (Urban/ Rural)

Analysing the data on urban and rural scale, **we discover that the pattern of adoption of preventive measures among the populace with almost 88% in urban and 90% in rural voting for wearing masks and face covers,** followed by regular hand washing with soap and water, then maintaining physical distance followed by avoiding crowded places, taking vaccination when offered, avoid regularly touching your face, mouth, eyes and nose and finally limiting unnecessary travel.

Though in some other studies carried out offline in rural settings it has revealed that CAB is not being followed and there for pockets of Andhra Pradesh, Chhattisgarh, Kerala and Karnataka.

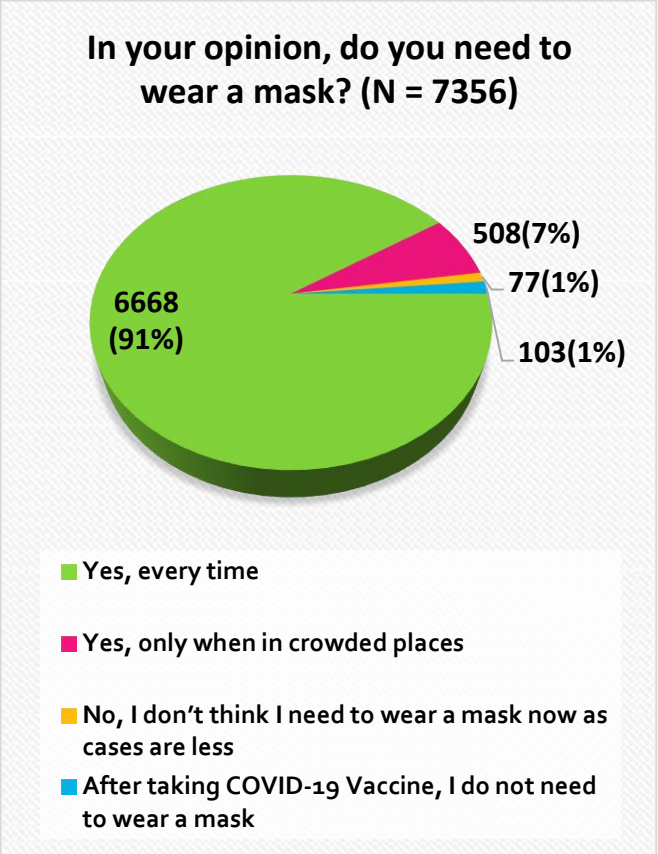
Views on attending mass gatherings (Age-wise)

If you analyse the data across ages it is again giving us the same pattern in the findings as the overall analysis **in all the age groups maximum responses have been given to Yes we will attend but with appropriate COVID behaviour followed by clear voting for not attending the private and public gatherings.** This gives us a glimpse that community is not divided in these general understanding when it comes to preventive measures against COVID and all age groups are on the same platform.

Views on attending mass gatherings (Urban/ Rural-wise)

Surprisingly the rural or urban terrain also did not change the scenario and we can safely say that it syncs with the overall findings. Given that the rural population have their own social scenarios. Since the response of rural population is covering only 9% of the survey we need to undergo a second online & offline mix survey for receiving credible information from rural settings.

Opinions on wearing a mask



The majority (91%) of the respondents said that they need to wear a mask every time, which indicates that they follow this COVID Appropriate Behaviour. 7% of the respondents prefer wearing it only in the crowded places. 1% of them do not feel the need of wearing a mask owing to less cases and 1% don't want to wear it after getting vaccinated.

Opinions on wearing a mask (Gender-wise)

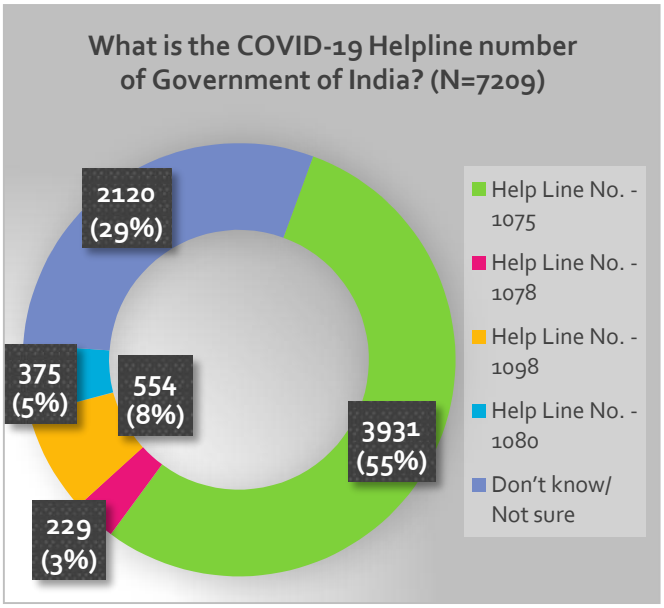
Gender wise also, equal number of respondents in both the genders confirms the general facts in the overall study leading to a majority wearing them followed by a small portion of respondents opting to wear only in crowded places. Gender hasn't changed the view.

Opinions on wearing a mask (Age-wise)

The age wise analysis does not change the outlook of the findings it reaffirms the same finding with majority agreeing to wear mask followed by a minority agreeing to wear only in crowded places.

Opinions on wearing a mask (Urban/Rural-wise)

The urban and rural scene setting also did not change the overall finding and each section of population agreed to the finding in the agreed pattern of wearing mask always followed by only wearing them in crowded places. Though some recent offline studies have shown contrasting results in rural settings with most of the respondents not turning up in an appropriate mask or came for interview without a mask. So RCCE interventions are needed to nudge them to undertake this behaviour.



Awareness regarding COVID-19 Helpline Number

Majority of the respondents (55%) are aware about the COVID-19 helpline number (i.e. 1075). However, a large proportion of the respondents (29%) does not know or are not sure about it and 16% of them answered it wrongly. Hence, there is a need to spread awareness regarding this among the general masses. **Therefore RCCE interventions need to be developed for this 45% of the respondents for disseminating the helpline number so that not only they become aware but also spread and practise it.**

Awareness regarding COVID-19 Helpline Number (Gender-Wise)

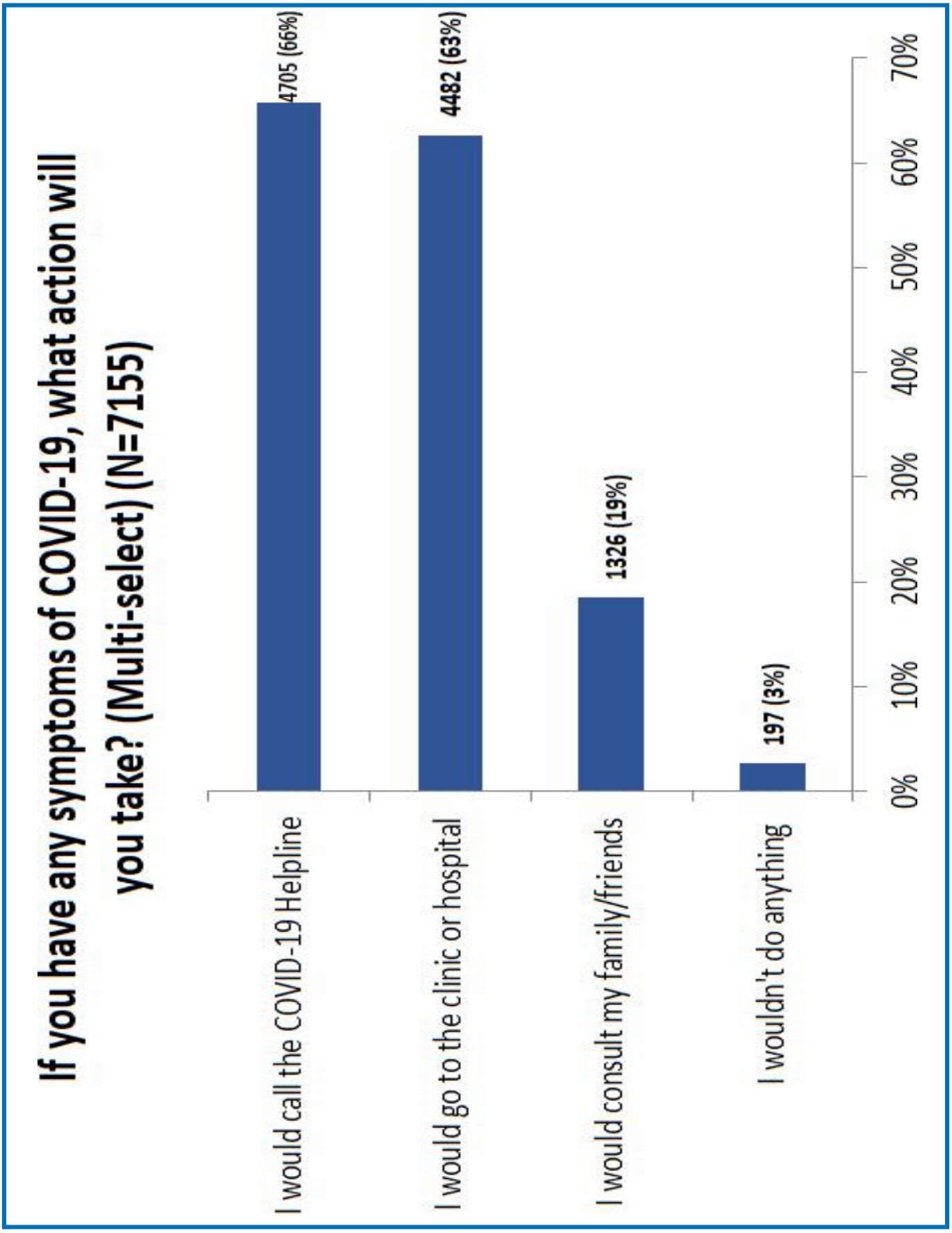
Analysis has shown that gender wise females have only marginally left behind in the knowledge on helpline numbers and only 5% more women do not know the number compared to 27% male in the community. Therefore of course RCCE campaigns need to be designed for both the genders in mind. Devising strategies which seek long term retention of numbers need to be pulled in.

Awareness regarding COVID-19 Helpline Number (Age-Wise)

The retention of the helpline number is with the middle age group and surprisingly the highest "don't know" options was from the youngsters. **The approach needs to be highlighted on the youngsters they need to focus on important and lifesaving mechanism**. Regular information capsules need to be focused on this segment by gamification/ and other interactive ways like road safety and basic life skills programme.

Awareness regarding COVID-19 Helpline Number (Urban/Rural-Wise)

Analysing the above findings does reveal that 10% of population in urban area were behind rural population "who did not knew the helpline", therefore RCCE interventions need to still be equally floated in urban and rural space.


If you have any symptoms of COVID-19, what action will you take? (Multi-select) (N=7155)
4705 (66%)
4482 (63%)
1326 (19%)
197 (3%)
I would call the COVID-19 Helpline
I would go to the clinic or hospital
I would consult my family/friends
I wouldn't do anything
0%
10%
20%
30%
40%
50%
60%
70%

The majority of respondents say that they would call the COVID-19 helpline number (66%), however the previous analysis shows that a large proportion (45%) are unaware about the number. **63% would prefer to take medical help from clinic/ hospital.** 19% would consult their family/ friends. Still, 3% says that they would not do anything.

COVID-19 actions (Gender-wise)

The response to this question is in line with the overall response the gender analysis also signifies the same scenario **male and female bifurcated almost equal number have responded that they would contact the COVID 19 helpline and with an equal number signaling with a slim margin of male ahead of female responding to visit a doctor/ clinic**. The rest two options also have not gender study significance.

COVID-19 actions (Age-wise)

Analyzing the data age wise also reveals a uniform pattern with majority of youth, middle aged and senior calling the COVID-19 helpline followed by visiting a clinic or hospital. Even the other two options also have an equal spread in all age groups that is seeking advice from family or friends or doing nothing. So we can derive that any RCCE strategy devised need to have all the drivers for all the age groups.

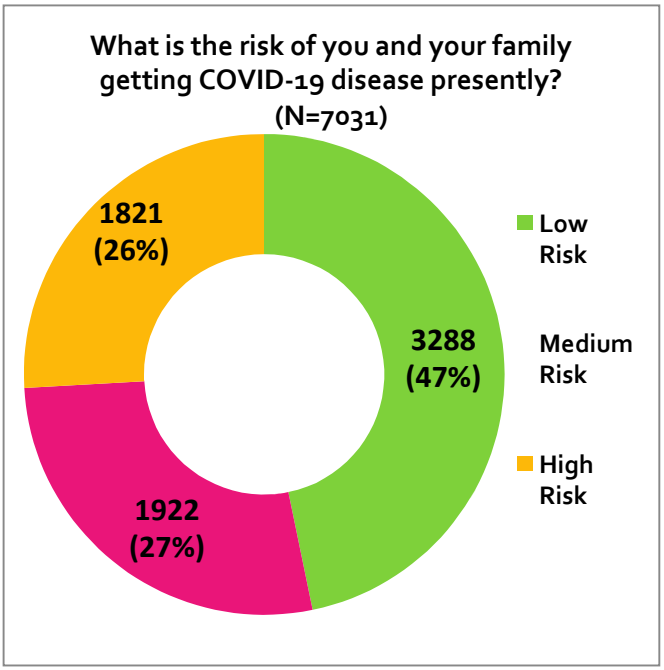
COVID-19 actions (Urban/Rural-wise)

Analyzing the data we see a real difference of opinion among the urban and rural in terms of calling the COVID-19 helpline, only 16% rural persons will call against 66% in urban scenario. We need to work on this GAP and showcase that trust or know-how regarding the COVID-19 helpline is missing in the rural population and specific RCCE strategies with continuous nudging needs to be undertaken to bring this behavior change in the rural population.

This also signals the efficiency of the services in rural areas, CBOs need to assist the authorities in bring this change in attitude to call the COVID-19 helpline, though 68% of the rural population has said that they will go the nearby clinic or hospital followed by speaking to their family and friends.. **But one good thing about the rural response was that none of them said that they do not know what to do. Whereas 5% of the urban population did say that they did not know what to do, this is quite a positive change**


A rural couple filling the survey

COVID-19 Risk Perception



Still majority of the respondents (47%) perceive low risk of getting infected with COVID-19 presently, despite the COVID-19 second wave. Hence, there is a need to focus more on innovative ways of Risk

Communication and Community Engagement (RCCE) interventions. Almost an equal proportion of respondents perceive medium (27%) and high risk (26%).

COVID-19 Risk Perception (Gender-wise)

From analysing this data it is clear the female have a better risk perception of COVID-19 then males as they have rated themselves marginally higher in risk perception against the disease.

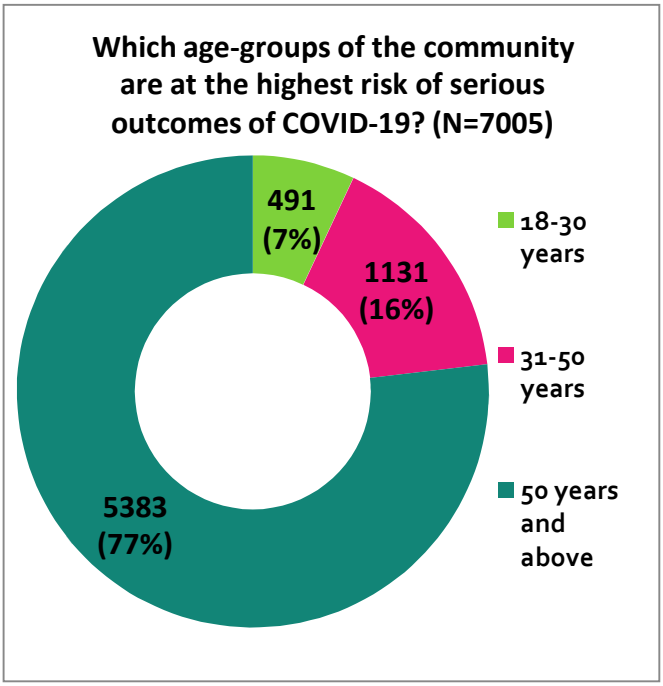
COVID-19 Risk Perception (Age-wise)

Here we can derive that youngsters have a low perception regarding the disease, though initially at the start of second wave there were quite a few news pieces on youngsters being targeted but later on were scientifically refuted and we all should understand that we all have an equal threat of being affected.

COVID-19 Risk Perception (Urban/Rural-wise)

Analysing the urban/ rural scenario it is equally good to know that rural and urban have equally rated it as high risk with rural population being the lowest in perceiving COVID-19 as low risk. Though only 9% of the total respondents are rural still we get a window in to their thought process, but this opens up an eventual need to dig deeper among the rural landscape to understand the scenario that exist regarding COVID-19 the disease, CAB and preventive measures as most of the spreading agents like election rallies and religious festivals have high impact on the rural population. In fact certain studies have shown that the deadly second wave of COVID-19 was in India due to elections and Kubh Mela.

Vulnerable age-groups to COVID-19



The majority of the respondents (77%) said that people belonging to the age-group 50 years and above are the most vulnerable segment of society. It is followed by 31-50 years age group (16%) and 18-30 years (7%).

Vulnerable age-groups to COVID-19 (Gender-wise)

Across both genders it is being perceived that COVID-19 is a +50 years category disease, but not to miss that quite a high number of young and middle aged in healthcare sector and general community have succumbed to COVID-19.

Vulnerable age-groups to COVID-19 (Age-wise)

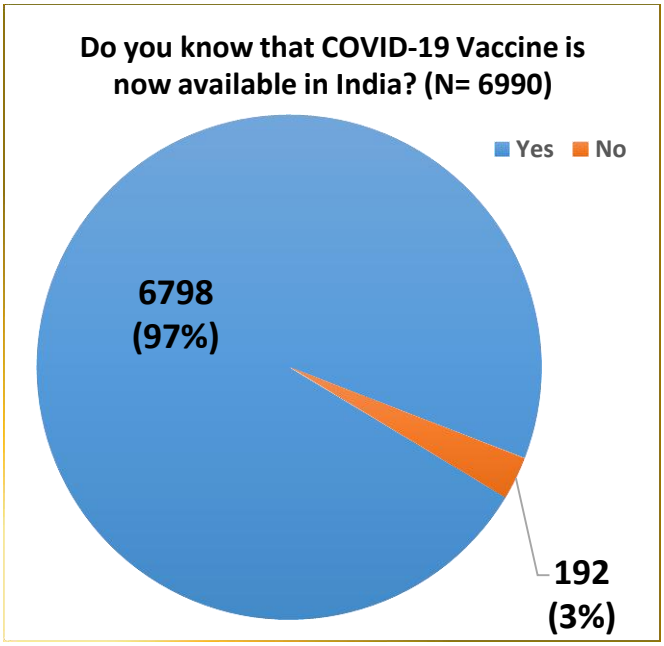
It is interesting to note that though all the age groups fall in line with the perceptions that senior will be the most affected lot, but also that the seniors have also voted for themselves and are aware is good. Though would like to bring this disease out of that thought process as it can equally harm anyone so all of the community needs to practice COVID-19 appropriate behaviour.

Vulnerable age-groups to COVID-19 (Urban/ Rural-wise)

The analysis of the urban/rural scenario is in line with it that senior age groups need to be more careful, though the perception needs to be changed as the whole community i.e. all the age groups are equally vulnerable to the disease. But this understanding is uniform in rural and urban setting. But the only concern is that there are no votes for younger population risk perception, this might be alarming and can lead to relax attitude towards following the CAB and preventive measures.

A middle aged person being tested in Bhopal

Awareness about COVID-19 Vaccine Availability



Awareness about COVID-19 Vaccine Availability (Gender-wise)

The above figure certainly shows that among the respondents from **both the genders they are clear that the vaccine exists.**

Awareness about COVID-19 Vaccine Availability (Age-wise)

Majority of the respondents are aware that the vaccine is available in India (97%). However, 3% of them did not know about it. This fact is also reflected from other parallel online and offline studies as well conducted by the government and other agencies the knowledge that the vaccine has arrived in India has been widely received by the population through various information sources.

Awareness about COVID-19 Vaccine Availability (Urban/Rural-wise)

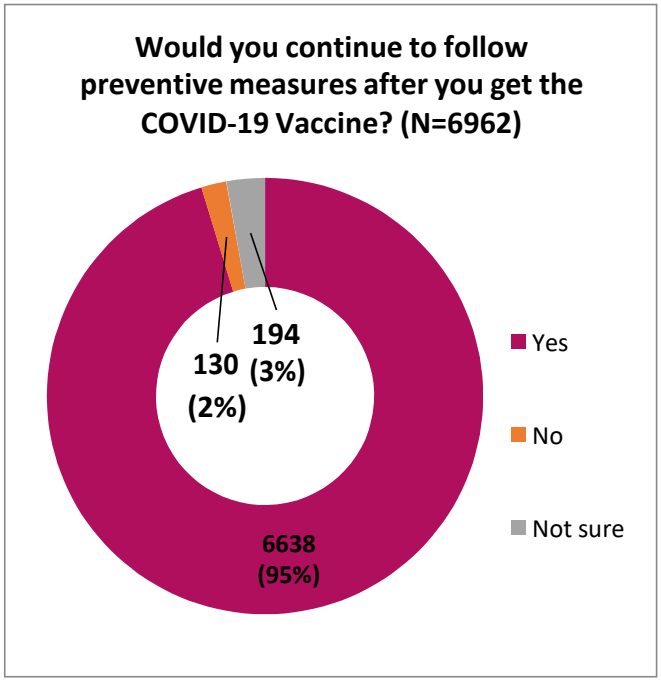
The information has been shared widely and received in urban/ rural scenarios **therefore the knowledge level is equal in both scenarios.**

This information has been widely received **in all age groups and understood the same by all of them.**

"Yes, I was infected with COVID-19 along with one other family member. The symptoms were fever, cough, body pain, throat pain and tastelessness. I have taken the vaccine and I had fever & pain after taking it.
I wasn't hesitant in taking the vaccine. I do follow the precautionary measures like wearing mask, using sanitizer, washing hands etc. even after taking the vaccine".

Balwindar Kaur, Amritsar

Views on following COVID preventive measures after taking the vaccine



A large proportion of the respondents would continue to follow COVID-19 preventive measures even after taking the vaccine (95%). 2% of the respondents said that they would stop following the preventive measures after getting vaccinated and 3% are not sure about it. **This analysis verifies the fact that though COVID-19 vaccination is key to bring herd immunity but still practicing of CAB and other preventive measures should not be un-followed till the spread of the disease is controlled**.

The gender view remains uniform when compared to both the male and female as majority of both would still continue with the CAB and other preventive measures even after vaccination

Views on following COVID preventive measures after taking the vaccine (Gender-wise)

The gender view remains uniform when compared to both the male and female as majority of both would still continue with the CAB and other preventive measures even after vaccination.

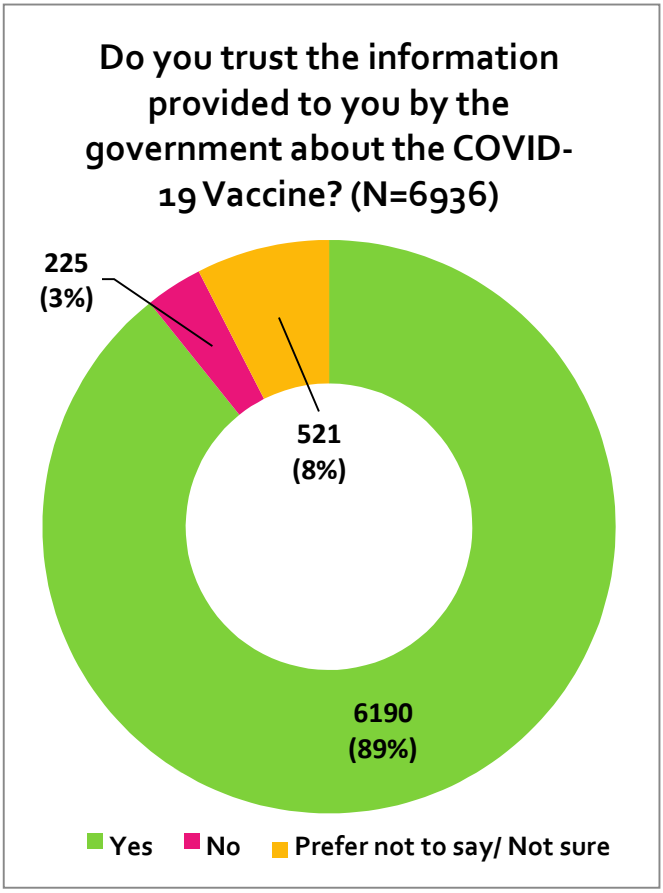
Views on following COVID preventive measures after taking the vaccine (Age-wise)

The age wise analysis also does not shake the strong believe to carry out the preventive measures and CAB even after vaccination, which is a healthy sign that the whole community believes in practicing them.

Views on following COVID preventive measures after taking the vaccine (Urban/Rural-wise)

Though 90% of the respondents are from urban scenario in this survey still we are happy to acknowledge that 9% rural response also voted in favour of following the preventive measures and CAB, in order to help control the pandemic.

Trust on information provided by the government on COVID-19 Vaccine



89% respondents of the survey have said that they trust the information provided by the government about the COVID-19 Vaccine. However, 3% don't trust and 11% of the respondents are not sure about it. Therefore mapping of sources for government information needs to be reviewed and strengthened so that all the channels of information echo the same message.

Trust on information provided by the government on COVID-19 Vaccine (Gender-wise)

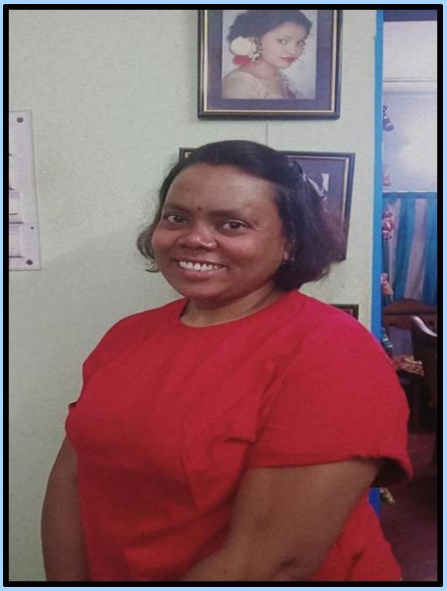
Largely equal amount of male and female trust the information provided by the government and in same pattern a slim number of males and females also don't trust as well as – prefer not to say about it. But **there is no gender divide in understanding that the government provided information is key and factual.**

Trust on information provided by the government on COVID-19 Vaccine (Age-wise)

The age groups uniformly reflect the same believe across all age groups which again gives us a glimpse that **there are no information glitches/ or misbeliefs as all the age groups have faith in government supplemented information.**

Trust on information provided by the government on COVID-19 Vaccine (Urban/Rural-wise)

The urban/ rural reflections are same that government supplemented information is credible in fact among the rural respondents less in number (as they represent only 9% of the respondents) but in share more percentage of rural respondents believe in government information.

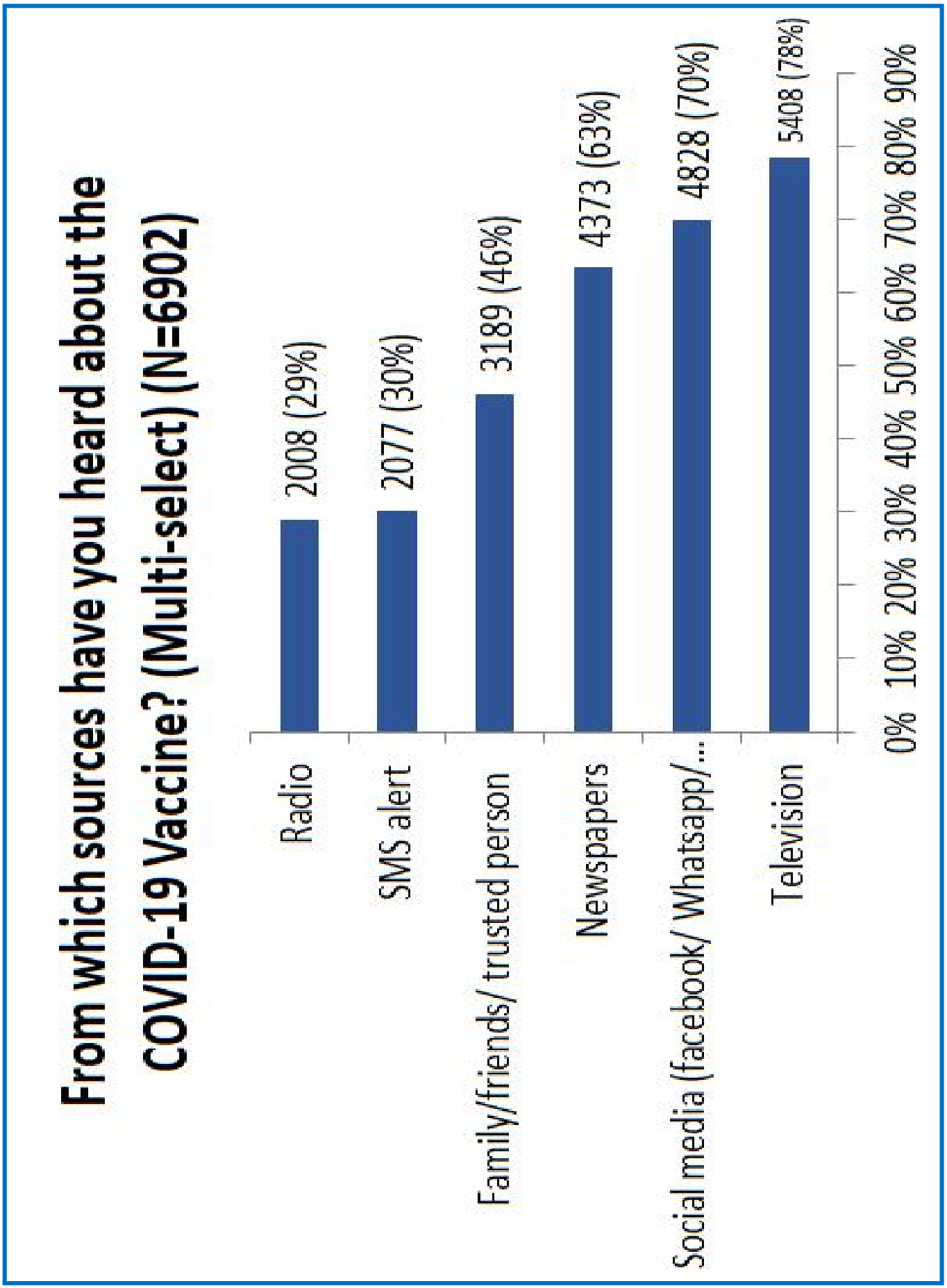


"I was infected with COVID in the first wave. The symptoms were fever, Cough, lack of smell, lack of taste, weakness. I immediately visited the doctor and started taking medicine. I also went to do the RTPCR test to the nearby hospital. There were not many facilities then. I have taken the vaccine and there was no hesitancy related to vaccine. There was no difficulty in taking the first dose of the vaccine. I went to the centre and they immediately gave me the vaccine. They were even saying then that no one come to take the vaccine. But the situation is completely different now. While during the second dose, I did face some difficulties as they was lack of availability of the vaccine. I felt no side-effects of the vaccine.

Vaccine should be available as soon as possible, I am trying to vaccinate my daughter but I couldn't find yet. We also do not get clear information about the vaccine and priority. Whenever we ask the health centers for information, they also give us wrong information. There is also corruption happening as they are taking money in government places and giving the priority accordingly. This should stop".

Dipali Biswas Singh, Housewife, Kolkata

Sources of information of COVID-19 Vaccine



Television (78%) emerged out as the most common source of COVID-19 Vaccine information, followed by social media (70%), newspapers (63%) and family/ friends/ trusted person (46%). SMS alert (30%) and radios (29%) were the least preferred.

Sources of information of COVID-19 Vaccine (Gender-wise)

It is seen that not much differences on the preferred sources of information on COVID-19 treatments/ prevention/ vaccine are there between males and females. **The descending order of preference was the same among males and females i.e. television, social media, newspapers, family/ friends/ trusted person, SMS alert and radio.**

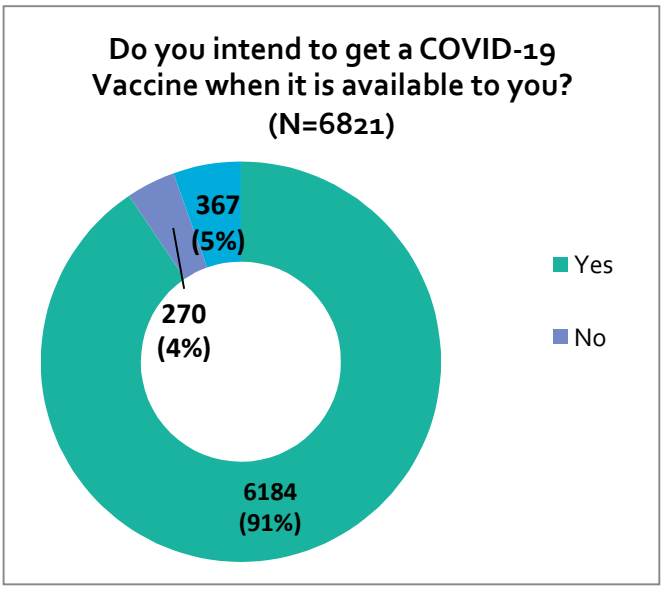
Sources of information of COVID-19 Vaccine (Age-wise)

In all age groups Television preferred the main source of information, but in second preference came social media platforms, followed by newspapers and then family, friends and trusted person followed by SMS alert and radio at last. In above 50 years Radio has the highest listenership. Though middle aged are more prone to listening to their friends, family and trusted persons. The middle aged also voted the highest for social media as well.

Sources of information of COVID-19 Vaccine (Urban/Rural-wise)

The preference of COVID-19 vaccine sources of information is seen on both the urban and rural part of India with equal amount voting for Television, followed by social media, third preference for newspapers and percentage wise more respondents in rural have voted for it then urban. Though in urban more have voted for friends/ family and trusted persons.

COVID-19 Vaccine Intention



The majority of the respondents (91%) intend to get a COVID-19 vaccine when it is available to them. Still, 9% of them are not sure or not in favour of taking it, which indicates vaccine hesitancy/ safety issues among the community still persist. The government will need to create RCCE campaigns to capture these 9% still as we all are not SAFE until each one is vaccinated.

COVID-19 Vaccine Intention (Gender-wise)

Intention to get the vaccine was more among males as compared to females, indicating that vaccine hesitancy is more among female respondents in this survey.

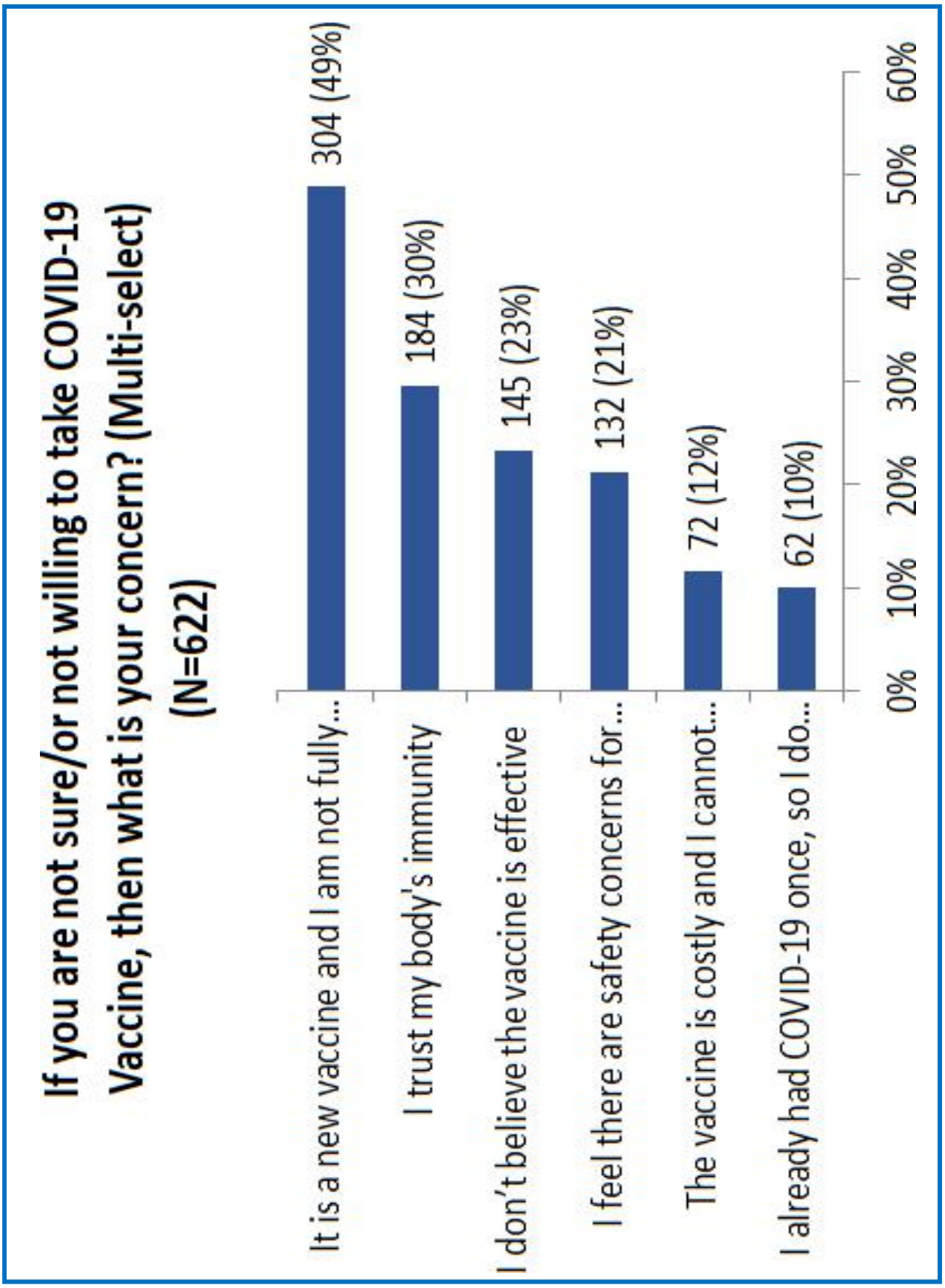
COVID-19 Vaccine Intention (Age-wise)

It is seen that the youngest age-group (89%) are less in favor of taking the COVID-19 vaccine as compared to the other age-groups, indicating the hesitancies regarding taking vaccine is more in the youngest segment.

COVID-19 Vaccine Intention (Urban/Rural-wise)

In rural areas, the people are more in favor of taking the COVID-19 Vaccine as compared to the urban areas, though the difference is not very large.

COVID-19 Vaccine safety concerns



"I haven't been infected with COVID-19 yet though I am fully aware of the COVID-19 symptoms like common cold, shortness of breath, weakness in the body, etc. I completely avoid going to crowded places unless it is very necessary. I take all the precautionary measures but I am afraid of COVID-19 as I have not been vaccinated yet.

Earlier, I faced a lot of confusion like which vaccine is better; Covaxin or Covishield and I was concerned about its side effects too. I think there is a great need to spread awareness about it. There are many people here in my hometown who are hesitant to take vaccine because they are hearing weird stuffs like body will become magnetic, people are dying because of vaccine etc. through Whatsapp forwards. This is very common in people who are about 45 years of age. They are being misled by a lot of different sources and that is why awareness campaigns are really necessary to bust these myths"

Rajat Sharma, Teacher, Pune

Of those respondents who were either not sure/ not in favour of taking vaccine, **their prime concern was that the vaccine was new and they are unaware of its side effects (49%)** followed by that they are immune enough (30%). **About 23% of the respondents doubt the effectiveness of the vaccine**, 21% has safety concerns, 12% consider it as unaffordable and the remaining 10% feel that they will not get infected again, as they already have and hence don't need a vaccine. Hence, these figures show that there is still a great need to bust myths regarding COVID-19 vaccine among the community.

COVID-19 Vaccine safety concerns (Gender-wise)

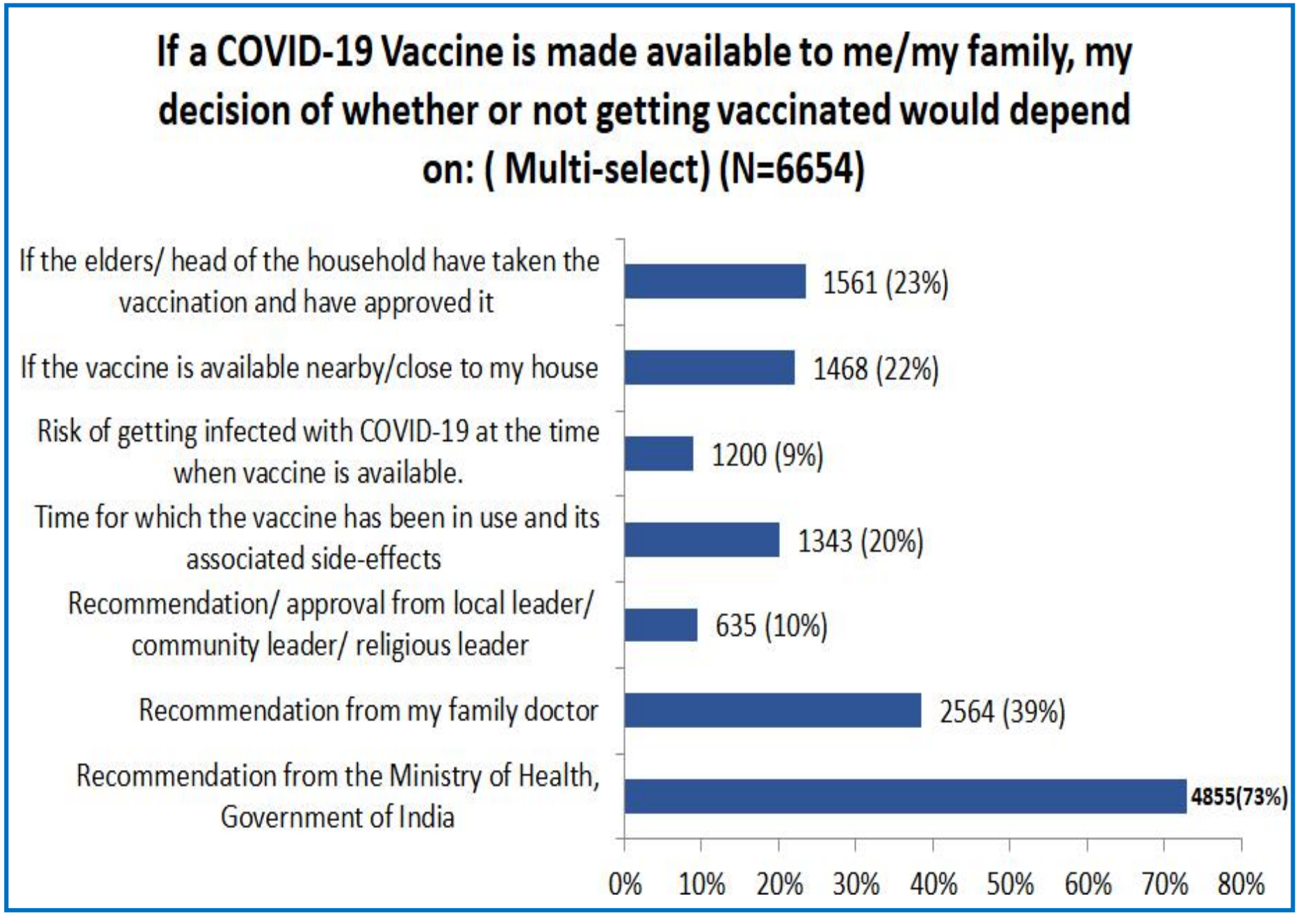
Males and females have a uniform concern pattern **though more women were worried to get vaccinated while being pregnant/ lactating/ older age groups**. The rest of the concern pattern is same among males and females as highlighted above.

COVID-19 Vaccine safety concerns (Age-wise)

Percentage wise middle aged segment are the most worried lot in terms of its side effects and senior citizens are the most boosting lot of their immunity and also rebuke the claims that vaccine is effective. Therefore we need to work on the campaign to pre-bunk or de-bunk these claims by placing original scientifically proven facts through various vehicles like gamification/ humorous films/ audio bytes and animated regional language content. Along with certain offline measures like regular updates to the health functionaries etc.

COVID-19 Vaccine safety concerns (Urban/ Rural-wise)

The rural respondents are highly worried about giving vaccine to pregnant women/ lactating and older age groups and they have a high percentage about not accepting vaccines effective ness. Therefore targeted campaigns for rural respondents are essential so that these myths could be busted.


If a COVID-19 Vaccine is made available to me/my family, my decision of whether or not getting vaccinated would depend on: (Multi-select) (N=6654)
If the elders/ head of the household have taken the vaccination and have approved it
1561 (23%)
If the vaccine is available nearby/close to my house
1468 (22%)
Risk of getting infected with COVID-19 at the time when vaccine is available.
1200 (9%)
Time for which the vaccine has been in use and its associated side-effects
1343 (20%)
Recommendation/ approval from local leader/ community leader/ religious leader
635 (10%)
Recommendation from my family doctor
2564 (39%)
Recommendation from the Ministry of Health, Government of India
4855(73%)
0%
10%
20%
30%
40%
50%
60%
70%
80%

The majority of the respondents' (73%) decision of taking the vaccine would depend on the Recommendation from the Ministry of Health, Government of India, followed by the recommendation from their family doctor (39%). Only 10% of the respondents chose recommendation from the local leader / religious leader. However, 23% believe that they would take if the head of the family had already taken and approved of it and if the vaccine is available close to house (22%). For 20% of the respondents, the decision would depend on the time period for which the vaccine is available and its side effects. Getting infected with COVID-19 at the time of vaccination is also the other concern (9%).

Factors on which the decision to take COVID-19 vaccine depends (Gender-wise)

Both the genders are favourable towards information provided by the MOHFW, GOI followed by their family doctor. Also increased preference is given to vaccination being provided near to homes, and have been taken by the elders in the house by both genders.

Factors on which the decision to take COVID-19 vaccine depends (Age-wise)

All age groups have equally voted for MOHFW endorsement for accepting the vaccine, second preference is being given to recommendation from the family doctor, followed by time for which vaccine has been in use and its associated side effects. Followed by risk of getting infected if the dosage is available near our house of it's and if the elders in the family have been vaccinated.

Factors on which the decision to take COVID-19 vaccine depends (urban/rural)

While analysing the urban and rural scenario, we have identified the same factors to take centre stage from both the sets of respondents i.e. the first being it should be recommended from the MOHFW and secondly recommended from the family doctor. Urban set of respondents are more worried about risk of getting infected, if vaccine is closer to my house and if elders in the family have been provided this vaccine. Therefore more RCCE initiatives have to be taken in the urban settings to put these fears to rest.

KEY RECOMMENDATION

Major Observation	Key Recommendation
Majority of the respondents have chosen Fever (81%), Cough (62%) and Difficulty in Breathing (59%) as the three most common COVID-19 symptoms, followed by sore throat (31%), loss of smell/ taste (30%). A good proportion of the respondents are aware about the common symptoms.	In lines with the global symptomatology community experienced and is well aware about the common symptoms of COVID-19. This also indicates the community is more likely to get screened if any of these symptoms is observed and the successfulness of the risk communication dedicated campaigns targeted at community awareness.
A large proportion of the respondents are aware of the three COVID-19 Appropriate Behaviors, i.e. Wearing a mask (91%), Washing hands (86%), and maintaining social distancing (86%). 72% of the respondents would like to take the vaccine when offered so as to prevent oneself from COVID-19 and a good proportion are in favor of following other protective measures.	Public health social measures and vaccination combined are still at the main stay of prevention and limiting the spread of COVID-19. The trust of community on such measures and a long term adherence will also help prevent the surge of cases in future. Letting the guard loose not adhering to the protective measures in transportation and mass gatherings may lead to sudden surge in number of cases. Long term repetitive reinforcement of public health social measures and adherence to behavioural practices is key to fight against the pandemic.
7% of the respondents are still in favour of attending the gatherings and 4% are not sure about it. 43% feels that they should not attend such gatherings however 46% are in favour of attending it while following COVID Appropriate Behaviours.	Even during the phases of general unlocking, the community needs to avoid mass gatherings like political rallies, marriages, mass transportation, funerals and other community gatherings. However, every occasion depending on the local PHSM measures may be attended by a limited number of people, adhering to COVID-19 appropriate behaviour.
The majority (91%) of the respondents said that they need to wear a mask every time. 7% of the respondents prefer wearing it only in the crowded places. 2% of them either don't want to wear it as the cases are less or because they have been vaccinated.	There is a need to focus on more innovative campaigns to make community develop a habit of wearing masks every-where and there is a need to spread more awareness regarding taking preventive measures even after being vaccinated. Since the onset of pandemic wearing mask has become a norm and is here to stay, This will also reduce the burden of other transmissible and respiratory diseases like TB and seasonal influenza.

55% of the respondents are aware of the COVID-19 helpline number (i.e. 1075). However, a large proportion of the respondents (29%) does not know or are not sure about it and 16% of them answered it wrongly.	A significant proportion of around 45% respondents is not aware or has a wrong idea about the COVID-19 Helpline number. There is a need to spread awareness regarding this among the general masses more rigorously through digital campaigns and wide publicity tools.
The majority of respondents says that they would call the COVID helpline number (66%), once symptoms are detected however majority (45%) are unaware about it. 63% would prefer taking help from clinic/ hospital. 19% would consult their family/ friends. Still, 3% says that they would not do anything.	Due to extensive publicity of helplines the community is well aware about the same, however there is a still significant level of hesitancy on whether their queries will be solved or will they be able to receive help. To combat any emergency inculcating culture of help seeking behaviour and referral is one of the strongest pillars of response.
A large proportion of respondents (47%) perceive low risk of getting infected with COVID-19 presently, despite the COVID-19 second wave.	There is a need to focus more on innovative ways of Risk Communication and Community Engagement (RCCE) interventions to spread awareness about this crucial aspect. Simple, clear, localised, repetitive and comprehendible messages will always remain crucial. The messages and the communication also need customisation in accordance with the targeted user group and broadcasting platforms like print electronic and social media.
The majority of the respondents (77%) said that people belonging to the age-group 50 years and above are the most vulnerable segment of society. It is followed by 31-50 years age group (16%) and 18-30 years (7%).	The pandemic in its initial part targeted the elderly, however having a significant mobility and chances of exposure the middle and lower age groups were also affected.
97% of the respondents are aware of the availability of COVID-19 Vaccine. However, 3% were not aware.	Awareness should be spread among the community about the availability of COVID-19 vaccine. Since now the vaccine is available and free for all, fast and mass vaccination can be most effective tool to limit the spread of the disease and reduce its intensity.
5% of the respondents are not in favor/ not sure of taking preventive measures after taking the vaccine. Though, 95% would follow it.	There is a need to bust this myth or misconception among the community, concerns like AEFI (adverse events following immunisation) focused strategy for different age groups, registration and availability as well as ease of access are few of the concerns that needs to be largely addressed to make mass vaccination a successful drive.
89% of the respondents have trust on information provided by the government about the COVID-19 Vaccine. However, 11% of the respondents don't trust/ not sure about it.	Media and other sources of information during this pandemic have contributed significantly in reflecting the right and verified sources of information like the responsible agencies,

	Ministries and other credible sources that resulted in enhancing and inculcating the trustworthiness of the sources coupled by reassurance from technical experts and leading authorities from the subjects.
Television (78%) emerged out as the most common source of COVID-19 Vaccine information, followed by social media (70%), newspapers (63%) and family/ friends/ trusted person (46%). SMS alert (30%) and radios (29%) were the least preferred.	Television still remains the most credible source of information; the future innovative risk-com campaigns should also use the proportionate and aggregate media consumption pattern of the community and devise the interventions in local languages.
The majority of the respondents (91%) intend to get a COVID-19 vaccine when it is available to them. Still, 9% of them are not sure or not in favour of taking it, which indicates vaccine hesitancy/ safety issues among the community persists.	There is a need of sensitizing the community about the benefits of getting vaccinated. Relatively less percentage of population has vaccine hesitancy however, with ever increasing and targeted vaccine promotion campaigns and activities this can be dealt with.
The prime concern of the respondents in not in favour of taking the vaccine were they are unaware of its side effects (49%) followed by that they are immune enough (30%). **About 23% of the respondents doubt the effectiveness of the vaccine, 21% has safety concerns, 12% consider it as unaffordable and the remaining 10% feel that they will not get infected again, as they already have and hence don't need a vaccine.**	There is a need to bust these myths and misconceptions regarding vaccine through digital campaign and youth volunteer networks in the districts by providing trainings. Clarity on vaccine efficacy and effectiveness through proper clarifications and verifications to the community supported by evidence based research and reiteration of the message by influencers will help generate better public trust and address their doubts. A chatbot based or a call centre based vaccine assistance system and campaign may also prove to be an effective strategy.
The majority of the respondents' (73%) decision of taking the vaccine would depend on the recommendation from the Ministry of Health, Government of India, followed by the recommendation from their family doctor (39%). Only 10% of the respondents chose recommendation from the local leader / religious leader. However, 23% believe that they would take if the head of the family had already taken and approved of it and if the vaccine is available close to house (22%).	Trusted advice from a family physician, encouragement to certain hesitant communities by the religious leaders and family motivation as well as a positive spread of word mouth via professionals, non-traditional community partners and local level influencers can aid significantly in reaching out the last mile and convincing the population to get vaccinated. The traditional medium of awareness and reiteration from the government however should be continued.

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