2022 CLA CASE COMPETITION

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**Case Title:**

# Mind the Gap: CLA to encourage COVID-19 vaccination among India's Third Gender


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Meera, receiving her vaccination in Durg, Chhattisgarh, on December 15, 2021, through the USAID and M-RITE vaccination drive. Credit: John Snow India Pvt. Ltd.


**Summary:**

Since November 2021, MOMENTUM Routine Immunization Transformation and Equity (the project) has worked in India with local sub-awardees, in coordination with the Ministry of Health and Family Welfare and other development partners, has supported national and local health authorities to introduce COVID-19 vaccine, develop vaccine delivery strategies to outreach hard-to-reach populations, track and follow-up individuals who miss vaccinations and re-establish community trust and demand for vaccination in vaccine hesitant communities.

Applying collaborating, learning, and adapting (CLA) principles was important for the project, given the rapid pace of implementation and for adapting outreach strategies across multiple waves of COVID-19. The project used the CLA framework to improve vaccination coverage among socially marginalized and vulnerable populations, such as the Hijra community, which includes transgender and intersex people. We established partnerships and trusting relationships with community-based organizations within the Hijra community, and local sub-awardees met weekly to discuss its members' concerns and needs. We analyzed COVID-19 vaccination coverage data to identify people who were missed and adapted outreach strategies to reach them. The CLA approach helped us increase COVID-19 vaccine uptake within the Hijra community and create a culture of learning that helped us respond to evolving challenges.


**Which two subcomponents of the Collaborating, Learning & Adapting (CLA) Framework are most reflected in your case? Please reference them in your submission.**

- Internal Collaboration
- External Collaboration
- Technical Evidence Base
- Theories of Change
- Scenario Planning
- M&E for Learning
- Pause & Reflect
- Adaptive Management
- Openness
- Relationships & Networks
- Continuous Learning & Improvement
- Knowledge Management
- Institutional Memory
- Decision-Making
- Mission Resources
- CLA in Implementing Mechanisms

## 1. WHAT: What is the general context in which the case takes place? What organizational or development challenge(s) prompted you to collaborate, learn, and/or adapt?

The Hijra community in India, also known as the “third gender” and which includes transgender and intersex people, remains disproportionately unvaccinated against COVID-19. Per the last census conducted in 2011, there are roughly 500,000 people who identify as third gender. Many of its members are involved in informal employment and experience high levels of poverty and homelessness. Though the third gender community is eligible for social and welfare benefits, the long history of social stigma and violence against it has led to vaccine distrust. Many people in the transgender community are concerned about vaccine safety and fear medical complications associated with vaccination. Some also are concerned about having to disclose their gender at the vaccination site as a part of the registration process. The social exclusion, marginalization, and informal employment make it difficult to identify and reach Hijra community members through typical vaccine outreach campaigns. The USAID-supported Momentum Routine Immunization Transformation and Equity project (the project) works with vulnerable and socially marginalized populations in 18 states/union territories of India to increase uptake of COVID-19 vaccines. We have taken an iterative and holistic approach that is based on collaboration through networks and continuous learning and adaptation to our COVID-19 vaccination efforts in the Hijra community.

## 2. WHY: Why did you decide to use a CLA approach? Why was CLA considered helpful for addressing your organizational or development challenge(s)?

Given the rapid pace of our project implementation in India, we relied on the general principles of CLA to devise, implement, and iterate our strategy to vaccinate members of the Hijra community. We leveraged our trusted community partners’ experience and expertise to develop strategies and approaches, and build on the project learning agenda to encourage national- and state-level project teams to “continuously learn and improve.” We encouraged a culture of learning by asking our teams to explore barriers to vaccination, why they persisted, and how we could overcome them. This iterative process of implementing the broad CLA principles was helpful as India moved through several waves of COVID-19. Overall, lessons learned through the CLA process have helped us make evidence-based decisions throughout the project cycle.

**3. How: Tell us the story of how you used a collaborating, learning and/or adapting approach to address the organizational or development challenge described in Question 2.**

Collaboration

To overcome vaccine inequity among the Hijra community, we have collaborated with partners that have long-standing trusted relationships with its members. The project first mapped key stakeholders and organizations that work with the transgender community to organize and implement vaccine outreach events. This collaboration involved routine meetings to discuss and adapt program strategy according to the community's needs. We explored various approaches to overcome hesitancy and other vaccine-related barriers that the transgender community faces. Because Hijra rely upon each other for information, making inroads into the tightly knit community through supportive organizations helped convey accurate information to the community and counter vaccine misinformation.

Learning

We collected feedback from partner organizations that have strong relationships with the transgender community, and learned from their experiences working with transgender community members during our weekly meetings. We used this information to pause, reflect, and adapt our program strategies over time. This iterative process helped create a continuous feedback loop of learning and improvement throughout the project cycle. We focused on understanding what aspects of the program didn't work and refined our communications and outreach strategies. These conversations also required us to challenge our assumptions about what works best. Particularly, we found that when working with such a marginalized group, traditional outreach approaches are not as effective as working through trusted members of these social networks, who are better able to influence behavior change. Instead of mass-communication or door-to-door campaigns, we leveraged Hijra community members' social and peer networks to support outreach events and increase awareness of the importance of COVID-19 vaccinations. In addition, we held mobile vaccinations in collaboration with the district health authorities in locations that were accessible and frequented by Hijra community members.

Adaptation

An example of the "adaptation" phase of the CLA strategy is reflected in our collaboration with Meera, a transgender woman who is a community advocate. She, like with many in her community, was hesitant to get vaccinated. She attended a counseling session supported by our project, which explained the COVID-19 vaccine development process and dispelled myths about it. During the session, Meera's most pressing questions were answered and she was reassured that the vaccine would not interfere with her community's existing medical conditions or treatments. Meera decided to get the second dose of the COVID-19 vaccine and recognized the importance of conveying her newfound knowledge to her community, as she said, "I'll make sure to clarify rumors and misconceptions about the COVID vaccine." She also participated in a COVID-19 counseling and vaccination camp for third gender people.

Not only did Meera become a strong advocate for COVID-19 vaccine, she also helped adapt related messages for her community. This included developing a video to encourage vaccination, and attending meetings with the State Aids Control Society and the Third Gender Welfare Board to collect continuous feedback and involve stakeholders in the decision-making process. These ongoing efforts increased awareness about the importance of and confidence in COVID-19 vaccination in the Hijra community.

Our program strategies have shifted as we adapt to the changing context and learn from our organizational collaborators and individual program champions like Meera. We have integrated the CLA in our program practices and will hold a summit with all implementing partners to reflect on approaches to collaborate, learn, and adapt to increase COVID-19 vaccine uptake among other among other vulnerable and hard-to-reach populations such as sex workers, men who have sex with men, migrants, and truckers.

**4. ORGANIZATIONAL IMPACT: How has collaborating, learning and adapting affected your team and/or organization? If it's too early to tell, what effects do you expect to see in the future?**

Applying the CLA to our work has helped us build a culture of learning within the program and ensured that our strategies remain responsive to the changing needs of our target population. Setting aside time to pause and reflect, particularly with program implementers, is important for ensuring that strategies are working as intended and adjusted as needed. Weekly meetings between the project and the community-based organizations are an opportunity to reflect on how the program is going while making changes that are required. These meetings also promote peer-to-peer learning within the project team and among influencers who are embedded within the transgender community and have become vaccine ambassadors.

**5. DEVELOPMENT IMPACT: How has using a CLA approach contributed to your development outcomes? What evidence can you provide? If it's too early to tell, what effects do you expect to see in the future?**

Our approach to reaching vulnerable populations consists of: 1) working with community-based organizations to ensure our strategies and messages are culturally appropriate and resonate with the needs of the community; and 2) enlisting community members as vaccine champions.

This collaborative approach has helped us to develop gender-inclusive messaging, which has resonated with the Hijra community. Furthermore, involving members of the transgender community such as Meera has created a sense of ownership of the project and increased advocacy. Our emphasis on continuous learning and adaptation based on community feedback has created a snowball effect that has increased trust and vaccine uptake. Anecdotal evidence suggests that involving local champions like Meera and peer-to-peer advocacy has increased vaccine confidence among community members. Their videos and photo stories are examples of positive vaccination experiences.

Identifying micro-barriers and setting up outreach vaccination sites incorporated the Hijra community with the larger vaccination initiative. The vaccination sites included a medical doctor who dispelled rumors and answered questions that were particular to this community.This was an adaptation based on our learnings that a medical doctor is viewed as a trusted source of information for the Hijra community

Overall, the application of CLA to our activities helped us develop a socially inclusive approach that involves local stakeholders and collaborators and provides a mechanism to incorporate learning and insight into the program. Our use of CLA, which aligns with USAID’s locally led development strategy, has also sensitized our partners, who may apply similar learning approaches to their future work with vulnerable populations, such as sex workers and migrant workers.

**6. ENABLING CONDITIONS: How have enabling conditions - resources (time/money/staff), organizational culture, or business/work processes - influenced your results? How would you advise others to navigate any challenges you may have faced?**

Hiring nongovernmental organizations and implementing partners that know Hijra communities enabled our team to build relationships with community leaders and stakeholders. This allowed us to understand the most pressing concerns about vaccine uptake in the transgender community. Our ability to regularly pause and reflect during check-ins allowed us to troubleshoot problems and work more effectively. For example, our weekly meetings helped us understand the importance of training our team members to become better listeners, and we developed training sessions to make our field teams more sensitive to the Hijra community's queries. We found that answering their questions comprehensively was critical to their getting vaccinated.

On a broader level, the weekly meetings with in-country project partnership and the monthly learning exchange meetings, which involved partners across the project countries, were platforms for discussing common challenges, strategies, and lessons. Overall, such meetings helped create a culture of learning, which benefited not only how we operated within our teams, but also how we interact and collaborate with our partners in current and future projects.