

COVID'19 VACCINATION TRENDS AMONGST MARGINALISED IN DELHI

(22nd – 24th MAY 2021)



**A study conducted by:
NATIONAL CAMPAIGN COMMITTEE FOR
CENTRAL LEGISLATION ON
CONSTRUCTION LABOUR**

Foreword by: Justice (Retd.) Madan B. Lokur

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EXECUTIVE SUMMARY

- i. The present study has been conducted to assess the levels of vaccination amongst the marginalised in Delhi, i.e., the population which does not hold salaried position and does not enjoy security of tenure. The survey was carried out between 22.05.2021 and 24.05.2021 – twenty-two days after vaccination process was *opened* for the general public between the age group of 18-44 years. The general public can avail these vaccinations only by booking appointments through internet, a system which is rigged in favour of the privileged. 1034 responses to the survey were received, out of which 968 were found to be internally consistent and have been analysed for the purposes of this report.
- ii. **About the respondents:** 500 out of 968 identify as male and 468 identify as females. They are spread across age groups: 599 respondents belong to 18-44 years age group, 332 belong to 45-60 years age group and 35 are above 60 years of age. 463 of the respondents work as building workers and 300 of them work as domestic workers. 775 of the respondents reside in three districts of Delhi- North-West, South-West and West, out of which 463 respondents reside in North-West Delhi.
- iii. **Vaccination trends amongst the respondents:** 535 out of 599 respondents (89.3%) who are in the age group of 18-44 years have not received any dose. 208 out of 332 respondents (62.7%) who are in the age group of 45-60 years have not received any dose. Amongst the respondents who are above 60 years, 18 (51.4%) have received one dose. In total, only 206 out of 968 (21.3%) have received at least one dose.
- iv. **Vaccination trends amongst the family members of the respondents:** 679 respondents (70%) were such who intimated that none of their other family members have received any dose. Overwhelming majority said that none of their family members in the particular age groups have received any dose: 820 respondents said none of their family members in age group of 18-44 years have received any dose, 546 respondents said the same for their family members in the age group of 45-60 years and 357 said the same for their family members who are above 60+ years.
- v. **Vaccination hesitancy:** Amongst the 391 respondents (40.4%) who confessed that they had some fears about the vaccination process, a majority (242 respondents) had fears of the adverse effects, which they had known someone in their immediate circle had suffered due to vaccination or they had heard about someone suffering from the adverse effects, from their immediate neighbours. The adverse effects which the respondents mentioned were both fever and eventual deaths, which the

said respondents attributed to the vaccination process. 54 respondents highlighted that they were not aware – either about the vaccinations or the process which needs to be followed to access the same. Few respondents (2) also shared the fears of loss of earnings during the day of immunisation followed by the days during which they would experience adverse effects, as the prime reason for hesitancy amongst them.

- vi. **Access barriers:** 529 (54.6%) respondents stated that they were not aware how and when to get vaccines. Despite central government's heavy emphasis and aggressive advertisement campaign, 461 (47.6%) of the respondents stated that they were not even aware about the only three internet-based platforms through which vaccinations can be booked, i.e., COWIN, Aarogya Setu and Umang App. In addition thereto, 706 (72.9%) of the respondents highlighted that they were unaware about how to operate any of the said platforms, even if some of them had atleast heard about the platforms.
- vii. **Digital divide and lack of means:** Although smartphones seem to have become a common utensil in the households amongst the respondents (684, 70.7%), only 385 out of 968 respondents (39.8%) stated that they had a valid internet connection. Only 151 (16%) respondents stated that they would be in a position to arrange Rs.150-450/- per family member for vaccination, incase the government refuses to continue making the vaccinations available for free.
- viii. **Suggestions:** The report concludes by making the following policy suggestions and recommendations -
 - i. Reconsider restricting the access to vaccines through internet-based platforms only;
 - ii. Follow the example of Chhattisgarh government and prioritise the immunisation drive amongst the poor and informal segment, i.e., the populace that cannot adequately take social distancing measures and lacks financial wherewithal to avail quality medical facilities;
 - iii. Reserve Saturdays for immunising the daily-wage workers so that the loss of income faced by them is somewhat mitigated;
 - iv. Take proactive measures to create awareness and engage with the communities in order to reduce vaccination hesitancy and build confidence;
 - v. Formulate schemes to provide monetary relief for the loss of wages suffered by daily wage workers, which at the bare minimum, could cover the registered building workers and registered unorganised sector workers.

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FOREWORD

The study conducted by NCC-CL reveals the rather unsatisfactory state of affairs regarding vaccinating disadvantaged sections of society. These disadvantaged persons cannot afford hospitalization. They are, therefore, among those who should be given consideration, otherwise some of them may pass away and have their corpse thrown in some river and not even accounted for. In their case, it is not the virus that has caused the death, but poverty.

The pandemic has taught us several lessons, but we have to learn them. The most important lesson that is needed to learn is that our primary health care system requires a major overhaul. Cities have comparatively well-equipped primary health centres, supported adequately by hospitals. Unfortunately, the marginalized cannot avail their services and expertise because of the cost factor. On the other hand, smaller towns and villages lack the infrastructure and basic facilities to cater to the needs of a sufficiently large number of patients, some of whom require emergency treatment. This is compounded by an acute shortage of doctors, nurses and other supporting medical staff.

All these and other factors related some sort of a fear amongst the marginalized sections of society. The fear generated by the pandemic has given rise to several other fears, especially among the marginalized. Vaccine hesitancy is perhaps the least of the problems. Is there any provision for walk-in vaccination for the poor, unlike driving vaccination for the well-off? Loss of employment is an even greater concern - from where will the next meal come?

The author and researchers of this report have virtually stepped into the shoes of the marginalized and accurately understood their problems relating, amongst other, to vaccination and attendant issues. This has enabled them to objectively analyse the available data, and on the basis thereof, make recommendations and suggestions that need consideration. From the manner in which the pandemic has progressed, it appears that it will not be going away in a hurry. Should it unfortunately continue in some form or the other, reports of the nature presented by NCC-CL will be extremely useful in understanding the havoc caused by the pandemic among the disadvantaged sections of our society and how to mitigate the distress.

The report is worth reading and digesting. The recommendations are quite doable and should be taken seriously for the benefit of the disadvantaged.

- Justice (Retd.) Madan B. Lokur
Supreme Court of India

1. BACKGROUND

Since the onset of CoVid'19 pandemic, the central as well as state governments have increasingly relied on technology for providing administrative and policy solutions to the challenge posed by the pandemic. In March 2020, all schools were directed to conduct classes for students, through internet only. During the same month, other necessities, such as 'e-pass' to move within and between districts during the stringent lockdown imposed by the central government, was made available to common citizens only through web portals such as www.epass.jantasamvad.org (Delhi Government). In April 2020, amidst public pressure, the central government 'allowed' the migrant workers to return to their hometowns and villages via railways and inter-state bus services. To avail both, the migrant workers, who largely belong to the urban poor, were expected to book tickets through internet only.

From 16 January 2021, the central government initiated the vaccination process against the CoVid'19 causing virus. Two vaccines-Covishield and Covaxin, were made available to citizens in stages: first, to the healthcare and 'frontline' workers only; and thereafter, to those above certain age (first 60+ and thereafter 45+). Who gets included and process of inclusion in the 'frontline worker' category is a matter of great debate and politicisation.

At first, the citizens were allowed to access vaccines, by booking appointments through the said government portal only. Gradually, access to vaccines for the said age groups was allowed without requiring the mandatory registration and booking of appointments through the website.

In April 2021, the country was hit by second wave of CoVid'19. Coinciding with the same, the central government, under public pressure, opened up vaccination process on 1st May 2021 for the general public in the age group 18-44 years. The access to vaccination process remains available only to those who are on the right side of the digital divide, i.e., the general public in the said age groups can receive vaccines only by registering and booking appointments through government web-platforms only, primarily – www.cowin.gov.in.

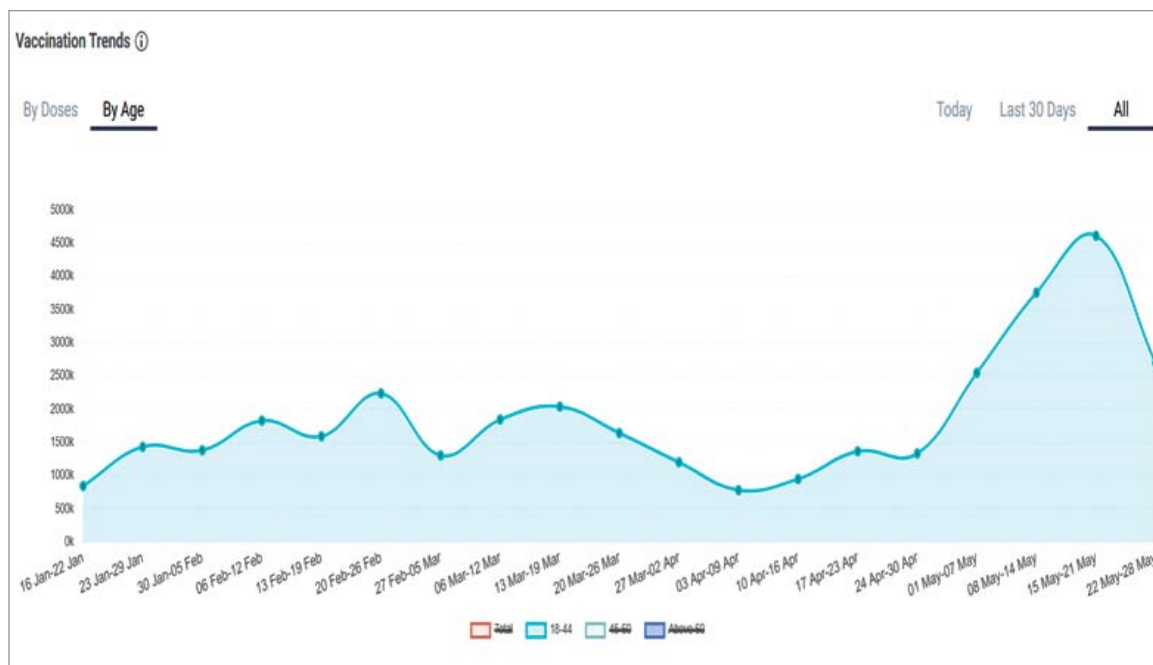


Figure : To clarify, people in age group of 18-44 were able to receive vaccines in substantial numbers (1,36,25,692 vaccination doses) even before the process became accessible for general public on the right side of digital divide on 1st May 2021.¹

1 Source: www.dashboard.cowin.gov.in (accessed on 25.05.2021 at 5 pm).

In the said age group of 18-44, vaccination shots numbering 1,36,25,692 were administered before 1st May 2021. After 1st May 2021, the number of vaccination shots administered for the said age group has only been 1,47,70,869. Booking of appointments for the vaccination is a challenge even for the privileged classes at present.² For reasons that are beyond scope of this report, the vaccination shortage is a real challenge. However, the access to vaccines is an equally important aspect to be considered.

There have been several news reports covering the helplessness in accessing vaccines (and other essential drugs, hospital beds and oxygen supplies for Covid'19 treatment) amongst those who are on the wrong side of the digital divide.³ Even amongst the state governments, not many have made attempts to rectify the digital divide created by the central government. The Chhattisgarh government tried to prioritise the vaccination process amongst those who cannot possibly socially distance and do not have the financial wherewithal to avail quality medical treatment or survive government imposed lockdowns. However, the High Court of Chhattisgarh in its wisdom, has found faults with the policy of the Chhattisgarh government, and has directed the government to modify the same.⁴

The present survey was conducted after twenty-two days after the central government 'allowed' the general public to access vaccines, although nominally. The survey was conducted amongst the daily-wage workers residing in Delhi, to assess the levels of vaccination penetration and access barriers to the same. The survey was preceded by an informal telephonic survey conducted amongst the building workers who are members of Nirman Mazdoor Panchayat Sangam. It was found that very few of the workers who were contacted, had received either vaccination dose. This was orally communicated to the High Court of Delhi on 18.05.2021 in a PIL matter *Sunil Kumar Aledia v. GNCTD* WP(Civil) 2991/2020.⁵ The High Court took note of the same and directed Delhi State Legal Services Authority to take steps to facilitate the vaccination process for the building workers.

At the same time, even the Supreme Court of India is seized of the issue in the matter initiated on its own reference, i.e. *Suo Moto Civil Writ Petition No. 3 of 2021 – In Re: Distribution of Essential Supplies and Services during Pandemic*, wherein the hon'ble judges have taken note of the digital divide and its role in limiting the universal access to vaccines.

1.2 AIM AND OBJECTIVE:

The present study was conducted to assess the level of vaccination penetration amongst the marginalised (daily wage workers including building workers, domestic workers etc.) in Delhi, i.e., the segment which is largely on the wrong side of the digital divide. The objective of this study was to present the findings before the Hon'ble Courts and policymakers in order to provide credible basis to take action based on the survey

2 Hemani Sheth, *Covid-19: Getting and appointment slot a major challenge as vaccination drive progresses: Survey*, THE HINDU – BUSINESS LINE (6 MAY 2021) available at <https://www.thehindubusinessline.com/news/science/covid-19-getting-an-appointment-slot-a-major-challenge-as-vaccination-drive-progresses-survey/article34004027.ece> (accessed on 26.05.2021).

3 Abhirup Roy and Aditya Kalra, *High-tech hunt for scarce COVID-19 vaccines in India raises fear for fairness*, REUTERS (5 MAY 2021) available at <https://www.reuters.com/world/india/high-tech-hunt-scarce-covid-19-vaccines-india-raises-fear-fairness-2021-05-05/> (accessed on 26.05.2021); Sukrita Baruah, *In Delhi's slums, barriers to vaccination: Few smartphones, complex process*, INDIAN EXPRESS (12 MAY 2021) available at <https://indianexpress.com/article/cities/delhi/in-delhis-slums-barriers-to-vaccination-few-smartphones-complex-process-7312554/> (accessed on 26.05.2021).

4 Sulakshana Nandi, *Chhattisgarh took the right step towards vaccine equity – but the High Court blocked it with quotas*, SCROLL (9 MAY 2021) available at <https://scroll.in/article/994435/chhattisgarh-took-the-right-step-towards-vaccine-equity-but-the-high-court-laid-down-quotas> (accessed on 26.05.2021).

5 The said matter was instituted in April 2020. The prime grievance of the Petitioner was that the relief of Rs. 5000/- announced by the Delhi government had reached only 37,127 building workers (3.7% of total building workers in Delhi). The Hon'ble High Court of Delhi has been hearing the matter on regular basis, with prime focus being on facilitating the registration process for building workers with the Delhi Building and Other Construction Workers Welfare Board.

findings, to ensure that remedial measures are immediately taken for just and fair distribution of vaccines.

1.3 SCOPE AND LIMITATION:

Due to the short timeframe between the two hearings, i.e., 18.05.2021 and 27.05.2021, the study was designed in a manner which would be conducive to ensure that the findings could be filed before the Hon'ble Court on 26.05.2021. As such, the target number of respondents was set at one thousand. Due to on-going CoVid'19 pandemic, the researchers and the partner organisations/labour unions were discouraged from conducting door-to-door survey. They were requested to primarily conduct and collect information from telephone only.

The questionnaire was designed and finalised on 22.05.2021. The survey amongst the daily-wage workers (who are mostly members of labour unions involved in conducting of the survey), was conducted between 22.05.2021 and 24.05.2021. Information was collected from 1,034 workers residing in Delhi. It should be noted that a significant number of workers when contacted regarding the survey, were reported to have cut the phone call/switched off their phones as soon as 'vaccine' or 'tika' was mentioned by the researchers.⁷ As such, the respondents are self-selected group within the daily-wage workers, who were at the very least, open to respond to the queries regarding their experiences with vaccination.

There were minor inconsistencies in the responses received from 66 workers, which could not be clarified due to above-mentioned limitations. As such, the data of said 66 workers has been excluded from the analysis.

Another serious limitation of this study is that the survey fails to take into account the 'caste/tribe' background of the respondents. Any serious study which aims for canvassing a case for just and fair distribution of scarce resources cannot ignore social inequities. However, given the limited timeframe in which the present study needed to be conducted and findings had to be presented, it was found not prudent to delve into caste analysis of distribution of vaccines. It is hoped that the future studies and survey overcome this limitation in their findings.

The link to raw data (redacted) is made available in **ANNEXURE II**.

2. DEMOGRAPHICS OF SURVEY RESPONDENTS

For the purposes of this paper, information collected from 968 respondents is being considered [*hereinafter collectively referred to as “Sample”*].

Gender: 500 of the respondents identified as male and remaining 468 identified as females.

Gender: 500 of the respondents identified as male and remaining 468 identified as females.

Age: Out of the 968 respondents, 599 of them are in the age group of 18 to 44 years. 332 of them are in the age group of 45 to 60 years. 35 of them are above 60 years. Two respondents that did not disclose their age.

Occupation: 463 of the respondents work as building workers. 300 work as domestic workers. 41 work as homemakers. 29 respondents have stated that they do not work. 41 respondents are working as street vendors. 33 respondents stated that they take up any kind of job that becomes available on daily-wage basis. A small number of respondents (27) work as helpers in shops and factories, and 13 respondents are engaged in work relating to driving-either as rickshaw pullers or e-rickshaw drivers. 1 works as a gig worker (with delivery apps) and only 4 work in some form of organised employment, i.e., in offices and schools.

District and Locality: A large majority of the respondents-775 (80.1%) reside in three districts- Northwest Delhi (463, 47.8%), Southwest Delhi (206, 21.3%) and West Delhi (106, 11%). The analysis of vaccine percolation on district-basis is provided in **ANNEXURE I**.

Substantial number of respondents reside at Dwarka-Sector 16 (63 respondents), Dwarka-Sector 16A (44 respondents), Rohini-Indira JJ Camp, Sector 3 (42 respondents), Bawana-F Block JJ Colony (33 respondents), Bhalswa Dairy (31 respondents), Vasant Vihar-Nepali Camp (30 respondents), Bawana-JJ Colony (28 respondents), Shahdara-NSA Colony (27 respondents), Haiderpur-Nirman Mazdoor Awas Sthal (25 respondents), Rohini-Sector 27 (24 respondents) and Haiderpur-Sanjay Camp (21 respondents).

3. KEY FINDINGS:

3.1 VACCINATION TRENDS:

The table below illustrates the vaccination trends amongst different age groups:

Age Group	Received no dose	Received first dose	Received both doses
18-44 (n=599)	535 (89.3%)	64 (10.7%)	16 (2.7%)
45-60 (n=332)	208 (62.7%)	124 (37.3%)	31 (9.3%)
Above 60 (n=35)	17 (48.6%)	18 (51.4%)	4 (11.4%)
Total (n=968)	762 (78.7%)	206 (21.3%)	51 (5.3%)

Table 1: Vaccination rates amongst the sample across different age groups⁸

At the time of writing of this report, the following is the overall vaccination trend in Delhi as reported on COWIN dashboard⁹:

Age Group	Vaccination doses administered	Total population in Delhi (2021 projections) ¹⁰	Percentage administered one dose (estimate) <i>at the highest</i> ¹¹
18-44	14,73,801	98,66,600	14.3%
45-60	16,21,044	32,79,000	48.7%
Above 60	10,11,000	19,04,000	52.7%
Total (n=968)	52,96,773 (for Dose 1=41,08,112 and for Dose 2=11,88,661) ¹²	2,05,71,000 (all age groups)	19.5%

Table 2: Vaccination rates across age-groups in Delhi.

⁶ See Annexure III.

⁷ Group discussion with the researchers conducted on 24 May 2021 at 9 am.

⁸ The respondents were asked the two questions separately – ‘Whether they have received first dose? (Y/N)’ and ‘Whether they have received second dose? (Y/N)’. The respondents count in the third column is a subset of the respondents in the second column.

⁹ *Supra note 1* (accessed at: 11:27 pm on 25.05.2021).

¹⁰ *Census of India 2011 – Population Projections for India and States 2011-2036*, NATIONAL COMMISSION ON POPULATION – MINISTRY OF HEALTH & FAMILY WELFARE, GOVERNMENT OF INDIA. pg. 185-186 (July 2020) available at https://main.mohfw.gov.in/sites/default/files/Population%20Projection%20Report%202011-2036%20-%20upload_compressed_0.pdf (accessed on: 25 May 2021).

¹¹ The estimate is calculated by assuming the number of vaccines administered for each age group (Column 1) as having been administered only for Dose 1. The said number (Column 1) is divided by the population projections for each group (Column 2) and multiplied by 100.

¹² The numbers do not add up. If the number of vaccine doses administered is added up across the three age groups, the number comes to 41,05,845. As per the COWIN dashboard, the total number of vaccine doses is shown as a sum of Dose 1 (n=41,08,112) and Dose 2 (n=11,88,661). Even if it is assumed that the data for three age groups as reflected on the dashboard is only for the Dose 1, there is mismatch of figure – 2267.

Supra note 1 (accessed at: 28.05.2021 at 6.30 pm).

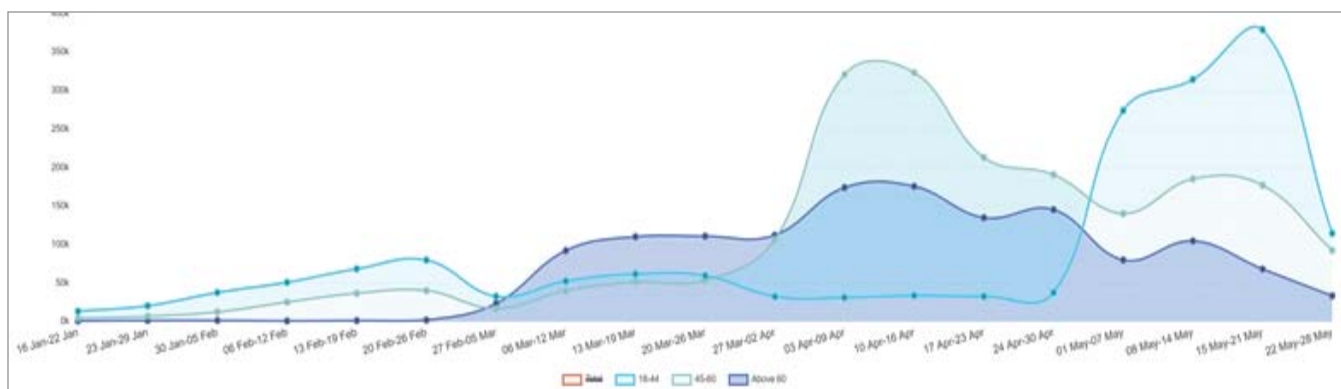


Figure : Vaccination trends across age groups in Delhi¹³

As per the COWIN dashboard, substantial number of vaccine doses were administered before 1st May 2021. The data indicates that nearly 3,91,210 (26.5%) out of 14,73,801 in the age group of 18-44 years had received vaccination doses before 01.05.2021, in Delhi NCT. Officially, before 1st May 2021, vaccines were made available only to the healthcare and frontline workers in Delhi. The process of identifying who is to be included within the category of 'frontline workers' is not unblemished by controversies, however the same is beyond the scope of this report.¹⁴

	Age group 18-44 years	Age group 45-60 years	Age group 60+ years
Total vaccines administered as of 28.05.2021 at 6:31 pm	1473801	1621044	1011000
Total vaccines administered after 01.05.2021	1082591 (73.5%)	595302 (36.7%)	286872 (28.4%)
Total vaccines administered before 01.05.2021	391210 (26.5%)	1025742 (63.3%)	724128 (71.6%)

Table 3: Vaccination trends across age group in Delhi

It is evident that the vaccination rate amongst the sample is at noticeably lower rate than the vaccination rate for the said age groups in Delhi. It should be remembered that the survey sample has been drawn from a segment of population which forms substantial portion of overall population of Delhi.¹⁵ As such, absolute comparison between the percentage figures as illustrated in Table 3 would be futile.

13 *Supra note 1* (accessed on 28.05.2021 at 6:30 pm).

14 *Centre closes vaccine registration for healthcare, frontline workers following reports of fake entries*, INDIA TV NEWS (4 April 2021) available at <https://www.indiatvnews.com/news/india/coronavirus-vaccination-registration-closes-healthcare-frontline-workers-covid19-695307> (accessed on 28.05.2021); Satish Jha, *Over 900 IIT students vaccinated in Gujarat amid reports of vaccine shortage for frontline workers*, DECCAN HERALD (8 April 2021) available at <https://www.deccanherald.com/national/west/over-900-iit-students-vaccinated-in-gujarat-amid-reports-of-vaccine-shortage-for-frontline-workers-972098.html> (accessed on 28.05.2021); Sanjay Jog, *'Is he a frontline worker'? : Devendra Fadnavis' nephew Tanmay trolled for bragging about vaccination*, THE FREE PRESS JOURNAL (20 April 2021) available at <https://www.freepressjournal.in/mumbai/is-he-a-frontline-worker-devendra-fadnavis-nephew-tanmay-trolled-for-bragging-about-vaccination> (accessed on 28.05.2021).

15 As per Economic Survey 2018-19, only 8.43 lakh of Delhi's population in March 2009 was employed in salaried positions in the government or private sector. This is out of Delhi's population enumerated at 167.88 lakhs in 2011 Census. Source: *Economic Survey of Delhi 2018-19 Chapter 5 – Employment and Unemployment*, DELHI GOVERNMENT available at <http://delhiplanning.nic.in/sites/default/files/5%29%20Employment.pdf> (accessed on 26.05.2021).

Age Group	Vaccination rate amongst entire population (estimate)	Vaccination rate amongst the sample (actual)
18-44	14.3%	10.7%
45-60	48.7%	37.3%
Above 60	52.7%	51.4%

Table : Vaccination rates amongst the sample in comparison with vaccination rates for Delhi across age groups

Close to one-fourth, 116 (23.2%) out of 500 male respondents have received atleast one dose. 90 (19.2%) out of 468 female respondents have received atleast one dose. For second dose, 30 (6%) of the male respondents stated that they have received the said dose, and 21 (4.5%) of female respondents stated they have received the same.

As per COWIN dashboard, 23,22,431 doses have been administered to males and 16,93,235 have been administered to females.¹⁶ Assuming the number reflected on COWIN dashboard to be true and reflective of number of persons inoculated, it is estimated that 21.1% of male population and 17.6% of female population have been administered one dose.¹⁷

Out of the 206 who responded that they had received atleast one vaccination dose, 107 were asked how they received the same. 31 responded that they received the dose by registering on COWIN application (13 registered and booked appointments themselves, for 17 some close family member helped with registration and booking process and 1 responded that they had paid a third person to book an appointment for them). 11 responded that it was their employer who facilitated the process for them, whereas the remaining 65 stated that they received the shots without booking appointment online and by accessing the hospitals directly.

The respondents were also asked to provide data regarding vaccination amongst their family members who are residing with the respondents in Delhi. Figure 2 illustrates the same:

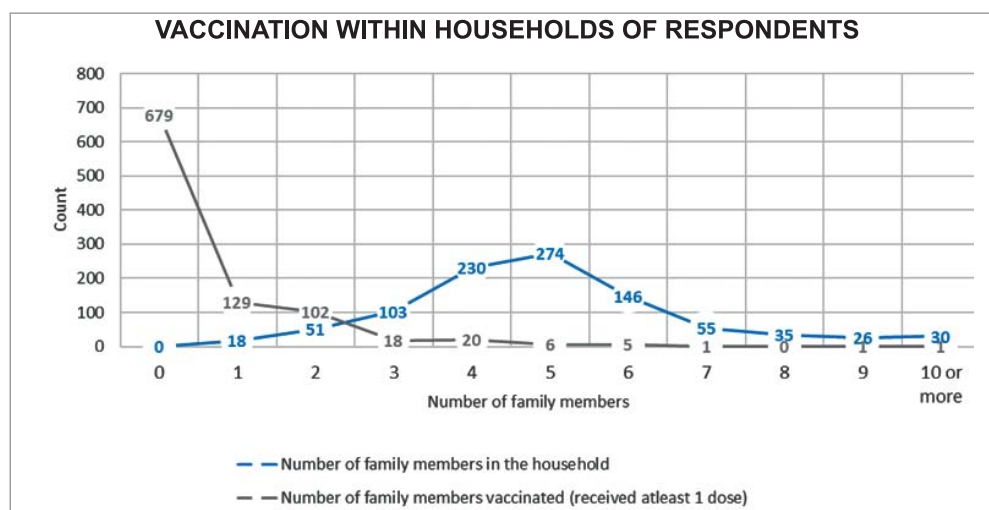


Figure : Vaccination rate within the households of respondents

16 The numbers do not add up. If the total of the two figures is taken, it comes to 40,15,466. The said figure does not matches with the total number of doses reflected as having been administered to three age groups (see footnote 10), nor does it matches with the total number of vaccine doses administered as per the COWIN dashboard. The dashboard is further unclear as to whether the number is actually the number of doses administered to each gender or is it the number of individuals who have been inoculated across genders.

Supra note 1 (accessed on 25.05.2021 at: 11:27 pm).

17 The percentage is calculated on the basis of figures as projected by the Ministry of Health & Family Welfare. The said figure is inaccurate as the Ministry of Health & Family Welfare fails to take into account the projected population of persons identifying as 'third gender'.

Supra note 10.

The respondents were also asked to provide details regarding vaccination amongst their family members belonging to different age groups. It is notable that while in great majority of the cases, no one has taken any dose; the households where vaccine hesitancy seems to be less, all family members across age-groups are more likely to have taken the vaccine doses. There are few households that lie 'in between' the two extremes (see Table 5).

It should be remembered that the respondents are a self-selected group, who were, at the very least, open to discussing their experiences about vaccination with the researchers. It can be inferred that actual rate of vaccination amongst the marginalised would be lower than what is reflected in this study and the vaccination hesitancy would be higher.

Responses	Age group		
	18-44	45-60	Above 60
There is no one in the said age group	48	245	496
No one has taken any dose	820	546	357
Only few have taken one dose	61	84	27
50% have taken atleast one dose	8	8	4
Majority have taken atleast one dose	3	11	2
Everyone has taken atleast one dose	19	51	42
Everyone has taken both doses	9	23	40
Total	968	968	968

Table 5: Vaccination penetration within households across age groups

3.2 VACCINATION HESITANCY

The researchers who conducted the survey conveyed that a considerable number of workers, when contacted, would switch off their phones as soon as the words 'vaccine' or '*tika*' were mentioned.¹⁸ Vaccination hesitancy seems to stem from few common factors: i. misconceptions about the vaccines and/or the disease itself; ii. fear of loss of earnings; iii. lack of awareness regarding vaccines and the disease; and iv. access barriers. The question that was put to the respondents was – whether they or the people residing in their *gali* had apprehensions about vaccination – if so, what?

391 (40.4%) respondents confessed they shared some form of apprehension, primarily arising from the fear of adverse effects (n=242), followed by lack of awareness (54). 19 highlighted the problems with accessing vaccines (in terms of vaccine shortages as well as lack of information regarding the process of availing the vaccines) as being the key hindrance which was driving up hesitancy.

Ten respondents indicated the doubts they harboured regarding effectiveness of the vaccines as the prime reason for hesitancy, 2 respondents were cavalier enough to state that they did not believe there was any such disease being caused by corona virus. Only 7 respondents stated that they were waiting for others around them to get vaccinated, i.e., the bandwagon effect. The said respondents stated that they were waiting for others around them to get vaccinated before they could makeup their minds as to whether they should get vaccinated or not.

18 Group discussion with the researchers conducted on 24 May 2021 at 9 am. The numbers were not counted.

3.2.1 Misconceptions and misinformation

During the group discussion which was held with the researchers after the survey was conducted, the researchers were asked to share their insights and inputs, in addition to the details they felt they were not able to enter into the questionnaire. The researchers conveyed that there was a great amount of misinformation amongst the respondents which was leading to vaccine hesitancy. From the survey, it is found that 242 respondents (25%) had misgivings about the vaccines, primarily from the fears of adverse effects.

The fears were largely based on the stories regarding adverse effects found after immunisation that had come to the knowledge of the respondents. Several respondents narrated incidents of vaccinations having caused death, others highlighted fears of fever induced by the vaccines. Not all such respondents personally knew the person having passed away, but they had heard stories from neighbours and elsewhere which they highlighted as prime reason for vaccine hesitancy.

There were also apprehensions amongst the respondents who admitted that they were regular alcohol consumers, as to the adverse effects which the vaccines may cause to them as their bodies are addicted to alcohol. Others also reported as fearing that the process of vaccination may itself cause them to contract the virus and disease.

Although only one respondent highlighted the prime reason behind hesitancy – the fears of forced sterilisation being administered by the governments in order to promote their two-child programme, as per the researchers-this fear is widespread amongst the Muslim communities that form part of marginalised section in Delhi. During group discussion, the researchers were quizzed about this observation. The researchers candidly noted that they noted this fear being vocalised by many who belonged to Muslim community (they inferred the religious identity from the names of the respondents). To investigate this more thoroughly, the researchers snowballed during the research and to discuss vaccination trends amongst the marginalised belonging to muslim community. The responses received from several were identical and the fear of forced sterilisation being administered covertly by the governments was evident. Although these responses could not be recorded as part of the survey, either because many of said individuals formed part of the group which refused to discuss the vaccination experiences at length or because said individuals refused to answer all the questions that form part of the survey and were mandatory in nature.

There were also fears of receiving duplicate dose that were highlighted by the respondents (2) who expressed helplessness in identifying distinguishing between the genuine vaccines and the possibly fake vaccines.

3.2.2 Loss of earnings

The hesitancy also stems from the fear of coming down with fever, even if the respondents knew that the said fever does not last beyond a day or two. More than the fever itself, the probable loss of earnings for a day or two in addition to loss of earnings during the day of vaccination, seems to outweigh the hope created by the vaccines as a possible defence against corona virus.

In the survey, only one respondent highlighted the said fear of loss of earnings as prime reason for hesitancy. As per the researchers, the fear of loss of earnings is widespread, several respondents according to them, were keen on receiving their vaccine doses only on Saturdays – so that the loss of earnings due to vaccine induced fever would be minimal.

3.2.3 Lack of awareness and information

The respondents had amongst themselves, a fair share of CoVid deniers – significant share (un-enumerated) also believed that the said disease affected only the privileged, the working class is immune/does not get affected.

As per the researchers, the respondents particularly who are below 45 years of age, are not taking vaccines very seriously. In addition to the 10 who shared their apprehensions regarding effectiveness of the vaccines, 5 respondents submitted that they did not consider the need for vaccination to be of significance-either for themselves personally or for everyone.

Majority of those who submitted that they were not fully aware about the need for vaccination (51), were those who lacked knowledge about the vaccines, how they work and also how they could be availed.

3.2.4 Lack of access and knowledge how to receive vaccine doses

The fact that majority of the respondents (529, 54.6%) out rightly stated that they were not aware how and when to get vaccines, needs to be taken note of with utmost seriousness. When asked to share apprehensions that were leading to hesitancy (either personally or amongst their neighbours in their *gali*), 19 reiterated the fact that lack of knowledge regarding how to access vaccines as the prime reason for causing hesitancy.¹⁹

4. ACCESS BARRIERS

As per the central government, the appointments for vaccination doses can be made using three platforms (websites and apps) – COWIN, Aarogya Setu and Umang.²⁰ The respondents were asked whether they were aware about the three platforms and how to operate the same:

Responses:	COWIN	Aarogya Setu	Umang
Yes, I know what the platform is and how to operate the same	192	154	28
Yes, I know what the platform is but I don't know how to operate the same	105	249	50
No, I don't know what the platform is	671	565	890

Table 6: Awareness regarding each platform amongst the sample (n=968)

461 (47.6%) respondents stated that they were not aware about any of the said three platforms. 262 (27.1%) respondents submitted that they knew how to operate atleast one platform in order to book vaccinations, rest 706 (72.9%) are unaware how to operate any of the said platforms despite some having atleast heard about the same.

The respondents were asked whether they possessed the means to access the said platforms, i.e., whether they had a smartphone/computer with valid internet connection at their household in Delhi. 684 (70.7%) respondents answered that they had a smartphone ('internet-wala phone/bada phone') at their household and 72 (7.4%) stated that they had a computer at their place. However, only 385 (39.8%) of the total respondents submitted they had valid internet connection with the said device. 274 (28.3%) responded they had neither smartphone nor computer at their household.

Respondents were also asked if they would be able to arrange Rs.150/- to Rs.450/- per family member for vaccination. Only 151 (16%) replied in affirmative. The researchers highlighted that several respondents conveyed that they have been eating considerably less ever since lockdowns have been imposed in Delhi in April 2021; it would be unimaginable for them to spend such monies on vaccinations which may or may not provide immunity.²¹

19 For the area-wise data regarding vaccine percolation amongst the respondents – please see **Annexure I**.

20 *Self-Registration COWIN*, MINISTRY OF HEALTH AND FAMILY WELFARE – GOVERNMENT OF INDIA available at <https://selfregistration.cowin.gov.in/> (accessed on: 26 May 2021 at 2:23 pm).

21 *Supra* note 18.

To access any of the said platforms, not only being on the right side of digital divide is essential, but it is also important to acquire the know-how and information how to access these tools and portals. There have been several studies which highlight that there is notable difference in what internet resources a privileged person makes use of and accesses, and the internet resources which an unprivileged person makes use of. The sum and substance of these studies is that it is not enough to provide computers, smartphones and internet connection to the poor – it is equally important to disseminate knowledge regarding various resources that are available on the internet.²²

5. CONCLUSION AND SUGGESTIONS

The rate of vaccination is low amongst the sample drawn from the daily-wage workers in Delhi. Hesitancy is high and access barriers to booking appointments to avail vaccines are impregnable. The question which must be asked is- whether the present mechanism to access vaccines leading to just and equitable distribution of a scarce resource?

From the perspective of the worker, there is not a single argument that could be made in favour of current mechanism. The deliberate policy to allow access to vaccine appointments only through internet is essentially rolling out the red carpet for the privileged, at the cost of the poor. Through the government platforms, one can learn about vaccine availability across India – in each district at each vaccination centre in real time, whereas a worker has no information whether the vaccine is going to be available at the local vaccine centre or not, and in most cases is not even aware about the local vaccination centres. The government platforms enable a person to book appointments wherever possible; in times of lockdowns when access to public transport has been severely limited, the same again creates conditions conducive only for the privileged class that has means to access private transport.

News reports are plentiful regarding discontent amongst the local populations against the privileged classes who book appointments at distant centres. Even where there is no visible discontent, the fact that present mechanism creates conditions conducive for the privileged classes to access vaccines at the cost of the local and unprivileged population in the said area, is unjust, unconstitutional and self-defeating.

Even without empirical data to back up, the following statement holds true – the person who has the privilege to check government platforms for hours to book vaccine appointments, ought to be vaccinated at the very end. That privilege entails probable access to internet, digital media, private bedroom in well-ventilated household, with running water and financial cushion to bear medical expenses if the need arises. That person is the most well-suited person to socially distance from others, to regularly sanitise throughout the day and to claim that lockdowns are a necessity.

That person is being given the red carpet to vaccine appointments by the present mechanism, at the cost of poor who cannot afford to miss a day of work without cutting down on food, who cannot possibly socially distance, lacks access to clean running water and cannot dream of accessing quality medical care²⁴

22 Monica Anderson and Madhumita Kumar, *Digital divide persists even as lower-income Americans make gains in tech adoption*, PEW RESEARCH CENTER (7 May 2019) available at <https://www.pewresearch.org/fact-tank/2019/05/07/digital-divide-persists-even-as-lower-income-americans-make-gains-in-tech-adoption/> (accessed on: 26.05.2021).

23 Naina Mishra, *Token system at centres surprises COWIN-registered beneficiaries*, THE TRIBUNE (4 MARCH 2021) available at <https://www.tribuneindia.com/news/chandigarh/token-system-at-centres-surprises-cowin-registered-beneficiaries-220115> (accessed on: 26.05.2021); T. Appala Naidu, *Token system helps the most vulnerable group*, THE HINDU (9 May 2021) available at <https://www.thehindu.com/news/national/andhra-pradesh/token-system-helps-the-most-vulnerable-group/article34522103.ece> (accessed on: 26.05.2021); Leena Dhankhar and Archana Mishra, *Beneficiaries allege mismanagement of vaccination process*, HINDUSTAN TIMES (9 May 2021) available at <https://www.hindustantimes.com/cities/gurugram-news/beneficiaries-allege-mismanagement-of-vaccination-process-101620582136118.html> (accessed on: 26.05.2021).

24 It would be foolhardy to even consider that the employers can be depended upon for enabling access to the poor. Only 11 out of 968 respondents submitted that their employers assisted in one manner or the other.

What is needed is not an overhaul but a complete rethinking of access to vaccination policy in a decentralised manner, with just and equitable sharing of a scarce resource as being the prime concerns.

For Delhi NCT, this report concludes by making following suggestions and recommendations:

- 1. Reconsider limiting access to vaccines through internet-based government platforms:** The same does not lead to just and equitable distribution of a scarce resource, and instead limits the access amongst the marginalised. Any tangible benefit flowing from limiting the access needs to be debated with great seriousness;
- 2. Prioritise immunisation amongst those who cannot socially-distance:** Delhi NCT is a result of poor planning, wherein major percentage of the population lives in cramped spaces termed as 'unauthorised areas' by the planners, government agencies and courts. It is this portion of the population for whom the vaccinations should be prioritised. The vaccination policy of Chhattisgarh government could be considered as a benchmark particularly for the urban areas where population density is high. The Chhattisgarh government's policy prioritised vaccination amongst antyodaya population, below poverty line population and only then amongst the above poverty line population. It should be noted that the policy adopted by the Chhattisgarh government is not an odd exception, it is reflective of wide global consensus that the vaccines should be administered amongst those who are most vulnerable. The vulnerability is not merely limited to pre-existing medical conditions and immunity response, but also ought to take into account the ;²⁵
- 3. Reserve Saturdays for the daily-wage workers:** Over and above the first couple of suggestions, it is also suggested that the Delhi government should strongly consider reserving Saturdays for the population who do not hold salaried jobs and positions. The fear of loss of earnings due to vaccine-induced fever, is strong. The fear is further aggravated when the continuous lockdowns have reduced the earning capacity of the survey sample to bare minimum, if not negligible. Significant portion of the daily wage workers including the building workers (nearly 80% or 8 lakh in number) are still not registered with government's welfare boards, and are as such outside the social security net. If Saturdays are reserved for vaccinating daily-wage workers, the impact of adverse effects following immunisation upon their earnings would be substantially lower;
- 4. Create awareness and engage with communities:** This suggestion cannot be emphasised enough. While the government may be doing an adequate job with creating awareness about vaccinations, the same has not trickled amongst the segment from whom the survey sample has been drawn. Creating awareness ought not to be limited to emphasising the need for vaccination, but it also needs to provide information regarding how to access vaccines, the entire process of vaccination and regarding possible adverse effects. In order to increase confidence amongst the people it is important to enable them to identify genuine vaccine doses from the fake/counterfeit doses which may be in circulation. The central government should strongly consider adding a distinguishable hologram or non-lingual mark on the vaccine vials and create awareness regarding the same;
- 5. Monetary relief for loss of wages:** Once the lockdown is lifted, i.e., from 31st May 2021 in stages, this segment of the population would be most eager to find work after having been left without any significant social security for loss of wages that they had suffered for past two weeks. The state government in this case, in order to encourage vaccination and to ensure that the workers are not made to suffer financially, should consider formulating a relief scheme which would provide compensation at minimum wage level to the workers – for the day of vaccination and for at least one

²⁵ *Supra* note 4.

or two days following vaccination (during which workers are likely to suffer adverse effects). The compensation amount on this basis would not be more than Rs. 1000-2000/- per worker.

As such, if the government announces a scheme wherein the workers who get vaccinated, may apply for receiving the relief of Rs. 1000-2000/-, the same would have few takers. The working of the government and its boards (Delhi Building and Other Construction Workers Welfare Board in particular) is so lackdaisical, that the registered workers are forced to spend atleast 3-4 days in getting their registration renewed every year, despite the fact that there is no such statutory requirement in law.²⁶ Therefore, the only plausible way in which the state government can effectively provide relief (atleast to the workers that are registered under the Building and Other Construction Workers Act, 1996 and Unorganised Workers Social Security Act, 2008) is only by ensuring direct benefit transfer to the registered workers who get vaccinated. The COWIN dashboard could be modified and appropriate information could be disseminated by way of advertisements to ensure that the the registered workers are reminded to carry their registration cards to the vaccination center, and the said card may be uploaded on the vaccination dashboard by the government officials in addition to the identity cards (which they already upload for every person).

The recommendations made as part of this report have been limited to those which flow directly from the findings of this report. It is not the intent of this report to preach to the governments as to what they should be doing, rather the focus is to bring to limelight, the vast segment of population and the difficulties that they face, which our policymakers have been ignoring since the beginning of the lockdown.

26 S. 16, Building and Other Construction Workers Welfare Act, 1996. The said section only mandates payment of annual contribution by the registered workers during a particular time. At the highest, the condition can be coupled with the requirement under S. 14 which requires proof of 90-days work at building site to be submitted every year. The Delhi Building and Other Construction Workers Welfare Board has made the process highly cumbersome, which forces the workers to fill up detailed forms, available only in English language over internet, which takes atleast an hour to fill. If successful, the worker is then mandated to appear before the Board office physically on the date of appointment. The queues outside the Board offices are so long, that it takes 2-3 working days for a worker to successfully get his/her documents verified and to complete the process of renewal at his/her end.

AFTERWORD

On 28th May 2021, the state government announced partial lifting of lockdown, i.e., the Delhi Government and the Delhi Disaster Management Authority (a body that has assumed vast unaccountable powers under the Disaster Management Act) have issued orders permitting work in factories and construction sites to re-commence from 31st May 2021 onwards. The order, has been issued, seemingly keeping the health of city's economy in mind and perhaps also out of concern for the precarious financial position of the workers employed in those establishments. The fact that the Government decided to open up the factories and construction sites in the first instance, demonstrates the important role which the factory workers and building workers play in the city's economy (domestic work was never halted – to begin with!).

Yet, no attempt was made to vaccinate these workers on priority basis. Instead, it is the judicial officers and so many other privileged groups who have been designated as 'frontline workers', giving them the primacy in accessing healthcare institutions and vaccines. The continuous lopsided policies of the government (whether central, state or municipal) adopted even in times of crisis demonstrate how self-serving and elitist the political and bureaucratic ruling classes have always been. One can only hope that some officer or some babu or some sitting MLA/MP or minister, wakes up to the reality soon. Till then, one can only bow down their head and pray.

- Subhash Bhatnagar
(National Coordinator, NCC-CL)

ANNEXURE I: LOCALITY-WISE VACCINATION PENETRATION IN DELHI

S. No.	District Locality	Vaccination trends ²⁷
1.	Northwest Delhi (n=463)	<p>Vaccination amongst 60+ age group: Only few people in the <i>gali</i> have taken one dose or both doses (n=89)²⁸. Vaccination amongst 60+ age group: Only few people in the <i>gali</i> have taken one dose or both doses (n=89). No one within the household in the said age group has taken any dose (n=143).</p> <p>Vaccination amongst 45-60 age group: Only few in the <i>gali</i> have taken one dose of both doses (n=104). No one within the household in the said age group has taken any dose (n=252).</p> <p>Vaccination amongst 18-44 age group: No one in the <i>gali</i> has taken any dose (n=142). No one within the household in the said age group has taken any dose (n=390).</p>
1.1	Bawana (n=84)	<p>Vaccination amongst 60+ age group: Only few in the <i>gali</i> have taken one dose or both doses (n=17). No one within the household in the said age group has taken any dose (n=20).</p> <p>Vaccination amongst 45-60 age group: No one in the <i>gali</i> has taken any dose (n=23). No one within the household in the said age group has taken any dose (n=42).</p> <p>Vaccination amongst 18-44 age group: No one in the <i>gali</i> has taken any dose (n=42). No one within the household in the said age group has taken any dose (n=67).</p>
1.2	Rohini (n=82)	<p>Vaccination amongst 60+ age group: Only few in the <i>gali</i> have taken one dose or both doses (n=7). No one within the household in the said age group has taken any dose (n=43).</p> <p>Vaccination amongst 45-60 age group: No one in the <i>gali</i> has taken any dose (n=16). No one within the household in the said age group has taken any dose (n=59).</p> <p>Vaccination amongst 18-44 age group: No one in the <i>gali</i> has taken any dose (n=26). No one within the household in the said age group has taken any dose (n=76).</p>

27 Reported as the average (mode) response received to the following three questions after excluding the responses where the respondent failed to reply:

1. How many people who are older than sixty in your household in Delhi have taken vaccination dose?

2. How many people who are between 45-60 in your household in Delhi have taken vaccination dose?

3. How many people who are between 18-44 in your household in Delhi have taken vaccination dose?

4. Are you aware of anyone in your *gali* in Delhi who have taken vaccination dose? If yes, how many people? [60+ years]

5. Are you aware of anyone in your *gali* in Delhi who have taken vaccination dose? If yes, how many people? [45-60 years]

6. Are you aware of anyone in your *gali* in Delhi who have taken vaccination dose? If yes, how many people? [18-44 years]

On the basis of responses received from the respondents, the researchers categorised the same as: i. I am not aware, ii. There is no one in this age group; iii. No one has taken any dose; iv. Only few have taken one or both doses; v. 50% have taken atleast one dose; v. Majority have taken atleast one dose; vi. Everyone has taken atleast one dose; and vii. Everyone has taken both doses.

For the purpose of analysis, the responses (i) and (ii) have been excluded.

28 'n' represents number of responses received who chose particular answer to the question.

1.3	Haiderpur (n=77)	<p>Vaccination amongst 60+ age group: Only few in the <i>gali</i> have taken one dose or both doses (n=12); majority (n=51) reported that they were not aware. No one in the household in the said age group has taken any dose (n=6); majority (n=61) stated that there was no one in this age group within their household.</p> <p>Vaccination amongst 45-60 age group: Only few in the <i>gali</i> have taken one dose or both doses (n=10); majority (n=58) reported that they were not aware. No one in the household in the said age group has taken any dose (n=31).</p> <p>Vaccination amongst 18-44 age group: No one in the <i>gali</i> has taken any dose (n=7); majority (n=68) reported that they were not aware. No one in the household in the said age group has taken any dose (n=68).</p>
1.4	Bhalswa Dairy (n=53)	<p>Vaccination amongst 60+ age group: No one in the <i>gali</i> has taken any dose (n=20). Everyone in the household in the said age bracket has taken atleast one dose (n=11).</p> <p>Vaccination amongst 45-60 age group: No one in the <i>gali</i> has taken any dose (n=31). No one within the household in the said age group has taken any dose (n=27).</p> <p>Vaccination amongst 18-44 age group: No one in the <i>gali</i> has taken any dose (n=30). No one within the household in the said age group has taken any dose (n=36).</p>
2.	Southwest Delhi (n=206)	<p>Vaccination amongst 60+ age group: No one in the <i>gali</i> has taken any dose (n=56). No one within the household in the said age group has taken any dose (n=112).</p> <p>Vaccination amongst 45-60 age group: No one in the <i>gali</i> has taken any dose (n=67). No one within the household in the said age group has taken any dose (n=136).</p> <p>Vaccination amongst 18-44 age group: No one in the <i>gali</i> has taken any dose (n=64). No one in the household in the said age group has taken any dose (n=179).</p>
2.1	Dwarka (n=144)	<p>Vaccination amongst 60+ age group: No one in the <i>gali</i> has taken any dose (n=56). No one in the household in the said age group has taken any dose (n=56).</p> <p>Vaccination amongst 45-60 age group: No one in the <i>gali</i> has taken any dose (n=67). No one in the household in the said age group has taken any dose (n=91).</p> <p>Vaccination amongst 18-44 age group: No one in the <i>gali</i> has taken any dose (n=64). No one in the household in the said age group has taken any dose (n=125).</p>

2.2	Vasant Vihar (n=51)	<p>Vaccination amongst 60+ age group: Only few in the <i>gali</i> have taken one dose or both doses (n=4); majority (n=43) reported that they were not aware. No one in the household in the said age group has taken any dose (n=50); the remaining one respondent submitted that there was no one in the household in the said age group.</p> <p>Vaccination amongst 45-60 age group: Only few in the <i>gali</i> have taken one dose or both doses (n=14). No one in the household in the said age group has taken any dose (n=40).</p> <p>Vaccination amongst 18-44 age group: Only few in the <i>gali</i> have taken one dose or both doses (n=14). No one in the household in the said age group has taken any dose (n=45).</p>
3.	West Delhi (n=106)	<p>Vaccination amongst 60+ age group: Majority in the <i>gali</i> have taken atleast one dose (n=17). No one within the household in the said age group has taken any dose (n=41).</p> <p>Vaccination amongst 45-60 age group: Only few in the <i>gali</i> have taken atleast one dose (n=21). No one in the household in the said age group has taken any dose (n=58).</p> <p>Vaccination amongst 18-44 age group: No one in the <i>gali</i> has taken any dose (n=12). No one in the household in the said age group has taken any dose (n=89).</p>
3.1	Uttam Nagar (n=31)	<p>Vaccination amongst 60+ age group: Only few in the <i>gali</i> have taken atleast one dose (n=6). No one in the household in the said age group has taken any dose (n=8).</p> <p>Vaccination amongst 45-60 age group: Only few in the <i>gali</i> have taken atleast one dose (n=8). No one in the household in the said age group has taken any dose (n=14).</p> <p>Vaccination amongst 18-44 age group: No one in the <i>gali</i> has taken any dose (n=7). No one in the household in the said age group has taken any dose (n=25).</p>
3.2	Paschim Vihar (n=27)	<p>Vaccination amongst 60+ age group: Majority in the <i>gali</i> have taken atleast one dose (n=10). No one in the household in the said age group has taken any dose (n=15).</p> <p>Vaccination amongst 45-60 age group: The group overwhelmingly reported that they were unaware about vaccination penetration in their <i>gali</i> (n=25). No one in the household in the said age group has taken any dose (n=20).</p> <p>Vaccination amongst 18-44 age group: The group overwhelmingly reported that they were unaware about vaccination penetration in their <i>gali</i> (n=26). No one in the household in the said age group has taken any dose (n=25).</p>

4.	Shahdara (n=65)	<p>Vaccination amongst 60+ age group: No one in the <i>gali</i> has taken any dose (n=17). No one in the household in the said age group has taken any dose (n=19).</p> <p>Vaccination amongst 45-60 age group: No one in the <i>gali</i> has taken any dose (n=16). No one in the household in the said age group has taken any dose (n=36).</p> <p>Vaccination amongst 18-44 age group: No one in the <i>gali</i> has taken any dose (n=17). No one in the household in the said age group has taken any dose (n=61).</p>
4.1	NSA Colony (n=27)	<p>Vaccination amongst 60+ age group: No one in the <i>gali</i> has taken any dose (n=13). No one in the household in the said age group has taken any dose (n=7).</p> <p>Vaccination amongst 45-60 age group: No one in the <i>gali</i> has taken any dose (n=12). No one in the household in the said age group has taken any dose (n=17).</p> <p>Vaccination amongst 18-44 age group: No one in the <i>gali</i> has taken any dose (n=13). No one in the household in the said age group has taken any dose (n=26); the remaining one respondent submitted that there was no one in the household in the said age group.</p>
5.	East Delhi (n=52)	<p>Vaccination amongst 60+ age group: No one in the <i>gali</i> has taken any dose (n=8). No one in the household in the said age group has taken any dose (n=21).</p> <p>Vaccination amongst 45-60 age group: No one in the <i>gali</i> has taken any dose (n=10). No one in the household in the said age group has taken any dose (n=31).</p> <p>Vaccination amongst 18-44 age group: No one in the <i>gali</i> has taken any dose (n=11). No one in the household in the said age group has taken any dose (n=43).</p>
6.	North Delhi (n=29)	<p>Vaccination amongst 60+ age group: Only few in the <i>gali</i> have taken atleast one dose (n=9). No one in the household in the said age group has taken any dose (n=10).</p> <p>Vaccination amongst 45-60 age group: Only few in the <i>gali</i> have taken atleast one dose (n=8). No one in the household in the said age group has taken any dose (n=14).</p> <p>Vaccination amongst 18-44 age group: No one in the <i>gali</i> has taken any dose (n=13). No one in the household in the said age group has taken any dose (n=24).</p>
7.	Entire Delhi (n=968)	<p>Vaccination amongst 60+ age group: Only few people in the <i>gali</i> have taken one dose or both doses (n=147). No one within the household in the said age group has taken any dose (n=357).</p> <p>Vaccination amongst 45-60 age group: Only few in the <i>gali</i> have taken one dose of both doses (n=192). No one within the household in the said age group has taken any dose (n=546).</p> <p>Vaccination amongst 18-44 age group: No one in the <i>gali</i> has taken any dose (n=268). No one within the household in the said age group has taken any dose (n=820).</p>

ANNEXURE II: RAW DATA

Link to raw data: <https://drive.google.com/file/d/1-hYIcoj7A8o5K01qHPN-4MYnnA8lN6sY/view?usp=sharing>

ANNEXURE III: COPY OF QUESTIONNAIRE THAT WAS USED

TELEPHONIC SURVEY TO ASSESS COVID VACCINATION PENETRATION AMONGST DAILY WAGE WORKERS IN NEW DELHI COVID टीकाकरण प्रवेश का आकलन करने के लिए टेलिफोनिक सर्वेक्षण नई दिल्ली में दिहाड़ी मजदूरों के बीच

If there is any doubt regarding the questions or answers to be filled please contact
Mr.Subhash Bhatnagar [Phone No: 9810810365] | यदि भरे जाने वाले प्रश्नों या उत्तरों में कोई संदेह है तो
कृपया श्री सुभाष भटनागर से संपर्क करें [फोन नंबर: 9810810365]

Questionnaire designed by - Chirayu Jain

* Required

Name of labourer | मजदूर का नाम: *

Your answer

Phone number of labourer | मजदूर का फ़ोन नंबर: *

Your answer

Gender | लिंग: *

Your answer

Age | उम्र: *

Your answer

Which locality and district do you live in Delhi? | आप दिल्ली में किस मोहल्ला और जिला में रहते हैं? *

Your answer

Do you work as: | क्या आप कहीं काम करते हैं? किस रूप में: *

- ☐ Housewife | गृहिणी
- ☐ Building Worker | भवन कर्मकार
- ☐ Domestic Worker | घरेलू कामगार
- ☐ No, I dont work | नहीं, मैं काम नहीं करता
- ☐ Other:

Have you taken first dose of vaccination for Corona virus? | क्या आपने कोरोना वायरस के टीकाकरण की पहली खुराक ली है?: *

- ☐ Yes
- ☐ No
- ☐ I have been advised not to by doctor | मुझे डॉक्टर द्वारा टीकाकरण न लेने की सलाह दी गई है

Have you taken second dose of vaccination for Corona virus? | क्या आपने कोरोना वायरस के टीकाकरण की दूसरी खुराक ली है? *

- ☐ Yes
- ☐ No
- ☐ I have been advised not to by doctor | मुझे डॉक्टर द्वारा टीकाकरण न लेने की सलाह दी गई है

If yes, you have taken atleast one dose of vaccination - how did you get the vaccination dose? | यदि हाँ, तो आपने टीकाकरण की कम से कम एक खुराक कैसे ली है - आपको टीकाकरण की खुराक कैसे मिली?

- ☐ I registered myself and booked appointment myself through COWIN app or other apps | मैंने खुद को पंजीकृत किया और COWIN ऐप या अन्य ऐप के माध्यम से खुद को अपॉइंटमेंट बुक किया
- ☐ Someone in my family registered me and booked appointment for me through COWIN or other apps | मेरे परिवार में किसी ने मुझे पंजीकृत किया और COWIN या अन्य ऐप्स के माध्यम से मेरे लिए अपॉइंटमेंट बुक किया
- ☐ I paid cyber-cafe or tout to book appointment for me | मैंने साइबर कैफे का भुगतान किया या मेरे लिए अपॉइंटमेंट बुक करने के लिए एक दलाल का भुगतान किया
- ☐ Employer booked appointment for me and facilitated the process | नियोक्ता ने मेरे लिए अपॉइंटमेंट बुक किया और प्रक्रिया को सुविधाजनक बनाया
- ☐ I received vaccination by going to the vaccination centre without booking appointment | बिना अपॉइंटमेंट बुक किए टीकाकरण केंद्र में जाकर मुझे टीकाकरण मिला
- ☐ Other:

Do you know what COWIN is? If yes, do you know how to use COWIN? | क्या आप जानते हैं कि COWIN क्या है? यदि हाँ, तो क्या आप जानते हैं कि COWIN का उपयोग कैसे किया जाता है? *

- ☐ Yes, I know what COWIN is and how to operate COWIN | हाँ, मुझे पता है कि COWIN क्या है और COWIN को कैसे संचालित करना है
- ☐ Yes, I know what COWIN is but I dont know how to access COWIN | हाँ, मुझे पता है कि COWIN क्या है, लेकिन मुझे नहीं पता कि COWIN का उपयोग कैसे करें
- ☐ No, I dont know what COWIN is | नहीं, मुझे नहीं पता कि COWIN क्या है

Do you know what Aarogya Setu is? If yes, do you know how to book for vaccination using Aarogya Setu? | क्या आप जानते हैं आरोग्य सेतु क्या है? यदि हाँ, तो क्या आप जानते हैं कि आरोग्य सेतु का उपयोग करके टीकाकरण की बुकिंग कैसे की जाती है? *

- ☐ Yes, I know what Aarogya Setu is and how to book for vaccination using Aarogya Setu | हाँ, मुझे पता है कि आरोग्य सेतु क्या है और आरोग्य सेतु का उपयोग करके टीकाकरण के लिए कैसे बुकिंग करें
- ☐ Yes, I know what Aarogya Setu is, but I dont know how to book for vaccination using Aarogya Setu | हाँ, मुझे पता है कि आरोग्य सेतु क्या है, लेकिन मुझे नहीं पता कि आरोग्य सेतु का उपयोग करके टीकाकरण के लिए कैसे बुक किया जाए
- ☐ No, I dont know what Aarogya Setu is | नहीं, मुझे नहीं पता कि आरोग्य सेतु क्या है

Do you know what Umang App is? If yes, do you know how to book for vaccination using Umang? | क्या आप जानते हैं उमंग क्या है? यदि हाँ, तो क्या आप जानते हैं कि उमंग का उपयोग करके टीकाकरण की बुकिंग कैसे की जाती है? *

- ☐ Yes, I know what Umang App is and how to book for vaccination using Umang App | हाँ, मुझे पता है कि उमंग क्या है और उमंग का उपयोग करके टीकाकरण के लिए कैसे बुकिंग करें
- ☐ Yes, I know what Umang App is, but I dont know how to book for vaccination using Umang App | हाँ, मुझे पता है कि उमंग क्या है, लेकिन मुझे नहीं पता कि उमंग का उपयोग करके टीकाकरण के लिए कैसे बुक किया जाए
- ☐ No, I dont know what Umang App is | नहीं, मुझे नहीं पता कि उमंग क्या है

Do you know how to get and when to get vaccination for CoVid? | क्या आप जानते हैं कि CoVid का टीका कैसे और कब लगवाना है? *

- ☐ Yes
- ☐ No

Do you have a smartphone at your house in Delhi? | क्या आपके दिल्ली में आपके घर में इंटरनेट वाला फोन है?: *

- ☐ Yes
- ☐ No

Do you have computer with internet at your house in Delhi? | क्या आपके दिल्ली में आपके घर में इंटरनेट के साथ कंप्यूटर है?: *

☐ Yes

☐ No

Does the smartphone/computer have active internet connection? | क्या स्मार्टफोन/ कंप्यूटर में जिंदा इंटरनेट कनेक्शन है? *

☐ Yes

☐ No

Would you be able to arrange Rs. 150 to Rs. 400 for vaccination of each member of your family? | क्या आप रुपये की व्यवस्था कर पाएंगे? 150 से रु. 400 आपके परिवार के प्रत्येक सदस्य के टीकाकरण के लिए? *

☐ Yes

☐ No

How many people are residing with you at your house in Delhi? (including you) | दिल्ली में आपके घर में आपके साथ कितने लोग रह रहे हैं? (तुम्हारे सहित) *

1 2 3 4 5 6 7 8 9 10

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

How many members in your household have taken at least one dose of vaccination? (including you) | आपके परिवार में कितने सदस्यों ने टीकाकरण की कम से कम एक खुराक ली है? (तुम्हारे सहित) *

0 1 2 3 4 5 6 7 8 9 10

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

How many people who are older than sixty in your household in Delhi have taken vaccination dose? | दिल्ली में आपके परिवार में कितने लोगों (जो साठ से अधिक उम्र के हैं) ने टीकाकरण की खुराक ली है? *

- ☐ Everyone has taken both doses | सभी ने दोनों खुराक ली हैं
- ☐ Everyone has taken atleast one dose | सभी ने कम से कम एक खुराक ली है
- ☐ Majority have taken atleast one dose | अधिकांश लोगों ने कम से कम एक खुराक ली है
- ☐ 50% have taken atleast one dose | 50% ने कम से कम एक खुराक ली है
- ☐ Only few have taken one dose | केवल कुछ ने एक खुराक ली है
- ☐ No one has taken any dose | किसी ने कोई खुराक नहीं ली है
- ☐ There is no one who is older than 60 | 60 से अधिक उम्र का कोई नहीं है

How many people who are between 45-60 in your household in Delhi have taken vaccination dose? | दिल्ली में आपके परिवार में कितने लोगों (जो 45-60 साल के बीच उम्र के हैं) ने टीकाकरण की खुराक ली है? *

- ☐ Everyone has taken both doses | सभी ने दोनों खुराक ली हैं
- ☐ Everyone has taken atleast one dose | सभी ने कम से कम एक खुराक ली है
- ☐ Majority have taken atleast one dose | अधिकांश लोगों ने कम से कम एक खुराक ली है
- ☐ 50% have taken atleast one dose | 50% ने कम से कम एक खुराक ली है
- ☐ Only few have taken one dose | केवल कुछ ने एक खुराक ली है
- ☐ No one has taken any dose | किसी ने कोई खुराक नहीं ली है
- ☐ There is no one who is between 45-60 | 45-60 उम्र का कोई नहीं है

How many people who are between 18-45 in your household in Delhi have taken vaccination dose? | दिल्ली में आपके परिवार में कितने लोगों (जो 18-45 साल के बीच उम्र के हैं) ने टीकाकरण की खुराक ली है? *

- ☐ Everyone has taken both doses | सभी ने दोनों खुराक ली हैं
- ☐ Everyone has taken atleast one dose | सभी ने कम से कम एक खुराक ली है
- ☐ Majority have taken atleast one dose | अधिकांश लोगों ने कम से कम एक खुराक ली है
- ☐ 50% have taken atleast one dose | 50% ने कम से कम एक खुराक ली है
- ☐ Only few have taken one dose | केवल कुछ ने एक खुराक ली है
- ☐ No one has taken any dose | किसी ने कोई खुराक नहीं ली है
- ☐ There is no one who is between 18-45 | 18-45 उम्र का कोई नहीं है

Are you aware of anyone in your gali in Delhi who have taken vaccination dose? If yes, how many people? | क्या आप दिल्ली में अपनी गली में किसी ऐसे व्यक्ति के बारे में जानते हैं जिसने टीकाकरण की खुराक ली है? यदि हां, तो कितने लोग ? *

	I am not aware मैं नहीं जानता हूँ	Everyone has taken both doses सभी ने दोनों खुराक ली हैं	Everyone has taken atleast one dose सभी ने कम से कम एक खुराक ली है	Majority have taken atleast one dose अधिकांश लोगों ने कम से कम एक खुराक ली है	50% have taken atleast one dose 50% ने कम से कम एक खुराक ली है	Only few have taken one dose केवल कुछ ने एक खुराक ली है	No one has taken any dose किसी ने कोई खुराक नहीं ली है	There is no one in this age group इस आयु वर्ग में कोई नहीं है
60 years and above साठ से अधिक:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45 years to 60 years 45-60 साल के बीच:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18 years to 45 years 18-45 साल के बीच	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Any other information you would like to share regarding your experience in trying to get vaccinated: | कोई अन्य जानकारी जिसे आप टीकाकरण के प्रयास में अपने अनुभव के बारे में साझा करना चाहते हैं: *

Your answer

Do you or do other people residing in your gali have apprehensions about covid vaccination? If yes, what are those apprehensions? | क्या आपको या आपकी गली में रहने वाले अन्य लोगों को कोविड टीकाकरण को लेकर आशंका है? यदि हाँ, तो वे आशंकाएँ क्या हैं?

*

Your answer

Name of researcher (Your name) : | शोधकर्ता का नाम (आपका नाम): *

Your answer

Name of researcher's organisation (your organisation): | शोधकर्ता के संगठन का नाम (आपका संगठन का नाम): *

Your answer

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NATIONAL CAMPAIGN COMMITTEE

For Central Legislation on Construction Labour

S. Bhatnagar

National Coordinator

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