



Rapid Assessment on COVID-19 Vaccine Uptake by Urban Marginalised Population in Bangladesh



Conducted by: Urban Health Unit, CARE Bangladesh

Background

As of 31 March 2021, there have been 127,877,462 confirmed cases of COVID-19 worldwide, including 2,796,561 deaths in 223 countries as reported by WHO. Bangladesh had 6,11,295 confirmed cases of COVID-19 and 9,046 confirmed deaths till the end of March 2021. In response to this situation, the administration of the first dose of the COVID-19 vaccine officially started on 7 February 2021 in the national hospitals and health complexes all over Bangladesh. Despite acute demand for the vaccine, a great deal of misinformation and misconception is also apparent among general people. With the ongoing vaccine administration, it is very important to understand community acceptance of COVID-19 vaccinations. People's knowledge, attitudes and perceptions towards COVID-19 are of utmost importance for Government and policymakers to address all barriers for vaccine uptake and ensuring that everyone has access to vaccine. With these contexts, this survey aims to identify the overall COVID-19 vaccination perceptions among the urban marginalized population in Bangladesh.

Main Objectives

- Understanding the knowledge and practice related to COVID-19 prevention
- Assessing the knowledge and perspective regarding COVID-19 vaccination program
- To know the status of vaccine uptake among marginalized population

Methodology

The urban marginalized population were purposively selected, as they are more likely to be unaccounted for or have the least access to the COVID-19 vaccine administration process such as due to lack of NID, access to smart phone services etc. In this survey, researchers captured the population that are direct service recipient of the Urban Health Program (garment workers) and people who inject drug) and other groups who are available around the catchment areas. The following six categories were emphasized while collecting data from participants: Ready-made Garments (RMG) workers, People Who Inject Drug (PWID), street-based sex workers, rag pickers/beggars, transport workers, daily basis service providers (day laborer, home maids, restaurant workers etc.) at Gazipur, South Dhaka and Narayanganj City Corporation areas where Urban Health Department of CARE Bangladesh has the direct implementation of their services.

- **Survey Method:**
Qualitative and quantitative technique for data collection
- **Sample Selection Process:**
 - 314 purposively selected from the facilities of Urban Healthprogram areas at Gazipur, South Dhaka and Narayanganj City Corporation. Participants are also selected from the kitchen market, railway station, bus station, street corners and catchment areas of the facilities.
 - 81 randomly selected participants who got vaccinated at vaccine centers in Gazipur regardless of their socio-economic background.
- **Data Collection methods:**
In-person interview and virtual platform
- **Data Collection Timeline:**
07 – 15 March 2021



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Major Findings: At a Glance

Knowledge and Practice Related to COVID-19

- **91%** know about at least one COVID-19 symptom
 - **92%** know how COVID-19 spreads
 - **97%** know about methods of preventing COVID-19
- **8%** reported symptoms
 - Among them **19%** went for COVID-19 testing
 - **One** tested as COVID-19 positive
- Among symptomatic participants-
- **54%** went to nearest pharmacy
 - **4%** went to traditional healer
 - **31%** took home remedy.
 - **19%** of them did not do anything

Knowledge and Practice Related to COVID 19 Vaccine

- **84%** know about vaccine is available against COVID-19
 - Among them **85%** know vaccine is free of cost
 - **52%** heard about vaccine from TV, **35%** from their peer, **34%** NGO initiatives, **25%** from mike announcement, 19% from newspaper
- **18%** of who know about vaccine, know Surokha App
 - Among them, **81%** know it is used for vaccine registration
- **32%** are unwilling to take vaccine
 - Among them, **57%** reported some misconceptions as reasons behind their unwillingness. Such as vaccine is harmful, it has severe side effect, COVID-19 does not affect poor people, corona does not exist etc.

Vaccine Uptake Status and Level of Satisfaction

- **69%** have National Identity Card
 - **66%** have access to personal mobile phones
- **19%** have access to smart phones
 - **6%** of the total participants have registered for the vaccine
 - **4%** of the total participants have taken at least one dose of vaccine
 - Among vaccinated, **37%** took help from their peer or known person and **26%** reported to register on spot
- **96%** felt welcomed at the vaccination center
 - **2.5%** faced light verbal harassment at vaccination centers

Recommendations

- Awareness raising among mass population addressing misconception and myth related to the vaccine
- All hospitals to have provisions in providing vaccine support
- At the community level, establishing booths to provide access to the vaccine to a larger population
- Making separate arrangement for people who do not have National Identity Card
- Making the registration process easier for people who do not have internet access
- Providing vaccination through NGOs and private health service providers to increase the centres of vaccine
- Vaccination age limitation can be minimized from 40 years to below 40 years as people under 40 are also being affected

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