

IMPACT ASSESSMENT OF COVID VACCINE PROGRAMMES

PREPARED FOR :



PREPARED BY :



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1. EXECUTIVE SUMMARY

The vaccination on wheels program organized by ICICI Foundation and supported by ICICI Prudential Life is a commendable initiative to provide vaccines to the community members free of cost, irrespective of their socio-economic status. By collaborating with two organizations working in Pune and Thane, the foundation ensured that people had easy access to vaccines without having to travel far from their homes. The program's impact is significant as it not only provided much-needed relief to people but also helped raise awareness about the importance of vaccination. This awareness is crucial in promoting public health and preventing the spread of COVID-19.



Sidhivinayak hospital Thane covered tribal belt of Thane and Palghar and Jivika's VaccineOnWheels covered remote parts of Maharashtra. This collaboration of ICICI was crucial in supporting the India for completing their vision of complete vaccine immunization. The effort put forth by both the organization reflected that how important it is for private partners to take part in nation building.

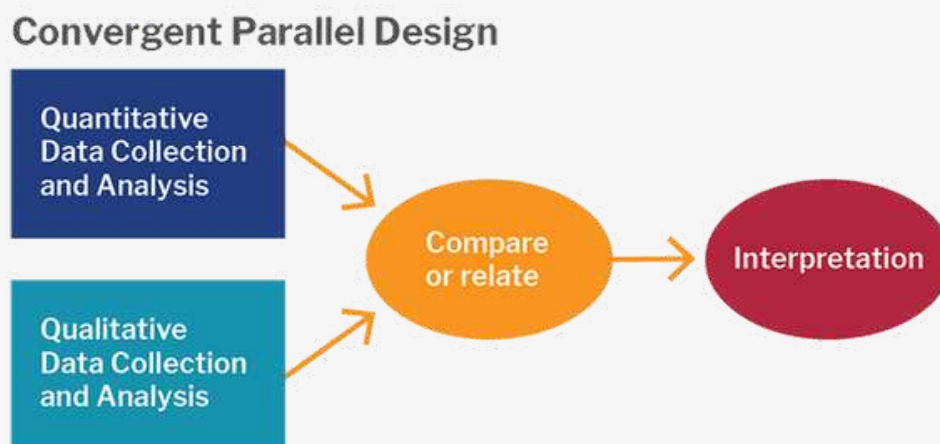
This report covers the various efforts taken by organization in vaccination penetration. It also reflects the outcomes and impact it has made on the society in large.

2. RESEARCH DESIGN

APPROACH

The choice of the research approach depends on the objectives of the research and ultimately, on the type of knowledge that the study should produce. The qualitative data is flexible and can go deep into the subjectivity and complexity of people's perspectives. However, the possibility for concluding generalisations are limited. Alternatively, quantitative data can systematically describe large collections, generating inferences that can be generalised, but this lacks subjectivity and may struggle to deal with the complexities of the study.

This mixed-methods approach avails a convergent parallel design to draw overall conclusions. In this procedure, the study weighs the methods equally, analyzing the two components independently, and interpreting the results together (Creswell & Pablo-Clark, 2011). The data received from both qualitative and quantitative approaches is triangulated to enhance the credibility of the findings (Carvalho & White, 1997)



cf. Harvard Univ, Catalysis

For the present study, the approach chosen was mixed methods, to avail the advantages of each methodology, where most of the quantitative part will emerge from program data and desk review. The qualitative data will support and complement the analysis, being collected through in-depth interviews and Focused Group discussions (FGD).

OBJECTIVES OF THE STUDY



RELEVANCE

To consider the extent to which the project objectives and strategies are suited to the needs of the targeted KPIs and to the CSR plan.



EFFECTIVENESS

To measure the effectiveness of project support structures and evaluate the stakeholders' engagement and experience of the primary stakeholder with the various stakeholders providing services.



ADEQUACY

To consider the extent to which the strategies used are suited to reach the desired outcomes and the measure in which these outcomes are suited to local needs.



IMPACT

To understand the impact of the projects on the stakeholders in the long run and the change in their lives.

SAMPLING PLAN

Impactdash team used mixed methods for studying both the vaccination projects. In-depth Interviews were done with both the organizations with the Directors, finance team and coordinators. For quantitative methods online data collection method were used initially. But it was found that impactdash team did not get the data via online data collection as in most cases phones were switched off, no recharged, wrong numbers or non-cooperation for responses. Hence we did 2 FGDs in tribal schools where Sidhivinayak organization has given vaccination. In Jivika's case, case study approach was adopted to capture stories of change.

RESEARCH TOOLS

Tool preparation

- The tools used during the data collection vary according to the methodology and the stakeholder targeted.
- Separate tools were used for two different organizations according to the targeted beneficiaries

Designing Questionnaire for Beneficiaries

- Separate tool for Tribal school students were designed as the students were young to respond hence questionnaire were designed in such a way that children finds it easy to respond
- In case studies, the insights and experiences of beneficiaries were captured and accordingly themes were drawn

3. BACKGROUND OF THE STUDY

JIVIKA HEALTHCARE'S VACCINE ON WHEELS

ORGANIZATION BACKGROUND

Jivika Healthcare is incubated at the Indian Institute Of Technology, Hyderabad and the Center for Health Entrepreneurship (CFHE). Operational since 2019, Jivika is pioneering affordable & equitable healthcare and have served more than 2.5 million hard-to-reach populations within 40+ Districts of 6 States. The working model is based on Mobile Medical Care and Vaccine On Wheels is one of their innovation. In 2022 Jivika healthcare also has been awarded as Innovative Health Care Provider.



About the Program

In collaboration with IIT Hyderabad and Bill & Melinda Gates Foundation, Jivika Healthcare Private Limited (VaccineOnWheels.com) introduced India's 1st Doctor-based Mobile Vaccination Clinic in 2019. The aim of VaccineOnWheels is to ensure access to quality vaccination for all, especially India's underserved population, and reduce inequality by increasing immunization penetration.

Vaccine On Wheels aims to immunize India's underserved population by "Ensuring access to quality vaccination for all". VOW is a one-stop mobile vaccination clinic with the vision to reduce inequality and increase immunization penetration. To ensure access for all economic strata, VOW created hospital-like sterile setups near their communities providing vaccination services. This agile setup reduces the overall costs and thereby makes quality vaccination service available and affordable for all age groups.

COLLABORATION WITH THE ORGANIZATION

India's Covid-19 Vaccination campaign is worlds one of the largest drive. In order to advance India's vaccination goals and to solve the problem of inequitable access, misinformation and hesitancy in taking vaccine, ICICI collaborated with Jivika Healthcare's Vaccine On Wheels Program for reaching the unreached population. The goal of the program was to vaccinate the people from socially disadvantage communities, slums, rural poor covering hard to reach areas. Government of India also partnered in it for providing free covid-19 vaccines.



VACCINATION PROGRAM

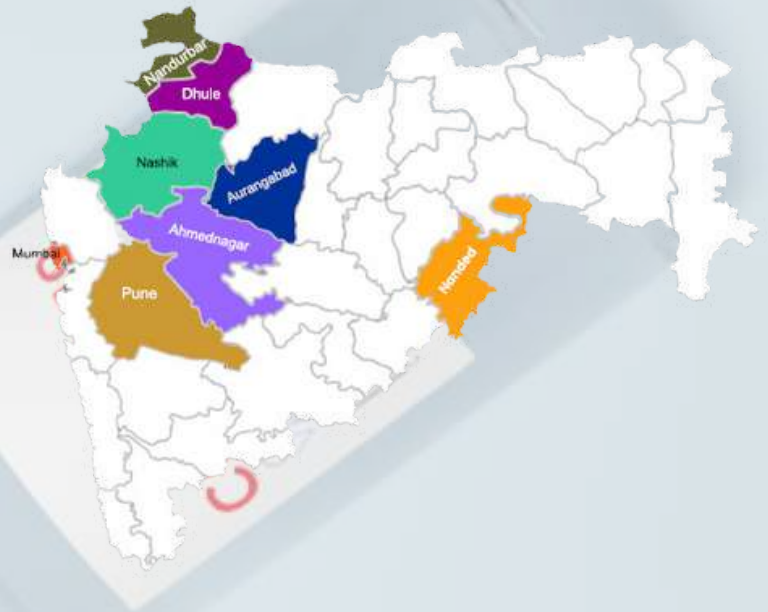
The Program targeted two states, 8 districts of Maharashtra. In both the states organization covered those villages where the vaccine penetration was low. In remote areas the reason for low vaccination were due to accessibility issue, poverty, fear of vaccine, physical disabilities, old age, loss of wages etc.

4. KEY FINDINGS

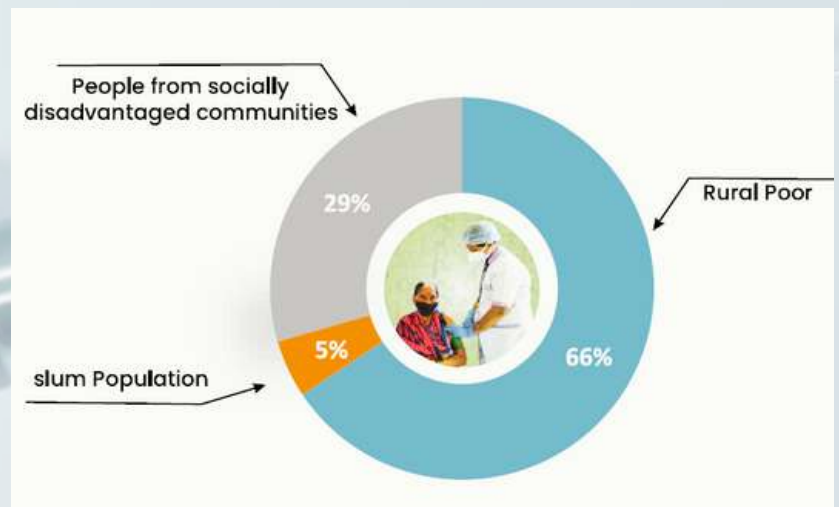
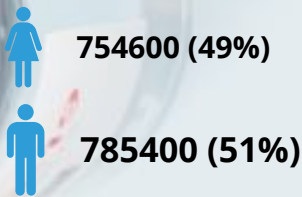
PROJECT COVERAGE

MAHARASHTRA

The Vaccine on Wheels program in Maharashtra by ICICI includes 30 Mobile Vaccination units covering 8 districts and 644 unique villages/locations. This indicates that the program has a significant outreach across the state, making vaccines more accessible to remote and hard-to-reach areas.



Vaccination drive covered 66% rural poor population which included farmers, farm labours, workers etc



KEY FINDINGS

UTILIZATION OF FUND AND EXPENDITURE PATTERN

Breakup cost per dosage

The Vaccine vials bought via ICICI Prudential Life were 154000 Vials.

The total funding received by the foundation was INR 2,31,11,188. The Vaccine on Wheels program received rupees 150/dose by ICICI (Breakup is given below)

BREAKUP COST PER DOSAGE

S. No.	Cost category	Tentative Amount (INR)
1	AEFI Kit & Other Misc. Installation Cost	5.00
2	Indemnity & other Insurance	0.50
3	BLS Ambulance with driver	35.00
4	Healthcare staff	59.50
5	Consumables and other expenses	4.00
6	Fixed Resources for every district	13.00
7	Shared Resources of Program execution Team	3.00
8	Shared Resources of Central Management Team of VaccineOnWheels	9.00
9	Clinical Management Fees	21.00
	Tentative Admin Charges per Vaccine dose	150.00

The organization had a tentative breakup of utilization of per dosage cost, which explains the overall spending of funding by the organization. During the camp, multiple types of equipment like laptops/tab, power bank, Zook speakers, AEFI kit (70+ items) have been used. However, a procurement were centralize and it is not feasible to identify camp/project wise equipment procurement.

Also to run a single camp, it needed wide range of consumables and other utilities (Like surgical caps, dustbin bags etc), ambulance service, branding etc. Due to the pandemic, organization were procuring items or availing services through multiple vendors as per availability of the stock including local/field level vendors.

ROLE AND RESPONSIBILITIES OF MEDICAL STAFF

The vaccination campaign involved. The VOW also gave a details of human resources involved and their important roles which helped in successfully completing the vaccination program.

- **Medical Officer:**

The Medical Officer's responsibilities include ensuring that all staff members follow proper infection prevention and control, injection safety, and biomedical waste management protocols. Additionally, they must make sure that fully equipped AEFI kits are available at the vaccination centers and that all vaccinated beneficiaries wait for 30 minutes in the waiting area after receiving the vaccine.

The Medical Officer is also responsible for counseling unregistered beneficiaries on how to get registered if they are eligible for vaccination. They must report any AEFI cases and maintain records of minor, severe, and serious AEFI cases in the given format. In the event of a severe or serious AEFI case, the Medical Officer must immediately arrange for an ambulance or vehicle to transport the patient to the nearest AEFI management center.

Furthermore, the Medical Officer must enter AEFI case details into Co-WIN and record them in the AEFI register as a serious or severe case. They should also keep beneficiaries informed and answer any questions related to the vaccine to ensure their comfort and confidence.

In exchange for these responsibilities, the Medical Officer will receive a tentative monthly salary of 55,000.

- **Nurse Staff:**

Nurses are responsible for several important tasks related to the vaccination process.

Their duties include keeping the vaccination session site clean and sanitized prior to the start of vaccinations. They must collect the beneficiaries' list and plan accordingly for the number of registrations received from the HCA. Additionally, Nurses are responsible for ensuring that the vaccines are stored at the correct temperature range of 2 to 8 degrees Celsius at the session site when it arrives in the vaccine carrier.

It is their duty to ensure that an adequate number of AD syringes are available at the vaccination area, along with other essential supplies such as hub cutters, dustbin bags (red, yellow, black), and cotton wool. They must ensure that everything is ready and fully equipped with the required supplies based on the number of vaccinations planned for the day. After each vaccination, the Nurses sanitized the chairs and ensure that every beneficiary receives a 0.5 ml volume dose, even if the vial does not complete 10 doses. They must mention the time and date after every vial is opened, and the vial should be consumed within 4 hours.

Finally, the Nurses must inform every beneficiary to wait in the post-vaccination waiting area for 30 minutes after receiving the vaccine.

The salary for this position is 25,000 per month.

- **Healthcare Assistant:**

Healthcare Assistants, who play a crucial role in the vaccination process. Their responsibilities include coordinating with the Central team and Mobile Vaccination team for vaccination camp venue and time. They must also call the site coordinator before going to the CVC to arrange for the camp, such as requesting a table and chairs for beneficiaries at the waiting and observation areas. The Healthcare Assistant must also ask about the system for the Co-WIN app to ensure a smooth vaccination process.

Furthermore, Healthcare Assistants must provide detailed information about the vaccines available at the allocated unit to all relevant team members. They must also inform all Mobile Unit team members and Central Operations Executive about the reporting time at COVID.

- **Project Coordinator**

Project Coordinator plays an essential role in coordinating various stakeholders and mobilizing them for camp and project implementation. Their primary responsibilities include stakeholder management, which involves coordinating with various stakeholders such as PHC, CHC, CS office, PHC MO, and local CSR. The Project Coordinator must manage the documentation, including reporting and other field-level documentation, and handle the grassroots level team. Additionally, the Project Coordinator must plan and conduct village visits, surveys, and mobilization of the camp, along with ensuring crowd management during the vaccination process. They compile all the reporting data and share it with the Head Office, ensuring that all reports, physical registers, and online reporting are done on a daily basis.

LEVEL	STAKEHOLDERS INVOLVED	ACTIVITY
Center	CSR Partners	Funding
State	State Government, Immunization Officer	Planning and Resource Allocation
District	District Medical Officer/Civil Surgeon, District Immunization Officer, District Commissioner, District Program Manager, District Data Manager, WCD Department	Planning and Mapping
Block	Block Medical Officer, Block Development Officer, NRLM	Mapping
Village	ASHA, GP Members, ANM,	Community Mobilization

PROJECT ENABLERS

- **Diligent project planning**

Planning is a vital aspect of any project. Planning was done at different levels. At central level a plan was prepared for the whole state. At state level, planning was done in consultation with the State Immunization Officer. At district level, District Health Officer/ Civil Surgeon and District Data Manager helped in planning. At block level villages were mapped according to the coverage of COVID-19 vaccine and left out villages were assigned to us. Planning and mapping was done in such a way that two or more than two villages could be covered in a day to maximize the reach and for optimum use of the resources

- **Community Mobilization**

Involvement of Community is very important for the community focused projects. For mobilizing people, VOW took help of the local stakeholders like ASHA, ANM and GP members. Our team members visited the village/locality prior to the day of vaccination camp to mobilize people. On the day of camp mic and speaker were used to mobilize people.

- **Worksite Vaccination Camps**

There were many underprivileged people who were unable to travel till the vaccination camps because of several reasons. If they took leave from their work to go to get vaccinated, they might lose their day's wage. They also needed to spend money and time to travel till the vaccination centers. For such people, VOW organized vaccination camps at their worksites so that they did not have to take leave from their work and travel till the vaccination centers. VOW also organized early morning and late evening camps for the daily wage works at their localities.

- **Door to Door Vaccination**

Door to door vaccination has helped VOW to improve the vaccine penetration. There were many people who were unable to reach vaccination centers because of their old age or disability. VOW made COVID-19 vaccine accessible to such people at their doorsteps.

- **Daily Monitoring and Feedback**

Monitoring and Feedback is one of the most vital part of any project. VOW have developed a robust monitoring system for their project. Each day a google reporting format was filled by the team containing all the information about the day, like the camp location, number of beneficiaries vaccinated with age, gender and category (rural poor, urban poor, socially disadvantaged, etc.) bifurcation. On field monitoring was done by Program Officers and District Project Coordinators on regular basis. Daily data was compiled and a dashboard was prepared daily and shared with the concerned partners. Weekly and monthly reports were prepared and shared with the partners.

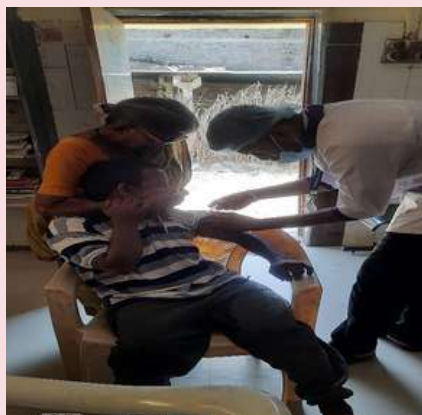
5. STORIES OF CHANGE

REACHING PSYCHIATRIC DISABILITIES PEOPLE

NAME: PINTOO BHALERAO



On 13th of March, 2022 one of the unit operating in Hadgaon taluka of Nanded district in Maharashtra organized a Covid vaccination camp at Talegaon village. During the vaccination camp the team came across a 33 years old man named Pintoo Bhalerao, who had psychiatric disabilities. He was brought to the vaccination camp by his family members. He was not ready to get vaccinated. The team counselled him and made him calm.



They made him understand that Covid vaccine will provide him safety against Covid. He calmed down and The team administered him Covid vaccine. He was observed for half an hour after vaccination. His family members were very grateful to the team for making him understand and for vaccinating him safely.

In Another case, During the camp the team was requested by a person to vaccinate his son at home. 17 years old Pawar Komal Bhausahab had psychiatric disabilities because of which his parents could not bring him till the vaccination camp. Our team agreed to the request and went to his house. They first tried to calm the child as he was not willing to get vaccinated. When he became calm, they administered him Covid vaccine



6. BACKGROUND OF THE STUDY

VACCINATION PROGRAMME-

2.2 SIDHIVINAYAK HOSPITAL MUMBAI

Organization Background

Founded in April 2008, Shree Siddhivinayak Hospital is a Multi-specialty hospital having super-specialty advanced health care unit with 48-bed capacity is located in central location of Nashik, Maharashtra.

For more than 13 years they are serving the society by providing medical care. Till now they served more than 2 Lakhs patients and have performed more than 90,000 trauma & emergency services by their excellent team of orthopedic surgeon & plastic surgeons.

The hospital have highly qualified and experienced doctors who provide a full spectrum of treatment and preventative services. The Medical Staff is highly trained and are committed to the well being of society. The hospital is renowned for its hospitability service.



About the Program

During covid -19 outbreak, Sidhivinayak hospital partnered with ICICI for penetration of covid-19 vaccination in most excluded parts of Maharashtra.. The major aim of this program was to cover young students from marginalized communities. The tribal schools of Thane and Palghar district were selected for conducting vaccination camps and a total of 19610 students were successfully vaccinated by the hospital.

7. KEY FINDINGS

1. Vaccination in socially disadvantage area

With an increase in Covid-19 cases and demand from the public for precaution, there was a high demand of vaccine in India. There was a long waiting list for getting vaccination. People had to register online for taking vaccine appointment at government vaccination centres. Where as in private centres the cost of vaccine was around 1400 and above. It became quit difficult for socially disadvantages communities to get vaccine.

When the government slowly lifted the lockdown, all institutions including schools and colleges also started to open. Those who took vaccine felt secured for attending schools and others were missing out on education. Also through government data it was found that there were lower penetration of vaccination in the tribal belt of Palghar and Thane. Siddhivinayak hospital took the charge of covering those area by giving vaccination free of cost. Hospital contacted all the schools from such areas and organized vaccination camps for students at their schools. 60% of the camps were organized in remote tribal schools. and remaining 40% in slums and socially disadvantage communities. Hospital also organized camps for giving second dose as well.

Through this vaccination camps, the unreach tribal students and marginalized students got the benefit of vaccination. Students started to attend the schools with less fear from covid. Parents also got assurance that schools are taking maximum care of their students.



"I knew the background of these students as we have a strong presence in the tribal communities. I did not want that students to miss out on education because they didn't get the opportunity to take vaccine. I made sure that via Siddhivinayak hospital we give free of cost vaccine to these students by going to their locations and save their future"

-Dr Amol Gite
(Founder and Director Sidhivinayak)



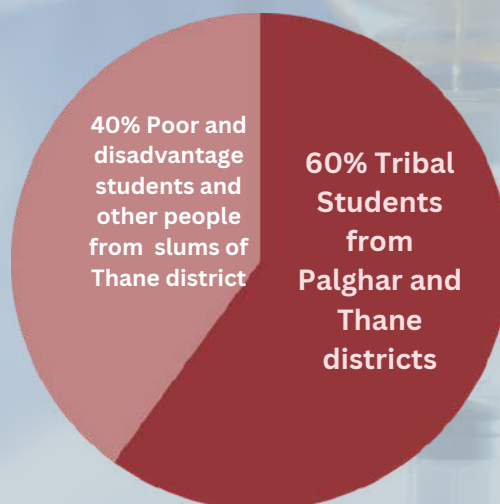
"My school is in difficult to reach hilly area, Dr Amol ji made sure the vaccine ambulance reaches my school successfully. I am grateful to his efforts because all my students got the benefit of both the doses free of cost. Parents of these students are either daily wage workers, sweepers, or brick kiln labours who otherwise would not have taken efforts to vaccinate their kids by going to city places "

-Arjun Chempte
(Shri Vibhuti Prakash Anand ji Vidyalay)

2. Utilization of Funds

Siddhivinayak hospital was given rupees 1410/dose by ICICI. The total funding received by hospital via ICICI inclusive growth was INR 24,21,357.

Sr. No.	Cost category	Tentative Amount
1	Vaccine Purchase cost per dose	1050.00
2	Medical team cost	200.00
3	Site management and awareness	160.00
4	Total	1410.00



• Purchase of Vaccine

Siddhivinayak hospital purchased 1961 vaccines from Bharat biotech for 19610 beneficiaries. It was a Government mandate to only use Covaxin for students. As the demand for the vaccine was high, the private vaccination centres started charging more money for vaccination. The vaccine cost in private centres were from 1,400 to 2,000.

Hence, Siddhivinayak hospital pledge to reach the most vulnerable students of society and giving them vaccine free of cost.

Hospital made sure that both the dose of vaccine were given to students on timely basis. Hospital also followed all the storage and safety related measure for storing vaccines. Hospital also hired specialized people for handling the vaccine.

"The cost of Covaxin was rupees 1400 in the market. How can a poor family buy it therefore we decided to help students in getting this vaccine free of cost. I am grateful to ICICI who funded the project so that we could reach the unreachable"
-Dr Amol Gite
(Founder and Director
Siddhivinayak)

- **Medical Staff involved and Expenditure**

Hospital created three teams for conducting vaccination drive. Each team consist of one MBBS doctor, two qualified nurses, two coordinators and three staff for registration, verification and certificate distribution, Out of two coordinators, one coordinators used to manage internal team and hospital communication and other coordinator used to contact the schools, parents and other external agencies.

Total three Ambulances were used for the vaccination drive. New staff were also hired on contractual basis for this particular project as other staff of hospital were busy in handling Covid related cases in hospital. After the completion of project the contractual hired staff was absorbed in Siddhivinayak trust.

The daily vaccination count was around 1600+. and the highest record of vaccination in a day was 2300, Siddhivinayak hospital was the most reachable and most economical hospital for people during covid, as informed by Dr Gite.



- **Social Awareness**

Siddhivinayak hospital had a strong presence in Thane and Palghar's rural parts. They used their micro network in contacting the people. Social works, NGOs who were working in deep pockets of tribal belt were contacted and through them awareness of vaccination were done. The involvement of local people helped in gaining the trust of people. Tribal schools, ashram schools were contacted through government networks.

Hospital also used social media campaign for making awareness about vaccine. They created videos on vaccination awareness, how it is safe and who it will help in prevention of spread of covid 19. Along with this local leaders including panchayat samiti members and ASHA workers were also contacted for spreading the awareness.

- **Other cost**

During the camp, multiple types of equipment like laptops/tab, power bank, Zook speakers, AEFI kit (70+ items) have been used. However, a procurement were centralize and it is not feasible to identify camp/project wise equipment procurement.

- **Data Authenticity**

All the data of vaccination is generated by government covin app. The data consist of name, age and aadhar card details of students who has been vaccinated.

- **Challenges**

Even though the hospital had good presence in Thane and Palghar, still they faced challenges in convincing the parents, teachers and school authorities on safety of vaccination. Schools were reluctant to organize camps, they were also skeptical on free of cost vaccines Hence, hospital had to use all government and non government network to build trust. In many cases tehsil and district authority called schools and informed them about Siddhivinayak vaccination drive. The overall efforts of all the channels used for awareness helped in conducting the successful vaccination camps.

• **STAKEHOLDER ANALYSIS**

LEVEL	STAKEHOLDERS INVOLVED	ACTIVITY
Center	CSR Partners	Funding
State	State Government, Immunization Officer	Planning and Resource Allocation
District	District Medical Officer/Civil Surgeon, District Immunization Officer, District Commissioner, District Program Manager, District Data Manager, WCD Department	Planning and Mapping
Block	Block Medical Officer, Block Development Officer, NRLM	Mapping
Village	ASHA, GP Members, ANM,	Community Mobilization
Private Institution	Bharat Biotech	Purchase of Covaxin

3. Focused Group Discussion Analysis

Two FGDs were conducted with students of Mhatre Bategoaw Ashram Shala. The following insights emerged from the discussion:

- **Inclusion of excluded population**

All the students were from poor tribal communities. Out of 20 students who were involved in two FGDs, half of students said that they did not take the vaccination earlier because their parents did not have money to pay. Some students said they tried enrolling themselves in Government vaccination camps but due to long wait they were not able to take vaccine. Also students mentioned that their parents had a fear of vaccination therefore they themselves didn't take the vaccine and also did not allow them to take one.



“My father is a daily wage worker, he took 2-3 leaves for taking me to the government vaccination centre but we could not get the vaccine for me. But after that it was not possible for him to take leave and to come with me to centre as his daily wages were affected. Hence I didn't take the vaccine. I am thankful to school that they arranged the vaccine for me.
-Pradnya Chandrakant Bhawar
Student”

“In my area there were no vaccination camps organized and in my family no one took the vaccine as everyone was afraid of vaccination. Therefore there was no question of them allowing me to take vaccination. I am thankful to school who arranged vaccine for me and after taking vaccine I convinced my parents also.
-Suraj Shivram Kadu
Student”

- **Increase in accessibility due to vaccination**

During Covid times vaccine certificate was essential document required in most of the places. Sidhivinayak hospital provided vaccination certificate immediately after vaccine doses.

Students informed that because of vaccine certificate, it became easy for them to appear for board exam as this certificate was essential for appearing in examination. Other students said that it helped them in getting bus passes.

Due to fear of covid, many parents didn't allow their children to attend school but when vaccination camp was arranged in school itself, parents were happy to send the students to schools. Students said they were happy to join back, to start their education and also to meet their friends.

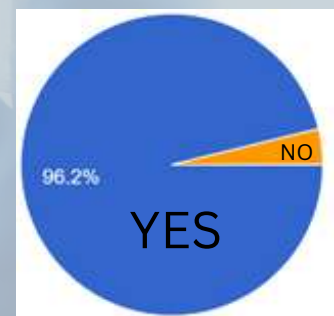


- **Younger generation motivating elders for vaccination**

The fear of vaccination was a real problem in India and most common in village areas. When students got vaccinated they motivated their parents, relatives, friends and everyone around them to get vaccinated. In other words, this drive helped in deeper penetration of vaccination and awareness.

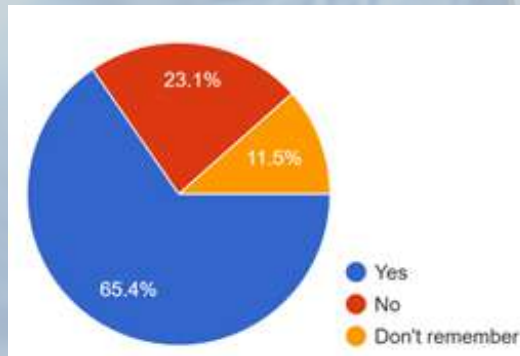
- **Safety Measures followed at vaccination centre**

Out of 26 responses through online interviews 25 students responded that the vaccination centre followed all the covid relation precautions during camp. Students safety was the top most priority of school and administration involved. Hospital were very careful in take all the measures required.



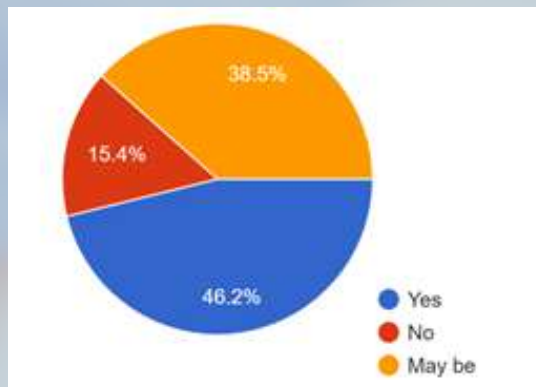
- **Safety of Students Health**

Hospital took all the care of students even after taking vaccines. Students were asked to sit for sometime in front of doctors so that they can monitor them in case of any emergency. Students were advised to take fever medicine in case of fever and asked to keep themselves isolated incase of any covid related symptoms. After giving vaccine glucose biscuits were given to them to eat.



- **Vaccination and Covid Cases**

When asked if the covid cases dropped after vaccination, 46.2% students said yes. Students said some of them still got covid after vaccination but the intensity of covid compared to non vaccinated people were less.



8. CONCLUSION

In conclusion, the COVID-19 pandemic has been a challenging time for everyone, but the vaccination program has been a ray of hope in the fight against the virus. Government of India took serious efforts to vaccinate the population, but considering the size and diversity of the country those efforts were not enough. It required support from other institutions also to ensure that everyone is reached. The ICICI Team and other private players have played a crucial role in this effort, especially in covering the most disadvantaged communities. The success of Siddhivinayak hospital and Jivika's Vaccine on wheels is a testament to the power of partnership of private partners in the fight against COVID-19. The assessment found that the initiative taken by ICICI Prudential Life is a highly impactful one and has positively impacted the beneficiaries.

Both organizations played a vital role in the penetration of vaccination in the remotest part and covering the most vulnerable. Siddhivinayak focused on young tribal and slum children for immunization and Jivika's Vaccine on Wheels focused on the deepest unreached parts of Maharashtra. The poor and marginalized population got benefited by this noble work.



In all camps we displayed the banner of ICICI Foundation. In our communication with the stakeholder and beneficiary we also communicated about the efforts and sponsorship of the Foundation in organizing the vaccination drive and they (stakeholder) were thankful to the Foundation. We have also highlighted about the efforts and support of the Foundation in the social media promotion and other messages. This has helped in taking the ICICI Foundation brand to the people. We have also taken feedback from beneficiary and school principal and they were thankful for the vaccination drive and said it was because of the vaccination drive they receive the vaccination. All thanks to the Foundation.

-Dr Amol Gite, (Founder and Director Siddhivinayak)
(The above comments have been transcribed from the original)

Dr. Amol Gite, Director of Siddhivinayak Hospital thanked ICICI Prudential Life for this important initiative. He has confirmed that with the vaccination drive they were able to communicate about the ICICI, CSR program to the stakeholder and beneficiaries of the program. On the other hand, Mr. Jignesh, Director of the Jivika Foundation thanked ICICI for their kind support. It's because of the funding of ICICI they could successfully run the program.



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