Seeing old problems through a new lens: Recognizing and addressing gender barriers to equitable immunization

April 27, 2022
Webinar Tips

- Use the Q&A function to ask questions during the presentations or for technical help.
- Use the chat feature to introduce yourself and share your thoughts during the presentations.
Meet the Speakers

Dr. Folake Olayinka
Immunization Team Leader
Lead Technical Advisor, COVID-19 Vaccine Access and Delivery Initiative
USAID

Jean Munro
Senior Manager, Gender Gavi, the Vaccine Alliance

Dr. Sofia de Almeida
SBC Project Manager and Consultant
UNICEF ESARO

Dr. Anuradha Sunil
Medical Director
Indian Society for Agribusiness Professionals (ISAP)

Anumegha Bhatnagar
Risk Communications Lead
MOMENTUM Routine Immunization Transformation and Equity
Dr. Folake Olayinka

USAID Immunization Team Leader
Lead Technical Advisor, COVID-19 Vaccine Access and Delivery Initiative
SEEING OLD PROBLEMS THROUGH A NEW LENS: RECOGNIZING AND ADDRESSING GENDER BARRIERS TO EQUITABLE IMMUNIZATION

Dr. Folake Olayinka
USAID Immunization Team Leader and Lead Technical Advisor
COVID-19 Vaccination Access and Delivery Initiative
GENDER AND IMMUNIZATION OVER THE LIFE COURSE

• Gender intersects with numerous other factors (e.g. maternal education, wealth, caste, religion, among others)

• Female caregivers and health workers alike experience physical, sociocultural, and financial barriers

• Gender-based barriers to immunization are observed in demand, utilization, health workforce, and other health systems factors and in the delivery for example

• Addressing gender inequity is a critically important factor in driving down the number of zero-dose children
GENDER RELATED BARRIERS TO ROUTINE IMMUNIZATION (ALSO APPLY TO COVID-19 VACCINATION)

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Literacy, education, and digital gender gaps</td>
<td>Women are less likely to receive relevant and trustworthy vaccine information.</td>
</tr>
<tr>
<td>Work and domestic care obligations</td>
<td>Women have less time/availability to get the vaccine.</td>
</tr>
<tr>
<td>Experience with previous, controversial immunization programs</td>
<td>Women may have less trust in vaccination programs</td>
</tr>
<tr>
<td>Limited decision-making power</td>
<td>Women may have less ability to make important health decisions</td>
</tr>
<tr>
<td>Limited mobility</td>
<td>Women face more difficulty reaching health facilities/vaccination sites</td>
</tr>
</tbody>
</table>
GENDER-BARRIERS IN THE GLOBAL POLIO ERADICATION INITIATIVE AND WHAT HAS WORKED

Barriers

- Cultural and religious practices that keep newborns indoors and away from non-family members for the first 40 days.
- Deciding to allow vaccination during a mass campaign is not the sole decision of the mother.
- Polio campaigns are highly monitored, but the monitors are mostly men. The inclusion of women monitors has been slower.
- Challenges for female vaccinators who need to participate in mobile outreach such as safe or private toilet facilities, safe lodging for women.
- Too few women in leadership positions in global polio eradication or on technical advisory panels at all levels.

Examples of what has worked in polio eradication

- Increasing the proportion of female vaccinators, supervisors, mobilizers and monitors, proportion of women in leadership positions.
- Disaggregating data at all levels of eradication: campaign data, surveillance data and communication and behavior change data.
- Flexibly accommodate women’s schedules and locations.
- Gender sensitive polio messaging and patient women mobilizers are able to talk convincingly to families and convert refusers to acceptors.
- Mentoring women to have confidence in delivering messages, as coaches or community resources in building community trust in immunization and reduced vaccine hesitancy.
USAID’S COMMITMENT TO EQUITY FOR IMMUNIZATION OVER THE LIFE COURSE FOR ALL VACCINES

USAID seeks to:

• Address gaps in underserved populations, identifying root causes of inequality and working with partners to address them such as reaching zero dose children

• Support global immunization policies and strategies with focus on equity in access and uptake of vaccines

Gavi, the Vaccine Alliance (Gavi 5.0); 2021-2025
Immunization Agenda 2030 (IA 2030): A Global Strategy to Leave No One Behind; 2021-2030
The Global Polio Eradication Strategy; 2022-2026
USAID’s commitment to equity for COVID-19 vaccination

• The COVID-19 pandemic has highlighted inequities around the globe and within countries.
• USG plays a leadership role in closing the gap in access to COVID vaccinations with 4 billion funding support to COVAX and donations of 1.2 billion COVID doses.
• USAID provides technical assistance on all aspects of country readiness and delivery and, including underserved communities and population groups.
• Monitoring gender equity in access to vaccines and provides technical assistance in addressing them.
• USAID advocates with other global partners to close equity gaps.

This Interagency Gender Working Group framework categorizes approaches by how they treat gender norms and inequality in the planning, design, implementation and M&E of a program or policy.

*Programs should never be exploitative*

This training module was adapted from materials created by the Interagency Gender Working Group (IGWG) and funded by USAID. These materials may have been edited; to see the original training materials you may download this training module in its pdf format.
INTEGRATING GENDER INTO USAID PROGRAMMING: ONGOING ACTIONS AND PRIORITIES

- Supporting countries on the collection, reporting and use of gender disaggregated data
- Understanding and addressing barriers to vaccine access and uptake for gender-diverse people
- Incorporating gender considerations when planning for human resources in vaccine deployment, including leadership
- Addressing gender barriers to vaccine information
- Promoting a shared sense of purpose and accountability through engagement of fathers and other decision makers/ influencers in the household and community

- Ensuring gender balance in coordination and decision-making bodies
- Using different strategies to reach people of different genders
- Facilitating opportunities to link and synergize with gender initiatives in other areas of health (e.g., HIV/AIDS, reproductive health, delivery care)
- Integrating gender equity and address gender and intersectional barriers to equity in immunization demand, utilization, access, and coverage
- Advocating for and monitoring effective implementation of gender-responsive and gender-transformative approaches
THANK YOU
Jean Munro
Senior Manager, Gender
Gavi, the Vaccine Alliance
Gavi’s commitment to gender equity in immunisation programming

Jean Munro,
Senior Manager, Gender
Gavi – the Vaccine Alliance
April 27, 2022
Strong Commitment to Gender Equity in Gavi 5.0

Gender-focus is critical to reach underimmunised and zero-dose children, individuals and communities.

‘Gender-focused’ has been elevated to a principle.

Gender is mainstreamed into broader equity goal to ‘Strengthen health systems to increase equity in immunisation’.
Goal of Gavi’s Gender Policy

Identify and overcome gender-related barriers to reach zero-dose and underimmunised children, individuals and communities with the full range of vaccines. This encompasses:

- Focusing primarily on identifying and addressing underlying gender-related barriers faced specifically by:
  - Caregivers
  - Health workers
  - Adolescents

- Encouraging and advocating for women’s and girls’ full and equal participation in decision-making related to health programmes and wellbeing.

- In the specific pockets where they exist, overcoming differences in immunisation coverage between girls and boys.
Approaches to integrate gender lens in Gavi Programming

A. Enhancing capacity, understanding, and skills

B. Coordination across the Alliance

C. Refining approach and guidance

D. Setting expectations for gender integration in applications, monitoring, reporting

E. Testing and sharing

- Informal - Learning sessions, webinars, sharing stories
- Formal – GenderPro – Immunisation Track, short and long course; Immunisation Academy & Immunisation Watch

- Alliance Gender Equality and Immunisation Coordination Group

- Guidance for an inclusive Full Portfolio Planning Process, including use of Human Centred Design
- Zero dose strategy integrates gender specific considerations
- Programme Funding Guidance includes gender specific interventions in all areas

- Guiding questions on integrating gender is throughout the Gavi grant applications – Situation analysis, theory of change, workplan, MEL plan, budget
- Gender marker used in budget

- Funds available for building evidence and understanding on gender responsive and transformative approaches
IRMMA framework
– using a gender lens in the implementation of the Zero Dose Strategy

Gender related barriers faced by caregivers & health workers

Who, Where, Why, How many zero dose children

Sex and gender related data measured and monitored

Monitor real time Measure outcomes Learn to improve

Use evidence to make a case for political attention and resources

Build evidence, strengthen will

Tailored and sustainable strategies addressing supply and demand-side barriers

Gender related barriers addressed

Listen and Understand

Tailor Strategies

Find and describe

Integrate and Sustain

Zero-dose and missed communities

Learn to improve
Zero-dose children - a powerful marker of inequity

Gender dimensions often overlooked in reaching missed communities

<table>
<thead>
<tr>
<th>Urban poor</th>
<th>Remote communities &amp; nomadic groups</th>
<th>Populations in conflict settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Women with low social and economic status</td>
<td>• Limited decision making power in household</td>
<td>• High levels of violence – restricting movement and access</td>
</tr>
<tr>
<td>• Difficult working environment for health workers</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Women with low social and economic status
- Difficult working environment for health workers
- Limited decision making power in household
- High levels of violence – restricting movement and access
The Behaviour and Social Driver framework: what drives uptake?

**What people think and feel**
- Confidence in vaccine benefits
- Confidence in vaccine safety
- Confidence in provider
- Religious beliefs

**Motivation**
Intention to get recommended vaccines for child

**Social processes**
- Provider recommendation
- Family supports vaccination
- Community supports vaccination
- Gender equity

**Practical issues**
- Know where vaccine is available
- Ease of access
- Affordability
- Service quality
- Respect from provider

**Vaccination**
Child receives recommended vaccines

**DECISION AUTONOMY**
“If it was time, who has the final say?”

**TRAVEL AUTONOMY**
“If it was time, would [you/mother] need permission to take your child to the clinic?”

Social processes / Gender - In your family, who has the final say about vaccinating this child?

With better population representativeness, cross country comparison using standardized validated questions could help to identify and prioritise countries where gender-related barriers are more prevalent.

Source: Premise demand survey, data through March 2021.
Learning from promising gender responsive interventions

**Zambia/Mozambique/Togo/Afghanistan**
Approaches to promote involvement of fathers in immunization

**DRC** Gender analysis completed; Community-based immunisation champions – scale up to new districts

**Rwanda** Improving access for teen mothers & young women – gov continuing the work

**Somalia** Work with female community mobilisers for campaign promotion and sensitisation

**Kyrgyzstan** Engage religious leaders on HPV vaccination issues, concerns, and get their support to reduce withdrawals from HPV vaccination for religious reasons

**Bangladesh** Immunization services made available outside of normal clinic hours to accommodate working parents

**AFGHANISTAN**: Leveraging female mobilisers in the polio Immunization Communication Network

**INDIA**: Use of female health ambassadors with access to technical innovations SEWA – documenting for replication

**INDIA**: integrated services, duo health ambassadors - Safal Shuruuat – now replicated and scaled to Indonesia

**Somalia**: Work with female community mobilisers for campaign promotion and sensitisation

**Pakistan**: training on immunisation and health for young women and empowers them to advocate with communities for immunisation Kiran Sitara

**DRC**: Gender analysis completed; Community-based immunisation champions – scale up to new districts

**Rwanda**: Improving access for teen mothers & young women – gov continuing the work

**Somalia**: Work with female community mobilisers for campaign promotion and sensitisation

**Kyrgyzstan**: Engage religious leaders on HPV vaccination issues, concerns, and get their support to reduce withdrawals from HPV vaccination for religious reasons

**Bangladesh**: Immunization services made available outside of normal clinic hours to accommodate working parents

**AFGHANISTAN**: Leveraging female mobilisers in the polio Immunization Communication Network

**INDIA**: Use of female health ambassadors with access to technical innovations SEWA – documenting for replication

**INDIA**: integrated services, duo health ambassadors - Safal Shuruuat – now replicated and scaled to Indonesia

**Somalia**: Work with female community mobilisers for campaign promotion and sensitisation

**Kyrgyzstan**: Engage religious leaders on HPV vaccination issues, concerns, and get their support to reduce withdrawals from HPV vaccination for religious reasons

**Bangladesh**: Immunization services made available outside of normal clinic hours to accommodate working parents

**AFGHANISTAN**: Leveraging female mobilisers in the polio Immunization Communication Network

**INDIA**: Use of female health ambassadors with access to technical innovations SEWA – documenting for replication

**INDIA**: integrated services, duo health ambassadors - Safal Shuruuat – now replicated and scaled to Indonesia
Thank you
Poll

What do you view as the most important gender-related barrier to equitable childhood immunization?

A. Female caregivers (mothers) lack the resources to take her child for vaccination

B. Mothers do not have access to the needed information on when, where, and why to take the child for vaccination

C. Mothers face conflicting priorities and responsibilities to take the child for vaccination

D. Mothers are concerned about encountering unreliable or low quality immunization services, such as vaccine stockouts and harsh treatment by healthcare providers

E. Mothers face lack of support from other family members for taking her child for vaccination

F. Female healthcare providers receive little support to enable them to provide reliable, convenient, high quality services

G. Other (describe in chatbox)
Dr. Sofia de Almeida

SBC Project Manager and Consultant
UNICEF East and Southern Africa Regional Office
COVID-19 Vaccine
ESARO

Gender-related challenges
Sofia de Almeida
Helena Ballester Bon
April 27, 2022
Evidence highlights gender disparity in Covid-19 vaccine access/reporting/uptake.

- Where data is available, women represent 27% of vaccines administered in 11 ESAR countries (source: WHO regional dashboard).
- Where data is available, women represent 43% of vaccines administered in 12 ESAR countries (source: WHO regional dashboard).
Women have higher risk perception but lower levels of acceptance due to concerns on vaccine safety and efficacy, limited tailored information and access-related challenges.

Data for Action #2 Gender

Women are acutely affected by environmental and socioeconomic barriers to accessing immunization services. They are also experiencing greater secondary effects of the COVID-19 pandemic.
Gender-related challenges

- Reduced self-efficacy due to secondary effects of the pandemic (income drop, job loss)
- Access-related challenges
- Health-care disruptions
- Risk perception
- Concerns, misinformation
Gender-related challenges for COVID-19 vaccination

Concerns that COVID19 vaccine causes infertility and questions about pregnancy, breastfeeding and menstruation cycle across ESAR region.

Women show higher levels of vaccine confidence in general, but they report being more skeptical when it comes to a COVID-19 vaccine (Malawi, Kenya, Uganda, Ethiopia, South Africa).

Women highlighted slightly less trust and confidence, willingness to give a recommendation, intention to vaccinate, ease of access, and less-established descriptive social and workplace norms.

In sub-Saharan Africa, women reported sexual and reproductive health-care disruptions at significantly higher levels.

Women in ESAR are acutely affected by environmental barriers to accessing immunization services.

Women have experienced greater secondary effects of the COVID-19 pandemic in many areas, including job loss, income drops, gender-based violence, and missed education (Mozambique, South Africa and Kenya) in sub-Saharan Africa.

Long queues and lack of organization at the point of service provision are barriers to access (Zimbabwe).

The Journey to health and Immunization
Programmatic recommendations

- **Invest in trust-building interventions**
- **Provide safe discussion spaces**
- **Amplify new evidence as it becomes available** to better address myths and misinformation relating to e.g., breastfeeding and infertility

- **Engage with key stakeholders playing a fundamental role in addressing gender inequities in immunization** (e.g., men – parent, husband, or influencer, elderly women, female providers)

- **Amplify community voices**, attitudes, perceptions, concerns and needs
  - Women as showcased vaccine champions and agents of change

- **Consider extended and flexible vaccination hours** to accommodate working hours and caregivers’ responsibilities.
- **Consider delivering vaccination services in places where women congregate** (e.g., markets, churches).

- **Integrate COVID-19 vaccinations into existing service delivery** that responds to gender specific needs, such as community-based sexual and reproductive health services, nutrition services and antenatal care.
  - HCW involved must be adequately trained to confidently counsel women, allowing them to make informed decisions regarding vaccination, and administer the vaccines without any reluctance.

- **Commit to obtaining gender-disaggregated data** for priority health indicators at both national and local levels

- **Partnering with women’s organizations, faith-based organizations and other community-based groups** to ensure that gender perspectives are considered in planning, designing, and monitoring, as well as ensuring accurate information is available to communities
- **Adapt services to women needs**
Women’s uptake in South Sudan

HCD and BeSD surveys highlighted hesitancy among women (general population and HW)

- Qualitative research (FGD, interviews) undertaken to understand ‘whys’

- Evidence-based presentations to inform planning and for advocacy purposes

SBC Actions
Evidence-based advocacy for outreach sites beyond the fixed points
Radio talk shows
Tailored messages around key misconceptions
Community mobilization

Covid-19 vaccines

% of total Covid-19 doses administered to women increased (National data)

26% Sep.21
48% April.22

26% Sep.21
Key Takeaways

- Undertake time series data collection
- Ensure disaggregated data
- Consider segmentation studies
- Customize SBC interventions and reach sub target groups
THANK YOU
Anumegha Bhatnagar
Risk Communications Lead
MOMENTUM Routine Immunization Transformation and Equity

Dr. Anuradha Sunil
Medical Director
Indian Society for Agribusiness Professionals (ISAP)
MOMENTUM Routine Immunization Transformation and Equity

World Immunization Week
Gender and Immunization

Anumegha Bhatnagar
Risk Communication Lead, MOMENTUM Routine Immunization Transformation and Equity

Dr. Anuradha Sunil
Medical Director, Indian Society of Agribusiness Professionals (ISAP)

April 27, 2022
Gender Equality: COVID-19 Background

• One of the most challenging aspects of India’s COVID-19 vaccination campaign has been to mobilize and convince women to get vaccinated as the fear among women was higher compared to men.
• Prominent reasons for gender related non-vaccination were by pregnant women, lactating mothers, transgender, migrant workers and family members hesitant to send the women in the house.

- COVID-19 vaccination rollout in India has focused on reaching out to women and gender-diverse people quickly and efficiently.
- The interventions in the gender space has been exponential. Among all the people who have been vaccinated, India's vaccination sex ratio is at 949 females receiving a dose for every 1,000 males.
- However, when we look at it from a state-wise lens, only 14 of 36 states and UTs have a better vaccination sex ratio than India's, led by the southern region*

*Source: https://www.indiaspend.com/covid-19/as-omicron-looms-large-swathes-of-india-are-still-unvaccinated-791716

Sources: Facebook COVID-19 Symptom Survey. Weighted estimates based on combined data from 2020-12-21 to 2021-02-10
Since November 2021, through USAID-support, MOMENTUM Routine Immunization Transformation and Equity has helped more than 3 million people in 18 states receive their last recommended dose of a COVID-19 vaccine.

The project focuses on improving access to COVID-19 vaccination among women and gender-diverse communities who are:

• Pregnant and lactating
• Members of the transgender community
• Migrant workers

Engagement strategies include:

• Development of gender-specific communications materials in multiple formats
• Women’s rallies to increase awareness
• Involvement of women community and religious leaders
• Vaccination camps for older women and transgender women
We are telling the stories of women who led from the front, overcoming many barriers to help vaccinate people against the COVID-19 virus.

**Social Media** – From teaser posts to individual stories of wonder women, social media platforms such as Facebook, Twitter, Instagram, and state social media handles were deployed extensively to celebrate the role of women.

**Posters** – Posters were displayed in on-the-ground events and activities and projected on-screen during congregations.

**Booklet** - The Wonder Women Crusaders of COVID-19 Vaccination Program was disseminated to the government officials and key stakeholders as a memento for the grand occasion.
Working with Pregnant Women

Key Challenges
• Identification, motivation on safety and vaccine hesitancy
• Fear of safety of vaccine owing to health concerns

Strategies Deployed
• Developed communication materials on COVID-19 vaccination for pregnant women and lactating mothers for multiple states.
• Developed a data capture system to record information on pregnant women’s vaccination in Maharashtra.
• Working closely with the Maternal & Child Health Division to promote vaccination for pregnant women during antenatal care (ANC) checkups.

Outcomes
• Increased coverage of vaccination among pregnant women and increase in knowledge level of the beneficiaries
Breaking Gender Barriers by supporting the Transgender Community

Challenges

• Transgender (Third Gender as recognized in India) already faces a lot of social stigmas, violence, and denial of social benefits.
• Vaccination is not a priority among the group and beneficiaries are not fully aware of where and how to avail the service.
• This community has various medical challenges and hormonal treatment, so they are clouded with doubts about the safety of vaccine.

Strategies Deployed

• Identified key influencers within the community. Developed a video to mobilize and appeal for vaccination among community members.
• Worked with Third Gender Welfare Board and other societies exclusively established for transgender and marginalized communities to mobilize for vaccination.
• Meetings with State Aids Control Society in North-East and other regions to collaborate with Targeted Intervention Program to improve coverage.

Outcomes

• Increase in awareness level among the transgender community.
• The transgender community has now started to take vaccination with confidence.
• Leverage existing platform/intervention to support an increase vaccination coverage for this special category group.
ISAP working on MOMENTUM Routine Immunization

- ISAP is a reputed Indian NGO established in the year 2000, operating with pan-India footprints.

- **Area of work includes** - Rural livelihood, Rural Healthcare, Social Security and Agri enterprise development – a major portion of which is being implemented in the aspirational districts of the country
  - ISAP works with more than 500,000 farming families, 7200 elderly, adolescent girls, tribals and other rural marginalized population.
  - 500,000 rural women trained on safe usage of kitchen fuel. Ongoing training of 160,000 plus adolescent girls on life skills and livelihoods.
  - 20,000 Women empowered programmes through 2,000 SHGs

- ISAP is implementing the MOMENTUM Routine Immunization programme in 8 districts spanning across the two states (Tamil Nadu & Jharkhand)

- ISAP has developed specific strategies to work with each of these vulnerable groups and established partnerships at the district level.
### Mobilizing and Supporting Women Migrant Workers

#### Challenges
- Fear of safety leading to hesitancy
- Myths around side-effects leading to potential loss of daily wages
- Busy schedules leading to missing out on awareness activities and vaccination camps
- Difficulties in mobilization and vaccination at workplaces

#### Strategies Deployed
- Hyperlocal strategies are adopted, and customized plans developed as per the local context
- Project districts are mapped with industries/entities having high density of women workers
- Involvement of peer leaders in creating awareness and deployment of Women-centric awareness IEC material
- On-site activities regarding COVID awareness
- Door to Door vaccination during out-of-work hours
- Special vaccination camps at workplaces
- Convergence with employers and women’s community institutions
- Deployment of technology for creating awareness, reminders and side-effect counselling
- Convergence and partnerships with other women-centric Govt schemes (Single window Women cell)
Mobilizing and Supporting Women Migrant Workers

Outcomes

• Increase in the numbers of vaccination amongst migrant laborers.
• Improved awareness regarding the safety profile of the vaccination and minor side effects.
• Better awareness amongst employers regarding Covid-19 vaccination vs Sickness - absenteeism leading to proactive vaccination support.
• Collaboration & Convergence amongst women’s community level institutions for on-site vaccination.

Awareness creation for women workers at work places in Jharkhand.

Awareness creation in peanut candy factory in Momentum Routine Immunization Transformation and Equity in Tamil Nadu.

Women in match factories oriented by Momentum Routine Immunization Transformation and Equity in Tamil Nadu.
Thank You
Discussion

Dr. Folake Olayinka
Immunization Team Leader
Lead Technical Advisor, COVID-19 Vaccine Access and Delivery Initiative
USAID

Jean Munro
Senior Manager, Gender Gavi, the Vaccine Alliance

Dr. Sofia de Almeida
SBC Project Manager and Consultant UNICEF ESARO

Dr. Anuradha Sunil
Medical Director
Indian Society for Agribusiness Professionals (ISAP)

Anumegha Bhatnagar
Risk Communications Lead
MOMENTUM Routine Immunization Transformation and Equity
Evaluation

Share your feedback on today’s webinar!

SCAN ME!
THANK YOU

MOMENTUM Routine Immunization Transformation and Equity is funded by the U.S. Agency for International Development (USAID) as part of the MOMENTUM suite of awards and implemented by JSI Research & Training Institute, Inc. with partners PATH, Accenture Development Partnerships, Results for Development, Gobee Group, CORE Group, and The Manoff Group under USAID cooperative agreement #7200AA20CA00017. For more information about MOMENTUM, visit USAIDMomentum.org. The contents of this PowerPoint presentation are the sole responsibility of JSI Research and Training Institute, Inc. and do not necessarily reflect the views of USAID or the United States Government.