

MOMENTUM Routine Immunization Transformation and Equity

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

April 27, 2022

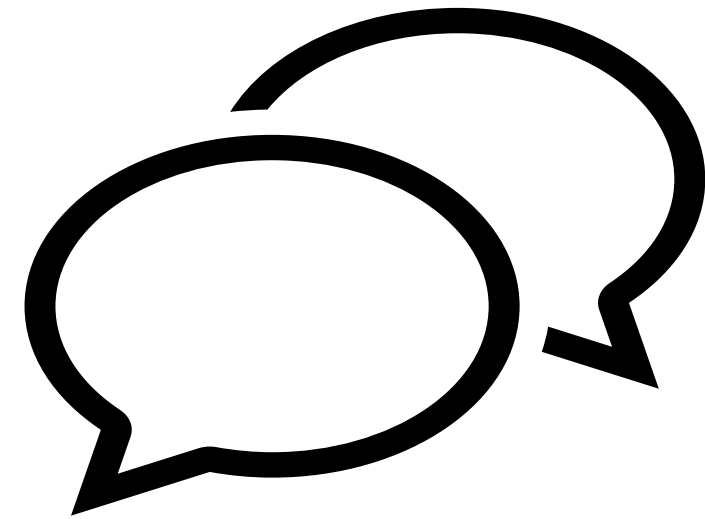


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Meet the Speakers



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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
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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)

Literacy, education, and digital gender gaps

Women are less likely to receive relevant and trustworthy vaccine information.

Work and domestic care obligations

Women have less time/availability to get the vaccine.

Experience with previous, controversial immunization programs

Women may have less trust in vaccination programs

Limited decision-making power

Women may have less ability to make important health decisions

Limited mobility

Women face more difficulty reaching health facilities/vaccination sites



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

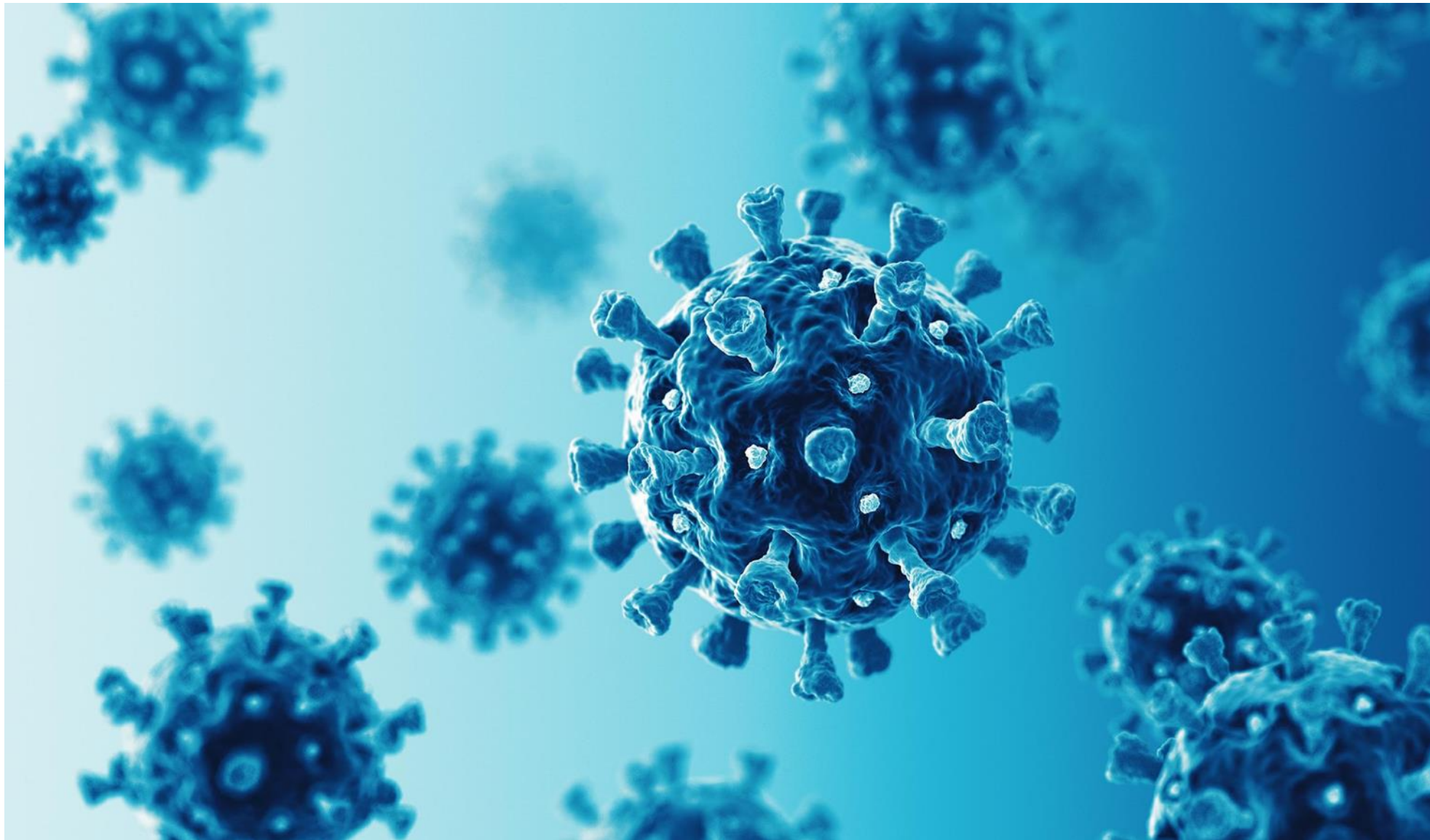
USAID seeks to:

- 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



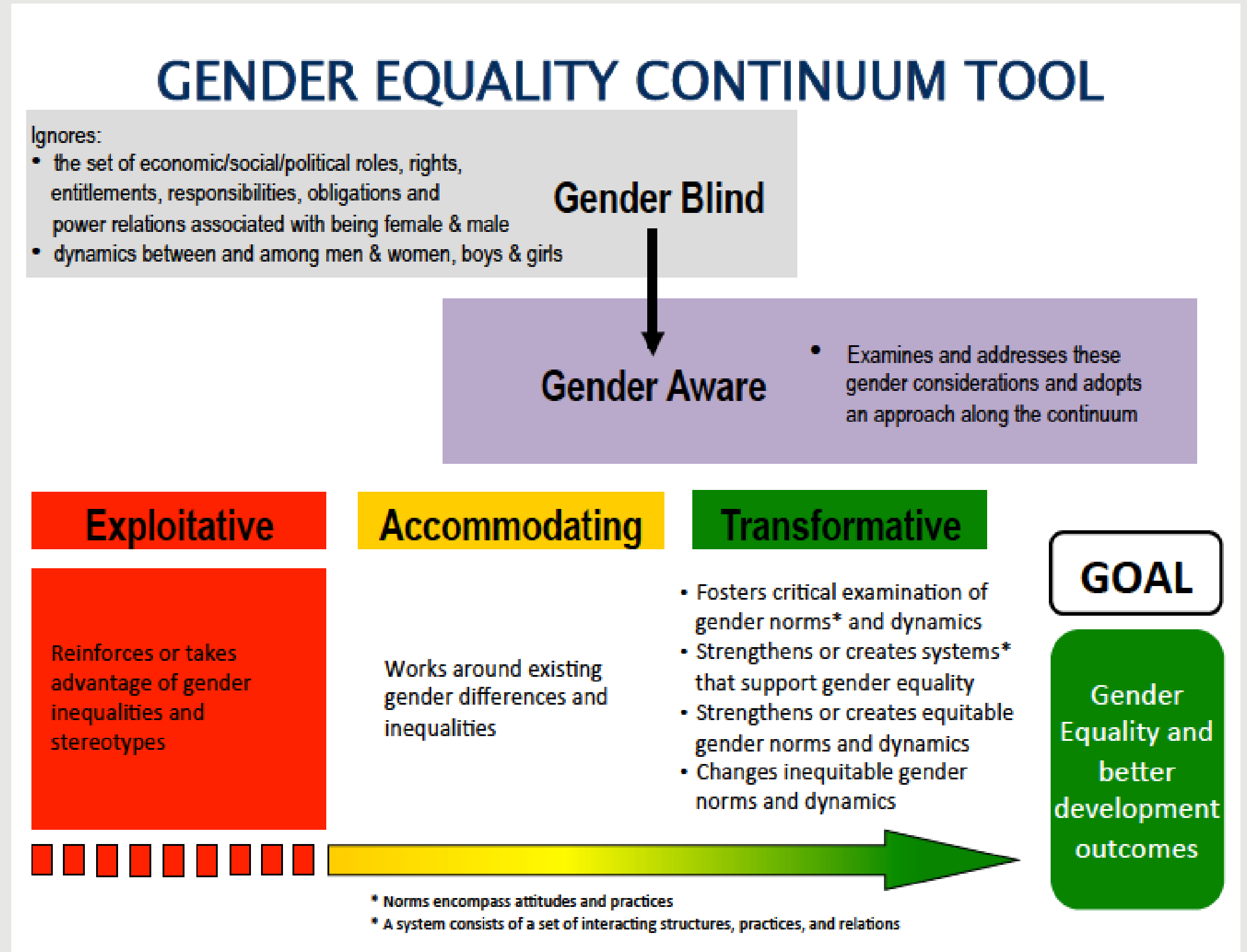
USAID'S COMMITMENT TO EQUITY FOR COVID-19 VACCINATION

- 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.
- <https://www.usaid.gov/news-information/press-releases/dec-6-2021-usaid-announces-initiative-global-vaccine-access-global-vax>

GENDER INTEGRATION CONTINUUM FOR PROGRAMMING

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





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

 Leaving no-one behind with immunisation 			
Mission 2025 To save lives and protect people's health by increasing coverage and equitable use of vaccines	Mission Indicators <ul style="list-style-type: none"> • Child mortality reduction tbd • Lives saved tbd • Future DALYs averted tbd • People (male & female) vaccinated with Gavi support across the life course tbd • People vaccinated with Gavi support against outbreak-prone diseases tbd • Economic benefits unlocked tbd 		
Principles <ul style="list-style-type: none"> • Missed communities, first priority: Prioritise children missing out on vaccination including among migrants, displaced and other vulnerable populations • Gender focused: Apply a gender lens to removing barriers for immunisation • Country-led, sustainable: Bolster country leadership to sustainably deliver and finance immunisation • Community owned: Ensure community trust and confidence in vaccines by engaging communities in planning, implementation and oversight of immunisation • Differentiated: Target and tailor support to national and subnational needs including fragile contexts 	<ul style="list-style-type: none"> • Integrated: Strengthen immunisation as a foundation for integrated primary health care to reach unserved communities in support of universal health coverage • Adaptive, resilient: Help countries leverage immunisation to address the challenges of climate change, Global Health Security, antimicrobial resistance and other major global issues • Innovative: Identify and leverage innovative products, practices and services to reach everyone with immunisation • Collaborative, accountable: Collaborate across stakeholders to achieve the SDGs in a transparent, coordinated and accountable manner 		
Goals 1 INTRODUCE AND SCALE UP VACCINES	2 STRENGTHEN HEALTH SYSTEMS TO INCREASE EQUITY IN IMMUNISATION	3 IMPROVE SUSTAINABILITY OF IMMUNISATION PROGRAMMES	4 ENSURE HEALTHY MARKETS FOR VACCINES AND RELATED PRODUCTS
Objectives <ul style="list-style-type: none"> A Strengthen countries' prioritisation of vaccines appropriate to their context B Support countries to introduce and scale up coverage of vaccines for prevention of endemic and epidemic diseases C Enhance outbreak response through availability and strategic allocation of vaccine stockpiles 	<ul style="list-style-type: none"> A Help countries extend immunisation services to regularly reach under-immunised and zero-dose children as a platform for stronger primary health care B Support countries to ensure immunisation services are well-managed, sustainable, harness innovation and meet the needs of all care givers C Work with countries and communities to build resilient demand, and to leverage gender to address immunisation barriers 	<ul style="list-style-type: none"> A Strengthen national and subnational political and social commitment to immunisation B Promote prioritisation of domestic public resources for immunisation and primary health care to improve allocative efficiency C Prepare and engage self-financing countries to maintain or increase performance 	<ul style="list-style-type: none"> A Ensure sustainable, healthy market dynamics for vaccines and immunisation-related products at affordable prices B Incentivise innovation for the development of suitable vaccines C Scale up innovative immunisation-related products
Enablers <ul style="list-style-type: none"> • Secure long-term predictable funding for Gavi programmes • Use evidence, evaluations and improved data for policies, programmes and accountability • Ensure global political commitment for immunisation, prevention and primary health care • Leverage the private sector, including through innovative finance mechanisms and partnerships 			

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

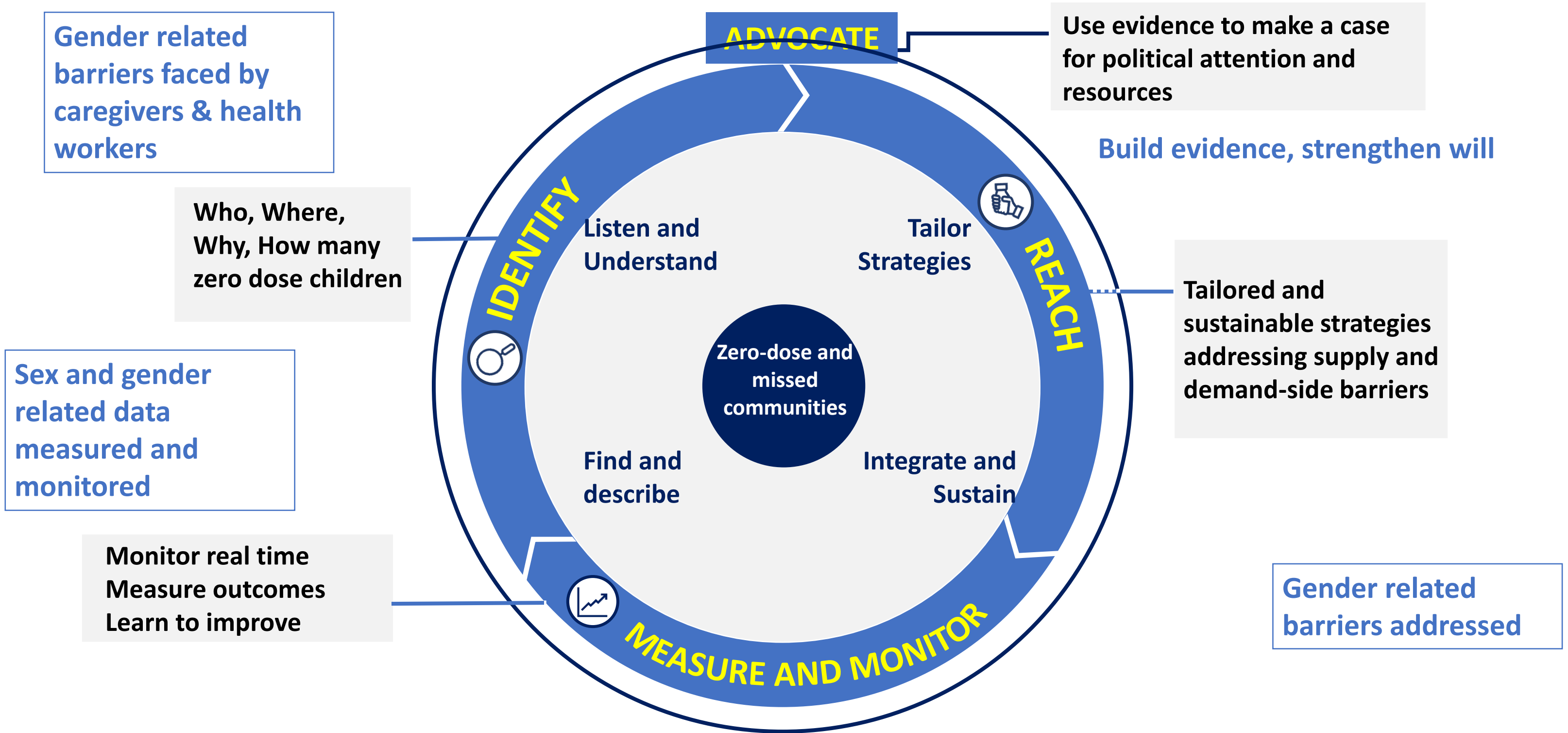
D Setting expectations for gender integration in applications, monitoring, reporting

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



Zero-dose children - a powerful marker of inequity

Gender dimensions often overlooked in reaching missed communities



Urban poor

- **Women with low social and economic status**
- **Difficult working environment for health workers**



Remote communities & nomadic groups

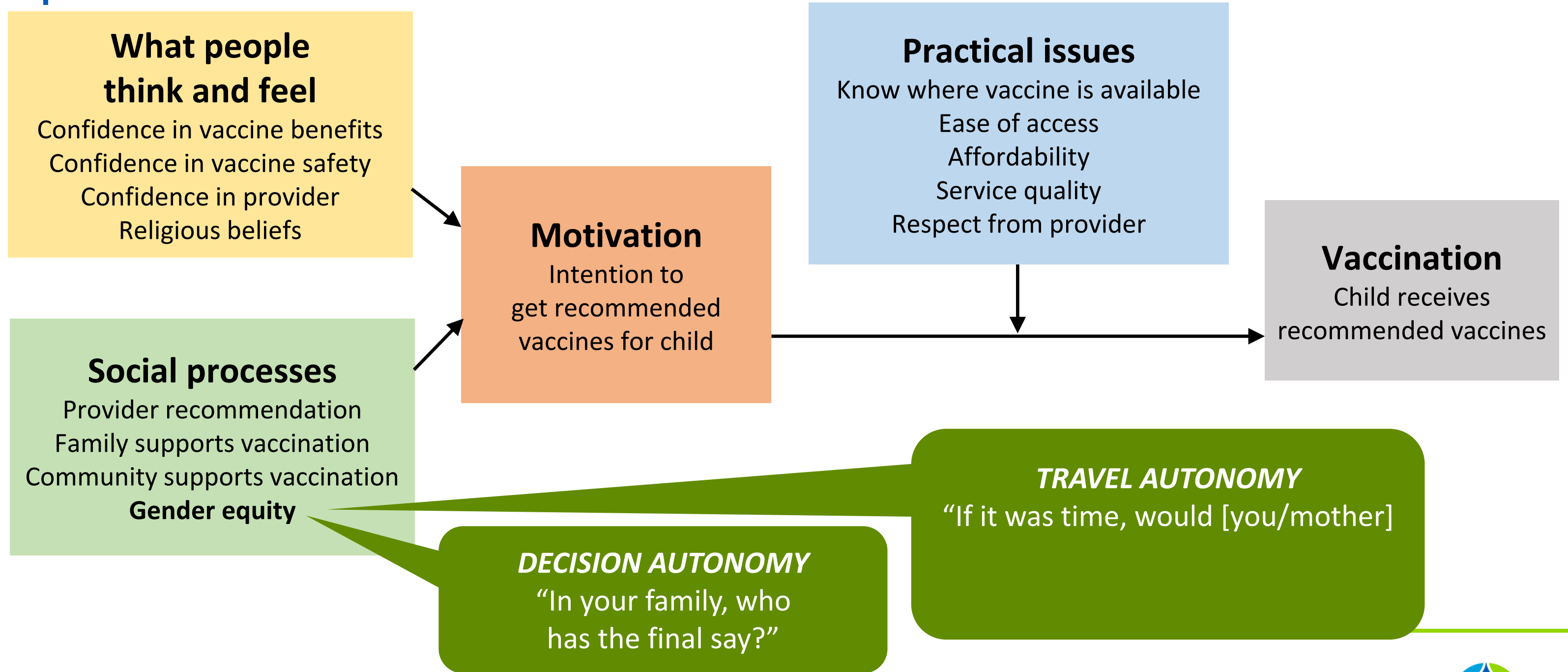
- **Limited decision making power in household**



Populations in conflict settings

- **High levels of violence – restricting movement and access**

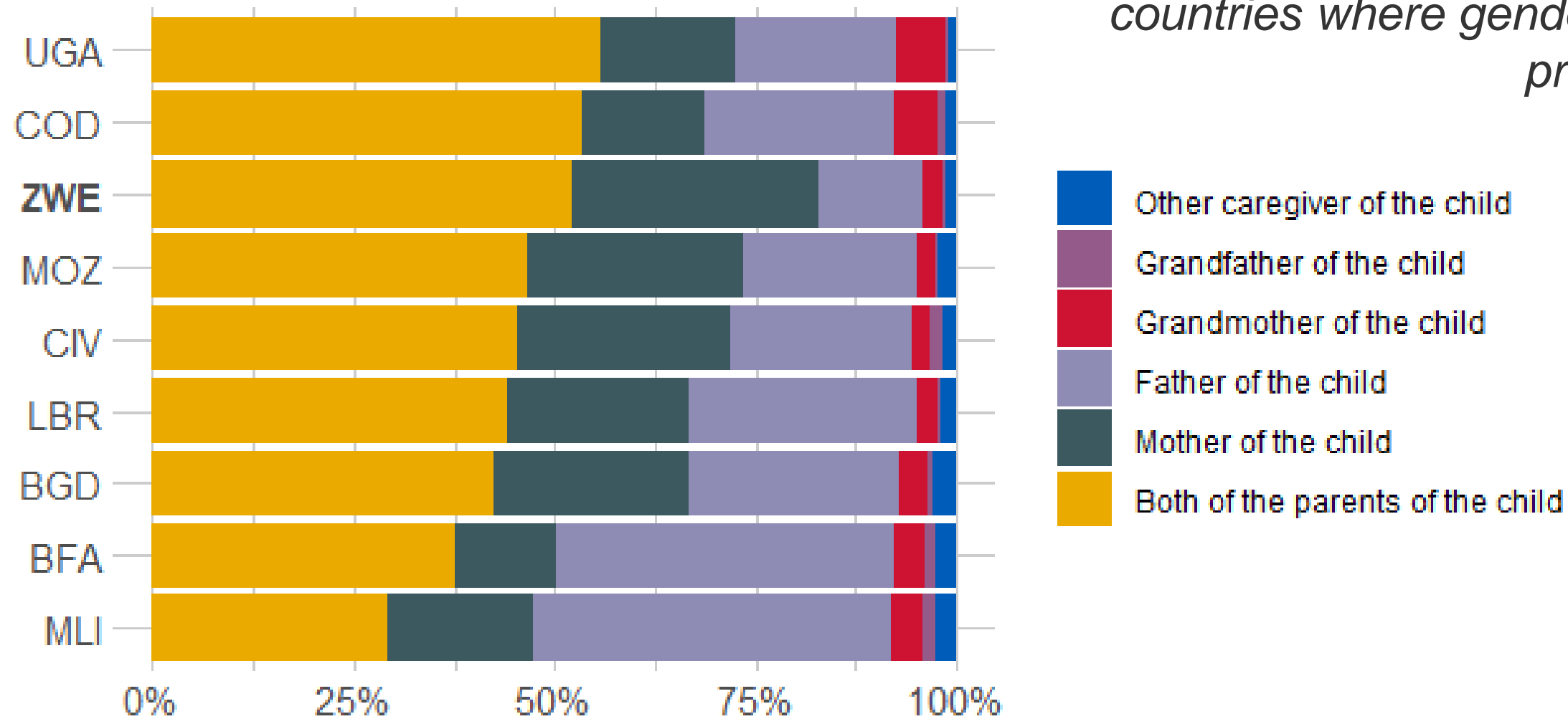
The Behaviour and Social Driver framework: what drives uptake?



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.

Cross-country, last response



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

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

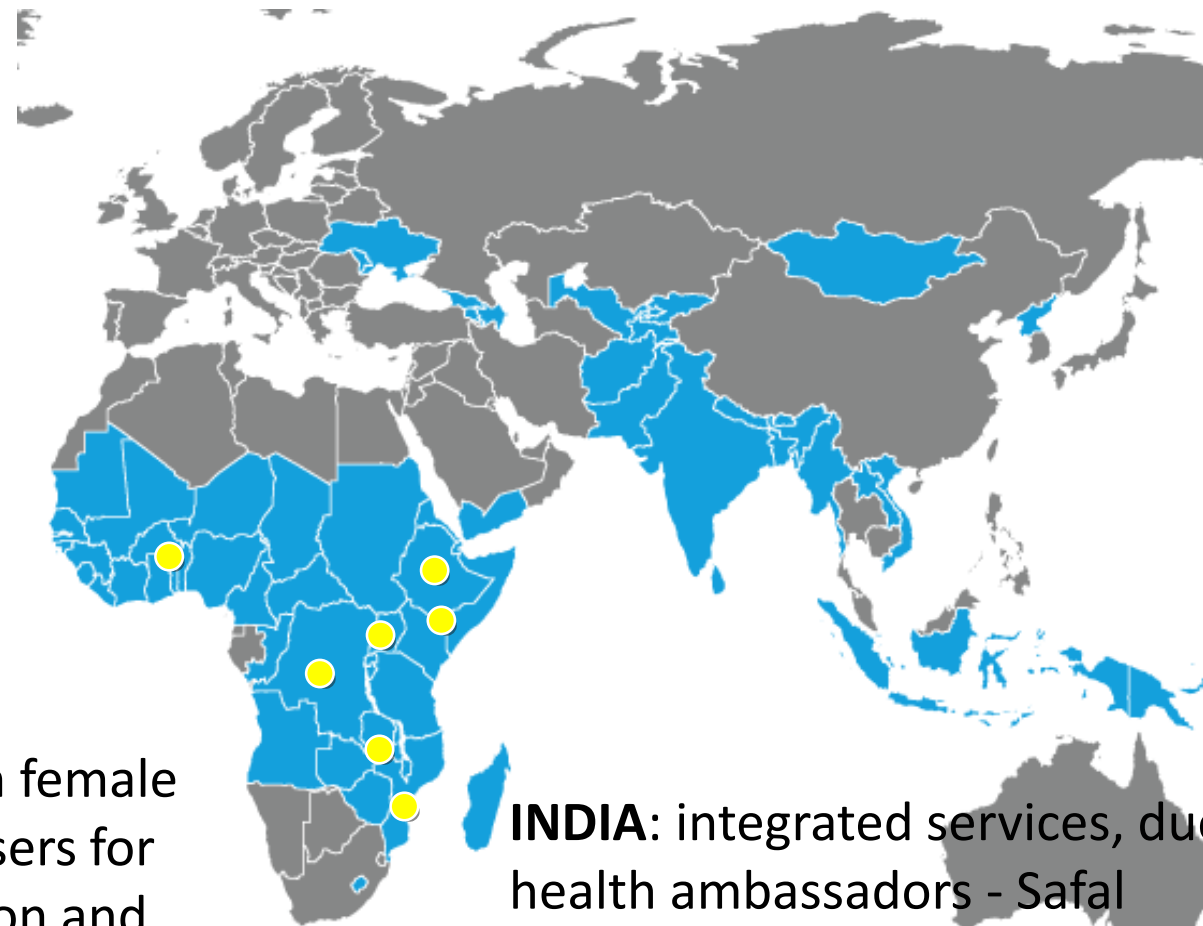
Bangladesh Immunization services made available outside of normal clinic hours to accommodate working parents

AFGHANISTAN: Leveraging female mobilisers in the polio Immunization Communication Network

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



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

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

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

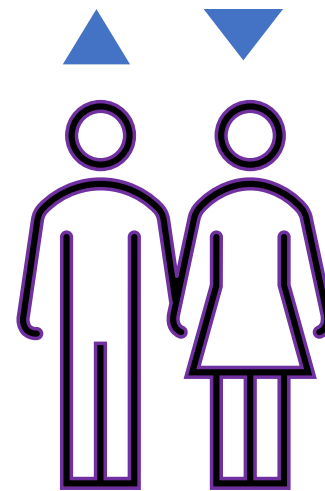
Sofia de Almeida
Helena Ballester Bon

April 27, 2022

unicef 
for every child



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)

21 July

21 Dec.

Where data is available, women represent **43% of vaccines administered** in 12 ESAR countries (source: WHO regional dashboard)

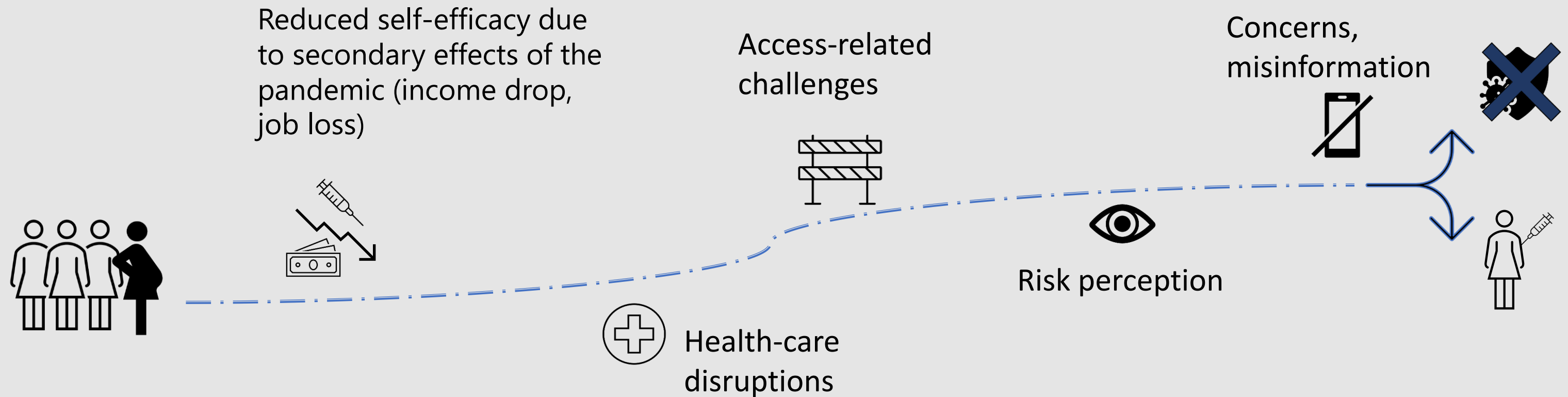
Gender disparities

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

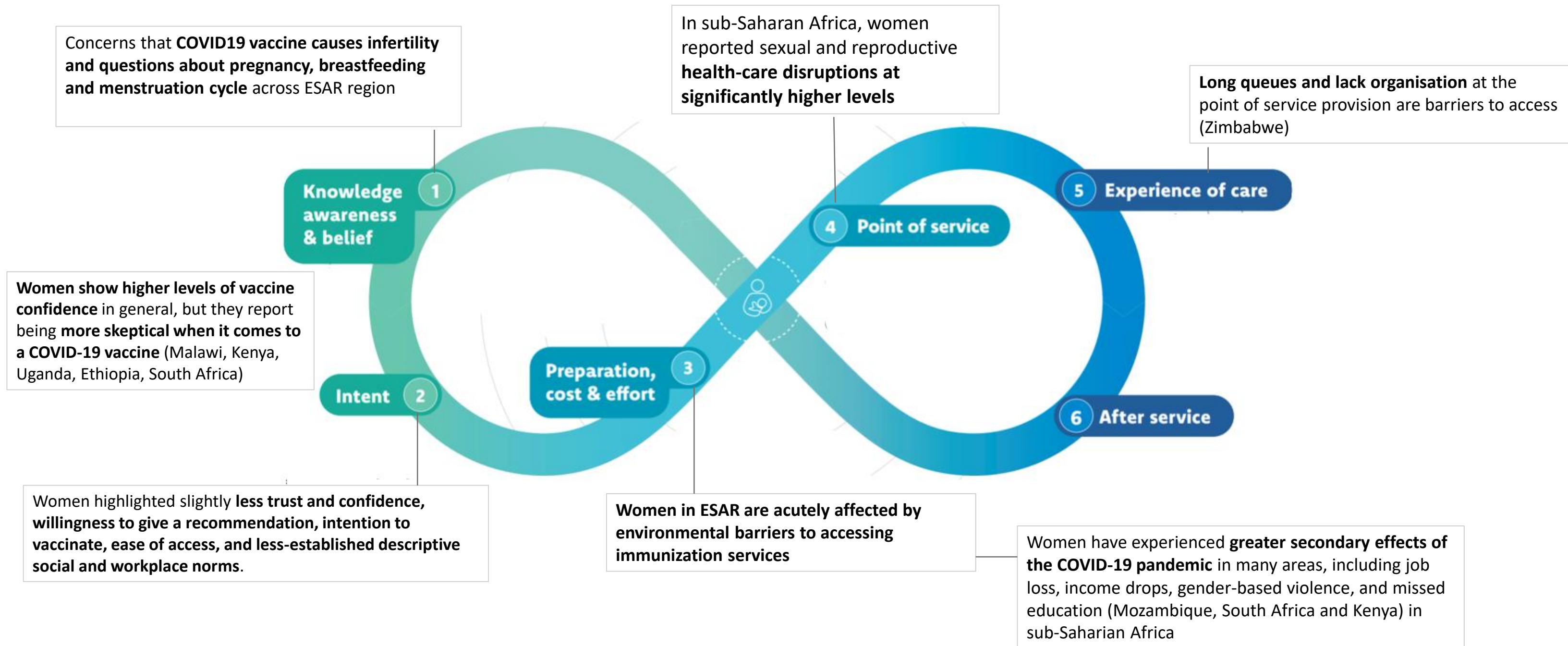
[*Data for Action #2 Gender*](#)

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

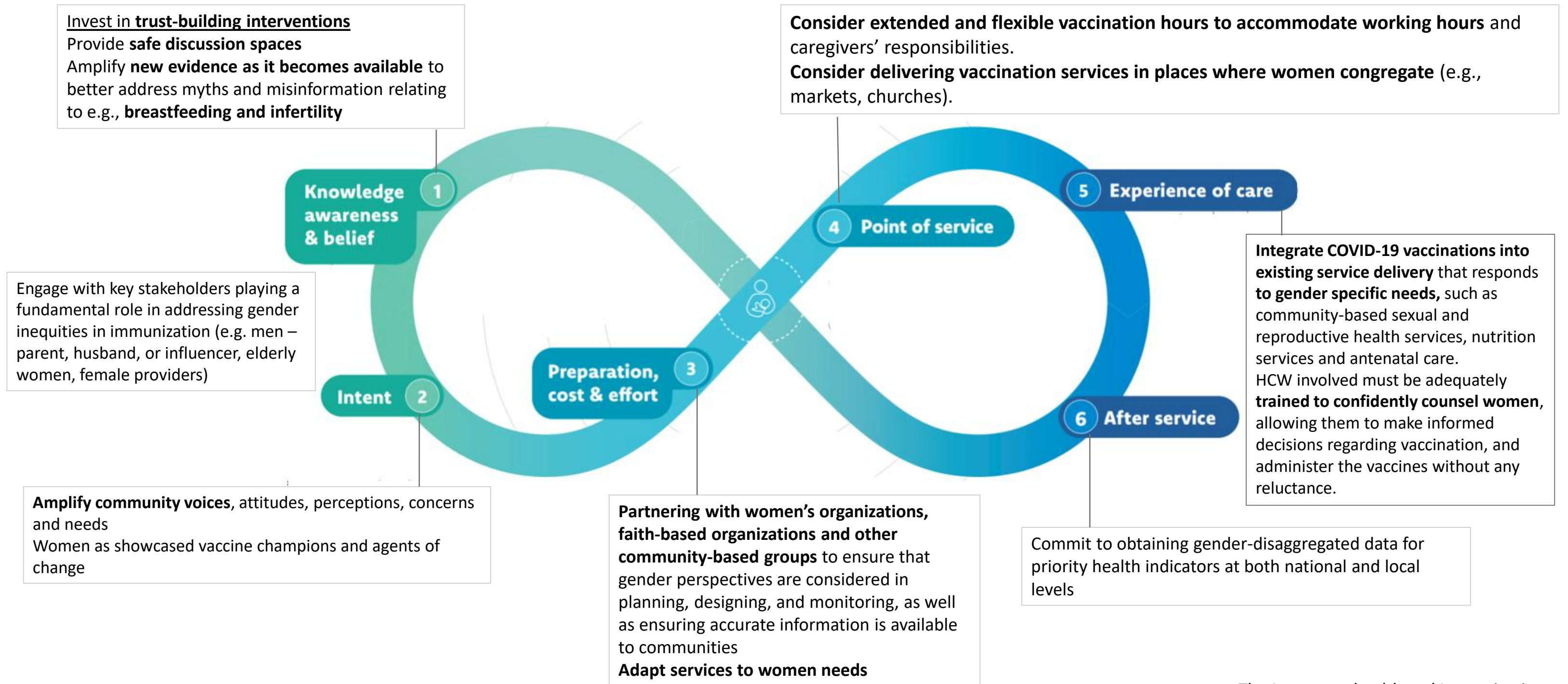
Gender-related challenges



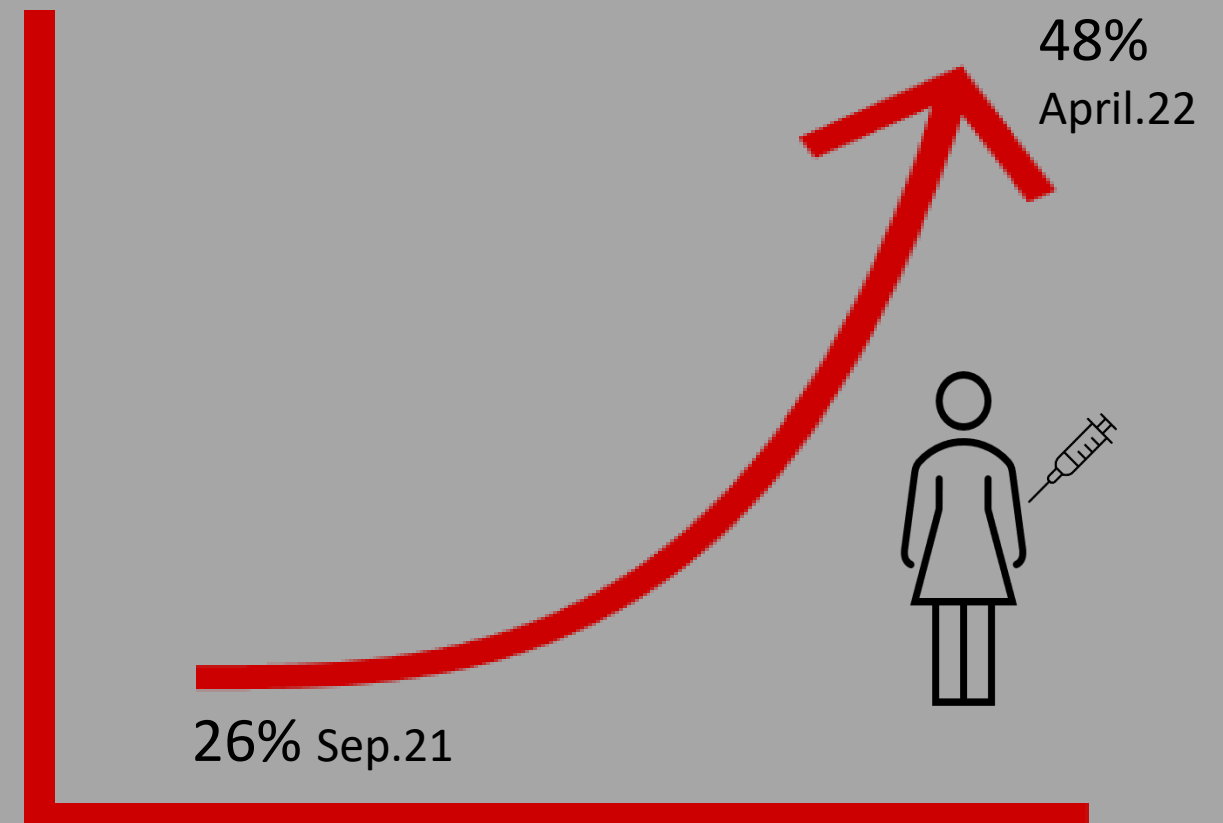
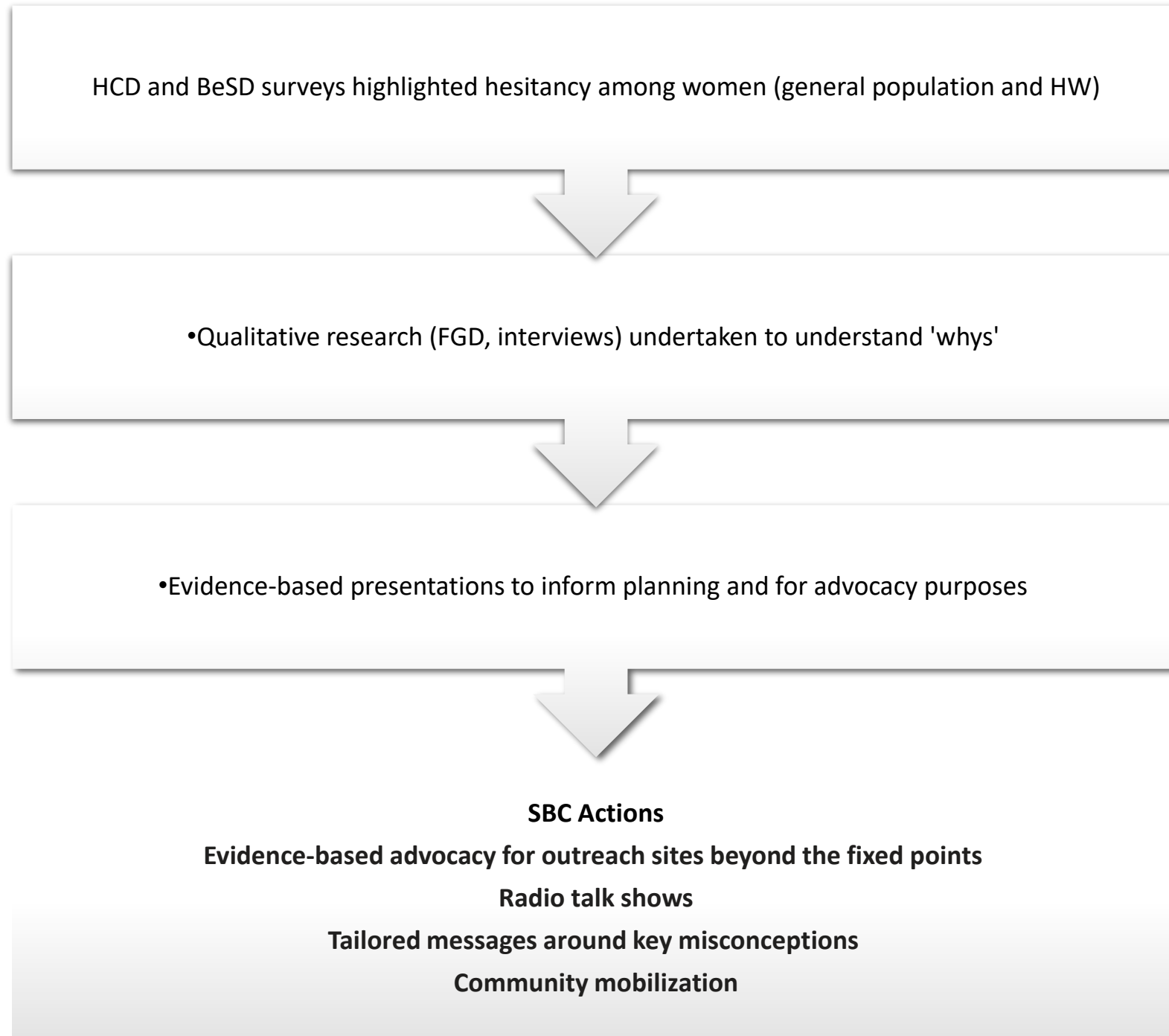
Gender-related challenges for COVID-19 vaccination



Programmatic recommendations

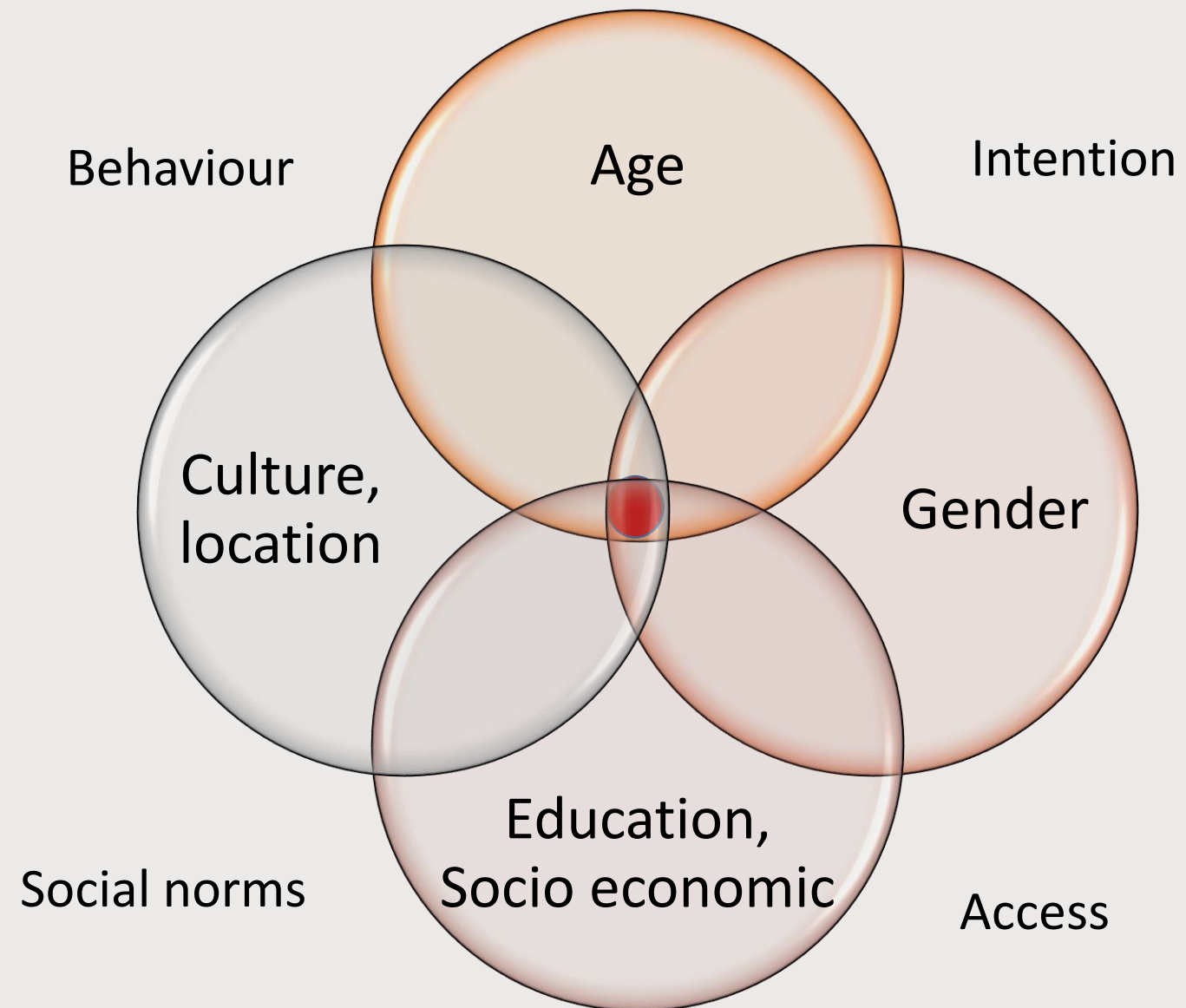


Women's uptake in South Sudan



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

Key Takeaways



- ✓ **Undertake time series data collection**
- ✓ **Ensure disaggregated data**
- ✓ **Consider segmentation studies**
- ✓ **Customize SBC interventions and reach sub target groups**



THANK YOU

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MOMENTUM Routine Immunization Transformation and Equity

World Immunization Week
Gender and Immunization

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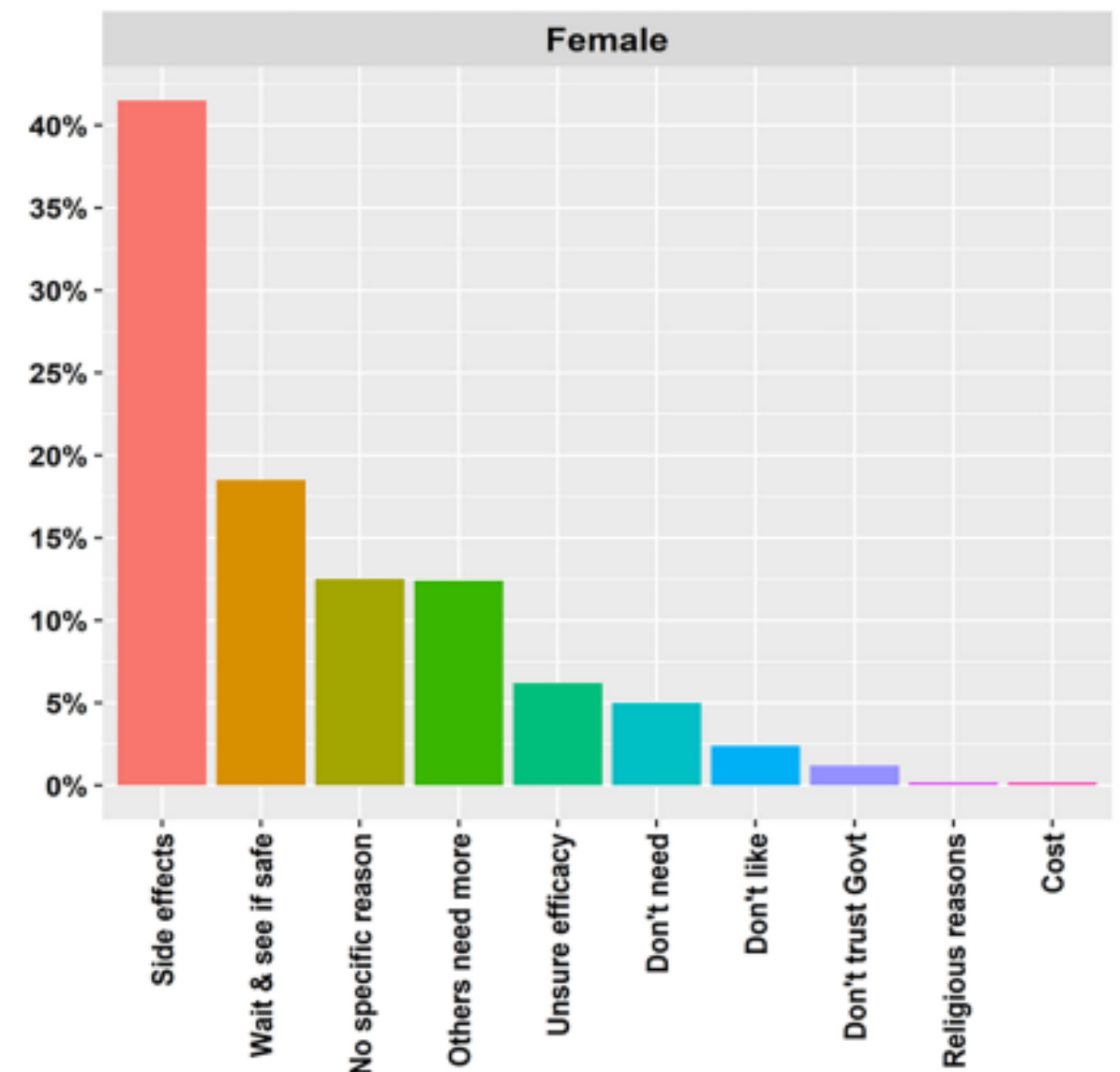
Gender Equality: COVID-19 Background

- 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>

Potential reasons of vaccine hesitancy among women



Sources: Facebook COVID-19 Symptom Survey. Weighted estimates based on combined data from 2020-12-21 to 2021-02-10

MOMENTUM Routine Immunization Transformation and Equity

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

Wonder Women Campaign

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.

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.

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.



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



As women having lesser access & priority in any welfare activity, ISAP has a special focus on women belonging to various age groups and diverse community groups.

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



Migrant women workers in tea estate

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



Women in match factories oriented by Momentum Routine Immunization Transformation and Equity in Tamil Nadu



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





Thank You

Discussion



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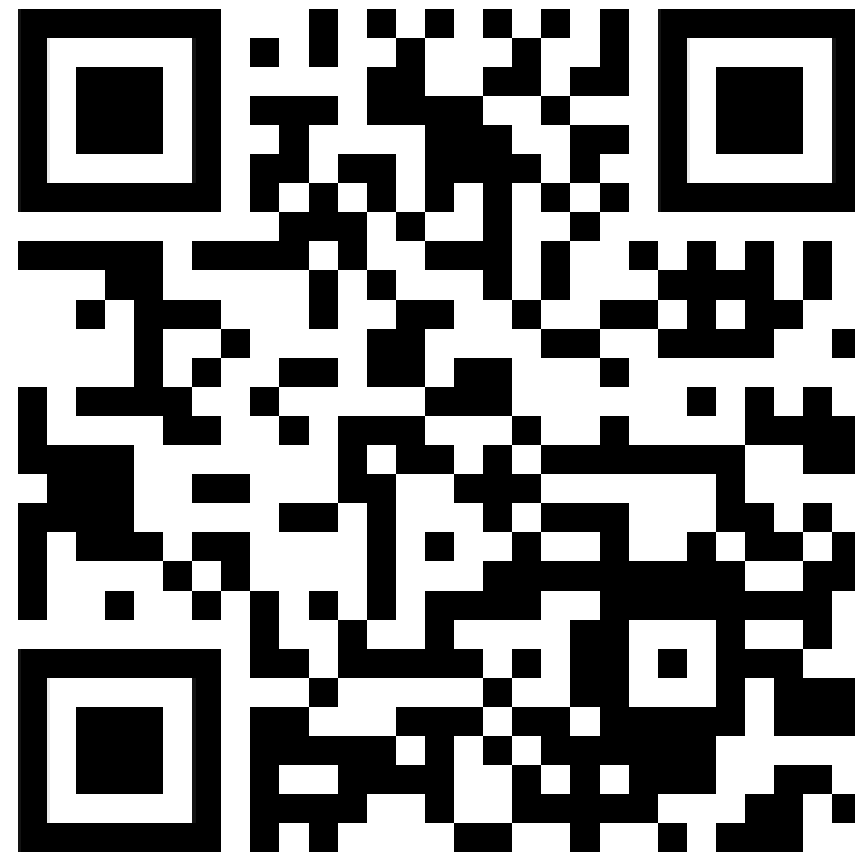
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Evaluation

Share your feedback on today's webinar!

SCAN ME!



THANK YOU

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