

Rebecca Fields ([00:00:04](#)):

Hello, good morning, and good afternoon. Welcome to this webinar today on Seeing Old Problems Through a New Lens: Recognizing and Addressing Gender Barriers to Equitable Immunization. We're very pleased to have you all with us today. I think we may just wait a couple of minutes for more people to come onto the webinar, just to make sure that there's an opportunity for everybody to hear all parts of the webinar. So, let's just wait a couple of minutes, and I see the numbers are rapidly increasing.

Rebecca Fields ([00:00:42](#)):

And I hope everybody is appreciating all of the different events that are happening during World Immunization Week. There is much to celebrate with immunization, even as there are many challenges that remain, and we'll be talking about some of those challenges during this webinar. Let's just give it a couple of more minutes for people to join. Thank you.

Rebecca Fields ([00:01:22](#)):

Good morning, good morning. Glad you are here with us, and please, as you come onto the webinar, we'd love it if you could put your name and where you are coming from into the chat box, and we will start in just another moment or two.

Rebecca Fields ([00:01:51](#)):

Great. We have MKA with us on the line, MOMENTUM Knowledge Accelerator, here in Washington. Great. And again, we'd appreciate it if you could put into the chat box your name and where you are working, who you are with. Great, great. Glad to have you all with us today. Fantastic. Wonderful to see who is with us today. So, we're just going to ... Oh wow, from Tokyo, Japan. Thank you so much for joining us today. And from Nigeria, fantastic. And from India, wonderful. From CDC, from Burkina Faso, great. From Somalia, excellent. Welcome to Zambia, welcome to South Sudan. Fantastic. And of course, welcome to our coworkers within the MOMENTUM suite of projects.

Rebecca Fields ([00:02:55](#)):

I just want to wait another minute or so, and then get going. Again, I just want to welcome you to today's webinar organized by the MOMENTUM Routine Immunization Transformation and Equity project that is supported by USAID. The topic of this webinar is Seeing Old Problems Through a New Lens: Recognizing and Addressing Gender Barriers to Equitable Immunization. Great. Tanzania, welcome, welcome. Bangladesh, fantastic to see you here with us. Okay, so I think I'm going to get going so that we don't lose too much time here. Again, I just want to welcome everybody today to this webinar on Seeing Old Problems Through a New Lens: Recognizing and Addressing Gender Barriers to Equitable Immunization.

Rebecca Fields ([00:03:50](#)):

My name is Rebecca Fields. I'll be moderating today's webinar. I serve as the technical lead for the MOMENTUM Routine Immunization Transformation and Equity

project. We are a USAID-supported project. We work towards a world in which all people who are eligible for immunization, with particular emphasis on the underserved, the marginalized, and vulnerable populations, are regularly reached with high-quality vaccination services to protect their children and themselves against vaccine-preventable diseases.

Rebecca Fields ([00:04:22](#)):

Before we get going with the webinar, I just want to do a little bit of quick housekeeping and review the Zoom environment for our webinar today. First, we really would like to ask you to use the Q&A button that's located at the bottom bar of your Zoom window when you're asking questions during the presentation, or if you need any kind of technical assistance. We love that you're using the chat feature to introduce yourself, and please feel free to share your thoughts during the presentation, but please, so that we can be systematic in responding to questions, bring your questions into that Q&A box, so press on that Q&A button at the bottom of your screen. Those questions will be visible only to you, to our presenters, and to our technical support for the webinar. If you are experiencing difficulties, our technical support people will respond to your question privately. We're going to collect your questions for our speakers, and we'll save them for the discussion period following the four presentations that we have today. So, we're going to have a series of four presentations with a poll question in the middle for all of us. I also want to point out that the webinar is being recorded, and following today's event, you'll be receiving an email with a link to the recording, as well as the slides that you'll be seeing today. Also, if there are questions that we don't get to answer during the Q&A session, we'll forward them to the respective presenters and share responses by email to all participants.

Rebecca Fields ([00:05:53](#)):

We're really happy today to have five excellent speakers. I'll be introducing each of them just before their presentations. We've planned probably over 15 minutes at the end of the webinar to answer any of your questions. All of our speakers are with us today, but just to let you know, we did record their presentations in advance, just to avoid any technology problems. So, what you're going to be hearing are prerecorded presentations, but our speakers are here with us. They're available during the Q&A, so please do share your questions, and again, we'd ask that you use that Q&A box.

Rebecca Fields ([00:06:29](#)):

Before I introduce our first speaker, I'd like to set the stage for this webinar. We called this Seeing Old Problems Through a New Lens, because over the past few years, there's been growing recognition that gender-related barriers play a role that sometimes is a little hidden in keeping the most vulnerable people from being vaccinated. And of course, this has been exacerbated by the COVID-19 pandemic, as some of our speakers will describe.

Rebecca Fields ([00:06:57](#)):

Why do I say these barriers are sometimes hidden? Well, consider a common challenge in immunization, for example, a vaccine stockout. Now, usually a stockout of a vaccine is reviewed as ... or, regarded as a supply chain problem. But most caregivers are female, and from a female caregiver's point of view, if there's a vaccine stockout, it means that she cannot get her child fully vaccinated when she goes to the health center or to the outreach session. She has to take more time off from her family and household duties. She has to renegotiate with her husband or partner for resources to go for vaccination, and then take a chance that the vaccine actually will be in stock when she does return to the clinic.

Rebecca Fields ([00:07:44](#)):

Immunization is a preventive service, and she may find that it's just too difficult to deal with those obstacles in order to take her child back for that preventive service. Her decision, if she decides not to go back, is sometimes misinterpreted as negligence or vaccine hesitance, whereas in fact, there may be important gender dimensions that underpin her decisions. So, today we're going to be talking not just about ... we're going to be talking about such gender barriers, but we don't want to talk just about the barriers. We also want to talk about what is being done to address them, and we're going to be seeing some very interesting examples of work that has resulted in improvements, demonstrating the feasibility of actually addressing gender barriers.

Rebecca Fields ([00:08:32](#)):

So with that, I'd like to go to our first speaker and introduce Dr. Folake Olayinka, my longtime coworker, who will be talking about USAID's commitment to equity for immunization over the life course for all vaccines, including COVID-19, and also the commitment to addressing gender barriers as part of the Global Polio Eradication Initiative. Dr. Olayinka serves as USAID's immunization team leader. She oversees a multidisciplinary team and portfolio, and in addition, she serves as the technical and strategy lead for USAID's COVID-19 Vaccine Access and Delivery Initiative.

Rebecca Fields ([00:09:12](#)):

She is a medical doctor with over 25 years experience in clinical practice in public health, spanning management, global leadership roles, and with expertise in maternal and child health, but also malaria, HIV/AIDS, sexual and reproductive health, adolescent reproductive health, and certainly strengthening routine immunization systems and polio eradication. She's a globally-recognized immunization expert, and she's a member of both WHO's Strategic Advisory Group of Experts, or SAGE, as well as the SAGE's COVID-19 vaccine working group. She also serves as an expert advisor on several advisory groups, including the WHO AFRO Regional Immunization Technical Advisory Group, and the malaria vaccine allocation working group. So, over to you, Dr. Olayinka.

Dr. Folake Olayinka ([00:10:07](#)):

Thank you so much for having me as part of the panel today. I'm really excited to talk about the topic of gender equity in immunization. My name is Folake Olayinka, and I'm the immunization team leader at USAID.

Dr. Folake Olayinka ([00:10:25](#)):

Gender and immunization over the life course has become a key priority in the immunization space. And we know that gender intersects with a number of factors, including the level of maternal education, socioeconomic wealth status, caste, religion, amongst other factors. And female caregivers, as well as health workers, experience similar physical, social, cultural, and financial barriers in their communities, and gender barriers to immunization can be observed across all aspects of immunization, including from the planning, decision-making, demand components, the utilization service delivery, as well as within the health workforce, for example. And we also know that addressing gender inequity is critically important for us to drive down the number of zero-dose children.

Dr. Folake Olayinka ([00:11:26](#)):

Here, we display a number of gender-related barriers to immunization. They also apply to COVID-19 vaccination. So, we have the issues around literacy education and digital gender gaps, and where you have barriers in these aspects, we know that women are less likely to receive relevant and trustworthy vaccine information. And the sources by which they receive those information also would be more challenging.

Dr. Folake Olayinka ([00:12:02](#)):

Work and domestic care obligations really make it challenging, such that women have less time and availability to move away from these obligations and go and get the lifesaving vaccines for their child, for their adolescents, for themselves or other members of the family. Experience with previous controversial immunization programs sometimes has a lingering, longstanding effect on the community, and affects the trust women have in vaccination programs, unless these rumors and misinformations or controversies are addressed. And then limited decision-making power, women often have less ability to make important health decisions in some communities, and so this affects their ability to really take the decision for vaccination, even when they have the information. There is a decision-making process and dynamics that must be well understood for us to really address this particular point. And then access to the different vaccine nation sites as well.

Dr. Folake Olayinka ([00:13:18](#)):

These are just to mention a few of them, but let me go on to some specific examples from the Global Polio Eradication Initiative and a few examples of what has worked. So, some barriers come from cultural or religious practices that keep newborns indoors and away from outsiders, or non-family members, for the first 30 to 40 days of life. Within the Global Polio Eradication program, this has hindered access to giving the newborn birth doses for polio vaccinations, which is really important in terms of priming the immune system and the gut of the newborn. Deciding to allow vaccination during mass campaigns, as we mentioned before, is not always the sole

decision of the mother. Often, in these households, part of the barriers has been other influences and influencers on the decision-making. And maybe just to mention one more, we also know that within the vaccination program for the polio campaigns, ensuring that women vaccinators are able to participate, ensure there's safe movement, private toilets, safe lodging, all these are really important considerations in terms of bridging the gender barriers within the global polio program.

Dr. Folake Olayinka ([00:15:05](#)):

Let's pivot for a minute, in terms of a few examples of what has works. We know that at disaggregating the data at all levels of the polio eradication has been so critical in understanding the issues and the progress that is being made in terms of the campaign data, surveillance, communication, and also behavior change data. These are really important to have this aggregated data, and then ensure that there are flexible schedules to accommodate women's activities, such as having the vaccinations closer to where they're working, vaccinations at the times, for example, this might be the evenings or the weekends, where women have more time and availability from their other activities to be able to take the vaccinations.

Dr. Folake Olayinka ([00:16:02](#)):

And then just as I move off this slide, I just want to mention the really, really important aspect of mentoring women to have confidence in delivering key messages around vaccination. But beyond that, they can also serve as coaches and community resources in building the community trust in immunization. This has great implications, not just for polio eradication, but also other immunization programs within their communities, so that the women become trusted voices and resources in their communities.

Dr. Folake Olayinka ([00:16:44](#)):

Looking at USAID's commitment for equity in immunization at all different stages, our work seeks to address gaps in underserved communities and populations, and ensuring that we are identifying the root causes to the inequalities, and working with stakeholders, local communities, implementing partners, and our partner governments to address them as we reach underserved communities and children. And we're very supportive of global immunization policies and strategies that integrates gender as part of their programming and approaches. There are a few that are listed below, which is the current Gavi 5.0 global strategy, Immunization Agenda 2030, and the Global Polio Eradication strategy. All have integrated and included gender as key components of their strategies and approaches.

Dr. Folake Olayinka ([00:17:51](#)):

For COVID-19 vaccinations, we have also elevated the issue of gender integration. The COVID-19 pandemic has really brought to the fore the inequities around the globe and within countries in terms of access to COVID-19 vaccines. The US government plays a leadership role in helping to bridge those equity and access gaps, and we've done this through a number of ways. One has been the \$4 billion funded contributions to COVAX for COVID-19 vaccines around the globe. We have also been

involved in direct donations and shares of COVID-19 vaccines, with 1.2 billion doses that have been committed for sharing by the US government. USAID provides technical assistance on all aspects of country readiness and delivery, including reaching communities and underserved populations, as well as high-risk priority groups for severe disease and deaths. In addition, we monitor gender integration, and also look at ways to ensure that we are addressing them, and we continue to be a strong advocate with other global partners and stakeholders to close equity gaps.

Dr. Folake Olayinka ([00:19:34](#)):

Just very briefly, we look at gender integration as a continuum in all our programming, and here we can see that our goal is to really get to the gender equality and better development outcomes. But we know that countries and communities are on a spectrum, and we want to make sure we are moving our partners and stakeholders in our development work along that spectrum, and realizing that they may be at different starting points, including from being gender-blind. And we really, really want to ensure that programs are not exploitative, but our goal would be to move them along that spectrum to ensure that it's transformative, and there's a critical examination around gender norms and dynamics, and that we help to strengthen and create the systems that support gender equality. And also support, or where necessary help to create, those equitable gender norms and dynamics, and ensure that gender dynamics and changes are equitable over time.

Dr. Folake Olayinka ([00:20:53](#)):

Just very briefly, this is USAID's Gender Equality and Women's Empowerment, our 2020 policy. I just want to pause a moment and say that this is under revision, but there are a few key principles I want to point out that underpin our commitment to equality across all genders, but really ensuring that there's empowerment, protection, and participation of all women, girls, men, boys, and all genders in their various societies. And really, looking at a number of key principles, such as engaging men and boys. This is engaging them not only in their own health, but also as allies and influencers in their homes, their communities, and also in their future lives as well.

Dr. Folake Olayinka ([00:21:46](#)):

Maybe one more thing that I will highlight here would be to ensure that we are building partnerships across a wide range of stakeholders. We know that influences around gender equality has many stakeholders and influencers, including the men, the boys, but also community leaders, religious groups, government stakeholders, women themselves as key influencers of other women, such as older women. And different socioeconomic strategies that also empower women in their livelihoods as well are really important aspects of our policy to facilitate and promote gender equality, as well as empowerment.

Dr. Folake Olayinka ([00:22:39](#)):

So, just to summarize, in terms of integrating gender into our USAID programs, we have ongoing actions and our priorities that are shown here, and we're really supporting countries in terms of the collection, reporting, the use of gender disaggregated data. This is a very important basis for which the programs are-

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Dr. Folake Olayinka ([00:23:03](#)):

... basis for which the programs are built on and used for decision making. Understanding the root causes of the gender barriers to vaccination uptake and ensuring that there's uptake accessibility for gender diverse people. Incorporating gender considerations when planning for human resources. This is really, really critical as women play an important role in building trust, but also in terms of being key mobilizers of the community and mentors in their community. Having women in leadership positions and decision making helps to make the programs more accessible, more relatable to the community social fabrics. And I would maybe just point out one or two more things, and that is really trying to facilitate opportunities to link and synergize with gender initiatives in other health areas, beyond immunization, including HIV Aids programs, reproductive health programs, broader primary healthcare programs, and development and socioeconomic as well as education programs. So important to bring those synergies together and then continue to advocate for, and monitor the implementation of gender responsive and gender transformative approaches of all aspects of our program. And so with that, let me say thank you.

Rebecca Fields ([00:24:48](#)):

Thank you so much, Folake. Thanks for providing both a thorough overview of the issues, but also keeping it relatively concise and to the point so that we can all see really the big picture. We're going to switch now to our second speaker. And we're delighted to have with us Jean Munro. Jean is the Senior Manager for gender equality with Gavi, the Vaccine Alliance. Jean will be discussing how reducing gender barriers aligns very well, actually, with Gavi's goals for equity. And she'll describe how Gavi is promoting gender equity through its strategies. Jean supports Gavi in implementing its revised gender policy, which she'll also describe. Ensuring gender equality is mainstreamed into how Gavi works, its programs and developing gender responsive and transformative immunization initiatives.

Rebecca Fields ([00:25:44](#)):

We'll also hear from Jean about how Gavi is implementing a capacity enhancement strategy for gender and immunization. Jean brings over 20 years of experience working in the area of gender equality, inclusion, and women's rights across numerous sectors. She's conducted gender audits. She's implemented initiatives in behavior change and shaping of social norms. And she has enjoyed living and working in Malawi, Ethiopia, Nigeria, and Vietnam, working with CSOs, the UN, and the Canadian government. She holds master's degrees in adult learning and global change as well as in international development. So Jean, over to you, please.

Jean Munro ([00:26:26](#)):

Thank you very much to the MOMENTUM Routine Immunization Transformation and Equity project for inviting me to this important webinar today. I'm very pleased to be able to share with you Gavi's commitment to gender equity and programming and to describe to you what that looks like in terms of steps within the Secretariat, our process for designing grant applications, as well as the types of interventions that we're now seeing in countries. I'm sure many of you have already seen the new Gavi 5.0 strategy with a vision to leave no one behind with immunization. What I'd like to bring to your attention here is that gender is central to the vision, is elevated as a principle, and it's also core to our goal on equity in immunization. We have a policy which has a goal to identify and overcome gender related barriers to reach zero dose in under immunized children, individuals, and communities, and it encompasses three main areas of work. The first is to identify and address the underlying gender related barriers faced specifically by caregivers, health workers, and adolescents. It encourages and advocates for women and girls full and equal participation in decision making related to health programming and wellbeing, and in the specific pockets where they exist, to overcome differences in immunization coverage between girls and boys. Within the Secretariat, we've taken a number of steps to mainstream across our practices.

Jean Munro ([00:28:17](#)):

The first is to galvanize our support and to enhance our capacity and understanding and skills. And we've done this through providing informal learning sessions, webinars, and sharing stories on gender and immunization. We've also developed formal training courses. So, one we're developing with George Washington University through the gender pro program, and we've developed a specific immunization track for that course. And there'll be a short course, which is about a month long and a long course. And these are intended for Gavi Secretariat and Alliance partners. We've also partnered with Bull City Learning to increase the number of videos that they have available for health workers on gender and immunization, as well as we've developed two courses with them, which will be online through the immunization academy, one for health workers and one for supervisors. Again, addressing the gender related barriers in immunization programming. The second step we've taken is to increase our coordination across the Alliance to ensure that we have more complimentary programs and to build on each other's programming guidance and lessons learned.

Jean Munro ([00:29:41](#)):

Our third approach is refining our approach and guidance. And we've done this by developing guidance to have an inclusive and diverse, full portfolio planning process. That's the process that Gavi uses to develop grant applications. And we're also promoting the use of participatory approaches such as human centered design, which we've seen as a really effective way to bring out communities' identification of gender related barriers. Our zero dose strategy integrates gender specific considerations and we've developed program funding guidance, which includes very practical gender specific interventions at all the different stages of an immunization

program. We've set expectations for gender integration in our applications, monitoring, and reporting systems. So we have guiding questions throughout our grant application. That means from our situation analysis to the theory of change, to the work plan, to the M & L plan, as well as the budget. And this is the first time that we've asked countries to mark to what degree activities will address gender related barriers, and they'll be marking that in the budget.

Jean Munro ([00:31:04](#)):

We also have a new fund available to support testing and sharing of information around gender responsive and runs transformative approaches. And this is a way to build up evidence and understanding around these areas. So that's what's happening within the Secretariat. At the country level, we're supporting countries to use the Irma framework. That's the Identify, Reach, Measure, and Monitor and Advocate framework. So the first step there is to help countries identify where, who and why there are zero dose children. And we've integrated gender in there by asking the question, "What are the barriers faced by caregivers, health workers, and adolescents?" On the reach side, this is about tailoring strategies that will be sustainable and they'll address both the supply and demand side within the immunization program. And there, we've also supported countries to identify the gender related barriers and ensure that they're addressed through specific interventions.

Jean Munro ([00:32:16](#)):

The next step is to measure and monitor. And this we're moving forward by ensuring that the monitoring is happening on a much more rapid pace than has been done before, and we're encouraging sex and gender related data to be measured and monitored. And then of course, on the advocacy side, that's the step to use evidence to make a case for political attention and resources. And for gender we want to ensure there that we're building the emphasis and evidence and we're strengthening the political will towards addressing gender barriers.

Jean Munro ([00:32:53](#)):

So, if we take that framework and we look at zero dose communities, we often see high zero dose populations in urban slums, in remote communities, and populations in complex settings. And if we do a gender analysis, we can find different types of gender dimensions in those different communities. And again, this is an important step that we're doing with countries to ensure that they have identified what the barriers are. Another really effective way that we've helped identify what the barriers are, is using something called the behavior and social driver framework, and this really asks the question, "What drives uptake?"

Jean Munro ([00:33:47](#)):

And you'll see, on the left hand side, we ask people what they think and feel around vaccine benefits and safety, and also what the social processes are in terms of their decisions around going for vaccinations. And it also looks at motivation. So, family's intention to get the vaccines for their children. And although this is out of the power

of caregivers, we also look at the practical issues that they face to access the vaccines. So we see these as core steps that an individual will take and have to go through in order to get their children vaccinated.

Jean Munro ([00:34:34](#)):

If we look at the social processes, there's some key questions that we've learned have given us really important information to help design effective immunization programming. So, for example, using this framework, there are survey questions which ask about decision autonomy, and it asks, "In your family who has the final say about whether a child will be vaccinated,?" Or there's a question about travel autonomy. So if it was time, "Would you need permission to take your child to the clinic?" And these are questions which we have not been asking in the past and which really give us information that is key to designing a program which will effectively reach the communities and particularly the communities that we continue to miss.

Jean Munro ([00:35:27](#)):

So moving forward on the question around who has a final say about vaccinating your child, I'm just sharing with you a graph that compares the responses over a number of countries. And you'll see here, the top two country here is Uganda. And you'll see the yellow means that both of the parents have final say. The green means the mother has final say. The purple is the father. Red is the grandmother and blue is an other caregiver. Now in the past, we've just assumed that a mother would have the final say as she's the one who is normally in charge of children. So asking these questions gives us really relevant information for how we would change who we reach out to, how we message about it, and it helps question our assumptions. So that's just one step that we're taking or working with countries to use this framework to help get more detailed information for more effective programming.

Jean Munro ([00:36:38](#)):

And there's a number of other interventions. Based on that information, we've developed other gender responsive interventions which are addressing different barriers. So again, along the lines of who has the final decision, we're looking at different approaches that promote the involvement of fathers in immunization. So we're working in Zambia, Mozambique, Togo, Afghanistan, to promote involvement of fathers. In India we are integrating services and as well, having a dual health ambassador, so both men and women health ambassadors work with parents. So both mothers and fathers to improve father's involvement in immunization services. In Somalia to overcome the barrier of few women being involved in vaccination and many caregivers not wanting to access vaccination services by men. There's a promotion of female vaccinators in Somalia, as well as Afghanistan.

Jean Munro ([00:37:54](#)):

And I think there's one barrier that many people around the world face, and that's just the clinic hours being not open at the time that accommodates working parents. So in Bangladesh, they're extending the clinic hours and we are watching that to see how well that will actually address some of the barriers that working parents,

particularly women, face when they're trying to access the services. So these are just some examples of areas that we're trying through Gavi programming, and we're measuring the results of those, but I'd be happy to answer any questions during the Q and A about other steps that Gavi is taking to promote gender equity across its immunization programming.

Jean Munro ([00:38:45](#)):

Thank you.

Rebecca Fields ([00:38:48](#)):

Thank you so much, Jean. That was a really rich presentation that shows just how comprehensive Gavi has been in developing and starting to implement a strategy that addresses various needs for recognizing and addressing gender barriers. I would just like to remind people if they could please put their questions into the Q and A button. Add your questions there so that we can be sure to capture them and respond to them systematically.

Rebecca Fields ([00:39:17](#)):

Before we move on to our next presenter, we'd just like to take a minute or two to do a poll question and ask your views on what do you view? What do you see in your experience as the most important gender related barrier to equitable childhood immunization? We've got about six different options here, as well as the option of other, if you choose to write something into the chat box. That is possible as well. And we would ask you to just select one. I mean, I think we probably all recognize that there are multiple gender related barriers, but we'd really ask that you focus on the one that you think really deserves the most attention or is the most prominent in your experience. So we're just going to take a minute or two, about 30 seconds actually, to provide your response. And I think you've seen where you can do that. And if there are any issues with that, just let us know. And then we'll take a look at the responses before we move on to the next speaker.

Rebecca Fields ([00:40:27](#)):

And we will be showing the responses in just a moment here.

Rebecca Fields ([00:40:42](#)):

Okay. So very interesting to see that we see, and I'm not sure how many responses we have here. 1050. We've got about, about 20, 15, no 16. 16 responses. Sorry. And I'm not sure if responses are still coming in. I can't tell. But what we're seeing here is that what comes out as the top two, for those who have submitted responses thus far, are mothers facing conflicting priorities and responsibilities and mothers facing lack of support from other family members for taking the child for vaccination. So thank you very much for that. Those are issues that as I think you were hearing a couple of moments ago, both from Felaki and from Jean, are very important issues that need to be addressed. And again, taking into account what is important from the caregiver's point of view. And again, usually we see that the caregivers are female.

Rebecca Fields ([00:41:50](#)):

And thanks again for your comments in the chat box. We certainly welcome them. And again, we would ask that if you do have questions, please put them into the Q and A box with the button that is at the bottom. So moving on to our next speaker, I'm pleased to introduce Dr. Sofia de Almeida. She works in the Social and Behavior Change Section in UNICEF's East and Southern Africa Regional Office. She is also an integrated researcher at the Center for Research and Studies in Sociology in Lisbon, Portugal. Dr. Almeida will describe her work across several countries in the sub-region of East and Southern Africa to both identify and analyze gender barriers to immunization, particularly in this presentation with reference to COVID 19 vaccination. And she's also going to describe the measures taken to reduce barriers and share some of the really exciting emerging findings.

Rebecca Fields ([00:42:46](#)):

Dr. Almeida has been working in social and behavior change advocacy and communication in international development and humanitarian action with the UN and with international NGOs for about 12 years now. In her current position, she provides technical assistance to over 21 country offices in East and Southern Africa. She coordinates and supports data collection initiatives, particularly related to demand for immunization and works on the development of tools, guidance, and analysis to inform planning and decision making in that sub region. She also coordinates the technical working group on vaccine demand for this sub region's COVID Vaccine Readiness and Equitable Delivery Working Group. So with that, over to you, Dr. Almeida.

Sofia de Almeida ([00:43:36](#)):

So good morning, good afternoon. I'm delighted to be here today to present some of the work done across Eastern and Southern African countries on gender immunization with reference to COVID 19 vaccination. I will share social [inaudible 00:43:50] findings and programmatic recommendations to contribute for equitable vaccination. The first slide shows different challenges on gender and COVID 19 vaccines. According to WHO Dashboard in July 2021, women represented only 27% of the vaccines administered. However, only 11 countries out of the 19 countries that were introducing COVID 19 vaccines at that time were reporting this aggregated data by gender. In December 2021, the data shows some improvements. Where data is available women represented 43% of doses administered in 12 countries as a region. A significant disparity was identified due to different reasons. Limited disaggregated data, timely reported, inequal uptake of COVID 19 vaccines, and several access related challenges to get the vaccine. Data collection efforts have been made to identify [inaudible 00:44:54] and challenges and bring the uptake of women in the region and to use this evidence to inform planning. From data collected, we confirmed that women faced several challenges during the journey to get vaccinated. Women experienced massive secondary effects of the COVID 19 pandemic in different areas, including job loss, income drop, or gender based violence. That reduced their ability to complete their vaccination. Additionally, women reported sexual and reproductive healthcare disruptions at significantly higher levels. Evidence shows

that in some countries, more women reported challenges on accessing vaccines when comparing to men. And although women in some countries have a higher risk perception of COVID 19 than men, they have lower levels of acceptance of the vaccine. They have more questions and specific concerns about COVID 19 vaccine that are followed by misinformation, and that needs to be addressed and clarified to activate intention to get the vaccine.

Sofia de Almeida ([00:45:57](#)):

This slide shows several challenges faced by women in each phase of the journey toward immunization.

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Sofia de Almeida ([00:46:02](#)):

By women in each phase of the journey to health and immunization. Findings from different sources highlighted concerns and questions around pregnancy, infertility or breastfeeding. These have been showed by social and viral data, across as a region, as well as by digital social listening. These concerns, fears, and questions, that are fueled by misinformation circulating among communities and through social media, affect how women think and feel about COVID-19 vaccines. Even when women show higher levels of vaccine confidence in general, data shows that they are more skeptical when it comes to a COVID-19 vaccine in five ASA countries.

Sofia de Almeida ([00:46:41](#)):

Analysis of social and viral surveys among general population and health workers, shows that women have lower levels of trust and confidence on vaccine when comparing to men. They have also less willingness to recommend the vaccine, less perception that their communities and coworkers will get the vaccine, and also slightly less intention in some countries. And finally, they have reported less ease of access to COVID-19 vaccines.

Sofia de Almeida ([00:47:10](#)):

Moving to the third phase of the journey to health and immunization, we can identify several barriers faced by women when they try to access immunization services. From the social economic impact of the pandemic to access related challenges. And this includes lack of time due to domestic responsibilities, women that are unable to walk long distances to the vaccination site. Some are willing to get the vaccine, but don't have transport money to get to vaccination sites, and they have limited knowledge about vaccination sites close to their areas. The healthcare services have been disrupted, and when women access the services, they can face challenging experiences, such as long queues and lack of organization. Same goes to vaccination sites expecting some clarifications to take informed decisions, and some can turn around without being vaccinated for several reasons, such as limited information and availability of vaccines or long time waiting. And after the service, there's a need to continue monitoring the situation.

Sofia de Almeida ([00:48:17](#)):

So, what can be done to address those challenges? We have been providing a set of programmatic recommendation based on evidence that have been implemented in the region. Trusting vaccines and services in different sectors can play an important role on accessing immunization services. That's why it's so important to invest in trust building interventions, by providing safe space for discussions, with experts and facilitate community led conversations to clarify questions on vaccine safety, efficacy on adverse events following immunization, and to address concerns and perceptions to reinforce trust in vaccines.

Sofia de Almeida ([00:48:56](#)):

Also, amplify new evidence as it becomes available and fight massive fatigue to dispel misinformation. Engage with key stakeholders, as men play an important role in decision making about vaccines for women. Their participation may also be essential to making sure women can access immunization services. It's also important, publicize the prevailing social and work norm by showcasing female influencers, religious and community leaders, and health workers getting the vaccine, as well as positive women interest stories. Partnerships can also play an important role, not only to build trust and increase positive social norms, but they can also play an important role on improving access. So, partnering with women organizations, faith based organizations, and other community based groups, is important to ensure that gender perspectives are considerate in planning, including micro planning exercises on designing and monitoring, as well as improving access to vaccines. So what we need to consider to improve points of service, is to adapt service to women needs. Which means with consideration to local dynamics, increase the number of vaccinators, female mobilizers, and sites for vaccination. Also deploy community mobilizers to areas with low immunization rates, particularly in settings where facility based health services are not easily accessible areas. Also consider delivering vaccination services in places where women congregate, for example, markets, churches, or mosques, workplaces, or food distribution sites.

Sofia de Almeida ([00:50:39](#)):

But outreach, it's not the only way, so consider integration of COVID-19 vaccination into existing service delivery and explore partnerships with private sector to improve transport, for example, providing travel vouchers. So, by adapting services to women needs, we are ensuring better services provided, and therefore we are improving experiences, building trust in healthcare workers and health services. To improve experiences of care, we also need to ensure healthcare worker's training preparation. And finally, we need to ensure adequate monitoring and evaluation framework and need to obtain gender desegregated data for priority of in indicators, both national and local levels.

Sofia de Almeida ([00:51:28](#)):

This slide provides a country example showing how evidence based intervention can contribute for equitable vaccinations, scaling of COVID-19 vaccination among women. South Sudan is one of the countries facing gender related challenges. Here, UNICEF

supported quantitative and qualitative research using human-centered design approach and behavioral and social driver survey to understand why it's hampering the uptake in regions with low performance, in order to gather informed planning and decision making. Some of the key findings are in line with the regional trends that women trust less in vaccination, they are more [inaudible 00:52:08] and face more access related challenges than men. And based on these, we've developed and implemented some of the programmatic recommendations already present in the previous sites. Also, a strong evidence based advocacy for outreach sites beyond the fixed points, was made alongside with other activities such as radio talk shows with two way communications, tailored messages based on qualitative findings about gender related issues and a robust community mobilization. And the implementation of those interventions was critical to increase uptake among women from 26% in September 2021 to 48% in April 2022.

Sofia de Almeida ([00:52:54](#)):

So, this final slide is to highlight the importance of behavioral insights to inform planning and decision making to contribute for equitable vaccination. Social sciences and qualitative research are needed to understand and provide evidence to address disadvantages and to uncover the root causes of inequity. We need to understand where inequities exist, but also who they affect and why they exist. We need to ensure time series data collection to understand social and viral change. And an important step for integration of COVID-19 vaccines into immunization is considered disintegration on data collection analysis and used for COVID-19 vaccination, but also for immunization and other health services adjusting tools and using opportunities for combined exercises.

Sofia de Almeida ([00:53:45](#)):

We need to obtain data desegregated by gender, but we need to go further because women are not a homogeneous group, so we need to know profiles considering specific context, challenges, and perceptions, in order to customize interventions to be more effective, and these allow us to reach sub-target groups with tailored interventions. So, investing in trust and self-efficacy ensures evidence generation and use of data to informed planning and improve access can contribute significantly to achieve the goals of high and equitable vaccination coverage. Thank you very much for listening.

Rebecca Fields ([00:54:27](#)):

Thank you so much, Dr. Almeida. Thank you for introducing the slides about the journey to vaccination, not just the obstacles that are being faced by women, but also some of the potential solutions. Again, the idea that there are things that can be done is critical to actually spurring the taking of action. So, we have heard now from speakers from the global level with, with USAID and with GAVI, as well as from the regional level.

Rebecca Fields ([00:54:59](#)):

We're going to move on now to hear about country level activity in India, and I'm delighted to introduce our two speakers from India. Anumegha Bhatnagar is the risk communication lead on Momentum's routine immunization transformation and equity program in India. She has particular interest in innovative models in healthcare and developing technology driven solutions for improving healthcare. Dr. Anuradha Sunil is the medical director of the Indian Society of Agribusiness Professionals, or ISAP for short, which is a sub-awardee to the Momentum Project in India. Momentum Routine Immunization Transformation and Equity Project in India. She completed her medical degree at Madras Medical College, she's a member of the Royal College of General Practitioners of the United Kingdom and holds a diploma of the Faculty of Sexual and Reproductive Health.

Rebecca Fields ([00:56:01](#)):

She worked with the national health services in the UK for many years in primary healthcare and acute hospital trusts. She has over 25 years of experience in healthcare across the entire healthcare spectrum. So we're going to start off with Anumegha Bhatnagar providing an overview of the work around gender and immunization, that Momentum Routine Immunization Transformation and Equity is doing in India with specific applicability to COVID-19 vaccination. And then Dr. Anuradha will discuss the action of ISAP to recognize and also mitigate gender barriers and promote COVID-19 vaccination among specific populations. So, over to you Anumegha.

Anumegha Bhatnagar ([00:56:47](#)):

Hi, good evening everyone. I'm Anumegha Bhatnagar, risk communications lead in Momentum Routine Immunization Transformation and Equity Project, and I'm joined by my colleague and partner, Dr. Anuradha Sunil, who's the medical director with Indian Society of Agribusiness Professionals.

Anumegha Bhatnagar ([00:57:05](#)):

So, as we all know, India has been implementing the world's largest COVID-19 vaccination campaign. And one of the most challenging aspects of the campaign has been to mobilize and convince women to get vaccinated, as the fear amongst women has been higher as compared to men. Prominent reasons for gender related non-vaccination were given by pregnant women, lactating mothers, transgender, migrant workers, and family members who were hesitant to send the women for vaccination. There were potential reasons for vaccination hesitancy that were given out by respondents, and the top three out of those were the fear of side effects, a wait and watch kind of approach, and the thought that others need it more than the woman needs herself.

Anumegha Bhatnagar ([00:57:52](#)):

And as the COVID-19 vaccination rolled out in India, it has really focused on reaching out to women and gender diverse people quickly and efficiently. The interventions in the gender space has been exponential amongst all the people who have been vaccinated. India's vaccination sex ratio at 9.9 females receiving a dose for a

thousand males is one of the highest ones. However, when we look at it from a state-wise lens, only 14 out of the 36 states in the Union territories have a better vaccination sex ratio than on average, India's, which is largely led by the Southern regions. Our project Momentum Routine Immunization Transformation and Equity, which is supported by USAID since November 2021 has helped more than three million people in 18 states receive their last recommended dose of a COVID-19 vaccine. And out of which, 57% have been women, which belong to vulnerable and marginalized population subgroups. The project focuses on improving access to COVID-19 vaccination amongst women and gender diverse communities who are pregnant and lactating, members of the transgender community, and migrant female workers, are engagement strategies, largely focused on development of gender specific communication materials in multiple formats. Something that can really be utilized from a community based poster to our focus group discussion, to an awareness rally, or to social media posts. Women's rallies have been instrumental in increasing awareness. Involvement of women community and religious leaders has helped us move the needle and organizing specific vaccination camps for older women and transgender women have given us some good results.

Anumegha Bhatnagar ([00:59:40](#)):

To also leverage and mark the International Women's Day, the project had rolled out a Wonder Woman Campaign where the stories of women who led from the front and overcoming many barriers to help vaccinate people against the COVID-19 virus, one narrated through social media and on-ground engagements. On social media, right from these posts to individual stories of Wonder Women on social media platforms, of our partners, of our government, of our state governments were utilized extensively to celebrate the role of women enrolling out the world's largest vaccination drive. The posters were developed and displayed for on-ground events and activities, and projected on screen during the congregations. A book led to compile all these stories together was developed and disseminated to the government officials, which also marked as a memento for this particular location.

Anumegha Bhatnagar ([01:00:34](#)):

Now, working with pregnant women, we've seen certain key challenges which have been very specific to this particular subgroup. For example, identification of these women, you need to know where are they, where do they stay, at what period of their pregnancy are they in. Their motivation on safety is really low. They do have their reasons for vaccine hesitancy, going to health concerns. And when it comes to a mother with her expecting child, the reasons compound a little more. So the strategies developed and deployed by the project focused on development of communication materials on COVID-19 vaccination part, specifically pregnant women and lactating mothers in different regional languages for all these multiple states. A very robust data capture system was also put together to record information on pregnant women's vaccination in the state of Maharashtra. We also worked closely with the maternal and child division to promote vaccination for pregnant women during Antenatal care checkups. I think as an outcome, increased coverage of vaccination amongst pregnant women and increase in knowledge levels of the beneficiaries has been strong to mobilize the women here.

Anumegha Bhatnagar ([01:01:47](#)):

Now, breaking gender barriers by supporting the transgender community. The transgender community, as we know, all the third gender, as recognized in India, already faces a lot of social stigma, violence, and denial of social benefits. Vaccination is not a priority amongst this group and beneficiaries are not fully aware of where and how to avail the service. This community has various medical challenges, they have ongoing hormonal replacement treatment, so they are already clouded with doubts about the safety of vaccine. And how specific is this? Is it due to their own group? So, to leverage and mobilize this particular community, the project identified key influences within the community. They developed engaging material, for example, a bridge here to mobilize and appeal for vaccination amongst the third gender community members itself.

Anumegha Bhatnagar ([01:02:39](#)):

Working with third gender welfare, both in other societies, exclusively established for transgender and marginalized communities, has helped us in mobilizing them for vaccination. Meetings and advocacy engagements with state [inaudible 01:02:54] society in Northeast and other regions to collaborate for targeted interventions, has also improved coverage. Increase in awareness levels amongst the transgender community has been our biggest outcome. They have been more informed, they have taken informed decisions when it comes to vaccine decision making. The transgender community has now started to take vaccination with confidence. Also, leveraging existing platform or interventions, aligning with the existing health system to support and increase vaccination coverage for the special priority group has worked for us. I now request my partner, Dr. Anuradha, to kindly take up from here. Thank you.

Dr. Anuradha Sunil ([01:03:37](#)):

I'm Dr. Anuradha Sunil, I'm the medical director with ISAP India. ISAP is a reputed Indian NGO established in the year 2000 with PAN India footprints. ISAP is implementing the momentum routine immunization program in eight districts spanning across the two states of the Maladu and Jakhan. ISAP has developed specific strategies to work with vulnerable women and established partnerships at the district level, as women are having lesser access and priority in many of the welfare activities. We have a special focus on women belonging to various age groups from adolescent, reproductive, and the elderly women, and also amongst the diverse community groups like transgenders, migrant workers.

Dr. Anuradha Sunil ([01:04:24](#)):

So we have faced specific challenges in mobilizing and supporting women migrant workers. The foremost thing is the fear of safety leading to hesitancy, and also myths around the side effects leading to potential loss of daily wages and also inability to care for their families and children. They also have busy schedules leading to missing out on the awareness activities and vaccination camps, which normally happen during the work hours. And we also had difficulty in mobilization and vaccination at workplaces due to hesitancy from the employers.

Dr. Anuradha Sunil ([01:04:59](#)):

So, to overcome these challenges, we have developed and deployed specific strategies, which are very much hyper-local in nature, that is very specific to the geographic locations where we are working, and also customized plans were developed as per the local context. So, initially the project districts were mapped as per the predominant industries and also entities having a very high density of women workers. We involved peer leaders in creating awareness amongst the women, and also, we developed and deployed women centric IEC materials.

Dr. Anuradha Sunil ([01:05:34](#)):

As a part of our mobilization and awareness creation, we started door-to-door vaccination during the out-of-hours to reach out to these farm workers and other unorganized work sector. We have also arranged special vaccination camps at workplaces in convergence with the employers and women community institutions. We developed and deployed technology solutions for creating awareness. We sent out a huge number of reminders and also messages about side effects counseling. There was also convergence and partnership with other women-centric government schemes. Several of these districts have specific women programs where a large amount of women beneficiaries are enrolled, so we reached out to these government institutions for partnership.

Dr. Anuradha Sunil ([01:06:24](#)):

As a result of our activities, we had very meaningful outcomes, which is resulting in increased number of vaccination amongst migrant workers, and also improved awareness among them. There is also a better awareness amongst the employers, where then they realized the benefits of COVID-19 vaccination versus sickness, absenteeism. They were more proactive in providing vaccination support. There was also collaboration and convergence amongst women community level institutions for enabling us to do the onsite vaccination. So we can see very beautiful pictures of reaching out to women workers in specific industries like matchbox industry, peanut, candy factories, farm laborers. These are so some of our target groups who we have enrolled for vaccination. Thank you.

Rebecca Fields ([01:07:11](#)):

Thank you so much. I think this experience from India demonstrates that, in fact, it is possible to both identify and really define what some of the obstacles are, the gender related obstacles, to, in this case, COVID-19 vaccination, as well as it is possible to take action to address those obstacles.

Rebecca Fields ([01:07:43](#)):

Just a couple of things here. We're going to move into the question and answer period right now. And again, just a big thank you to all of our speakers for such rich presentations with so much content and practical, really practical, information. We will be posting links to some of the relevant documents in the chat box, documents that we have received from Dr. Almeida and Jean Munro. We'll also be including links to those documents in the follow-up email message that we sent to all people who

have registered for this webinar, even those who were not able to participate directly today. So there will be opportunities to get the slides, get the recording, and get access to some of the relevant documents.

Rebecca Fields ([01:08:36](#)):

So we do have a number of questions that came into the question and answer box. And again, if you have more, please do provide them in the Q and A box. So we've got some online responses to the individual askers of those questions, but I just wanted to come back to a couple of these questions. So, a couple of them pertain to data, a couple of them pertain to giving examples about-

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Rebecca Fields ([01:09:03](#)):

... all of them pertain to giving examples about building trust in vaccination and how to make sure that women are able to get the information that they need. And we've got a couple of questions relevant to developing and implementing an organizational gender strategy. So I'd like to start with the question around data.

Rebecca Fields ([01:09:26](#)):

And I just want to bring to Folake Olayinka's attention, a question that came up here about the following. Can you please share more information about how USAID is encouraging countries to collect and use gender data? What kind of data? And how will it be collected? So, Folake, over to you for that question about data and what USAID is asking for.

Dr. Folake Olayinka ([01:09:58](#)):

Thank you very much for that question. And this is really a very fundamental issue to be able to have the data that helps us to understand more about the gender related issues. So some of the ways that USAID is really integrating and supporting our programs to collect and use the gender related data. One of the first things that we're asking for is to incorporate a gender analysis into the program scope of work and into their plans for their implementing.

Dr. Folake Olayinka ([01:10:45](#)):

And so having that gender analysis, which helps to already determine what are the gaps, what is existing to get a little bit at what are the underlying issues, is a very important first step and really generates a lot of information that is useful in terms of the programming and the solutions.

Dr. Folake Olayinka ([01:11:07](#)):

The other thing I would say is that based on the analysis, but also the interaction with the government and stakeholders, you begin to understand the reasons or where the data is. In some cases, the data needs strengthening digital solutions.

We're able to certainly work with our implemented partners to help bridge some of those gaps.

Dr. Folake Olayinka ([01:11:34](#)):

In some cases, those systems don't exist. And so you're starting at a different level in terms of developing the tools, developing an orientation and the system, I think, to collect and use them. And the last part that I would just highlight is in terms of using this data. By asking for this data in our decision making processes, it's an important way of facilitating the use of the data.

Dr. Folake Olayinka ([01:12:06](#)):

Asking the questions, and also linking the decision making to ensure that gender lens is brought into all aspects of the programming, whether it's a planning implementation that monitor. You keep really intentionally incorporating that gender lens, which facilitates and promotes the use of such data.

Dr. Folake Olayinka ([01:12:34](#)):

There are a wider variety of types of data that can be collected in terms of who is using the service, underlying reasons. You can also do behavioral reviews and assessments. So there are a range of data types that can be collected to really identify gender issues on all aspects, but also in terms of creating solutions around them and monitoring the implementation.

Rebecca Fields ([01:13:13](#)):

Thank you so much, Folake. And I really appreciate how you stress the point about using the data. That's where data becomes valuable after all, right? It's in how it is used. How it informs the development or the adaptation to programs.

Rebecca Fields ([01:13:26](#)):

Just as one example for the Mozambique Country program for momentum routine immunization transformation and equity, we have an indicator that is about making sure that there is female caregiver engagement in micro planning processes to determine when and where immunization services will actually be provided.

Rebecca Fields ([01:13:50](#)):

We need to monitor this over time so that we can actually see, are we doing a good job in recognizing and incorporating the needs of those givers in the planning and ultimately, in the delivery of those services? So thank you so much for that. We also got a data related question that was remarking that it's striking when gender disaggregated data is not collected.

Rebecca Fields ([01:14:16](#)):

How can we effectively ensure that it is given how many different data collection efforts are going on. And, Jean Munro, I wonder if I could send that question over to you about how can we effectively ensure that disaggregated data is in fact collected,

given the many different data collection efforts that are underway? Just wondering from your perspective as Gavi.

Jean Munro ([01:14:40](#)):

Yeah. Thanks, Rebecca, and thank you for the question. I think I have the exact same question. I think coming from different sectors, disaggregated data by sex, by age is often there. And I was surprised in the immunization sector, it's not. But what I also understand is oftentimes it is collected, but then not reported.

Jean Munro ([01:15:04](#)):

So that's kind of a different layer of the question. And then the other issue is that there was a Sage recommendation that sex disaggregated data wasn't required for children's immunization because at the global and national level, it's often very much even, the coverage rates between boys and girls. But unfortunately, it's pointing us in the wrong direction, I think, because we still do see difference in coverage rates at the sub national level. So that still needs to be collected. And certainly, with the COVID-19 vaccine, it's great that it's now being collected and promoted through different projects as well, this real big gap in vaccination rates.

Jean Munro ([01:16:00](#)):

So I think that kind of points us in the direction that we still do need to collect it, we do need to report it, and that we do need to use it in terms of focusing our designs and intentions of our programs.

Rebecca Fields ([01:16:13](#)):

Thank you so much, Jean. And just one thing I would add to that is that we are seeing a lot of transitions in immunization right now. We are seeing a move towards more life course vaccination with vaccines to be given to children of school age and older.

Rebecca Fields ([01:16:28](#)):

And it may be that some of the sex disparities in terms of coverage and doses administered that are less apparent particularly at national level and vaccination of infants may emerge as being more prominent and more important as children get older and their gender roles become more evident.

Rebecca Fields ([01:16:51](#)):

So thank you for that. We have a couple of questions now that I just want to get to. One is a person asked, you mentioned that women can be less likely to receive relevant and trustworthy vaccine information due to their gender. What changes would you like to see how information is delivered in order to address these challenges?

Rebecca Fields ([01:17:13](#)):

And for that question, I'd really love to hear more from some of the country and regional experience. And I'd like to start with our speakers from India, Anumegha and

Dr. Anuradha, could you speak to that please? What changes would you like to see in how information is delivered to really reach women for vaccination?

Anumegha Bhatnagar ([01:17:39](#)):

Thank you, Rebecca. So, Rebecca, I think first when we started with the interventions, I think it was important for us to realize that the needs of our genders and groups whom we talk about are very different. Though they exist in the same ecosystem, but their challenges, the possibilities to connect with them, the opportunities that we have is very limited from the regular mass beneficiaries.

Anumegha Bhatnagar ([01:18:06](#)):

Once that was identified, the challenges were articulated. I think having the communication material adapted for them specifically approaches designed to cater to them, taking the vaccination to the settings where they are, which would be simplified for them to access were important.

Anumegha Bhatnagar ([01:18:25](#)):

So if I have to pick two or three keywords that will help me describe our learnings better, I think customized communication and providing better access would be appropriate when we work with them. And these learnings can be scaled up to different priority groups as well.

Rebecca Fields ([01:18:44](#)):

Thank you so much.

Anumegha Bhatnagar ([01:18:46](#)):

Thank you, Rebecca.

Rebecca Fields ([01:18:47](#)):

And I'd also like to pose that question then to Sofia de Almeida, just drawing on your experience in the Eastern and Southern Africa region. Are there any points that you would want to add to that based on your experience there?

Sofia de Almeida ([01:19:01](#)):

Thank you very much. I think the first and most important, we need to hear from women. So we have been working really hard on that. First, we need to include and ensure their perspectives. We need to know what are the gaps, what are the preferred channels? What are also the levels of literacy and so on?

Sofia de Almeida ([01:19:22](#)):

So we need to adequate communication. We need to use preferred channels and we need to address their questions, their concerns, and these drive us to another thing that is super important, is trust. And a lot of interventions and programmatic recommendations that we have been providing focus on trust.

Sofia de Almeida ([01:19:42](#)):

Creating safe space for discussions so women can address their concerns, their specific questions. There's a lot of specific questions, gender related questions circulating, misinformation and rumors fueling this exitancy specifically. So we need to really understand. And again, data plays a really important role on that. We need first to understand what are the needs, what are the preferred challenges?

Sofia de Almeida ([01:20:08](#)):

What are the level of literacy? Because these will rise, not only country by country, but within a country. We have very different realities. So we need to understand women are not a homogenous group. So we really need to know profiles within each country to be much more effective tailoring and customizing interventions to really address those barriers.

Rebecca Fields ([01:20:33](#)):

Thank you so much, Sofia. And I think your response also speaks to a related question that we received asking, can we speak more or give some examples of the controversial vaccination programs, which I think Folake had mentioned, and that some communities have experienced, which can reduce trust in vaccination.

Rebecca Fields ([01:20:52](#)):

And I think some of what you were just talking about with regards to trying to build trust is so important. I wonder if there might be any examples you could give of efforts to actually overcome a lack of trust?

Sofia de Almeida ([01:21:10](#)):

Sure. I can provide some. Actually, I think trust is really one of the key areas that we should consider some lessons learned, let's say, to address gender barriers. And trust in vaccines are really connected. We saw this from data from all the work that have been done. Now focus on COVID-19 vaccine, but actually I think this is not just applied for COVID-19 vaccines.

Sofia de Almeida ([01:21:37](#)):

Trust is related to trust in science, trust in health workers, trust in health. So invest in trust, building interventions can really improve demand for immunization and specific activities that we have been implementing with a good implementation and results are this safe space for discussion.

Sofia de Almeida ([01:21:57](#)):

So women can address their queries to trusted sources. Increase number of female social mobilizers, for example, partnering with women organizations to facilitate community dialogues, but also to improve access. Also engaging with men to transform gender norms. So there's a couple of interventions.

Sofia de Almeida ([01:22:21](#)):

And also using qualitative research and those findings to adjust and adapt messages that really, really goes through directly these questions and queries that women have. And these are some examples that really show some good results in some countries to increase vaccination, actually to increase trust in vaccine and immunization services.

Rebecca Fields ([01:22:47](#)):

Thank you so much. And actually just to stick with you for another minute, Sofia, we had a question about what have speakers found are some of the biggest challenges to developing and implementing an organizational gender strategies? What have we seen as some of the lessons learned for doing this? And I'd be curious to hear from you as well as from Folake and from Jean. So maybe we could start with you, Sofia.

Sofia de Almeida ([01:23:14](#)):

Sure. I think that one, I would say that starting with our own organization, also establishing and using existent guidance. Ensuring all program staff are really committed with these gender equality and also gender transformative programming. Again, partnering with human organization ensuring gender perspective are considered on planning, designing, monitoring.

Sofia de Almeida ([01:23:43](#)):

Apply gender sensitive indicators to measure progress. And we really need to commit to obtain gender disaggregated data. I'm really insisting this because it's really important and it's something that we have been really working hard, not only with UNICEF, but also through the regional working group developing tools, guidance, resources.

Sofia de Almeida ([01:24:08](#)):

Promoting it's use and to commit to advocate for this gender disaggregated data. And this is very useful to inform planning. And then we use these findings. You mentioned before how we use these findings. You use these findings to translate into programmatic recommendations, really to implement.

Sofia de Almeida ([01:24:27](#)):

And then we need to measure what are the progress and what are the lessons learned? And so we can extend and maximize the use of these, and all these lessons learned. This will give us an nice visibility of gender inequality that I think it's really important.

Rebecca Fields ([01:24:41](#)):

Thank you so much. And I'd be curious to hear then from Jean. We've seen a major almost transformation within Gavi over the course of the past year and a half or two years or so. And I wonder if you could also speak a little bit to how that came about and what really drove some of that? What was the impetus for moving towards the kind of comprehensive gender sensitive strategy that we now see with Gavi 5.0?

Jean Munro ([01:25:14](#)):

I mean, the major focus of 5.0 is reaching missed communities, reaching zero dosed children. And overcoming the gender barriers is just such an important step in order to do that. So that is kind of a natural way, but it's also been a bit of a push and pull, I think, from the countries.

Jean Munro ([01:25:37](#)):

We're hearing from immunization specialists, gender specialists, women's rights groups about the importance of these gender barriers, but we're also having a push from the board to have it on. And then because we're an alliance as well, we're aligning with our other partners that have strong gender policies.

Jean Munro ([01:25:57](#)):

So I would say the impetus came from a number of different areas, but the base is just an important step in order to reach zero dosed children. And then, I think, I really like what Sofia said about the key elements to consider in the strategy. I also think ensuring everybody is on board is important.

Jean Munro ([01:26:21](#)):

And perhaps that needs to be sequenced before you start rolling out new approaches, new guidance, you need to have full agreement, or not agreement, but understanding, which is why we're doing these different courses. And we're running the informal capacity building sessions as well.

Jean Munro ([01:26:42](#)):

In addition to what Sofia said, I'd also say you need to really be looking at the budget to make sure that commitment to equality is reflected in the investments that are being made.

Rebecca Fields ([01:26:54](#)):

Very interesting point about ensuring that really takes shape within the budget itself. Thank you so much.

Jean Munro ([01:27:00](#)):

Sorry. I'd just also add that in my previous life, I really worked on gender audits. And I think that's a good way to start a strategy. And a gender audit first looks within your organization at your policies, practices, organizational culture, and then looks at your programming. And I think it identifies the gaps. It identifies opportunities. And it's a good starting place to implement a strategy and to develop a strategy that's fit for your organization. Thanks.

Rebecca Fields ([01:27:30](#)):

Thank you so much. We just have a couple of minutes left and we would like to ask participants to please fill in the very brief evaluation form we have for this session. But before doing so, just in the remaining minute or so, Folake, I wonder if you could

give us a very brief response to the same question about organizational commitment to gender within USAID.

Dr. Folake Olayinka ([01:27:56](#)):

Thank you very much, Rebecca. Gender equity and empowerment is the key priority for USAID. And this is seen in our policies right now. It's undergoing revision. But again, just acknowledging that this is a continuum and ultimately, we want to not only ensure gender equality, but also empowerment in all aspects of life for women, girls, and all genders.

Dr. Folake Olayinka ([01:28:27](#)):

So I'll put that out there in terms of systematically integrating gender, all the things we've said on the panel today, but also monitoring. And the last point I will make is learning. We'll continue to learn from this processes as we roll it out and re-titrate our responses and programming. Thank you.

Rebecca Fields ([01:28:58](#)):

That last point about learning as we go is so critical and that feeds back to some of the data, doesn't it? The need for data to see what's working and also the things that aren't working. We'll always learn probably as much from the things that don't go quite as planned as from the things that do.

Rebecca Fields ([01:29:14](#)):

I just want to give a massive warm thank you to all of our speakers today as well as to all of our participants. We didn't get to answer every single question from the Q&A box, but we will follow up for those that did not get answered yet. And we would just ask you to take a moment to complete the evaluation.

Rebecca Fields ([01:29:36](#)):

We always are trying to do a better job with this type of communication. So we very much appreciate your taking just a moment to do that. And we'll also, as I mentioned, be sharing the chat box. Really, as I look at some of the comments that are coming in the chat box, it just shows how strong the commitment is to recognizing and addressing gender issues that, again, have gone somewhat under the radar in the past.

Rebecca Fields ([01:30:07](#)):

The time is now for actually doing something to address those obstacles and learning as we go. So that in another five years, we're in a different place than we are now. Thank you so much for your participation, and I hope you have a great rest of your day or rest of your evening. Thank you so much. Goodbye.

PART 4 OF 4 ENDS [01:30:34]