

Gender Dimensions in Vaccination Planning and Mobilization

Making Women's Challenges & Roles in the COVID-19 Vaccination Programs Visible
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Objectives

- What do we know?
- Introduction to tools and processes
- Interventions that respond to needs of women
- Looking beyond the pandemic

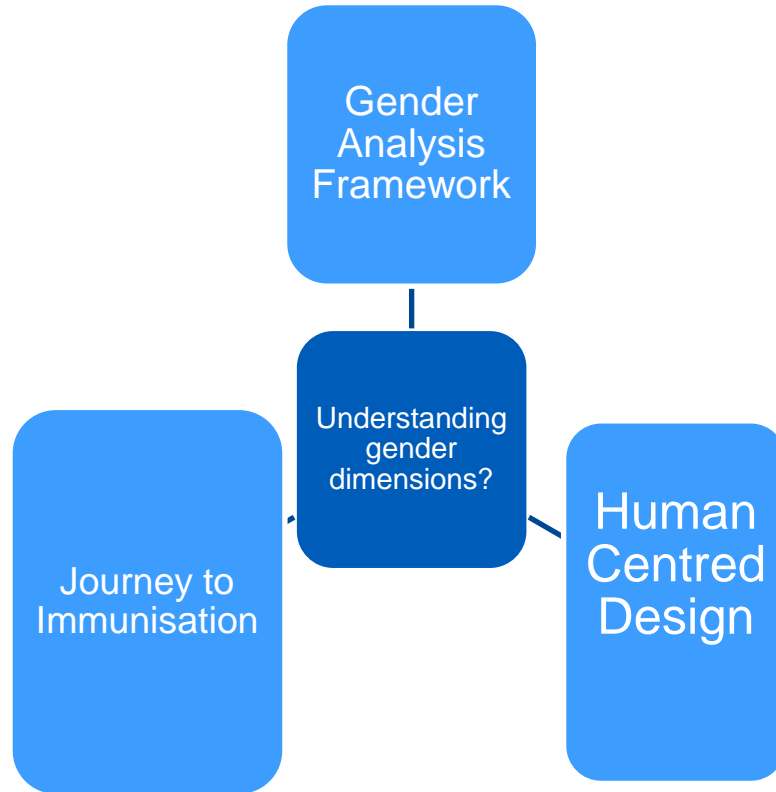


What do we know?

- Low representation of women in decision making positions in the health sector
- High vaccine hesitancy
- Top down planning, rapid planning
- Siloed approaches used
- Human resource planning not meeting needs of community



Tools and processes to understand gender dimensions and shape vaccination planning

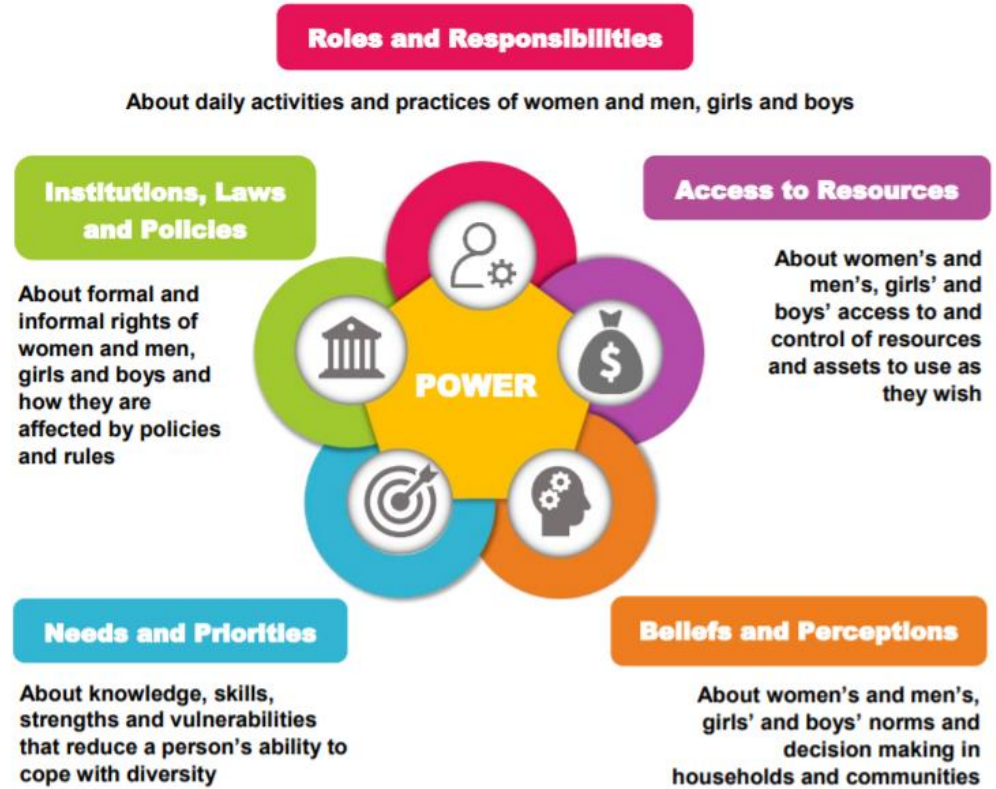


Gender analysis framework

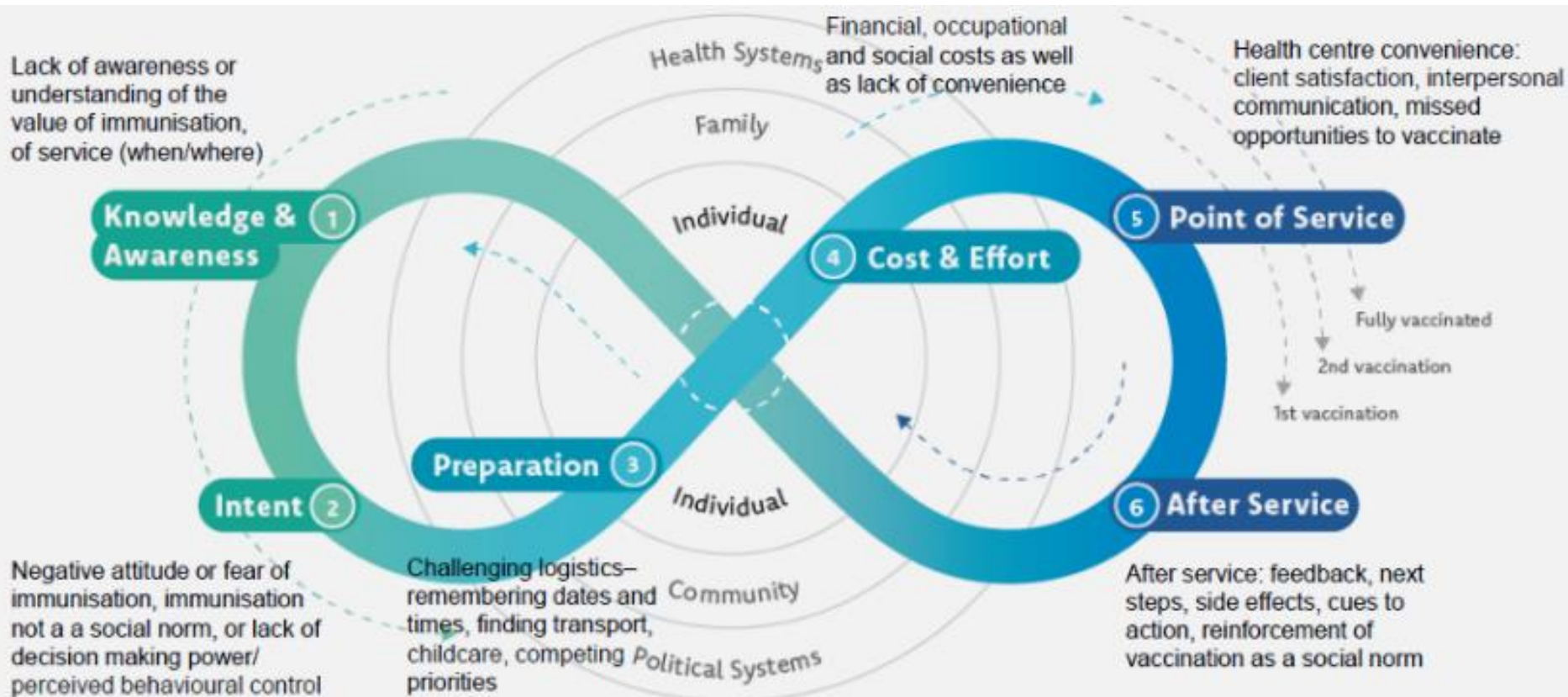
A gender analysis framework support analyzing collected information on gender differences across five different domains of social life, with “power” cross-cutting the five domains.

It helps to understand the multifaceted influences of gender-based social structures, roles and norms which closely relate to individual demand for and access to immunization and health services.

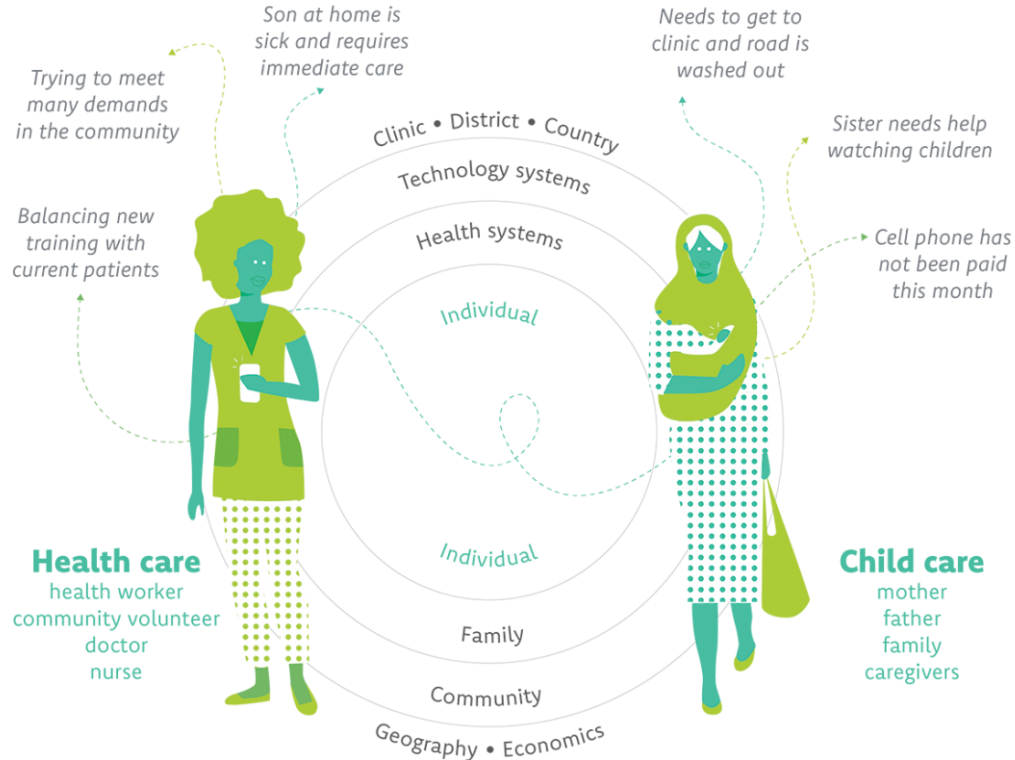
Gender Analysis Framework



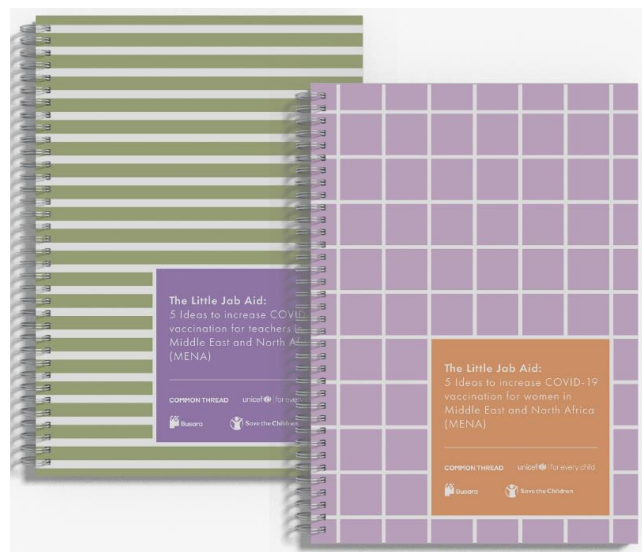
Journey to Immunisation



Use of Human Centred Design



Little Jab Aids



01 Introduction

02

Key challenges to vaccination uptake and confidence in Nepal

03

RECOMMENDATIONS FOR PEOPLE WHO ARE **Concerned about side effects**

04

RECOMMENDATIONS FOR PEOPLE WHO ARE **Looking for endorsement from religious leaders**

05

RECOMMENDATIONS FOR PEOPLE WHO **Prefer to wait until they are able to choose their vaccine brand**

06

RECOMMENDATIONS FOR PEOPLE WITH **Limited access to timely vaccination**

07

RECOMMENDATIONS FOR PEOPLE WHO ARE **Uncertain about the vaccination process**

08

RECOMMENDATIONS FOR PEOPLE WHO **Lack confidence in vaccination**

09

Implementation tips

10

Primary research findings

11

Conclusion

Little Jab Aids – Nepal - types of interventions

EFFECTS - UNLESS THEY KNOW OTHERS WHO HAVE BEEN VACCINATED.

SHARE TRENDS TOWARDS VACCINATION

Share up-to-date information about transitional norms towards vaccination - including in other reference groups.

MAKE INFORMATION ABOUT SIDE EFFECTS RELATIVE

Enable health workers to present information about vaccine side effects with comparisons to COVID itself and other vaccines.

BRING HEALTH SERVICES TOGETHER

Couple vaccination services and counseling with other health services.

VACCINATION FROM RELIGIOUS AND CULTURAL LEADERS.

LEVERAGE LOCAL INFLUENCERS

Promote testimonials from religious and community leaders to encourage vaccination, leveraging existing religious festivals and events.

MAKE VACCINATION SOCIAL

Bring vaccines to religious centers, and ask people at temples and other places of worship to make visible commitments to get vaccinated.

BECAUSE THEY ARE NOT ABLE TO CHOOSE THEIR VACCINE BRAND.

CHANGE MENTAL MODELS ABOUT SPECIFIC VACCINE BRANDS

Frame *all* vaccination as better than no vaccination and emphasise similarities amongst vaccines.

Beyond the pandemic



- Use of Human Centred Design for integrated services that meet needs of individuals
- Need to integrate health services
- Putting equal weight on demand side of immunisation programming as well as supply
- Build on opportunities that CSOs present