GENDER ASSESSMENT OF COVID-19 MASS VACCINATION CAMPAIGN - JUNE 2022
Background

• Nigeria missed out on its plans to vaccinate 40 percent of eligible population (between 18 and 65 years) in 2021. The country set a target to reach 70 percent of the eligible population with the vaccine by the end of 2022.

• Bauchi State, along with all States in Nigeria, conducted mass vaccination of the population with COVID-19 vaccine towards the national target. COVID-19 vaccination exercise is experiencing slow progress in Bauchi.

• By May 2022, only 11 percent of the target 3,603,743 persons between the age of 18 and 65 years were vaccinated leaving a population of 2,128,211 un-reached. Distribution of the population reached shows a male to female ratio of 6.4:3.6

This assessment explored the gender issues, barriers, challenges, and opportunities to reduce the observed gender imbalance (male Vs. female) in access to COVID-19 vaccination campaign.
Study Location/Area

• The assessment was carried out in 8 LGAs with the highest populations of unvaccinated persons in Bauchi State.

• These LGAs account for 38 percent of all unvaccinated population in Bauchi State. These LGAs are priorities for ongoing COVID-19 vaccination intensification exercise supported by UNICEF

• The LGAs are Bauchi, Toro, Katagum, Gamawa, Alkaleri, Misau, Ganjuwa, and Ningi
Methodology / sample size

• The methodology used during the assessment was one-on-one interviews and observation.

• Purposive sampling was used to identify the respondents for the interview.

• A total of 400 respondents were interviewed using the one-on-one interview method.
Study Population:

- Eight of the eight COVID-19 vaccination intensification LGAs were selected for the study. The LGAs include Bauchi, Toro, Katagum, Gamawa, Alkaleri, Misau, Ganjuwa, and Ningi.

- The assessment was carried out among:
  1. Community members
  2. Health workers
  3. Vaccination teams
  4. Vaccination clients
KEY FINDINGS OF THE ASSESSMENT

• Below are some of the key findings of the assessment and some recommendations for the next round of covid-19 mass vaccination exercise.
Coverage of Covid-19 vaccination is low in Bauchi state -33% of surveyed population is vaccinated

Gender disparity was observed in access to Covid-19 vaccination, more males (39% of men surveyed) are vaccinated than females (27% of women surveyed)

House-to-House mobilization is the main source of information on Covid-19 vaccination for both males and females

Women have limited decision-making power on Covid-19 vaccination uptake, only 7% of women can decide on their own on being vaccinated, 82% of women depend on their husbands for decision on being vaccinated and 77% of men can decide on their being vaccinated

These findings should inform planning and conduct of the next round of Covid-19 MVC
The findings show that even health care workers are not getting vaccinated against COVID-19. 14% of health care workers interviewed were not vaccinated. The 14% of health care workers not vaccinated are females. These further buttress the fact that gender barriers do not only affect the uneducated but also the educated one.
Reasons for not taking the vaccine

- The findings show that even health care workers do not see the COVID-19 vaccine as important
  - 33% of health care workers interviewed do not see it as important
  - 33% of health care workers not vaccinated claim not to know where to get vaccinated
  - 52% of female health workers need their husbands’ permission to get vaccinated

In your family, who decides whether you get a COVID-19 vaccine?

- MALE
  - 85% Me
- FEMALE
  - 52% Me

- MALE
  - 15% My father
  - 26% My mother
- FEMALE
  - 17% My father
  - 4% My mother

- MALE
  - 26% My spouse/partner
- FEMALE
  - 17% My spouse/partner
### Myths and Misconception about the COVID Vaccine

<table>
<thead>
<tr>
<th>Myth</th>
<th>Details</th>
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<tbody>
<tr>
<td>The vaccine is only for wayward (promiscuous) people</td>
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<tr>
<td>Prevents pregnancy</td>
<td></td>
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<tr>
<td>A ploy for population control, Permanent family planning, Causes infertility</td>
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<tr>
<td>The vaccination spot becomes magnetic any iron placed there will stick</td>
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<tr>
<td>Don’t believe COVID exist because they have never seen an infected person before</td>
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<tr>
<td>Only people infected with COVID needs the vaccine</td>
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<tr>
<td>Introducing the COVID virus into the body which will eventually make you sick</td>
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<tr>
<td>When you take the vaccine, you die after 2yrs, causes instant death</td>
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<tr>
<td>Shrinks the hand that was vaccinated</td>
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<tr>
<td>Bad side effects which are unknown</td>
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</table>
During mobilization, some of the vaccination teams announced that there was a vaccination exercise for children and adults.

Women were bringing only their children to be vaccinated and they were not getting theirs.

Women felt the vaccine was a ploy to give them permanent family planning method. In other words, it is a ploy for population control.
OBSERVATIONS

• Mobilization was not properly done in some locations as 23% of women complained of not knowing where to get the vaccine. They were not aware that the vaccination exercise was ongoing

• About 82% of women need their husband's permission to get vaccinated
OBSERVATIONS

• Some of the team members had little knowledge on the vaccine and found it difficult to give appropriate information to the clients.

• Others didn’t know the duration for second dose.

• Some teams did a good mobilization as there was massive turn out of clients at their sites.
Use of phone numbers for registering of clients before vaccination is discouraging most women from getting vaccinated as many of them do not have phones.

For those that their husbands have cell phones, they didn’t know their cell numbers.

These women were turned down and asked to go back and get a phone number. These women never came back.
RECOMMENDATIONS

• Resources should be channeled to town announcers, working with traditional/religious leaders and house-to-house mobilization as that was very effective in turn out of both female and male clients

• A refresher training should be conducted for the vaccination team to increase understanding of the covid vaccine

• If it is possible the use of phone numbers to register clients should be revisited and replaced with something accessible to women
RECOMMENDATIONS

• Working with FOMWAN and VCMs should also be continued as they did a good job mobilizing women to the site.

• To increase house to house mobilization, mamas2mama and CHIPS agents should also be engaged to provide support.
THANK YOU FOR LISTENING