

# Gender barriers to immunization access for migrants: A rapid gender analysis of 5 priority countries for COVID-19 vaccines

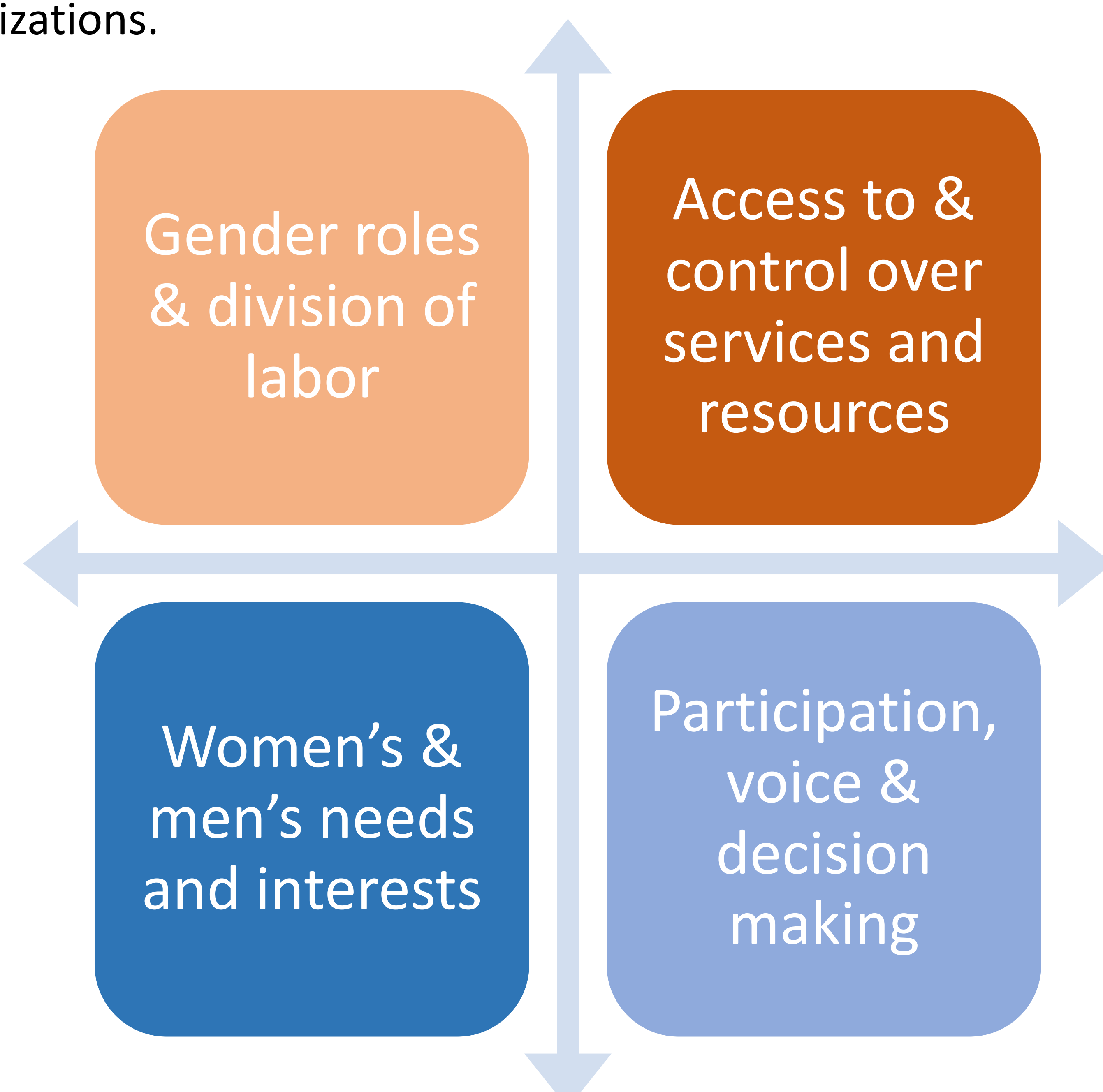
## Chukwunomso Ekene Osakwe/MSGH Candidate

The WHO's strategy is to achieve 70% global COVID-19 vaccination rate by mid-2022. However, vaccination rate in a quarter of ECOWAS member states is less than 10%. Understanding gender relations and power dynamics in these locations will help inform interventions for increasing vaccine access. The purpose of this study is:

- To assess how gender roles & responsibilities may impact on vaccine access
- To inform a gender-sensitive immunization response

### METHODOLOGY

This Rapid Gender Analysis adapted the Swedish Agency for Development and Cooperation's Gender Analytical Framework. The analysis is based on a review of secondary data sources such as previous RGAs, national government plans and available information from various international organizations.



Gender Analytical Framework (Swedish Agency for Development and Cooperation)

### FINDINGS

South Sudan	NE Nigeria	Niger	Mali	Burkina Faso
Women are caregivers at home, frontline health workers and community volunteers	COVID-19 disrupted gender roles, as men lost their jobs. However, women still carry out most domestic labor.	Women are caregivers, bear the burden of housework and are health care workers	Women care for children and men are responsible for decision making	Women care for children, and carry out domestic chores
Low literacy level among women (64% female, 38% male) No access to healthcare for men and women	49% disruption of services due to COVID-19. Female-headed households have less access to food & non-food items	Women are forced to choose between hygiene and nutrition. Limited access to capital and finance. Men have limited access to income	Limited access to education due to armed attacks Women are accompanied by husbands to health clinics	Mobility restrictions limits access to farmlands for women. Women lack access to income
Constitution provides quota system of 25% female representation at legislative and executive levels. Minimal participation in decision making	Female representation in sub-committees but they do not make decisions. Omission of GBV and protection services from list of essential services	State laws provide basis for equality but statutory laws render women and girls as subordinate.	Elder men are traditional authorities and women only make decisions regarding women and children	Existence of a National Gender Policy but customary laws undermine these policies
Women need – food, hygiene kits, healthcare. Men need – education for children, financial support, jobs	Men and women need food due to restricted access to farmlands due to conflict	Women need – food, healthcare Men need – access to income	Displaced populations need non-food items, especially among women	Women need access to income

### NEXT STEPS

- To identify specific gender barriers to immunization access.
- To assess current interventions addressing these gender barriers, their strengths and gaps & make recommendations.