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# FAST AND FAIR: COVID-19 Vaccination

## Our best defense against new variants: women frontline workers

### Background

The emergence of the Omicron coronavirus variant poses unanswered questions in the ongoing fight against COVID-19. But it confirms what CARE has emphasized since the beginning of the pandemic: **no one is safe until everyone is safe**. New variants and surges of infection are inevitable without **equal access to COVID-19 vaccines** worldwide.

*Today CARE is urgently seeking \$25 million to prepare for and protect against Omicron and other COVID-19 variants in the world's most vulnerable communities.*

Manufacturing and delivering vaccine doses is not enough. A crucial priority is to stand behind the **frontline health workers (FLHWs) – 70% of them women** – who are at the heart of last-mile vaccine delivery. Based on our on-the-ground experience, CARE has solid evidence that **training, equipping, paying and protecting FLHWs achieves better results**. We are at the forefront of global advocacy on behalf of FLHWs as we work to build **strong, sustainable health systems** for the challenges that lie ahead.

In communities around the world where CARE supports vaccine rollout, **126 million people have received a vaccine** as of September 30.



*With CARE's help, Khulna district in Bangladesh brought its vaccination rate from the country's second-lowest (7%) to the second-highest (36%).*

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## Unequal access – especially for women

Globally, [more than 6 billion doses of COVID-19 vaccine](#) have been administered. Yet the process risks **leaving out the world's most marginalized people**. While 54.5% of the world population has received at least one dose of a COVID-19 vaccine, **only around 6% of people in lower income countries** have received at least one dose.

FLHWs are key to addressing **vaccine hesitancy and misinformation** in their communities – which disproportionately affect women. [According to CARE's research](#), **gender-related barriers** including unequal caregiving burdens, restrictions on women's mobility, and lack of household decision-making power pose logistical challenges to gender parity in vaccination. Women also have less access than men to vaccine-related information, including through digital devices.

**Barriers to access are still high – and higher for women than men.**

The [statistics](#) are sobering:

- In Bangladesh, 60% of people who received at least one dose are men.
- In India, 48% of people getting COVID-19 vaccines are women, although in some states, this number falls to 32%.
- In the Asia-Pacific region as a whole, women are getting 46% of vaccines.
- In Timor-Leste, women receive 34% of vaccines distributed.
- In Iraq, 14% of men are vaccinated, and only 9% of women.
- In South Sudan, women make up 70% of COVID-19 cases, but men make up 74% of those who have been vaccinated.
- In Liberia, only 36% of fully vaccinated people are women.

CARE's research also reveals serious gaps in women's access to information about, and confidence in, vaccines.

- In Iraq, 64% of men but only 52% of women know where they could get a vaccine. Half of men, but only 30% of women, know how to register for a vaccine – and only 10% of women have registered.
- In Malawi, women in one health district are four times less likely to trust the vaccine (10%) than men (40%), due to unfounded fears regarding infertility and population control.
- In many places, women and girls are less free to leave their homes – 41% of women (compared to 32% of men) report that COVID-19 reduces their mobility.

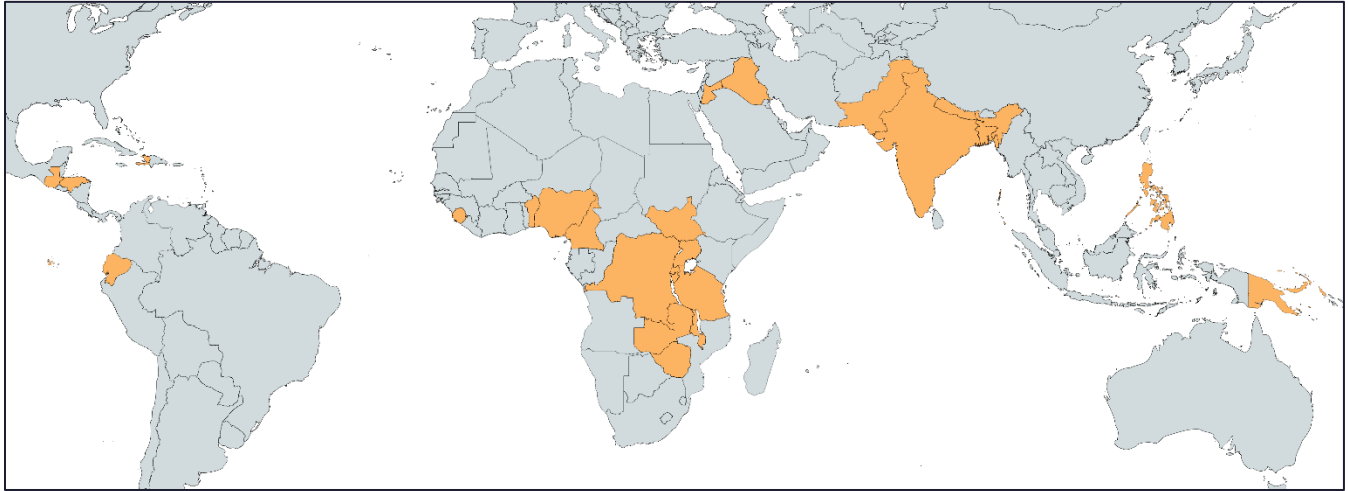
## CARE's Approach

*Fast and Fair* works to ensure COVID-19 vaccines reach the most marginalized, **and that women are not pushed to the back of the line**. We build on CARE's experience – such as addressing the Ebola epidemic – to foster community preparedness for, trust in, and access to vaccines. We support national governments to **strengthen last-mile delivery**, while bolstering public health systems, capacity to deliver primary care – including routine childhood immunizations and reproductive health care – and resilience against future shocks.

**Thanks to the support of donors like you, CARE has already surpassed our goal of ensuring vaccine access for at least 100 million vulnerable people, especially women. We now seek to raise an additional \$25 million to bring our total reach to 200 million people vaccinated by the end of 2022.**

In 22 of the 24 countries where CARE has data, **women are less likely to be vaccinated, and less likely to feel vaccines are safe**. For details, see [CARE's latest analysis of gender gaps in COVID-19 vaccines](#).

**With CARE's support, vaccine deliveries are underway in 25 countries (and counting):** Bangladesh, Benin, Burundi, Cameroon, Democratic Republic of Congo, Ecuador, Guatemala, Haiti, Honduras, India, Iraq, Jordan, Malawi, Nepal, Nigeria, Pakistan, Philippines, Papua New Guinea, Rwanda, Sierra Leone, South Sudan, Tanzania, Uganda, Zambia and Zimbabwe.



CARE brings unique strengths to the global COVID-19 vaccination effort, including **longstanding working relationships** with governments, grassroots and community groups – both in the Global South and in the U.S. CARE is an established leader in global public health coalitions and partners with institutions like the World Health Organization (WHO) and the U.S. Centers for Disease Control and Prevention.

*Fast and Fair* supports **vaccine distribution “from tarmac to arm.”** Our approach is tailored to the specific context in each country and is **designed to strengthen – not replace – local and national capacity and infrastructure.**

Our strategy is paying off in countries like **South Sudan**, where weak infrastructure has hindered last-mile delivery to remote health posts. By May 2021, **132,000 doses had expired or been returned** before delivery. An additional 59,000 doses were due to expire by the end of September. However, thanks to CARE's intervention, **none of these vaccines went to waste.** Instead, 28,204 people were fully vaccinated – and 71,414 received a first dose, including 11,363 health workers.

In 10 states in **India**, CARE-operated vaccination sites have provided vaccines to **3.3 million people.** CARE's additional support (such as personal protective equipment, training of FLHWs and community engagement) has resulted in another **47.6 million people** being vaccinated.

Faced with populations hesitant to get vaccinated, **CARE partnered with Facebook®**, and has been running vaccine public service announcements in **19 countries** since the spring of 2021. Collectively, **CARE's ads have been viewed 494 million times by 207 million people.** Individually, campaigns in each country have worked to overcome vaccine hesitancy concerns unique to each local context.

## How it Works

The **Fast and Fair** initiative is based on four pillars:

1. **Advocate:** CARE works to ensure rights-enabling policies that unlock equitable access to vaccines and catalyze structural changes to “build back” more inclusive, accountable and resilient health systems.

2. **Facilitate:** CARE works with government health systems and multilateral partners to provide operational support to prepare for and roll out vaccine delivery.
3. **Protect:** CARE invests in the capacity and leadership of frontline health workers (FLHWs), 70% of them women, to improve access to vaccination and build a stronger, more resilient health system.
4. **Mobilize:** CARE engages with communities to provide safe, accurate information; facilitate dialogue to address barriers to uptake; and partner with local leaders and influencers to lead these dialogues and community-driven response.

Across all four pillars CARE is committed to addressing **gender-related barriers** and to promoting an effective and equitable response to the needs of **people in humanitarian crisis**. The four pillars are detailed below:

### 1. Advocate

The pandemic has exacerbated [systemic social and economic inequities](#). CARE's advocacy is focused on amplifying the voices of the marginalized; ensuring investments in last-mile delivery to rural and underserved communities; promoting fair pay and safe working conditions for the FLHWs who are the linchpins to effective vaccine delivery; and strengthening monitoring and accountability systems.

Recent examples of program activities include:

- At the U.S.-led Global COVID-19 Summit in September 2021, CARE and partners helped influence the Biden Administration to **prioritize investments in last-mile vaccine delivery**.
- CARE's advocacy, bolstered by our [research on the critical role of FLHWs in vaccination efforts](#), ensured that the International Pandemic Preparedness and COVID-19 Response Act, passed by the Senate Foreign Relations Committee in July, **explicitly includes FLHWs as essential workforce**.
- We advocate at the national level for **fair vaccine access for refugees and internally displaced persons (IDPs)**. In **Iraq**, for example, CARE helped bring about a policy change granting IDPs broader access to vaccines. Previously, IDP access had been limited to Sinopharm, a vaccine deemed of lesser quality.
- In **East, Central and Southern Africa**, CARE is collaborating to research gender-related barriers to vaccines and the impacts of COVID-19 on women's health and rights. We are working to **hold governments accountable for their pledges to allocate 15% of national budgets to health**.
- We collect and leverage **real-time data** including our recent case study on [South Sudan](#) for global advocacy in favor of **funding the "real cost" of last-mile delivery**, including **compensation for FLHWs**.
- **Monitoring and accountability** mechanisms address for example, **concerns of vaccine "dumping"** in countries like Nigeria when vaccines are close to expiration. In countries like Malawi, these mechanisms help ensure the **continuity of primary healthcare services** – like routine childhood immunizations and reproductive health care – as health systems pivot to roll out COVID-19 vaccines.



In countries like South Sudan, **investment is critically needed** in fragile national health systems, both to deliver COVID-19 vaccines and to maintain other services like routine childhood vaccinations. CARE's [research](#) in South Sudan finds average "tarmac to arm" delivery costs for COVID-19 vaccines of about **\$10 per dose – six times higher** than the current global estimate. The current round of vaccinations has cost up to **\$20 per dose**. South Sudan urgently needs additional grants – not loans – to reach vulnerable populations.

*Photo: Abu Mayriol, 25, holding her year-old son, Majukut Chol, at a hospital in Pariang, South Sudan.*

## 2. Facilitate

Vaccine roll-out remains shockingly inequitable. Weak last-mile delivery capacity in many low and lower-middle-income countries means communities that need vaccines may be left behind, or even that doses will be wasted. CARE promotes equitable vaccine delivery by providing operational and planning support, with a focus on leveraging resources to strengthen the health system at all levels – from central governments to frontline primary care providers – and increasing their connectedness with community members. Activities include:

- **Guatemala:** CARE is bridging cultural and linguistic gaps to ensure that marginalized groups, especially women and girls, are comfortable getting vaccinated. CARE's animated video promotes vaccines in five languages (Spanish and four Mayan languages) – with a version in sign language under development.
- **South Sudan:** CARE is directly involved in coordinating logistics nationally, down to direct vaccine delivery, and has helped avoid wastage of vaccine shipments near expiration.
- **Iraq:** CARE is collaborating with the Ministry of Health to identify and respond to last-mile gaps. CARE is currently working to secure funds to facilitate vaccine access for crisis-affected communities in the governate of Ninewa.
- **Bangladesh:** CARE is working with authorities in Gazipur to provide vaccinations to garment workers ages 18+ at factories.
- **Nigeria:** CARE is initiating research on gaps in vaccine equity and distribution to inform government vaccination plans. In the interim, we are supporting stipends and transportation of FLHWs to facilitate vaccine distribution.
- **Ecuador:** CARE and partners are collecting community-based surveillance data to inform government vaccine policy. A particular priority is addressing barriers faced by Venezuelan refugees.

## 3. Protect

CARE's COVID-19 response builds on our established relationships with networks of FLHWs, who are often the closest to the frontlines of the pandemic and may provide the only available health services in rural and underserved communities. We promote investment in FLHWs to ensure they have safe and dignified working conditions and the tools, equipment and development they need, including their own vaccination. Program activities include:

- In **Bangladesh**, CARE trained 900 volunteers to support vaccine registration and community awareness – including helping people without smartphones or digital literacy navigate online registration. Meanwhile, we supported 650 government health workers to ensure the system is working.



**CARE's partnership with Facebook®** is encouraging COVID prevention and vaccine acceptance in 19 countries (with Iraq soon to become the 20th) reaching **270 million people** to date. **Results highlights** include: In **Bangladesh**, 7.5 million more people know that social distancing is important; in **Nigeria**, about 3 million more people understand the importance of COVID-19 preventive behaviors; in **India**, nearly 57 million people report that they always/often wore a mask in the last two days; in the **U.S.**, among women ages 34-44 who viewed CARE's ad featuring faith leaders, figures showed a 10.4 point increase in the belief that COVID-19 vaccines are safe.

- In countries including **Iraq** we are working to create specific spaces and times for FLHWs to receive vaccines; simultaneously, in countries including **Nigeria** and **South Sudan** we are advocating for dignified payment of FLHWs to support equitable vaccine distribution.
- In **Uganda**, CARE in collaboration with the WHO, **trained 155 village health teams** on household and community infection prevention and control, case management and risk communication during vaccination outreach. The teams are critical to reaching marginalized communities.
- In **Papua New Guinea**, CARE is supporting vaccination sessions in rural, underserved areas. The process entails facilitating negotiations among vaccine-hesitant community leaders, nurses demanding improved working conditions and pay, and health officials with minimal resources.

## 4. Mobilize

Drawing on decades of established relationships and our experienced and dedicated staff – 95% of whom are from the countries and communities where they work – CARE works to **build trust and mobilize communities** for vaccine roll-out. We engage the community in discussions and dialogue, collect feedback and insights, work with trusted local leadership and frame key messages in terms of local language and concepts. We support **increased access to information**, including where vaccines can be accessed and who is eligible. Country-specific strategies include:

- **Uganda:** CARE is using a mix of interpersonal and mass communication approaches, including radio talk shows and prevention awareness sessions in host and refugee communities. We track knowledge, attitudes and practices to inform community engagement and risk communication strategies.
- **Bangladesh:** CARE's support – including education sessions, door-to-door visits, training for government health workers and volunteers – has helped one district, Khulna, rise from the country's second-lowest vaccination rate (7%) to the second-highest (36%).
- **Haiti:** CARE is promoting COVID-19 vaccines using innovative digital channels like WhatsApp, text messaging and social media, reaching more than 2 million people via Facebook® – among the most successful campaigns in participating countries. The team is using data to shape effective campaigns and creating online maps of where vaccines are available. In places where connectivity and literacy levels pose challenges, CARE provides information through media such as mobile loudspeakers.
- **Iraq:** CARE undertook a vaccine hesitancy study among 3,770 marginalized people, including refugees, IDPs, returnees and host communities, to inform a social behavior and communication strategy. Vaccine hesitancy was high at 68% of respondents; women faced lower access to, knowledge of and acceptance of the vaccine; fear of side effects was identified as the biggest barrier, and trust in the vaccine process was extremely low.
- **Malawi:** CARE is at the forefront of using real-time community feedback on COVID-19 vaccine roll-out to facilitate accountability of the health system. CARE developed the Community Score Card (CSC) approach in Malawi in 2002. In many countries it has been critical to elevating the voices of women and young people who face unique barriers due to gender and social norms. See [preliminary findings](#).

**The emergence of Omicron is spawning new rumors – such as the myth that vaccines do not protect against the new variant. CARE is working to develop targeted messaging to address misinformation and continue to build trust in vaccination.**

# Successes/Challenges/Lessons Learned

## Successes

- CARE supported the vaccination of **126 million people** worldwide as of October – including **89 million in countries** directly supported by donors to Fast and Fair.
- In 10 states in India, vaccination sites directly operated by CARE have provided vaccines to than **3.3 million people**, with CARE's additional support (such as protective equipment, training of FLHWs and community engagement) resulting in another **47.6 million people** being vaccinated.
- Across 14 countries, CARE and our partners have **gathered key data to highlight gender disparities** in vaccine access – critical for evidence-based advocacy and programming to address this gender gap.
- One key success factor is to continue **compensating community health workers** to support vaccine delivery **even when vaccines are not available** locally. In South Sudan, workers continued mobilization efforts in a month when no doses were available, resulting in higher demand when vaccines arrived.

## Challenges/lessons learned

- **Even health care workers can continue to have concerns** about the vaccines. In many places **more men are getting the vaccine**, even though women are more likely to be FLHWs. CARE is redoubling our efforts to involve FLHWs in creating strategies that meet their needs, while we scale up training on engaging the community and addressing misinformation.
- Women in particular frequently express **concerns about vaccines affecting fertility**. This also raises the need for essential health services, specifically sexual and reproductive health. CARE continues to advocate for and collaborate with government and service agencies toward continuity of **access to free and informed family planning counseling and awareness** as a critical component of COVID-19 response.
- **Lack of funding** continues to be an incredible challenge to vaccine equity. Despite bold rhetoric, high-income countries have not delivered on their funding commitments. As of July, the Health Systems Connector – designed to provide low- and middle-income countries with vaccine delivery guidance and support – had a **\$7.3 billion shortfall**. Even filling that gap would not be enough. Wealthy countries need to do far more to support countries with fragile health systems and shore up last-mile delivery systems.

### Leading by example

CARE staff are at the forefront of building acceptance for vaccination in their countries. In Uganda, 66 team members received their first dose, and 34 their second, by Oct. 30.



## Next Steps

- As more transmissible variants like Omicron will likely lead to an increase in cases, prepare for integrated care and vaccination for those infected and their contacts – by arranging staff, supplies, locations and other necessities in advance.
- To meet the challenge of new variants, map communities again to find those who are still unvaccinated.
- As we work to improve last-mile delivery and address the gender gap in vaccine access, short-term approaches such as **mobile clinics** will help address **gender-related barriers** like childcare, household responsibilities and geographic challenges.
- Develop targeted messages addressing misinformation and rumors like the myth that the vaccines won't protect against Omicron.
- CARE is in the process of **collating and disseminating best practices and solutions** co-created with and

by women, girls and other marginalized groups through processes such as the Community Score Card and other participatory approaches.

- CARE will **invest in and scale digital innovations** to improve vaccine equity. Specifically, we are in the initial stages of addressing vaccine hesitancy through solutions that leverage our **Facebook®** partnership. In addition, over the next six months, we will invest in **digital solutions** to improve COVID-19 registration and tracking such as **mobilizing youth to assist in registration** and utilizing an open-source software platform for tracking vaccine uptake in places like Ecuador.
- Over the next year, CARE will scale up two-way communication efforts and community engagement using a **Twilio/Cisco tool**, helping address key barriers to vaccine access and uptake in poor and marginalized communities in Bangladesh, Haiti and Jordan, including refugee communities.
- **Protecting and empowering FLHWs** is another core priority for CARE, particularly as the majority are women from communities where we work. CARE will work on strengthening FLHW knowledge, capacity and performance enhancement through **curriculum development, job aid and FLHW mentoring**. This will also include a **mental health and psychosocial support** component for FLHWs.
- CARE will also build on learning from past programming to adapt and scale a model for **FLHWs as social entrepreneurs** for COVID-19 prevention/mitigation products.
- Leveraging CARE's expertise and evidence, we will pilot an integrated **community engagement and surveillance model** combining community-based surveillance, contact tracing and CSC methodology to improve equitable vaccination efforts.
- CARE is working on **evidence-based influencing of WHO** and other key actors to update their costing models to **adequately fund FLHWs** and other key elements to facilitate equitable vaccine distribution, particularly at the last mile.
- CARE will continue to leverage powerful **grassroots-to-global advocacy** to mobilize both donor and domestic **financing of last-mile vaccine delivery**, and advocate for policies and systems promoting **equity, quality and access for all** – including women, marginalized communities, refugees and migrants.

## Conclusion

In 25 countries and counting, CARE and our partners are **closing the gaps that slow vaccine delivery** – including in **some of the most difficult environments in the world**, such as Haiti in the immediate aftermath of the August 2021 earthquake and South Sudan at a time of mass population displacement. Using our expertise and real-time data, we **strengthen local health systems** to deliver vaccines equitably, **combat misinformation and vaccine hesitancy**, and **shape national and global vaccine strategy**. We are successfully drawing attention to last-mile delivery, gender-related barriers, and the importance of recognizing and compensating frontline health workers for their critical role in vaccine delivery. Despite these successes, the emergence of the Omicron variant shows that we cannot slow our efforts even for a moment.

**At this critical juncture of the COVID-19 pandemic**, CARE needs resources to scale up our ability to **advocate** for greater vaccine supply for the Global South and marginalized communities; **facilitate** delivery from tarmac to arm; **protect** frontline health workers; and **mobilize** communities towards greater vaccine confidence. We aim to achieve vaccine access for all and leave behind **stronger and more resilient public health systems** for a healthier future. **Thank you for considering a generous gift.**

December 2021