

Monthly

Gov-HER-Nance Bulletin

Ensuring Gender Equity and
Socio-Economic Resilience
During COVID-19



Women are generally the primary caregivers in Pakistani society. And with the outbreak of the COVID-19 pandemic, that burden of care has vastly increased. Data* shows that 83% of a woman's time is spent at home, providing care for household members, home maintenance and self-care. It is also reflected in the limited mobility of many Pakistani women.

They are often four times less mobile than men leading to limited sources of information being available for them.

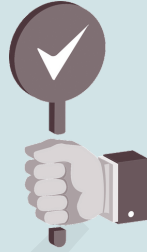
Their need for updated information is critical to providing efficient care for their families. This bulletin aims to reach women and provide them with COVID-19 related news to help them navigate around issues of safety, community and local governance.

Accountability Lab Pakistan (ALP), with support of the Ministry for Economic Cooperation and Development (BMZ), Germany, is publishing bulletins under the "Governance Ensuring Gender Equity and Socioeconomic Impact during COVID-19" campaign. This campaign aims to build and strengthen the resilience of marginalized populations, especially women, in three districts of Khyber Pakhtunkhwa against the negative impacts of COVID-19 as well as other future pandemics and health emergencies.

These bulletins include important government decisions, community feedback, verified information, valid concerns, and other questions from the ground around health, safety and local governance. These bulletins are translated into Urdu and 600 copies will be disseminated on a monthly basis in three districts of Khyber Pakhtunkhwa - Peshawar, Mardan and Nowshera.

*Source: UNWomen

FACT



Do I have to wear a mask after vaccination?

Although vaccines are an important layer of protection against getting serious illnesses from COVID-19, it is recommended that fully vaccinated people continue to wear masks as the risk of contracting the virus and passing it on still exists.

Wearing a mask and frequent hand washing will protect you during the time your body develops immunity.

Source:WHO



MYTH



Can COVID-19 vaccines affect pregnancy or fertility?

All around the world, many pregnant women have been vaccinated and have not exhibited any complications. According to a study conducted by US Centers for Disease Control and Prevention, no ill effects of vaccines were seen when observed in 35000 pregnant women.

The World Health Organization, along with several other organizations, are monitoring and testing the safety of vaccines to ensure their efficacy in combating COVID-19 illness. There has been no scientific evidence of any effect of vaccines on male or female fertility, as confirmed by Dr Soumya Swaminathan, Chief Scientist at the World Health Organization (WHO). "There is absolutely no scientific evidence or truth behind this concern that vaccines somehow interfere with fertility, either in men or in women," said Dr Swaminathan.

On December 16th 2021, it was established by the Joint Committee on Vaccination and Immunization that pregnant women are considered a priority group in the COVID-19 vaccination program. It was observed that contracting COVID-19 during pregnancy can cause severe illness, and chances of stillbirths and premature delivery are increased.

In the US, 10 075 000 pregnant women have received vaccines, and there is no known risk of vaccination in pregnancy. Moderna and Pfizer vaccines are recommended for pregnant women as most of the safety monitoring data from the US and UK relates to these vaccines.

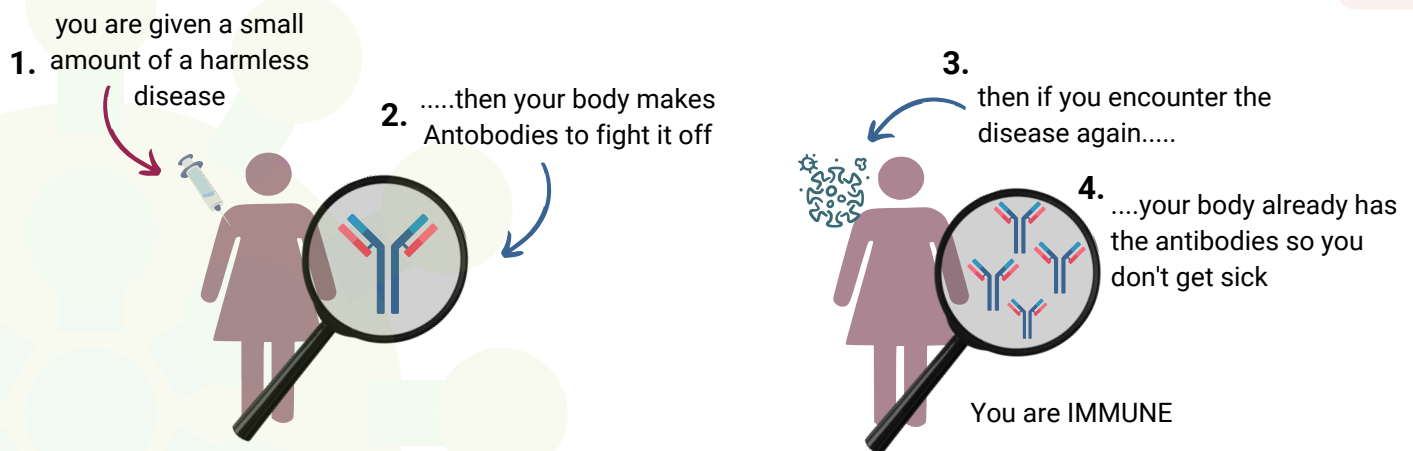
Source:GOV|vaccinealliance

Royal College of Obstetricians and Gynecologist

How do vaccines work in our bodies?

Germs are all around us, and when they enter the body, they cause disease and sickness. The human body has its own defence mechanism, which takes some time to activate when a new germ is introduced in the body.

Vaccines help the body to develop its protection before it is exposed to a certain germ, thus enabling the body to be prepared to fight disease by boosting its natural defence mechanisms. Vaccines contain inactive parts of antigens that trigger an immune response in the body. Some vaccines contain the blueprint or code for producing antigens rather than the antigen itself. Vaccines don't cause the disease in the person receiving the vaccine, but prompt their immune system to defend itself against diseases like viruses and bacteria.



Source: WHO

What should you know about vaccination procedures before getting vaccinated?

Vaccine injections are life-saving precautions against infections and viruses like COVID-19. Since the introduction of vaccines, the hospitals' burden of admitted COVID-19 patients has vastly decreased.

In Khyber Pakhtunkhwa, health workers are taking mobile vaccination centres to different localities. Before getting vaccinated, sharing your medical history with the administrator is important to avoid any complications. The vaccination procedure in itself takes just five minutes. After the injection, you are expected to wait for 30 minutes at the vaccine centre to check for any adverse reactions. Some individuals may experience minor side effects like arm soreness, mild fever, tiredness, headaches, muscle or joint aches. These signs indicate that a person's body is building protection against the COVID-19 virus.

The World Health Organization advises people to check when they are receiving their second dose of the COVID-19 vaccine as most of the vaccines available are two-dose vaccines. Therefore, it is recommended that after receiving the first dose of the vaccine, a second dose of the vaccine should be administered at least 28 days later to ensure complete immunity against COVID-19. It is understood that a single dose does not provide immunity or complete the immunity process against coronavirus.

Source: NCOC, WHO

EXPERT INTERVIEW WITH.....



Dr. Iftikhar Uddin is an Assistant Professor at the Department of Community Medicine, Bacha Khan Medical College and Focal person for the COVID-19

media communications at the Health Department KP. He is also leading the Risk Communication and Community Engagement Task Force member for KP Health Ministry.

We spoke with Dr. Uddin to learn how a person can distinguish between facts and rumour's around COVID-19.



What has constituted the KP government's response to COVID-19 so far? Can you please share some of its strengths, weaknesses, and opportunity areas?

I would like to share that there has always been segregation between health care administrators and public health researchers. My inclusion in the provincial command and operation centre is proof of how we are moving forward to bridge this gap. One of the strengths of the COVID-19 response program is the vigilant leadership which actively worked to coordinate early response within the province.

On March 12th, 2021, I was included in the response efforts as Risk Communication and Community Engagement Task Force Lead.

As initial steps, the health department ensured the capacity of hospitals and adequate testing facilities, presence of personal protective equipment and smooth supply chains. My first task as community engagement and risk communication lead was to engage religious leaders to impress upon them the severity of the situation and encourage them to influence their communities to follow the SOPs.

We also disseminated their video messages to share with the community at large. Coordination among the health department, information department and Auqaf department was one of our strengths. We started to streamline operations early on. The extent of the pandemic and its far-reaching impact was disproportionate with the skeletal structure of our health department, which can be identified as a weakness. Another weakness identified was the absence of our own information channels; though at the provincial level we were able to disseminate information, however, there was a disconnect among the districts. We are developing a "Risk Communication and Community Engagement Strategy". We are also establishing a health education cell in the health secretariat; then we will move to create risk communications channels in district offices and district health units. These channels will be used to share communication not only about COVID-19 but also about Dengue, Polio, malnutrition and other health emergencies. These channels will ensure that DHUs are well connected within their communities so information dissemination can be swift.

Communities are usually influenced by local religious leaders, teachers or other active members of the community. We, therefore aim to have a sustained engagement with all community stakeholders. At times of crisis, they are highly active in protection and prevention drives. Our teams, overall strength was to start early. When we saw our first peak load in hospitals in May, we were well prepared.

What are some of the KP Government's expectations from the civil society sector to deal with the pandemic in an effective manner?

Civil society organizations are pivotal part of the Risk Communication and Community Engagement Strategy as provincial partners and as district partners. We planned sustained engagement with civil society year-round to better understand their strengths and to form more effective partnerships, which could be employed for different health-related issues. In this strategy, we have proposed provincial and district Risk Communication and Community Engagement Task Forces. In districts, DHUs will lead the RCC task force and in which civil society organizations will be members. We have observed that in crises, we easily engage the national religious leaders; therefore, we want to reach out to communities via their religious and local leaders, whom they personally know.

Who do KP's health department identify as a potentially vulnerable group(s) in this new, Omicron led COVID-19 wave? How do they plan to reach out to them?

The vulnerable groups identified are individuals above the age of 60 years and pregnant women. The only change from previous waves is that fully vaccinated individuals who have received two shots of the COVID-19 vaccine and a booster shot are not included in the vulnerable group even if their age may be above 60 years. We have started mobile vaccine drives in schools and door to door with lady health workers.

How is KP's health department ensuring inclusive COVID-19 response efforts?

1. For Vaccinations



2. For Booster Shots



3. For COVID-19 Testing



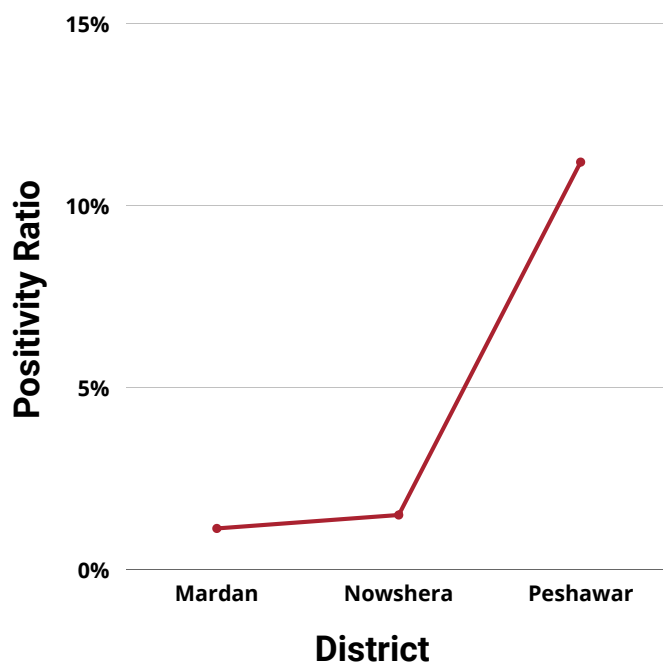
I would share an incident in Peshawar when we learned that transgender persons were reluctant to come to vaccination centres. At the time, door to door vaccination drives had not started. We went to their communities to provide them with vaccines; similarly, we accommodated Christian communities who were reluctant to come to vaccination centres. The concept of mobile vaccination units was to cater to such groups who would prefer not to come to the vaccination centres and who live far away from any mass vaccination centre as there was a smaller number of females who were getting vaccinated due to multiple reasons, which major one was that they could not take time out of their daily chores to stand in lines to get vaccinated the "Reach Every Door" approach was adopted to better facilitate women, with the help of lady health workers.

A culture has been developing, especially for transgender people for the past two to three years, that transgender people should be prioritized in receiving health care facilities. Efforts are being made to involve transgender voices in delivering health care services. For females' hospitalization in an emergency, we tried to ensure practices that were culturally appropriate, like ensuring "Perda" and separate beds.

What are some recent statistics of female recipients of vaccination and booster shots in KP and how they impact general trends of vaccine uptake and reduction of disease?

Data for the relevant district vaccination positivity ratios are - For Mardan, 10350 tests were conducted, from which 20 were confirmed, making it 1.13%. For Nowshera, 433 tests took place where eight cases were positive—making it 1.5%. In the case of Peshawar, the condition is a bit serious as 1928 tests were conducted, of which 216 were positive, making it an 11.2 % positivity ratio. This upcoming surge of Omicron is not reflected in the hospital burden due to less severity of the symptoms and increased vaccination.

Two to three approaches are adopted to tackle low vaccine adoption. One is Risk Communication coordinated efforts from the Directorate, Secretariat and Provincial level in which we share interviews of experts and conduct webinars or video messages to spread awareness across the province. Then district health officers and deputy commissioners, using their community networks spread information to raise awareness at the district level. The third most effective way is mobile vaccination teams that go to schools and community centres to increase the adoption of vaccines.





There is a rumor that many individuals who do not want to get vaccinated believe that they will die after two years of getting vaccinated. There are also reports of people procuring fake vaccination cards. How do you ensure that vaccine cards are authentic for all individuals?

This question entails two parts, addressing the first part of the two-year rumor; this rumor was mishandled. An Urdu newspaper claimed that a Nobel peace prize laureate proclaimed that after two years of getting vaccinated, you might die. Many doctors, without validating this claim, started to make videos to negate it. These videos stoked the flame of this rumor. When we investigated the video of the Nobel peace prize laureate proclaiming this, we found out that none such statement was made, and this rumor was totally baseless.

On the second part of the question, there are only two ways a vaccination card can be faked. One is if anyone makes a false entry in the government database that a vaccine was administered to a person when in reality it wasn't. This is highly frowned upon and has severe repercussions for conducting such a falsehood. Another way is to photoshop a vaccination card; this can be very easily verified. Each vaccine card has its own QR code; any forged vaccine card would have the QR code of another person.

Vaccine certificates and cards have similar purposes. It was only seen that certificates are not easy to carry, so vaccination cards were introduced to ease of use.

What are government SOPs to deal with Gender-Based Violence during the pandemic, and where should its victims reach out to lodge complaints?

UNICEF, the Health Department and Public Health Association KP are working to support victims of Gender-Based Violence. Dr Saima is leading the Public Health Association, and she would be able to better guide this question.

Have you observed any impact of vaccines on pregnancy or fertility and in which trimester is it safe to get vaccinated?

A trend was observed among doctors that they did not condone vaccination in pregnant women as there was not enough research being presented. To mitigate this reluctance amongst doctors, we conducted meetings, conferences and webinars to share publications of different trials conducted on pregnant women. As there was a lot of disinformation about this topic, getting through with the doctor's community took a bit of time. I know of two deaths of pregnant doctors in Sindh due to COVID-19 who were not vaccinated. Doctors who were not keen to recommend pregnant women to get vaccinated were now confused about the pros and cons of getting vaccinated during pregnancy. When ample evidence was presented to them, then all gynaecologists' started recommending vaccination in pregnant women.

For vaccination adoption, we observed a "Trickle-down" effect. When initially the vaccine came as it was for the most vulnerable group, everyone was of the point of view that it should be only used for the intended vulnerable groups (individuals above age 60 years and hospital staff dealing with COVID-19 patients).



I suggested that as there is some reluctance among the vulnerable group to get vaccinated rather than letting these vaccine vials expire, we should broaden the intended group, as vaccine adoption would depend upon different early adopters - getting vaccinated and becoming role models for their community members. When I got vaccinated, I brought my entire department with me to witness. After getting vaccinated, I stayed in the vaccination center for 1 to 2 hours.

The Health Ministry's first Secretary Health got vaccinated, then Directorate General Health got vaccinated followed by the deans and medical directors. When people witnessed that 15 days had passed and no adverse effects were seen or when they witnessed that vaccinated individuals didn't get COVID-19 or had very mild symptoms of COVID-19, more people started to trust vaccines and got vaccinated. Convincing communities to get vaccinated was done by campaign and through creating role models in their communities. For example, my father, who is 75 years old, got vaccinated; I shared his picture on social media, which encouraged people from my hometown to start inquiring about the vaccine and started to get vaccinated themselves.

Fake News mongers usually quote cases of deaths from COVID-19 after being vaccinated. How can we build public trust in the safety of vaccines?



There are two types of rumors, one of which is completely baseless. For example, when the vaccination process started, a picture of a lady health worker was posted saying that she died after getting vaccinated. We investigated the issue through a bit of background research. We learned that at the time, only people above 60 years of age and hospital caregivers were receiving the vaccination. That lady health worker could not have been vaccinated, and it was easy to discredit such a rumor as it had no basis.

A few days back, my friend called me to inquire about which vaccine he should get. I recommend Pfizer. He responded that someone in our village got Pfizer, and he died. I said to him, if you go and see in your village, you will not be able to pinpoint such an incident. If you are able to find such a case after getting vaccinated, it might not be that he died from COVID-19 but might have several comorbidities. These rumors, we have to individually observe validity and understand their cause.

Initially, these kinds of rumors were very common, but now, as the trend of vaccination is increasing throughout the world, the safety of vaccines is reaffirmed every day, leading to a decline in rumors.

Some Vaccine manufacturers recommend one booster shot while some recommend two shots. What should we as the public know before getting a booster dose?

Multiple trials of mixing vaccine and booster dose were conducted first in Italy, then Spain and then England. These trials show that the mixing of vaccines increases protection and has no negative impact. The first rule adopted throughout the world is that whichever vaccine is available to you is the best.



What can women community leaders do to help mitigate the effects of the pandemic and ensure that the public health response is inclusive?

The world was divided even before the COVID-19 outbreak occurred. One of the reasons for this is that everything is rapidly changing. Our work is to identify opportunities amidst the pandemic and ensure we are better prepared for future crises and that our systems are strengthened in the post COVID era.

If we work with female leaders and influencers to help us spread awareness, it will be really helpful for us in fighting future crises.





VACCINATION CENTRES

➤ MARDAN

➤ **DHQ Hospital Mardan**
03005921350

➤ **Mardan Medical Complex, Mardan**
03339298814

➤ NOWSHERA

➤ **Cat D Hospital, Manki Sharif**
03028318682

➤ **District Head Quarter Hospital Nowshera**
03005712208

➤ PESHAWAR

➤ **Hayat Abad Medical Complex Hayatabad**
03005669116

➤ **Khyber Teaching Hospital University Town**
03339677767