

WHY GENDER MATTERS FOR IMMUNIZATION



SECOND WEBINAR SERIES

WHY GENDER MATTERS

WHY GENDER MATTERS for IMMUNIZATION: **SECOND** WEBINAR SERIES

IA2030 envisions a world where **everyone, everywhere, at every age**, fully benefits from vaccines to improve health and well-being. However, immunization programmes will only succeed in expanding **coverage and equity** when gender roles, norms and relations are understood, analyzed and accounted for as part of service planning and delivery.

Building upon the [first webinar series](#) organized in 2023, this second series of webinars aims to further **improve awareness and understanding** of how **gender-related barriers** impact immunization. The series will focus on **examples and best practices** of **gender-responsive programming** to improve coverage and equity from around the world.

Webinar 1:

Gender responsive actions to improve the quality, accessibility and availability of services

Thurs 7 March 2024
15h-16h CET

Webinar 2:

Empower and collaborate with civil society and change agents to overcome gender barriers

Thurs 4 April 2024
15h-16h CET

Webinar 3:

Advance gender equality and improve coverage through integrated services and collaboration across sectors

Thurs 9 May 2024
15h-16h CET

Webinar 4:

Apply a gender lens to research and innovation

Thurs 6 June 2024
15h-16h CET

Webinar 5:

Implement gender-responsive immunization services in emergency settings

Thurs 11 July 2024
15h-16h CET



In association with



All recordings and materials are available online:

<https://www.technet-21.org/en/topics/programme-management/gender-and-immunization>

“Invest in women: Accelerate progress.”

In a world facing multiple crises that are putting immense pressure on communities, achieving gender equality is more vital than ever.

8 March
2024



INTERNATIONAL
WOMEN'S DAY



INTERNATIONAL WOMEN'S DAY

Immunization programmes are sometimes designed **without the meaningful involvement of women and girls** and the communities they are part of, thus limiting their agency in the journey towards immunization. Ahead of International Women's Day, the first webinar of this series will showcase two different examples of meaningful inclusion of women and girls through innovative strategies that **put caregivers and health care providers at the centre of their design.**

Gender-responsive approaches to increasing immunization coverage



Improve the the quality, accessibility and availability of services

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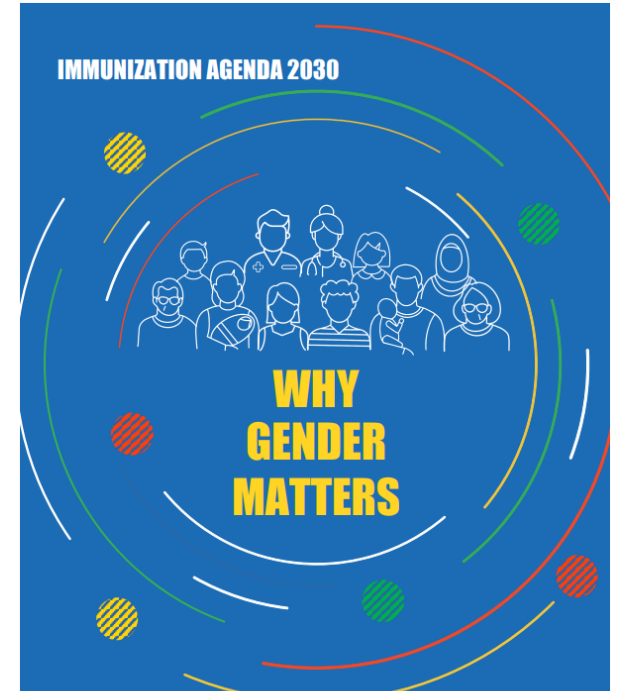
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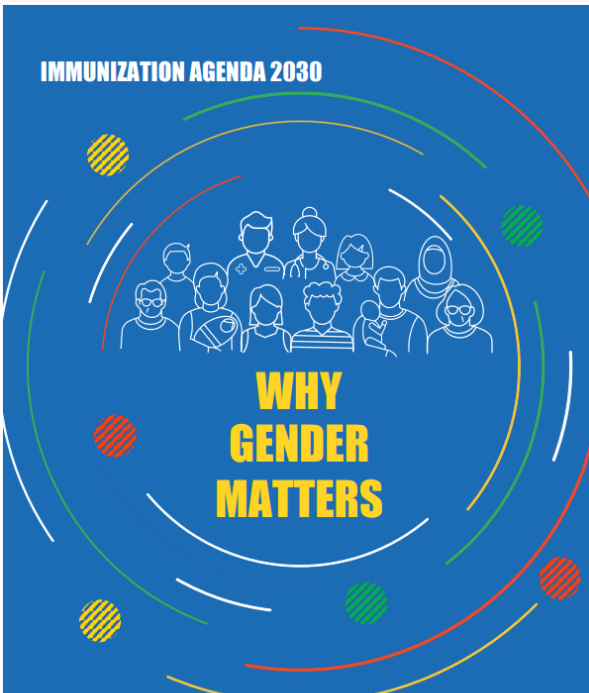
Why gender matters for immunization?

Gender impacts immunization both on the demand side, through people's health seeking behaviours, and **the supply side** through provision of health services.

To increase immunization coverage it is necessary to **understand and address** the many ways in which **gender interacts** with additional **socioeconomic, geographic and cultural factors** to influence access, uptake and delivery of vaccines.



Gender-responsive approaches to increasing immunization coverage



- Invest in gender data and analysis
- Make community engagement and social mobilization gender-responsive and transformative
- Engage with men to transform gender norms
- Empower and collaborate with civil society and change agents
- Implement gender-responsive actions for the health workforce
- Improve the quality, accessibility and availability of services
- Integrate services and collaborate across sectors
- Implement gender-responsive immunization services in emergency settings
- Apply a gender lens to research and innovation



Improve the quality, accessibility and availability of services

The perceived quality of care, the acceptability and accessibility of health services, influences the utilization of immunization services, **especially for women**

Barriers

- ✓ Disrespectful, discriminatory and patronizing communication and attitudes from health-care providers
- ✓ Lack of privacy and confidentiality in health facilities
- ✓ Immunization services located far from communities and to areas where women frequently visit
- ✓ Low service quality, stock-outs or lack of female health workers



Improve the quality, accessibility and availability of services

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In Bangladesh, women were found to avoid immunization services for fear of humiliation from being “scolded” by the vaccinator for losing their child’s immunization card

(Why Gender Matters:IA2030)

How to tackle gender barriers to improve quality, accessibility and availability of services ?

▶▶▶ Action List ◀◀◀

QUALITY	
<input checked="" type="checkbox"/>	Ensure vaccinators have adequate time and support so that they can provide quality services.
<input checked="" type="checkbox"/>	Train vaccinators and health workers to be respectful, responsive and empathetic to the needs and experiences of women, men and youth, and those who may be stigmatized and marginalized. <i>[Gender-specific]</i>
<input checked="" type="checkbox"/>	Conduct surveys and qualitative research on client perceptions on different gendered experiences of the quality of care. <i>[Gender-sensitive]</i>
<input checked="" type="checkbox"/>	Create a comfortable and safe environment at health centres/vaccination posts with adequate seating, lighting and sex-disaggregated toilets with a door that can be locked from the inside. <i>[Gender-sensitive]</i>
<input checked="" type="checkbox"/>	Use a wall separator or curtains to provide confidentiality and privacy in vaccination clinics, and ensure staff are trained in patient confidentiality. <i>[Gender-sensitive]</i>
<input checked="" type="checkbox"/>	Ensure that women, girls, men and boys are able to provide confidential feedback and have access to safe complaint and protection mechanisms. <i>[Gender-specific]</i>
<input checked="" type="checkbox"/>	Make sure vaccination and mobile teams include both women and men. Including women health-care providers for house-to-house vaccination is essential in many settings. <i>[Gender-specific]</i>

How to tackle gender barriers to improve quality, accessibility and availability of services ?

ACCESSIBILITY



Plan the location of service delivery to meet the needs of caregivers and ensure acceptability and accessibility of services for both women and men caregivers, including those with disabilities.
[Gender-specific]



To reach underserved populations, consider setting up vaccination posts at transit sites (e.g., bus stops or railway stations), or high traffic sites (e.g., marketplaces or churches/mosques) or places frequented by women. *[Gender-specific]*



Ensure that the location for mobile outreach services is accessible to women and men at times that enable equal access, and that communication of immunization schedules and locations considers the most relevant channels and platforms for women and men.
[Gender-sensitive]



Where necessary, provide security personnel to accompany frontline vaccinators and social mobilizers or ensure they operate in areas that have been blocked off by security.
[Gender-specific]

How to tackle gender barriers to improve quality, accessibility and availability of services ?

AVAILABILITY



Schedule immunization services at more appropriate/flexible times and in convenient locations for women and their families. For example, establish a fast line and specific space for caregivers who come only for vaccination services to avoid long waiting times; open vaccination sessions earlier to accommodate women's work hours. *[Gender-specific]*



Bundle services so that caregivers can access child immunization services and sexual and reproductive health, nutrition services and/or other services at the same time and place. *[Gender-specific]*



Provide travel vouchers and related in-kind support to facilitate access to health services. *[Gender-specific]*



Application of Human-Centered Design on addressing barriers to Immunization Services in Ethiopia

Hnin Su Mon
Social & Behavior Change Specialist
UNICEF Ethiopia Country Office

unicef 
for every child

Ethiopia

Population:
120.3 million

Rural Population:
77%

Youth:
~40% under 15

**Women with
no education:**
48%

**Average
household size:**
5 members

Female population:
49.76%

**Median age at
first birth:**
18.7

Place of Delivery:
at home: 58.7%

44.1%
**full immunization,
nationally**

Current Situation

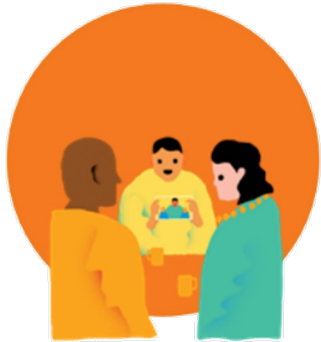
Current interventions addressing immunization service is still at the **gender neutral** level because:

- working with existing gender roles & relations
- male/father has lower knowledge, attitude and practices related to immunization and child health
- current interventions include participation of both male & female in program related activities such as workshop, meeting, gathering, etc.
- limited consideration on intersectionality with disability, being displaced, education, age, etc.
- reaching women through the media they already have an access. (limited effort to close the of media access gap between male and female)



Human-Centered Design

An iterative process with simple tools



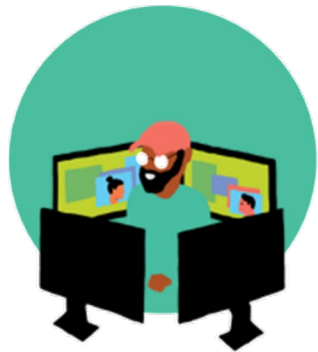
Who are we targeting? What is our objective?

TOOLS:

1 OBJECTIVE

2 PERSONAS

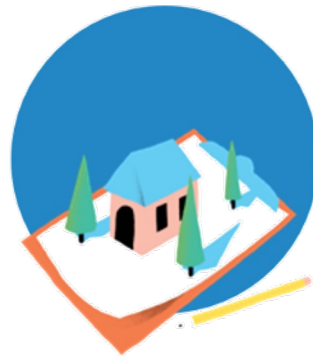
3 JOURNEY MAP



What do we think we know? What do we still need to know?

TOOLS:

4 AREAS OF INQUIRY & DISCUSSION GUIDE



What stands in our way? What are opportunities?

TOOLS:

5 RAPID INQUIRY

6 SYNTHESIS & PROMPTS



How could we respond? What do people think?

TOOLS:

7 IDEA GENERATION

8 PROTOTYPE + FEEDBACK

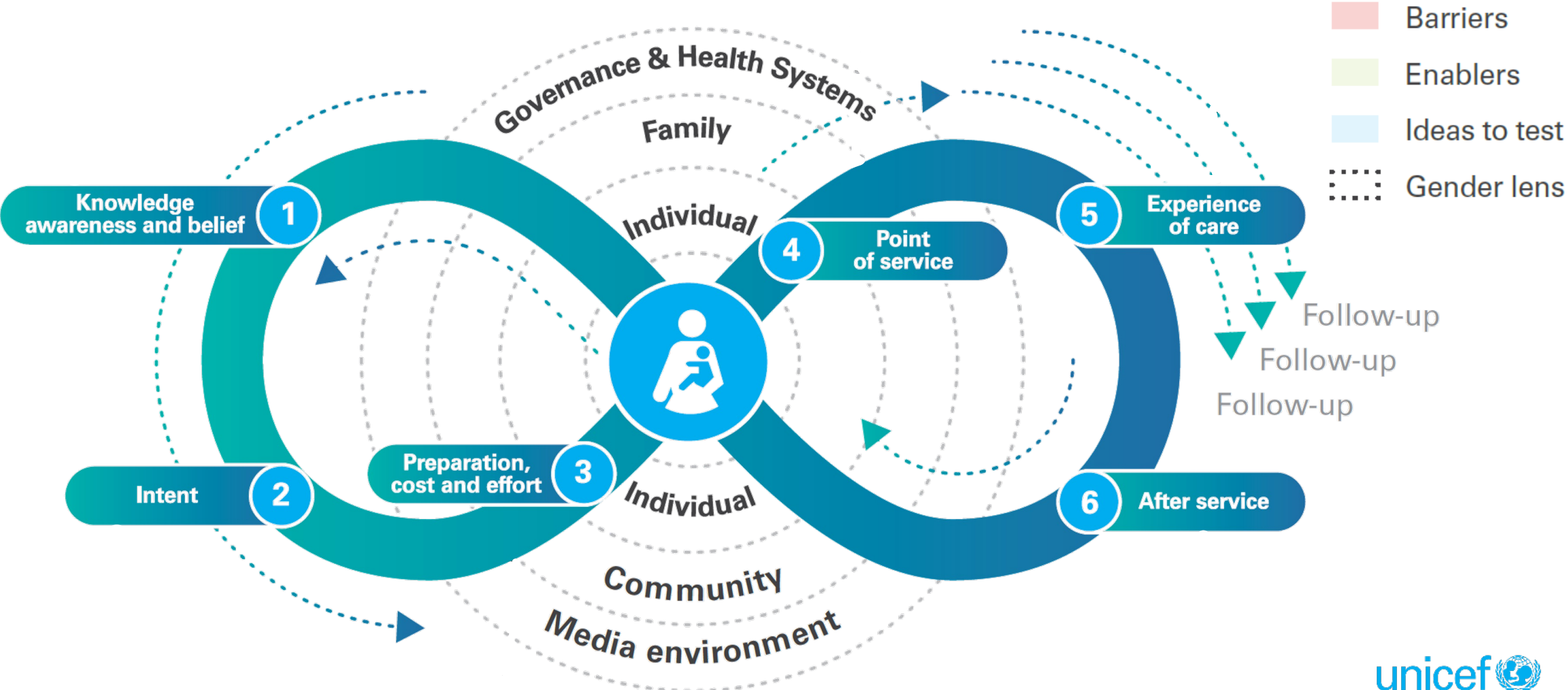


How could we measure? How could we improve?

TOOLS:

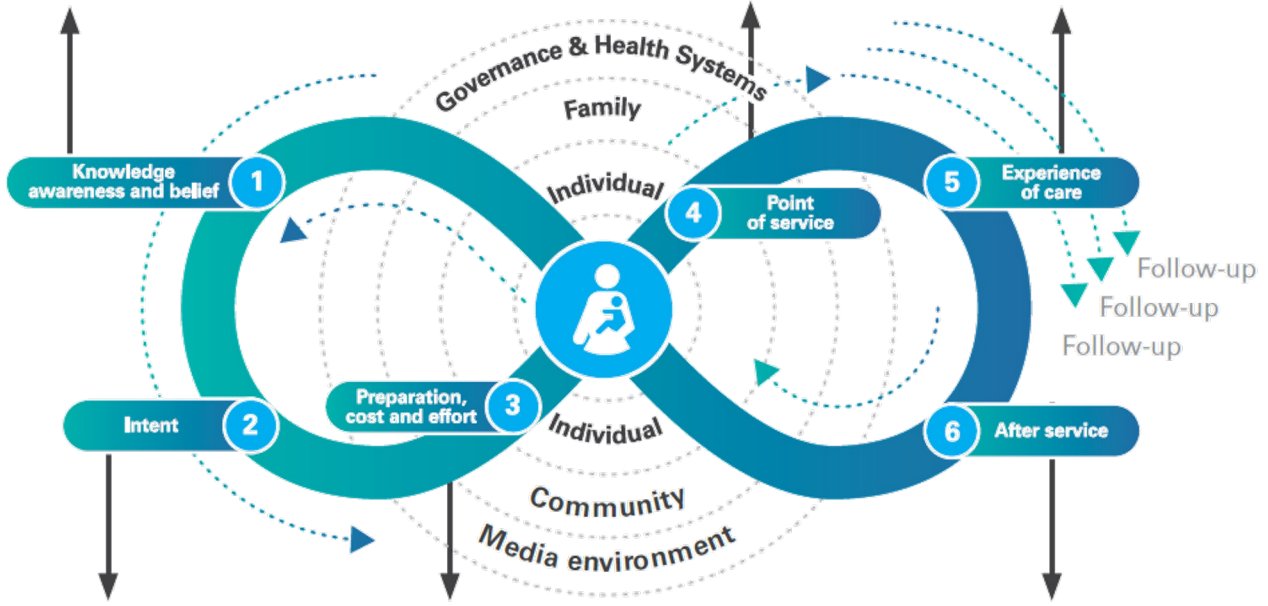
9 PILOTING & ITERATION

Journey to Health





- Barriers
- Enablers
- Ideas to test
- Gender lens



Prioritized Barriers

A woman is seen from behind, carrying a large, yellow, rectangular water container balanced on her head. She is wearing a red and black patterned top and a blue patterned wrap. Water is dripping down her back from the container. The background is a blurred outdoor setting with green foliage and a thatched roof.

Limited male involvement in care seeking practices with a focus on immunization services because of gender norms of women as primary caregiver at community domain

A gap in client-professional interaction at the service delivery points to advance age, gender or culturally appropriate services at the facility domain.

Solutions

Through ideation sessions with community members & health extension workers (mixed gender in separate groups), below are some major solutions suggested:

- Assign community volunteers to entertain children and engage mothers in health discussions
- Create recognition and a visible tracking system so caregivers can easily see their progress toward completion
- Community Dialogue
- Empower fathers to support their wives in the decision to immunize, discussing roles and responsibilities of fathers for their vaccination on popular radio shows.
- Provide one bag of lentils for the mother and one for the father for each completed immunization session
- Interpersonal Communication Skills training
- Give a blanket with the vaccination calendar to all newborns
- Provide social proof displays like posters of vaccinated children's names in the community or charm bracelets for caregivers.

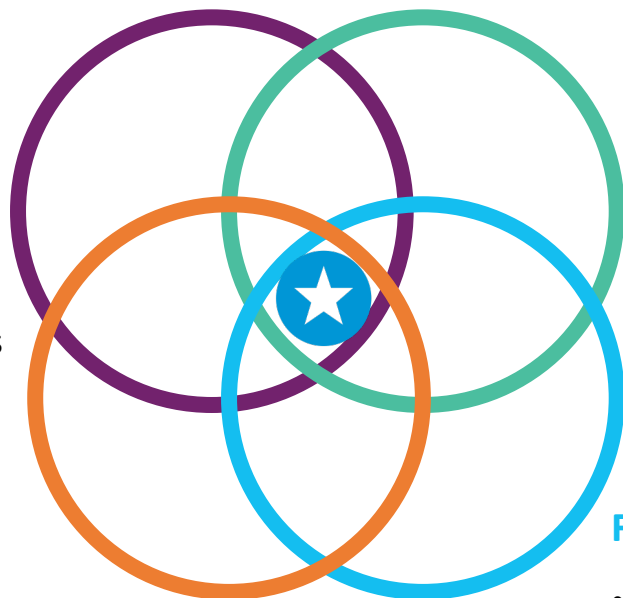
Prioritization

DESIRABLE TO COMMUNITY

- Appealing
- Inviting
- Align with values & beliefs
- Support existing habits & priorities

POTENTIAL FOR HIGH IMPACT

- Support or contribute on desired behavior
- Support positive social norms



EASY TO IMPLEMENT

- Technologically feasible
- Easy to implement
- Easy to use

FINANCIALLY VIABLE

- Affordable
- Aligns with programmatic priorities
- Cost efficiencies over time

First Priority

- Community dialogue

Other Priorities

- Interpersonal communication skills training for vaccinators
- Male participation in child-care practices

Results

- 318 HEW and volunteers trained
- 3,795 caregivers participated
- A space for two-way discussion
- Community: reported increase in awareness and change in perception towards immunization services
- Health Facility: reported increase in number of service uptake on immunization

Challenges

- Training is pre-conditioned to ensure buy-in on the use of HCD. For instance, to apply HCD in one community, we need to train regional and zonal officials first.
- During the ideation phase, only familiar interventions were suggested by the participants. Innovative or new suggestions are still limited. Upcoming sessions might be improved if the facilitator can share some examples of innovative interventions.

Way Forward

Interpersonal
Communication
Skills training

Positive deviant

Integration
(HPV+,
adolescent
health,
education, child
protection,
emergencies)

Scale up of HCD
application

Behavioral
Insights & HCD
in 10 districts

A close-up photograph of a young child with a joyful expression, looking slightly to the right. The child is wearing a light green, textured knit hat with a braided blue and green cord and a red flower-like detail. They are wrapped in a patterned blanket with green, white, and brown designs. The background is softly blurred, showing a blue surface.

Thank You!

MOMENTUM Routine Immunization Transformation and Equity

WHY GENDER MATTERS

Supporting routine immunization services in Nigeria through gender informed technical assistance

Khadijah A. Ibrahim Nuhu
Senior Social and Behavior Change Advisor



USAID
FROM THE AMERICAN PEOPLE





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gender inclusion

Our Vision

Award Date: July 27, 2020
Period of Performance: 6 years

MOMENTUM Routine Immunization Transformation and Equity envisions a world in which all people eligible for immunization, from infancy throughout the life-course, and particularly underserved, marginalized, and vulnerable populations, are regularly reached with high-quality vaccination services and use them to protect their children and themselves against vaccine-preventable diseases.



The project's gender strategic priorities



GLOBAL AND REGIONAL LEVELS

Collaborate with Gavi, UNICEF, WHO, and other key groups to operationalize global strategies that focus on understanding and integrating gender and immunization across the life-course, and document lessons and results of these efforts.



NATIONAL

Support efforts to determine where and why families are not accessing vaccine services and promote gender-aware and -transformative approaches to address these service and utilization gaps to improve coverage for zero-dose and under-immunized groups.



SUBNATIONAL/DISTRICT

Ensure gender representation in planning the timing and location of vaccination services. Use messages and channels that are appropriate for and accessible to women/girls and men/boys, recognizing that they may vary by gender.



FACILITY/PROVIDER

Support female health care workers to improve their capacity (including knowledge, attitudes, and practices) to recognize and reduce gender barriers to immunization and primary health care services and their own gender-related challenges within the health system.

HEALTH SYSTEM PATHWAY



INDIVIDUAL, COMMUNITY & SOCIETAL PATHWAY



CIVIL SOCIETY

Strengthen community partnerships with innovative local groups and civil society organizations focused on gender to improve trust and demand for vaccination services, help plan services, and improve immunization outcomes.



COMMUNITY

Increase women's involvement in planning. Also increase men and adolescent boys' support of and engagement with immunization services as a contribution to female empowerment.



FAMILY/CAREGIVER

Increase women's and girls' agency to empower them, as primary caregivers, to access and complete routine immunizations throughout the life-course.

Immunization status in Nigeria

- The Nigeria national immunization strategy outlines sustainable and targeted strategies to improve **equitable immunization coverage** and strengthen the primary healthcare system, as highlighted in the Immunization Agenda 2030.
- In 2022, there were a reported 2.3 million zero dose children (ZDC) in Nigeria.¹ Reasons for this include geographical inaccessibility, conflict, and socio-cultural, education and **gender-related barriers**.



1. <https://www.who.int/publications/m/item/progress-and-challenges>

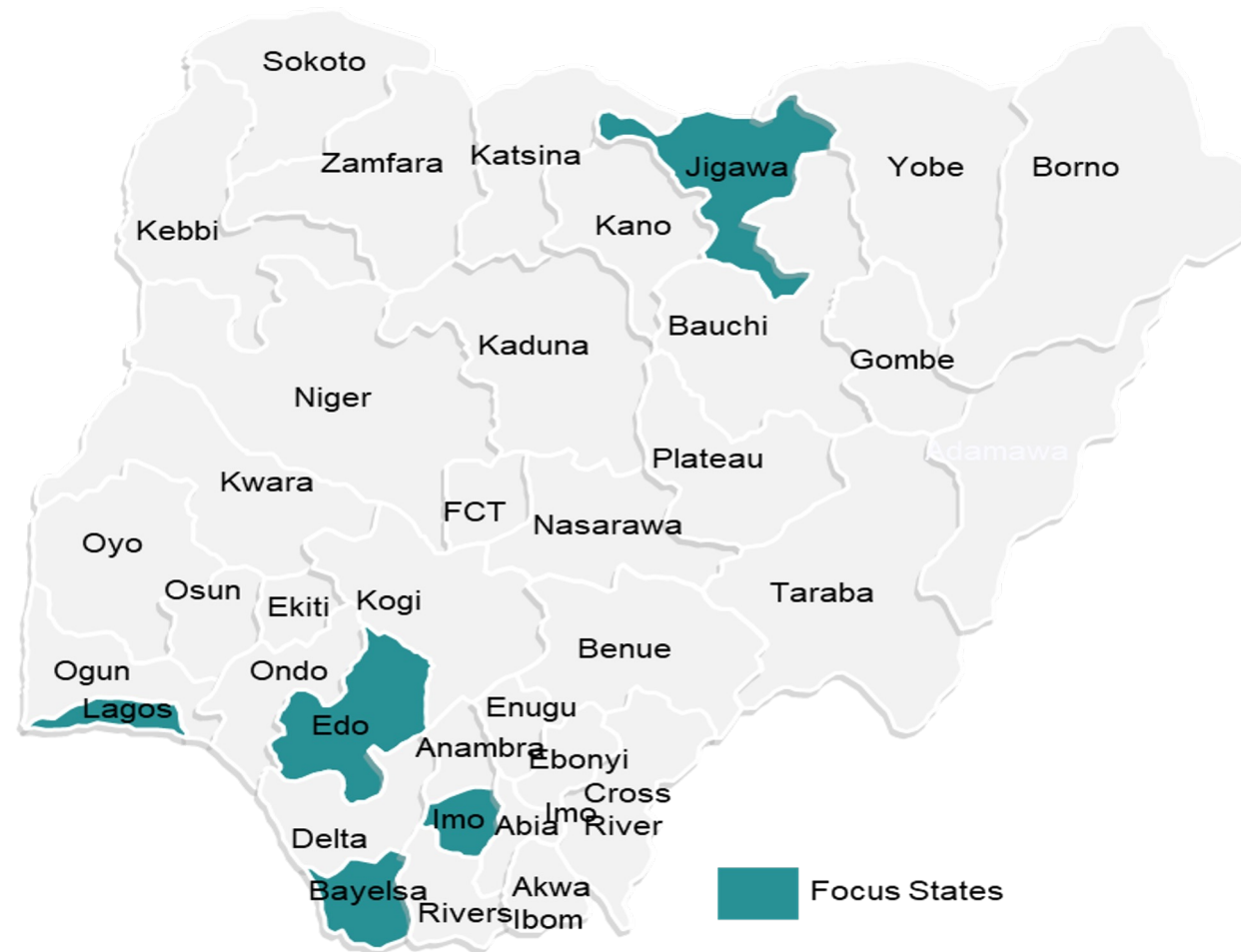
Project scope and geography

The project works in Bayelsa, Edo, Imo, Jigawa, and Lagos states, which cover:

- 774 local government areas.
- 9,565 wards.
- A birth cohort of 7.3 million children.

Nigeria strategic objectives:

- To provide technical assistance to COVID-19 vaccine rollout at the national level and in five states.
- To strengthen governance and leadership for immunization services in the focus states.
- To improve the capacity of the health workforce to deliver quality immunization and primary healthcare services in the focus states.
- To strengthen the mechanisms for advocacy, communications and social mobilization to trust in and increase uptake for immunization services in the focus states.
- To strengthen the HIS/NHMIS for evidence-based policy and decision making in the focus states.



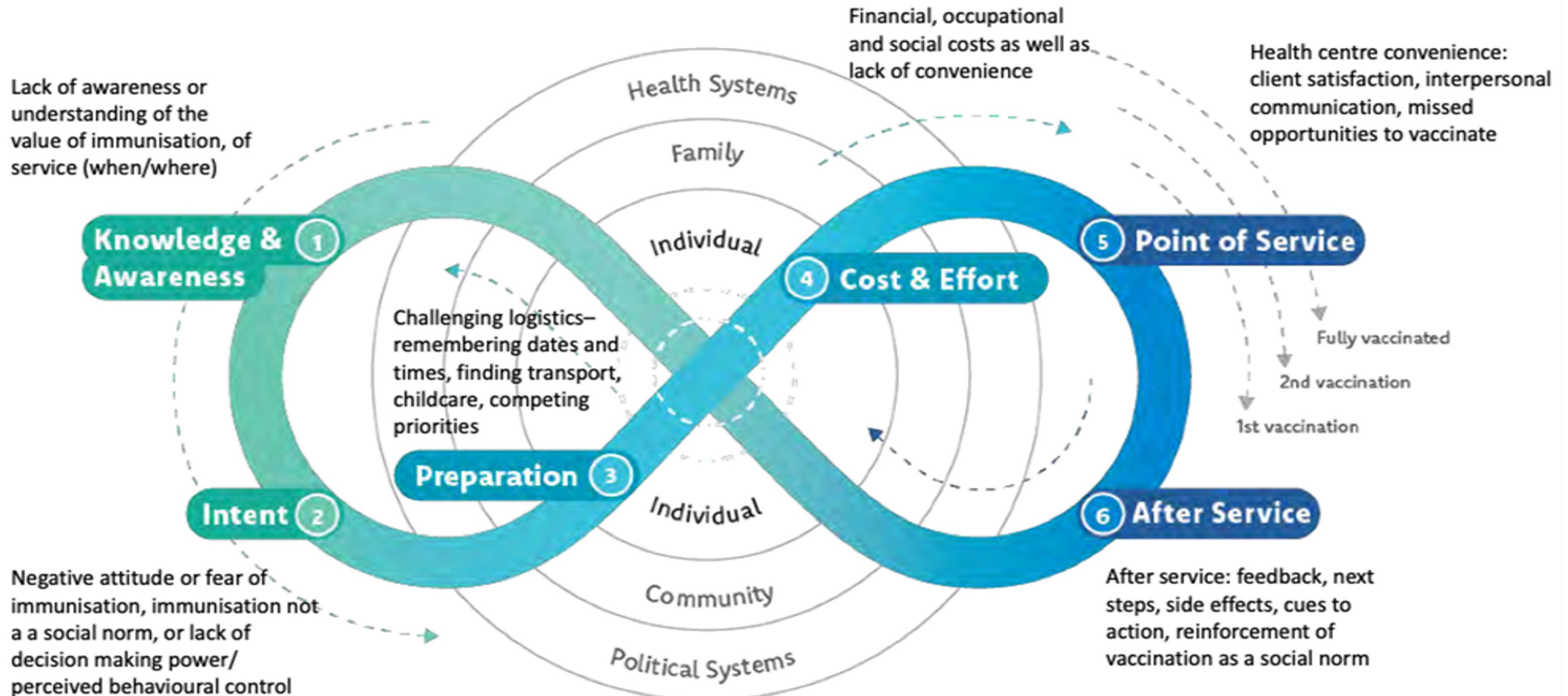
Baseline assessment

- Carried out the baseline assessment in Edo and Jigawa states.
- Assessment objectives:
 - Identify root causes underlying challenges related to routine immunization (RI).
 - Identify existing assets, good practices, or opportunities in project-supported areas that could be leveraged or expanded to overcome root causes of entrenched obstacles.
- Mixed method approach (quantitative and qualitative).
- The project did not carry out a formal gender assessment, but asked intentional questions that revealed issues related to gender.
- Applied a human centered design (HCD) approach using the UNICEF/WHO *Journey to Immunization* framework.²



2. https://docs.google.com/presentation/d/1vU2OBd9P6019Pi_auv3AO54kZAxdeE3S5/edit#slide=id.p4

UNICEF/WHO Journey to Health & Immunization framework



UNICEF Journey to Immunization, Social Data Workshop, Amman 2017

Key gender-related findings from the assessment

- **Minimal male engagement** as child health/vaccination is considered women's responsibility.
- The majority of healthcare workers said women have leadership roles in the community, but in Jigawa state there are **very few female health care workers** compared to Edo state.
- The majority of ZDC have teenage mothers who don't have **immunization awareness or decision-making power**. The decision makers are usually from husband, grand parents or community/religious leaders.
- Improper management of adverse events following immunization due to decision-makers' **refusal to allow mothers/caregivers to return to the facility** for the child's next vaccination.
- Transportation and other opportunity costs seems to be barriers to women/caregivers ability to access services (incentives are expected).



Questions guiding for the project technical assistance on gender

- What principles / policies do we already have in place for community engagement?
- Is there an existing “participation system” for women?
- Do we separate women and men in certain discussions?
- How do we ensure equal and equitable representation of community members?
- How do we ensure equal value for people’s diverse perception of needs and priorities?
- How can we ensure implementation of the decisions? Accountability?
- What does the feedback loop look like?

Project's National-level Plan

Provide technical assistance and logistics support to the Government of Nigeria to review the National CES.



Integrate Gender

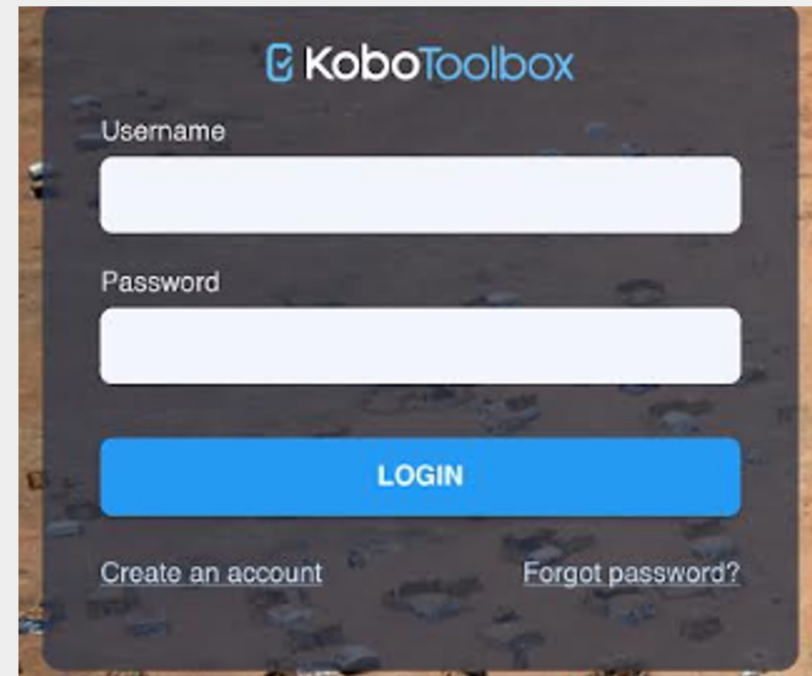
Provide technical assistance and logistics support to review and update existing guidelines and checklists for RI/primary health care.



Revised gender inclusive supportive supervision checklist.

Project's Subnational-level Plan

- Provide technical assistance and logistics support to conduct **gender-sensitive supportive supervision at the health facility level.**
- The project utilized KoboToolbox for the data collection during supportive supervision



Revised supportive supervision checklist and tools

DATA COLLECTION TOOL FOR GENDER-SENSITIVE SUPPORTIVE SUPERVISION

» Number of supportive supervision checklists reviewed for gender-sensitive content considerations such as equal access to professional development, effective 2-way communication, safety concerns, time use, confidential capacity development needs (improved literacy, data literacy, GBV resources, etc.)

* Number of SS checklists reviewed

* Number of SS checklists that contain gender considerations

DATA COLLECTION TOOL FOR DESK REVIEWS of male engagement activities focused on women and children's health and immunization

* 1. Did you find any documents?

Review documents that describe demand generation activities targeted at men that focus on women and children's health issues and rights including immunization, and the importance of joint health care decision-making and responsibilities for the family

Yes

Microplan development or updating

* 1. When the microplan was last developed or updated, did one or more female caregivers participate in the activity?

Yes

No

To be administered in the community

For improving communication with caregivers and families on key aspects of immunization (FATHERS/male caregivers)

* 1. How old are you?

15 to 18 years old

19 to 25 years old

26 to 30 years old

31 to 35 years old

36 to 45 years old

Over 45 years old

» 2. For fathers: Can you think of 3 things that you, or fathers like you, can do to help get

<p>1. What non-discrimination and anti-harassment policies does the country have? Such as, for Nigeria:</p> <ol style="list-style-type: none"> 1. Constitution of the Federal Republic of Nigeria 1999. 2. Labor Act Chapter L1, Laws of the Federation of Nigeria 2004. 3. HIV and AIDS <u>Anti discrimination</u> Act 2014. 4. Discrimination Against Persons with Disabilities (Prohibition) Act 2018. 5. Trade Unions Act (Amended) Act 2005. 	<ul style="list-style-type: none"> • Yes/No • Don't know • If yes, at what level? <ul style="list-style-type: none"> ○ National _____ ○ Local _____ <p>If yes, go to next question (#2)</p>
<p>2. Are any of the listed policies visibly posted at the facility?</p>	<ul style="list-style-type: none"> • Yes/No • (If "Yes", take picture if possible)
<p>3. Do these policies have clear steps in place to ensure their implementation (for example, is it clear who is accountable for implementing them)?</p>	<ul style="list-style-type: none"> • Yes/No • Don't know
<p>4. In the health facilities with gender-sensitive practices, # and % of health workers who report higher motivation and job satisfaction</p>	<p># and % of health workers who report higher motivation and job satisfaction response here:</p>

Strategies to address gender issues in Nigeria

- Community Engagement Strategy (CES):
 - Providing technical assistance to ACSM technical working groups to conduct a strengths, weaknesses, opportunities, and threats analysis of the CES strategy.
 - Providing technical assistance to technical working groups on developing tracking tools for media mapping and monitoring.
- Incorporating traditional birth attendants, women leaders and civil society organizations (CSOs) into the CES framework to support traditional leaders on line listing and defaulter tracking (specific to Jigawa state).
- Increasing women's participation in:
 - Ward Development Committees and Ward Health Committees.
 - Developing micro plans.

Strategies to address gender issues in Nigeria

- Developing context-specific messaging on gender and immunization.
- Social listening and context-specific community engagement.
- Context-specific microplanning.
- Intentionality in the accountability framework implementation.
- Deployment of score cards.
- Documentation and dissemination of findings from supervision at local government area and ward levels.
- Testing the deployment of gender indicators to track progress
- Dissemination of findings from gender indicator testing to the government.

Opportunities for gender inclusion in the project's 2024 work plan

- Identify and prioritize priority location (apex, non-apex) facilities. Work plan developed and interventions phased.
- Project strategic thinking and direction shared with state and government agencies (technical working groups, state and local government areas officers), visioning workshop / meeting held.
- RI programming standardized at state and local government-level working groups. Officers accountable for their terms of reference.
- Accountability dashboard instituted at settlement levels and traditional leaders, local-level development committees, and agents are accountable for ZDC tracking and reconciliation.
- Documentation and dissemination of milestone achievements. Presentation at state and local government level technical meetings.

Monitoring and evaluation for gender inclusion

- Women-focused and women-led CSOs engaged to champion gender sensitive community engagement activities in communities around prioritized health facilities.
- Expansion of visioning participant's list to include women-focused line ministries, departments, and CSOs.
- Documentation and dissemination of milestone achievements. Presentation at state and local government level technical meetings.
- Linkage of ZDC indices in prioritized facilities to gender barriers in surrounding communities during presentations and discussions at visioning workshops.



Monitoring and evaluation for gender inclusion

- Inclusion of gender in RI programming standardized at state and local government technical working group levels.
- Gender sensitive RI supportive supervision analysis report discussed during EPI reviews at all levels.
- Institute an accountability dashboard for gender-related activities at settlement levels.
- Continuous documentation and dissemination of gender inclusion milestone achievements to government health counterparts at the state and local government levels to sustain and normalize gender inclusion/considerations in RI.

Proposed indicators under review in Nigeria

- *# or % of microplans developed or updated with active participation of female caregivers*
- *Policies are in place and visible/people aware of them to ensure implementation and accountability.*
- *# of health facilities, that provide RI services, with work and employment practices that are gender-sensitive and that promote women's rights (e.g., equal pay, privacy, confidentiality, no tolerance for harassment)*
- *# of demand generation activities targeted at men that focus on women and children's health issues and rights, and the importance of joint health care decision-making and responsibilities for the family*
- *# of supportive supervision checklists with gender-sensitive content*
- *# or % of FATHERS/male caregivers supporting various aspects of immunization*
- *# or % of MOTHERS/female caregivers aware of immunization*
- *# or % of community meetings where immunization is discussed with active participation of female caregivers*

THANK YOU

MOMENTUM Routine Immunization Transformation and Equity is funded by the U.S. Agency for International Development (USAID) as part of the MOMENTUM suite of awards and implemented by JSI Research & Training Institute, Inc. with partners PATH, Accenture Development Partnerships, Results for Development, and CORE Group under USAID cooperative agreement #7200AA20CA00017. For more information about MOMENTUM, visit USAIDMomentum.org. The contents of this PowerPoint presentation are the sole responsibility of JSI Research and Training Institute, Inc. and do not necessarily reflect the views of USAID or the United States Government.



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IMMUNIZATION AGENDA 2030



**WHY
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MATTERS**



Q and A

All materials and recordings from this and previous webinars available here: <https://www.technet-21.org/en/hot-topics-items/429-programme-management/15449-gender-and-immunization>

For more info, visit:

<https://www.who.int/teams/immunization-vaccines-and-biologicals/gender>