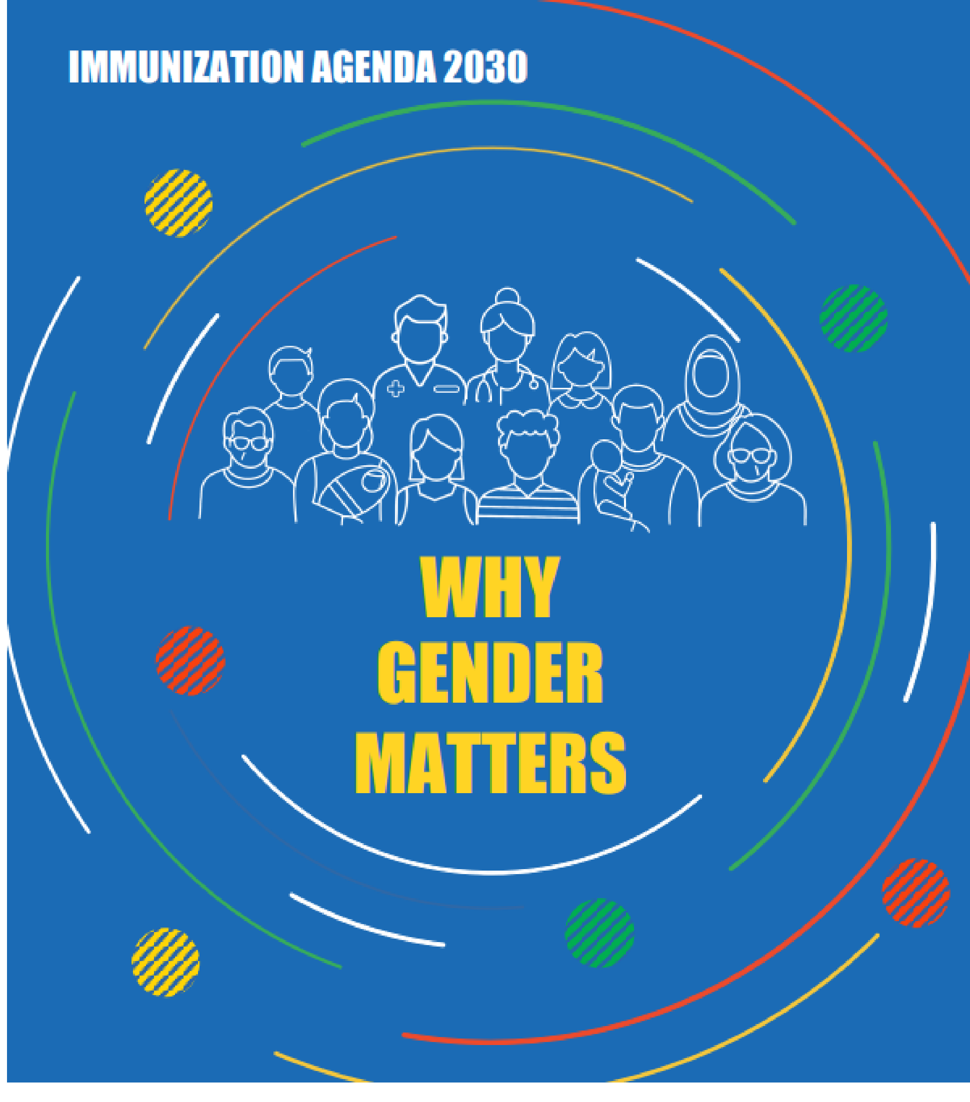
WHY GENDER MATTERS FOR IMMUNIZATION

SECOND
WEBINAR SERIES

In association with



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

Empower and collaborate with civil society and change agents

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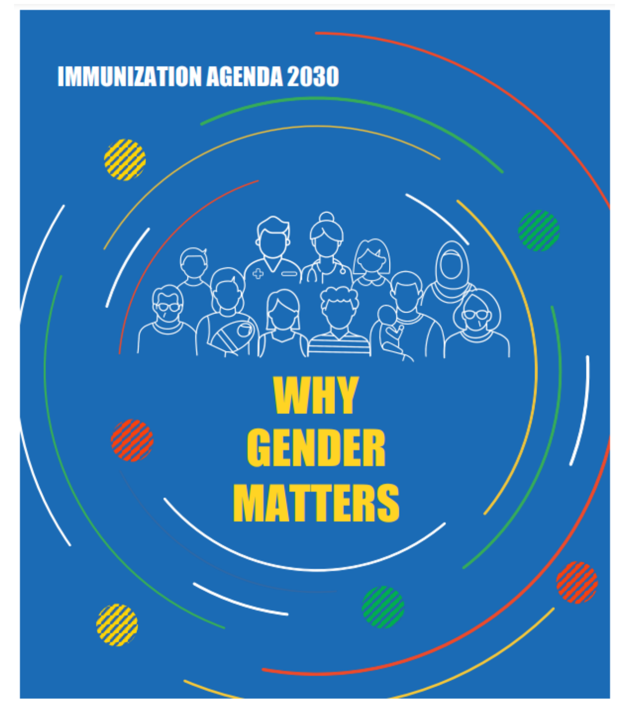
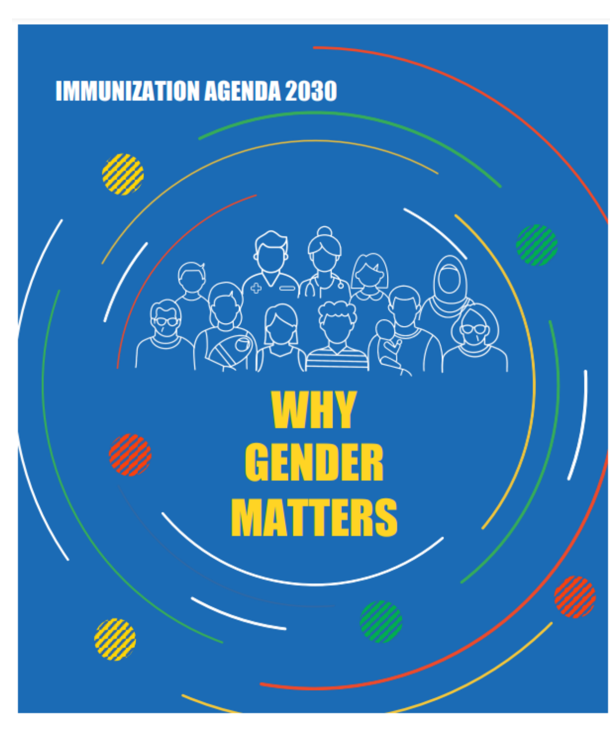
Why gender matters for immunization?

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

Empower and collaborate with civil society and change agents

- Civil society and grassroots organizations (including women’s formal and informal groups and girls and youth networks)are **powerful allies** to **overcome gender barriers** and increasing demand for immunization services.
- Civil society actors also have the **local expertise** to disseminate immunization programme information to **marginalized communities.**
- Immunization programmes should involve these groups and communities in **informing the design and delivery** of services also actively take steps to **empower them.**

Credit: UNICEF/2018/Naftalin

Empower and collaborate with civil society and change agents

CIVIL SOCIETY & CHANGE AGENTS

	Identify and invite change agents, including women's, men's and youth groups, and informal grassroots organizations, to participate in the planning, delivery, monitoring and evaluation of immunization services and programmes (especially in areas with low immunization coverage). *[Gender-transformative]*
	Partner with initiatives that aim to build women's capacity and self-efficacy (e.g., skills building and economic empowerment) to advance gender equality, women's autonomy and empowerment. *[Gender-transformative]*
	Understand the dynamics around gatekeepers in different contexts and plan special efforts to engage them. *[Gender-specific]*
	Undertake gender-responsive research to understand the drivers of gatekeeping, misinformation and vaccine hesitancy. *[Gender-specific]*
	Support women's equal participation in relevant structures in the development of local capacity to govern and manage immunization financing and planning, budgeting, and procuring of and delivering vaccines. *[Gender-transformative]*

Collaborating with women's groups: A promising approach to identify and reach zero-dose (ZD) children in urban Mali

April 4, 2024

Ginny Fonner, PhD, MPH

Alexis Sullivan, MSPH

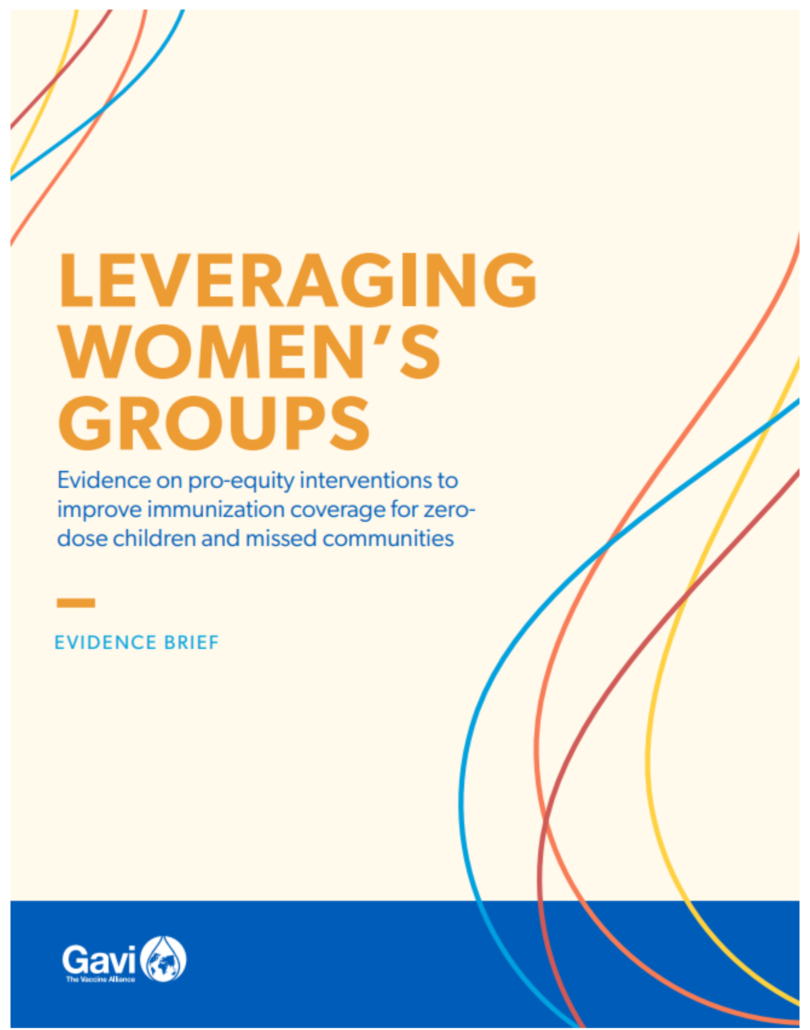
Agenda

1. Background
2. Case study: Leveraging women’s groups in Mali
3. Lessons learned and discussion

Background

Evidence brief: Leveraging women’s groups

- Rapid literature reviews conducted to understand **effectiveness and implementation** of pro-equity interventions
- Results available: https://zdlh.gavi.org/resources/evidence-map
- Reviewed effectiveness and implementation of **leveraging women’s groups to improve child health outcomes**
- Main objectives:
  - Evaluate extent to which intervention is **effective in improving child health**.
  - Assess **impact on women’s empowerment** within communities facing vulnerabilities.
  - Identify key **implementation** considerations.



Background: Case Study Approach

- **Objectives:**
  - Highlight best practices, lessons learned
  - Indicate what may be required to shift programs towards more pro-equity approaches
- **Case studies are:**
  - Retrospective to explore pro-equity approaches
  - Used to identify drivers for success and lessons learned
  - Designed to help guide and adjust policies and programming

Focus on gender in case studies

- **Integrating a gender perspective** into pro-equity immunization programs is critical
- We focused one **case study** on a gender-responsive approach:
  - **Empowering and collaborating with civil society and change agents**

Gender-responsive approaches to increasing immunization coverage

Invest in gender data and analysis	Gender-responsive community engagement and social mobilization	Engage with men to transform gender norms
Empower and collaborate with civil society and change agents	Implement gender-responsive actions for health workforce	Improve 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

Why gender matters: immunization agenda 2030. Geneva: World Health Organization; 2021.

Collaborating with women's groups: A promising approach to identify and reach zero-dose children in urban Mali

A CASE STUDY

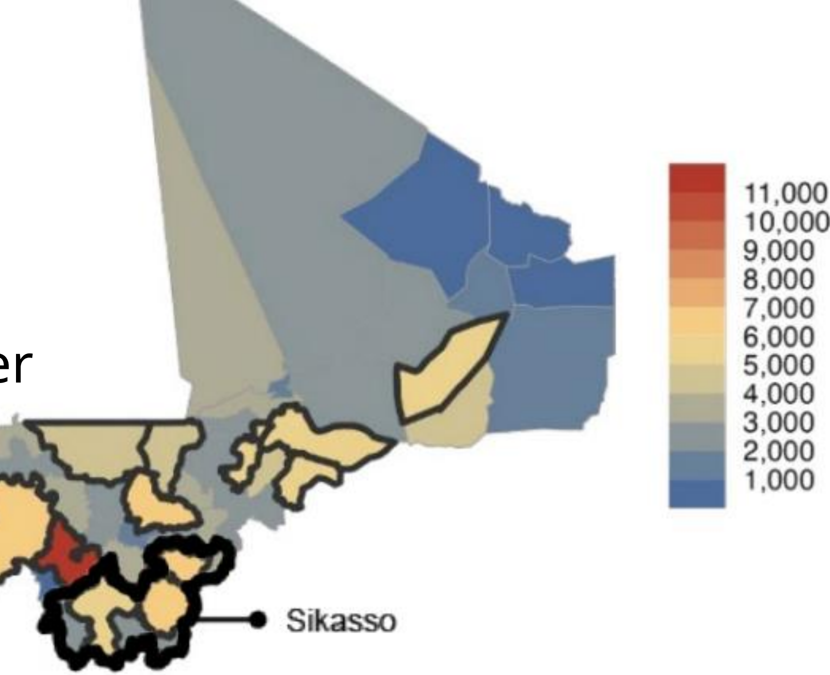
WHY: Context

Zero-dose children in urban areas in Mali

- DTP3 coverage stayed at **77%** from 2017-2022 other than drop to 70% in 2020 due to COVID-19 (WUENIC)
- However, **<50%** of children in Mali receive all essential childhood vaccinations, and ZD rates vary widely
- Highest absolute numbers of ZD children in Mali are in **urban areas**
- Leveraging women's groups can help **address gender-related barriers, identify and reach ZD children in urban areas**, specifically Sikasso

Context and challenges addressed

- Pro-equity/gender-transformative immunization interventions can be **highly impactful but challenging to implement** in Mali:
  - High rates of <5 mortality
  - Challenges delivering health services during COVID-19
  - Military coup in 2020, ongoing regional conflict & civil unrest
  - High gender-based inequities (high maternal mortality, widespread gender-based violence, lower education among women than men)
- Can address challenges such as low demand/utilization, COVID-19 impacts, gender-related barriers, health worker motivation, sustainability of campaigns, outbreak response
- Sikasso has many ZD and under-vaccinated children



Number of ZD children by district

(Gavi Zero-Dose Learning Hub, 2023; IHME 2021 data cited in Gavi Secretariat, 2023)

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WHAT: Collaboration with women's groups to identify and reach ZD children in Mali

Leveraging Women’s Groups

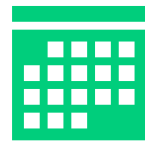
- Women’s groups involved to support operationalization of the urban vaccination strategy in the Sikasso region of Mali at end of 2022
- Some women’s groups **already existed** in Sikasso before the strategy. Others were created for this purpose, designed using an urban immunization toolkit
- **330 members of women’s groups** were trained in communication, home visits, and tracking cases of under vaccination and ZD
- Women’s groups’ primary role involved **awareness raising** about the importance of vaccination and **providing information** on vaccination sessions
- Included **3 home visits monthly** by each group member with 3 main objectives:
    1. Actively search for children lost to follow-up for vaccination
    2. Raise awareness regarding vaccination
    3. Identify malnourished children

HOW: Technical assistance, incentives, and engagement of local entities

Activities

- Vaccinators provided group members a **list of undervaccinated or missed children** weekly, plus caregiver telephone numbers and vaccination vouchers.
  - Vaccinators provided monthly monitoring
- Members went **door-to-door in pairs** to identify and record undervaccinated children and provide vaccination information to households
- Members **organized sessions to raise awareness** about vaccine-related events in settings such as “women’s gatherings” and markets

Overcoming challenges to immunization



Women's groups participated in **weekend immunization activities**, to expand vaccination access for children whose caregivers work during the week

Women's groups **supporting** the delivery of immunization activities could help **compensate for low motivation** among health care workers seen in Mali

In some cases, women were reluctant to meet with women's groups' members, as they said they were not health workers and **did not trust their messages**. Plan to address this by providing all group members with **identifying vests**

Incentives

- 2,000 CFA (~3 USD) to be paid per woman per home visit (3 home visits planned = 6,000 CFA)
- Number of home visits conducted was close to anticipated, but due to lack of financial resources, each woman was paid 2,000 CFA total
- Raises concerns about financial incentives and their impact on gender-transformative interventions
  - If provided as intended, incentives could have helped improve women's economic standing, impacting agency and gender norms
  - Incentives could have helped offset opportunity costs
  - Not providing promised incentives could have unintended consequences for women if they were expecting the incentives/became indebted

Enablers and barriers to success

Enablers

- Leveraging pre-existing groups (e.g., helps keep costs low, seen as providing potential long-term, gender-transformative benefits)
- Group member selection based on familiarity with families and health promotion
- Adequate training
- Adequate support (e.g., provision of lists of under-immunized children)
- Provision of identifying vests to help build trust

Barriers

- Social and religious barriers that restrict women from participating
- Geographic area too large to be covered adequately
- Lack of financial resources to provide payment
- Logistical constraints (e.g., inaccurate lists, unreachable households due to incorrect telephone numbers)
- Lack of trust in messages and lack of perceived authority of women's groups to provide health-related messages

Results

Results

Effectiveness

- Initial findings show leveraging women's groups successful in identifying, reaching under-immunized and ZD children:
  - Provided information to families about vaccination/opportunities for vaccination
  - Worked with district officials to identify and record missed children
- Key informants indicated:
  - After receiving training, women's groups helped identify a substantial number of children lost to follow-up in urban areas within Mali, including Bamako and Sikasso
  - One stakeholder found significant numbers of under-vaccinated and ZD children were recovered by the women's groups after a follow-up mission supported by UNICEF and WHO
- Final results on implementation and impact not yet available

Results

Implementation

- When women received incentives, more home visits were conducted, indicating pay contributed to motivation
- Unexpected positive outcome: Improved outbreak response
  - Women’s groups worked with community leaders to emphasize importance of immunization and encourage community members to adhere to vaccine schedules during recent measles outbreak

Limitations, lessons learned, and scalability

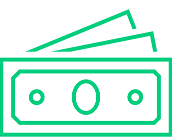
Limitations

- Methodology unable to quantify intervention’s impact
- Case study approach involved talking to key informants but not participants themselves
    - Challenging to understand full story
- More research needed to understand how to successfully adapt and implement pro-equity interventions using a gender perspective

Lessons Learned (1/2)

- Collaborating with women’s groups is fundamentally a **local strategy**, comprising women from engaged communities.
  - This local nature must be maintained, supplemented with adequate training, technical assistance, and funding from external sources

- To be effective, consider how women’s groups can be supported by:
  - **Enhancing trust** among communities of women’s groups is needed
  - **Enabling environments** and clear roles/relationships with health systems
  - **Addressing potential logistical constraints** (e.g., ensure group member selection accounts for size of area to be covered and training needs)



- Programs should carefully consider whether **providing financial incentives**:
  - Improves motivation and ability to meet goals
  - Aligns with WHO guidance on CHW rights, including payment
- If financial incentives are included, payment mechanisms need to be clear, planned, with adequate resources and monitoring/

Lessons Learned (2/2)

- **Ensure programs are not gender-harmful**
  - Groups should not be instrumentalized for programmatic purposes, but rather be meaningfully engaged throughout
    - Contributes to enhanced ownership and sustainability, optimizing program impact, women's empowerment, and addresses gender-related barriers
    - If risks are not addressed, instrumentalizing women's groups could potentially harm women's autonomy and agency

Scalability

- For immunization programs to successfully leverage women's groups at a national level, they must **ensure groups are locally maintained and supported**, complemented with technical assistance and training
- Before collaboration with women's groups is replicated elsewhere, important to consider:
    - Cost and available resources
    - Current presence of groups
    - Community ownership and trust

Thank You!

The team would like to acknowledge the following individuals who contributed to the production of this case study: Gustavo Correa, Emily Evens, Camara Fantamady, Theresa Hoke, Amadou Tila Kebe, Jean Munro, Mamadou Samake

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Empowering communities for improving immunization and access to health services through women's groups and movements: *Lessons from India*

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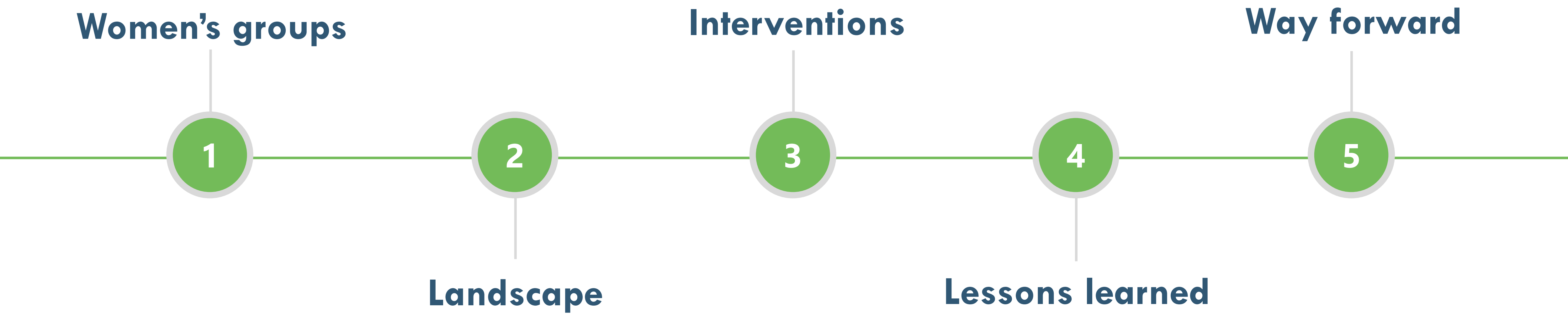
2nd webinar on Empower and collaborate with civil society and change agents

April 04, 2024

Presentation flow



What is women’s group and how do they work for health?

- Voluntary group composed primarily of women who come together for a shared purpose
- Vary widely in governance, membership, purpose and approaches

SELF-HELP GROUP (SHG)

Women members organized for **economic empowerment**

OPEN, PARTICIPATORY GROUP

Open to all women and other community members with no membership requirements, often **focused on health**

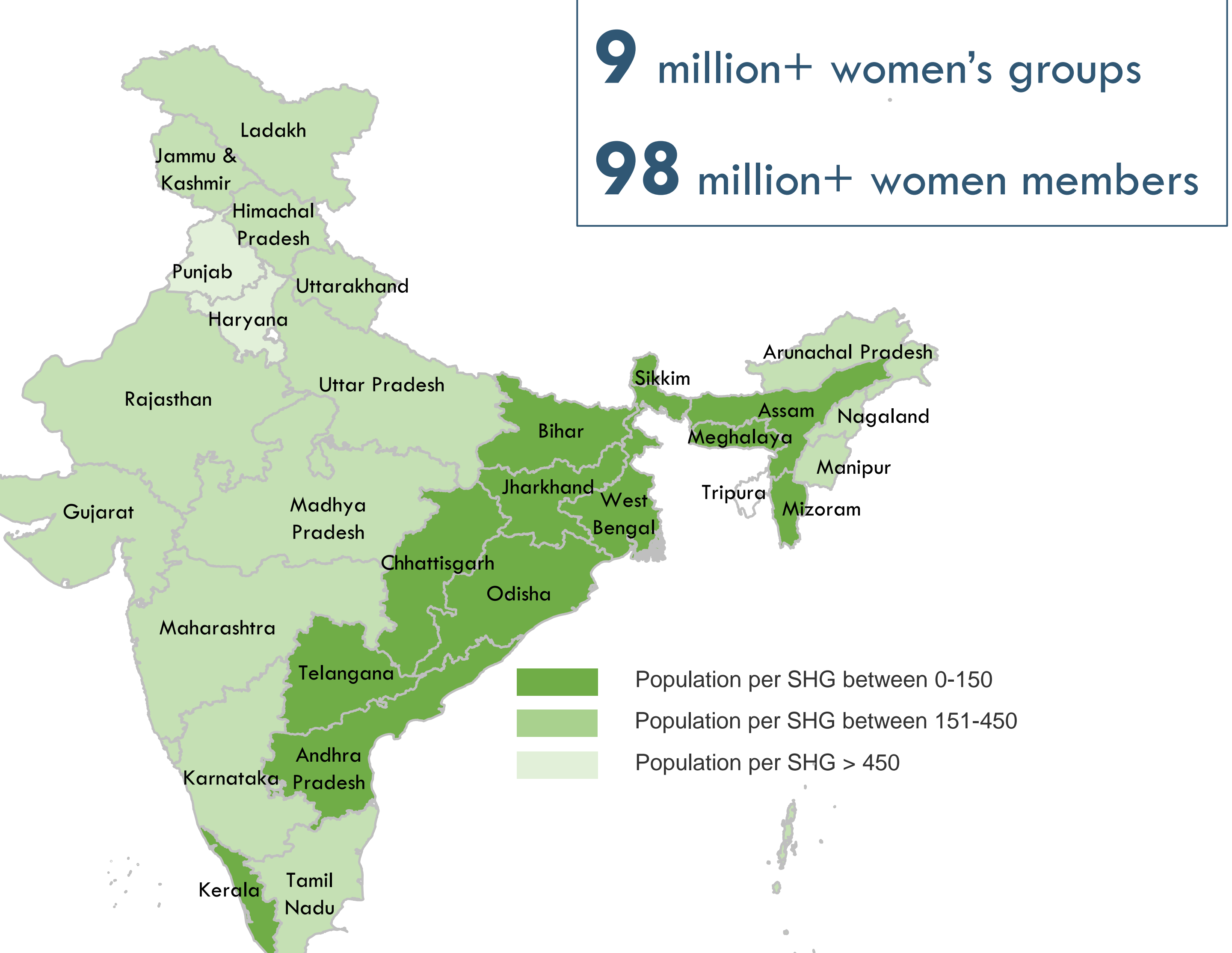
SPECIAL POPULATION GROUP

Open/closed group for a specific population **for rights and collective action**

COMMUNITY-BASED WOMEN'S GROUP

Open/closed group of women members, typically for **broad development objectives**

Landscape of women's self-help group (SHG) in India



9 million+ women's groups

98 million+ women members

SHG federation structure

Cluster Level Federations (CLFs)
Federated structure of the VOs
Comprises of 30-45 VOs

Village Organizations (VOs)
Federated structure of10-15 SHGs in a village

Self Help Groups (SHGs)
Comprises of 12 to 15 rural women

Note: *Map not to scale and for representation purpose of SHG density only*

Population Council India's body of evidence on Women's Groups

Evidence from women's groups interventions across 16 states in India

livelihoods, health and nutrition, women's agency, gender-based violence and links to govt schemes

Evidence Consortium on Women's Groups

generated evidence on group typology, effects and processes, and created a community of practice in

India, Nigeria, and Uganda

Women's groups and organizations to improve women's nutrition

examined pathways to improve women's nutrition and potential ways to leverage women's organizations

Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, Sri Lanka

Note: *Map not to scale*

EVALUATIONS

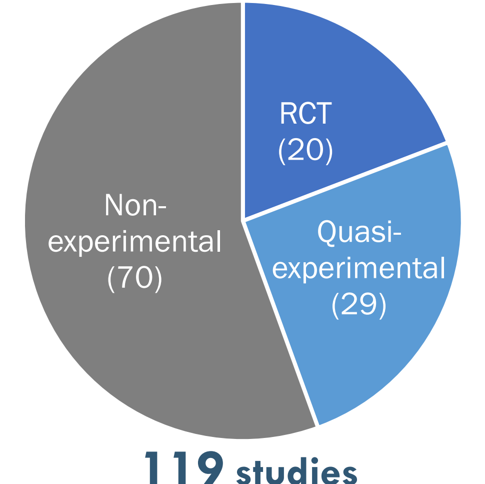
Approaches

Impact evaluation
- Household survey
- Cost effectiveness

Process evaluation
- Process documentation
- System's capacity assessment

Need based studies
- Time use study
- Anthropometric measurements

SYSTEMATIC REVIEW



119 studies

Various interventions leveraging women's groups & what worked

DOMAIN	WHAT WORKED?
RMNCH	SHGs: **supply-independent behavior** Community mobilization/CHWs: **NMR, immunization**
Nutrition	SHG w/wo health education: **consumption/dietary diversity** Community mobilization: **dietary diversity** Comm mobilization + food supply: **stunting, wasting/underweight**
Violence against women	Effects on **self-confidence/attitudes** No evidence on reported emotional, physical or sexual violence
Vector-borne diseases	Community mobilization through SHGs: monitoring and structural interventions reduced **vector density**, improved **preventive behavior/care-seeking**
Sexual health and HIV	Community mobilization through sex worker collectives: decreased **STI prevalence**, improved **condom use & knowledge**

Source: Desai, S. et al. 2020. Community interventions with women's groups to improve women's and children's health in India: a mixed-methods systematic review of effects, enablers and barriers, *BMJ Global Health*

Deep dive on Immunization

- **Community mobilization** by self-help groups
  - **Creating awareness and demand** for services
  - **Ensuring service delivery** by the health system – occurrence of Village Health, Sanitation and Nutrition Day at specified interval and availability of vaccines and healthcare providers
  - **Encourage and accompany** target women and children to avail health services
- **Sharing list** of pregnant women and children with community health workers
- **Joint home visits** with community health workers

Women's groups acted as the 'bridge over the troubled water' during COVID-19 pandemic and for COVID vaccination

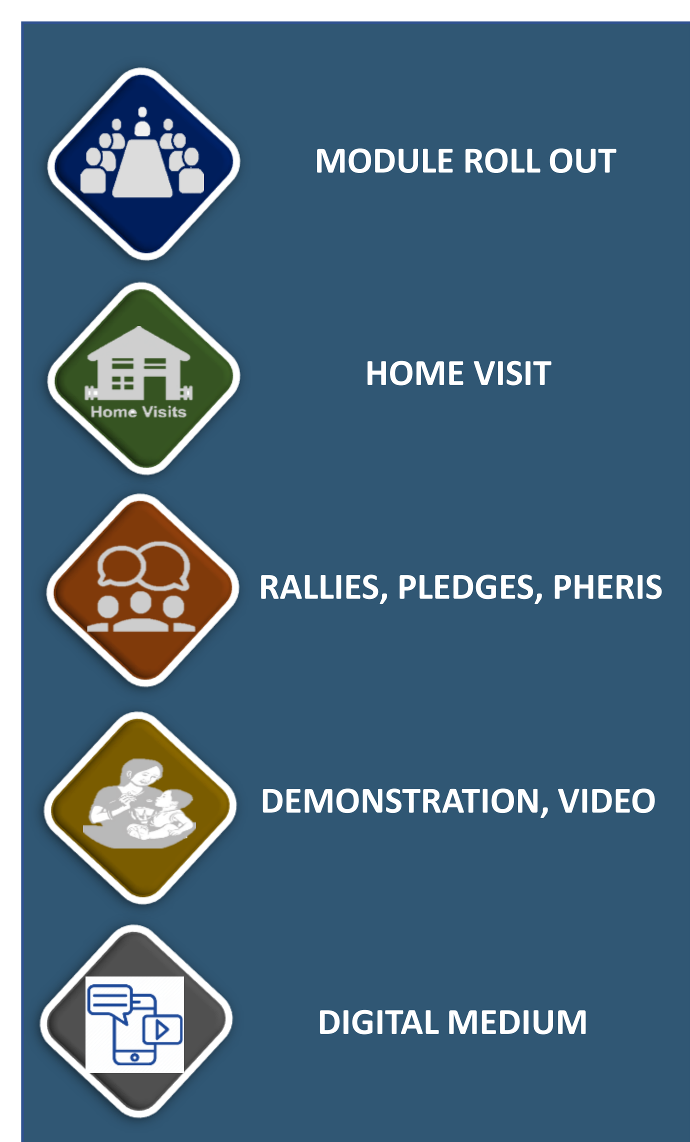
Photo: https://www.thehindu.com/news/national/telangana/shgs-race-against-time-to-stitch-masks/article31112170.ece

- **Women's group complemented government efforts** to mitigate the health risks through '3R response – Relief, Resilience, Recovery'.
  - Helped community health workers in **contract tracing**
  - **Provided information** about the virus—mode of transmission, symptoms, prevention, and COVID-19 appropriate behaviors
  - **Stitched and distributed masks** (involved in producing 16 million masks, 500,000 liter of sanitizers and 500,000 PPE kits)
  - **Promoted community kitchens** to provide food especially to pregnant and lactating mothers and children
  - SHGs helped in **tracking pregnant women, lactating mothers, and children to provide routine immunization**
  - **Played crucial role in COVID vaccination –** women members came forward to bust myths through community mobilization

Source: Kant, A. and Hazra, A., 2023. Bridge Over Troubled Waters: Women-led Response to Maternal and Child Health Services in India Amidst the COVID-19 Pandemic. In Global Perspectives of COVID-19 Pandemic on Health, Education, and Role of Media (pp. 63-83)

An example of health intervention via women's groups in India

- Behavior change communication approach - **discussion on health messages in women's group meetings** by a peer educator from the community
- Use of **multiple touch points** to reach to target women and family members including men
- **Community mobilization and outreach activities** to address social norms, gender and other barriers
- **Linkages** with frontline health workers to ensure supply of health services



How are these interventions effective?

1. **Program participation is positively linked with correct practices**; limited program exposure at scale

2. Health information dissemination through **SHGs complement community health worker's effort**

3. Participation in health behavior change communication activities **increases SHG member's agency over time**

- Regression analysis, adjusting for potential covariates, show **women receiving messages through program were 2 times more likely to follow correct health practices**

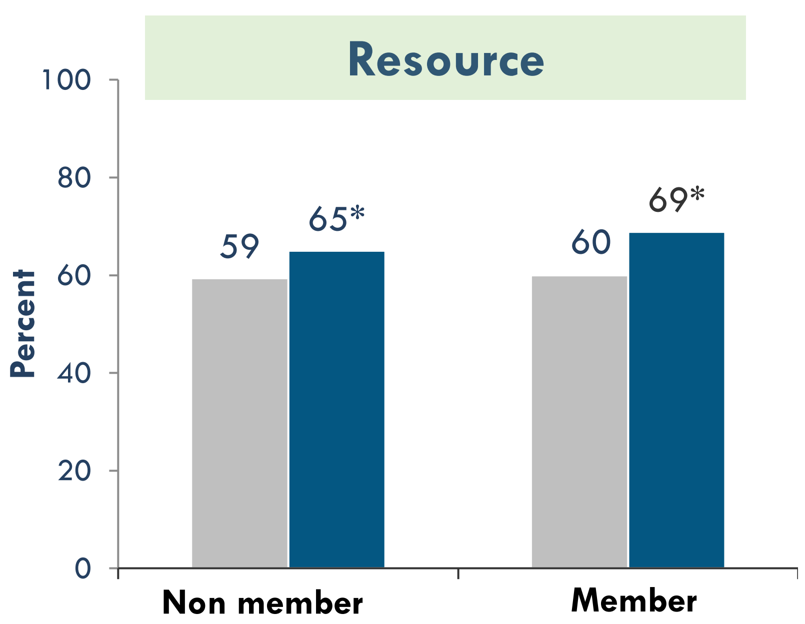
	Odds Ratios when information received through:		
	SHG only	CHWs only	SHGs & CHWs both
Timely initiation of breastfeeding	1.1	2.7*	2.3*
Exclusive Breastfeeding (0-5 m)	1.2	1.2	1.9*
Timely initiation of comple. feeding	3.8*	1.7*	2.6*
Child dietary diversity (6-23 m)	1.7*	1.4*	1.8*
Minimum meal frequency (6-23 m)	1.6*	1.3*	1.9*
Minimum acceptable diet (6-23 m)	1.8*	1.4*	1.8*
Maternal dietary diversity	1.9*	1.0	1.5*

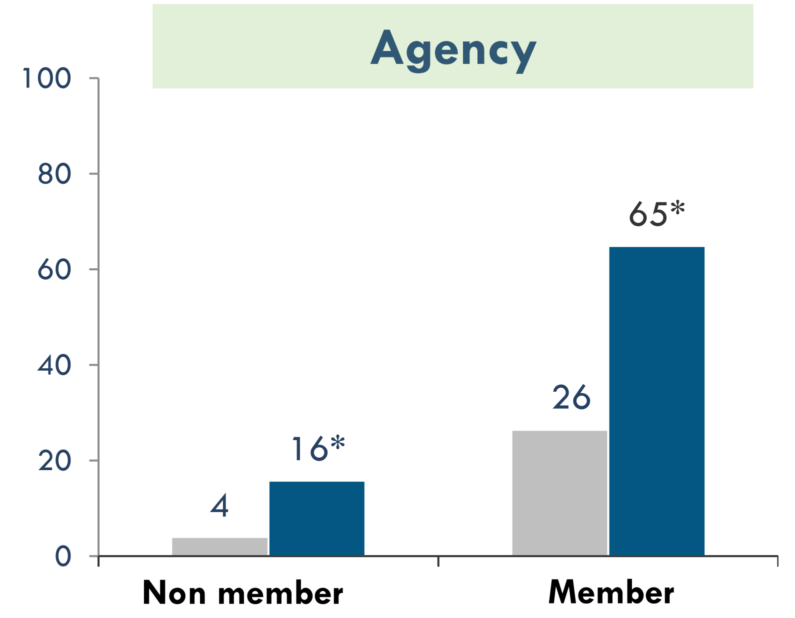
Note: The odds ratio values are estimated through logistic regression adjusting for potential covariates for the respective outcome indicators; * $p<0.05$

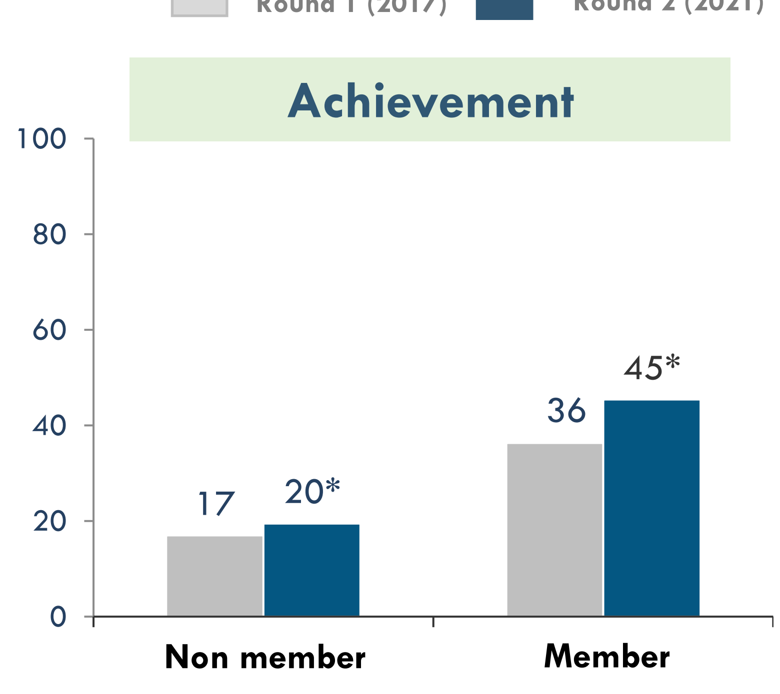
Source: Population Council, Women data, 2021

Women members' level of empowerment improved over time

Round 1 (2017) Round 2 (2021)







- Ownership of land and assets
- Well-being
- Free from threats/coercion and trust on spouse

- Decision making
- Control of resources
- Freedom from social restriction
- Self confidence
- Self esteem

- Political participation
- Freedom of movement
- Freedom from violence
- Financial autonomy

Source: Population Council, Women data, 2017-21

Note: Composite indices for empowerment domains were categorized into low, medium and high, and proportion of women with high score are presented; * $p<0.05$

Empowerment measurement framework adopted from Kabeer N. (1999)

Summary takeaways and way forward

- Health behavior change communication intervention via women's groups **improves women's knowledge and correct health** practices
- Such interventions also **improve women's decision making and freedom for mobility**
- Women's groups interventions **should have sufficient intensity** to improve complex health behaviors
- **Multi-prong approach including convergence** between SHG platform and Health & allied departments is essential

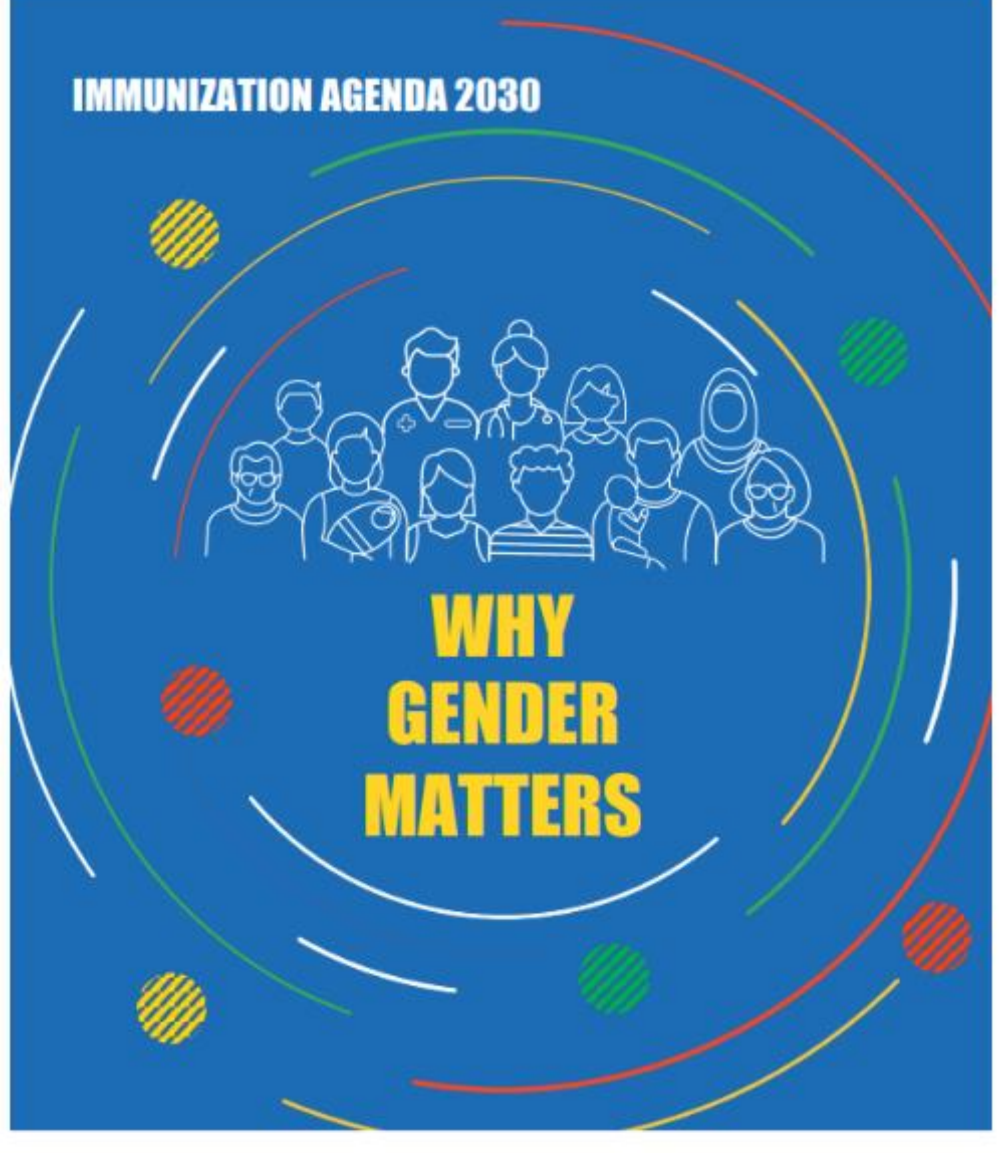
- **Expand experiments** in similar settings to leverage such groups and organizations and the power of community mobilization to break social and gender barriers, and **design interventions building on what works**

Learn more – Link to relevant publications

Recent publications authored by Population Council staff related to women's groups

- Shrivastav, M. V. Sethi, A. Hazra,…& S. Desai. 2024. **Opportunities for advancing women's nutrition by leveraging women's groups and movements in South Asia,** Accepted for publication in Frontiers in Nutrition.
- Kant, A. and Hazra, A., 2023. **Bridge Over Troubled Waters: Women-led Response to Maternal and Child Health Services in India Amidst the COVID-19 Pandemic. In Global Perspectives of COVID-19 Pandemic on Health, Education, and Role of Media** (pp. 63-83). Singapore: Springer Nature Singapore. (https://library.oapen.org/bitstream/handle/20.500.12657/76268/978-981-99-1106-6.pdf?sequence=1#page=80)
- Thomas, S., Sivaram, S., Shroff, Z., Mahal, A. and Desai, S., 2022. **'We are the bridge': an implementation research study of SEWA Shakti Kendras to improve community engagement in publicly funded health insurance in Gujarat, India.** BMJ Global Health, 7(Suppl 6), p.e008888. (https://gh.bmj.com/content/7/Suppl_6/e008888.abstract)
- Desai, S., de Hoop, T., Leigh Anderson, C., Barooah, B., Mulyampiti, T., Obuku, E., Prost, A. and White, H., 2023. **Improving evidence on women's groups: a proposed typology and common reporting indicators**. Development in Practice, 33(4), pp.489-499. (https://www.tandfonline.com/doi/abs/10.1080/09614524.2022.2135685)
- Hazra, A., Das, A., Ahmad, J., Singh, S., Chaudhuri, I., Purty, A., Prost, A. and Desai, S., 2022. **Matching Intent With Intensity: Implementation Research on the Intensity of Health and Nutrition Programs With Women's Self-Help Groups in India**. Global Health: Science and Practice, 10(2). (https://www.ghspjournal.org/content/10/2/e2100383?utm_source=TrendMD&utm_medium=cpc&utm_campaign=Global_Health%253A_Science_and_Practice_TrendMD_0)
- Desai, S., Misra, M., Das, A., Singh, R.J., Sehgal, M., Gram, L., Kumar, N. and Prost, A., 2020. **Community interventions with women's groups to improve women's and children's health in India: a mixed-methods systematic review of effects, enablers and barriers**. BMJ global health, 5(12), p.e003304. (https://gh.bmj.com/content/5/12/e003304.abstract)
- Hazra, A., Atmavilas, Y., Hay, K., Saggurti, N., Verma, R.K., Ahmad, J., Kumar, S., Mohanan, P.S., Mavalankar, D. and Irani, L., 2020. **Effects of health behaviour change intervention through women's self-help groups on maternal and newborn health practices and related inequalities in rural India: a quasi-experimental study**. EClinicalMedicine, 18. (https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(19)30193-2/fulltext)
- Saggurti, N., Porwal, A., Atmavilas, Y., Walia, M., Das, R. and Irani, L., 2019. **Effect of behavioral change intervention around new-born care practices among most marginalized women in self-help groups in rural India: analyses of three cross-sectional surveys between 2013 and 2016.** Journal of Perinatology, 39(7), pp.990-999. (https://www.nature.com/articles/s41372-019-0358-1)

THANK YOU!



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