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

**Webinar 2:**
Empower and collaborate with civil society and change agents to overcome gender barriers

**Webinar 3:**
Advance gender equality and improve coverage through integrated services and collaboration across sectors

**Webinar 4:**
Apply a gender lens to research and innovation

**Webinar 5:**
Implement gender-responsive immunization services in emergency settings

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

**Webinar 1:**
Thurs 7 March 2024
15h-16h CET

**Webinar 2:**
Thurs 4 April 2024
15h-16h CET

**Webinar 3:**
Thurs 16 May 2024
15h-16h CET

**Webinar 4:**
Thurs 6 June 2024
15h-16h CET

**Webinar 5:**
Thurs 11 July 2024
15h-16h CET

All recordings and materials are available online:
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.
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
Gender-responsive approaches to increasing immunization coverage

Implement gender-responsive immunization services in emergency settings

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Technical Director, Health System Strengthening and Governance, CARE Nepal
Implement gender-responsive immunization services in emergency settings

Emergencies, such as outbreaks, disasters and conflict, affect women, girls, boys and men differently.

Overlooking gender issues in emergency planning and response creates a danger for further entrenching gender norms and expectations, creating negative outcomes for women and other marginalized groups.

To be effective, immunization services must be responsive to and address the different needs, priorities, capacities and roles of people in emergency situations.

Immunization activities during emergencies can also offer a platform to deliver additional support to the most vulnerable.
Implement gender-responsive immunization services in emergency settings

**Action List**

<table>
<thead>
<tr>
<th>EMERGENCY SETTINGS</th>
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<tbody>
<tr>
<td>Select equal numbers of men and women for outbreak/disaster assessment teams to ensure access to all people. Where feasible, include a gender and protection specialist on the team. [Gender-specific]</td>
</tr>
<tr>
<td>Use the Inter-Agency Standing Committee's (IASC) Gender in humanitarian action handbook (50) and the IASC Guidelines for integrating gender-based violence interventions in humanitarian action (51) for guidance on gender analysis, planning and action. [Gender-specific]</td>
</tr>
<tr>
<td>Provide safe access points for vaccination, with more dispersed vaccination sites allowing shorter travel distances, or provide vaccines in places where women frequently visit, such as markets. [Gender-specific]</td>
</tr>
<tr>
<td>Link immunization to sexual and reproductive health and rights (SRHR) and violence protection/mitigation programmes. [Gender-specific]</td>
</tr>
<tr>
<td>Ensure data disaggregated by sex, age and other variables are routinely collected and analysed in all emergency assessments and surveys. [Gender-sensitive]</td>
</tr>
<tr>
<td>Conduct real-time gender analysis of outbreaks to inform timely and future responses and interventions. [Gender-specific]</td>
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<tr>
<td>Involve women in the design of immunization education materials to ensure they are tailored to the local context, especially when working with marginalized people (e.g., minorities). [Gender-transformative]</td>
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<tr>
<td>Engage men, especially community leaders and fathers, in outreach activities on child health. [Gender-transformative]</td>
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Applying an Integrated Analytics Approach to Understand Barriers to Immunisation in the DRC

Why Gender Matters for Immunization: Webinar Series
July 2024
DISCUSSION

1. **What is IOA**: the Integrated Outbreak Analytics approach

2. **How does gender fit into the IOA approach?**

3. **CASE STUDY**: Exploring the reasons for recurrence of polio in the DRC

4. **CHALLENGE**: Immunization strategies & contributing gendered barriers

5. **(EVEN BIGGER) CHALLENGES**: How (western) concepts of gender risk siloing programmes and response
A solution for the systematic inclusion of gender

IOA is a **multi-actor, multidisciplinary** approach which helps us **understand all the different factors contributing to an outbreak or public health emergency**.

IOA combines **data** and **information** from various sources, methods, and actors in diverse fields to ensure a comprehensive understanding of public health risks and outcomes.

IOA is **collaborative** at multiple levels, with different stakeholders interacting throughout the process.
THE INTEGRATED OUTBREAK ANALYTICS APPROACH

Information contributing to IOA

- Population Health & Services
- Geographic, Environmental, & Animal Factors
- Community Economic Landscape
- Gender & Social Dynamics
- Community Behaviours & Perceptions
- Healthcare Worker Knowledge/Capacity
- Geopolitics & Events
- Programme & Response Initiatives
- Case Analysis & Laboratory
Information contributing to IOA comes from different (data) sources, uses different methods and is contributed by different actors.

This information gives us a comprehensive understanding of the situation.

Gender influences, informs and is influenced by factors within all these types of information.

Epidemiology and gender are intrinsically linked – we cannot have one without the other.
HOW DOES GENDER FIT INTO THE IOA APPROACH?

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DEFINITION OF EPIDEMIOLOGY

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DEFINITION OF EPIDEMIOLOGY

The study of the distribution and determinants of health-related states or events in specified populations, to control health problems (CDC). It identifies factors influencing the occurrence of disease and other health-related events, assuming that illness does not occur randomly but when certain risk factors or determinants are present.

Epidemiological investigation helps us understand not only who has a health risk, but why and how it was brought to individual(s) or region(s).
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2 HOW DOES GENDER FIT INTO THE IOA APPROACH?

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WITHOUT CONSIDERING GENDER, EPIDEMIOLOGICAL STUDIES CANNOT FULLY CAPTURE THE NUANCES OF HEALTH RISKS AND OUTCOMES, THEREBY UNDERMINING THE EFFECTIVENESS OF HEALTH INTERVENTIONS AND POLICIES
CASE STUDY: Exploring the reasons for recurrence of polio in the DRC

Metasynthesis of Integrated Analytics from 5 health zones across North Kivu, Tanganyika and Maniema provinces
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Metasynthesis of Integrated Analytics from 5 health zones across North Kivu, Tanganyika and Maniema provinces

Tanganyika: 774,840 enfants attendus à la campagne de vaccination contre la poliomyélite

Kalemie, 30 mars 2024 (ACP) - 774,840 enfants de zéro à cinq ans sont attendus à la campagne de vaccination contre la poliomyélite dans 260 aires qui couvrent onze zones de santé de la province du Tanganyika, a appris l'ACP de source sanitaire.

DRC: Polio transmission continues across multiple locations through March 14 /update 3

Polio activity continues in the DRC through March 14. Confirm vaccination; maintain basic health precautions.

Event

Health officials have reported 129 additional cases of circulating vaccine-derived poliovirus (cVDPV) in the DRC Dec. 8, 2022 - March 14, 2023, bringing the total case count to more than 430 cVDPV cases since Jan. 1, 2022; this consists of 115 cVDPV1 and 318 cVDPV2 cases. This caseload is compared to 28 cases reported over a similar period in 2022. Most cases have been reported in Haut Lomami and Tanganyika provinces, with disease activity also reported in Bas Uele, Haut Katanga, Lualaba, Maniema, North Kivu, South Kivu, and Tshopo. This represents the most complete data available as of March 20.
The 3 provinces and 5 health zones all presented pre-existing risk factors, including higher-than-average rates of diarrhoea and malnutrition. However, underlying causes vary by location and context.

**Exposure to Risks and Existing Vulnerabilities:**

- Poor WASH conditions
- Limited health systems

**CASE STUDY:** Exploring the reasons for recurrence of polio in the DRC
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- Poor WASH and healthcare systems don’t ensure uniform health outcomes countrywide.
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- Poor WASH and healthcare systems don’t ensure uniform health outcomes countrywide.
- Location-specific risks arise from interactions between events, programs, healthcare capacities, community realities, and responsibilities.
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- Identification of Underlying Causes
  - Poor WASH and healthcare systems don’t ensure uniform health outcomes countrywide.
  - Location-specific risks arise from interactions between events, programs, healthcare capacities, community realities, and responsibilities.
  - Understanding these interactions is crucial for co-developing community-specific actions.
CHALLENGE: Immunisation strategies & contributing gendered barriers

**Observation**
- Polio continues to occur despite vaccination availability

**Incomplete Analysis**
- Contributing Factor 1: areas with polio recurrence have higher at home delivery rates

**Assumption**
- Women don’t want or know to deliver at healthcare facilities.

**Action Taken**
- Repeatedly sensitize and urge women to deliver at healthcare facilities.

**Outcome**
- Women feel failed by services - disconnection
- Continue to not deliver in facility

**Example 1**

**INEFFECTIVE GENDER PROGRAMMING/RESPONSE CYCLE**

KARISIMBI-KIROTSH (NK)

KUNDA (Maniema)
CHALLENGE: Immunisation strategies & contributing gendered barriers

**Observation**
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**Incomplete Complete Analysis**
- Contributing Factor 1: areas with polio recurrence have higher at home delivery rates

**Assumption**
- Women don’t want to deliver at healthcare facilities.

**Action Taken**
- Repeatedly sensitize and urge women to deliver at healthcare facilities. Improve infrastructure so women can deliver at healthcare facilities.

**Outcome**
- Women do not deliver at healthcare facilities.
- Infants do not receive first vaccination.

**CORRECT Underlying Cause 1:**
Healthcare facilities are not equipped for women to deliver (insufficient infrastructure, lack of bed, water etc) leaving them with better conditions to deliver at home.

**EFFECTIVE EVIDENCE-BASED GENDER PROGRAMMING/RESPONSE CYCLE**

**EXAMPLE 1**
CHALLENGE: Immunisation strategies & contributing gendered barriers

Observation
- Polio continues to occur despite vaccination availability

Incomplete Analysis
- Contributing Factor 2: Women are not prioritizing / do not see the importance to prioritize vaccines as the times are not convenient

Assumption
- Women have a lack of awareness regarding the importance of vaccination.

Action Taken
- Sensitization/ messaging focused on the importance of vaccination

Outcome
- Women feel scolded for “choiceless choice”
- Continue to fail to vaccinate children

EXAMPLE 2

INEFFECTIVE GENDER PROGRAMMING/ RESPONSE CYCLE
**CHALLENGE:** Immunisation strategies & contributing gendered barriers

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---

**Action Taken**
- Sensitization/messaging focused on the importance of vaccination
- Plan vaccination based on women’s needs at each location
- Provide vaccinations daily and flexibly

---

**Outcome**
- Women are heard and able to meet food and health needs

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**Underlying Cause 1:**
Women cannot afford to take time off work.

(Kunda) 38% of women said they did not have time to take their children to the CPS for vaccination because they had to work.

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**EXAMPLE 2**
CHALLENGE: Immunisation Strategies & contributing gendered barriers

Observation
- Polio continues to occur despite vaccination availability

Incomplete Analysis
- Contributing Factor 3: Women are poorly informed about routine vaccination.

Assumption
- Women are uneducated, ignorant, and do not know about routine vaccination.

Action Taken
- Focus on simple messaging “get vaccinated”

Outcome
- Women are not informed of different vaccines, or risks of missed doses (e.g. POV vs. BCG)
- Children are not completely vaccinated

INEFFECTIVE PROGRAMMING/RESPONSE CYCLE
EXAMPLE 3
Observation
- Polio continues to occur despite vaccination availability

Incomplete Complete Analysis
- Contributing Factor 3: Women are poorly informed about routine vaccination.

Assumption
- Women are uneducated, ignorant, and do not know about routine vaccination.

Action Taken
- Focus on simple messaging “get vaccinated”
- Develop messages explaining the number of doses for prevention
- Provide information in local languages

Outcome
- Women are not informed of different vaccines, or risks of missed doses (e.g. POV vs. BCG)
- Children are not completely vaccinated

Underlying Cause 1:
- Information is only on “get vaccinated” and campaigns
- Messages often communicated in French
- RECO are usually males and women prefer female RECO

CHALLENGE: Immunisation Strategies & contributing gendered barriers
CHALLENGE: ...strategies tend to be based on contributing factors and NOT local underlying causes

In-Country Strategies Follow Global Health Initiatives:

Gaps in Local Programming and Response: Impacts of Global Health Initiatives and Insufficient Investment

- Infrastructure Challenges: No co-developed actions (out of 77) focused on infrastructure improvements for MCH.
- Service Accessibility: Programs do not modify healthcare services to suit working women’s schedules.
- Communication Flaws: Health communication is ineffective due to inappropriate methods and content delivery.
In-Country Strategies Follow Global Health Initiatives:

Health initiatives often focus more on social and behavioral change communication to encourage women to vaccinate their children, even where demand for vaccination already exists.

This emphasis on Risk Communication and Community Engagement (RCCE) over tangible improvements in healthcare services and infrastructure fails to address the underlying causes of diseases.

This approach can inadvertently neglect essential health service provisions, creating challenges in co-developing effective, evidence-based actions that truly meet community needs.

Gaps in Local Programming and Response: Impacts of Global Health Initiatives and Insufficient Investment

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Cultural Context and Misconceptions:

- The term "gender" is not inherently recognized in Lingala or Swahili (DRC)
- It's often improperly equated with sex-disaggregation due to the lack of an equivalent term.
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Operational Insights and Practices:

- Despite the term's absence in local languages, effective epidemiology/surveillance teams incorporate gender-sensitive data collection. They employ diverse personnel and methodologies to capture nuanced information without explicitly labeling it as 'gender integration'.
- On-the-ground observations reveal that adept epidemiologists naturally integrate gender considerations through their comprehensive surveillance efforts, without necessarily labeling it as such.
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The IOA (Integration of Gender in Epidemiology and Surveillance) adapts to the regional linguistic and cultural context, ensuring that gender considerations are woven into public health strategies effectively, even where specific terminology may not exist.
What happens when we REALLY consider underlying causes (addressing the real gendered issues)

First triplets born middle of night in H2 in Equateur using solar panel lighting from programmes
Why Gender Matters for Immunization: Immunization Agenda 2030

Gender-responsive immunization services in emergency settings

July 11, 2024
Gender Analysis is a tool used to identify & meet the different needs, capacities & coping strategies of women, men, boys and girls before, during & after an emergency.

Gender analysis in a crisis tells us:

• **Who is affected & how impact differs** among groups?

• **Who needs protection** and how?

• **Who has access** to what assets and services, and what prevents others from gaining access to those services?

• **What are the capacities** of women, men, boys and girls to respond to the crisis?

• **Whether** women and men participate in equal decision-making?
Rapid Gender Analysis (RGA)

3 fundamental principles:

- **FAST**: conducted rapidly to be available as soon as a crisis happens

- **PROGRESSIVE**: to be FAST, RGA is built up progressively as information becomes available. This requires accepting IMPERFECTION.

- **PRACTICAL**: reports should be concise and recommendations practical and meaningful for humanitarian practitioners.
Rapid Gender Analysis

5 key steps:

1. **Find** available data that is disaggregated by sex & age, and existing analysis on gender relations

2. **Collect** additional data by sex & age through gender assessments

3. **Analyse** sex & age disaggregated data by comparing existing information with the results of the gender assessments

4. **Write** practical recommendation for humanitarian action based on the analysis

5. **Share** Rapid Gender Analysis with other actors
Nepal
Voices from Nepal RGA

"As we all are in a lockdown situation, we women are facing challenges. We spend 6 to 6 ½ hours in the kitchen. Children also expect more time than before, since we are staying at home. There are also expectations that as daughter-in-laws of the house, we need to do certain things such as not allowing others to work and do all the work by ourselves."

- KII, Woman, National level, Kathmandu
RGA was a collaborative effort by the Ministry of Women, Children & Senior Citizens, CARE, UN WOMEN & Save the Children to study the gender & intersectional impacts of the COVID-19 pandemic.

Objectives:

- Identify barriers impacting access, uptake & delivery of vaccination services and tailor community engagement programs
- Understand the gender differential impacts of COVID-19 on vulnerable and excluded groups
- Understand how existing gender & social inequalities have been exacerbated by the pandemic
Why gender matters – Nepal RGA

Methodology:

• Primary & secondary data collection in 12 districts

• 465 interviews conducted representing 17 vulnerable population groups, government and non-governmental stakeholders
Voices from Nepal RGA

"Decision-making is always a challenge because of the pre-determined notion that women can’t do it properly."

- KII, Woman, District level, Gorkha

"We can see women’s participation in different levels. But that participation doesn’t make sense when the participant's voice is not heard and implemented. Also people are always ready to question the leadership capacity of women."

- KII, Woman, National level
Key Findings from Nepal RGA

• **Women's unpaid workload increased** during lockdown
• Women's organisations had **difficulty participating in COVID-19 response**
• Marginalised groups, people with chronic illnesses, older people, pregnant and lactating women (PLW) & people with disabilities (PwD) had **difficulty accessing basic services**
• Women & girls largely **relied on informal information sources**
• **Intimate partner violence increased** considerably
• Women from marginalised groups were among the most affected
• **GBV response mechanisms stopped functioning** during lockdown
Key Recommendations from RGA

• Engage women’s networks & excluded groups in a high level COVID-19 response committee & support their increased participation & representation in coordination mechanisms

• Ensure access to information for all using different channels & local languages

• Disseminate simple messages about the negative impacts of COVID-19 to eliminate violence against women & girls, stigma & discrimination
Key recommendations from RGA

- **Conduct orientations for health workers** on the safety and dignity of patients and the specific needs of women, girls, LGBTQI+, elderly people, PwDs, PLW and other vulnerable groups.

- **Mobilize Female Community Health Volunteers (FCHVs) & other health professionals** to resume household services primarily for PLW, **without adding to their increased work-burden and health risks**.

- **Ensure the meaningful participation and equal leadership** of women and marginalized social groups in disaster response, preparedness and risk reduction at all levels.

"Plans proposed by women never get approved and hence women do not have a say in decision-making around programmes."

- KII, Woman, District level, Kalikot
CARE’s Use of RGA Recommendations

• Supported the establishment of local cold chain systems considering women & girls' limited movement

• Organized vaccination camps at convenient locations considering gender roles & mobility of different groups

• Mobilized FCHVs/other volunteers to organize vaccination campaigns for women and others who may have been missed

• Ensured gender mainstreaming across all program stages

• Developed gender-sensitive indicators to monitor progress & impact

• Developed immunization program staff & partners’ capacities to recognize & address gender barriers

• Advocated for gender-responsive policies, budgets & accountability mechanisms to support equitable vaccination
CARE’s Use of RGA Recommendations

• **Informed gender-responsive immunization strategies & interventions** at provincial levels

• Assisted local government in **conducting household visits** for COVID-19 vaccination

• **FCHVs & community volunteers supported vaccine awareness** (addressed myths, reproductive health concerns, stigma)

• Supported local government to **develop health response plans that included GBV response**

• Ensured that local vaccination committees **included FCHV participation**

• Supported the development of **vaccine guidelines with gender considerations**

• Disseminated **risk communication/information through various channels** to maximize reach
Key Resources

• **CARE Evaluations website** – see examples of RGAs from across the globe:
  • [https://careevaluations.org/homepage/care-evaluations-rapid-gender-analysis/](https://careevaluations.org/homepage/care-evaluations-rapid-gender-analysis/)

• **CARE Emergency Toolkit Gender/RGA page** – access guidance and tools:
Thank you
Q and A


For more info, visit: https://www.who.int/teams/immunization-vaccines-and-biologicals/gender