

WEBINAR SERIES



WHY GENDER MATTERS

IMMUNIZATION AGENDA 2030



WHY GENDER MATTERS for IMMUNIZATION: 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.

This webinar series aims to **improve awareness and understanding** of how **gender-related barriers** impact immunization and to showcase examples of **gender-responsive programming** to improve coverage and equity.

[Webinar 1: Thurs 8 June 2023 15h-16h](#)

Why Gender Matters for Immunization – overview

[Webinar 2: Thurs 22 June 2023 15h-16h](#)

Understanding gender-related barriers to immunization: importance of gender data and analysis

[Webinar 3: Thurs 6 July 2023 15h-16h](#)

Gender responsive approaches 1 – Gender responsive actions for the health workforce

[Webinar 4: Thurs 13 July 2023 15h-16h](#)

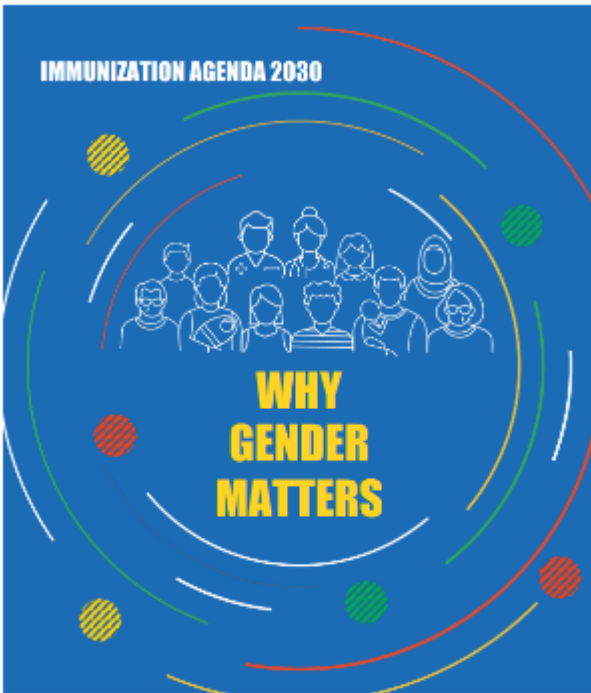
Gender responsive approaches 2 – Make community engagement and social mobilization gender responsive and transformative

[Webinar 5: Thurs 20 July 2023 15h-16h](#)

Gender responsive approaches 3 – Engaging with men and promoting a family approach to transform gender norms



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

Gender-responsive approaches to increasing immunization coverage



Make community engagement and social mobilization gender responsive and transformative

Speaker 1

MENNING Lisa

Team Lead, Demand and Behavioural Sciences Department of Immunization, Vaccines and Biologicals WHO

Speaker 2

CHITNIS Ketan

Chief Social and Behaviour Change, UNICEF

Speaker 3

TWIMUKYE Adelline

Social Scientist and Qualitative data Analyst, Global Health Security. Lead qualitative Researcher under 2YL project at the Infectious Diseases Institute, Uganda

Outline

- Recap: *Make community engagement and social mobilization gender responsive and transformative*
- *Gender in Immunization: A Case of Mozambique*
- *Community engagement to mainstream gender in vaccine introduction in Uganda: A rapid community assessment approach.*
- Q&A and Discussion



Immunization interventions should, at a minimum, be gender-specific

Gender-unequal

Make community engagement and social mobilization gender-responsive and transformative

✓ Ensure gender-balanced social mobilization and community engagement teams

- Understanding and addressing the **different needs, preferences for communication channels and platforms, and concerns of women and men**, is central for successful community outreach.
- **Effective communication** can promote gender equality by **transforming attitudes, norms and behaviours** that perpetuate gender-based discrimination



Make community engagement and social mobilization gender-responsive and transformative

- ✓ **Action list for gender responsive and transformative community engagement and social mobilization activities**
 - ✓ Ensure a **gender-responsive lens** in any **social mobilization situation analyses, assessments and communication plans.**
 - ✓ Ensure **gender-balanced social mobilization and community engagement teams**, as well as other communication-related immunization groups and events (e.g., expert panels, workshops and advisory groups).
 - ✓ **Consult equally** with women, men, boys and girls in the design, testing and delivery of immunization communication and products.



Make community engagement and social mobilization gender-responsive and transformative

- ✓ **Action list for gender responsive and transformative community engagement and social mobilization activities**
- ✓ Design immunization materials, messages and interventions to **challenge harmful gender norms**, roles and stereotypes. For example, portray women as equal and active participants, not only as mothers and caregivers, and show men caring for children.
- ✓ Choose communication channels and platforms that **address differences in access** (related to education and literacy, mobility, workload or social practices).



Understanding gender-related drivers of vaccination uptake



Behavioural and Social Drivers

Thinking and Feeling

Perceived disease risk
Vaccine confidence
(includes perceived benefits, safety and trust)

Social Processes

Social norms (includes support of family and religious leaders)
Health worker recommendation
Gender equity

Motivation

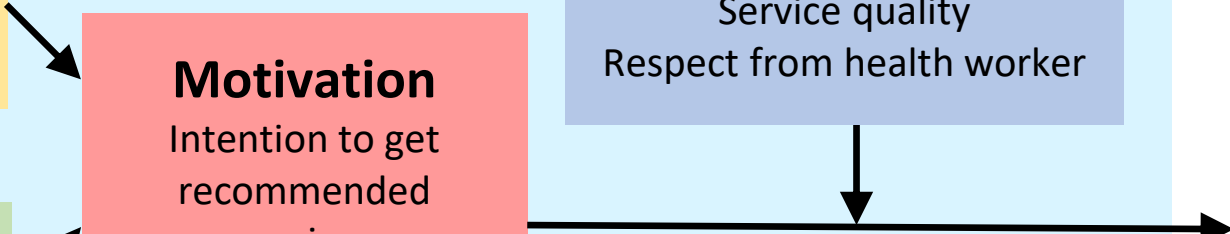
Intention to get recommended vaccines

Practical Issues

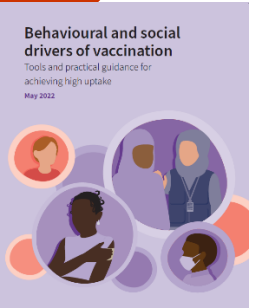
Availability
Affordability
Ease of access
Service quality
Respect from health worker

Vaccination

Uptake of recommended vaccines



Understanding gender-related drivers of vaccination uptake



Behavioural and Social Drivers

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Availability
Affordability
Ease of access
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Respect from health worker

Vaccination

Uptake of recommended vaccines

DECISION AUTONOMY

“In your family, who has the final say?”

TRAVEL AUTONOMY

“If it was time, would [you/mother] need permission to take your child to the clinic?”

Gender in Immunization: A Case of Mozambique

From UNICEF (2022). From coverage to empowerment: Integrating gender in immunization demand: Promising practices from six countries

Ketan Chitnis, PhD
Chief, Social and Behaviour Change

Aida Mohamed
Social and Behaviour Change Specialist

UNICEF Mozambique

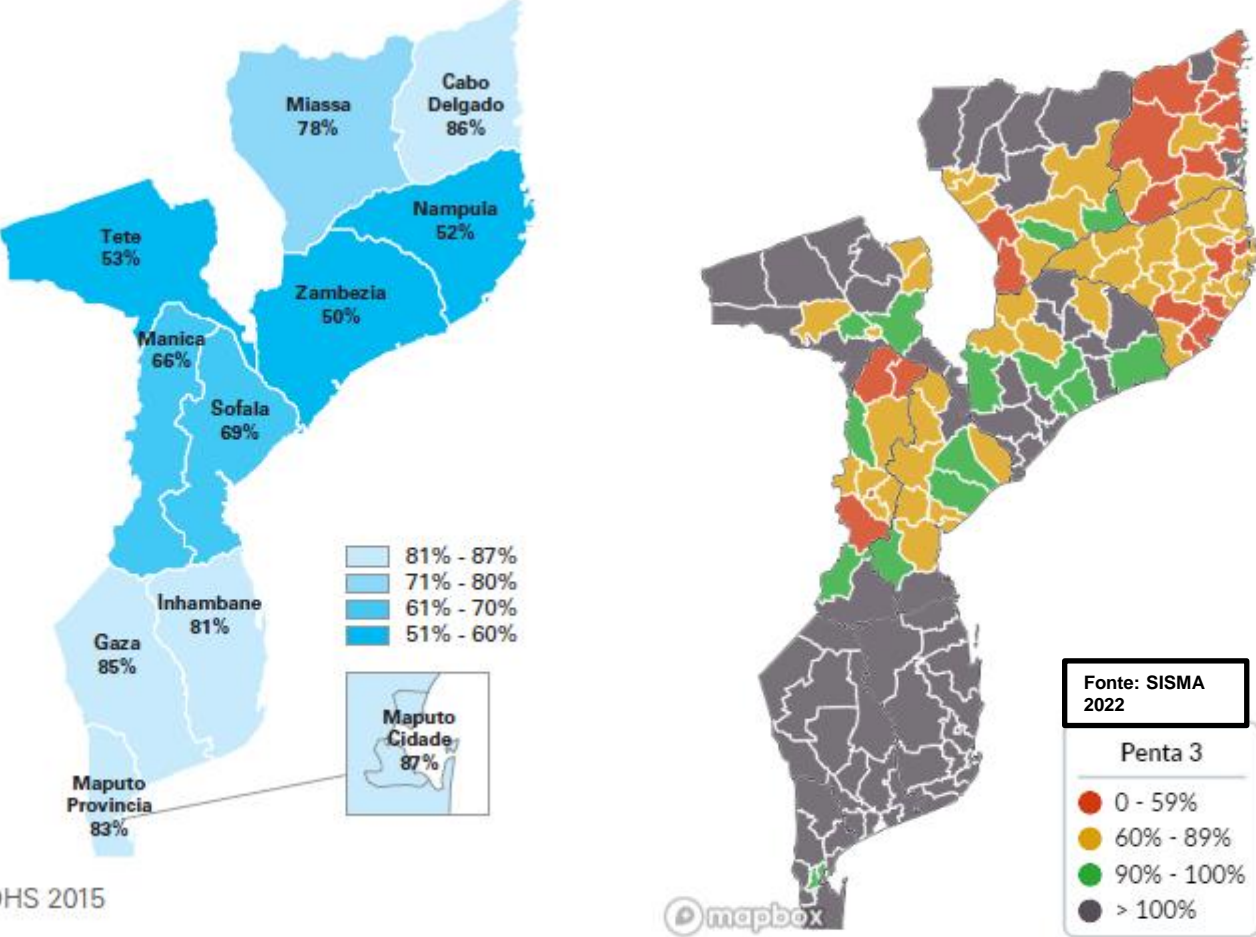
13 July 2023



**SOCIAL +
BEHAVIOUR
CHANGE**



Immunization snapshot



Source: DHS 2015

Gender background

- ❧ Mozambique 127/162 countries as per UNDP Gender Index
- ❧ Constitutional equal rights for women but not practiced due to norms & customs
- ❧ Men considered head of households/ breadwinners
- ❧ Women are primary caregivers of children, but men are decision makers
- ❧ Educational gaps 50% women not literate
- ❧ Gender-based violence incl. Child marriage as high as 53%
- ❧ Lack of economic prospects, unpaid work



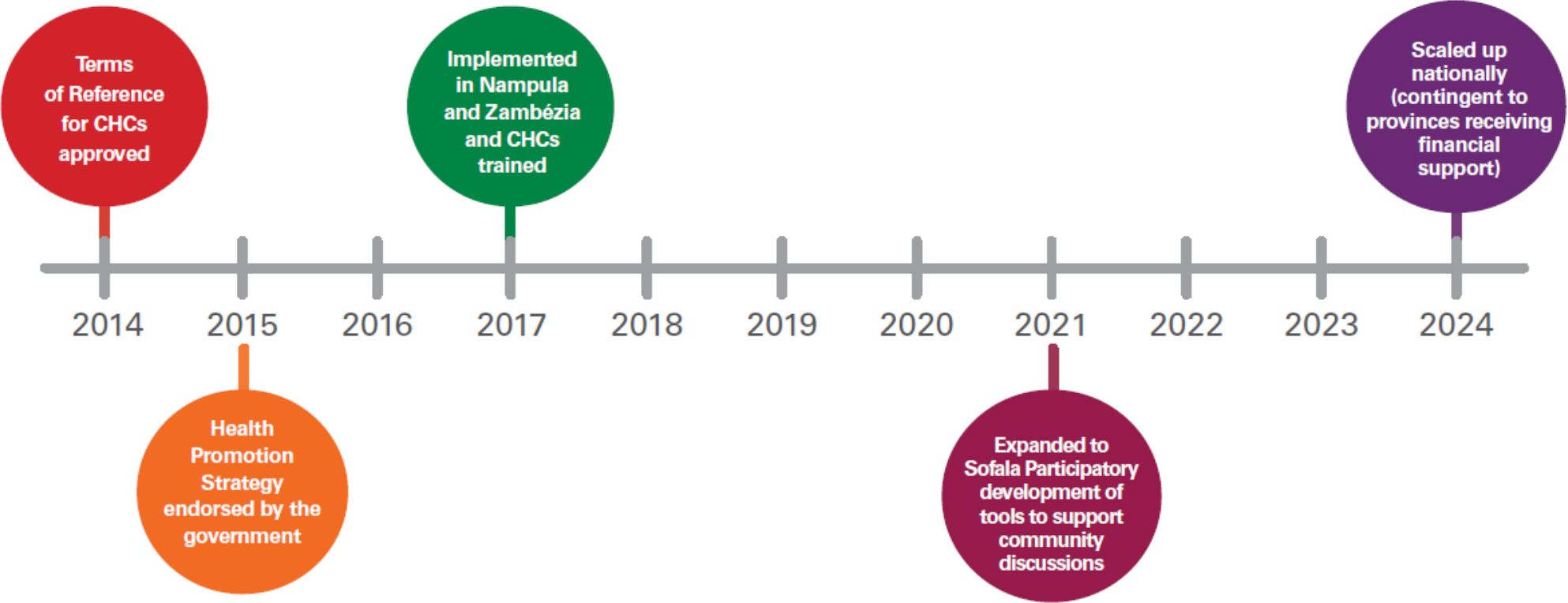
Gender barriers to immunization

- Distance to & crowded health facilities deters men to accompany their wives leading to long wait times and wage losses
- Women lack confidence and power to negotiate with husbands to vaccinate child
- Mothers are not treated with respect at health centers/by health staff (if they are late or forget the immunization card, etc)
- Men sometimes mistrust their spouses if they spend too much time at health centres
- Some men are willing to take their child for vaccination but fear being made fun of by peers
- Children with disabilities fare worse due to lack of transport



Intervention for case study: Model Families' Programme

Timeline



Model Family



Under-five health card



Use of latrine



Handwashing with soap or ashes



Use of mosquito net



Safe water storage



Hygiene and sanitation



Family planning



Antenatal care



School enrolment



Birth registration



6

1

7

2

8

3

9

4

10

5

Findings for gender and immunization from Model Families

- 🔗 Indication of gender equality by sharing burden of childcare between men and women
- 🔗 Women being part of health committees is empowering, contributing to increased role in decision making for child health and immunization
- 🔗 Monitoring reports indicate more men/husbands bringing children to vaccinate
- 🔗 Younger men are willing to change the way they see their role in the household and counter prevailing norms on masculinities
- 🔗 Yet, some report that women themselves are resistant and men take their children to the health center only if the woman cannot

“it’s a matter of awareness and taking your responsibility as a father. What is common among men here is not paying attention to child rearing, especially for older men. ...We young men are aware that because of the overload our wives face, they need support and collaboration.”

Father in a model family household

“My wife and I are responsible for the health of our children. This is not a common practice in my community, and other men have been looking at me strangely. I recognize that participating in the health of our children is important and I want to share it with the community.”

Ernesto Gecente, father

Recommendations

- 🔗 Extract data from vaccination card of model families to have better attribution to the initiative and to address gaps in RI
- 🔗 Include gender-specific indicators on power, agency, decision making in future assessments
- 🔗 Include behavioural indicators of male engagement such as # of father at ANC, PNC, vaccination and proxy measures on household sharing of chores
- 🔗 Impact of vaccination based on gender of the child needs further analysis
- 🔗 Improve service provider-care giver IPC interaction acknowledging gender roles & promote male engagement



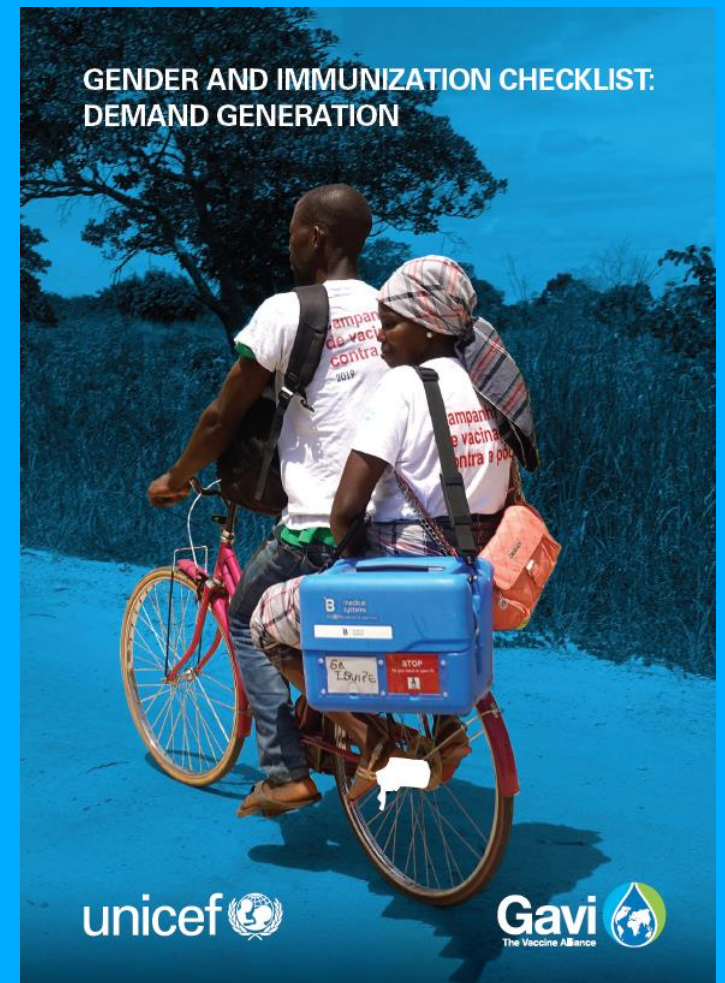
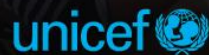


GENDER AND IMMUNIZATION DEMAND
FINAL REPORT AND RECOMMENDATIONS



FROM COVERAGE TO EMPOWERMENT
**INTEGRATING GENDER IN
IMMUNIZATION DEMAND**

Promising practices from six countries



**GENDER AND IMMUNIZATION CHECKLIST:
DEMAND GENERATION**



This case study is part of the Gender and Immunization Demand Package. For more information please visit: [Immunization | UNICEF](#)



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CHANGE**

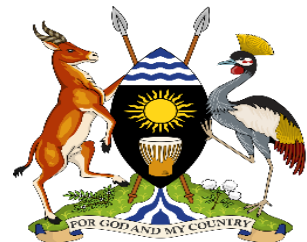
Community engagement to mainstream gender in vaccine introduction in Uganda: a rapid community assessment approach

Adelline Twimukye (BA.SS, MA.PAM)

Qualitative Data Analyst

Global Health Security

Infectious Diseases Institute




Presentation Overview

- Define community engagement
- Overview of the rapid community assessment (RCA)
- Discuss application of RCA to engage community and inform gender-responsive strategies for immunization

Introduction

- Uganda introduced the second dose of measles rubella (MR2) vaccine in October 2022 per the WHO recommendation
- The introduction of MR2 in the African region has shown slow progress in achieving optimal coverage
- In Uganda, the gender barriers to immunization are not well studied, but are gaining recognition and prominence to assess and address
- RCA was conducted prior to the MR2 introduction to gain quick insights on caregiver knowledge and perceptions, and health worker's readiness to help inform potential programming and preparation for initial rollout of MR2

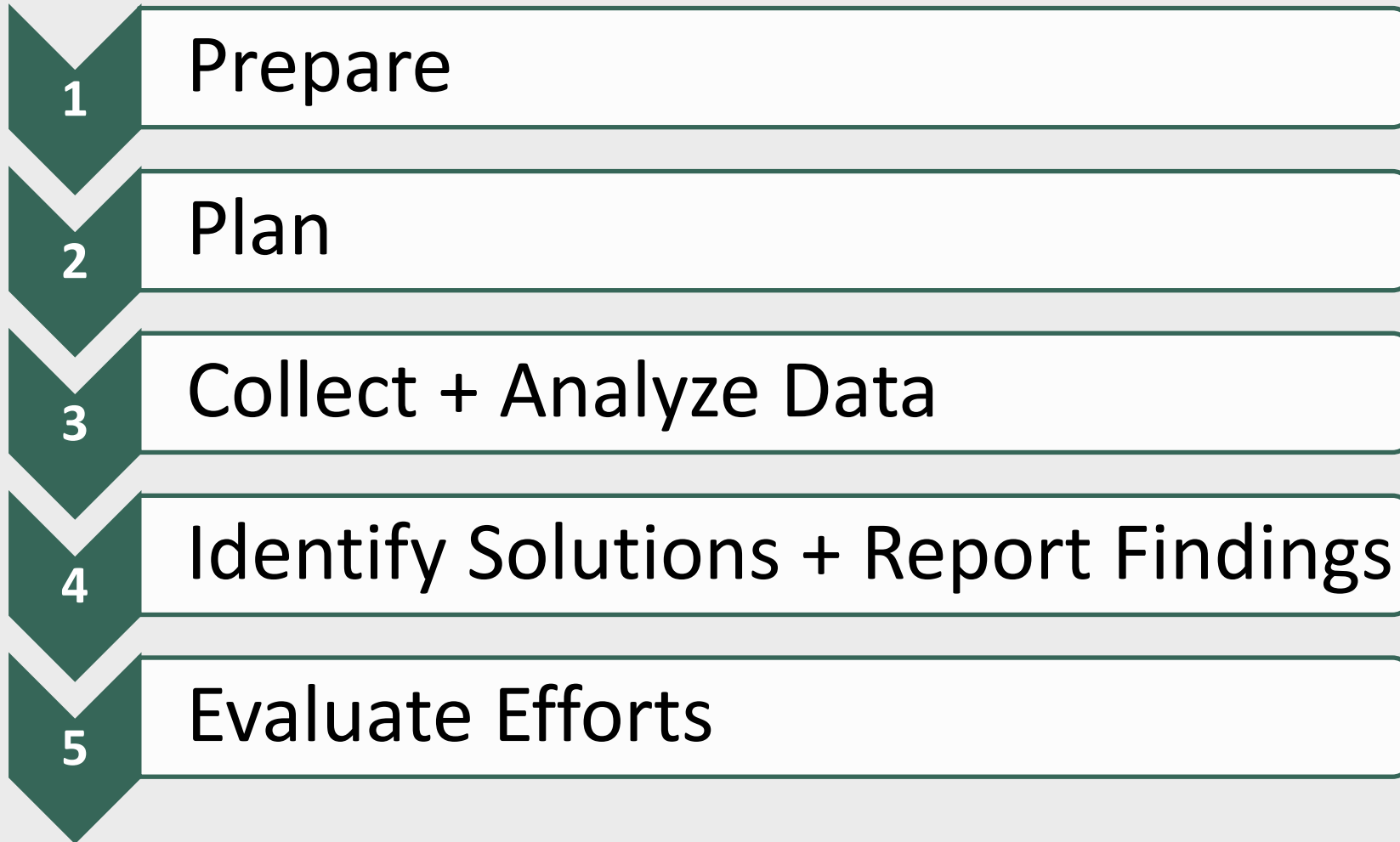
Community engagement runs along a continuum

Increasing Level of Community Involvement, Impact, Trust, and Communication Flow 

<i>Outreach</i>	<i>Consult</i>	<i>Involve</i>	<i>Collaborate</i>	<i>Shared Leadership</i>
<p><i>Some Community Involvement</i></p> <p>Communication flows from one to the other, to inform</p> <p>Provides community with information.</p> <p>Entities coexist.</p> <p>Outcomes: Optimally, establishes communication channels and channels for outreach.</p>	<p><i>More Community Involvement</i></p> <p>Communication flows to the community and then back, answer seeking</p> <p>Gets information or feedback from the community.</p> <p>Entities share information.</p> <p>Outcomes: Develops connections.</p>	<p><i>Better Community Involvement</i></p> <p>Communication flows both ways, participatory form of communication</p> <p>Involves more participation with community on issues.</p> <p>Entities cooperate with each other.</p> <p>Outcomes: Visibility of partnership established with increased cooperation.</p>	<p><i>Community Involvement</i></p> <p>Communication flow is bidirectional</p> <p>Forms partnerships with community on each aspect of project from development to solution.</p> <p>Entities form bidirectional communication channels.</p> <p>Outcomes: Partnership building, trust building.</p>	<p><i>Strong Bidirectional Relationship</i></p> <p>Final decision making is at community level.</p> <p>Entities have formed strong partnership structures.</p> <p>Outcomes: Broader health outcomes affecting broader community. Strong bidirectional trust built.</p>

Reference: Modified by the authors from the International Association for Public Participation.

Phases of the RCA



How might we integrate gender at each phase?

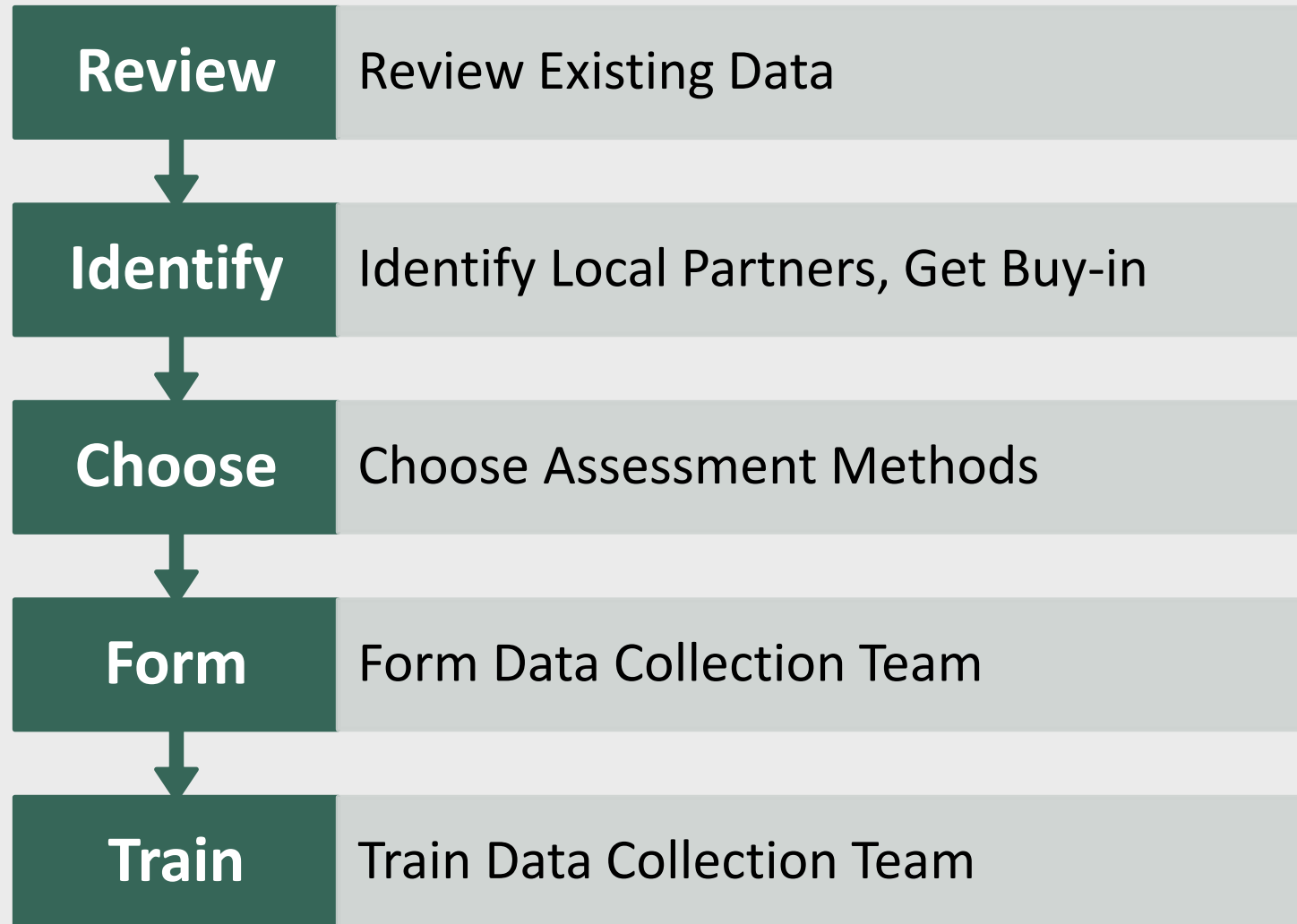
Step 1: Prepare for the RCA

- Obtain Approval from Officials
- Identify Your Objectives
- Identify Your Community(ies) of Focus
- Human Subjects Considerations
- Identify and Obtain Resources



- Specify a gender focus in your objectives (e.g., assess gender-related barriers to vaccine uptake)
- Partner with women (e.g., women-led organizations, informal female community leadership)

Step 2: Plan for the RCA



- Gender focused questions
- Disaggregate data by gender
- Identify local women groups and leaders
- Recruit women to collect data
- Provide women leadership opportunities on the team

Rapid community assessment: mixed methods design to inform gender responsive strategy implementation

Objectives

knowledge, perceptions, capacity, org. readiness, strategies

knowledge, perceptions, fac + bar, strategies

knowledge, perceptions, fac + bar, strategies

knowledge, skills, training, org. readiness, system factors like ME, fac + bar, strategies

Methods

Quantitative
Rapid surveys
HCW (n=72)

Qualitative
KII community leader (n=18)

Qualitative
FGD
caregiver (n=18)

Qualitative
KII health manager (n=18)

Data triangulation

Drawing inferences:
identify facilitators + barriers from community + HCW perspective to inform implementation strategies

MCV2 vaccine roll out

Gender responsive strategies
Continue community engagement to develop, implement + evaluate a gender-responsive strategy

Sept 2022

Sept 2022

Oct 2022

2023-2024

Step 3: Collect and Analyze Data

- A variety of quantitative and qualitative methods can be used:
 - Key informant interview
 - Focus group discussions
 - Listening session guide
 - Observation form
 - Survey question bank

- Diverse recruitment of women
- Obtain buy-in from gatekeepers (e.g., husband or in-laws, administrators)
- Disaggregate by gender (e.g., multilevel barriers, quantitative outcomes, qualitative themes)
- Leave time for data triangulation
- Consider intersectionality (e.g., include subgroups)

Multi-level gender barriers to MR2 introduction, Uganda

Individual (including main caregiver)

- **financial barriers + prioritization**
- lower health + digital literacy
- **physical + time barriers**
- lower acceptability of health services

Household

- **reduced health-related decision-making power**
- **lower intra-household access to resources**

Community

- participation + representation
- social cohesion + integration
- acceptability of immunization services

Health system

- human resources + management
- performance + quality of care
- **access to health care/ facilities limited due to inconvenient times, distances, issues**

Policy

- governance + stakeholder engagement
- health reform mechanisms
- policies, laws, regulations affecting immunization

Step 4: Identify Solutions

Identify solutions by answering strategic questions:

- What are the main barriers affecting your community of focus' willingness or ability to be vaccinated?
- What is already being done to address barriers? How effective? Is there room to improve?
- Which issues more easily addressed?

Effective solutions will:

- Increase trust in vaccines
- Establish or solidify getting vaccinated as a social norm
- Motivate or encourage people to get the vaccine
- Improve physical access to the vaccine

- Map gender-responsive solutions to gender barriers
- Consider what has been effective in this or comparable settings to address gender barriers for other health issues

Recommended strategies from RCA in Uganda

- Community recommendation was to focus on engaging with mothers and fathers to improve immunization knowledge, awareness, and support
- **Planned intervention**: peer-to-peer strategy rooted in community engagement to improve demand and social support for MR2 and childhood immunization among mothers and fathers
- Planned intervention will further enable us to move along the community engagement continuum

- Gender can be integrated in all or only some phases
- Consider mixing men and women during dissemination phase.

Step 4: Report Findings

- Tailor report to the needs of audience
- Consider importance of language and potential response to critique (e.g., ‘intervening on gender’ vs. ‘family-based approach’)
- Leave time + space for stakeholder feedback on prioritizing strategies



Step 5: Evaluate Your Efforts

- Engage women leaders to understand if gender barriers are reflective of what is seen in community
- Leverage community relationships to inform continued planning, piloting, implementing and evaluating gender-responsive strategies
- Can nest gender focus within larger interventional approach

GENDER-RESPONSIVE				
Gender-unequal	Gender-blind	Gender-sensitive	Gender-specific	Gender-transformative
Perpetuates gender inequalities, reinforces stereotypes, privileges men over women (or vice versa).	Ignores gender roles, norms and relations, and the differences in opportunities and resource allocation. <i>Examples:</i>	Shows an awareness of gender roles, norms and relations while not necessarily addressing inequality generated by them; no remedial action	Intentionally targets a specific group of women or men for a specific purpose; doesn't challenge gender roles and norms. <i>Examples:</i>	Addresses the causes of gender inequality; transforms harmful gender roles, norms and relations; promotes gender equality.

Resources

- [Why Gender Matters](#) : Immunization Agenda 2030
- CDC [Rapid Community Assessment](#) guide
- *Behavioral and social drivers of vaccination (BeSD)* <https://www.demandhub.org/besd/>
- [Immunization and gender: a practical guide to integrate a gender lens into immunization programmes \(UNICEF Regional Office for South Asia \[ROSA\] 2019\)](#)
- A useful resource about increasing vaccination for women is the [Little Jab Aid](#)

Example qualitative questions

1. What potential issues do you expect for taking your child to the health facility after the child is older than one year?
2. Who will make the decision? How are decisions about child vaccination made in the family for additional doses? (what role do men or women play)
3. How will taking the child to the health facility affect your day-to-day activities/ schedule/ commitments, priorities? (Probe: Household chores, income-generating activities, time constraints, caring for other family members)
4. How do you think your community members might support or resist immunization after your child is one year old?

Example quantitative questions

If it was time to get your child vaccinated, would you need permission to take your child to the clinic?

1. Yes
2. No
3. Not sure

In your family, who has the final say about whether your child gets vaccinated?

1. Me
2. My spouse/ partner (husband or wife)
3. Both partners
4. Grandparents or in-laws
5. My children
6. Someone else