

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](#)

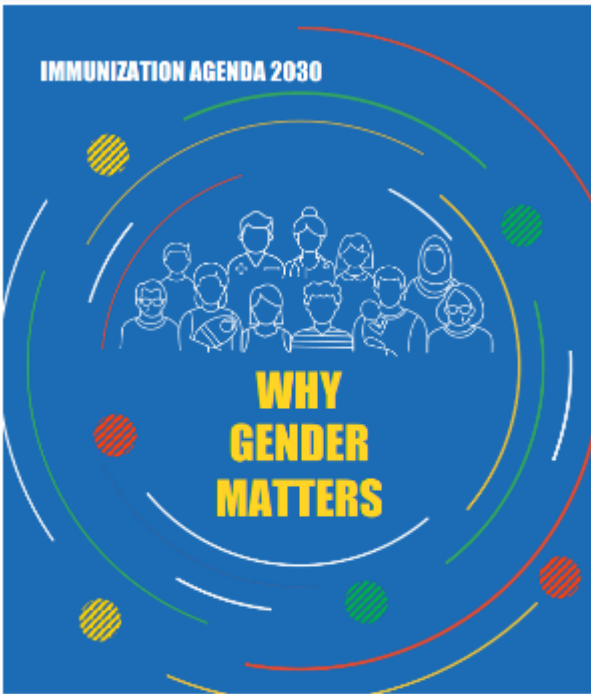
Gender responsive approaches 2 – Make community engagement and social mobilization gender responsive and transformative

[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



Gender-responsive actions for the health workforce

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Economist and Lead Gender Equality,
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Health Workforce Department,
WHO

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Manager, Polio Program,
UNICEF/National Emergency
Operation Centre, Pakistan

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Health Workforce Department,
WHO

Outline

1. Recap: Gender-responsive approaches to increasing immunization coverage

2. Gender-responsive actions for the health workforce:

- ***Female Frontline Worker (FFLW) Co-Design Initiative from Pakistan***
- ***Gender and Health Workforce in Niger: Perspectives from Health Labor Market Analysis***

3. Q&A and Discussion



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

Gender-unequal

Implement gender-responsive actions for the health workforce

✓ Gender inequalities in the health and care workforce, including immunization

- **Leadership Gaps:** in most countries **women** hold the majority of the jobs in the health and social care sector (making up **67%** of global employment), yet **are underrepresented** in senior and decision-making roles at the local, national and global level.
- **Pay Gaps:** a sector characterised by many low paid workers and a large gender pay gap – women earning **76 cent to a dollar** men earn.
- **Demanding (often precarious) working conditions:** women more likely to have jobs with **unfavorable working conditions** (working part-time, at the low end of the wage distribution, or in informal jobs without legal and social protection), workplace **safety** (Gender Based Violence and Harassment).



Implement gender-responsive actions for the health workforce

✓ Addressing gender inequalities in the health and care workforce

- ✓ Collect targetted **gender disaggregated data** with sufficient frequency to allow for timely **assessments** of the working conditions of women and men in the health and care sector, including the **monitoring** of gender pay gaps.
- ✓ Provide **safe and decent jobs** for health and immunization workers and address poor working conditions. Safe working environments free from sexual harassment and violence (make available a confidential feedback/complaints mechanism, ratify ILO C-190). **Expansion of formal employment** in countries where informality is a significant feature of the workforce.
- ✓ Provide **adequate and equal pay**. Foster **pay transparency**, adopt **legal frameworks** that establishes binding sanctions against those who discriminate in pay in the workplace, **equal pay audits**.
- ✓ **Level the playing field**. Promote **equal opportunities**, diversity and inclusion across health and care occupations



Select WHO Resources on Gender Equality in the Health and Care Workforce

Strategic Documents



2016

WHA69.19
WHO Global Strategy on HRH calls for the adoption of **gender-sensitive employment policies** and **gender mainstreaming**



2017

WHA70.6
UN High Level Commission on Health Employment and Economics Growth Highlights important role of the health sector for **women's economic empowerment**

Working for Health Action Plans:

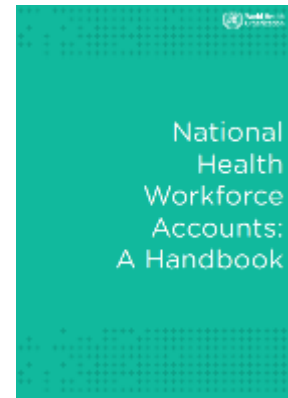
2017–2021 : **WHA70.6**

2022–2030 : **WHA75.17.**

Gender consultations. Actions include **applying a gender lens** to planning and policy and **actions to build a more gender equitable workforce**



Technical Resources



Data and indicators
2017



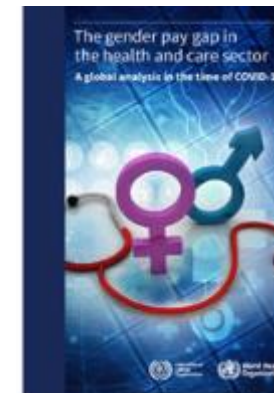
Gender Analysis
2019



GHWN Gender Equity Hub
Reports 2019 and 2021



Manual with gender
analysis module
2021



Global Report
Gender Pay Gaps
2022



Global health and care
worker compact
2022

Thank you

Merci



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**World Health
Organization**

Female Frontline Worker (FFLW) Co-Design Initiative



Background

- **Reducing pockets of missed children + refusals remains a key barrier to polio eradication.** The closer we get to zero, the more important it will be to fine-tune campaign operations to ensure FLWs can immunize all children.
- **Frontline workers are our most valuable asset** – those who go door-to-door in their own communities to deliver OPV and see firsthand families’ commitment (or lack thereof) to immunization – **and most of them are women. Their motivation and experience is key to reaching still missed children and ending polio.**
- **There has been no systematic way to hear from FLWs rapidly and at scale. The program will benefit from a curated process of listening to FLW perspectives and co-designing solutions together.**
- **Purpose of FFLW Co-Design Initiative:**
 - Listen to female FLWs (FFLWs) to better understand their perspectives and hear their ideas on how to improve program operations to reach missed children in highest risk areas
 - Identify ways to better support and keep FFLWs motivated to the end of polio, including improving their work experience by addressing barriers to safety, motivation and effectiveness and starting to identify pathways for future transition
 - Co-design solutions with FFLWs
- **Scale:** 25 Very High-Risk Districts (VRHDs)
- Coordinated by NEOC Gender Working Group

Methodology

1. Conduct structured, randomized phone surveys with male and female FLWs to listen to and understand their experiences, at-scale and quickly by local 3rd party vendor

Questions reviewed and finalized with PEOC and NEOC input. Themes include barriers to reaching missed children, challenges faced during campaigns, job motivation and safety



2. Using analyses of survey results, facilitate curated workshops by local 3rd party vendor to co-design solutions with female FLWs and key stakeholders across district, province and national levels

NEOC and PEOCs to identify select stakeholders to participate in workshops

Rollout coordinated by NEOC Gender Working Group, in partnership with designated PEOC focal points

- **Scale:** across 25 very high-risk districts
- **Timeline:** Q2 2022-Q1 2023
- **Budget:** 3rd party vendor costs covered through non-FRR support

How is this different from the program's other ongoing engagements with frontline workers?

- **Systematic approach to collect data at-scale** across 25 very high-risk districts to better understand current challenges
- **FLW perspectives acquired anonymously** via phone survey
- Curated process from beginning to end, using **targeted questions** and **collective consultations** with FLWs and stakeholders across district, provincial and national levels
- Workshops **designed as enabling environment for female FLWs specifically**, including discussions on gender-related barriers



Key barriers faced by FLWs surfaced through thousands of randomized phone surveys across VHRDs

Barriers to Reaching Households

A little over 1 in 10 FLWs are unable to reach all households. The lack of and unaffordability of transportation are the primary barriers shared by FLWs.


CBVs and SMTs share similar factors that prevent them from reaching households.

More than 10% of FLWs in four districts report an inability to reach all households. These are:

- Hyderabad (24%)
- Karachi South (18%)
- Karachi Korangi (14%)
- Karachi East (12%)

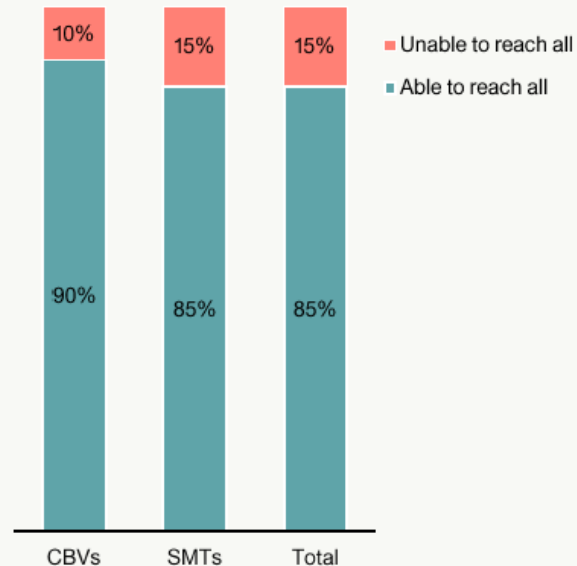
See page 19 for a detailed breakdown.

Transportation facility is a common request for support from FLWs (see page 15). Additional support on this logistical challenge can remove barriers to FLWs' mobility.

 No meaningful difference by gender.

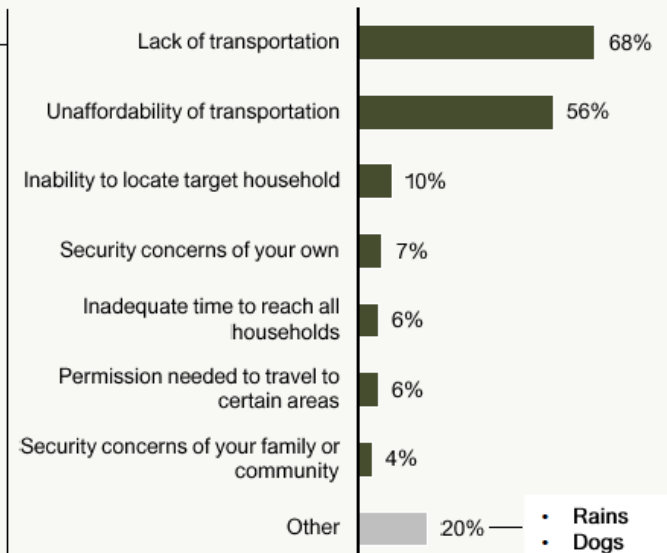
Degree of Household Reach

Q: Were you able to reach all the households you or your team were supposed to reach? (CBVs = 88, SMTs = 413, Total = 501)



Factors Preventing FLWs From Reaching Households

Q: Which of the following factors, if any, were barriers to visiting the households you or your team were supposed to reach? Multiple answers allowed (n = 71)



14 workshops conducted, designed based on survey results

Setup



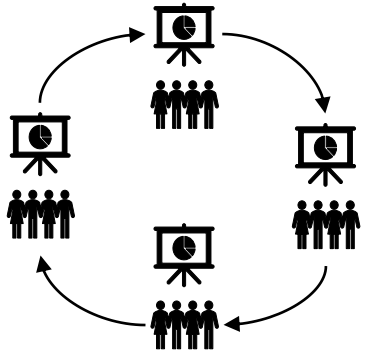
FFLWs selected from highest risk areas of VHRDs, with guidance from PEOCs/DEOC



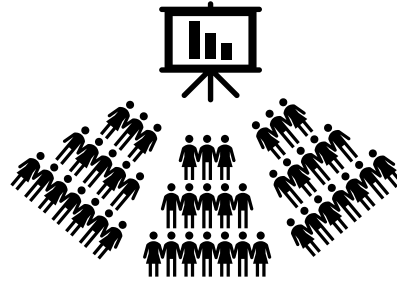
2-day workshops



Max. ~40pp/workshop, with at least 80% female frontline workers, to ensure enabling environment



Interactive group and breakout sessions



Sessions in plenary



Workshop content tailored based on survey results in each district and designed for FFLWs to unbundle and develop solutions to:

1) barriers to reaching target population, 2) barriers at point of service (at the doorstep), 3) barriers inhibiting FFLWs' experience and motivation.

Final session of workshops focused on FFLWs' ideas for future livelihood pathways beyond polio



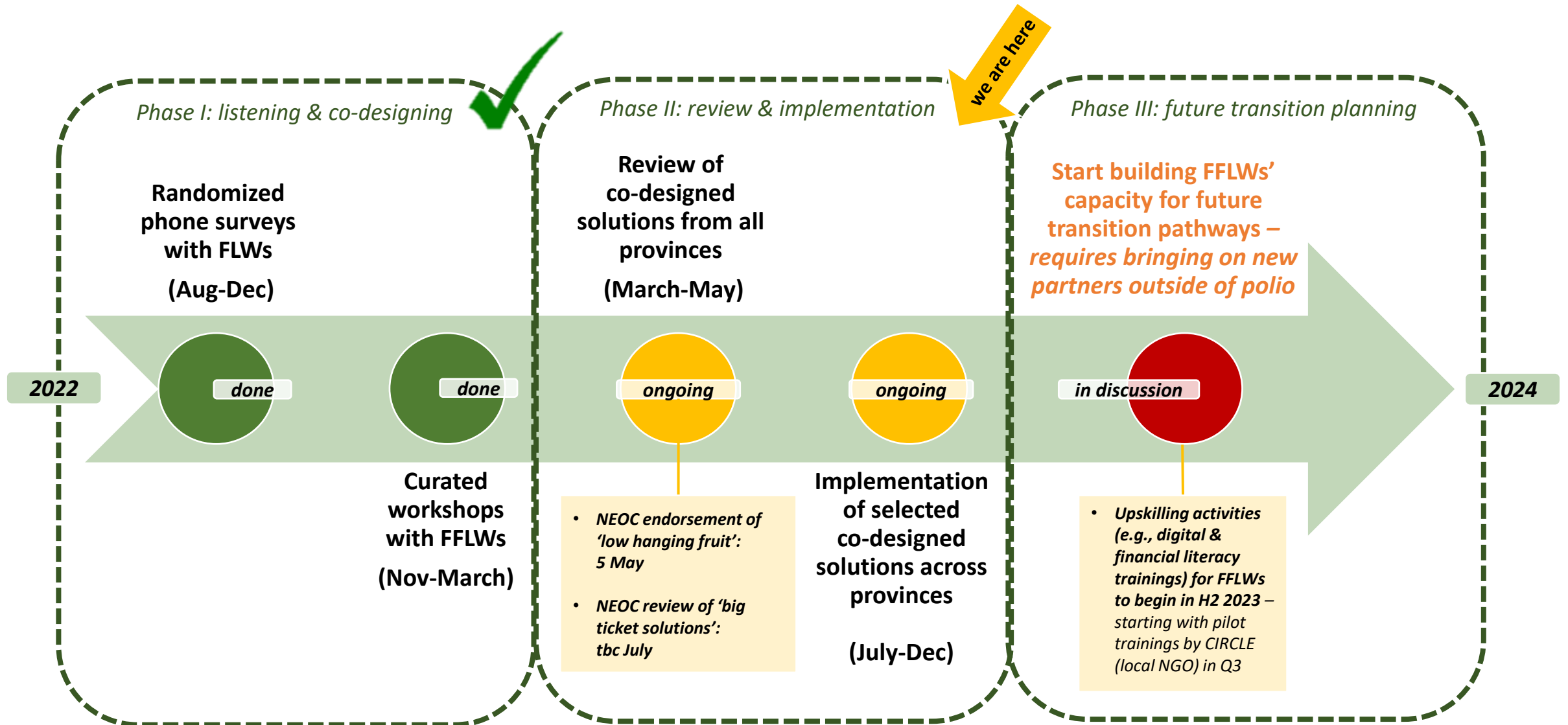
- FFLWs led through structured brainstorming process to identify future opportunities of interest, as well as what support would be needed to enter each pathway
- Interests identified both within and outside of the health sector
- These ideas will inform a transition planning process led by Pakistan NEOC in coordination with other sector partners – beginning with upskilling/vocational training opportunities for FFLWs even during their time in the polio program

Strong commitment from National & Provincial EOC leadership to review and implement selected solutions in 2023 to better support FFLWs, accelerate progress to end polio, and start facilitating future transition pathways



National and Provincial EOC Coordinators, Sindh PEOC Core Team, and NEOC Gender Group observers at second Karachi workshop (Nov 2022)

Overview of FFLW Co-Design Initiative Process



Coordinated by NEOC Gender Working Group, in partnership with PEOC focal points and with technical support provided by local 3rd party vendors

Thank You



Member of Balochistan PEOC core team listens to breakout session by FFLWs in Quetta (Feb 2023)

Gender and Health Workforce in Niger : Perspectives from Health Labor Market Analysis (HLMA)



Prepared by **Mahaman Mourtala ABDOU ILLOU**
Statistician & Economist

Presented by **Ms Laurence Codjia**
Technical officer, Health Workforce Department, World
Health Organization

PRESENTATION PLAN

- I. Gender Policy in Niger**
- II. Gender & Health workforce : key findings
from HLMA**
- III. Recommendations implemented**
- IV. Contribution to the Immunisation
Agenda 2030**

I. Gender Policy in Niger

VISION : To build, with all stakeholders, a society, without discrimination, where men and women, girls and boys have the same opportunities to participate in its development and enjoy the benefits of its growth

**NATIONAL GENDER POLICY,
2017 – 2027**



First Lady, offering the annual "Golden Mom" award to a midwife (2021)

I. Gender Policy in Niger

**NATIONAL
GENDER
POLICY
2017 – 2027**

STRATEGY 1: To improve the socio-cultural environment in connection with demography, peace and security for **greater equity between men and women**

STRATEGY 2: To strengthen the institutional and legal framework for the effective application of the **rights of women and girls, the fight against GBV** and the equitable participation of men and women in the Governance

STRATEGY 3: **Economic empowerment and inclusive growth** in connection with sustainable management of the environment, climate change, risk and disaster management, migration and humanitarian emergencies.

STRATEGY 4: To strengthen **institutional mechanisms and organizational coordination** frameworks, monitoring-evaluation and partnership.

I. Gender Policy in Niger

SELECTED EXPECTED EFFECTS OF THE ECONOMIC AND SOCIAL DEVELOPMENT PLAN 2022 -2026

Global Effect 1: Human capital development is sustained and inclusive;

Sectoral effect 1.2: Health and nutritional status of populations and the demographic transition are improved;

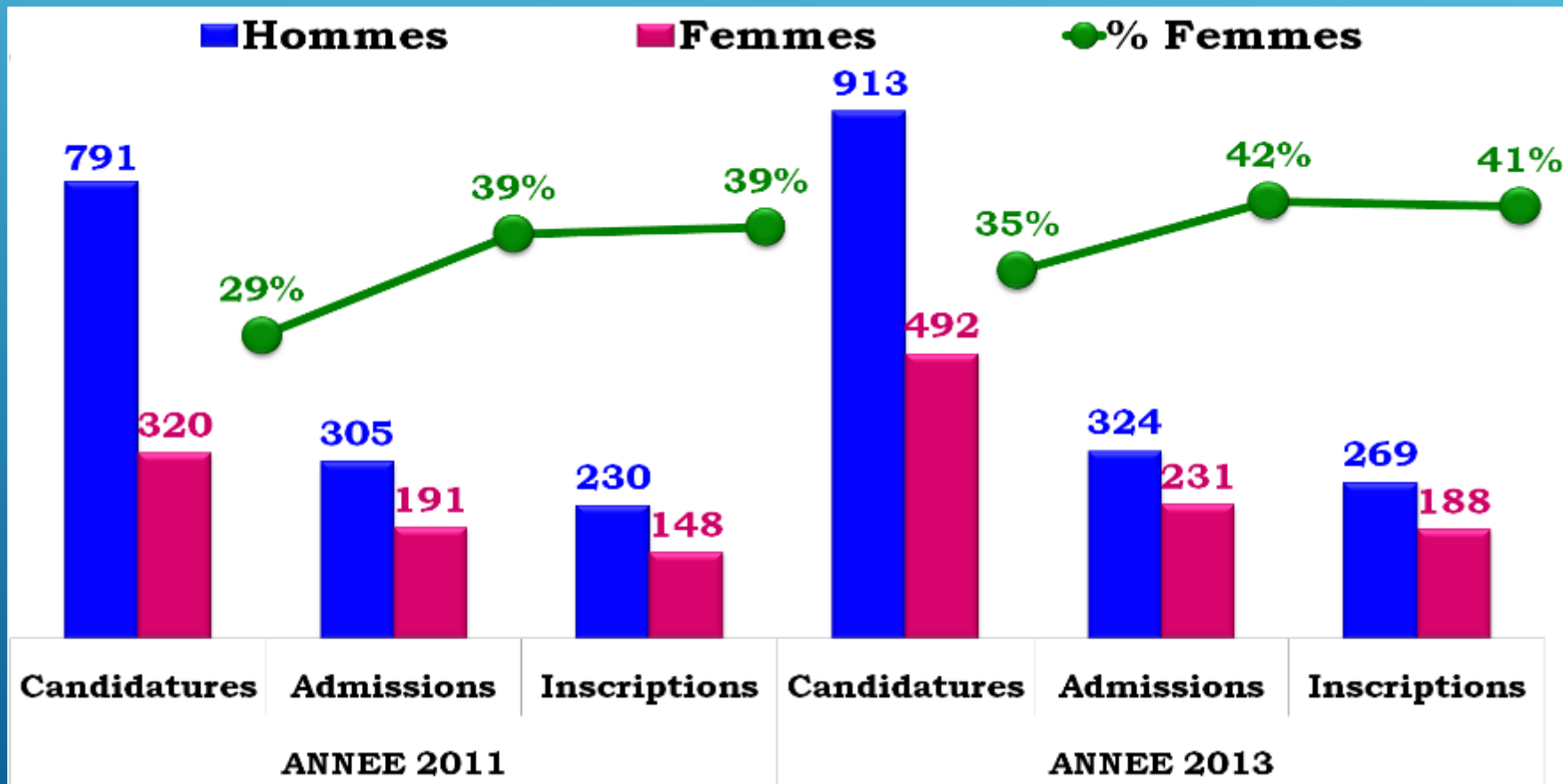
Sector outcome 1.3: People's access to drinking water, hygiene and sanitation is improved;

Sector effect 1.4: Social protection is strengthened;

Sector effect 1.5: Gender inequalities are reduced;

II. Gender & Health workforce : key findings from HLMA

In medical schools, women are 2 to 4 times less numerous than men



II. Gender & Health workforce : key findings from HLMA

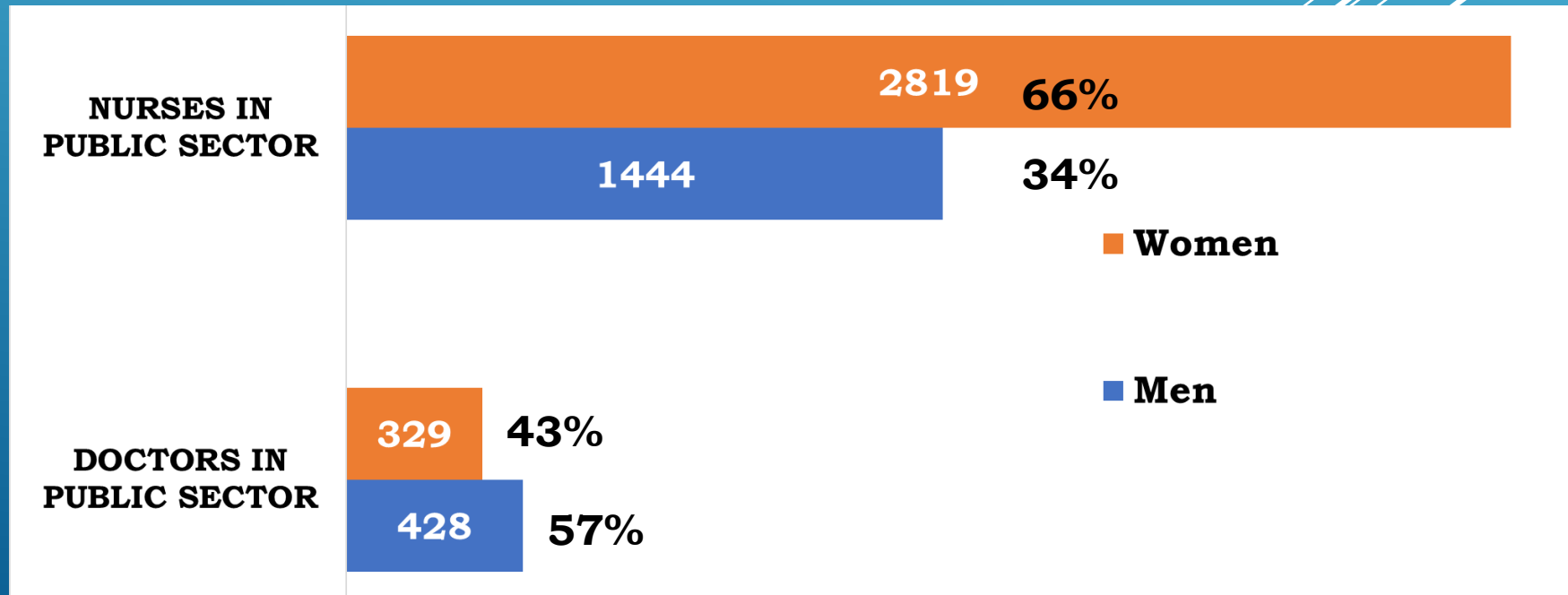
Women represent 59% of public sector health workforce and 49% of private sector health workforce

	Gender	Number	Percentage
PUBLIC SECTOR (N=10 498)	Men	4 347	41%
	Women	6 151	59%
	TOTAL	10 498	100%
PRIVATE SECTOR (N=1 215)	Men	615	51%
	Women	600	49%
	TOTAL	1 215	100%

II. Gender & Health workforce : key findings from HLMA

Women represent 66% of public nurses.

About medical training less than 29% to 36% of women applied for medical schools



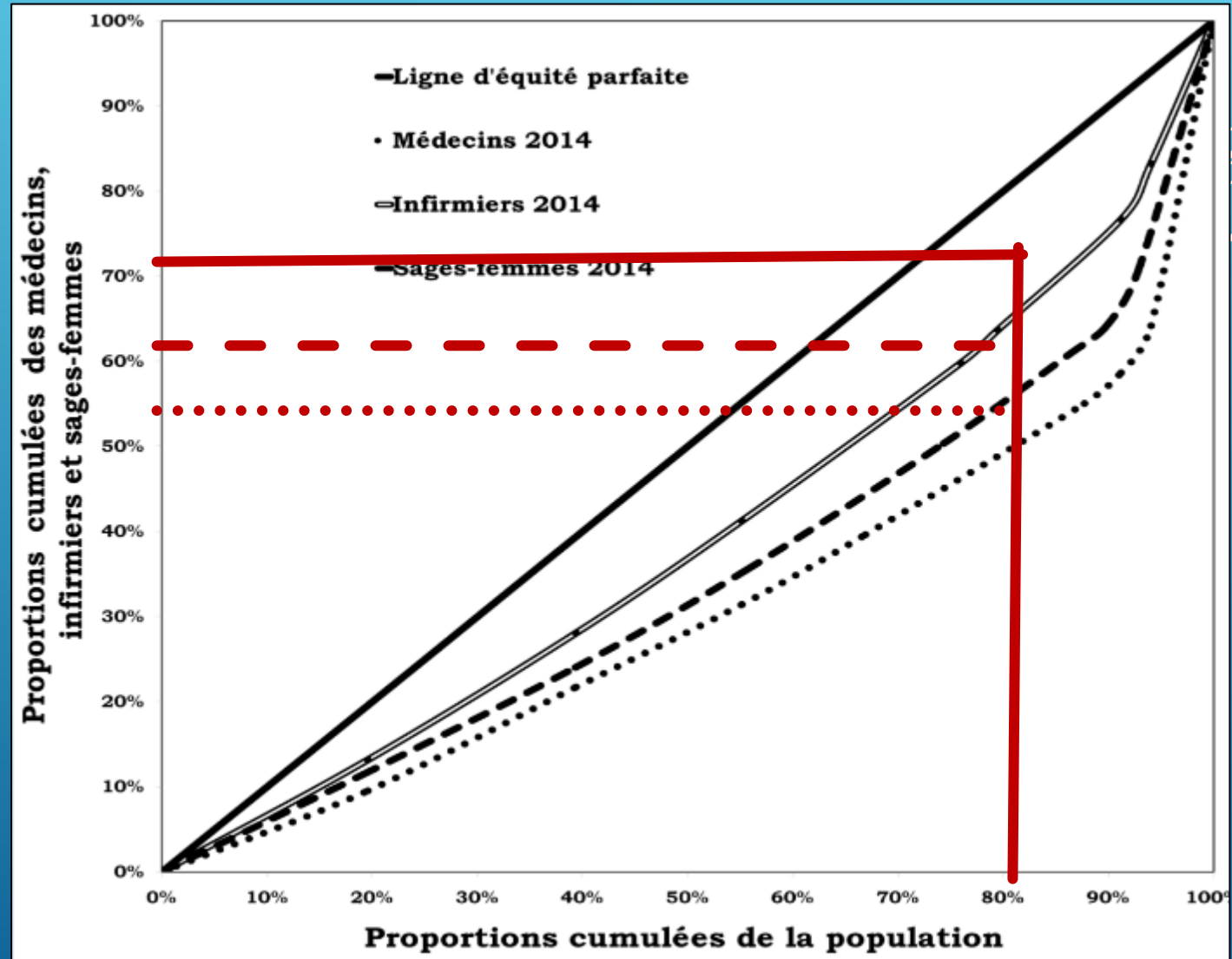
II. Gender & Health workforce : key findings from HLMA

Inequalities in HWF distribution, more for Doctors, and Midwives, than Nurses.

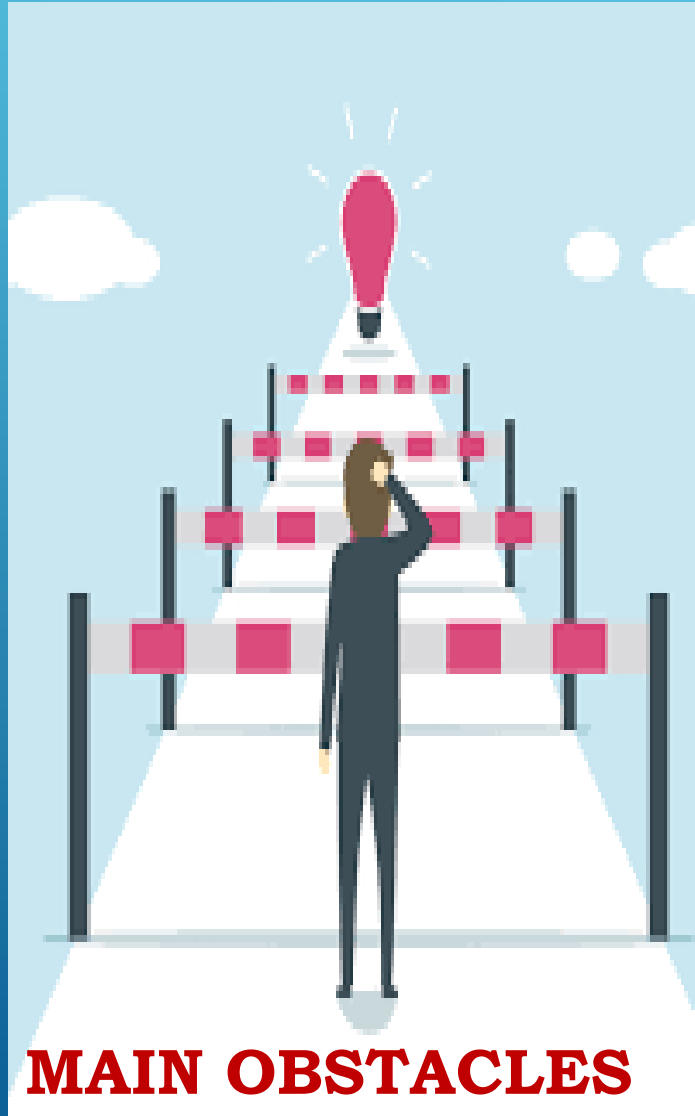
10% of the total population are using

:

- **24% of nurses ;**
- **36% of midwives**
- **43% of GP**



II. Gender & Health workforce : key findings from HLMA



Unequal opportunities for access to health training, especially for girls/women from rural areas or poor families : direct and indirect cost, - insufficient or absence of specific financial support from Government

Women want to live and work close to their families (concentration in urban areas) VS Need of the Health System for an equitable distribution VS High workload in some localities

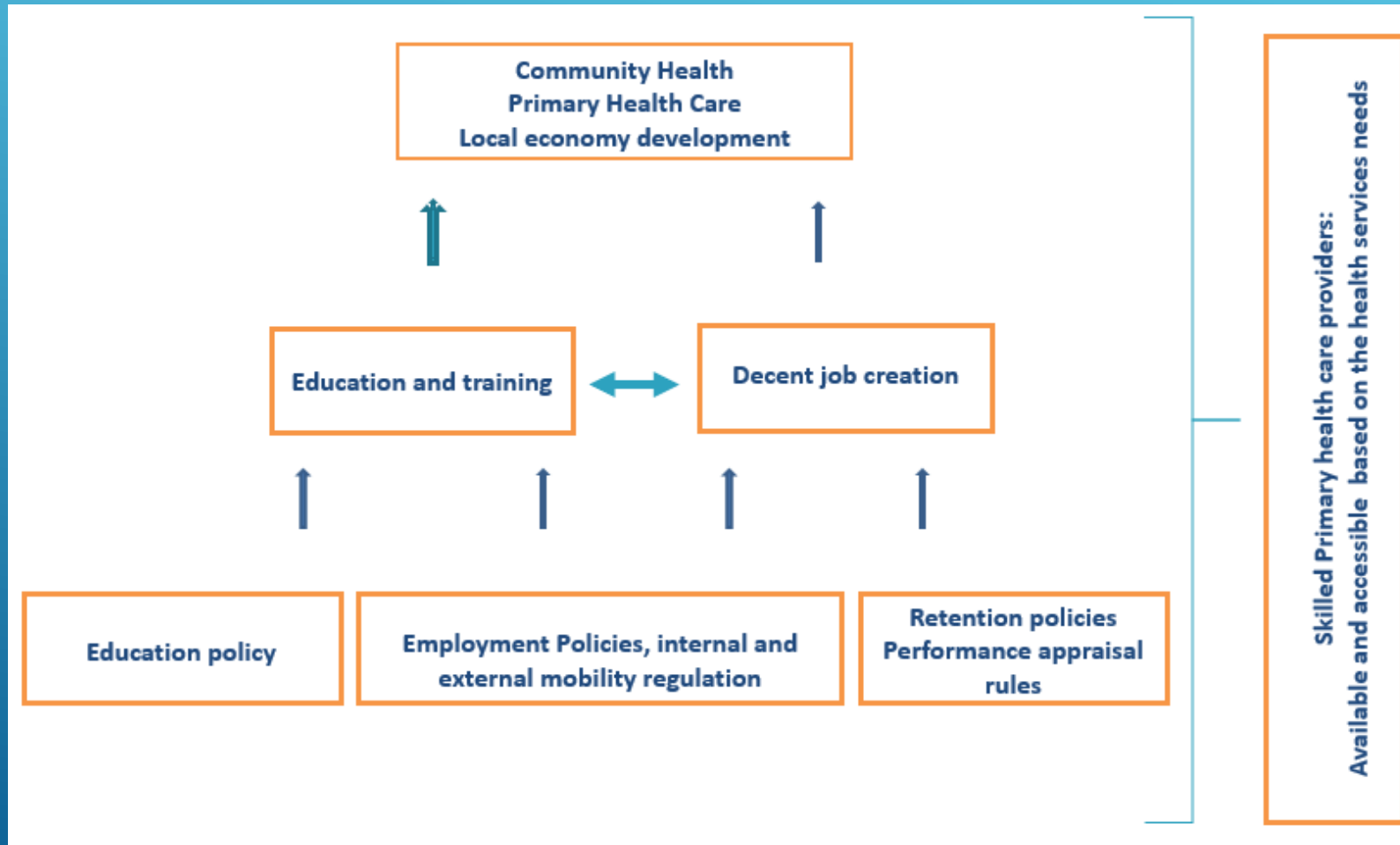
Strong reluctance of women to work in rural areas due, in part, to insufficient in HRH management (Poor career monitoring, Inequity in continuing education, Ineffective incentives/bonuses for rural areas)

III. Key recommendation implemented from HLMA : Rural Pathway Approach

NIGER RURAL PATHWAY APPROACH : VISION

To strengthen Primary Health Care and Community Health. For Health Workforce Component : **TO TRAIN** health workers from rural and underserved areas, **TO DEPLOY** them in these areas, **TO ENSURE** them professional progress in their career, **TO CREATE** for them decent working and living conditions for them, **TO SUPPORT** them in providing high quality care and services for communities

III. Key recommendation implemented from HLMA : Rural Pathway Approach



ONGOING KEY INTERVENTIONS

Partenariat public/privé

World Bank : Strengthen public sector management and the availability of the health care services in the remote and rural areas \$ 191,5 millions

Job creation availability in the health sector

Governance
Improving public management governance of the local leaders

Foundation:

- Building and renovation of the health centers,
- Building new Public Health Schools near Communities
- Accreditation of Public and Private Health Schools
- Electricity, road, water and sanitation availability

IV. Contribution of Rural Pipeline Approach to the Immunisation Agenda 2030 in Niger

To strengthen health facilities attendance by women (mothers) and children for full compliance with the vaccination schedule

To improve quality of health services for rural and underserved communities (80% of the total population) and needs-based and trusted for health service, mainly for women and adolescent girls and children

Women vaccinators can easily access to households to sensitize mothers and deliver vaccines to children.

IV. Contribution of Rural Pipeline Approach to the Immunisation Agenda 2030 in Niger

Women health workers in villages are **TOP MODEL** for girls and **OPERATIONAL LEVER** to maintain girls at schools (Positive externalities from Health System to Education System)

Women health workers increase Women' s participation and voices in decision-making bodies at community level where they are most underrepresented

Women health workers contribute to the promotion of the protection of women' s and girls' rights at community level.

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**WHY
GENDER
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/gende>