

# MOMENTUM Routine Immunization Transformation and Equity

Gender and Immunization:  
Opportunities for Action

Session 2  
June 30, 2022



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WELCOME!



# Overview

## Learning Objectives



### Objective 1

Describe and identify how and why gender impedes the achievement of immunization goals for coverage and equity.



### Objective 2

Access the tools, resources, and support (technical, institutional, financial, community, political, etc.) needed to take action to reduce gender-related barriers.



### Objective 3

Design and implement actions to address gender-related barriers to immunization.



### Objective 4

Assess and measure progress toward reducing gender-related obstacles to immunization.



# Overview

## Agenda

- **June 23 Session 1:** Setting the stage of how and why gender impedes immunization coverage and equity goals
- **June 30 Session 2:** Identifying challenges and communicating to make the case
- **July 7 Session 3:** Designing gender sensitive interventions and taking action for change
- **July 14 Session 4:** Assessing progress and learning together

# Key Take-aways for Session 1

1

Attention to gender-related issues in immunization programmes goes beyond focusing on coverage discrepancies between girls and boys

2

Gender-related barriers and gender inequality can prevent **all** people, regardless of sex, from getting vaccinated. The goal of gender equity is to ensure that everyone has the same chances and opportunities to access and benefit from immunization services.

3

There's now a **substantial and growing focus** on gender in immunization programs and there are many tools and resources available to support this focus.

4

Gender is a **social construct** based on power.

5

Gender is **learned** so it can also be unlearned and re-learned differently.

6

Gender is systemic: the way gender-related barriers affect immunization are connected to the **interplay** between individual, household, community, and system factors.

7

There are many **different ways to frame/organize** gender-related barriers but, in general, they are grouped in domains of: Legal rights & status; Cultural norms, perceptions & beliefs; Roles, responsibilities & time use; Access to & control over assets/resources; Patterns of power & decision-making.

# Session 2 Agenda

Time (EDT)	Agenda item	Speaker
8:00	Opening/welcome Housekeeping for the course Recap of previous session and Homework 3	Willow Gerber, Senior Technical Advisor for Gender, MOMENTUM Routine Immunization Transformation and Equity Liz Kohlway, Sabin Vaccine Institute
8:10	Overview of Session 4 Today's topic: Identifying gender barriers and communicating to build support for action Setting the stage with a couple of polls	Willow Gerber
8:20	Objectives for identifying and assessing gender-related barriers	Willow Gerber & Rebecca Fields, Technical Lead for Immunization, MOMENTUM Routine Immunization Transformation and Equity
8:30	What kinds of data/ information can we get from different sources? Video presentation	Alyssa Sharkey, Princeton University Lecturer and UNICEF Consultant
8:50	Interpreting findings and drawing conclusions	Rebecca Fields
9:00	Effective Communications and Targeted Advocacy Short case study with relevant exercise	Carol Hooks, Social and Behavior Change Advisor, The Manoff Group, Inc.
9:20	Wrap up, including Q&A and Key Take-aways	Team
9:25		Willow Gerber
9:30		

# Speakers



**Alyssa Sharkey**  
Lecturer, Princeton University  
and UNICEF consultant



**Rebecca Fields**  
Technical Lead for Immunization,  
MOMENTUM Routine Immunization  
Transformation and Equity



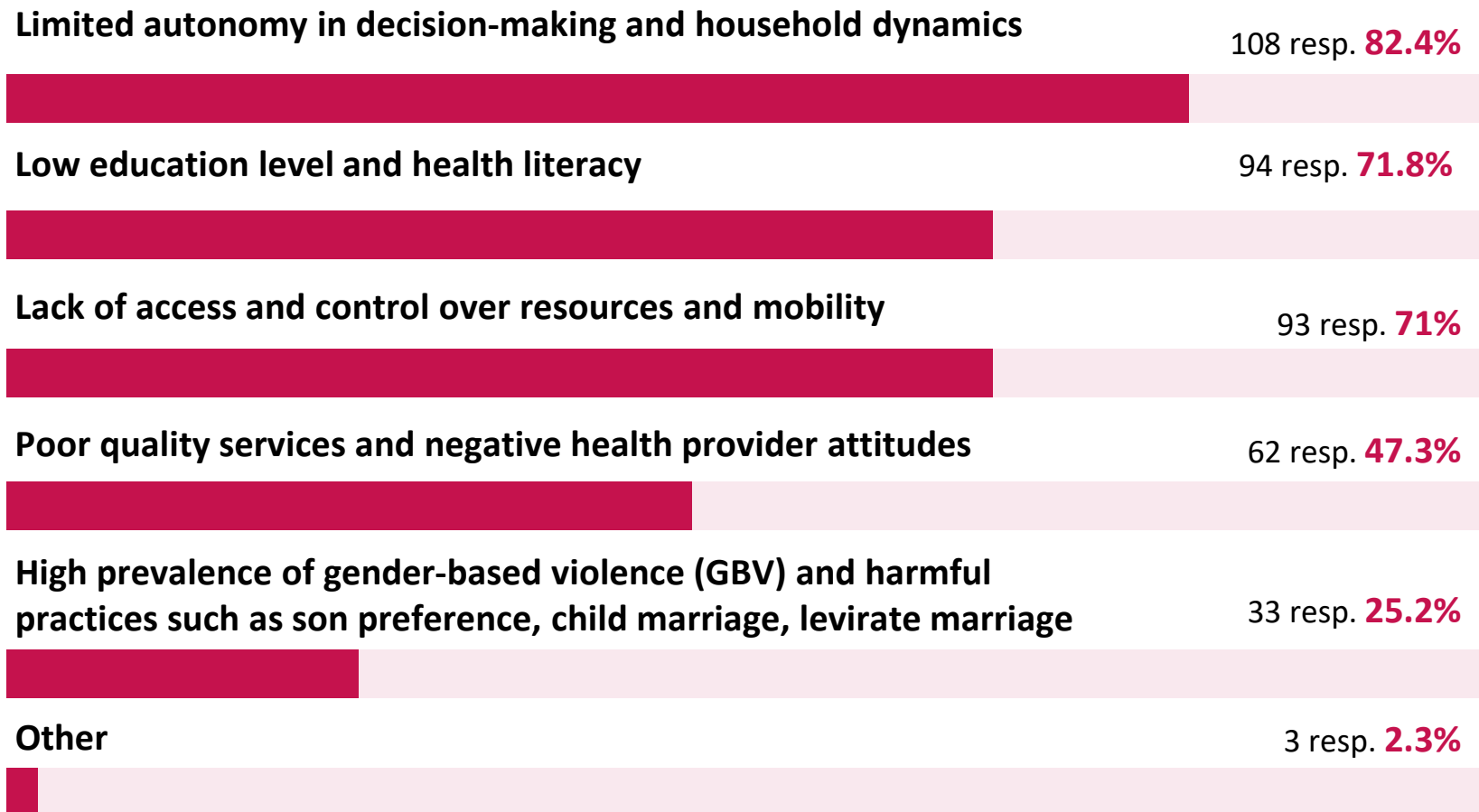
**Carol Hooks**  
Social and Behavior Change Advisor, The  
Manoff Group, Inc.



# Homework 1 Recap (1)

What are three (3) gender-related barriers to immunization that affect utilization of routine immunization or COVID-19 vaccination in your own work?

131 out of 131 answered



Although rarely, daughters are disadvantaged compared to sons for their access to healthcare.

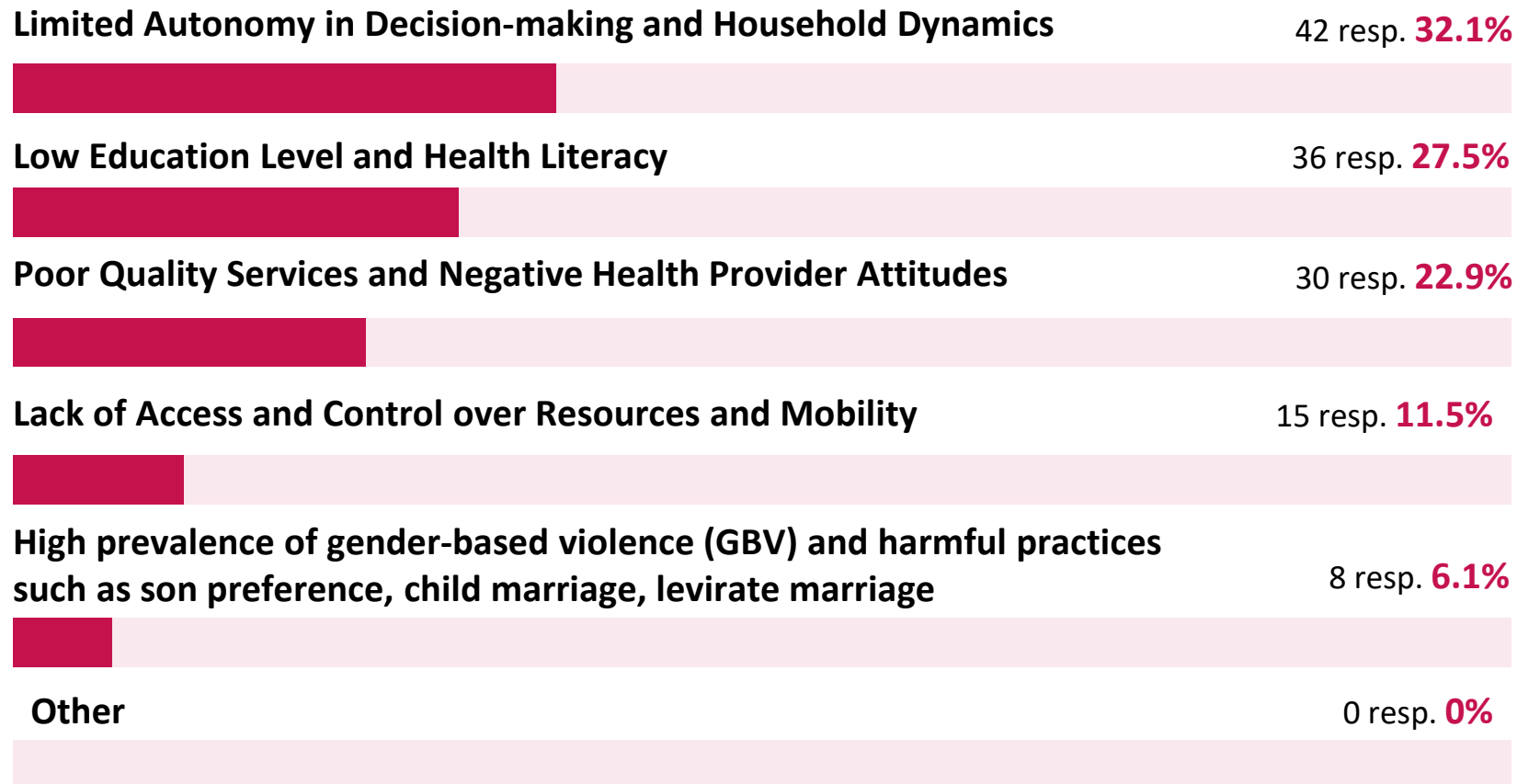
Hesitation about vaccination and widespread misinformation about untrusted people or social media.



# Homework 1 Recap (2)

Of the three (3) you listed above, what is one (1) gender-related barrier that you would like to prioritize and focus on throughout the course?

131 out of 131 answered





Today's session discusses two topics that are related to each other:

1

Identifying and assessing gender-related barriers to immunization

2

Communicating effectively to promote action to reduce gender-related barriers

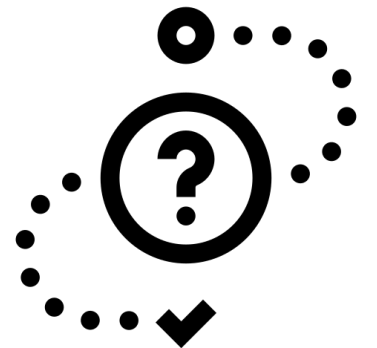
## Answer the poll question



**Question #1:** How easy do you think it will be to get others you work with to support gender-sensitive programming for immunization?

**On a scale of 1 to 5, from hard to easy**

1. Not easy at all: very hard/difficult
2. Not easy: hard/difficult
3. Not easy but not difficult either
4. Easy
5. Very Easy



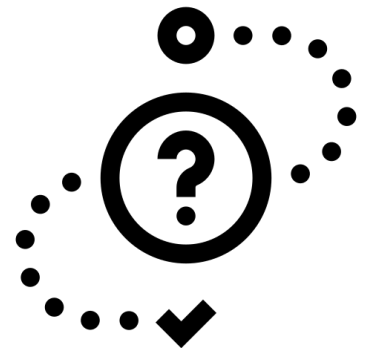


## Answer the poll question



**Question #2:** At what level of the health system do you work?

- Subnational
- National
- Global/regional
- Other





## Answer the poll question



**Question #3:** Who are the main people you need to convince about the importance of recognizing and addressing gender-related barriers to immunization?

How does this vary by level?

Share your thoughts in the chat box!





# Objectives for Identifying Gender-related Barriers

*Why* do we identify and assess barriers?

In order to accomplish what? What specific objectives?

**Clarifying these objectives** can help us focus on the types of information we need to gather and from which sources.

**Information can be used to:**

- Stimulate awareness and support
- Inform the design of program interventions
- Generate baseline data
- Obtain funding for vaccination, including implementing gender-sensitive efforts
- Other (*write in chatbox*)



*Answer the poll question*

# For participants at the NATIONAL LEVEL

(including GLOBAL or REGIONAL levels):

**Why** do we identify and assess gender-related barriers? In order to accomplish what? What specific objectives?

**Information can be used to:**

- Stimulate awareness and support
- Inform the design of program interventions
- Generate baseline data
- Obtain funding for vaccination, including implementing gender-sensitive efforts
- Other ([write in chatbox](#))

Select ONLY the **top 2 that apply the most** to your situation.



## *Answer the poll question*

# For participants at the SUBNATIONAL LEVEL

(including GLOBAL or REGIONAL levels):

**Why** identify and assess? In order to accomplish what? What specific objectives?

### **Information can be used to:**

- Stimulate awareness and support
- Inform the design of program interventions
- Generate baseline data
- Obtain funding for vaccination, including implementing gender-sensitive efforts
- Other ([write in chatbox](#))

Select ONLY the **top 2 that apply the most** to your situation





# Alyssa Sharkey

**Lecturer, Princeton University and UNICEF Consultant**

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# What kind of data/information can we get from different sources?

- Video clip (10 min)
- Short discussion

# Measurement

What changes did we want to see?

What changes did we achieve?





# Example indicators to understand structural gender-related barriers

Percent of mothers who did not get their child vaccinated because...

- the session time was inconvenient (**SPA**)
- there are long wait times (**SPA**)
- the facility was too far (**DHS**)

Percent of service delivery points offering integrated services (**SPA**)

Percent of caregivers satisfied with the quality of the service experience (**SPA**)



- SPA: Service Provision Assessments
- DHS: The Demographic and Health Surveys

# Example indicators to consider gender issues within the health workforce

- Proportion of **X** who are female (vaccinators, CHWs, Health Facility In- Charges, District Health Officers, etc.)
- Percent of clinics/districts that pay health workers on time.
- Percent of female health care workers who report that they have experienced harassment at the work place.
- Percent of female health workers who feel their clinic has sufficient services (e.g. WASH facilities; shelter/accommodation)



# Importance (and challenge!) of monitoring

- Periodic assessments
- Administrative data
- Exit interviews
- Feedback mechanisms (e.g., U-Report, community-based groups, committees, school health committees, etc.)
- Implementation research
- Other sources?



**Thank you for  
keeping all of  
us fully  
protected**





# Reaching Zero-dose Children

This webinar series on gender and immunization is a collaboration of the following partners:

UNICEF

WHO

GAVI

Bridges to Development

The Geneva Learning Foundation





Rebecca Fields

Immunization, Technical lead

**MOMENTUM Routine Immunization Transformation and Equity**

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# MOMENTUM Routine Immunization Transformation and Equity

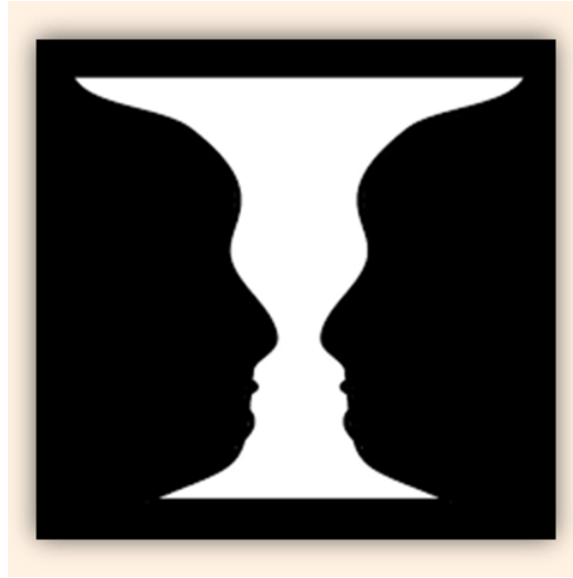
## Interpreting Findings and Drawing Conclusions

**Rebecca Fields**  
Technical Lead for Immunization  
June 30, 2022



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Different people may interpret situations in different ways

# Case study:

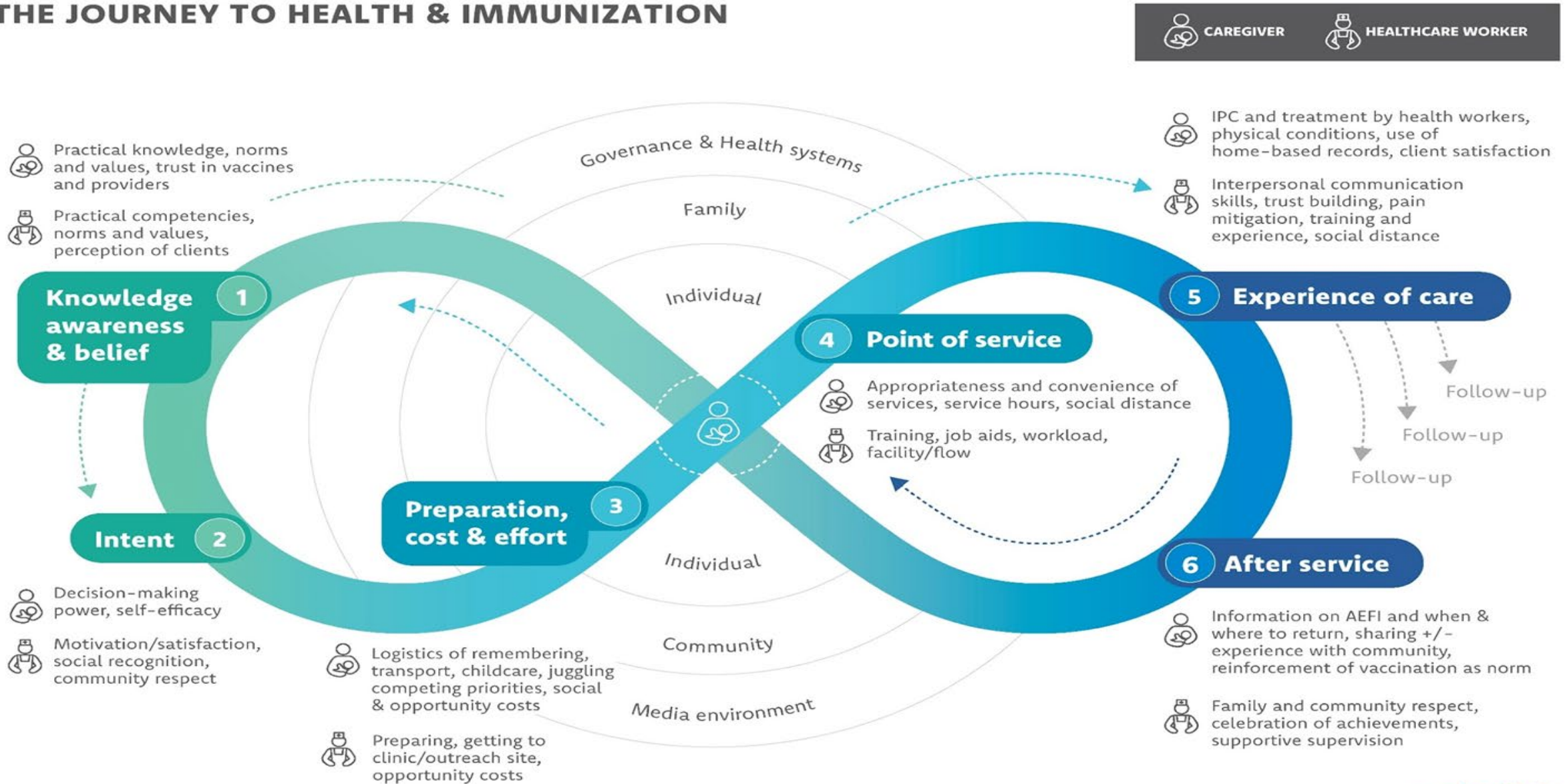
You are supporting a district where coverage is 88% for DTP1 but only 68% for a first dose of measles vaccine. You conduct a situation analysis and learn:

Source of information	Findings
Facility records, HW interviews	<ul style="list-style-type: none"><li>▪ Drop in frequency of immunization outreach sessions</li><li>▪ Measles vaccine stockouts in this district in past year</li></ul>
HW interviews	<ul style="list-style-type: none"><li>▪ Frustration that mothers do not return for measles vaccine. “It is vaccine hesitance.”</li><li>▪ Health workers diverted to intensive COVID-19 vaccination over the past several months</li></ul>
Exit interviews	Mothers don’t know when to return for next doses or how to manage common side effects
Meetings with community elders	<ul style="list-style-type: none"><li>▪ “Mothers do not make the effort to get their children vaccinated and some are hesitant”, especially those from an ethnic group in one part of the district</li></ul>
Focus group discussions with mothers	<ul style="list-style-type: none"><li>▪ Have been turned away from measles vaccination if only a few children have come to the clinic</li><li>▪ Have traveled long distances to clinic and waited for long time</li><li>▪ Outreach sessions are not reliable and happen in the morning when mothers are busy</li><li>▪ Husband has heard that children do not need vaccination after 6 months of age</li></ul>
Interviews with fathers	<ul style="list-style-type: none"><li>▪ Don’t know the benefits of vaccination to their families and themselves or the vaccination schedule</li><li>▪ Feel that going for repeated vaccination takes the mothers away from their regular duties</li></ul>

## Looking across these findings:

- Health workers and community elders cite vaccine hesitancy and negligence despite high initial use of vaccination services (high DTP1)
- Several health system issues limit mothers' access to measles vaccination
- Convenience and reliability of services is low; costs (direct, indirect) are high
- Male partners not aware of benefits and view vaccination as a distraction from duties
- Mothers lack basic information on when and where to return or how to manage common side effects
- Health workers are extremely busy and stretched with COVID-19 vaccination on top of regular duties

# THE JOURNEY TO HEALTH & IMMUNIZATION



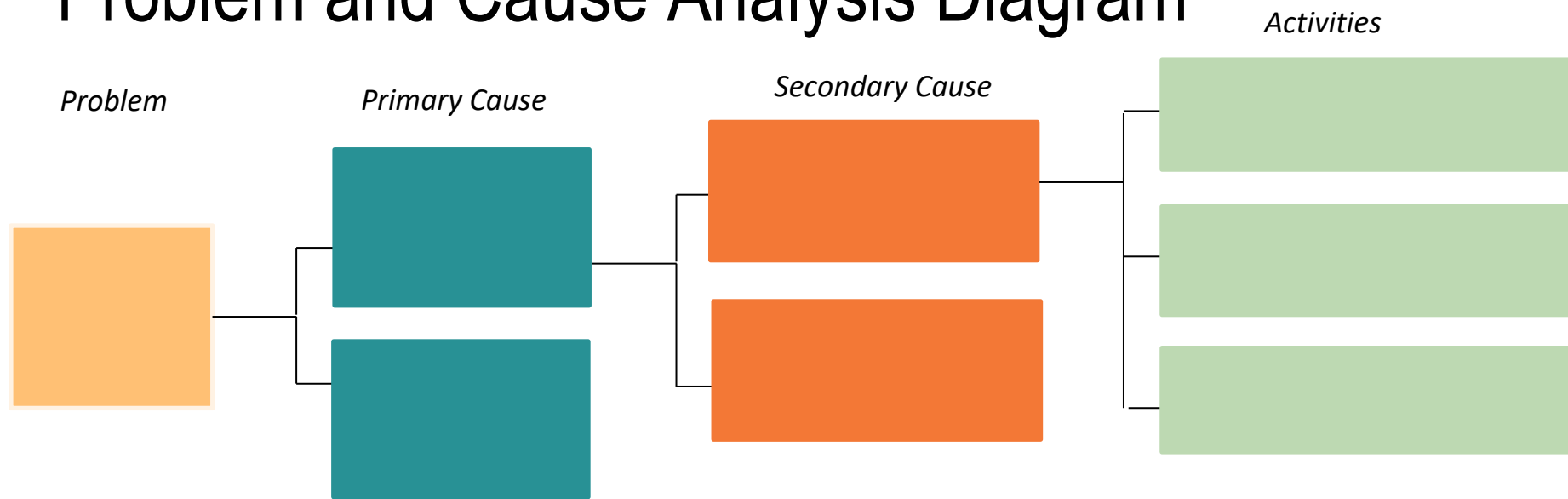
# Interpreting Findings and Drawing Conclusions

## **To effectively interpret findings:**

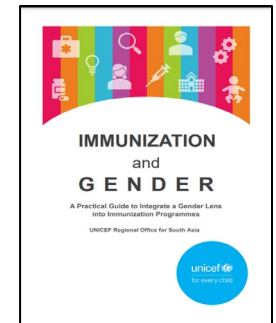
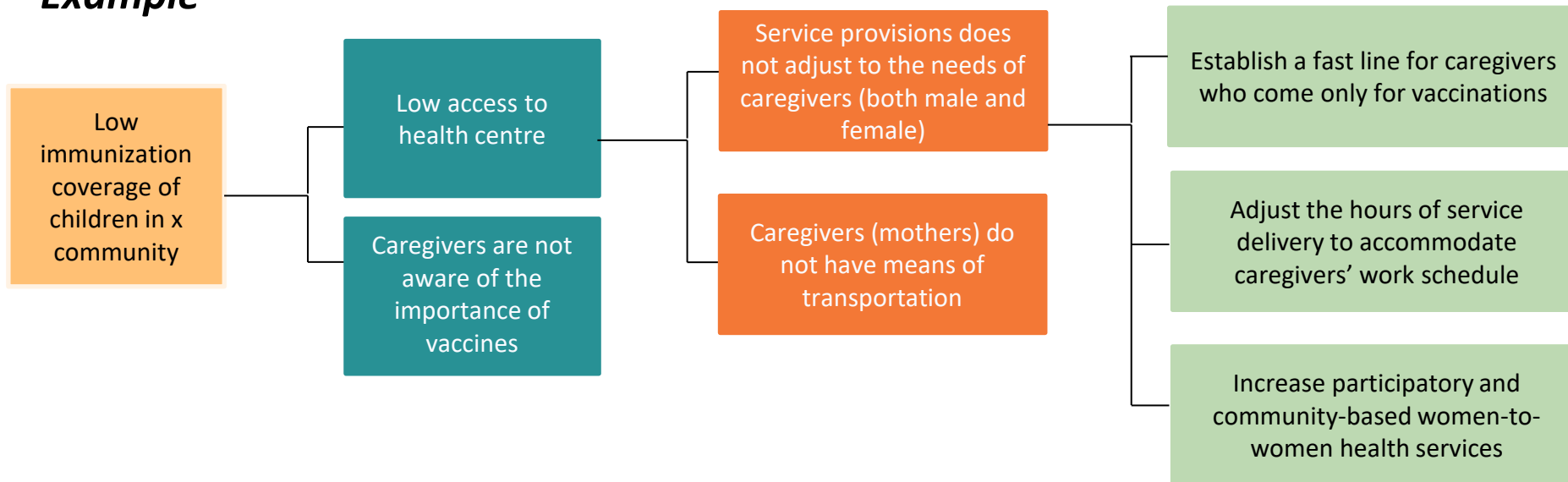
- Consider what is often overlooked
- Ask “WHY?” Ask it 5 times to find the root causes
- Identify priorities in terms of importance and feasibility
- Identify who is in a position to help develop and implement solutions to address the problems

*This is the “connector” from identifying and assessing gender-related barriers to making the case and communicating.*

# Problem and Cause Analysis Diagram



## Example



Source: UNICEF, Regional Office for South Asia:  
 Immunization and Gender: A Practical Guide to Integrate a Gender Lens into Immunization Programmes  
<https://www.unicef.org/rosa/media/12346/file>



# Thank you!

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# Carol Hooks

**Social & Behavior Change Advisor**

**The Manoff Group, Inc.**

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# MOMENTUM Routine Immunization Transformation and Equity

Tailoring communication for different audiences  
Gender and Immunization Course

Carol Hooks, Social and Behavior Change Lead  
June 30, 2022



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# Tailoring Requires Targeting

## Know your audience: a basic tenet of marketing

- **Consider who needs to do what** to overcome the identified obstacles
- **Understand each audience or audience segment** – what's important to them, what drives them, how best to communicate with them (channels, language, wording)
- **Tailor approaches** and messages to effectively move the audience or segment
- **Adapt and adjust** based on feedback (verbal, nonverbal, monitoring)

# Example: Immunization Program Decision-Makers and Stakeholders

- Policy Makers (high-level, national)
- District Medical Officer
- Health Facility Manager
- Community Leader



# Case Study: Extending immunization clinic hours

You want the hours when RI is available to be extended as a way to decrease the time burden, particularly for female caregivers. Different people can play different roles in making this happen. They also might have different motivations for doing so, or even for considering it. **Think about what's important to each of the following stakeholders, and devise a key message that is likely to make them take action to extend vaccination hours.** Hint: Consider how such action could benefit each type of stakeholder what's in it for them?

- High level health official/policy maker
- District Medical Officer
- Community leader

# Case Study: Extending immunization clinic hours

You want the hours when **routine immunization** is available to be extended as a way to decrease the time burden, particularly for female caregivers. Different people can play different roles in making this happen. They also might have different motivations for doing so, or even for considering it.

Think about what's important to each of the following stakeholders, and devise a key message that is likely to make them **TAKE ACTION** to extend vaccination hours. Hint: Consider, in addition to benefiting the caregiver, how such action could benefit each type of stakeholder--- **WHAT'S IN IT FOR THEM?**

- **High level health official/policy maker**
- District Medical Officer
- Community leader

**Write your message for  
a policy maker in the  
chat box now!**

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- **District Medical Officer**
- Community leader

**Write your message for  
a district medical  
officer in the chat box  
now!**



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- High level health official/policy maker
- District Medical Officer
- **Community leader**

**Write your message for  
a district community  
leader in the chat box  
now!**

# Resources

- **Adapting to Audiences and Navigating Power Dynamics**, <https://www.practice-space.org/wp-content/uploads/2020/05/R9-advocacy-guide.pdf>
- **Leaders that Listen Public Speaking Curriculum Advocacy Guide**, <https://www.practice-space.org/wp-content/uploads/2020/05/advocacy-guide-web.pdf>
- **Advanced Audience Segmentation for Social and Behavior Change**, <https://www.thecompassforsbc.org/how-to-guides/advanced-audience-segmentation-social-and-behavior-change>

**Congratulations!**

# Discussion



# Thank you!

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# Wrap Up & Next Steps



- Key Take-aways
- Q&A
- Homework 2



# Key Take-aways

1. In order to effectively access the tools, resources, and support (technical, institutional, financial, community, political, etc.) you need to be able to take action to reduce gender-related barriers you must:
  - Know your audience: who can help you and what is their motivation
  - Find relevant data & information to make your case
2. When reviewing findings from various data and information sources, use critical thinking and always ask WHY things appear as they do; dig deeper to get at root causes
3. Be mindful of the “journey to health and immunization” and consider all of the steps both caregivers and health workers must go through for successful immunization
4. Everyone at every level has a vital role to play in routine immunization and each of them can be an advocate

# Homework Assignment 2

1. Watch short BCL Video (6 min 39 seconds)
  1. Using Sex-Disaggregated and Gender-Related Data for Program Improvement: <https://watch.immunizationacademy.com/en/videos/884>
  2. This video discusses what sex-disaggregated and gender-related data are, why and how to collect this data, and how to use it for program improvement.
2. Go through the [Why Gender Matters Checklists](#)

**Submit your homework assignment via this link by MONDAY, COB, July 4: <https://boost-community.typeform.com/to/GSa6ym4L>**

## *Bonus Activity (optional):*

Thinking about OPPORTUNITIES FOR ACTION and the story/experience you composed about someone encountering the gender-related barrier you prioritized in Homework 1, come up with a 2-minute advocacy pitch on what YOU CAN DO IN YOUR ROLE to help address that gender-related barrier to immunization. As a starting point, think about the immunization journey they are on.



# THANK YOU

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