MOMENTUM Routine Immunization Transformation and Equity

Gender and Immunization: Opportunities for Action

Session **3**
July 7, 2022

USAID
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MOMENTUM
A Global Partnership for Health and Resilience


WELCOME!
Photo: Reuters, HEREWARD HOLLAND

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 Sessions 1&2

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

2. 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.

3. Gender is a systemic **social construct** based on power and gender is **learned** so it can also be unlearned and re-learned differently. The way gender-related barriers affect immunization are connected to the **interplay** between individual, household, community, and system factors.

4. 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.

Key Take-aways for Session 1&2

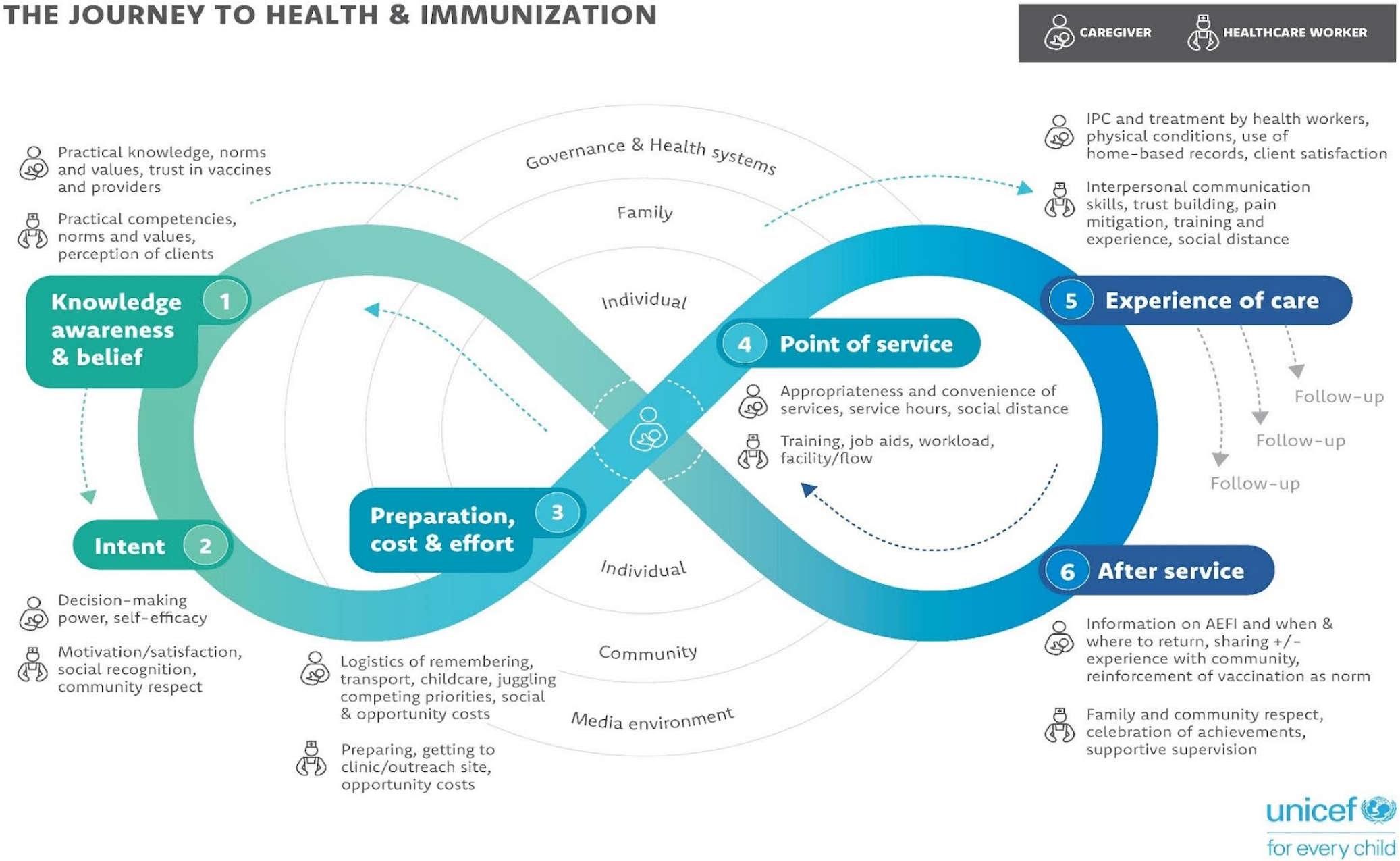
5. In order to “make your case” and access the available resources and support you need to reduce gender-related barriers, you need to **KNOW YOUR AUDIENCE**; know what motivates them.

6. 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.

7. Gender is a systemic **social construct** based on power and gender is **learned** so it can also be unlearned and re-learned differently. The way gender-related barriers affect immunization are connected to the **interplay** between individual, household, community, and system factors.

8. Everyone at every level has a **vital role to play** in routine immunization and each of them can be a powerful advocate.

THE JOURNEY TO HEALTH & IMMUNIZATION



unicef
for every child

Session 3 Agenda

Time (EDT)	Agenda item	Speaker
8:00	Opening/welcome Housekeeping for the course Recap of previous session and Homework 2	Willow Gerber, Senior Technical Advisor for Gender, MOMENTUM Routine Immunization Transformation and Equity Liz Kohlway, Sabin Vaccine Institute
8:10	Overview of Session 3 Today's topic— Designing gender-sensitive interventions and taking action for change Setting the stage – starting with a poll	Willow Gerber
8:15	Getting started in designing interventions to reduce gender barriers to immunization	Rebecca Fields, Technical Lead for Immunization, MOMENTUM Routine Immunization Transformation and Equity
8:30	Human centered design (HCD) intervention on 2nd year of life (2YL) vaccination for 'Kayayei'	Wendy Abbey, Technical Officer, JSI Research & Training Institute
8:45	Breakout Session: (6 groups) Concrete steps for going from ideas to action for implementing interventions	Facilitators: Sakina Kudrati; Rebecca Fields; Sohini Sanyal; Aanu Rotimi; Dr. Ahmad Naveed Nusrat; Willow Gerber
9:05	Report Back from Breakout Groups	Team
9:20	Wrap up, including Q&A and Key Take-aways	Willow Gerber
9:25	Homework Assignment 3	Willow Gerber
9:30	The End – Thank you	

Homework 2 Recap

(After watching the video, “Using Sex-disaggregated and Gender-related Data for Program Improvement”)

Why should you collect gender-related data for immunization?

Why?

- Because it helps us to know the number of males or females vaccinated in a health facility.
- Helps identify gender-related immunization problems and prioritize solutions needed to address them.
- Gender related data helps in throwing light on root causes, even when apparently there aren't any gender related barriers to immunization. Once we know these issues, we can use the data to improve quality and coverage.

Homework 2 Recap

(After watching the video, “Using Sex-disaggregated and Gender-related Data for Program Improvement”)

Do you think gathering stories is a good way to collect data and information? Explain why or why not.

Yes!... mostly

- It is a good way of more deeply understanding barriers in a qualitative way. **It colors the quantitative data.**
- Yes - helps contextualize the challenge, provides **ideas for what other numerical data needs to be gathered** to validate hypothesis.
- Gathering stories helps you to be aware of the challenges faced and gain a perspectives of how the health care system functions/ is functioning but also **you may come across solutions from the stories told.**

Homework 2 Recap

(After watching the video, “Using Sex-disaggregated and Gender-related Data for Program Improvement”)

Do you think gathering stories is a good way to collect data and information? Explain why or why not.

Some No’s

- No; because there were a scientific ways to collect data.
- No; because it may be not accurate or even untrue.
- Stories can help in information and data gathering. Some stories narrate the actual events that have taking place within a specific period. **But, Information received from stories should be verified** through investigation, research etc. before using the data and information gathered for decision making.
- No, data is used to monitor, uncover problems and profer solutions to problems, stories cannot be analyzed in that way. It cannot give quality data.
- We should look for data from government or local health authorities. Stories might help but reliable bulk data is a more objective way of determining gender-based differences.

Homework 2 Recap

Of the 9 listed approaches (from Why Gender Matters) , which one do you feel you have the most experience with or understanding about?

Homework 2 Recap

Looking at the list of examples, which of these have you ever had experience with? How did it go? What was the most rewarding thing about it? What was the hardest thing about it? Was it something you helped to set up? Who was involved?

"Not available at the moment, please provide a link to submit it later"

Is there any documentation about the activity or experience you described in the previous question?

86 out of 86 answered

Documentation is vital

Today's topic: Designing Gender-sensitive Interventions

Get ready for a poll question…

Question: Of the following 5 possible interventions, which one interests you the most and that you think you could effectively manage?

Possible Interventions:

1. Engage women-led CSOs and CHW associations in the design, implementation, and evaluation of immunization programs
2. Expand the range of immunization service delivery sites to reach more remote and hard to reach communities
3. Engage male partners or caregivers to advocate for vaccination
4. Improve the quality and experience of services for mothers and female caregivers at vaccination sites
5. Use appropriate communication channels to reach women with key information about vaccination

Rebecca Fields

Immunization, Technical lead

MOMENTUM Routine Immunization Transformation and Equity

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Getting started in designing interventions to reduce gender barriers to immunization

Rebecca Fields
Technical Lead for Immunization
July 7, 2022

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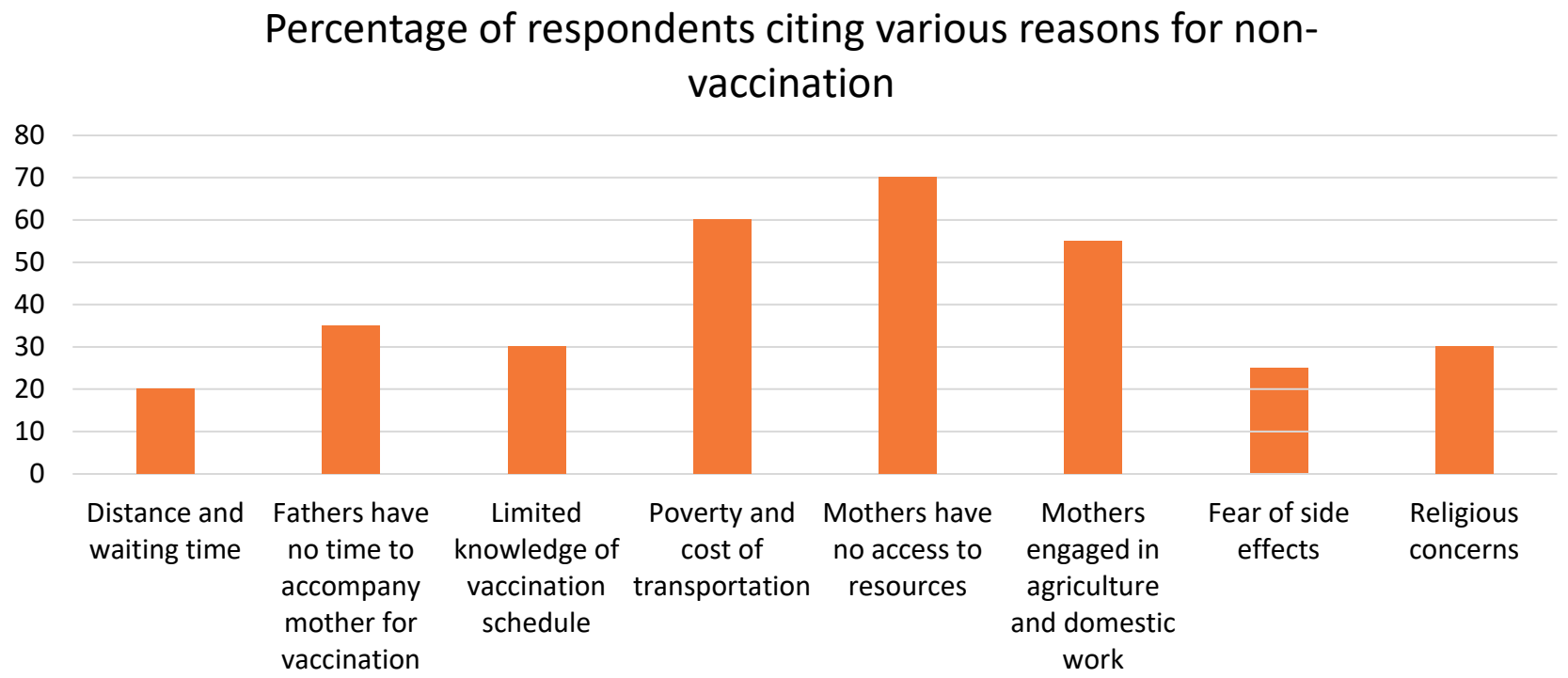
Identifying gender-related barriers to immunization – case study*

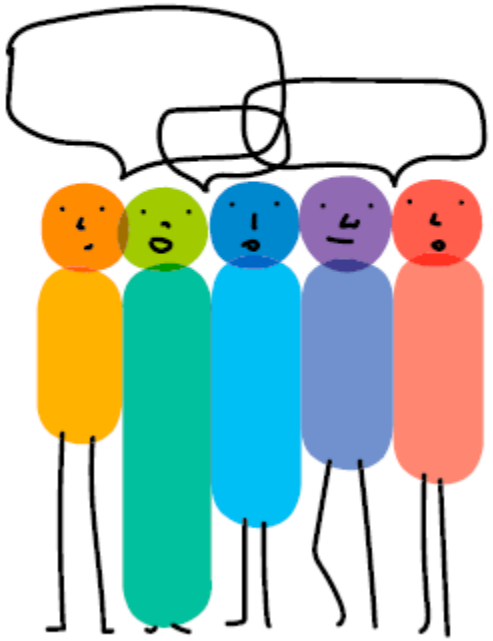
Exercise to reflect on prioritization

Village Zoom is a community with a population of 200,000 people, with a high fertility rate and a child marriage prevalence. Village Zoom has been identified as a Zero Dose community with multiple barriers identified as reasons for non vaccination. In this scenario, which of the various gender barriers would you prioritize?



*Source: Unicef. Zero-Dose Community of Practice webinar on Social Gender Barriers to Immunization, 2 June 2022

5 actions human centred design:



https://www.hcd4health.org/

- Keep people at the center
- Plan & solve with a systems view
- Make research quick, interactive, personal, and action-oriented
- Identify solutions that align with habits and motivations
- Test solutions with users, learn, adjust, test again

Source: Unicef. Zero-Dose Community of Practice webinar on Social Gender Barriers to Immunization, 2 June 2022

HCD: Integrating local perspective to address gender and inequities

Nepal: In the Chepang community of the country, female community health volunteers don't always feel safe traveling alone to conduct their activities in the community.

Local Solutions: Female HWs to be accompanied to visit communities; An unlikely advocate – money lenders – see themselves as protectors of the community and are up for the job of ensuring safe passage for these health workers.

Removing the barrier of illiteracy in Mali: In Mopti, many mothers are illiterate so their main form of reminder for follow-up visits – the vaccination card – is of little use.

Local solution: Developing creative ways to count days between appointments allows other family members, such as grandmothers, to get involved in care-seeking responsibilities.

Sudan: In conservative communities of Sudan, it is inappropriate for women to ask for the children to be vaccinated – their husband must initiate the discussion and grant permission.

Local solution: Engaging men where they gather and incorporating the practice of vaccinations into local traditions can make it more widely accepted.

**Source: Unicef. Zero-Dose Community of Practice webinar on Social Gender Barriers to Immunization, 2 June 2022*

Resources with suggestions for interventions to reduce gender-related barriers to immunization

Gavi programme application guidelines

https://www.gavi.org/sites/default/files/support/Gavi_Programme_Funding_Guidelines.pdf

Gavi programme application guidelines (continued)

Gavi Programme Funding Guidelines

Introduction

1 Defining programme objectives and activities for Gavi support

1.1 Using the list of recommended objectives for Gavi support

1.2 Gavi investments and innovation

1.3 Gavi investments and gender equality

2 Priority investment areas for Gavi support

2.1 Service delivery

2.2 Human resources for health

2.3 Supply chain

2.4 Health information systems and monitoring and learning

2.5 Vaccine-preventable disease surveillance

2.6 Demand generation and community engagement

2.7 Governance, policy, strategic planning and programme management

2.8 Health financing

Glossary

Annex

1.3 Gavi investments and gender equality

Gender-related barriers limit immunisation service demand, use, coverage and impact. Common gender-related barriers that can prevent caregivers from bringing their children for immunisation include:

- the lack of decision-making power;
- inadequate time and funds to access services;
- the lack of information or misinformation; and
- poor treatment by health workers.

Understanding these and other gender-related barriers can help countries to adapt immunisation services so that zero-dose, underimmunised children and missed communities receive the full range of recommended vaccines. Countries are expected to include a strong gender lens in all Gavi-related programming, informed by a gender and equity analysis. This means:

- including a gender lens in as many gender-specific objectives as possible in your ToC; and then
- translating these objectives into gender-related activities under the different investment areas.

For more information on gender programming, please see the UNICEF practical guide to integrating a gender lens into immunisation programmes, the Little Jab Aid for Covid-19 vaccination and the Gavi Alliance Gender Policy.[7]

In this document, examples of Gavi-supported innovative strategies relating to **gender** are marked using this icon.

[7] While this document focuses on COVID-19 vaccination, many of the proposed strategies apply to routine immunisation.

Gavi Programme Funding Guidelines

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2.7 Governance, policy, strategic planning and programme management

2.8 Health financing

Glossary

Annex

2 Priority investment areas for Gavi support

2.1 Service delivery

Service delivery strategies that are sustainable, fit for purpose and context specific are necessary to achieve the vision of leaving no one behind with immunisation. Gavi encourages countries to implement activities under the service delivery area as part of routine immunisation and campaign activities, including catch-up vaccination efforts. Countries are encouraged to prioritise:

- differentiated strategies targeted at population groups currently missed by routine immunisation and adapted to the specific barriers to reaching zero-dose, underimmunised children and missed communities. This includes working with other health programmes and ensuring immunisation is delivered with other primary healthcare services;
- the safety and quality of services to increase the use and uptake of vaccination. This will need a focus on overcoming gender-, inclusion-, and protection-related barriers; and
- a more deliberate approach to engaging a broader set of partners, including CSOs, community-based organisations (CBOs), faith-based organisations (FBOs) and humanitarian partners.

Recommended objectives and activities to improve service delivery

✓ Illustrative encouraged activities (not exhaustive)	✗ Discouraged activities
Objective: Address gender considerations in the planning and implementation of immunisation services	
Engage women-led CSOs and community health worker associations to ensure service delivery design, implementation and monitoring have a strong gender lens	✗ Gender-blind interventions where negative gender norms are reinforced because of the intervention
Conduct gender assessment of health systems, health facilities, household decision-making processes, power dynamics and access to resources to inform service delivery design	✗ Interventions that put healthcare workers or caregivers at risk of sexual harassment or exploitation
Implement interventions to address identified gender-related barriers (e.g. holding clinics at convenient times and locations for mothers, special clinics for young parents and strengthening the engagement of men and fathers)	
Implement safeguarding policies and practices to ensure the safety of users and providers	

Resources with suggestions for interventions to reduce gender-related barriers to immunization

The Little Jab Aid: 5 ideas to increase COVID-19 vaccination for women in Middle East and North Africa

Produced by UNICEF, Common Thread, Busara, Save the Children

https://www.unicef.org/mena/media/15361/file/Little%20Jab%20Aid%20for%20Women.ENG.pdf.pdf

The Little Jab Aid (continued)

Snapshot of interventions

These five interventions are feasible to implement and have high potential to show impact. They are all grounded in behavioural science insights globally and regionally, and have been co-designed with stakeholders in the region. They work best when combined together, or with other interventions. Select the ones that best respond to your needs.

1 Intervention: **Bring vaccines to places and events that women frequent**

2 Intervention: **Promote and provide "women only" vaccination sites and platforms**

3 Intervention: **Engage men as vaccine advocates**

4 Intervention: **Share positive stories from trusted messengers**

5 Intervention: **Highlight the risks of getting COVID-19 and use prosocial messaging**

CONTEXTUALIZING THIS INTERVENTION

The questions below may help you implement this intervention in your location.

1. **Identify the profile of women you want to focus on:**

A: What is the typical profile of women that tend to be most influenced by a male family member? (Check all that apply)

□ urban / □ rural areas
□ old / □ young
□ high / □ middle / □ low income
□ mothers / □ not mothers
□ pregnant / □ not pregnant
□ caring / □ not caring for children or elders
□ employed / □ unemployed / □ self-employed
□ educated / □ not so educated
□ literate / □ not so literate
□ have access to technology / □ don't have good access to technology

B: They are from (region, city, country):
_____

C: Is this area conflict affected? yes / no

D: Are there religious or cultural influences you should take into account for this population of women? If so, what are they?
_____

E: Other profile information to consider
_____

2. **Based on the women you have selected, identify the profile of male influencers to act as advocates for women to get vaccinated:**

A: What type of men are best suited to act as advocates? (Select all that apply):

□ Religious leaders
□ Government officials and politicians
□ Health workers
□ Prominent businessmen
□ Celebrities (musicians, athletes, actors, news pundits etc)
□ Other husbands / fathers / brothers / sons
□ Other:
_____

3. **Reflect on the impact and feasibility of this intervention:**

A: What kind of hassles might you face in asking men to be vaccine advocates?
_____
_____

B: Are there enough vaccines to meet an increased demand among women?
_____
_____

Wendy Abbey

Technical Officer,

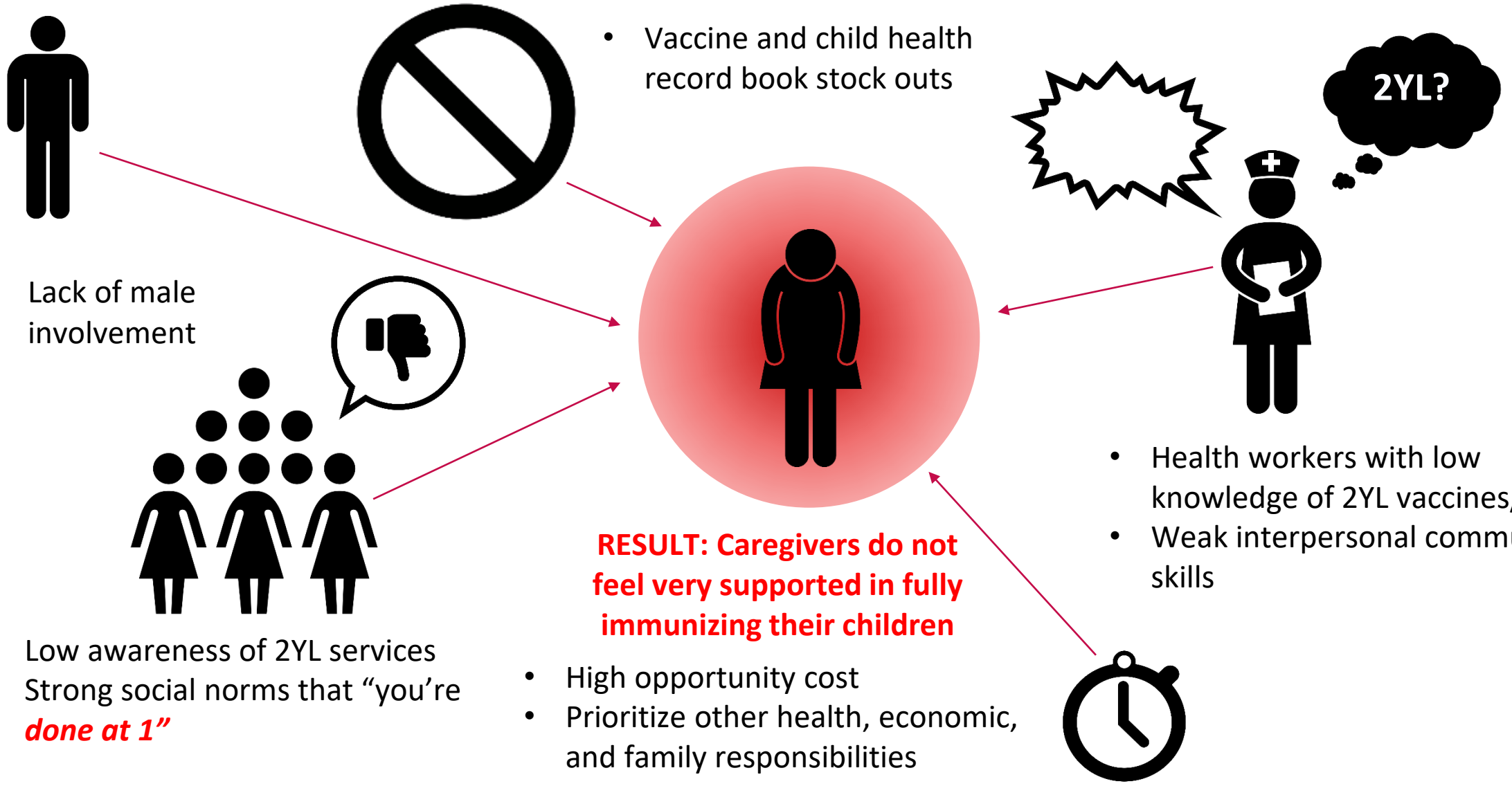
JSI Research & Training Institute

Human Centered Design (HCD) Intervention on Second Year of Life (2YL) Vaccination for '*Kayayei*'

Presented by Wendy Abbey
7th July 2022

CDC slide: CDC had already done qualitative and quantitative 2YL research in Ghana

Barriers, enablers assessment and key learnings



- Vaccine and child health record book stock outs

- Lack of male involvement

- Low awareness of 2YL services
- Strong social norms that "you're ***done at 1"***

RESULT: Caregivers do not feel very supported in fully immunizing their children

- High opportunity cost
- Prioritize other health, economic, and family responsibilities

- Health workers with low knowledge of 2YL vaccines/services
- Weak interpersonal communication skills

Data source: 2016 2YL barriers assessments conducted by Navrongo Institute

2YL HCD demand project, 2019-2020

- Low coverage for 2YL vaccination although Ghana was doing about 80% uptake of RI
- CDC supported a research in 2016 with the Navrongo Research Institute to assess reasons accounting for this as part of a bigger, comprehensive CDC Ghana 2YL project (2016-2020)
- In 2019 with funding from CDC and Unicef, JSI was asked to apply HCD methods to address the issue in 3 urban districts- Accra Metro, Tamale Metro and Ga South
- HCD workshops with caregivers/mothers, health personnel, local influencers and non-health stakeholders (Queens, Assemblymen, Religious leaders, education officials, community volunteers) were conducted
- In Accra Metro the need for underserved *'kayayei'* were highlighted by a Queen (female traditional leader).

Understanding the Population

'*Kayayei*'- female 'head porters'

- Female head porters who cart goods on their heads (6-day work week)
- Migratory population (from Northern parts of Ghana, different language, no decision-making power themselves)
- Low education
- Low income earners
- Stay at the central business capitals (in shops/ stalls at the market centres)
- Cart goods for traders who bring their goods to sell or come to the market to buy and need porters to cart their goods, daytime and sometimes night
- Male leaders and tribal chiefs are resident with the *kayayei* (decision-making power is with the male leaders)

Understanding the Context

- Low health literacy (e.g. about pregnancy and post-natal care)
- Cannot afford health services and/or not motivated to use facilities located in proximity
- Majority of young pregnant women depend on older *kayayei,* who play the role of traditional birth attendants during childbirth
- Have no awareness of second year of life vaccination
- Others are familiar with child immunization and so receptive to health information but are unable to access services at regular facility hours due to the busy nature of their trade (e.g. 6-day work week and at nights sometimes)
- Low social capital overall

Intervention required…

1. Increase engagement of non-health stakeholders (market queens, queens, and other stakeholders) in the community
2. Increase male support for 2YL vaccination
3. **Segmentation of strategies (including extending service delivery points) for *"kayayei"***
4. *More communication on rationale and timing for 2YL visits*
5. Go beyond brief messages to develop talking points and other resources that stakeholders can use

Intervention for '*kayayei*': A co-creation process

Improve demand by AND services for *Kayayei* in three communities in Accra Metro: Old Fadama; Tema Station and Tudu/CMB.

Intervention needed to access the *kayayei* community through their male leaders, reach them where they are, when they are available, and in their language, by people they trust (namely, other *kayayei* oriented as peer educators).

Intervention for '*kayayei*': A co-creation process

Multiple 'community compact' meetings gave rise to:

- ❑Identifying *kayayei* communities and their tribal chiefs/male leaders
- ❑Identifying *kayayei* peer educators (mothers)
- ❑Male leaders and *kayayei* took decision to organize durbars (community meetings) mid-morning on Sunday and health workers pledged to set up mobile 2YL vaccination service delivery points (outside regular work hours) for *kayayei*
- ❑Male leaders arranged for venue for community durbars (meetings)
- ❑Assemblymen and male leaders of *kayayei* communities got permission from city authorities to use venue and arranged for public address systems

Intervention for '*kayayei*': A co-creation process

- Health workers conducted interactive orientations in three local languages for selected kayayei (peer educators) ahead of the durbars, using CDC Talking Points:
  - gave them basic information on 2YL vaccination
  - discussed various means to remove barriers to uptake of 2YL vaccination services

Peer educators staged role plays using their 2YL journey and experience with 2YL vaccination services. Instead of talking at kayayei, they:

- did role plays to mobilize other kayayei
- raised awareness on 2YL vaccination services
- identified children of kayayei needing 2YL vaccination and brought them to the mobile 2YL vaccination point
- later, relayed mothers' experience with service to the health workers

Achievements

- 540+ *kayayei* reached with 2YL information
- 90+ children vaccinated on same day at the mobile 2YL vaccination point, 120+ children weighed
- Relationship established with 49 community and opinion leaders (incl. tribal chiefs; *kayaye*i male leaders; older *kayayei*) for continuous community engagement on 2YL vaccination

Achievements

- Database of 30 *kayayei* peer educators available at district health directorates for continuous engagement with kayayei and male leaders

- Relationship with non-health workers (male leaders of *kayayei* groups) strengthened for:
    - Mobilization for 2YL vaccination activities
    - Identifying children of *kayayei* and other vulnerable populations needing vaccination, referring them to peer educators

- Existence of 2YL peer education module available for improving demand generation activities for 2YL vaccination in the future

TESTMONY A

"I see the women [kayayei] from the Tudu community after the interactive orientations. When they see me, they sing the song we taught them in their local language. You hear them sing 'Zamu, Zamu [Weighing] which was the song we taught them about visiting the child welfare clinics. Indicating that the awareness on 2YL vaccination went well".

-Health Promotion Officer-April 23, 2020.

TESTIMONY B

"In the future, the (Health) Directorate will wish to implement such activities with a different audience in the community. Such as caregivers who have busy schedules including working mothers; policewomen in other sub-metro;s-Adabraka market (market women); *'classic communities*' such as Divine (Osu), Sahara (Adabraka) and Abuja."

- Health Promotion Officer, April 23 2020

TESTIMONY C

"We now have the right information on 2YL immunization. The mothers know that they need to take their children for weighing to protect them against polio, measles and for them also to receive Vitamin A. In addition, we have this information to share with other mothers in the community. Moreover, we now feel we have the "right" to share such information because we have been trained and are recognized as peer educators for 2YL vaccination in our community"

-*Kayayei* Peer Educator- April 20, 2020

Thank You

Breakout Session

Six (6) groups each with a facilitator

Group 1: Sakina Kudrati

Group 2: Rebecca Fields

Group 3: Sohini Sanyal

Group 4: Aanu Rotimi

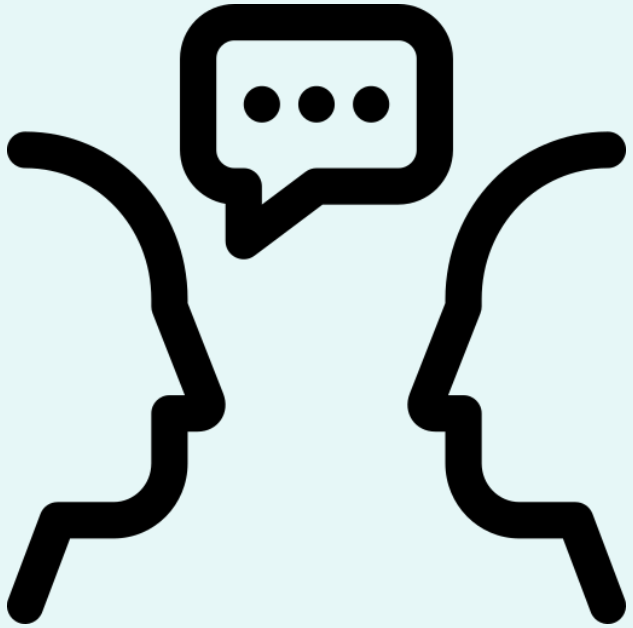
Group 5: Dr. Ahmad Naveed Nusrat

Group 6: Willow Gerber

20 minutes
1 Intervention
5 Questions

Report Out

- 2 minutes/group
- 3 minutes Q&A



Wrap Up & Next Steps

- Key Take-aways
- Q&A
- Homework 3

Key Take-aways for Session 3

What is at least ONE TAKE-AWAY you have found during this 3rd session on ***Designing gender sensitive interventions and taking action for change?***

Please write your answer(s) in the chat box.

Homework Assignment 3

Please view (one) of the following 4 videos. Make your selection based on whichever topic is most related to your priorities for action. All video are less than 8 minutes long.

1. **Coaching Health Workers to Create a Welcoming Environment:** https://watch.immunizationacademy.com/en/videos/886
2. **Reaching All Audiences with Immunization Messages:** https://watch.immunizationacademy.com/en/videos/879
3. **Encouraging Fathers' Participation in Immunization:** https://watch.immunizationacademy.com/en/videos/878
4. **Reaching Women with the COVID-19 Vaccine:** https://watch.immunizationacademy.com/en/videos/883

Written Assignment: Based on the gender barrier you prioritized in your first homework assignment, describe how you would start to put an intervention into practice. (If you want to change your priority from what you had originally chosen, that is fine.) Then, please provide:

1. The gender-related barrier that you plan to address)
2. The types of information you would need to make the case for addressing the barrier
3. One proposed solution for addressing it
4. Who you would plan to work with to move it forward

Homework link: https://boost-community.typeform.com/to/o8ufc9Em

THANK YOU

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