

MOMENTUM Routine Immunization Transformation and Equity

Gender and Immunization:
Opportunities for Action

Session 1
June 23, 2022



USAID
FROM THE AMERICAN PEOPLE





WELCOME!

MOMENTUM Routine Immunization Transformation and Equity Project

MOMENTUM Routine Immunization Transformation and Equity envisions a world in which all people eligible for immunization, from infancy throughout the lifecycle, and particularly underserved, marginalized, and vulnerable populations, are regularly reached with high-quality vaccination services and use them to protect their children and themselves against vaccine-preventable diseases.

Project Director: Grace Chee

Award Period: July 2020 through July 2025

Countries where we work:

- DRC
- Bosnia and Herzegovina
- Ethiopia
- Ghana
- Haiti
- India
- Kenya
- Kyrgyzstan
- Mali
- Moldova
- Niger
- Nigeria
- North Macedonia
- Madagascar
- Mozambique
- Serbia
- South Sudan
- Vietnam





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



Session 1 Agenda

Time (EDT)	Agenda item	Speaker
8:00	Opening/welcome	Grace Chee & Rebecca Fields, MOMENTUM Routine Immunization Transformation and Equity
8:10	Housekeeping for the course	Liz Kohlway, Sabin Vaccine Institute
8:15	Course Overview	Willow Gerber, MOMENTUM Routine Immunization Transformation and Equity
8:20	Unpacking what is meant by gender-related barriers in immunization	Willow Gerber
8:30	Gavi's commitment to gender and equity in immunization programming	Jean Munro, Gavi
8:45	Global Support for Gender and Immunization	Rebecca Fields
8:55	Recognizing gender-related barriers to routine immunization	Willow Gerber
9:15	Exercise: Examples and corresponding categories	Willow Gerber & Sakina Kudrati
9:25	Wrap up and next steps	Willow Gerber





Key Terms

Gender is a Learned Construct

SEX vs GENDER: Sex is biological. Gender is social.

Sex is typically assigned at birth and refers to the **biological characteristics** that define people as female, male or intersex (based on sex chromosomes, hormones, internal reproductive organs, and external genitalia.)

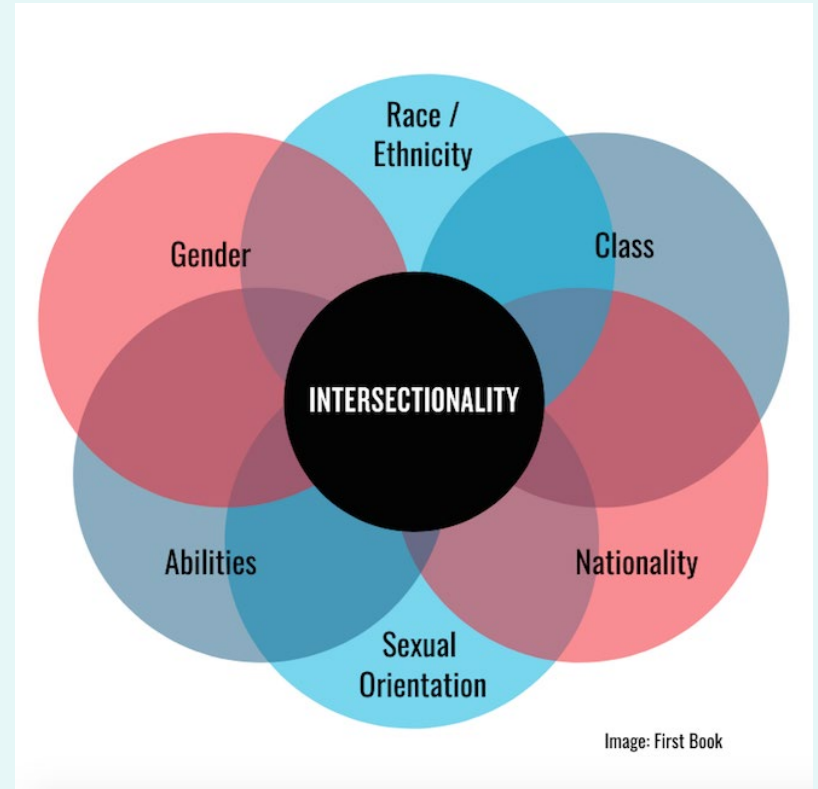
Gender refers to the **socially constructed roles, norms, behaviors that a given society/culture considers appropriate** for individuals based on the sex they were assigned at birth. Gender also shapes the relationships between and within groups of women and men.

Gender norms refer to beliefs about women, men, boys and girls through socialization. Gender norms change over time and in different context. Gender norms lead to inequality if they reinforce mistreatment of one group or sex over the other or lead to differences in power and opportunities.

Key Terms

Gender Intersects with Other Identities

- Intersectionality: how one's SOCIAL POSITION is influenced by interlocking forms of advantage and oppression, including inequalities based on class, race, ethnicity, ability, and gender, among others. (Heise et al., 2019) Gender intersects with other dimensions of inequity to further disadvantage certain groups. Gender intersects with age, race, ethnicity, class, socioeconomic status, disability, sexual orientation and gender identity, geographical location to shape social inequalities. (WHO, 2021)
 - Multiple identities intersect to create a whole that is different from the component identities. (UNICEF, 2020)



Speakers



Jean Munro

Sr. Manager, Gender
GAVI, The Vaccine
Alliance



Rebecca Fields

Immunization
Technical Lead,
MOMENTUM Routine
Immunization
Transformation and
Equity



Jean Munro

**Senior Manager, Gender
Gavi, the Vaccine Alliance**

Gavi's commitment to gender equity in immunisation programming

Jean Munro,
Senior Manager, Gender
Gavi – the Vaccine Alliance
April 27, 2022



Strong Commitment to Gender Equity in Gavi 5.0

Vision		Gavi The Vaccine Alliance		Leaving no-one behind with immunisation		SUSTAINABLE DEVELOPMENT GOALS	
Mission 2025	To save lives and protect people's health by increasing coverage and equitable use of vaccines	Mission indicators	<ul style="list-style-type: none"> Child mortality reduction Lives saved Future DALYs averted 	tbd tbd tbd	<ul style="list-style-type: none"> People (male & female) vaccinated with Gavi support across the life course People vaccinated with Gavi support against outbreak-prone diseases Economic benefits unlocked 	tbd tbd tbd	
Principles	<ul style="list-style-type: none"> Missed communities, first priority: Prioritise children missing out on vaccination including among migrants, displaced and other vulnerable populations Gender focused: Apply a gender lens to removing barriers for immunisation Country-led, sustainable: Bolster country leadership to sustainably deliver and finance immunisation Community owned: Ensure community trust and confidence in vaccines by engaging communities in planning, implementation and oversight of immunisation Differentiated: Target and tailor support to national and subnational needs including fragile contexts 		<ul style="list-style-type: none"> Integrated: Strengthen immunisation as a foundation for integrated primary health care to reach unserved communities in support of universal health coverage Adaptive, resilient: Help countries leverage immunisation to address the challenges of climate change, Global Health Security, antimicrobial resistance and other major global issues Innovative: Identify and leverage innovative products, practices and services to reach everyone with immunisation Collaborative, accountable: Collaborate across stakeholders to achieve the SDGs in a transparent, coordinated and accountable manner 				
Goals	1 INTRODUCE AND SCALE UP VACCINES	2 STRENGTHEN HEALTH SYSTEMS TO INCREASE EQUITY IN IMMUNISATION	3 IMPROVE SUSTAINABILITY OF IMMUNISATION PROGRAMMES	4 ENSURE HEALTHY MARKETS FOR VACCINES AND RELATED PRODUCTS			
Objectives	<ul style="list-style-type: none"> A Strengthen countries' prioritisation of vaccines appropriate to their context B Support countries to introduce and scale up coverage of vaccines for prevention of endemic and epidemic diseases C Enhance outbreak response through availability and strategic allocation of vaccine stockpiles 	<ul style="list-style-type: none"> A Help countries extend immunisation services to regularly reach under-immunised and zero-dose children as a platform for stronger primary health care B Support countries to ensure immunisation services are well-managed, sustainable, harness innovation and meet the needs of all care givers C Work with countries and communities to build resilient demand, and to leverage gender to address immunisation barriers 	<ul style="list-style-type: none"> A Strengthen national and subnational political and social commitment to immunisation B Promote prioritisation of domestic public resources for immunisation and primary health care to improve allocative efficiency C Prepare and engage self-financing countries to maintain or increase performance 	<ul style="list-style-type: none"> A Ensure sustainable, healthy market dynamics for vaccines and immunisation-related products at affordable prices B Incentivise innovation for the development of suitable vaccines C Scale up innovative immunisation-related products 			
Enablers	<ul style="list-style-type: none"> Secure long-term predictable funding for Gavi programmes Ensure global political commitment for immunisation, prevention and primary health care 	<ul style="list-style-type: none"> Use evidence, evaluations and improved data for policies, programmes and accountability Leverage the private sector, including through innovative finance mechanisms and partnerships 					

Gender-focus is critical to reach underimmunised and zero-dose children, individuals and communities

'Gender-focused' has been elevated to a principle

Gender is mainstreamed into broader equity goal to 'Strengthen health systems to increase equity in immunisation'

Goal of Gavi's Gender Policy

Identify and overcome gender-related barriers to reach zero-dose and underimmunised children, individuals and communities with the full range of vaccines. This encompasses:

- Focusing primarily on identifying and addressing underlying **gender-related barriers faced** specifically by:

Caregivers



Health workers



Adolescents



- Encouraging and advocating for **women's and girls' full and equal participation** in decision-making related to health programmes and wellbeing.
- In the specific pockets where they exist, overcoming differences in immunisation **coverage between girls and boys**.

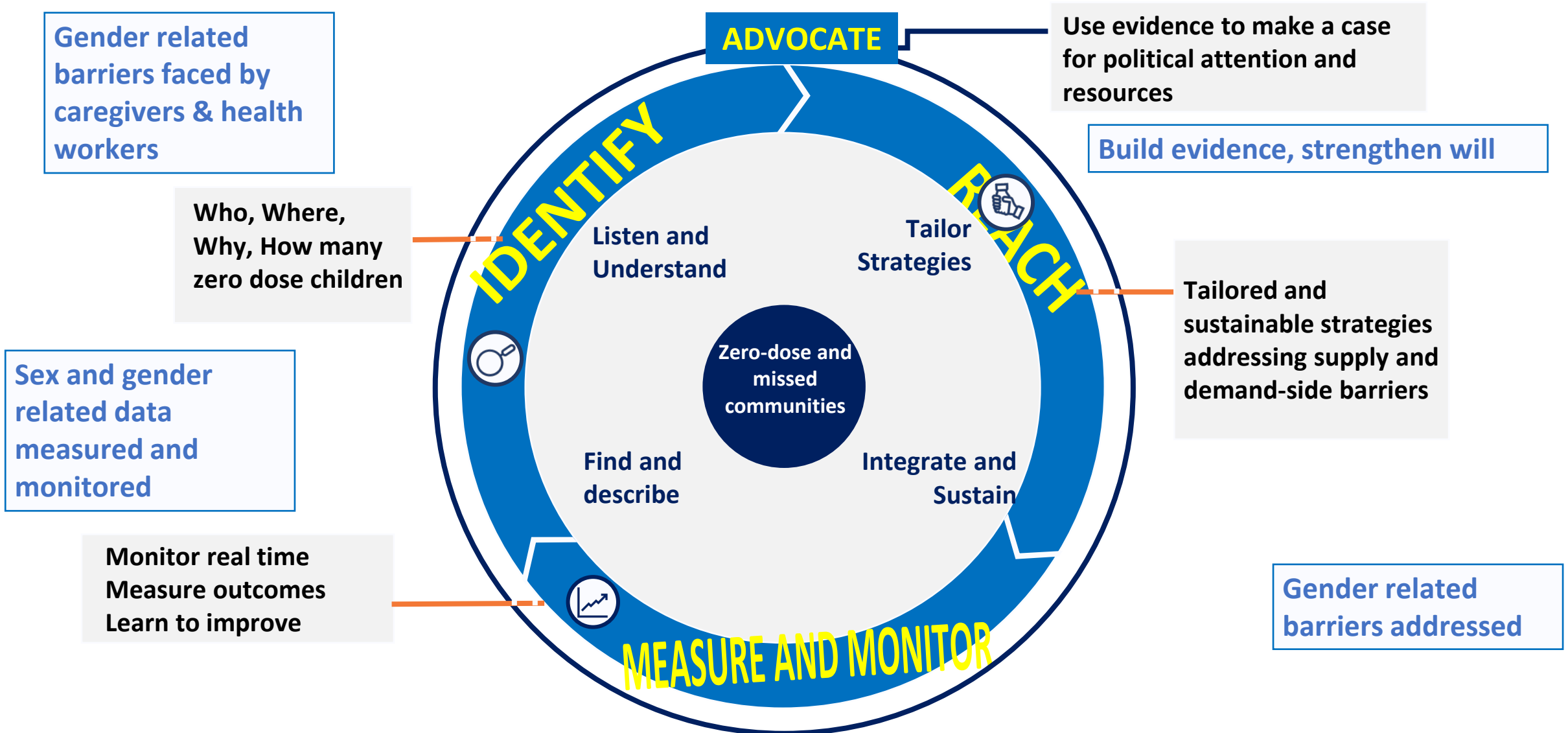
Approaches to integrate gender lens in Gavi Programming

- A Enhancing capacity, understanding, and skills
- B Coordination across the Alliance
- C Refining approach and guidance
- D Setting expectations for gender integration in applications, monitoring, reporting
- E Testing and sharing

- Informal - Learning sessions, webinars, sharing stories
- Formal – **GenderPro – Immunisation Track**, short and long course; **Immunisation Academy & Immunisation Watch**
- Alliance Gender Equality and Immunisation **Coordination** Group
- Guidance for an **inclusive Full Portfolio Planning Process**, including use of **Human Centred Design**
- **Zero dose strategy** integrates gender specific considerations
- **Programme Funding Guidance** includes gender specific interventions in all areas
- **Guiding questions on integrating gender** is throughout the Gavi grant applications – Situation analysis, theory of change, workplan, MEL plan, budget
- Gender marker used in budget
- Funds available for building evidence and understanding on **gender responsive and transformative approaches**

IRMMA framework

using a gender lens in the implementation of the Zero Dose Strategy



Zero-dose children - a powerful marker of inequity

Gender dimensions often overlooked in reaching missed communities



Urban poor

- **Women with low social and economic status**
- **Difficult working environment for health workers**



Remote communities & nomadic groups

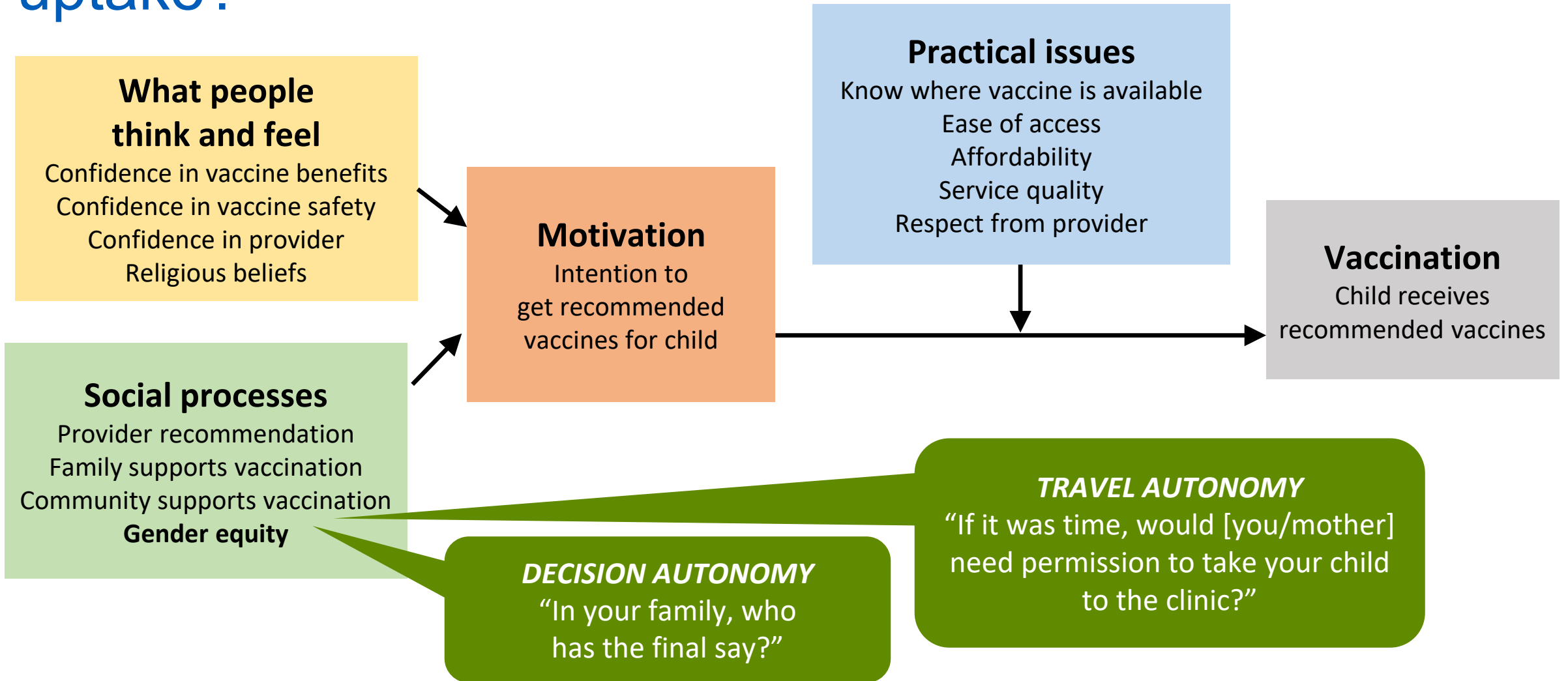
- **Limited decision making power in household**



Populations in conflict settings

- **High levels of violence – restricting movement and access**

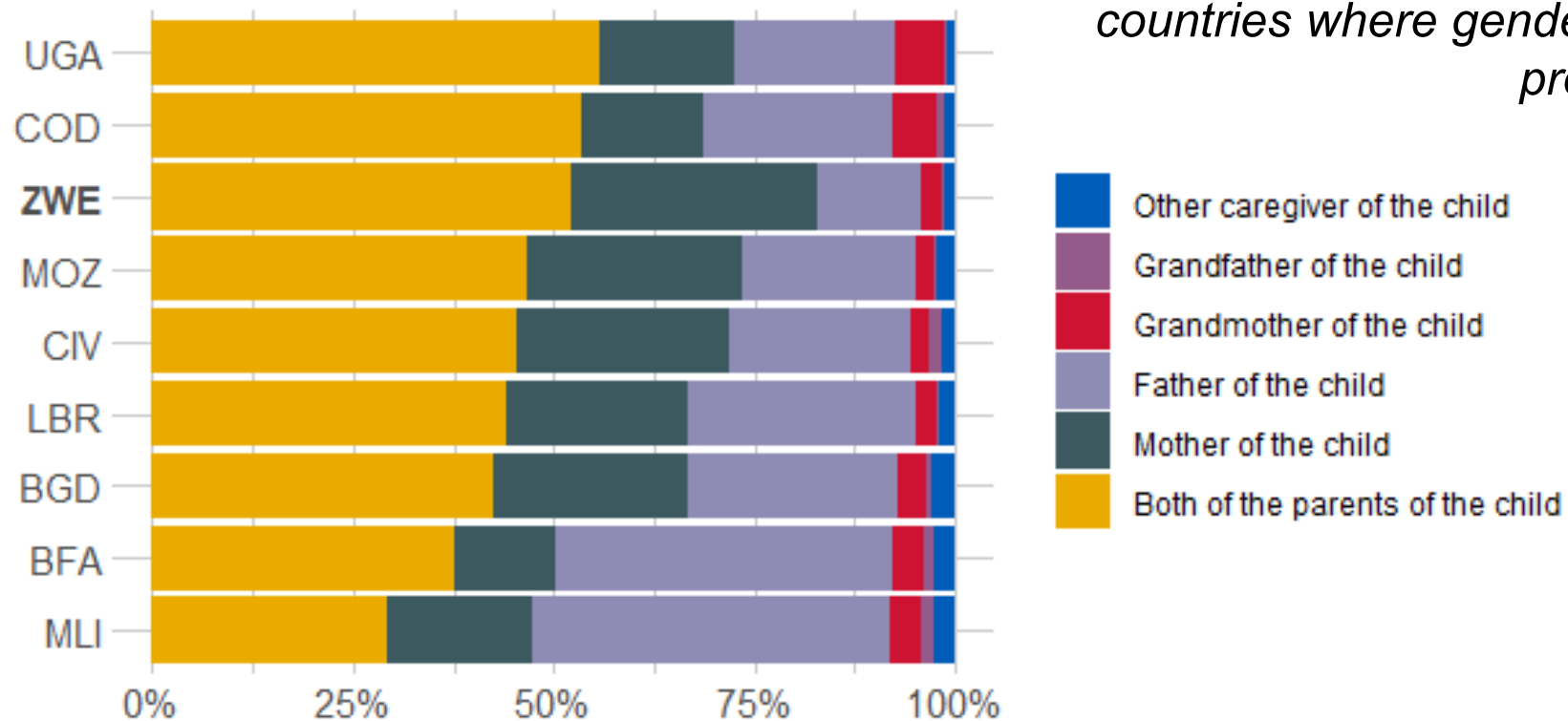
The Behaviour and Social Driver framework: what drives uptake?



Social processes / Gender - In your family, who has the final say about vaccinating this child?

With better population representativeness, cross country comparison using standardized validated questions could help to identify and prioritise countries where gender-related barriers are more prevalent.

Cross-country, last response



Source: Premise demand survey, data through March 2021.

Learning from promising gender responsive interventions

Zambia/Mozambique/Togo/Afghanistan)

Approaches to promote involvement of fathers in immunization

DRC Gender analysis completed; Community-based immunisation champions – scale up to new districts

Rwanda Improving access for teen mothers & young women – gov continuing the work

Kyrgyzstan Engage religious leaders on HPV vaccination issues, concerns, and get their support to reduce withdrawals from HPV vaccination for religious reasons

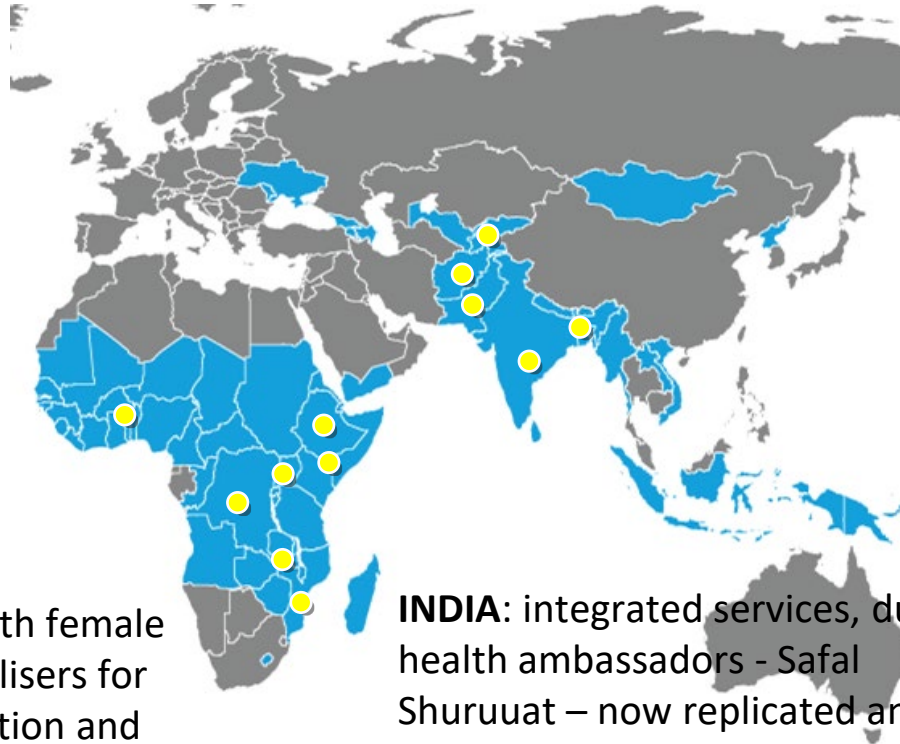
Bangladesh Immunization services made available outside of normal clinic hours to accommodate working parents

AFGHANISTAN: Leveraging female mobilisers in the polio Immunization Communication Network

PAKISTAN: training on immunisation and health for young women and empowers them to advocate with communities for immunisation Kiran Sitara

Somalia Work with female community mobilisers for campaign promotion and sensitisation

INDIA: integrated services, duo health ambassadors - Safal Shuruuat – now replicated and scaled to Indonesia



Thank you





Rebecca Fields

Immunization, Technical lead

MOMENTUM Routine Immunization Transformation and Equity

MOMENTUM Routine Immunization Transformation and Equity

Not going it alone: Global Support for Gender and Immunization

Rebecca Fields

Technical Lead for Immunization,
MOMENTUM Routine Immunization Transformation and Equity

June 23, 2022



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Growing support within the immunization community to recognize and address gender-related barriers to immunization

- Gavi
- WHO
- Unicef
- Global Polio Eradication Initiative
- Bilateral partners (including USAID)
- Zero-Dose Community of Practice
(<https://www.zero-dose.org/>)



Technical Resources to Support and Integrate Gender-sensitive Programming in Immunization

- **WHO** webpage on Immunization and Gender: <https://www.who.int/teams/immunization-vaccines-and-biologicals/gender>
- **Gavi** gender policy and revised application materials: <https://www.gavi.org/our-alliance/strategy/gender-and-immunisation>
- **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>
 - Forthcoming: *Gender, Immunization, and Equity: A Learning and Solutions Tool*
- **Global Polio Eradication Initiative**
 - Training and sensitization materials on gender and polio eradication
- **Zero-Dose Community of Practice**
 - Webinars on gender-related social and structural barriers to immunization
- **Immunization Academy Watch** - Learning videos that incorporate gender into standard elements of immunization program management
- **Multi-agency** tools and materials (WHO, Unicef, Gavi, IA2030)

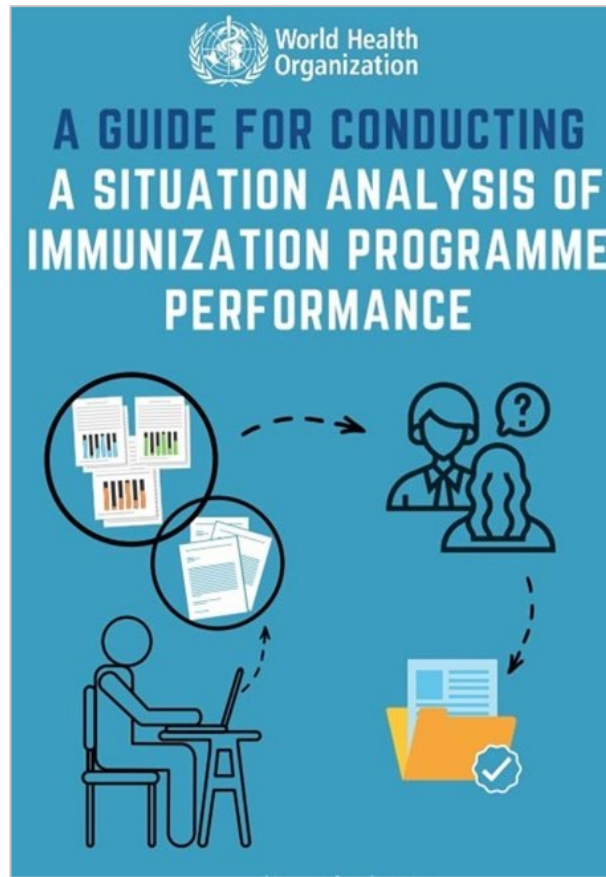
Integrating Gender Into Immunization Planning and Programming



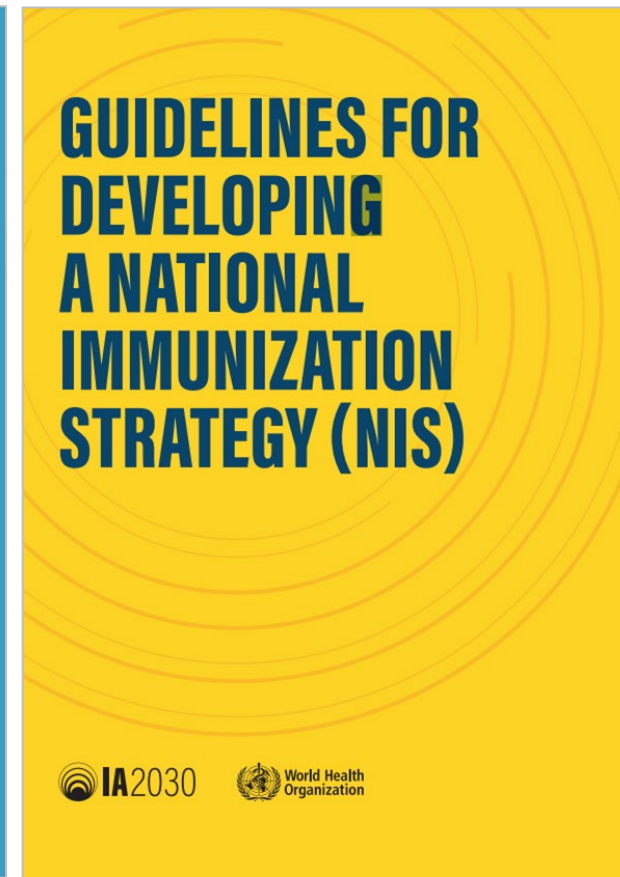
<https://apps.who.int/iris/handle/10665/354459>



<https://www.who.int/publications/i/item/9789240033948>



<https://www.who.int/publications/m/item/guide-and-workbook-for-conducting-a-situation-analysis-of-immunization-programme-performance>



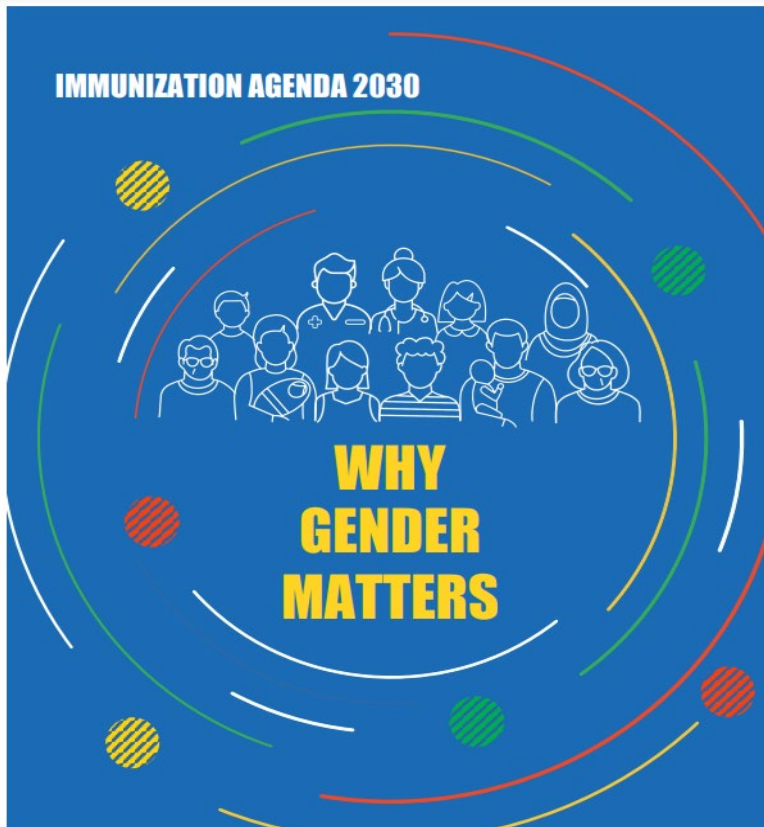
<https://www.who.int/teams/immunization-vaccines-and-biologicals/vaccine-access/planning-and-financing/nis>



Addressing Gender inequity in Immunization is Integrated Throughout the National Immunization Strategy (NIS) Guidance

 1. Preparation	<ul style="list-style-type: none">• Ensure equal representation of women and men on planning team• Inclusion of gender and health expert on NIS team• Ensure consultations or deliberations are mindful of gender and other power dynamics to ensure equal participation, and opportunity to influence, by all actors, including women’s organizations, and that all voices and perspectives are gathered/considered.• Ensure gender dept in MoH, Ministry of Gender, gender and health CSOs included in stakeholder mapping
 2. Situation analysis	<ul style="list-style-type: none">• Includes a gender analysis to identify gender related barriers in immunization supply and demand
 3. Strategy development	<ul style="list-style-type: none">• Integrate removal of gender-related barriers as core of strategy• Identify gender equity polices that can optimize long term impact
 4. M&E Framework	<ul style="list-style-type: none">• Establish clear gender related benchmarks and sex-disaggregated indicators of success• Disaggregate key performance indicators by sex (when possible) to better assess gender-related barriers
 5. Resource estimates	<ul style="list-style-type: none">• Estimate for stand-alone gender related interventions and gender integrated approaches.
 6. Budget dialogue	<ul style="list-style-type: none">• Consolidated budget for the NIS based on negotiations with government and external health partners, including Ministry of Gender and women and health organisation
 7. Approval and endorsement	<ul style="list-style-type: none">• Final version of NIS document with budget estimates is endorsed by the relevant country stakeholders, including women and health organisations

Why Gender Matters: IA2030

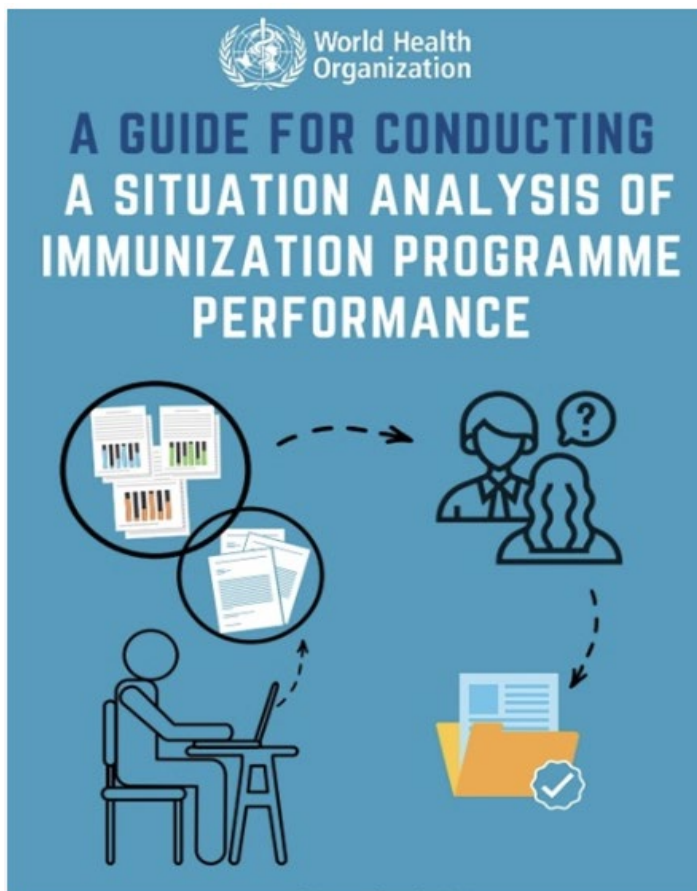


- Aims to improve awareness and understanding of how gender-related barriers can affect immunization programme performance
- Provides practical “how to” concepts, tools and methods, and actions that can be used to effectively integrate a gender perspective into immunization programmes
- Includes metrics to identify gender-related barriers to immunization
- Links to other resources and tools for gender-responsive programming



Available in English and French:

<https://www.who.int/publications/i/item/9789240033948>



- Explicitly asking countries to consider gender-related barriers to immunization during the situation analysis of their programme
 - Conducted either during EPI Review or NIS development
- Updated guidance to be available **Q3 2022**.
- Current guidance available on the following [link](#)

STEP 3: Determining barriers and collecting evidence

Category 4: Service delivery ◀ Back Next ▶

1. To find information about the potential barriers in this category start by reviewing the suggested sources documented in Step 1. To make the navigation through the documents easier, use the suggested search words (open the document, use Ctrl+F and type the word). The likelihood of finding information in the source is indicated on a scale from 1-3, where 1 is most likely. N/A indicates that the source is not available in your country based on the answers you have provided in Step 1.

2. Record the date when this table was completed.

3. Collect and document the evidence for each of the lines of enquiry in order to determine whether a barrier is present. When information is not available, a suggestion can be made on how to collect information in the future.

4. Click on the ⓘ symbol next to each line of enquiry to see an explanation of how a barrier could potentially affect immunization coverage and equity.

5. The guiding questions provide an overview of the different aspects that need to be considered when determining if there is a barrier. They should be used to guide the thinking, and not as a quantitative checklist.

1 Information sources
Suggested keywords for search in document: coverage, barrier, distance, travel, access, ethnic, religious, outreach, migrant, transient, conflict, rural, urban, underserved

Service delivery	Comprehensive multi-year plan (cMYP)	EPI review	Coverage in DHS/MICS	Effective Vaccine Management (EVM)	Missed Opportunities for Vaccination (MOV) assessments
	N/A	N/A	N/A	N/A	N/A

2 Date when the table was completed

3 Lines of enquiry

3.4.1. HR & strategies: Long distances and travel time lead to poor access to health facilities	Did you identify relevant information?	Is there a reason to believe there is a barrier? (Select from the drop-down Yes/No)	Which findings suggest there is/isn't a barrier?	Source (Document name, page, etc.)	Potential data limitations	Any other comment (e.g. does the barrier disproportionately affect certain populations?)
Guiding questions • Are there long distances or difficult terrain that affect access to health services?	YES					
3.4.2. HR & strategies: Marginalized populations (ethnic/religious groups, orphans, single mothers) requiring more outreach efforts/resources	Did you identify relevant information?	Is there a reason to believe there is a barrier? (Select from the drop-down Yes/No)	Which findings suggest there is/isn't a barrier?	Source (Document name, page, etc.)	Potential data limitations	Any other comment (e.g. does the barrier disproportionately affect certain populations?)
Guiding questions • Are some populations underserved (e.g. ethnic minorities, marginalized persons, working caregivers)? • Is there an inadequate number of outreach sessions planned or held?	YES					
3.4.3. HR & strategies: Lack of consideration for gender-based needs	Did you identify relevant information?	Is there a reason to believe there is a barrier? (Select from the drop-down Yes/No)	Which findings suggest there is/isn't a barrier?	Source (Document name, page, etc.)	Potential data limitations	Any other comment (e.g. does the barrier disproportionately affect certain populations?)
Guiding questions • Is there lack of training for health workers to be empathetic to the needs and experiences of women, men and youth, and those who may be stigmatized and marginalized? • Is there lack of safeguarding mechanisms against sexual harassment and gender based violence for immunization service providers and clients?	YES					

SCROLL DOWN

3.4.3. HR & strategies: Lack of consideration for gender-based needs

Guiding questions

- Is there lack of training for health workers to be empathetic to the needs and experiences of women, men and youth, and those who may be stigmatized and marginalized?
- Is there lack of safeguarding mechanisms against sexual harassment and gender based violence for immunization service providers and clients?

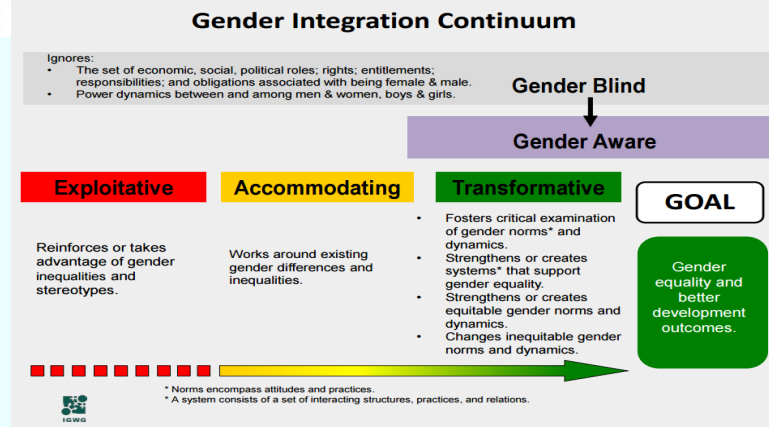
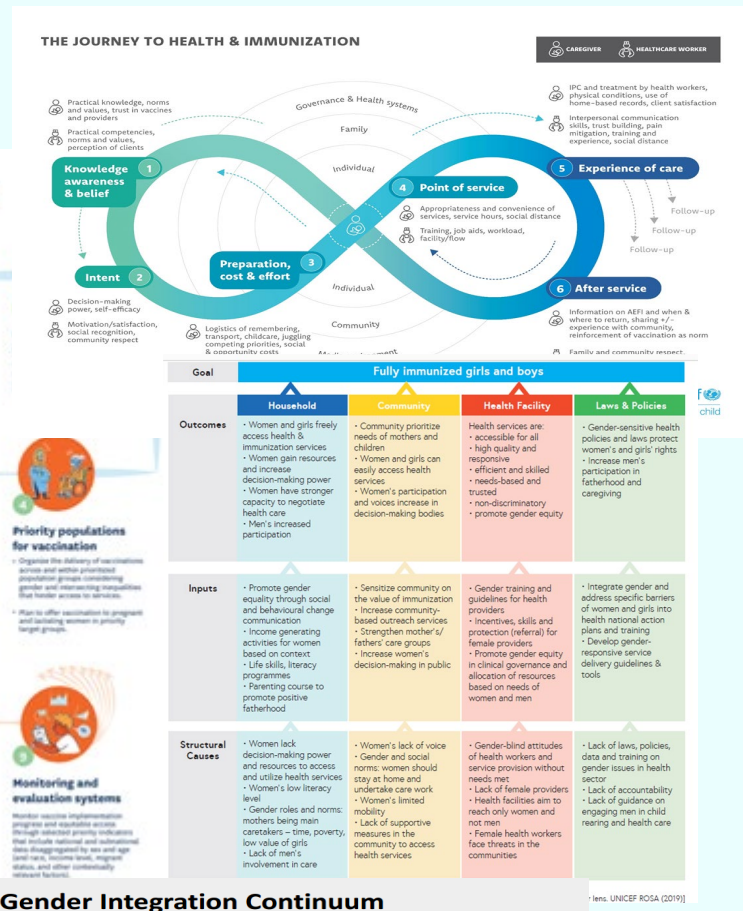


During this course we will introduce opportunities to become familiar with these tools and how to use them.

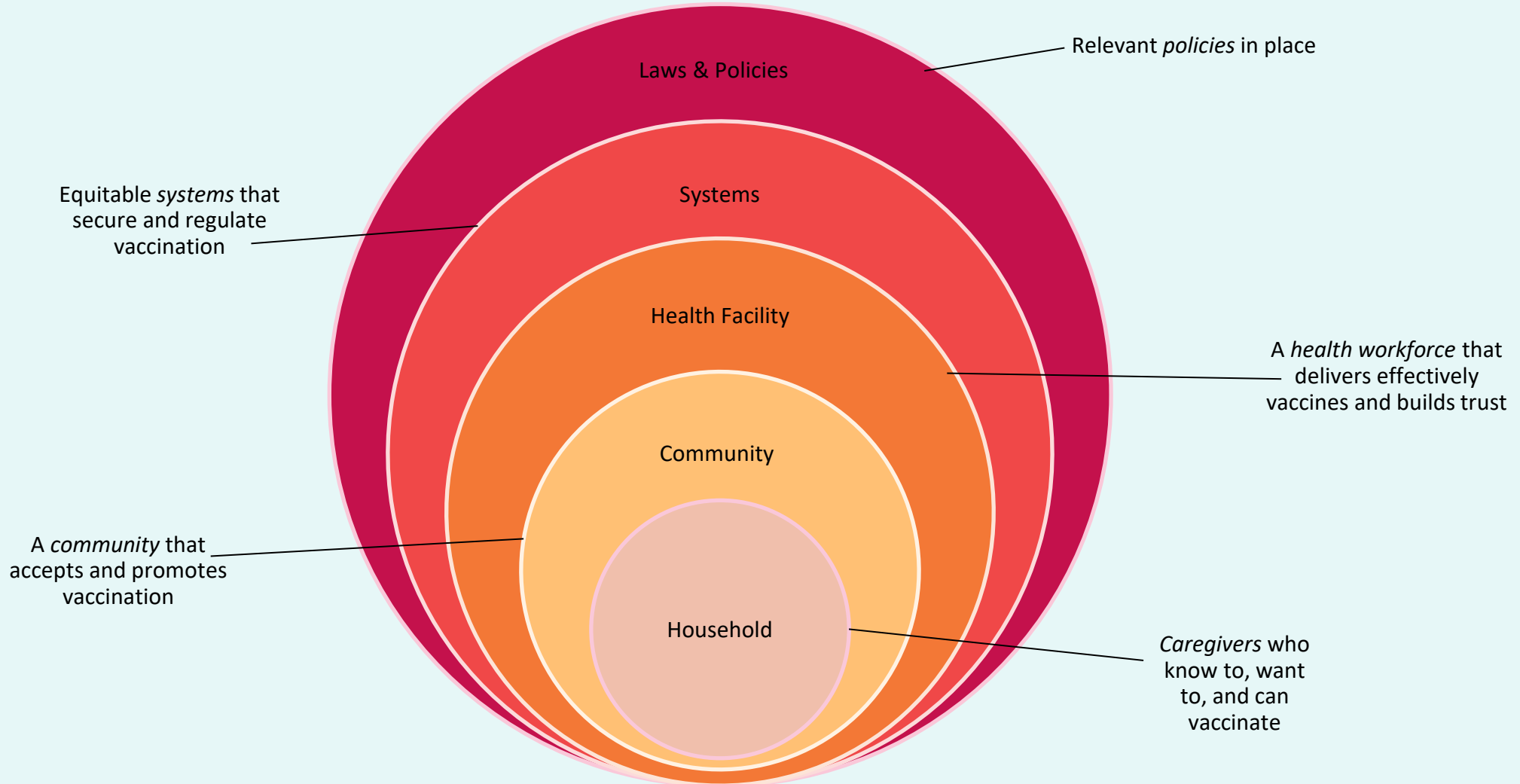
Thank you!

Frameworks on Gender-related Barriers to Routine Immunization

*Also relevant for COVID-19 vaccination



What's Needed to Address Gender Barriers?





Gender Dimensions

Relevant Gender Domains

- Laws, policies, regulations, and institutional practices
- Cultural norms and beliefs
- Gender roles, responsibilities, and TIME use
- Access to and control over assets and resources
- Patterns of power and decision-making

Gender Integration Continuum

Ignores:

- The set of economic, social, political roles; rights; entitlements; responsibilities; and obligations associated with being female & male.
- Power dynamics between and among men & women, boys & girls.

Gender Blind



Gender Aware

Exploitative

Reinforces or takes advantage of gender inequalities and stereotypes.

Accommodating

Works around existing gender differences and inequalities.

Transformative

- Fosters critical examination of gender norms* and dynamics.
- Strengthens or creates systems* that support gender equality.
- Strengthens or creates equitable gender norms and dynamics.
- Changes inequitable gender norms and dynamics.

GOAL

Gender equality and better development outcomes.



* Norms encompass attitudes and practices.

* A system consists of a set of interacting structures, practices, and relations.

Gender Dimensions

Examples of Common Immunization Challenges

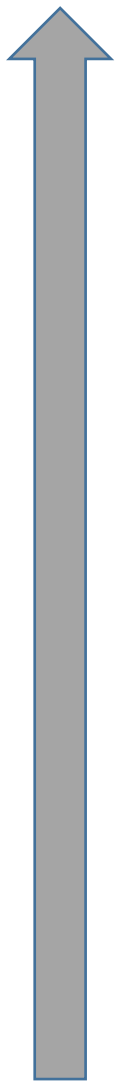
- **Vaccine stock-outs:** female caregiver must return for extra visits, incurring increased expenses and time away from other duties to get child fully vaccinated
- **Stock outs of vaccination cards:** female caregiver lacks information to share with male partner about when to return for vaccination and how many times



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Framework of Gender Barriers and Approaches to Achieve IA 2030 Goals




Goal: Fully Immunized Girls and Boys				
	Household	Community	Health Facility	Laws & Policies
Outcomes	<ul style="list-style-type: none"> • Women and girls freely access health & immunization services • Women gain resources and increase decision-making power • Women have stronger capacity to negotiate health care • Men's increased participation 	<ul style="list-style-type: none"> • Community prioritize needs of mothers and children • Women and girls can easily access health services • Women's participation and voices increase in decision-making bodies 	Health services are: <ul style="list-style-type: none"> • accessible for all • high quality and responsive • efficient and skilled • needs-based and trusted • non-discriminatory • promote gender equity 	<ul style="list-style-type: none"> • Gender-sensitive health policies and laws protect women's and girls' rights • Increase men's participation in fatherhood and caregiving
Inputs	<ul style="list-style-type: none"> • Promote gender equality through social and behavioural change communication • Income generating activities for women based on context • Life skills, literacy programmes • Parenting course to promote positive fatherhood 	<ul style="list-style-type: none"> • Sensitize community on the value of immunization • Increase community based outreach services • Strengthen mother's/ fathers' care groups • Increase women's decision-making in public 	<ul style="list-style-type: none"> • Gender training and guidelines for health providers • Incentives, skills and protection (referral) for female providers • Promote gender equity in clinical governance and allocation of resources based on needs of women and men 	<ul style="list-style-type: none"> • Integrate gender and address specific barriers of women and girls into health national action plans and training • Develop gender responsive service delivery guidelines & tools
Structural Causes	<ul style="list-style-type: none"> • Women lack decision-making power and resources to access and utilize health services • Women's low literacy level • Gender roles and norms: mothers being main caretakers – time, poverty, low value of girls • Lack of men's involvement in care 	<ul style="list-style-type: none"> • Women's lack of voice • Gender and social norms: women should stay at home and undertake care work • Women's limited mobility • Lack of supportive measures in the community to access health services 	<ul style="list-style-type: none"> • Gender-blind attitudes of health workers and service provision without needs met • Lack of female providers • Health facilities aim to reach only women and not men • Female health workers face threats in the communities 	<ul style="list-style-type: none"> • Lack of laws, policies, data and training on gender issues in health sector • Lack of accountability • Lack of guidance on engaging men in child rearing and health care



Why Gender Matters: Key Gender Barrier Types

- 1 Poor quality services and negative health provider attitudes
- 2 Low education level and health literacy
- 3 Limited autonomy in decision-making and household dynamics
- 4 Lack of access and control over resources and mobility
- 5 High prevalence of gender-based violence (GBV) and harmful practices such as son preference, child marriage, levirate marriage

What Kind of Gender-related Barriers in Immunization Have You Observed?



Share your thoughts in the chatbox!

Common Gender-Related Barriers to Vaccination



- Caregivers (almost always female) may **lack info and awareness** on benefits of vaccination.
- **Division of labour in household** may detract from fathers' involvement with childcare duties, including vaccination.
- **Low socio-economic status** of caregivers or lack of women's access to household funds may limit means to afford indirect costs of vaccination.
- **Religious practices or cultural values** may prevent female caregivers from seeking immunization services from male health workers.
- **Travelling long distances** to health clinics may deter women, particularly young mothers, from bringing children for immunization due to safety and mobility issues.
- **Long wait times** at clinics and immunization sites only open during working hours may conflict with caregivers working in income-generating activities.
- **Negative attitudes** of some health service providers may discourage caregivers from return visits to complete immunization schedule.

A close-up photograph of a woman in a yellow top receiving a vaccine injection in her upper arm. A healthcare worker wearing white gloves is administering the shot. In the background, another woman in a white headscarf and a colorful patterned top looks on. The setting appears to be a community health center with a thatched roof.

Let's consider some scenarios... Get ready to vote!

Scenario 1 – Use Zoom Poll



Father does not want his infant child to return for further immunizations because after their first shot, they had a fever and cried a lot.



Which Gender-related Barriers Apply to this Challenging Scenario?

1. Poor quality services and negative health provider attitudes
2. Low education level and health literacy
3. Limited autonomy in decision-making and household dynamics
4. Lack of access and control over resources and mobility
5. High prevalence of gender-based violence (GBV) and harmful practices such as son preference, child marriage, levirate marriage

Scenario 2 – Use Zoom Poll



During a house-to-house immunization campaign, a female vaccinator arrives at a home but the mother does not have the permission to vaccinate her child.

Which Gender-related Barriers Apply to this Challenging Scenario?

1. Poor quality services and negative health provider attitudes
2. Low education level and health literacy
3. Limited autonomy in decision-making and household dynamics
4. Lack of access and control over resources and mobility
5. High prevalence of gender-based violence (GBV) and harmful practices such as son preference, child marriage, levirate marriage



UNICEF/UN0605104/Paul

Poll Question 3



In the poll, select the 3 barriers that are most relevant to your context/work



Which Gender-related Barriers Apply to this Challenging Scenario?

1. Poor quality services and negative health provider attitudes
2. Low education level and health literacy
3. Limited autonomy in decision-making and household dynamics
4. Lack of access and control over resources and mobility
5. High prevalence of gender-based violence (GBV) and harmful practices such as son preference, child marriage, levirate marriage

Poll Question 4



Add any “others” in the chat box



Which Gender-related Barriers Apply to this Challenging Scenario?

1. Poor quality services and negative health provider attitudes
2. Low education level and health literacy
3. Limited autonomy in decision-making and household dynamics
4. Lack of access and control over resources and mobility
5. High prevalence of gender-based violence (GBV) and harmful practices such as son preference, child marriage, levirate marriage

Wrap Up & Next Steps



- Key Take-aways
- Q&A
- Homework 1

Key Take-aways

1. Gender-related barriers and gender inequality can prevent people 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.
2. There's now a significant focus on gender in immunization programs and there are many tools and resources available to support this focus.
3. Attention to gender-related issues in immunization programmes goes beyond focusing on coverage discrepancies between girls and boys
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.



Homework Assignment 1

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?

- **Watch short BCL video (5 min:45) #8: Understanding Gender-Related Barriers to Immunization:** <https://watch.immunizationacademy.com/en/videos/885>
- **Identify three (3) gender-related barriers that affect utilization of routine immunization or COVID-19 vaccination in your own work and prioritize one of them to focus on throughout the course. With the barrier you have identified, compose a story/experience of a person encountering this gender-related barrier. (3 to 5 sentences).**
- **Submit your homework assignment** via this link by MONDAY, COB, June 27: <https://boost-community.typeform.com/to/DANBfNRE>.

THANK YOU

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