

MOMENTUM Routine Immunization Transformation and Equity

Gender and Immunization:
Opportunities for Action

Session 4
July 14, 2022



USAID
FROM THE AMERICAN PEOPLE





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**

Session 4 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—Assessing Progress and Learning Together	Willow Gerber
8:15	How will you know you're making progress---Assessing Progress and Learning Together	Rebecca Fields, Technical Lead for Immunization, MOMENTUM Routine Immunization Transformation and Equity
8:30	Speaker Presentation: Let's Talk About Vaccines Study! Identifying drivers and solutions to under-two immunization in Mozambique	Gaspar Comé, VillageReach, Mozambique
8:45	Speaker Video Presentation: Analysis of Gender and Social Determinants of Health in Urban Poor Communities	Dr. Khawaja Attab Ahmed, UNICEF/Pakistan
9:00	Documenting and Sharing Learning	Willow Gerber & Team
9:15	Wrap up, including Q&A and Key Take-aways	Willow Gerber
9:25	Thank You & Till We Meet Again	Team
9:30	The End	



Homework 3 Recap

For this exercise, prioritize one gender barrier to address

Before proceeding to the homework questions, please select **one** of the following videos to watch:

84 out of 84 answered

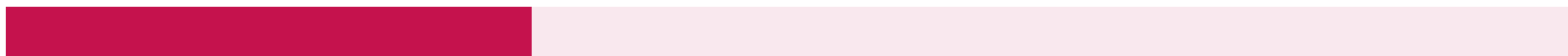
Encouraging Fathers' Participation in Immunization

29 resp. **34.5%**



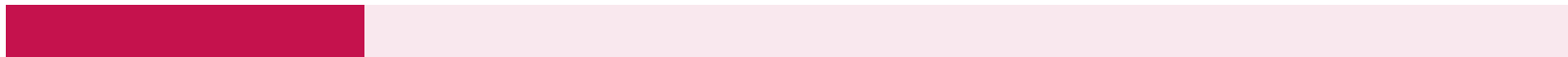
Coaching Health Workers to Create a Welcoming Environment

28 resp. **33.3%**



Reaching All Audiences with Immunization Messages

19 resp. **22.6%**



Reaching Women with the COVID-19 Vaccine

8 resp. **9.5%**





Homework 3 Recap

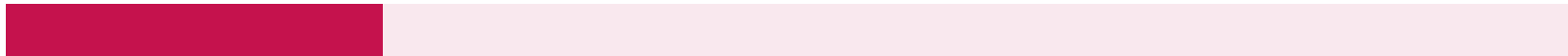
For this exercise, prioritize one gender barrier to address

84 out of 84 answered

Poor Quality Services and Negative Health Provider Attitudes 32 resp. **38.1%**



Low Education Level and Health Literacy 20 resp. **23.8%**



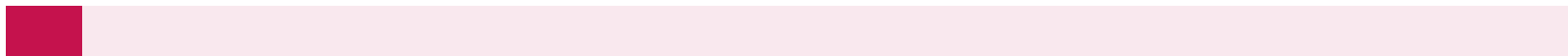
Limited Autonomy in Decision-making and Household Dynamics 19 resp. **22.6%**



Lack of Access and Control over Resources and Mobility 9 resp. **10.7%**



High Prevalence of Gender-based Violence (GBV) and Harmful Practices 4 resp. **4.8%**



Homework 3 Recap

What is one proposed solution you have to address your chosen gender-related barrier?

Health Workers



- Training of health workers on interpersonal communication to build trust and empathy in vaccination
- Improve the first contact/ interaction process of the patient with the health care provider and deal with complaints as soon as they arise
- 1-training of health providers regarding remaining positive and polite in every situation, 2-limiting the number of clients per session so that quality services can be given to each client visiting the HF
- Coaching, mentoring, supportive supervision

Homework 3 Recap

Type of actors to help address the identified gender barriers

Poor quality services & negative health provider attitudes



- Involve all the service providers particularly the senior ones
- Facility manager, District/County health officer, health workers
- Relevant stakeholders representative such as donors, national and county government representative, professional bodies representing health care providers and health administration
- Both the caregivers and HCWs. *Although it seems that the gap maybe in HCWs behaviours, but sometimes, caregivers also make repeated mistakes like not carrying the beneficiaries card of previous vaccine information, or not looking at messages or communication sent for due dates. It is important to tell the caregivers too to take care of a few small things so that the HCW doesn't feel burdened.*

Homework 3 Recap

What types of information would you need to make the case to address your chosen gender barrier?

Poor quality services
& negative health
provider attitudes



- The public/village **opinion on the service they are provided**. What is the history of the service that has been provided to the area up to this point. What are the cultural norms of the village/ public? How do health care workers view the public they work for? Are the services being provided adequate for the health issues of the area? There would need to be a review of if the identified issues can be handled by the current staff and also **is the staffing adequate for the population size**. Another area to get information on is the current way the system/ process transitions the patients from one area to another adequate/ efficient/ streamlined for ease of access etc.
- 1. Gender distribution of health care workers
 2. Attitudes of health care workers
 3. Health care workers work load
 4. Health care workers skills and training
 5. Motivation of health care workers

MOMENTUM Routine Immunization Transformation and Equity

Assessing Progress to Reduce Gender-Related Barriers to Immunization

Rebecca Fields

Technical Lead for Immunization

July 14, 2022

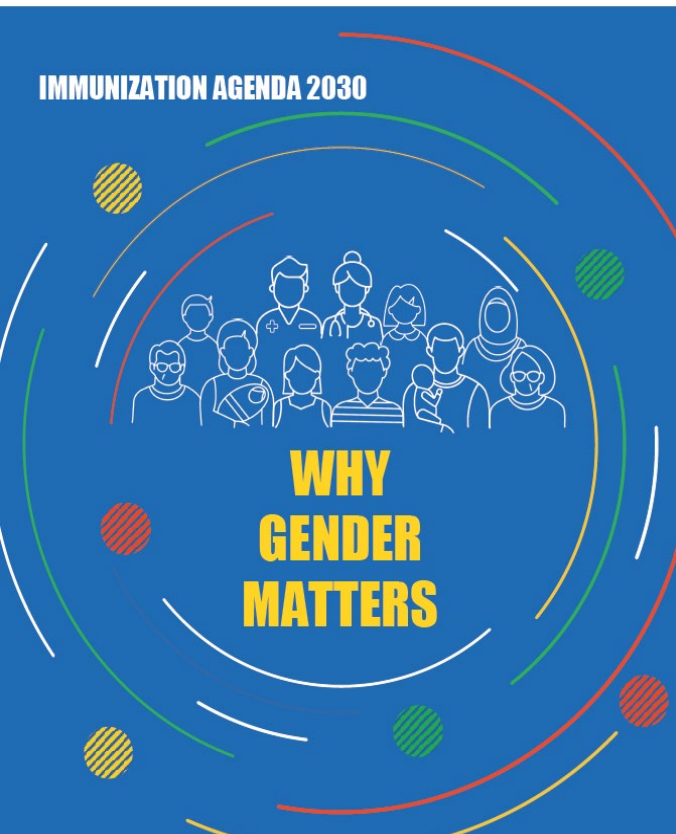


USAID
FROM THE AMERICAN PEOPLE



“Why Gender Matters”

Annex 3: Metrics to identify gender-related barriers to immunization

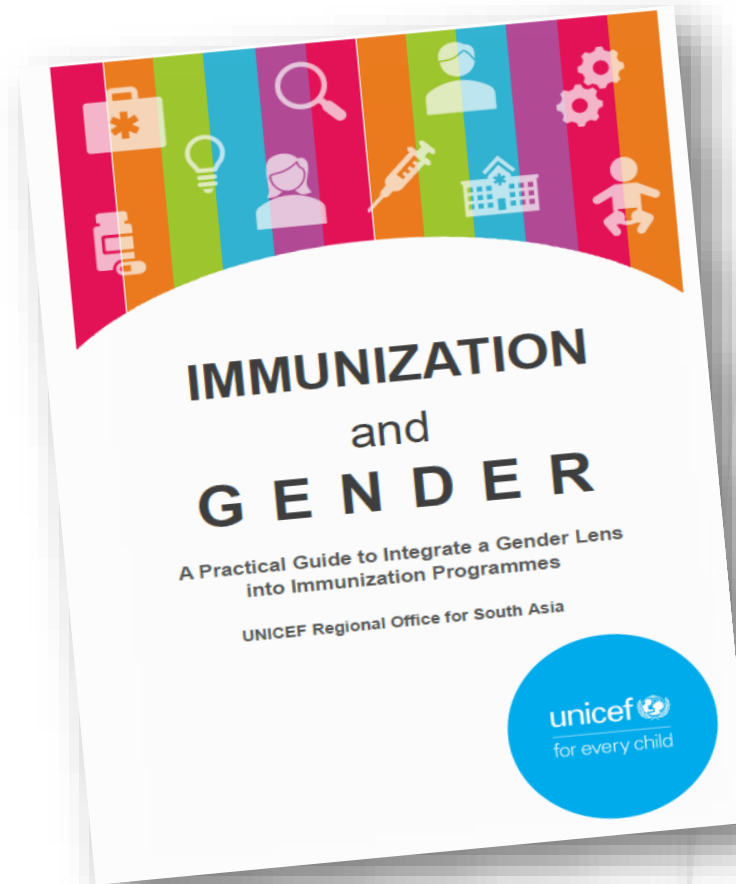


Proposed indicators on multiple topics

- **To what extent are mothers empowered to decide on health-related matters** within the family?
- To what extent do **women’s multiple roles** in the family and geographic or other access barriers **influence their ability to obtain health care for themselves and their children?** To what extent does the **health knowledge and literacy of women** impact their understanding of and motivation for vaccination and capacity to negotiate the health system?
- To what extent does the **quality of service** (including HW attitudes, hours of service, availability of female providers) discourage women from attending health facilities or accessing care?
- **What role does the community play** in providing a supportive environment for demand for and utilization of immunization services?

Most of these indicators have household surveys (DHS) or health facility surveys as their source. Some propose the use of programmatic data that programs can choose to collect

More examples of indicators



ANNEX 3: Examples of Gender Sensitive Indicators

Once the gender analysis has been undertaken and the gender gaps that the immunization programme seeks to address have been identified, changes need to be monitored and evaluated. Below are some example indicators to incorporate into the programme monitoring framework to ensure effects of interventions on gender equality are clearly defined and measured. Please note that all indicators should be disaggregated by sex and age.

■ Immunization coverage

- Percentage of boys and girls aged 12-23 months receiving third dose of DTP (DHS)
- Percentage of boys and girls aged 12-23 months fully immunized by mother's education (DHS)
- Percentage of girls aged 9-14 years vaccinated with HPV vaccine (Administrative data)

■ Vaccinators

- Number of female and male vaccinators per 100,000 population (Administrative data)
- Number of female vaccinators per union council (Administrative data)

■ Women's empowerment

- Control over women's/men's earning (DHS)
- Women's and men's ownership of assets (DHS)
- Women's participation in decision making (DHS)
- Attitude toward wife beating (DHS)
- Percentage of female staff in decision-making position in provincial health department (Administration data)
- Gender Development Index (GDI) (UNDP)
- Gender Empowerment Measure (GEM) (UNDP)
- Social Institutions and Gender Index (SIGI) (OECD)
- Global Gender Gap Index (World Economic Forum)

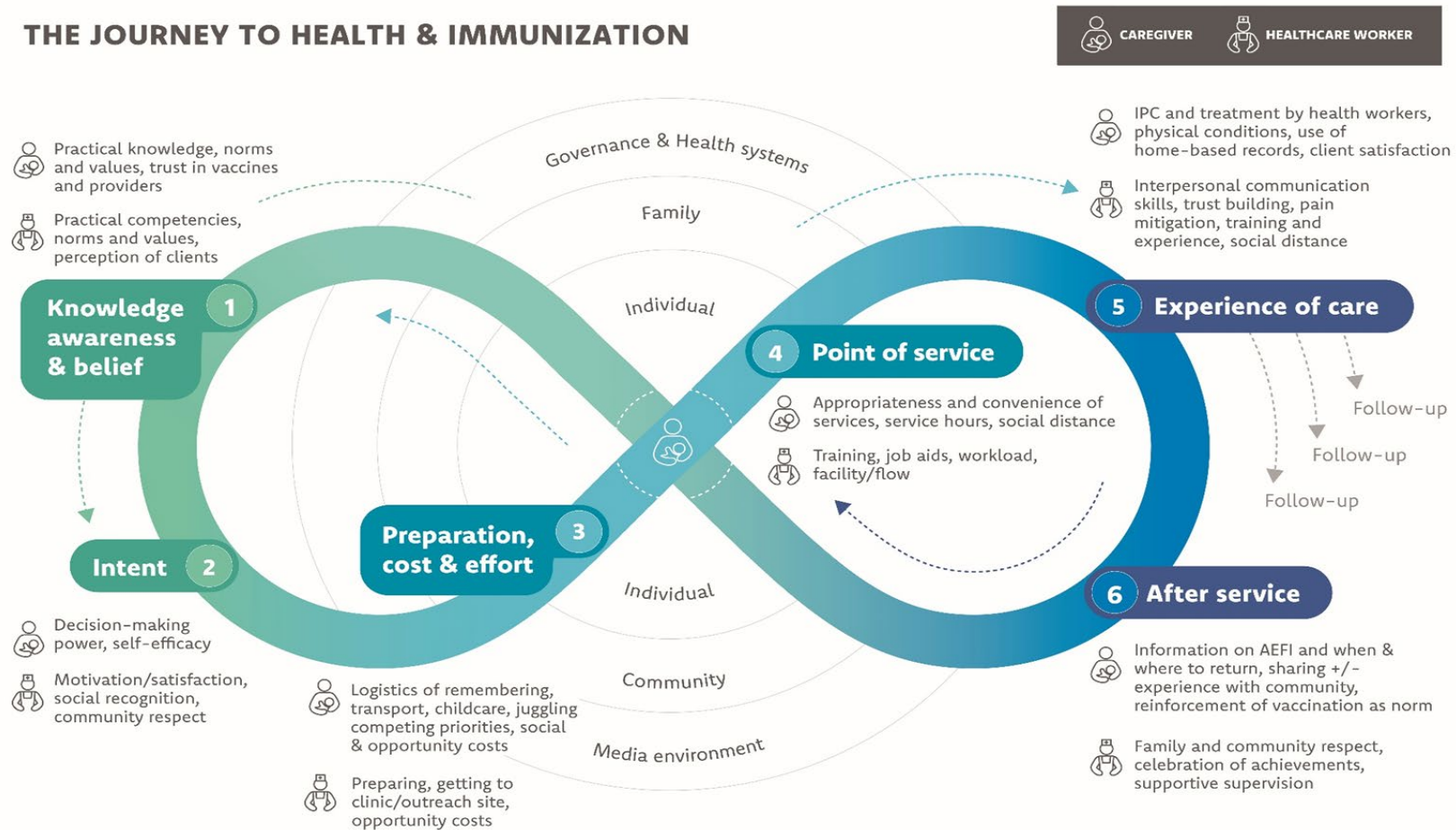
What We Measure Depends on Our Interventions and What We Expect to See Change

Interventions we discussed in Session 3

1. **Improve access to routine immunization and COVID-19 vaccination** by bringing vaccination to the places and events that women frequent
2. **Engage men to advocate for women and children to get vaccinated** for routine immunization and COVID-19 vaccination
3. **Improve the quality and experience of services** that mothers and female caregivers encounter when they take the child for vaccination.
4. **Use multiple, appropriate communication channels to reach women** with key information to build trust and understanding about routine immunization and COVID-19 vaccination.
5. **Work with local CSOs** (women-led if possible) and community health worker associations to help ensure that service delivery design and microplanning, implementation, and monitoring have a strong gender lens
6. **Improve gender equity in leadership** in the healthcare workforce by supporting women's leadership and management in immunization at all levels (national, subnational, facility management)

Measuring Progress Along the Journey to Immunization

THE JOURNEY TO HEALTH & IMMUNIZATION



Example: Reducing Barriers to Vaccination among Kayayei (female head porters) in Accra, Ghana

Expected changes	How would we know? (indicators)	Data sources
Among <i>kayayei</i> gatekeepers, greater knowledge of and support for 2YL vaccination	# of meetings with <i>kayayei</i> gatekeepers	project records
	# of gatekeepers participating in meetings with project staff	project records
	# of reference materials (translated talking points; vaccination schedule) distributed to <i>kayayei</i> leaders	project records
	# of <i>kayayei</i> leaders who agree to appoint <i>kayayei</i> as peer educators	project records
Among <i>kayayei</i> , increased knowledge about 2YL vaccination (need for immunization and where and when to get it)	# of <i>kayayei</i> who agree to be peer educators	project records
	# of peer education sessions conducted	project records
	# of <i>kayayei</i> taking part in each peer education session	project records
Among <i>kayayei</i> , participation in weekend immunization sessions	# of children of <i>kayayei</i> receiving vaccination (disaggregate by <1 year and one year or over)	Vaccination tally sheets for days when weekend immunization offered in <i>kayayei</i> communities
Continued use of interventions	For each intervention, views of <i>kayayei</i> and <i>kayayei</i> gatekeepers and health personnel on: <ul style="list-style-type: none"> • Desirability • Feasibility • Viability 	FGD or KII with small sample, using a brief discussion guide



*Not everything that counts can
be counted, and not everything
that can be counted, counts.”*

- Attributed to Albert Einstein

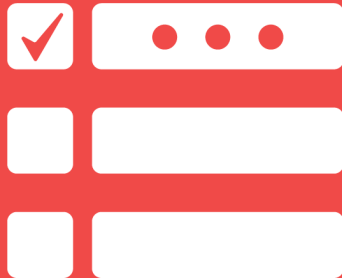
Qualitative Data to Augment Quantitative Data

Interviews or focus group discussions with:



Today's Topic: Assessing Progress & Learning Together

Answer the
following polls



Three poll options are shown in a list. The first option is checked with a red checkmark. The second option has three red dots, indicating it is the selected answer. The third option is empty.

Get ready for some poll questions
about indicators that map to
progress...

Poll Question 1

Which of the following indicators would map to progress related to the following gender-specific intervention (select the top 3 that best apply):



Gender-specific intervention #1: Improve access to routine immunization (RI) and COVID-19 vaccination by bringing vaccination to the places and events that women frequent / go to

Indicators:

- a) % of women who report that they must have permission from their husband or another relative to take a child for vaccination
- b) % of women who report that it is hard to get vaccination services for themselves or their child because they cannot go to the vaccination clinic on their own
- c) % of mothers who did not get their child vaccinated because the facility was too far
- d) % of service delivery points offering immunization services
- e) % of children who are up-to-date with immunizations
- f) % of caregivers satisfied with the quality of the service experience

Poll Question 2

Which of the following indicators would map to progress related to the following gender-specific intervention (select the top 3 that best apply):



Gender-specific intervention #2: Use multiple, appropriate communication channels to reach women with key information (including positive vaccination stories from trusted messengers) to build trust and understanding about RI and COVID-19 vaccination.

Indicators:

- a) % of children who are up-to-date with immunizations
- b) % of women who know where to get their child vaccinated
- c) % of women who report that vaccinations cost too much
- d) % of caregivers who trust the safety and efficacy of vaccines
- e) % of women who have weekly exposure to mass media
- f) % of caregivers with knowledge about vaccines and the recommended schedule

Poll Question 3

Which of the following indicators would map to progress related to the following gender-specific intervention (select the top 3 that best apply):



Gender-specific intervention #3: Conduct information sessions with men about the importance of routine immunization and COVID-19 vaccination for women and children

Indicators:

- a) % of women who report that they must have permission from their husband or another relative to take a child for vaccination
- b) % of fathers who report that they have accompanied the mother in taking the child for vaccination or that they themselves have done so
- c) % of vaccinators who are male
- d) % of fathers with knowledge of vaccines and the recommended schedule
- e) % of women who report they have sufficient financial resources to take their child for vaccination
- f) % of caregivers with knowledge about vaccines and the recommended schedule

THANK YOU

MOMENTUM Routine Immunization Transformation and Equity is funded by the U.S. Agency for International Development (USAID) as part of the MOMENTUM suite of awards and implemented by JSI Research & Training Institute, Inc. with partners PATH, Accenture Development Partnerships, Results for Development, and CORE Group under USAID cooperative agreement #7200AA20CA00017. For more information about MOMENTUM, visit USAIDMomentum.org. The contents of this PowerPoint presentation are the sole responsibility of JSI Research and Training Institute, Inc. and do not necessarily reflect the views of USAID or the United States Government.





Gaspar Comé

Project Coordinator
VillageReach, Mozambique





Let's Talk About Vaccines Study!

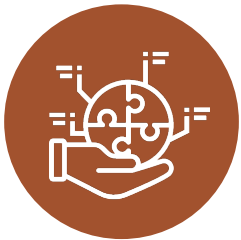
*Identifying drivers and
solutions to under-two under-
immunization in Mozambique*

Presented by: Gaspar Comé, July 2022



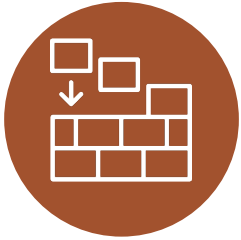
Study Overview

Amplify caregiver and health worker voices and uncover new insights/solutions by using of community-based participatory research (CBPR) and human-centered design (HCD) in Malawi & Mozambique



Phase 1: Identify

- Caregiver Researchers (all female) hired & trained in participatory qualitative data collection and analysis
- They use these methods to identify & describe determinants of RI dropout and identify solutions to address key barriers



Phase 2: Implement

- Using HCD, we co-design and implement unique community-identified solutions in each country to reach under-immunized children



Phase 3: Evaluate

- Monitor & measure impact of the solutions through a process & outcome evaluation led by the University of Western Cape Town
- Holistic evaluation; not just understanding outcomes but contextual factors driving results



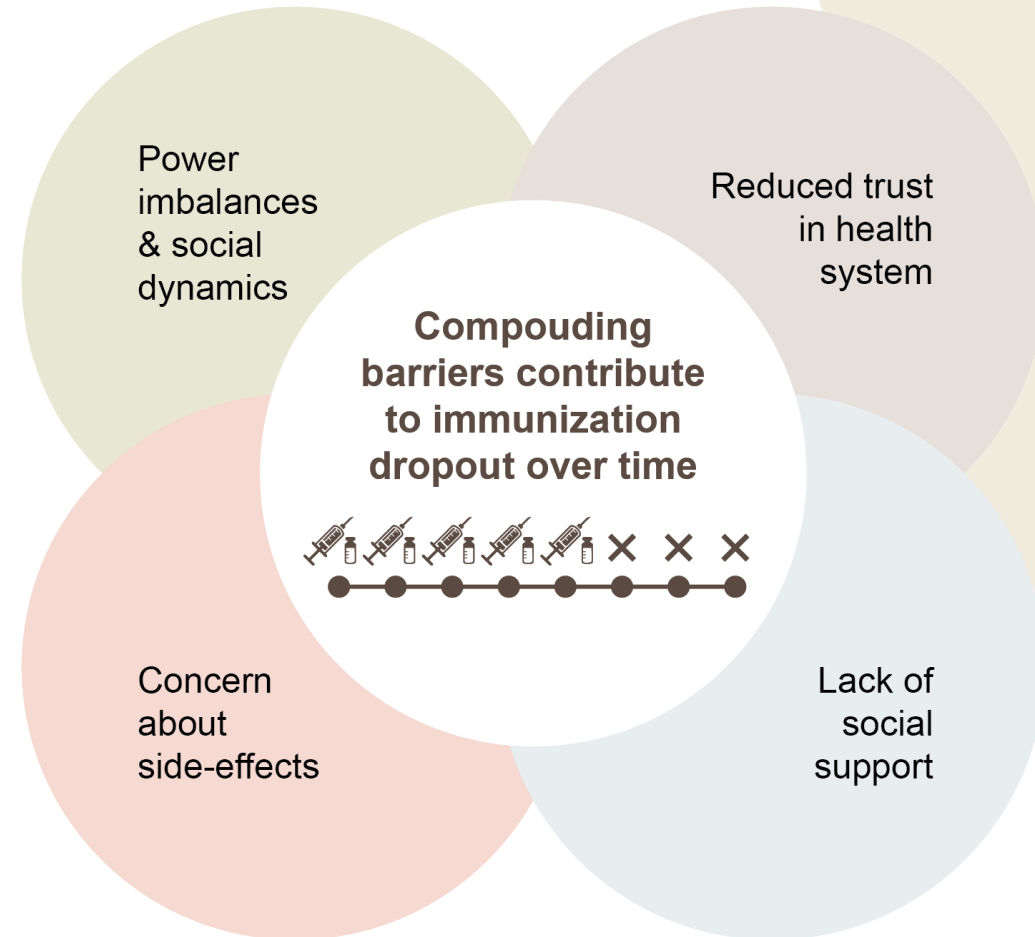
Primary Finding: Drivers of Under-Two Vaccine Dropouts

Gender Specific Considerations in Data Collection

- Caregiver Researchers, who were all mothers, led all data collection & analysis
- Caregiver photovoice interview sample was all female (n=32)

Gender Specific Findings

- Mother's responsibility to vaccinate
- Safety concerns with travel to health facility
- Lack of control of financial resources/transportation
- Physical difficulty traveling to HF due to post-partum complications/pregnancy/illness
- Male support was desired and seen as positive



Solution: Community Immunization Mobilization



Educational messages about routine immunization: Pictorial cards & key messages for caregivers and their husbands around the importance of vaccines, side effects, how to comfort the child post vaccination



Community & health facility collaboration: Create strong links between health facility and community to support immunization planning and execution by empowering CHWs, training HCWs in communication skills and planning and executing immunization activities together



Mobile Brigade Planning and Execution: Implement joint planning processes and plan mobile brigades based off a 'prioritization matrix' where communities with the most children in need of vaccination who live furthest away are prioritized. Utilize CHWs and community leaders to advertise mobile brigades in the communities



COMO OS MEMBROS DA FAMÍLIA PODEM AJUDAR UMA CRIANÇA A SER TOTALMENTE VACINADA



Solution Design: Gender Specific Considerations

- Educational cards encourage support from husbands in the immunization of children
 - Images of men actively involved in immunization
- Educational cards directly address female caregiver concerns identified in the research
- Focus on mobile brigades to reduce challenge of distance and safety issues for women in accessing vaccines at the health facility

How to Assess If We are Making Progress in Addressing Gender in Immunization

During solution design: In prototyping workshop, we centered female caregiver participants and got feedback on if the intervention addressed their concerns/biggest barriers

Evaluating the solution: External evaluation by UWC will assess impact on coverage from an equity lens and acceptability of the intervention looking for improved coverage; qualitative interviews with caregivers will address gender specific questions

Evaluating our CBPR/HCD approach: External evaluation by UWC to understand how our approach to solution design, which centered female caregivers, has influenced overall project outcomes





Where to Learn More About Our Work:

- **Study overview:** <https://www.villagereach.org/wp-content/uploads/2022/06/Lets-Talk-About-Vaccines-Study-Overview.pdf>
- **Mozambique study findings:** <https://bmjopen.bmj.com/content/12/3/e057245>
- **Caregiver Researchers and methods:** <https://mesh.tghn.org/articles/project-report-bate-papo-vacina-lets-get-vaccinated/>
- **Lifting up female caregiver voices in immunization:** <https://www.gavi.org/vaccineswork/caregivers-mozambique-share-barriers-they-face-vaccinating-their-children>

For more information contact Emily Lawrence, Study PI – Emily.Lawrence@villagereach.org



Let's Talk About Vaccines Study!

*Identifying drivers and
solutions to under-two under-
immunization in Mozambique*

Presented by: Gaspar Comé, July 2022

The text "Q & A" in a large, white, sans-serif font, positioned in the bottom right corner of the slide. The background of the slide is a photograph of a woman in a yellow shirt carrying a baby in a colorful sling, with other people in the background.

Q & A

Video Presentation



Analysis of Gender & Social Determinants of Health in Urban Poor Communities

Presenters: Dr. Khawaja Aftab & Waqas Shafi



Documenting and Sharing Your Learning

WHY and HOW?

Homework 2 Recap

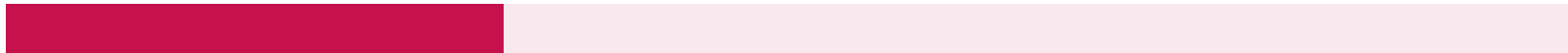
Looking at the list of examples, which of these have you ever had experience with? How did it go? What was the most rewarding thing about it? What was the hardest thing about it? Was it something you helped to set up? Who was involved?

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

86 out of 86 answered

Yes

27 resp. **31.4%**



No

59 resp. **68.6%**



**Documentation is
Vital**



Documenting and Sharing Your Learning

WHY and HOW?



OBJECTIVES

original project objectives
may not have been specific
to gender



AUDIENCES

know your audience and
engage them to become
advocates



FORMATS

Communicate in a
format/way that is
accessible, useful and
tailored for your audiences



TIMING

be strategic and build
on other associated
events

Timing—Align Your Sharing with Relevant Events

- **International Women’s Week, Week of March 8**
- **World Immunization Week, Last week of April**
- **Mother’s Day, 2nd Sunday of May**
- **International Nurses Day, May 12**
- **Global Day of Parents, June 1**
- **International Day of the Girl, October 11**
- **Days of Activism Against Gender Violence, Nov 25 - Dec 10: 16**
- **World Human Rights Day, December 10**
- **Beginning of the school year**

**Build Momentum
and Celebrate**



Wrap Up & Next Steps



UNICEF/2020/Dejogh

- Key Take-aways
- Q&A

“

*We are among
the changemakers.”*

- Innocent Makumyaviri



Key Take-aways

1. Gender-related issues in immunization go beyond focusing on coverage discrepancies between girls and boys. It includes addressing social and systemic issues.
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 learned social construct based on power. Since it is learned it can also be unlearned and re-learned differently.
4. Framing/organizing gender-related barriers, in general, reflect: Legal rights & status; Cultural norms, perceptions & beliefs; Roles, responsibilities & time use; Access to & control over assets/resources; Patterns of power & decision-making.
5. 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.
6. Be mindful of the “journey to health and immunization” and consider all the steps both caregivers and health workers must go through for successful immunization outcomes.
7. Document! Document! Document!

THANK YOU

MOMENTUM Routine Immunization Transformation and Equity is funded by the U.S. Agency for International Development (USAID) as part of the MOMENTUM suite of awards and implemented by JSI Research & Training Institute, Inc. with partners PATH, Accenture Development Partnerships, Results for Development, and CORE Group under USAID cooperative agreement #7200AA20CA00017. For more information about MOMENTUM, visit USAIDMomentum.org. The contents of this PowerPoint presentation are the sole responsibility of JSI Research and Training Institute, Inc. and do not necessarily reflect the views of USAID or the United States Government.

