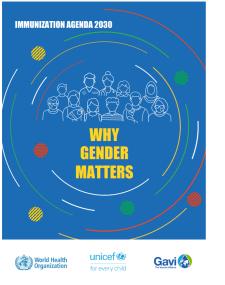


**IMMUNIZATION AGENDA 2030** 



### WHY GENDER MATTERS for IMMUNIZATION: WEBINAR SERIES

IA2030 envisions a world where **everyone**, **everywhere**, **at every age**, fully benefits from vaccines to improve health and well-being. However, immunization programmes will only succeed in expanding **coverage and equity** when gender roles, norms and relations are understood, analyzed and accounted for as part of service planning and delivery.

This webinar series aims to **improve awareness and understanding** of how **gender-related barriers** impact immunization and to showcase examples of **gender-responsive programming** to improve coverage and equity.

### Webinar 1: Thurs 8 June 2023 15h-16h

Why Gender Matters for Immunization – overview

### Webinar 2: **Thurs 22 June 2023 15h-16h**

Understanding gender-related barriers to immunization: importance of gender data and analysis

### Webinar 3: Thurs 6 July 2023 15h-16h

Gender responsive approaches 1 – Gender responsive actions for the health workforce

### Webinar 4: Thurs 13 July 2023 15h-16h

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

### Webinar 5: Thurs 20 July 2023 15h-16h

Gender responsive approaches 3 – Engaging with men and promoting a family approach to transform gender norms

# Why does gender matter for immunization?



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### **Outline**

1. Why does gender matter for immunization?

Understanding gender-related barriers that impact immunization

- 3. Gender analysis and sources of data
- 4. Gender responsive approaches
- 5. Resources



### Disentangling Sex and Gender

### Sex Biological characteristic

- Biological attributes
- Physical and physiological features
- Generally assigned at birth based on the appearance of external anatomy/genitalia



## Gender Social construct

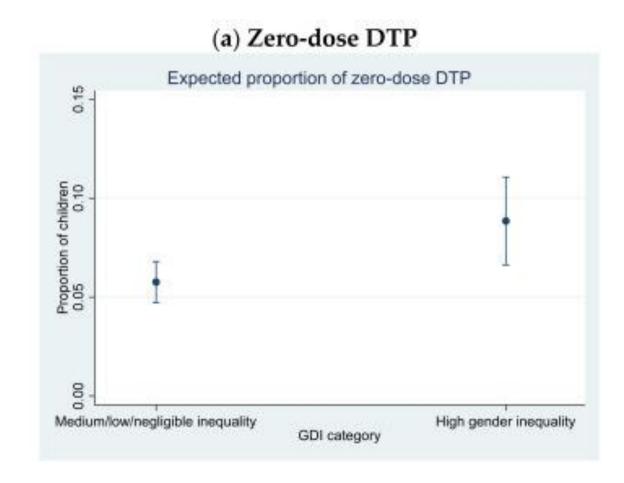
- Norms, roles and relations
- Varies from society to society and evolves
- Hierarchical and often reflects unequal relations of power



Reference: Gender and Health Q&A

### Sex disaggregated immunization coverage data

- Global studies have not found major sexbased discrepancies in immunization coverage
- However, discrepancies can be found when data is further disaggregated at the regional/district level or by other variables (urban vs rural, religion, etc.)
- There is an association between childhood immunization uptake and gender inequality





It is about recognizing and responding to the equity and gender-related barriers to access and uptake of vaccines, particularly to reach zero-dose children and missed communities

it is about **higher** coverage for **everyone** 

# The *Immunization Agenda 2030* commits to addressing gender-related barriers to immunization and advancing gender equality

 Gender is an important cross-cutting consideration for all seven IA2030 strategic priorities

It is at the heart of SP3
 Coverage and equity



### Immunization Agenda 2030: core principles

How is gender reflected in the IA2030 core principles?



**People-focused** 

Responding to the different needs of people of all genders



**Country-owned** 

Driving progress through country gender equality commitments



**Partnership-based** 

Aligning efforts to maximize impact for gender equality



**Data-guided** 

Promoting evidence-based decision-making informed by sex-disaggregated data and gender analysis

### What is gender mainstreaming?

Gender mainstreaming is NOT the goal itself but rather a **process and a strategy** to reach gender equality.

This means assessing the implications for women and men of any planned action, including legislation, policies or programmes, in all areas and at all levels.

Seven principles of gender mainstreaming:















Apply a gender lens to existing structures, processes and culture Recognize needs and interests of women and men, girls and boys as different and equal

Women and men work together to rebalance access and control over resources and power

Political will, support and commitment from the top to lead and authorize process Ownership and commitment by all stakeholders necessary for gender mainstreaming

Gender adviser/team/focal point to support and promote gender skills and approaches but overall responsibility for gender mainstreaming and implementation lies with all staff

All staff involved in implementation need to be gender-aware

### Gender-related barriers

- > operate at **multiple levels**, from the individual and the household to the community and health systems
- right are underpinned by **power relations**, leading to different opportunities, limitations, challenges, needs and vulnerabilities, especially for women and girls
- > affect both supply and demand dimensions of immunization





DEMAND SIDE (Health Seeking Behaviours)

# Understanding gender-related barriers to immunization



### Understanding gender related barriers to immunization

### Gender barriers can be context specific and wide-ranging

For example...









Low education level and health literacy



Limited autonomy in decisionmaking and household dynamics



Lack of access and control over resources and mobility



High prevalence of gender-based violence and harmful practices

# Poor quality services and negative health provider attitudes





Disrespectful treatment towards women *and* men, often fuelled by **poor working conditions** for HWs

Lack of access to **female health** care providers

**Disabilities** (physical and cognitive) compound gender barriers

### Low education level and health literacy



Children of younger mothers without education, especially those belonging to poor households, are less likely to have access to health services



# Limited autonomy in decision-making and household dynamics



Mothers may be limited in their bargaining power in both the gendered (with the male head) and generational (with elderly women) power dynamics of the household



# Lack of access and control over resources and mobility





Women's restricted access to and control over **financial resources** makes it less likely that their children are immunized.

**Transport** – a hidden cost and security issue

**Time** is also a resource and an opportunity cost which can create barriers for immunization

# High prevalence of gender-based violence and harmful practices



**Disclosure fears** can prevent women accessing services

Child marriage, a form of GBV, also has a direct impact on girls' and women's access to and utilization of health services, including immunization

Son preference, rooted in gender inequality, has also been found to decrease the likelihood of girls receiving vaccinations in some settings



# Gender analysis and sources of data



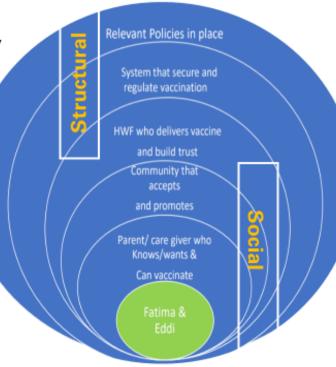
# Gender analysis framework

### **Understanding Gender Barriers to Immunization**

National Development, Health, Financing, Insurance, Rural, Social Protection, Labor Care Policies & Strategies

Available, Affordable, Accessible, Human-Centered and Needsbased Care, Feedback channels

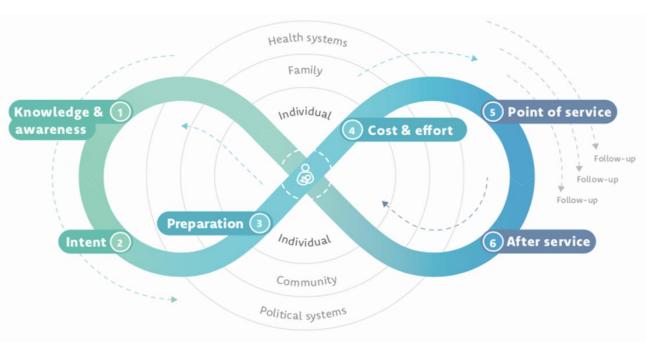
Nondiscriminatory, Respectful, Quality, Trust, Workload, Motivated



Roles, Literacy, Age, Parity, KAPs, Fears, Costs, Domestic burden, Enabling environment (intersectionality)

Registered/non-registered, Preference by family, Health seeking, Education level, Migrant or Not, Married or not

Norms, Rumors, Trust, Religious and other influencers, Insecurity, Social relations, Street harassment, Media consumption



### A gender analysis consists of three basic components:



GENDER- AND SEX-DISAGGREGATED DATA AND INFORMATION

(BOTH QUANTITATIVE AND QUALITATIVE)



**ANALYSIS** 

(WHAT DOES THE INFORMATION MEAN?)



INTERSECTIONAL GENDER LENS

(ANALYZE WITH AN INTERSECTIONAL GENDER LENS

An effective gender analysis will also consider additional factors such as age, ethnicity, race, disability, gender identity, geographic location and socioeconomic background.

### Is there a gender dimension?

There is no gender gap at There is no gender gap at both national level, but subnational national and subnational level; Not known, no evidence or population specific gender no gender barriers identified barriers identified Gender analysis as Tailored gender part of broader health Gender responsive transformative measures and immunization approaches; no harm and interventions analysis or standalone

### Gender dimensions and implications for programmes

### There can be differences in....

#### **PRACTICES CAPACITIES BARRIERS RISKS NEEDS ROLES** e.g. e.g. e.g. e.g. e.g. e.g. (Protection) Education, Pregnant, Insecurity, KAPs, media Care role, DM, GBV, CM, child lactating, resources, digital restrictions in breadwinner preference, recruitment, adolescent role, time use, literacy, social movement, interests, sex child labor, girl/boy, U5 domestic work connections, preferences access to migration (migrant, birth voice Information and (WASH related), registered?) HH roles resources, time Positive & Negative Different approaches in programming



# Potential sources for gender-related data

- Statistical databases and global indicators (national, UN Women, UNFPA, World Bank, etc.)
- Existing reports, publications, studies on gender (UN, government, NGO, etc.)
- Other departments or ministries (e.g. Ministry of Gender?)
- Recent household surveys (DHS, MICS)
- Other immunization-related surveys and studies (KAP studies, BeSD, C&E assessments, etc.)
- Service provision assessments (SARA, etc)
- Focus group discussions
- Key informant interviews
- Rapid needs assessments/surveys (developed for purpose)
- Public opinion polls (gender norms/attitudes)
- Social listening/observation



# Gender-responsive approaches to increasing immunization coverage



# Immunization interventions should, at a minimum, be gender-responsive

### **GENDER-RESPONSIVE**

### Gender-unequal (harmful)

### **Perpetuates**

gender inequalities, reinforces stereotypes, privileges men over women (or vice versa).

#### **Gender-blind**

Ignores gender roles, norms and relations and the differences in opportunities and resource allocation

### **Gender-sensitive**

Shows an
awareness of
gender roles,
norms and
relations, not
necessarily
addressing
inequality
generated by
them

### **Gender-specific**

Intentionally
targets a specific
group of women
or men for a
specific purpose;
but doesn't
challenge
gender roles and
norms.

### Gendertransformative

Addresses the causes of gender inequality, transforms harmful gender roles, norms and relations, promotes gender equality.

### Examples of gender-responsive intervention design - barriers and solutions

Women have limited mobility, time, and control over resources

Gender dynamics in decision making

Cultural preference for female healthcare workers

Negative service experience/health worker attitudes

Poor working conditions/gender discrimination for female health workers

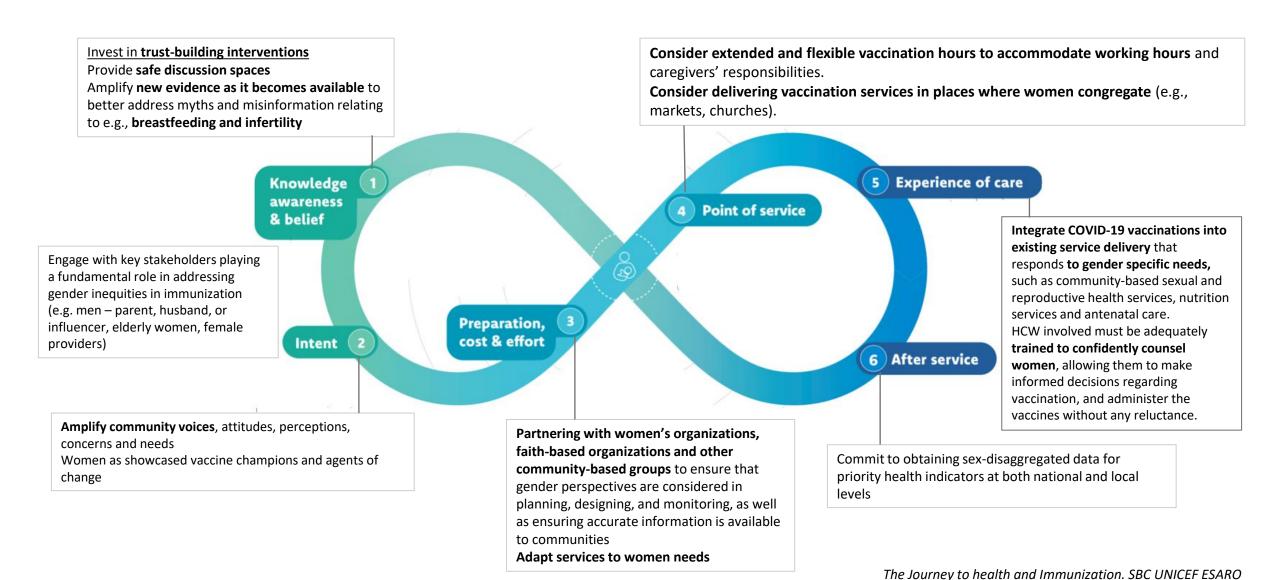
- ✓ Bring vaccines to places and events that women visit
- ✓ Consider extended/flexible vaccination hours
- ✓ Provision of multiple services at same point

- ✓ Supporting men/fathers as vaccine advocates
- ✓ Promote male engagement childcare and joint decision-making
- ✓ Increase number of female vaccinators
- ✓ Set up a hotline for questions dedicated to women\*
- ✓ Provide "women only" vaccination sites\*

- ✓ Provide gender- and diversity-sensitive training for health workers
- ✓ Hold special clinics for young mothers
- ✓ Ensure ethnic minorities can receive services and information in a language they can understand

- ✓ Increase representat ion of women in managerial and decision-making positions
- ✓ Include safety considerations and protections in design of outreach programmes

### Programmatic recommendations



### Integrating gender in grant applications - Expectations



**Programme Funding Guidelines** 



Gavi's 5.0 strategy promotes gender responsive programming by focusing on identifying and addressing underlying gender-related barriers faced by caregivers, adolescents, and health-workers.



Applications need to include gender-responsive or transformative approaches that would address gender-related barriers identified and used in design and implementation of campaign vaccination strategies, EAF, HSS, and TCA



It encourages and advocates for women's full and equal participation in decision-making related to health programmes and wellbeing.

### **Barriers** and approaches to achieve IA2030 gender equality goals

[GOAL]

### HOUSEHOLD

#### COMMUNITY **HEALTH FACILITY**

Fully immunized girls and boys

#### **LAWS & POLICIES**

[OUTCOMES]

 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

- Community prioritize needs of mothers and a child
- Women and girls can easily access to health services
- Women's participation and voices increase in decisionmaking bodies

Health services are:

- · accessible for all
- · high quality and responsive
- · efficient and skilled
- · needs-based and trusted
- non-discriminatory
- promote gender equity

 Gender-sensitive health policies and laws protect women's and girls' rights

 Increase men's participation in fatherhood and caregiving

This logic table explores gender barriers and relevant approaches to removing these barriers across different socio-ecological levels of household, community, health facility and laws & policies

Both gender-related barriers

approaches are covered in

and gender-responsive

more detail later in this

[INPUTS]

· 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

- Sensitize community on the value of immunization
- Increase communitybased outreach services
- Strengthen mother's/ fathers' care groups
- Increase women's decision making in public

- · 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
- · Integrate gender and address specific barriers of women and girls into health national action plans and training
- · Develop genderresponsive service delivery guidelines & tools

STRUCTURAL CAUSES]

- · 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

- 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
- · 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
- · 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

presentation

# In Summary: Why address gender equality in immunization programming?





### Empower women towards gender equal society

Increasing women's participation in immunization and health systems at all levels provides them with greater social and economic opportunities to improve their status and influence within their communities.



### Improve overall health outcomes

Female vaccinators not merely vaccinate, but also educate women in many areas in health, nutrition and WASH. Educating adolescents on HPV also increases girls' awareness and decision-making to access health services.



### Increase Immunization coverage

Gender equality for women and maternal empowerment increase women's decision-making power and access to resources for their children.



### **Enhance social accountability**

People-led, bottom-up and demand-driven initiatives can make an important contribution in enhancing accountability for the universal right to health and equity.



### Reach hard-to-reach clients

Due to sociocultural and gender norms in some communities, only female vaccinators and social mobilizers can access households, interact with mothers, and deliver vaccines to children. These providers give caregivers critical information to build trust for vaccines and encourage immunization uptake.

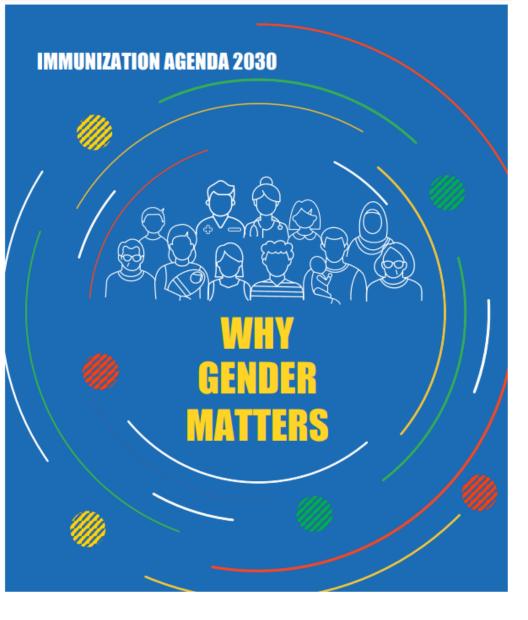


### Accelerate progress to achieve Sustainable Development Goals (SDGs)

Progress on SDG 5 (women's empowerment and gender equality) is directly linked with SDG 3 (better health and well-being). Effective gender-responsive programming in immunization and health sector can contribute to progress towards gender equality and positive health outcomes.

### Resources















- 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 genderresponsive programming

### For more information and resources for gender and immunization



WHO IVB landing page on Gender and Immunization
 https://www.who.int/teams/immunization-vaccines-and-biologicals/gender



- UNICEF Gender Equality <a href="https://www.unicef.org/gender-equality">https://www.unicef.org/gender-equality</a>
- Immunization, Gender and Equity <a href="https://www.ige.health/">https://www.ige.health/</a>



Gavi – Gender and Immunisation <a href="https://www.gavi.org/our-alliance/strategy/gender-and-immunisation">https://www.gavi.org/our-alliance/strategy/gender-and-immunisation</a>

### Videos on Gender and Immunization

- Understanding gender-related barriers to immunization <a href="https://watch.immunizationacademy.com/en/videos/885">https://watch.immunizationacademy.com/en/videos/885</a>
- ✓ Using sex-disaggregated and gender-related data for program improvement <a href="https://watch.immunizationacademy.com/en/videos/884">https://watch.immunizationacademy.com/en/videos/884</a>
- Reaching women with the COVID-19 vaccine
  <a href="https://watch.immunizationacademy.com/en/videos/883">https://watch.immunizationacademy.com/en/videos/883</a>

All videos are available in English and French





