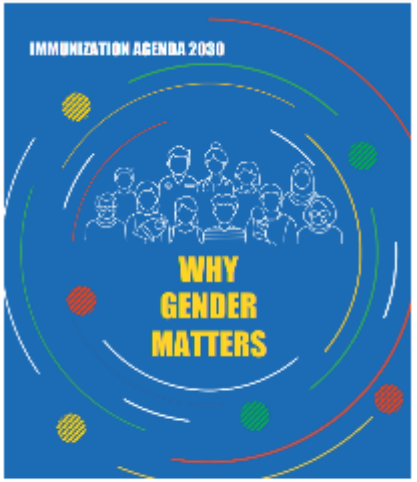
WEBINAR SERIES

WHY GENDER MATTERS

IMMUNIZATION AGENDA 2030

World Health Organization

TechNet-21



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

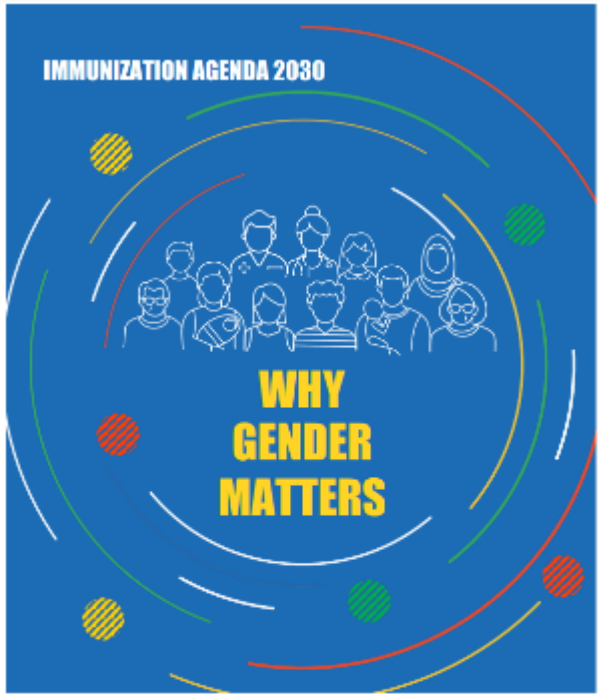
Webinar 2: **Thurs 22 June 2023 15h-16h**
Understanding gender-related barriers to immunization: importance of gender data and analysis

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

Gender-responsive approaches to increasing immunization coverage



World Health Organization unicef for every child Gavi

- Invest in gender data and analysis
- Make community engagement and social mobilization gender-responsive and transformative
- Engage with men to transform gender norms
- Empower and collaborate with civil society and change agents
- Implement gender-responsive actions for the health workforce
- Improve the quality, accessibility and availability of services
- Integrate services and collaborate across sectors
- Implement gender-responsive immunization services in emergency settings
- Apply a gender lens to research and innovation

Understanding gender-related barriers to immunization :

Importance of gender data and analysis

MANNA Michela
Gender Consultant to the
World Health Organization

BIGONI Valentina
Data Specialist,
World Health Organization

KAMANGA Veronica
Regional Gender Advisor,
UNICEF (ROSA)

Outline

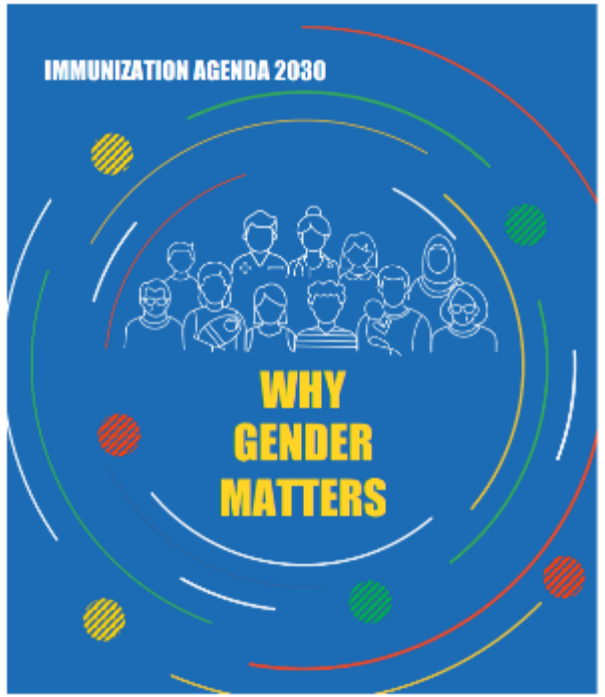
1. Recap: Understanding gender related barriers to immunization. The importance of gender data and analysis
2. *Invest in gender data and analysis. Lessons learned from the Global Polio Eradication Initiative (GPEI).*
3. *Adopting a Gender Lens to Improve and Sustain Polio Vaccine Uptake in Afghanistan*
4. Q&A and Discussion

Photo Credit: GPEI

Why gender matters for immunization?

- **Gender impacts immunization both on the demand side**, through people's health seeking behaviours, and **the supply side** provision of health services.

- To increase immunization coverage it is necessary to **understand and address** the many ways in which **gender interacts** with additional **socioeconomic, geographic and cultural factors** to influence access, uptake and delivery of vaccines.



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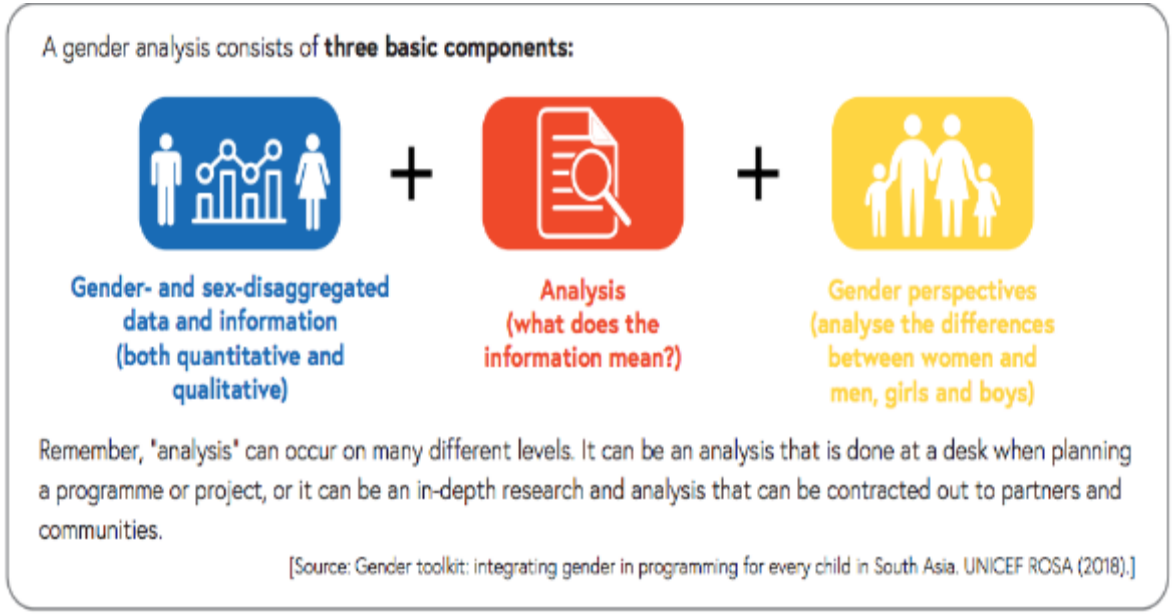
Understanding and addressing gender barriers to immunization

Gender mainstreaming: a **process** and a **strategy** for reaching gender equality.

Gender analysis: the starting point for the process of gender mainstreaming.

Done through collection and analysis of:
✓ quantitative data (counts, percentages, ratios, gaps, etc.) and;
✓ qualitative information (preferences, attitudes, behaviours, values, scope, etc) through a gender lens.



Gender analysis - How?

Quantitative data

Gender statistics

✓Counts, percentages, ratios, gaps, etc

✓Statistics that adequately reflect differences and inequalities in the situation of women and men in all areas of life.

✓It entails **disaggregating data by sex and other characteristics** to reveal differences or inequalities in women's and men's lives

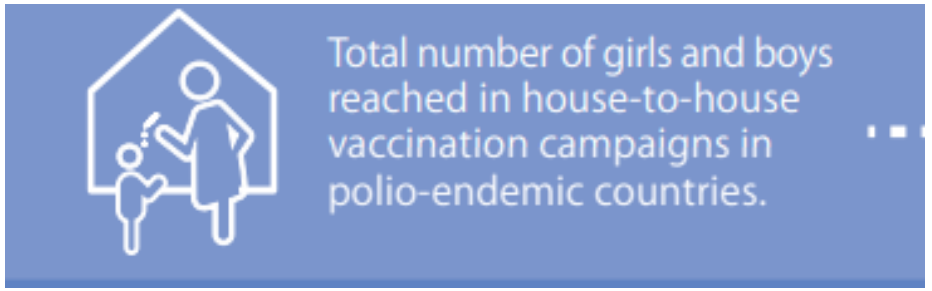
Gender sensitive indicators

✓Useful tool to monitor progress againts gender equality goals and to measure gender related barriers to immunization

Example of sex disaggregated data :

Data
District DTP3 coverage is 74%
Statistics disaggregated by sex
DTP3 coverage girls: 75%;
DTP3 coverage boys: 73%

Example of gender sensitive indicator:



Sources: Integrating a gender perspective into statistics, UN Department of Economic and Social Affairs, 2016, New York.
Why Gender Matters: Immunization Agenda 2030. Geneva. World Health Organization, 2021.
GPEI Gender Equality Strategy 2019-2023. Geneva: World Health Organization.

Gender analysis- How?

Qualitative data

✓Preferences, attitudes, behaviours, values, scope,etc.

✓Collected through key informant interviews, focus groups discussion, mapping, workshops, etc. but also using already existing data

Table 2. Barriers to vaccine uptake

Most mentioned	Community Members	Health Workers
1st	Parental attitudes (carelessness, laziness, weakness)	Distance from health facility
2nd	Distance from health facility	Parental blame (fear of vaccine side effects)
3rd	Vaccination services blamed (no vaccines, no vaccinators, poor communication skills of health workers)	Parental attitude (carelessness, laziness, weakness) Parent not home during vaccinations/ seasonal rains
4th	Parent not home during (mobile) vaccinations	Lack of vaccination information

Types of questions to ask for a gender analysis of immunization programming:

- ☐ How do women and men get information about essential vaccines, and what are their preferred channels/methods/platforms/trusted sources? How do these differ for women and men, and for women and men from urban/rural areas, different ages and ethnicities, and those with disabilities?
- ☐ Who makes decisions about children's immunization in the household? Which generation? What resources do women and men need to be able to ensure their child is immunized (e.g., information, money, time, transportation)? Who has access to and control over these resources?
- ☐ In specific neighbourhoods or communities, who can access households to immunize children where house-to-house campaigns take place? Are there areas where only female health workers or volunteers are permitted to enter households? How does access (or lack of it) impact planning for frontline workers, such as social mobilizers and vaccinators?
- ☐ Are women equally and meaningfully participating in immunization programme design, implementation, monitoring and evaluation at different levels? How? What could be done to further increase their participation?
- ☐ What barriers exist for women and men to access health centres to seek immunization (related to, for example, quality, safety, availability, access and space in waiting areas)? How could these barriers be addressed most effectively?
- ☐ What are the possible barriers shaped by sociocultural and gender norms as well as laws/policies that might hamper immunization coverage or, for example, the effectiveness of transit and mobile teams reaching people on the move?
- ☐ How are health workers recruited, trained and supported/supervised? What are their opportunities to progress professionally and to be equally remunerated? Are there any issues related to worker safety, workload or flexibility of working hours? Do health workers receive gender training?
- ☐ Have women and men from different backgrounds been consulted and involved in designing, monitoring and evaluating immunization services? If so, in what ways?

Sources: *Why Gender Matters: Immunization Agenda 2030. Geneva. World Health Organization, 2021. From coverage to empowerment: Integrating gender in immunization demand.Promising practices from six countries. UNICEF, 2022.*

Gender analysis- In conclusion

Gender analysis **identifies**, **assesses** and **informs appropriate responses to different needs and barriers**, and asks critical questions to uncover root causes of gender-based inequities. It provides guidance to adapt our intervention.

EXAMPLE – *Situation analysis in Liberia- KAP survey*

Gender barrier

- Mothers take their child to work with them and could not make the time to go to the health facility.
- The distance to the health facility and the cost of transportation posed a barrier for caregivers.

Adapted solution

After-hours vaccination drives were conducted in marketplaces, making it much easier for working mothers as well as fathers to have their children vaccinated

Source:
Adapted from: From coverage to empowerment: Integrating gender in immunization demand.Promising practices from six countries. UNICEF, 2022.

Thank you

Merci

IMMUNIZATION AGENDA 2030

World Health Organization

The importance of gender data and analysis. Lessons learnt from GPEI

22/6/2023

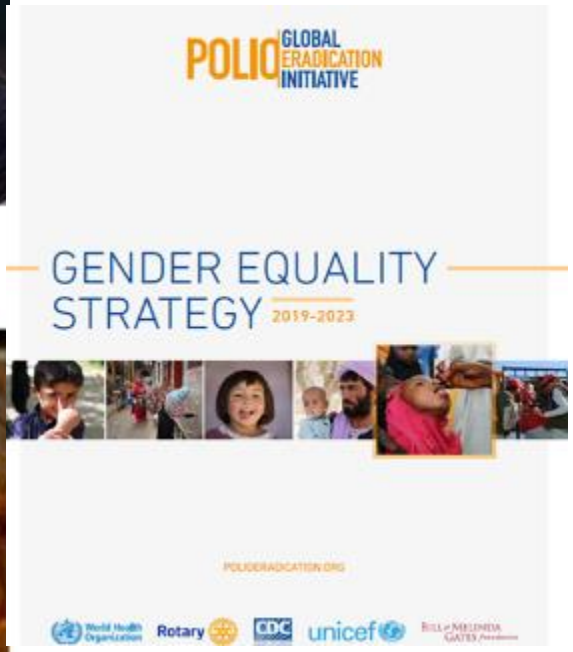
BIGONI Valentina-*Data Specialist at the World Health Organization*

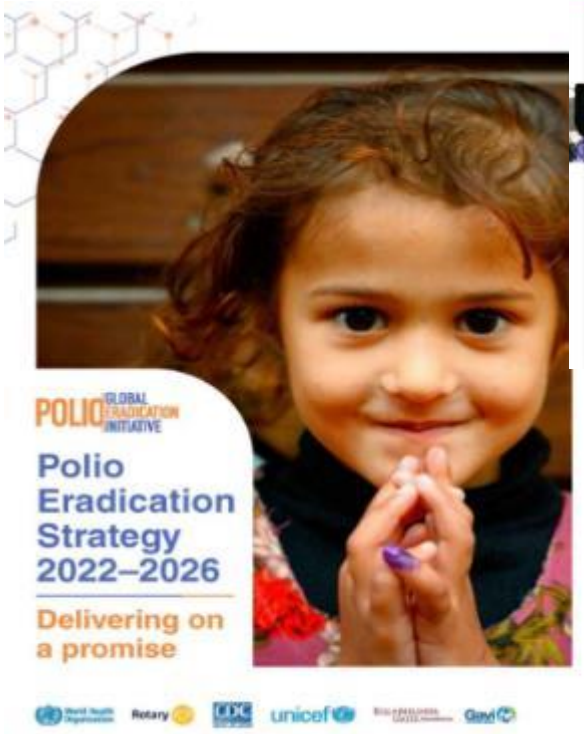
GPEI Gender mainstreaming process

- **GPEI Gender Technical Brief (2018)**
  - ✓ Four gender-sensitive indicators, reported semi-annually

- **GPEI Gender Strategy 2019-2023 (May 2019)**
  - ✓ Gender Data Working Group August 2020

- **New Polio Eradication Strategy 2022-2026**
  - ✓ Gender sensitive and specific KPIs reflecting the GPEI gender equality Strategy





POLIO GLOBAL ERADICATION INITIATIVE

The Global Polio Eradication Initiative (GPEI) is committed to monitoring and addressing gender-related barriers in immunization, surveillance and communications activities to ensure all girls and boys are reached with life-saving polio vaccines.

THE GPEI CONTINUOUSLY TRACKS AND MONITORS:

- Total number of girls and boys reached in house-to-house vaccination campaigns in polio-endemic countries.
- Total number of doses of polio vaccines received by girls and boys.
- Timeliness of disease surveillance by gender (difference between date of onset of paralysis and date of notification by caregivers for girls vs. boys).
- Women's participation in immunization activities in polio-endemic countries.

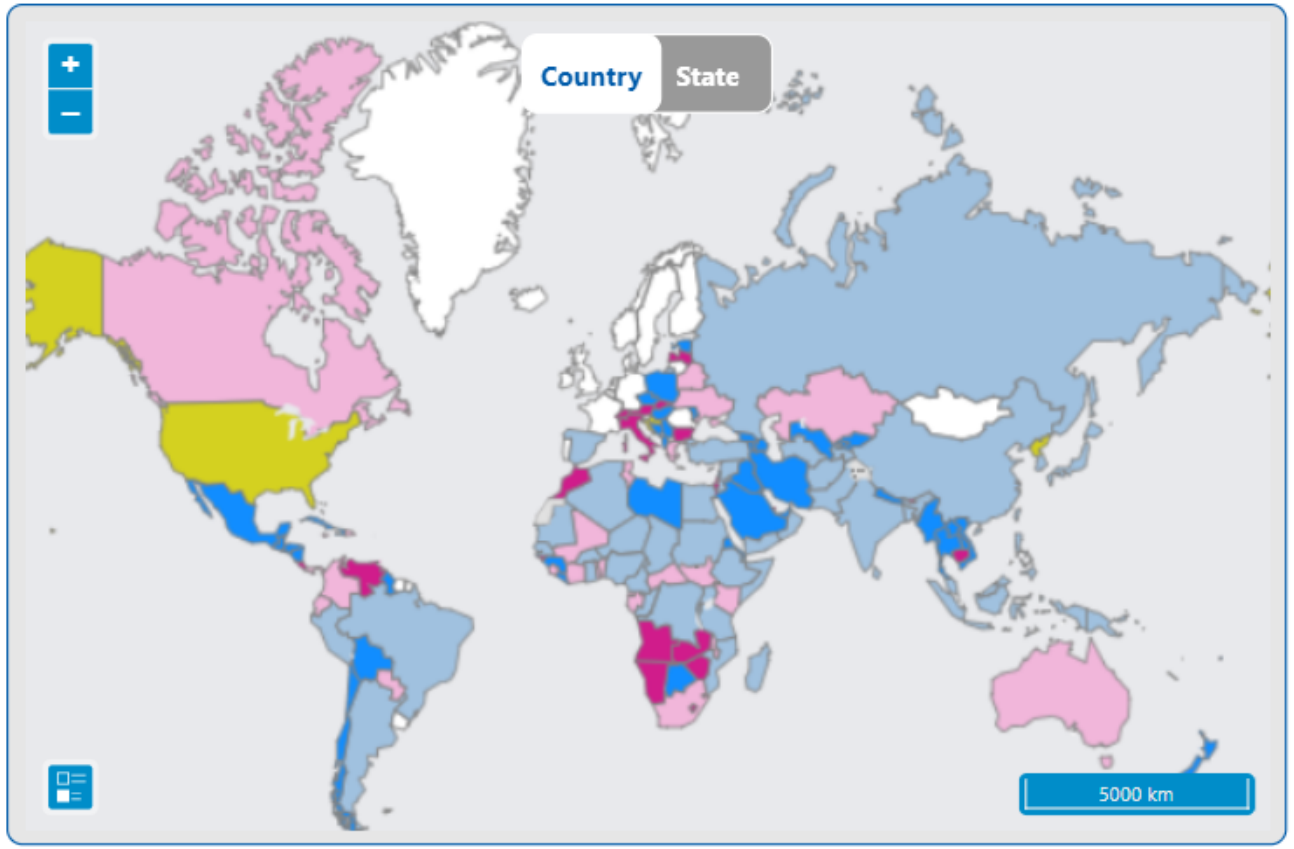
MONITORING FOR GENDER EQUALITY

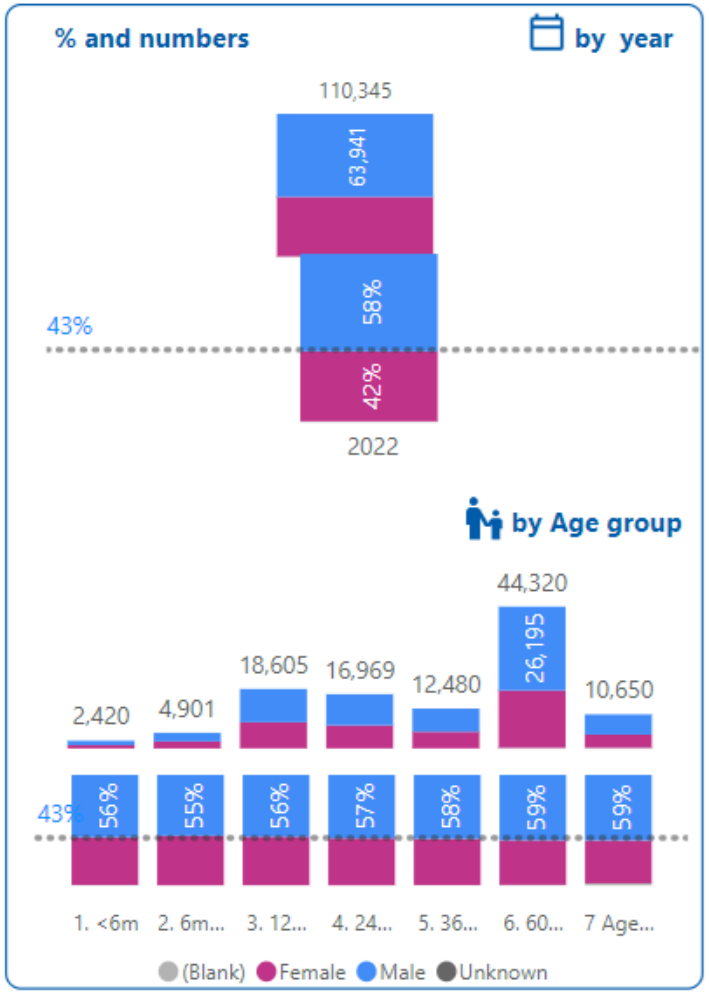
ENSURING THAT:

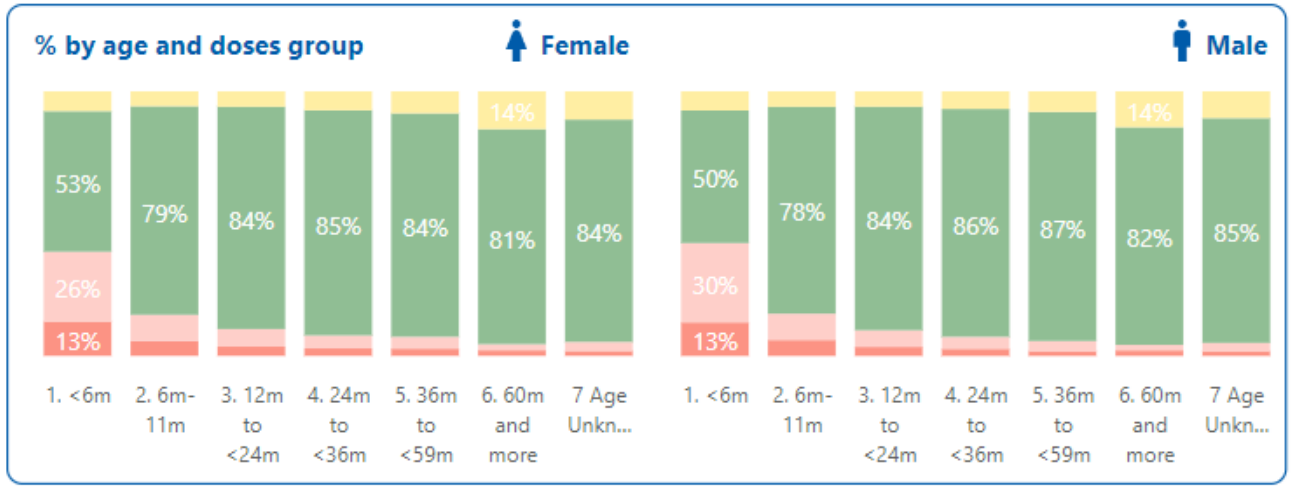
- Girls and boys are equally immunized and protected against polio.
- From the onset of paralysis, there are no avoidable delays in bringing girls and boys to the clinic.
- Women are able to actively participate as vaccinators and social mobilizers in polio vaccination campaigns.

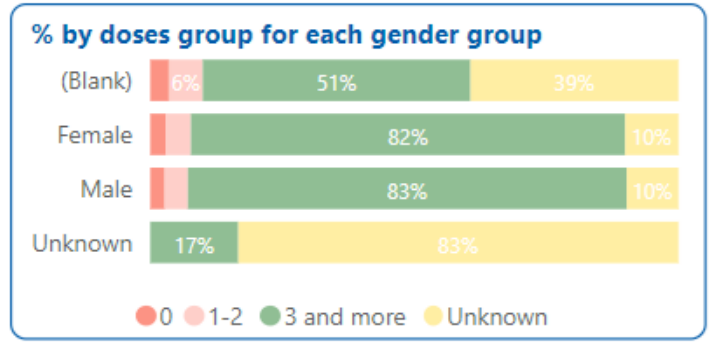
[Source: GPEI (2018).]

AFP Cases distribution, 2015 - 2023 - Gender Map









110,345 Cases

Year
- Select all
- 2023
- 2022
- 2021
- 2020

Final Results
- aVDPV1
- cVDPV1
- cVDPV2
- cVDPV3
- iVDPV2

Indi Dose Group
- 1. 0 dose
- 2. 1-2 doses
- 3. 3 and more doses
- 4. Unknown doses

Region Name
- AFRO
- AMRO
- EMRO
  - Afghanistan
  - Bahrain

Filter legend
- 0 - 50% Male AFP cases
- 50%-55% Male AFP cases
- 55%-60% Male AFP cases
- 60% and more Male AFP cases
- Gender info not available

Reset Filters

The GPEI Eradication Strategy 2022-2026 improved the existing gender data collection and analysis framework.

KPI
1.2.3 Percentage of national EOC (or equivalent) members in endemic and outbreak countries that are women
4.1.3 Percentage of SIAs which show coverage of greater 90% (disaggregated by sex)
4.2.3 Number of outbreak countries that conducted a rapid gender assessment
5.2.1 Percentage of priority countries achieving stool adequacy targets overall and disaggregated by sex

Post Polio campaigns monitoring analysis with gender disaggregated data

LQAS Methodology:

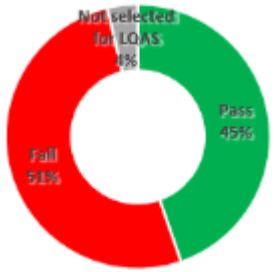
- Data collected during LQAS (Lot Quality Assurance Sampling) after each SIA, in predefined areas ("Lots")
- In each lot, at district/sub-district level, 60 children sampled (in 6 different clusters)
- Is the selected child vaccinated (child has the "**finger mark**")?
- Question about sex of individual is asked, as well as of reasons of non-vaccination

Analysis limitations:

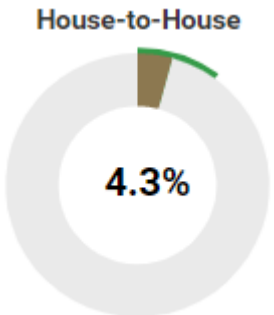
- Reasons of non-vaccination aren't included in the analysis, yet
- Hard to provide corrective actions - Analysis should be timely conducted at CO
- Different analysis is required, depending on whether is for KPIs or programmatic actions

CAMEROON (CMR-2022-001)
13/05/2022
nOPV2 NID (National scope)

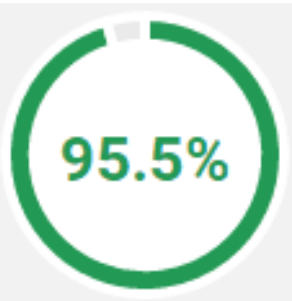
LQAS



Independent Monitoring

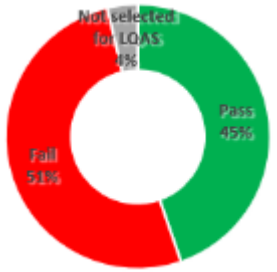


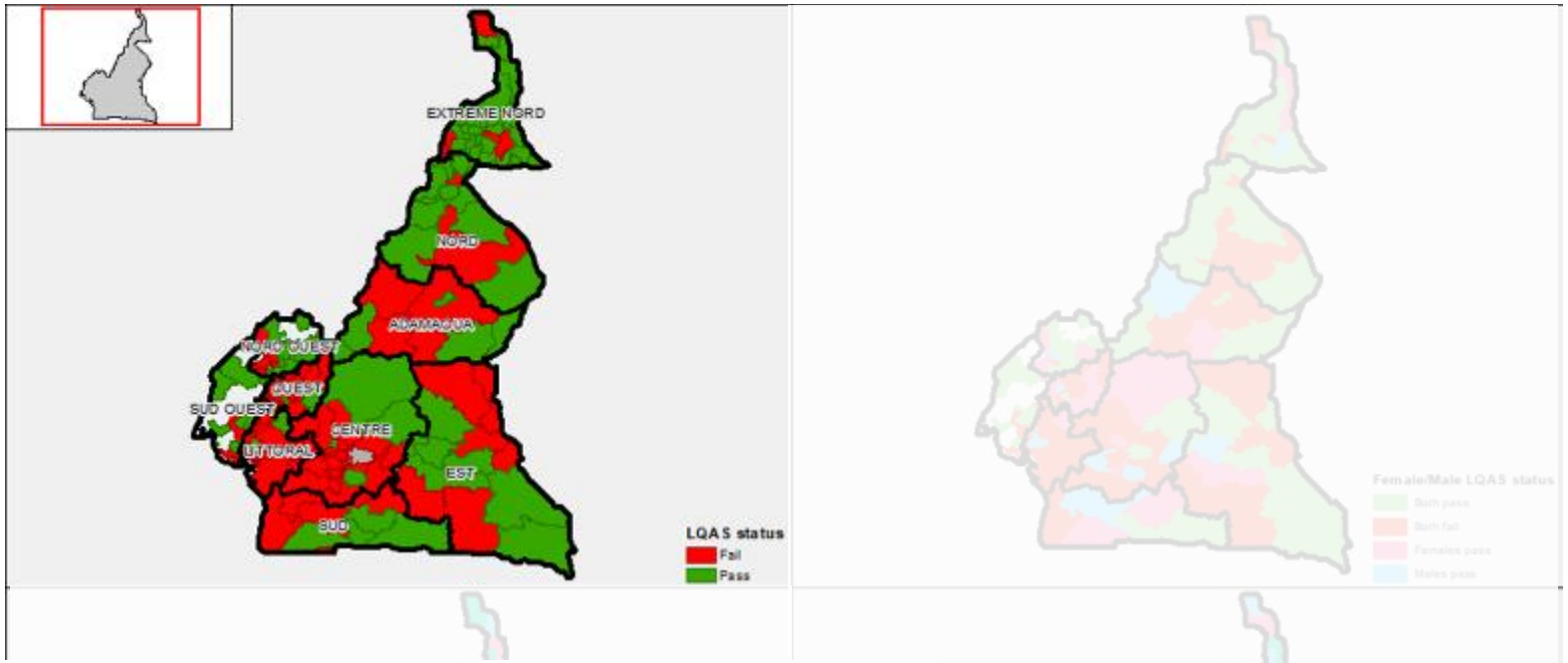
Admin coverage



CAMEROON (CMR-2022-001)
13/05/2022
nOPV2 NID (National scope)

LQAS



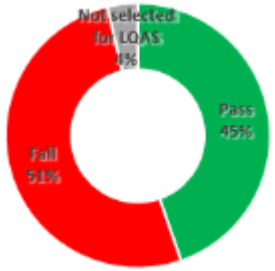


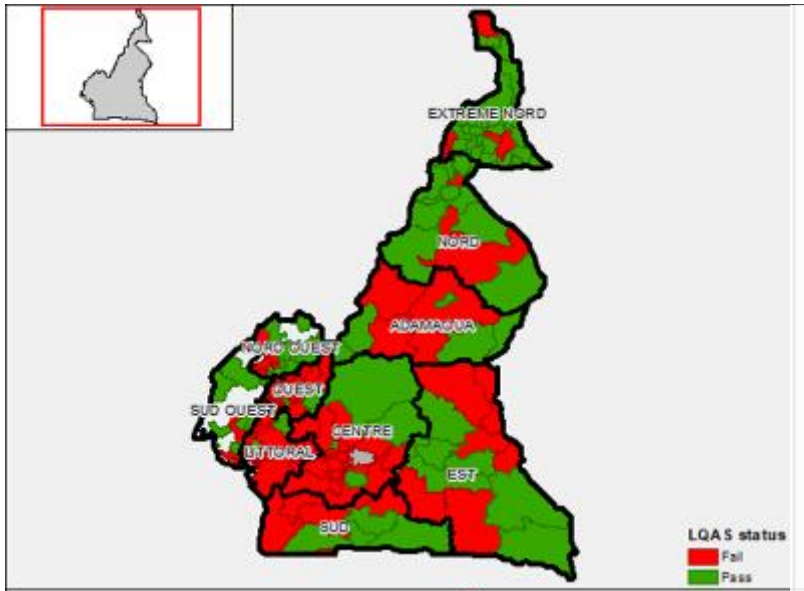
Fail: > 3/60 children unvaccinated (missed, not Finger Marked)

Pass: ≤ 3/60 children unvaccinated (reached, Finger Marked)

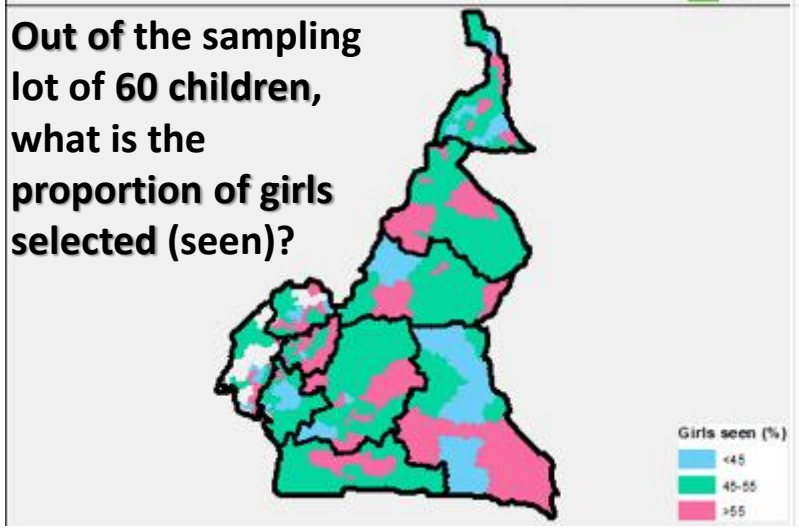
CAMEROON (CMR-2022-001)
13/05/2022
nOPV2 NID (National scope)

LQAS





Out of the sampling lot of 60 children, what is the proportion of girls selected (seen)?



CAMEROON (CMR-2022-001)
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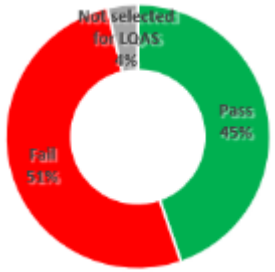

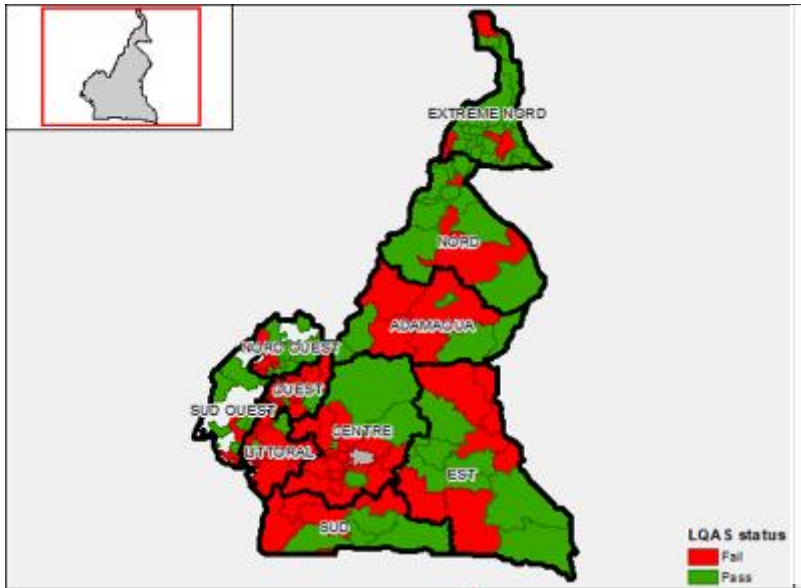

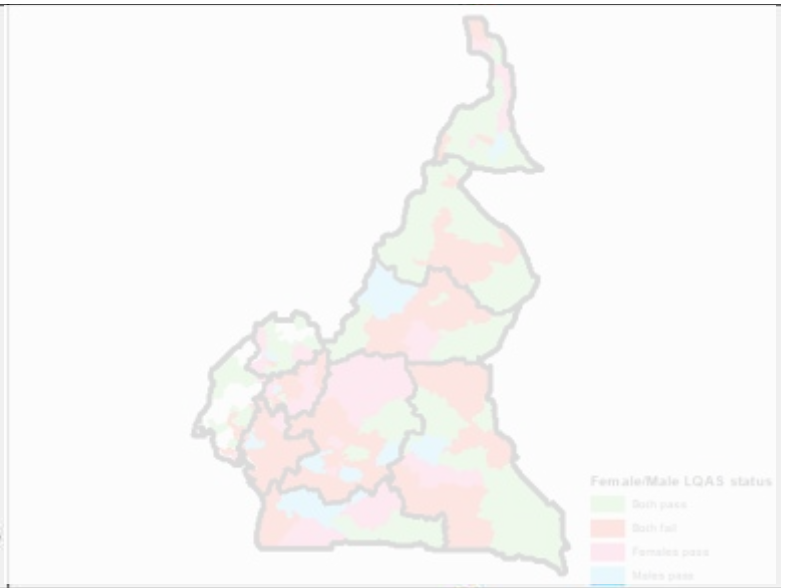

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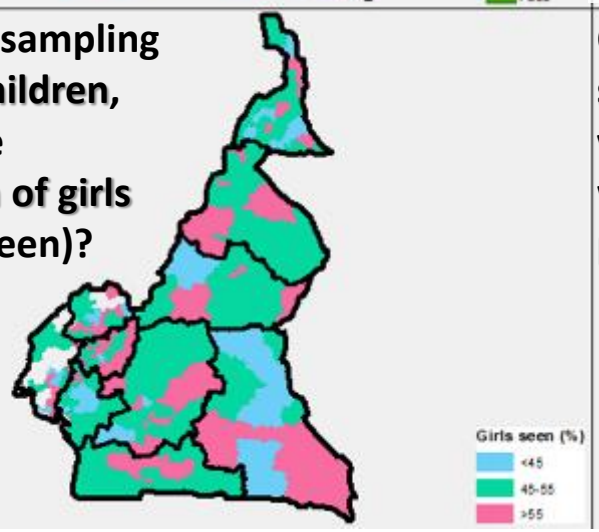
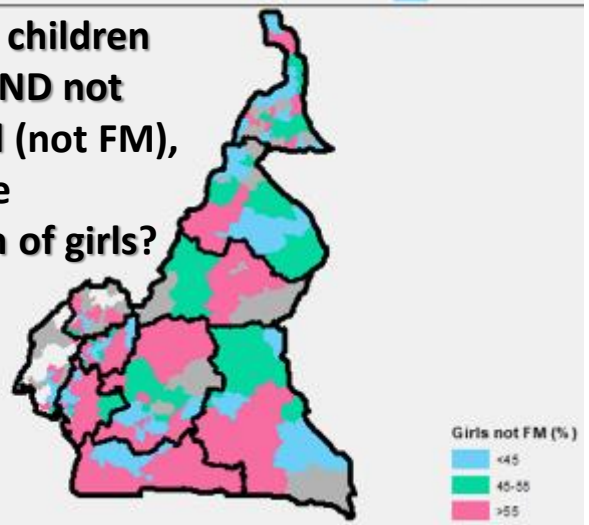


Out of the children selected AND not vaccinated (not FM), what is the proportion of girls?



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13/05/2022
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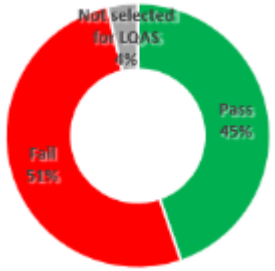
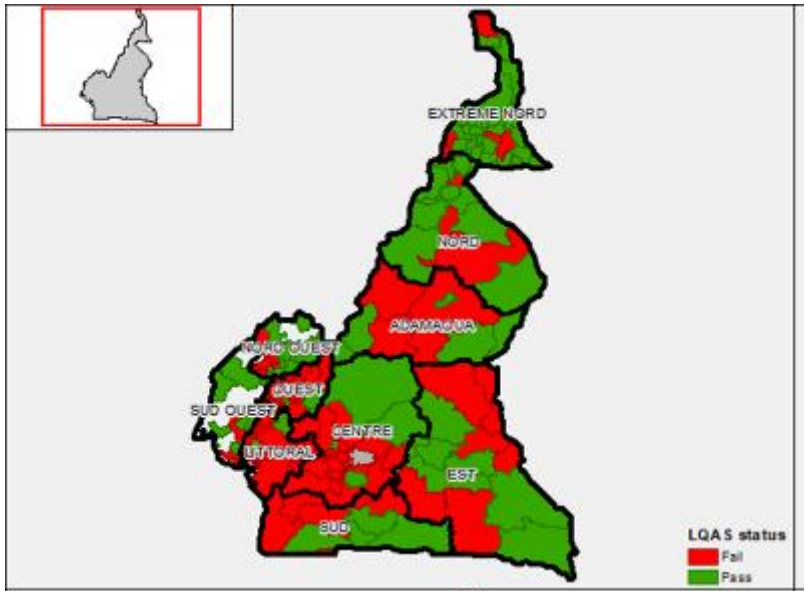
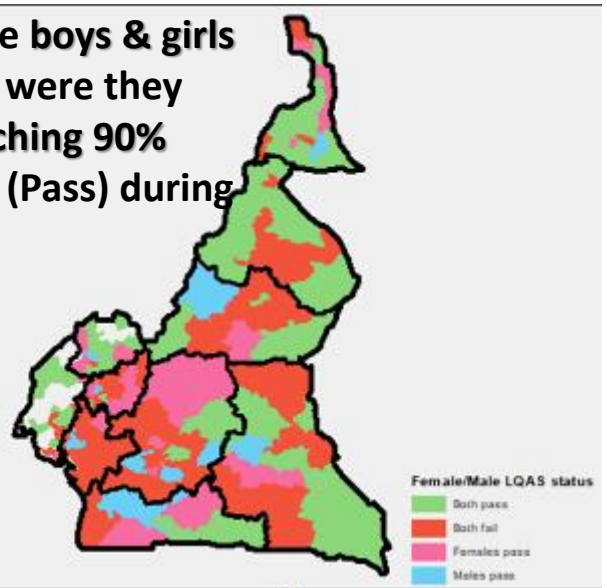




Out of the boys & girls selected, were they both reaching 90% coverage (Pass) during LQAS?



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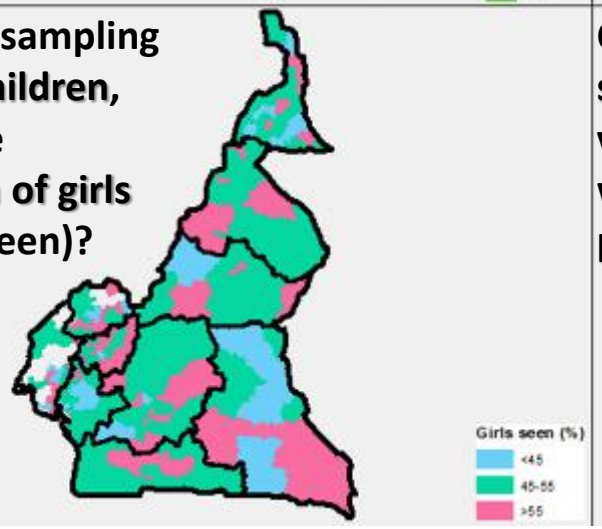

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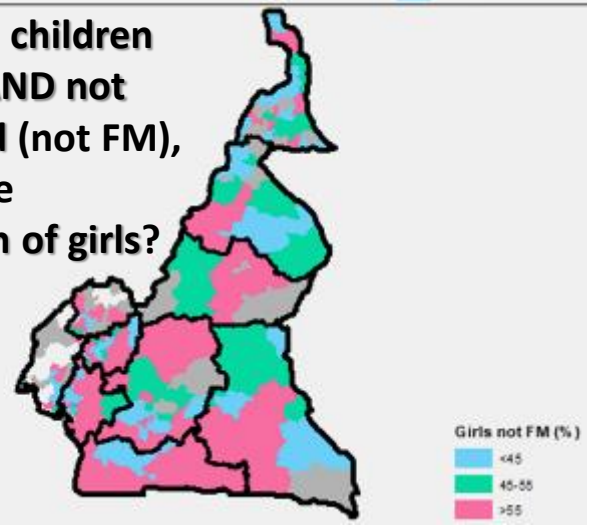

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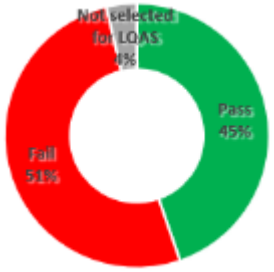
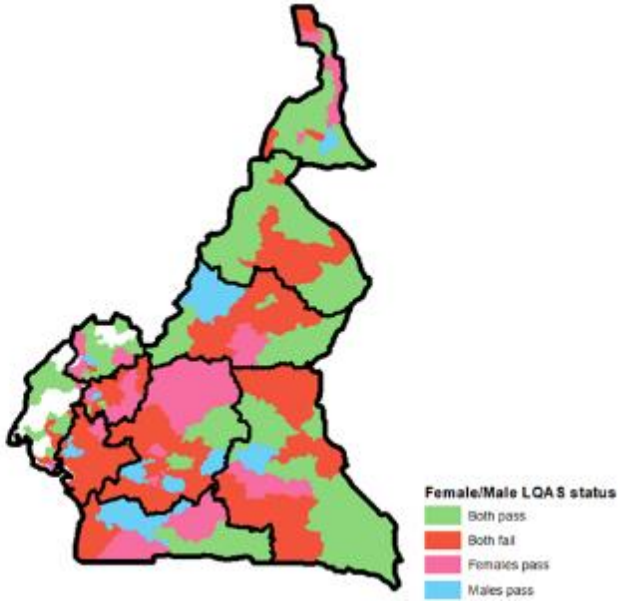
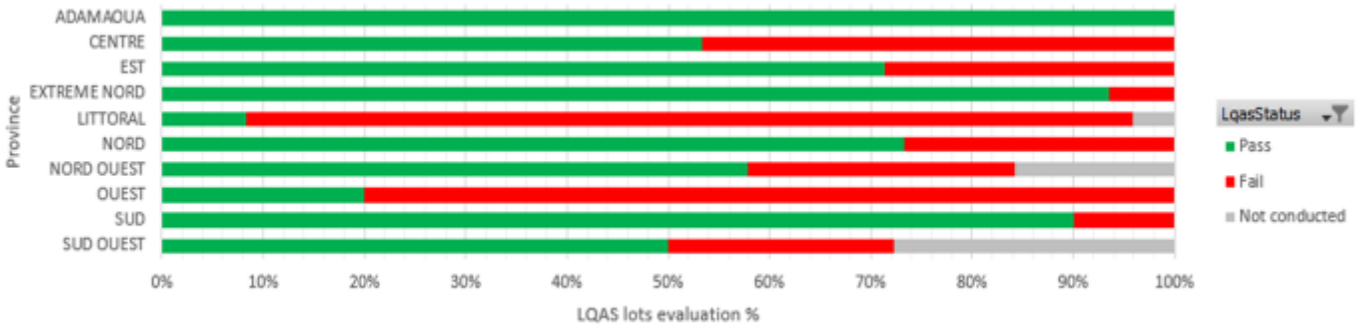
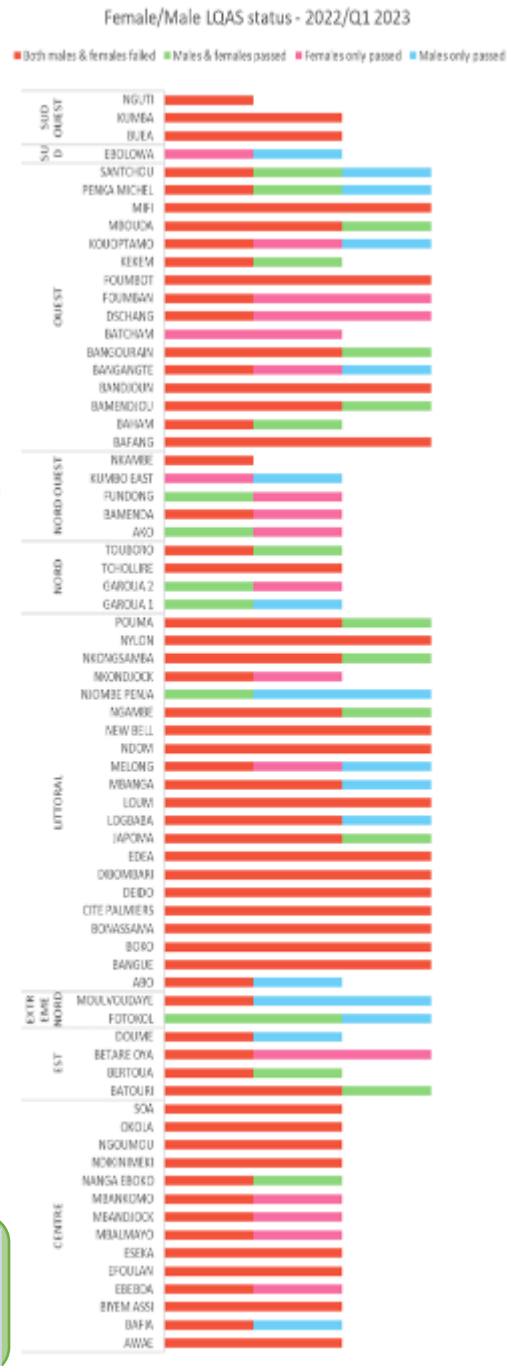








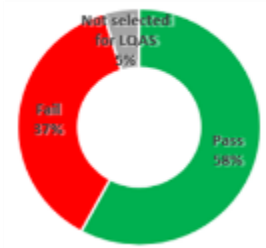
- 96/184 districts failed LQAS
- 70 (73%) of failed districts for both boys & girls
- 13 (14%) of failed districts, girls only passed
- 11 (11%) of failed districts, boys only passed

KPI 4.1.3:
% of SIA which shows coverage of greater 90% (disaggregated by sex)

Males	Females
88%	89%

CAMEROON (CMR-2022-002)
01/07/2022
nOPV2 NID (National scope)

LQAS



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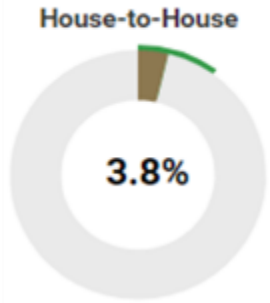
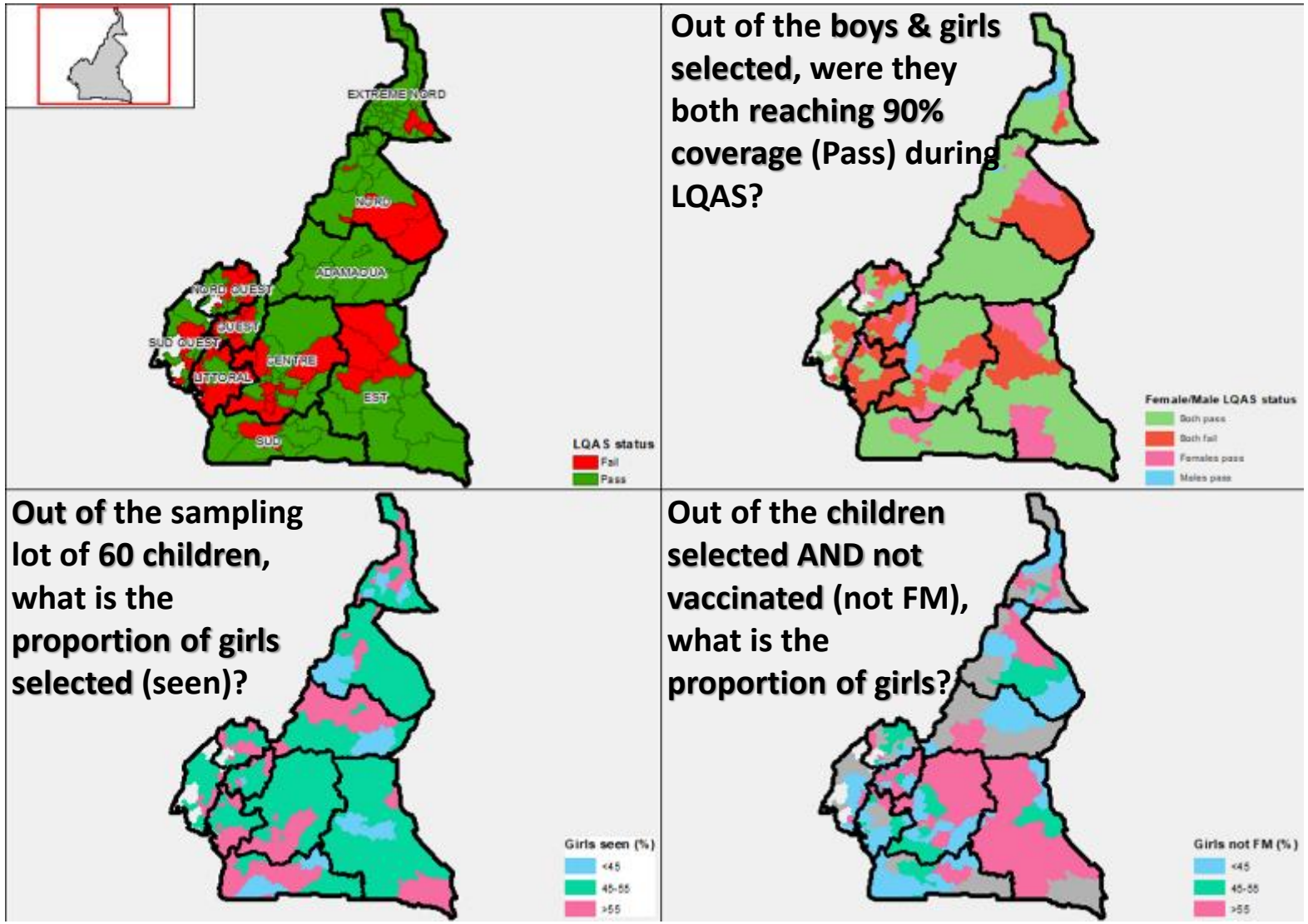
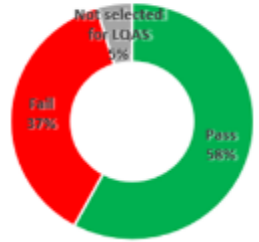


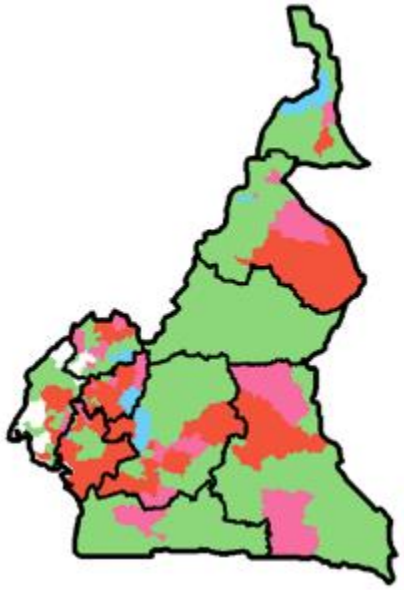
Admin coverage

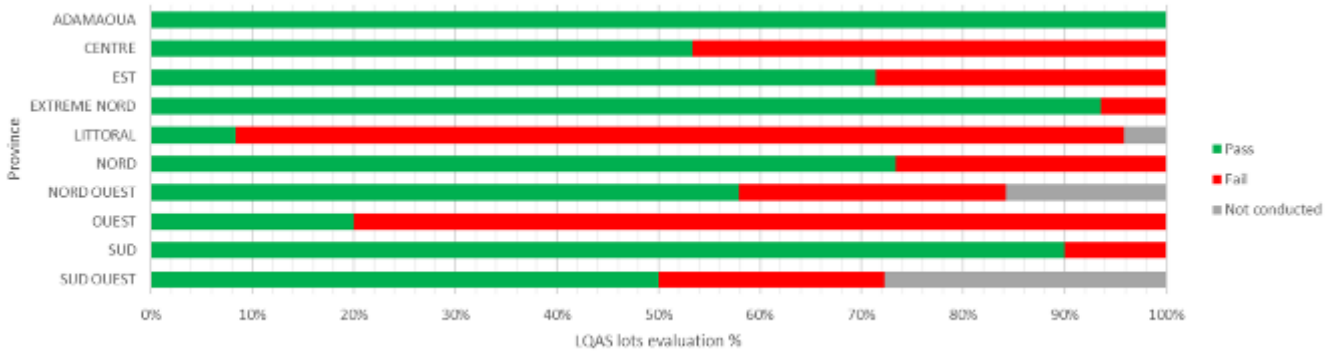


CAMEROON (CMR-2022-002)
01/07/2022
nOPV2 NID (National scope)

LQAS



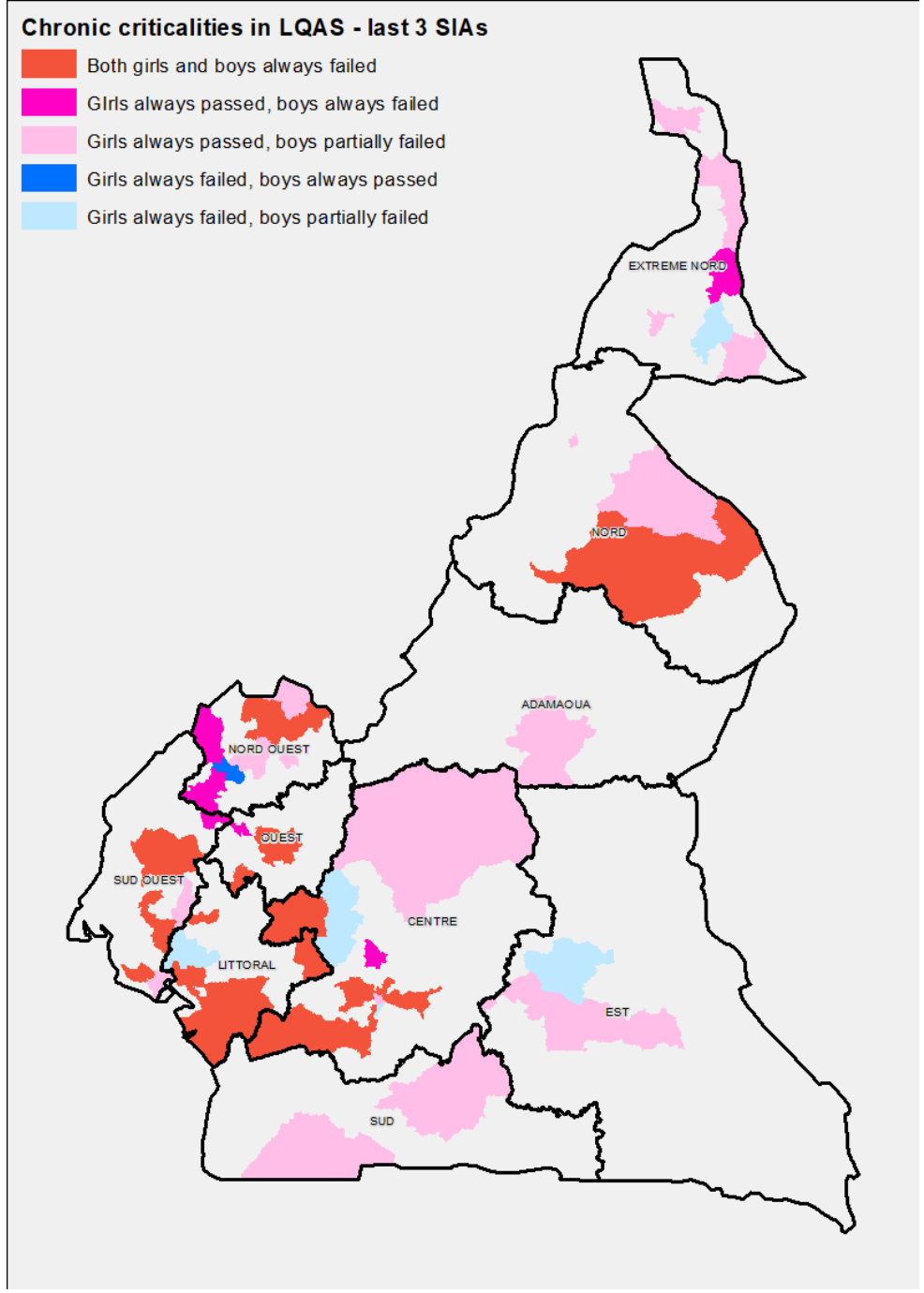




- 71/190 districts failed LQAS
- 50 (70%) of failed districts for both boys & girls
- 11 (15%) of failed districts, girls only passed
- 6 (8%) of failed districts, boys only passed

KPI 4.1.3:
% of SIA which shows coverage of greater 90% (disaggregated by sex)

Males	Females
93%	93%



Gender significance during last 3 SIAs:

- **15% of districts (28) always failed for girls and boys**
- 4% of districts (7) always passed for girls only
- 1 district always passed for boys only
- 26% of districts (50) always passed for girls and boys

KPI 4.1.3:

% of SIA which shows coverage of greater 90% (disaggregated by sex)

Males	Females
91%	92%

To conclude

What is this analysis telling us?

- *Where LQAS are failing – Quality of the SIA wasn't satisfactory*
- *The sampling group should be gender-balanced representative*
- *It's important to identify geographical pockets where boys or girls are consistently missed*
- *Can be this data action-oriented? How? At which level?*
- *Is KPI 4.1.3 able to identify gaps? Can this indicator be used to grasp gender inequalities in accessing the Polio vaccine?*

What are next steps?

- *Include the reasons of non vaccination can help the narrative & target more corrective actions*
- *Include gender analysis more consistently while looking at LQAS results*

POLIO GLOBAL ERADICATION INITIATIVE

THANK YOU

MERCI

World Health Organization · unicef · Rotary · CDC Centers for Disease Control and Prevention · Bill & Melinda Gates foundation · Gavi The Vaccine Alliance

An Assesment

Adopting a Gender Lens to Improve and Sustain Polio Vaccine Uptake in Afghanistan

unicef

Study focus

Challenge

Identify pre-existing and emerging gender challenges and other social norms influencing polio vaccine uptake.

Internally

Conduct a gender assessment of internal policies and procedures to identify challenges and opportunities for women's participation at all levels of the ACO polio programme under the current conditions.

SBC

Conduct a gendered review of communication and SBC materials and provide actionable advice on the adaptation required.

Timeline: conducted between June and December 2021

Conceptual Framework

- Followed the **socioecological model** and **human-centred design approach** to analyse the determinants and **causes of gender inequities that affect front-line health workers**
- Framework was based on the **GPEI Gender Strategy** and the **UNICEF ROSA Immunization and Gender Guide**
- **WHO gender responsive assessment scale** and the **UNICEF ROSA** A **practical guide to integrate a gender lens into immunization programmes**
- However, the conceptual framework of frontline health-worker journey was **particularly utilized**

Methodology

- Literature review
- In-depth interviews (15) with ACO team, Regional Office Hub, and HQ
- Focus group discussion (5) with female front-line health workers
- Content analysis of UNICEF SBC campaign products and training materials in local languages.

Challenges and study limitations

Restricted travel for researchers to collect data especially after repurposing the scope of the study.

Change of terms of reference for the assignment due to the evolving events.

Some of the interviewees identified refused to participate in the study.

Findings

1. Gender mainstreaming in communications & social and behaviour change, and community engagement

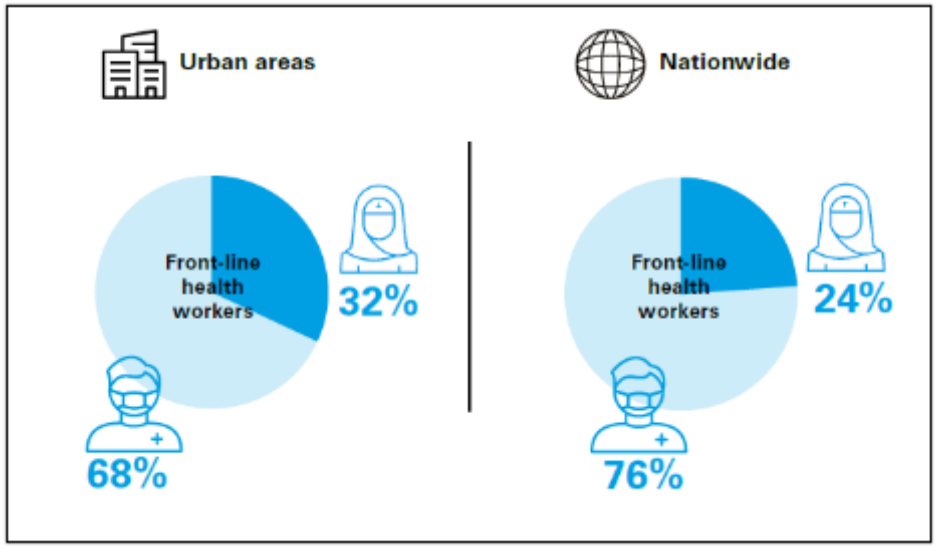
Generally

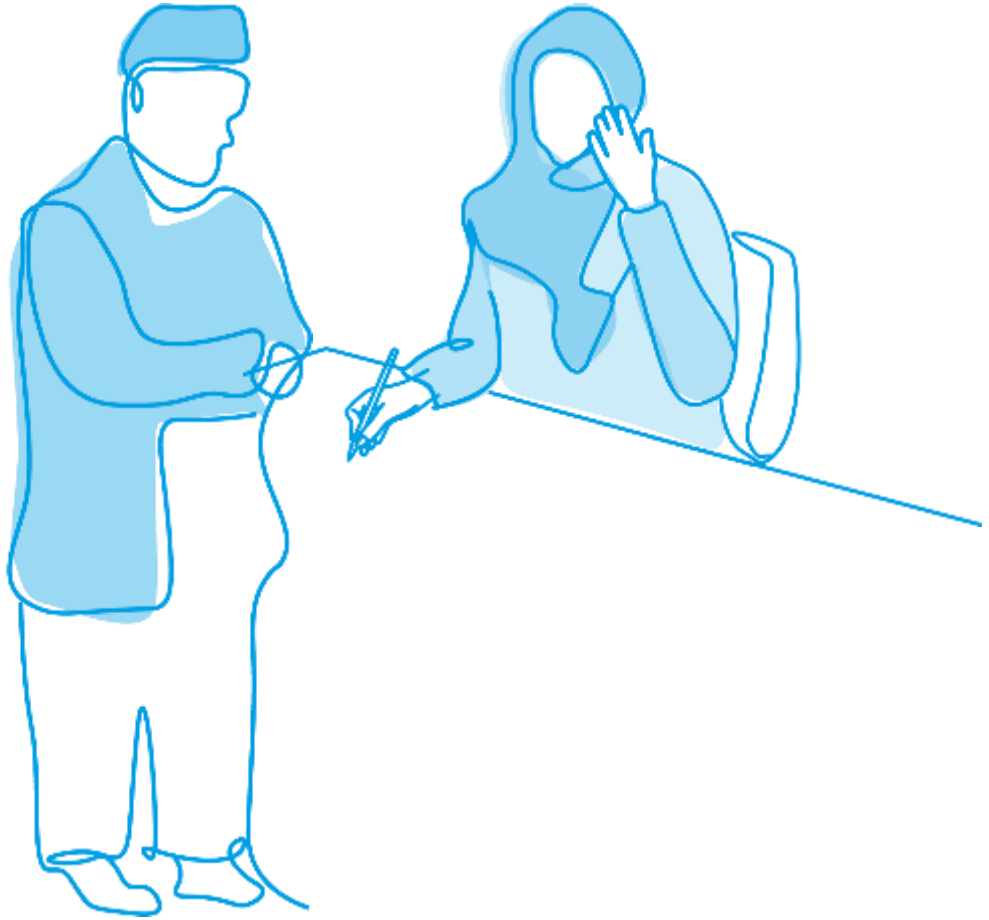
- There seems to be little guidance on how to tailor communication interventions to overcome cited gender-related barriers to immunization *(e.g. dispelling misinformation and myths).*

- Some disconnect was noted between designed strategies and available opportunities for subnational team to build on lessons learned for gender mainstreaming.

Social and Gender context

1. Of the 1,767 campaign-specific social mobilizers recruited, 100 per cent were men. However, as of the December 2021 campaign, more female mobilizers were being recruited.
2. The above figures account solely for full-time social mobilizers.
3. The figures represent a decline in women's participation from previously reported data.





1.1 Highlights for SBC & community engagement findings

Five communication strategies were reviewed. **However, only <u>two</u> explicitly drew on gender theories or frameworks.**

Through interviews, it was evident that communities are not included in the design and implementation process.

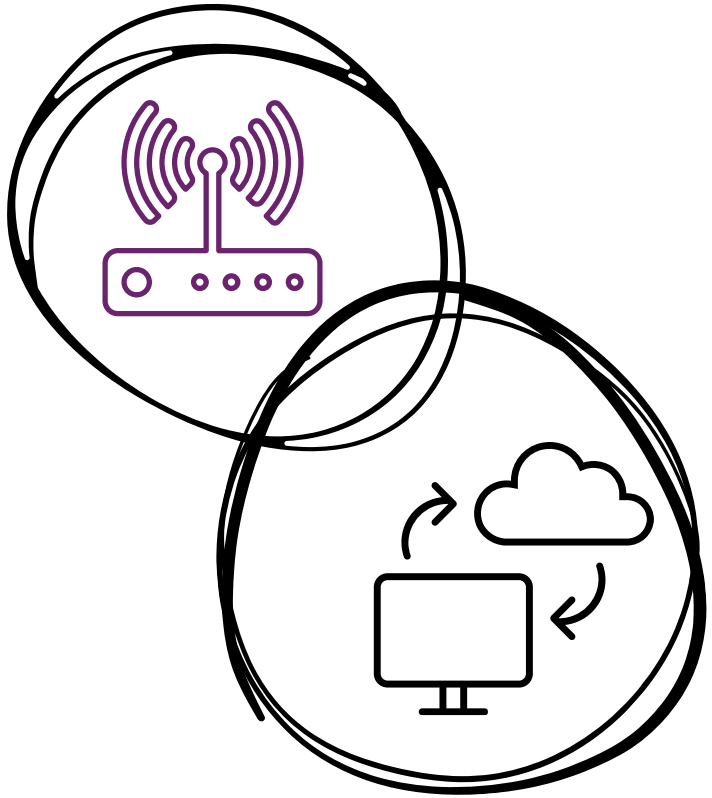
Key informants highlighted that affected communities must be included in decisions.

Key informants pointed out that more coordinated, cross-sectoral interventions could present an opportunity to integrate polio into maternal, newborn and child health messaging, and other community activities.

A shortage of sub-national social data significantly hampered the programme updates.

It was unclear if recommendations from previous evaluations were adopted and implemented as part of the programme.

1.2 Findings for media engagement

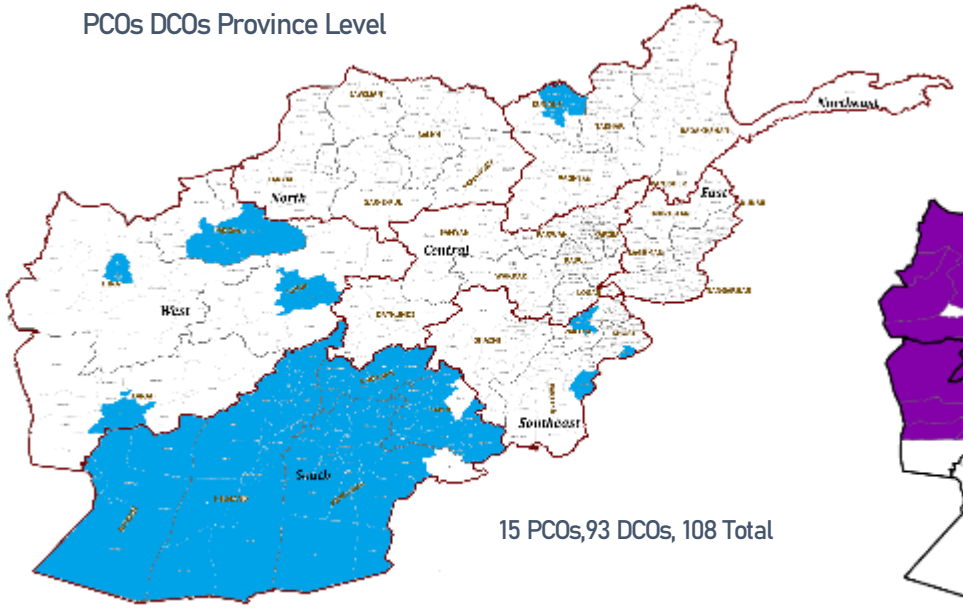


- Reviewed IEC materials reflected some gender-responsive approaches**. Nonetheless, pre-testing with communities was not evident.**
- A random number of UNICEF-produced Facebook posts on @PolioFreeAfghanistan were selected between August to November 2021*. **All 16 Facebook posts reviewed were rated as gender blind.**
- **Gender sensitivity was reflected through visuals but not messages.**
- **Some negative comments, including misinformation, were cited** on the @PolioFreeAfghanistan Facebook page but did not receive a response.

Women's participation in the polio programme

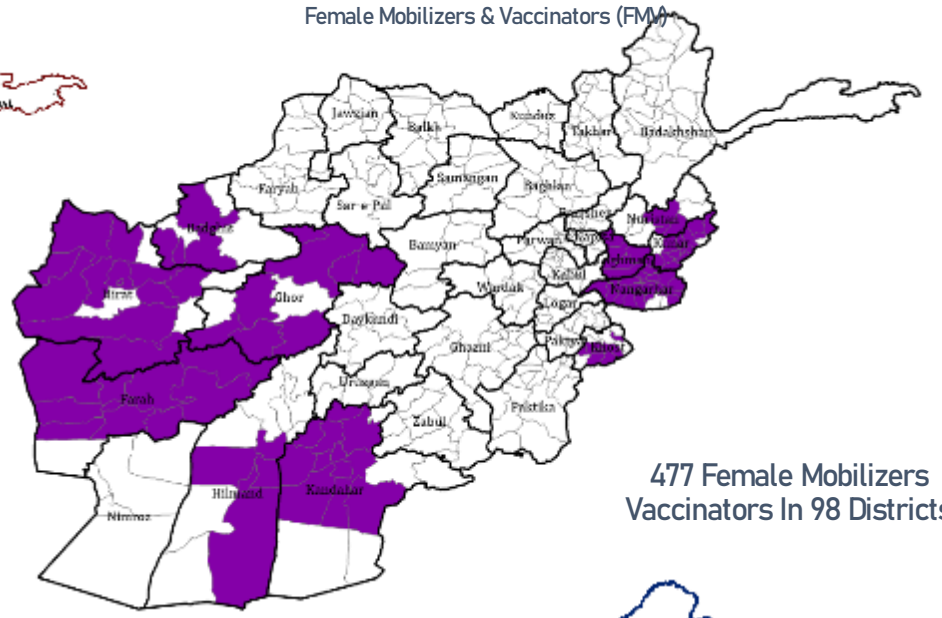
Social Mobilizers, Female Mobilizers Vaccinators FMVs, SIA's Based Social Mobilization and Extenders as of Oct-2022

PCOs DCOs Province Level



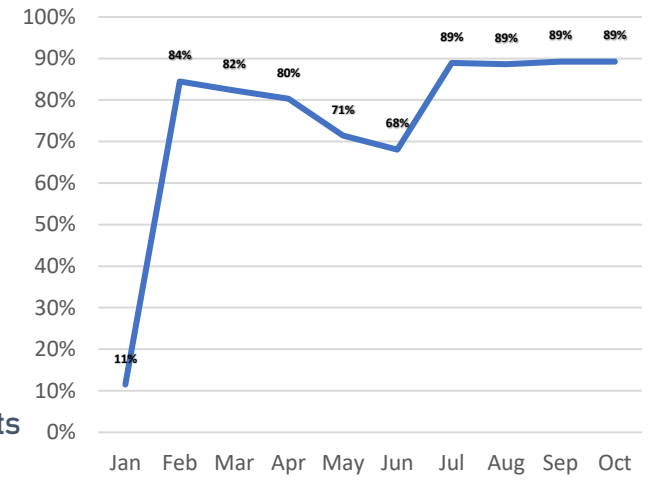
15 PCOs,93 DCOs, 108 Total

Female Mobilizers & Vaccinators (FMV)

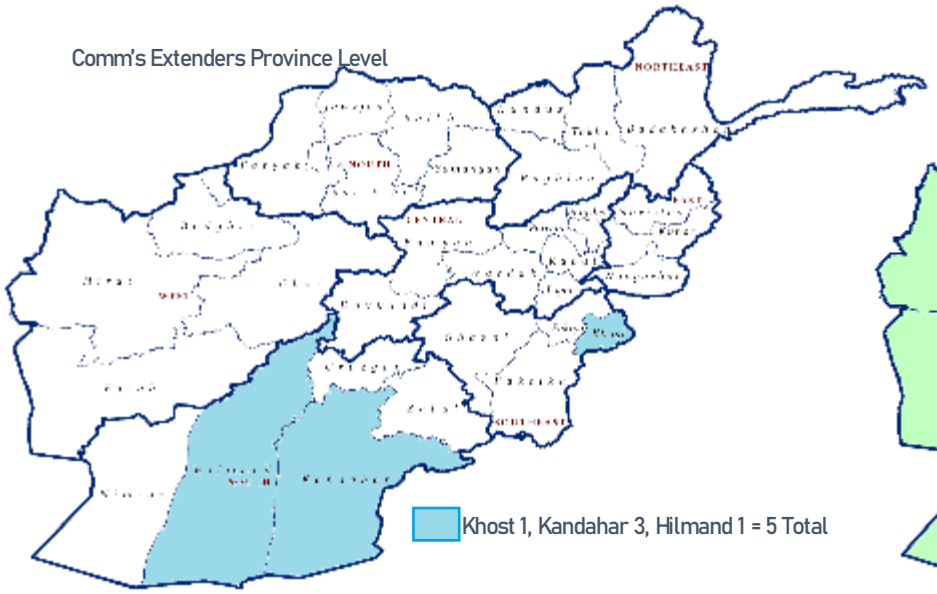


477 Female Mobilizers Vaccinators In 98 Districts

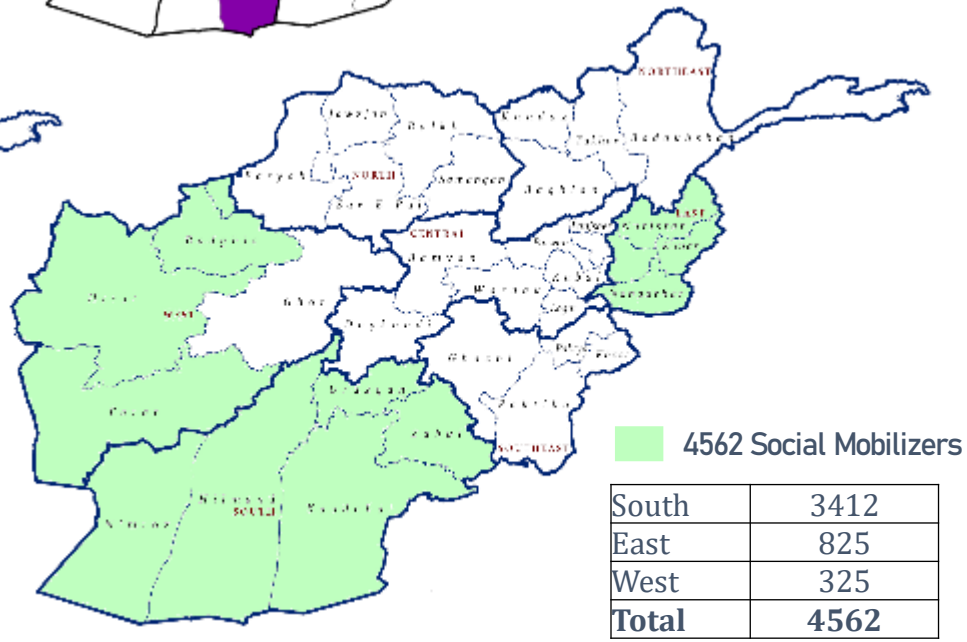
Female Proportions Overall



Comm's Extenders Province Level



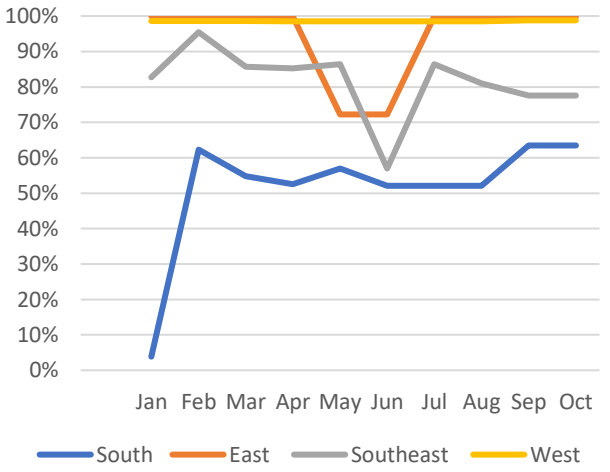
Khost 1, Kandahar 3, Hilmand 1 = 5 Total



4562 Social Mobilizers

South	3412
East	825
West	325
Total	**4562**

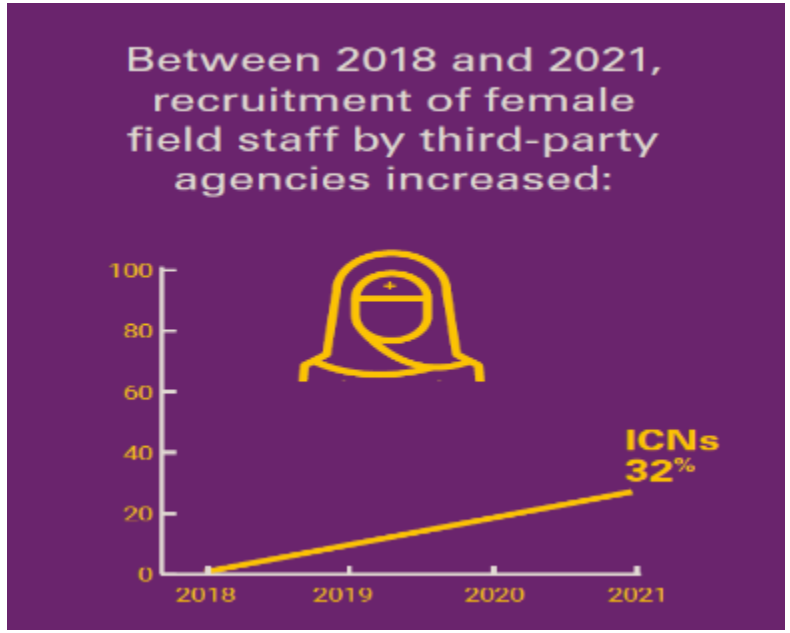
Region Wise Female Proportions

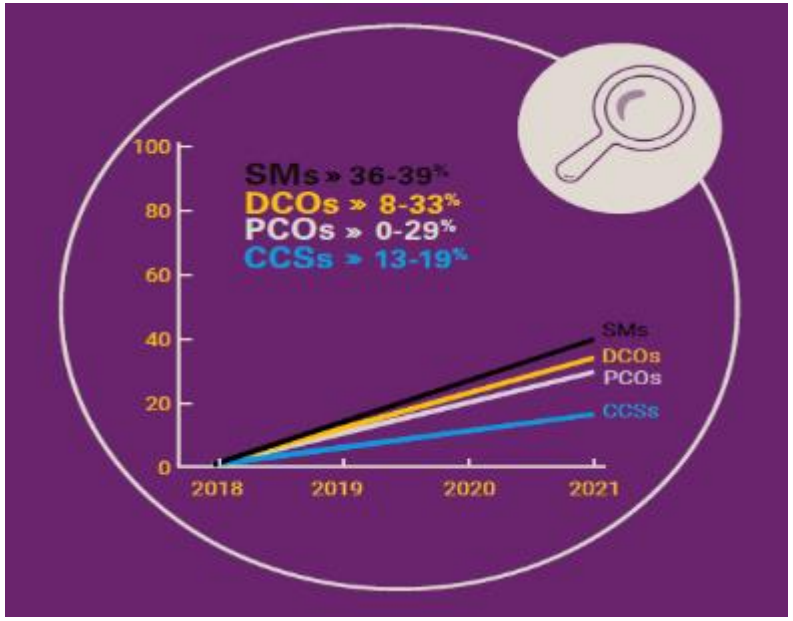


Regions	Mobilizers in Com		FMVs	Soc Mob Facilitator / Ext	Campaign-based SMs
	PCO	DCO	FMVs	Female Ext	Female campaign-base SMs
South	2	16	159	2	665
Southeast	0	2	41	1	0
East	3	0	268	0	664
West	2	1	86	0	0
North and North East	0	0	10	1	0
Total	7	19	564	4	1329

Internal Context

- **Leadership commitment towards women's participation and gender integration**
- **Technical Capacity -** need to invest in gender-related training and capacity-building for staff.
- **Organizational environment -** stereotypes concerning a woman's ability to work effectively under a challenging operational environment





Internal Context

- Senior ACO staff confirmed the need to invest financial and human resources in gender-related training and capacity-building for staff.

- Women's involvement in campaigns is still well below the standard set by the UNICEF Gender Parity and Equality Policy.

- Women are constricted by what is known as a "sticky floor", where they are recruited to fill traditionally "female-type" occupations.

- Initiatives aimed at motivating best-performing female front-line workers were noted, such as opportunities for free English and computer classes.

External Context

Women with higher levels of education, economic status and who live in urban areas were more likely to be allowed to be employed by their families.

Afghanistan adopts segregation between men and women in the workplace. This became mandatory after August 2021.

Women attending meetings no longer feel welcomed in certain places.

Interviewees also cited campaign visibility as a security risk for female front-line workers and social mobilizers. One female participant flagged “public suspicion that polio workers operate as spies on behalf of The International Security Assistance Force and the government.”

“Women in remote areas cannot even get medicine at the health facility unless they come with a male. They don’t even have access to a doctor; they’re not giving us medicine unless we’re accompanied by a man.”

“That is the level of segregation, that is the level of deprivation that these women go through. It's not just related to the male-dominated household. It's also that there’s the culture of masculinity inside the health service facilities.”

Female informant.

1. To improve gender mainstreaming in communications and community engagement, we need to consider…

1. Building general capacity to help polio staff better navigate integration of the gender aspect as part of the SBC programme.

2. Designing (at the national and regional levels) gender-sensitive and specific messages to respond to common rumours and appeal to different target audiences.

3. Collecting robust qualitative social data particularly gender-related data that is reflective of public perception and the perceptions of implementing partners.

4. Pre-testing produced materials and validating them before distribution.

5. Producing pre-recorded TV and radio drama episodes/spots and discussion guides with the relevant gender content integrated for different audiences.

6. Designing a whole new suite of social media assets delivering gender-sensitive integrated messaging on health (including polio, routine immunization and maternal, newborn and child health), water, sanitation, nutrition and possibly digital literacy.

2. To strengthen women's participation in the polio programme, we need to consider…

1. **In-country programme leadership (UNICEF and WHO) consistently advocating for women's participation** in the programme.

2. **Drafting an accountability framework for UNICEF and WHO with clear indicators** to assess progress on women's participation at all levels.

3. **Improving knowledge and skills related to gender concepts, gender mainstreaming** and the influence of gender on immunization for leadership, senior managers and district managers.

4. Adhering to family-friendly policies specified in the terms of reference for extenders and other mobilizers.

5. Making available training opportunities specifically for front-line workers.

6. Ensuring that all job advertisements and terms of reference are gender sensitive in terms of language and content.

7. Ensuring that Prevention of Sexual Exploitation and Abuse (PSEA) is functioning at the community level and reminding all staff (UNICEF, WHO and extenders) about PSEA regularly.

3. To improve gender and security factors affecting women's participation including for mosque-to-mosque campaigns:

1. **Consider creating a pool of older women who can support the programme if young women who are front-line workers** or social mobilizers cannot participate.
2. **Explore the feasibility of new entry points for the polio programme with humanitarian actors** such as World Food Programme.
3. **Continue to encourage or develop Imams who are engaged in child health,** who can expand mobilization to include fathers and grandfathers.
4. **Recruit more women for the campaign** to increase outreach in areas only reached by males.

Intervention to improve the results

Building Bridges: National and Regional Interventions 2023

Strategic Focus to implement Gender Transformative Programme – whats being done

- **Leveraging on Safe Space for women and Girls platforms**

Strengthen Women participation in Polio Programme (from 40 to 99 in 2023) Strengthen

Improve gender and security factors affecting women's participation including mosque to mosque campaign:

Review current Polio and other sectoral IEC materials for gender sensitivity (Polio) ; Print and disseminate/distribute

Initiate and implement entrepreneurship skills and development in Kandahar Province for 32 women

Build capacity of women's networks(health, and education(teachers), WGSS on gender and polio in the region (Polio)

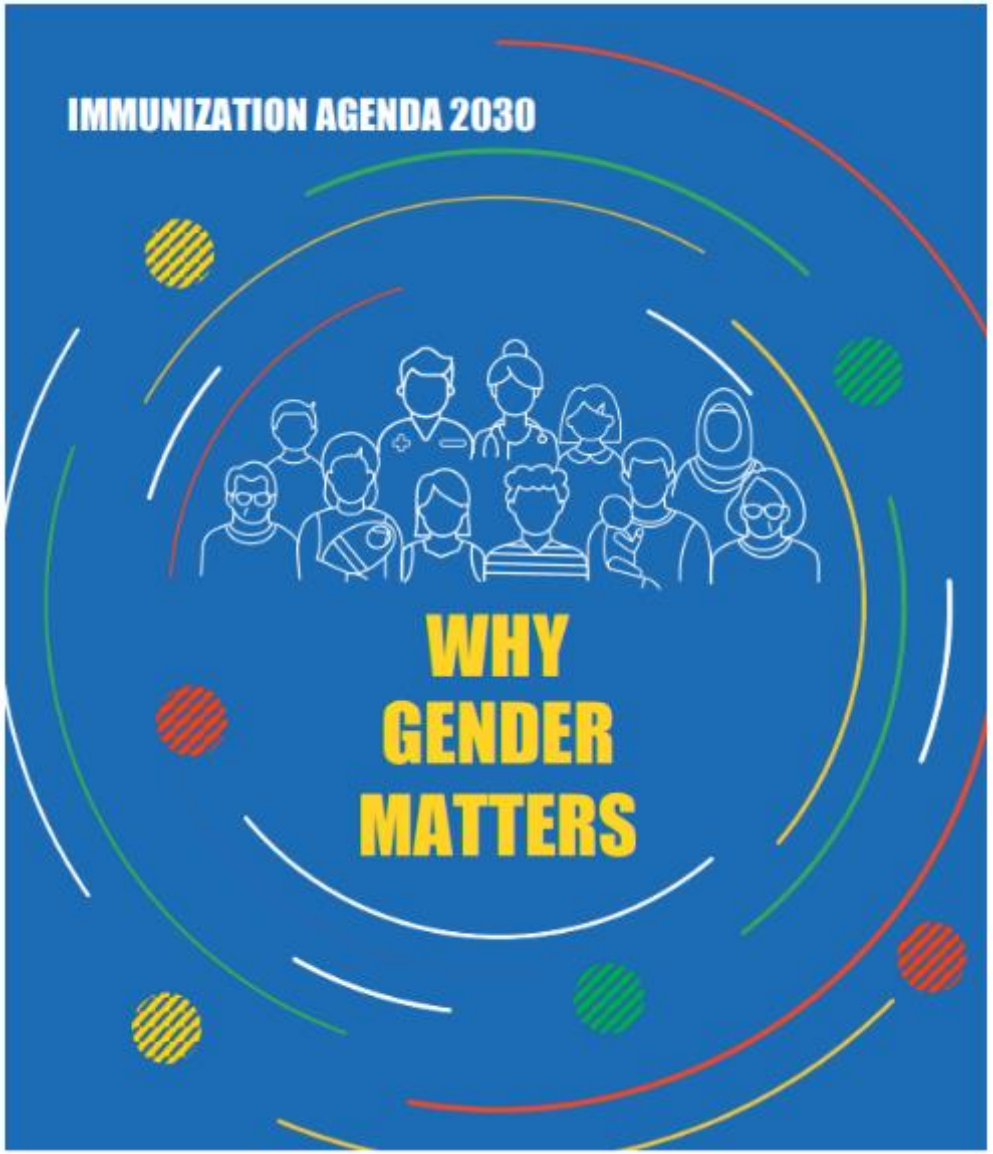
From 630 to 800: female mobilizers vaccinators at the health facilities engaged around 50 women per week through the health education sessions reach around 1.9 million women in 2023

- **Community Engagement Initiatives**
- Women Engagement Officer Initiative in South Region involve 16 community engagement officer. In 2022 38,400 women were engaged in community dialogues discussions focusing on polio routine immunization, nutrition, WASH and Protection Messages
- 1200 Community Listening Platforms engaging 12, 000 women in subgroup such as teachers, health workers, elder women, young women and girls including women religious leaders.
- 48 Community Drama shows designs based on the gender transformative approach engaging caregivers at the households and community level nationwide.
- Production of the communication materials and messages to promote the role of female in the eradication programme
- Introduce skills training initiatives to enhance the capacity of women workforce markets producing materials to support the programme interventions.

Evidences Interventions

- Increase women access to information through the social listening, listening platforms and I4GT at the households
- Conduct gender norms analysis to understand the barriers towards the vaccination
- Conduct a caregiver analysis focusing
- on behavioral insight and social change
- Mapping the influencers and increase their engagement in the programme implementation

Thank You



World Health Organization

unicef for every child

Gavi The Vaccine Alliance

Q and A

All materials and recordings from this and previous webinars available here: https://www.technet-21.org/en/hot-topics-items/429-programme-management/15449-gender-and-immunization

For more info, visit: https://www.who.int/teams/immunization-vaccines-and-biologicals/gende