Gender related issues impacting immunization programming

30th Oct – 1st Nov, 2023
Les Pensières Center for Global Health Veyrier du Lac – France

gavi.org

Gender and immunisation - overview

Gender related barriers to immunisation - short video

- **What** are gender related barriers to immunization
- **How** you can learn more about them
- **Why** it is important to address these barriers

Case studies on gender and demand related programming

Gender related barriers to immunisation

https://watch.immunizationacademy.com/en/videos/885

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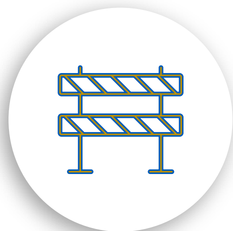
WHAT
GENDER-RELATED BARRIERS TO IMMUNIZATION

INDIVIDUAL
HOUSEHOLD
COMMUNITY
HEALTH SYSTEM

Gender Policy critical to Gavi 5.1 vision of "Leaving no one behind with immunisation"

Policy Goal:
Identify and overcome **gender-related barriers to reach zero-dose and under-immunised children**



Overcome gender barriers to immunisation

Increase participation of women & girls in health programme decision-making

Address coverage gaps between girls and boys where they exist

COUNTRY CASE STUDIES

Learning from promising gender& demand interventions –

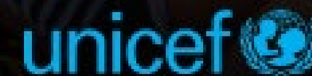
Mozambique and Yemen

Based on UNICEF report “From coverage to empowerment: Integrating gender in immunisation demand”, 2022

FROM COVERAGE TO EMPOWERMENT

INTEGRATING GENDER IN IMMUNIZATION DEMAND

Promising practices from six countries



MOZAMBIQUE

Model Families and Community Health Committees

Model

- Community Health Committees (CHCs) conduct home visits and community dialogues, focusing on engaging fathers
- CHCs identify and certify "Model Families" based on behavioral practices across several domains including nutrition, sanitation, immunisation status, and male engagement in programming
- Community celebrations of newly recognized Model Families fosters community discussions
- CHCs encourage and elevate women’s voices in the CHC

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Stakeholders

- Implemented by Community Health Committees
- Voluntary community members independent from the country's official health system
- MoH endorses the CHCs
- Funds for 1 province from

- Funds for 2 provinces from

Budget
US$417,000 (2018-2021 in 3 provinces)

Caregiver, Gurué, Zambézia

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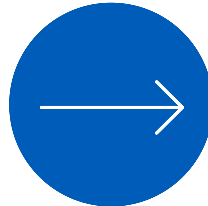
What stops children from being vaccinated?

Barriers to accessing services identified through gender analysis

- High child marriage rates contribute to limited maternal decision making, education, and access to information
- Rigid gender norms support women having many children and high care burdens, while hindering men's engagement in health seeking behaviours
- Crowded health facilities, long wait times, and poor treatment by health workers
- Limited understanding about significance of immunisation and immunisation schedules for both mothers and fathers



Corresponding interventions

- Package health and social services according to individual family need
- Conduct main interventions in districts with high poverty and low immunisation rates using community dialogue
- Engage fathers and educate alongside mothers on value of immunisation for all children
- Provide mobile, house-to-house, or after-hours vaccination options as well as appointment times and vaccination-only queues
- Sensitize health workers incorporating incentives and performance goals

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Results

- 37, 365 families certified as Model Family (criteria includes all children vaccinated)
- Qualitative data suggests that men start to recognize women's childcare burden
- CHC members seeing increased participation by men in domestic responsibilities
- Increased presence of men with families during regular and emergency vaccinations
- Women's visibility as community health agents elevated

All children in certified families are vaccinated

Men recognize women's childcare burden

Women's visibility as community health agents elevated

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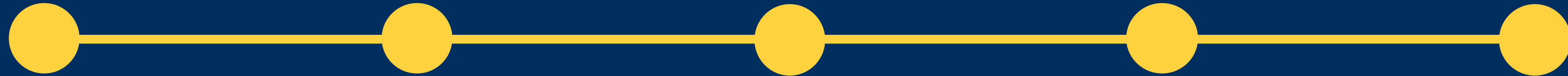
What worked well



Conducting
a gender analysis to identify and address gender related barriers experienced by caregivers

Integrating
several focal areas in programming such as nutrition, sanitation and hygiene, male engagement in childcare and immunisation

Government
inclusion of the Model Family initiative into the National Health Promotion Strategy

Shifting
stereotypes by elevating women's roles within CHCs

Requiring
male engagement in programming, activities, and home visits for families to be certified as a Model Family

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Building on the success

Challenging gender norms has potential for more far-reaching social change

Promoting an integrated package leads to gains across multiple health outcomes and promotes health seeking behaviours for children and caregivers.

MoH buy-in has contributed to promotion of initiatives in all provinces with national scale-up planned in 2024, as funding is available

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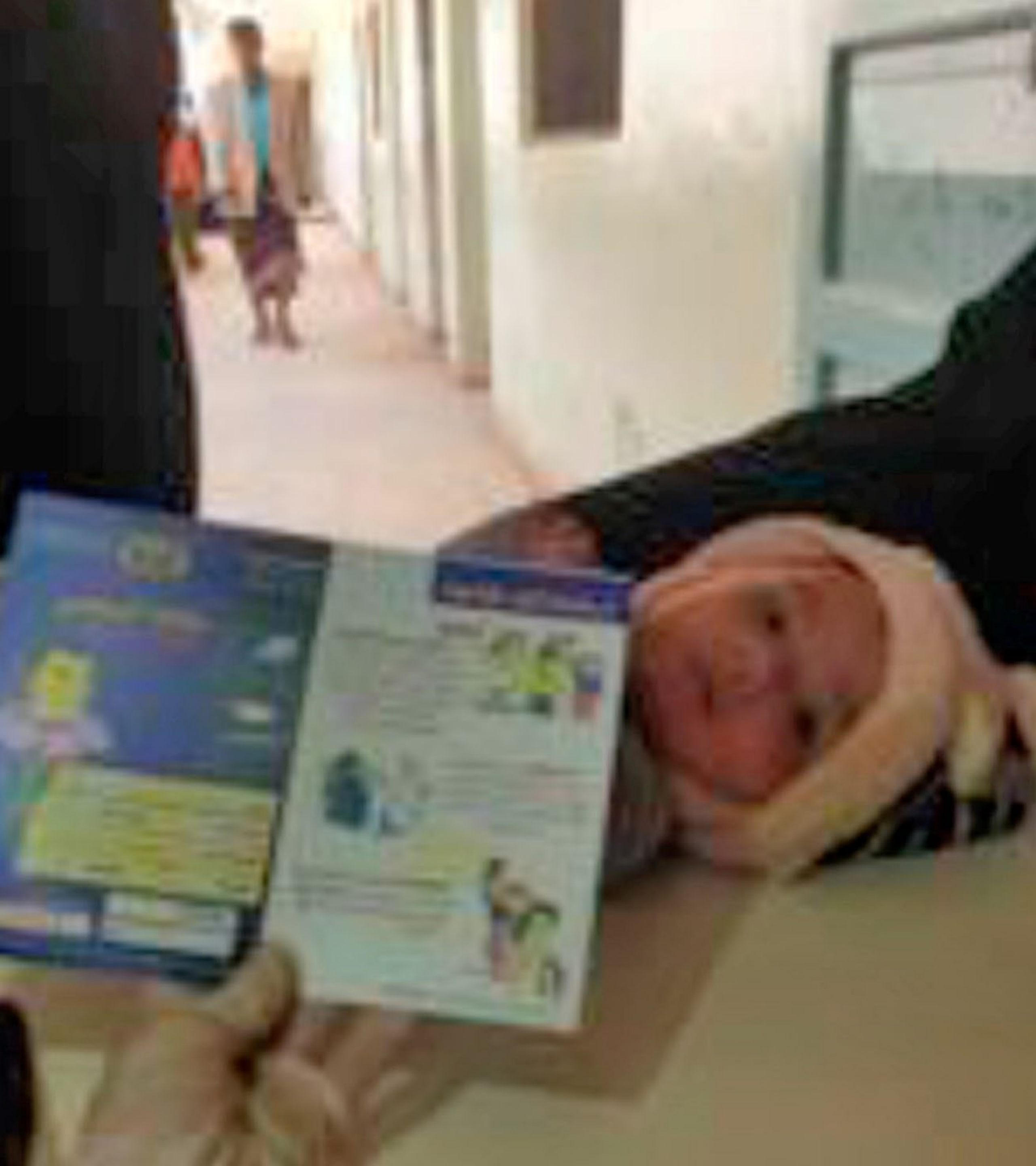


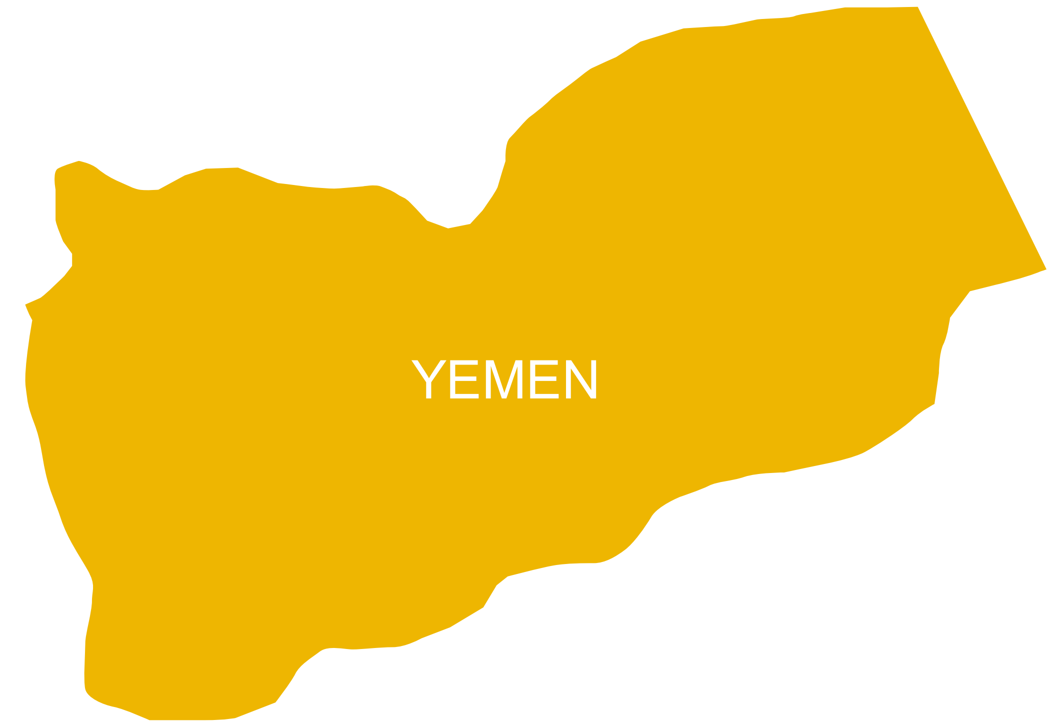
Mother to Mother Clubs

YEMEN

- Implemented by UNICEF Yemen

Model

- Mother to Mother (M2M) programs developed to support mothers at the household level using a social and behaviour change communication approach (i.e., social networking and discussions)
- Programming was inclusive of fathers, other family members, and adolescents
- Emphasized children's survival, well-being, and development by focusing on family care practices (i.e., immunisation, newborn care, handwashing)
- Designed for strengthening community support, increasing knowledge, and building relationships
- Some M2M programming included income generation skill building



$3k

Cost per year for 1 M2M club (15 members)

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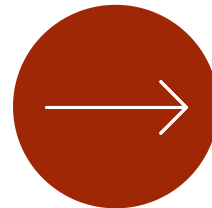
What stops children from being vaccinated?

Barriers to accessing services identified through gender analysis

- Women's limited access to information, rumours, fear of side effects
- Rigid gender norms often necessitate women have private spaces and/or female vaccinators
- Social norms dictate women assume domestic and childcare responsibilities
- Mobility restrictions often require women be accompanied by male family members
- Women's limited income-generating ability
- Distance to health facilities and transportation costs
- Safety concerns when traveling to, and accessing, health services



Corresponding interventions

- Training of local, respected female community leaders to support and mobilize M2M members
- Ensure club meetings are women-only, facilitating safe opportunities for women to connect with others and express themselves
- Supplement club activities with community events and home visits that include the entire family
- Some women trained in income-generating skills
- Combine health education club sessions with simple, portable and visual tools to build upon learnings and share within households
- Address rumours and fears using participatory tools like role plays and songs

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Results

- Increased social value and agency of women
- Qualitative feedback suggests greater use of health and hygiene measures by families
- Increased decision-making power over children's health by women
- Increased RI uptake
- As of early 2022, 70,000 pregnant, lactating, and mothers of under-five children reached monthly

- **70,000 mothers reached monthly**
- **Increased social value and agency of women**

- **pregnant, lactating, and mothers of under-five children reached monthly**

- **Greater use of health and hygiene measures by families**

What worked well

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Building on the success

Continued use of groups to promote RI uptake, information sharing, and community engagement

Consideration of expansion to tackle other sensitive issues such as VAWG

Continued efforts to examine decision making within households

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Summary

- Many opportunities to engage women at all levels to ensure they are actively shaping health programs
- Gender related barriers affect both the access to and delivery of vaccination services
- Identifying and addressing these barriers can increase immunization coverage as well as support other health outcomes

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Digital Campaign

PAKISTAN

- Implemented by HWs, female influencers, CSOs and UNICEF Pakistan

Model

- Used social listening to understand public vaccine perceptions and beliefs both on and offline
- Synthesized evidence to inform outreach campaigns on an on-going basis
- Utilized multi-pronged, multi-media approaches coupled with interpersonal training of HWs
- Engaged in digital campaign while simultaneously engaged in vaccination campaigns and targeted community engagement activities
- Enlisted and trained female allies to reinforce media messaging
- Partnered with CSOs to gather evidence and support community engagement efforts for ZD or missed communities

$163k

Total budget

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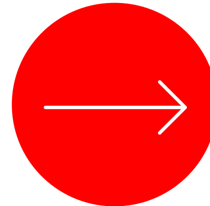
What stops children from being vaccinated?

Barriers to accessing services identified through gender analysis

- Women HWs face gossip and social sanctions by working outside the home/interacting with men
- Women HWs encounter harassment and abuse from male colleagues, and incur heavy workloads for low pay
- Rigid gender norms in some communities necessitate women have private spaces and female vaccinators
- Mobility restrictions and the need for women to have male accompaniment adds to transportation costs and forces males to choose between health services and income
- Rumours and fear of side effects, especially regarding fertility in female children
- Household decision-making rests with males and mothers-in-law



Corresponding interventions

- Real time monitoring of rumours and misconceptions on social media
- Provide tailored immunisation messaging that addresses vaccine hesitancy, fears, and rumours
- Create visual images using relatable people
- Engage social media influencers to amplify messaging
- Utilize multiple social media outlets to disseminate information
- Assess strategies frequently to adapt messaging, images, or approach to maximize efficacy
- Couple digital strategies with targeted community engagement activities
- Highlight the positive work and role of female HWs

Results

- 7.2 million people reached through vaccination campaign
- Vaccine uptake improved in identified ZD and missed communities
- Gender responsive strategy led to increased discussion among women about benefits of vaccines
- Facilitated increased decision-making among women
- Elevated and normalized women's visibility as health leaders

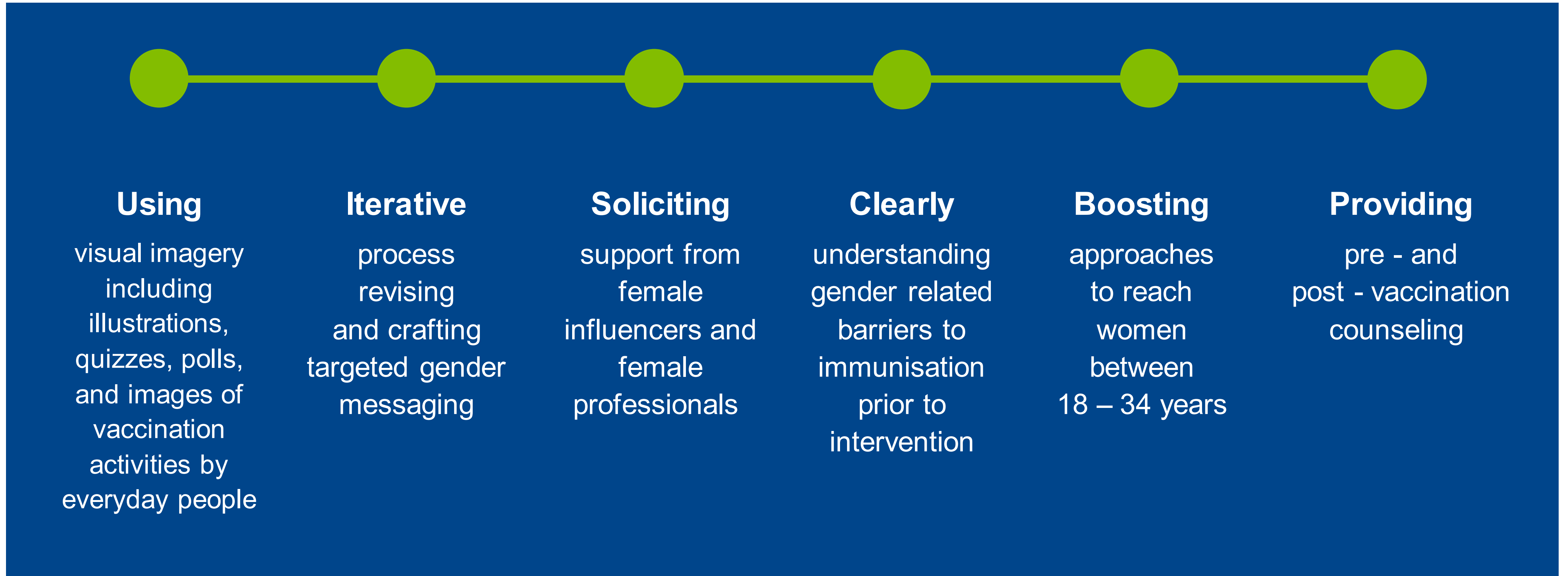
7.2 million

People reached through vaccination campaign

Vaccine uptake improved in identified ZD and missed communities

Facilitated increased decision-making among women

What worked well



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Building on the success

Allying with and building on the expertise of female caregivers who support vaccination

Continuing to focus on communities with high ZD and missed children

Continuing to promote programming aimed at engaging family decision-makers as well as religious leaders

Integrating gender responsive programming and service delivery with demand generating activities