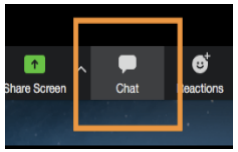
TGLF/Bridges and ZD CoP/SP3 Coverage & Equity WG Event Series:

Gender Barriers to Immunization and Primary Health Care Services

Reaching Zero-dose Children

Guide for participation

1. **Ensure that your name is correctly displayed** and rename yourself if it isn't.
   How to rename:
2. **Introduce yourself** with **affiliation** and **location** in the chat
3. **Write** and **vote for questions in the Q&A function**
4. **Participants cannot unmute**, but you can type in the Q&A function or raise your hand



We will use Mentimeter for interactive exercises

Please open the Mentimeter app at the start of the session:

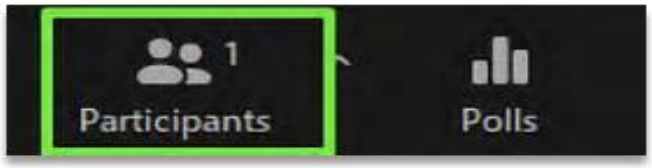
www.menti.com

and type in the code:

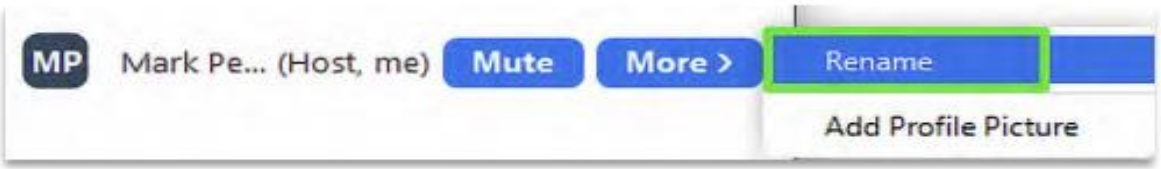
5310 1309

How to change your name in Zoom

1.) To change your name after entering a Zoom meeting, click on the "Participants" button at the top of the Zoom window.



2.) Next, hover your mouse over your name in the "Participants" list on the right side of the Zoom window. Click on "Rename".



3.) Enter the name you'd like to appear in the Zoom meeting and click on "OK".

Reaching Zero-dose Children

Chair and Speakers

Jean Munro
Senior Manager, Gender, GAVI

Shoubo Jalal
Senior Advisor, Gender Equality, UNICEF New York

Deepa Risal Pokharel
Senior Adviser, Social & Behaviour Change, Team Lead-Immunization Demand, Health Section, Programme Group, UNICEF New York

Alyssa Sharkey
Lecturer, Princeton University and Consultant, UNICEF

Lisa Menning
Team Lead, Demand and Behavioural Sciences, Department of Immunization, Vaccines and Biologicals, WHO, Geneva

Khawaja Aftab Ahmed
Health Specialist - Health System Strengthening, UNICEF Pakistan

Reaching Zero-dose Children

Social Gender Barriers to Immunization

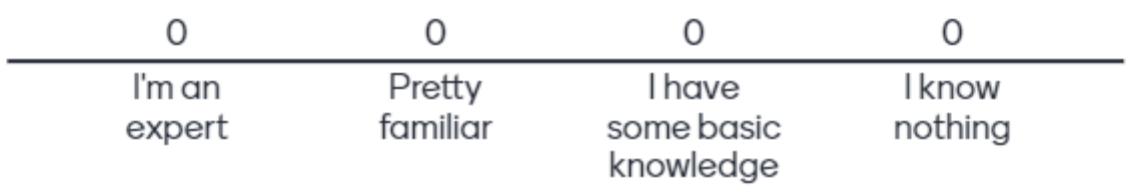
Session 1 for the Zero Dose Community of Practice

2 June 2022

Go to www.menti.com and use the code 5310 1309

How familiar are you with the topic "gender-related barriers to immunization"?

Mentimeter



Go to www.menti.com and use the code 5310 1309

Tell us where you work (or are currently based, if you work in multiple countries)

The difference between SEX and GENDER

SEX

The biological and physiological fact of being male or female

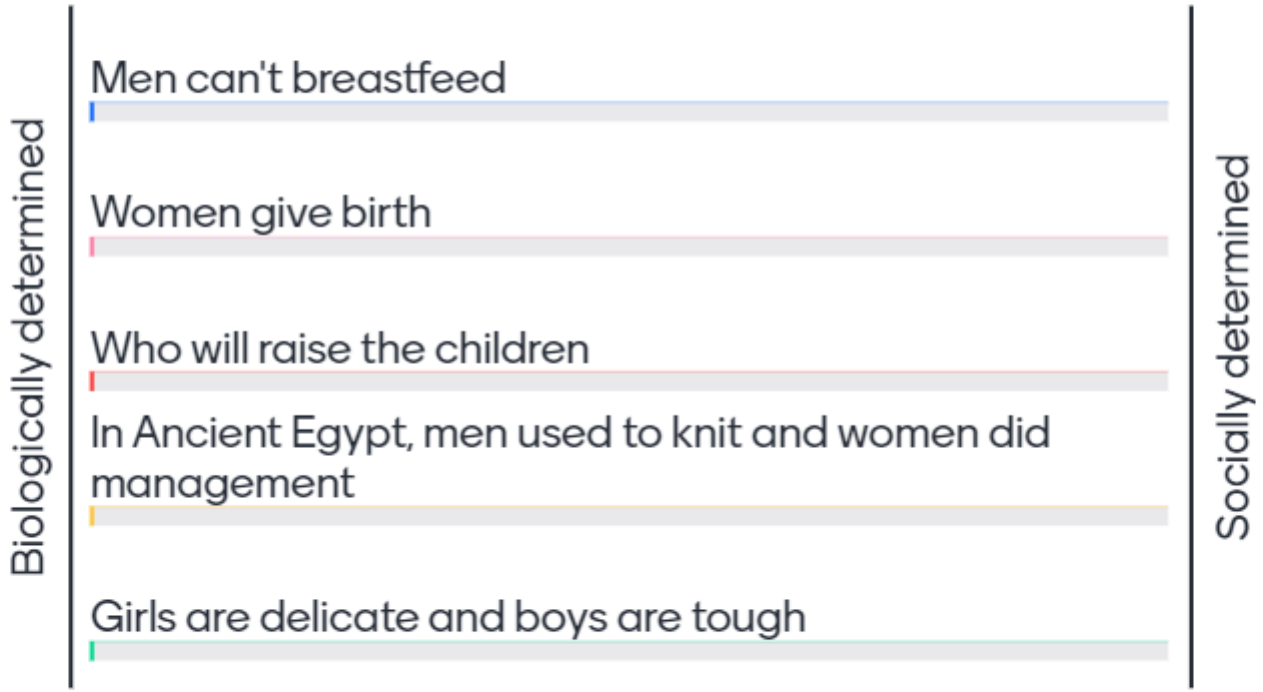
GENDER

The socially constructed norms, roles and responsibilities assigned to men and women

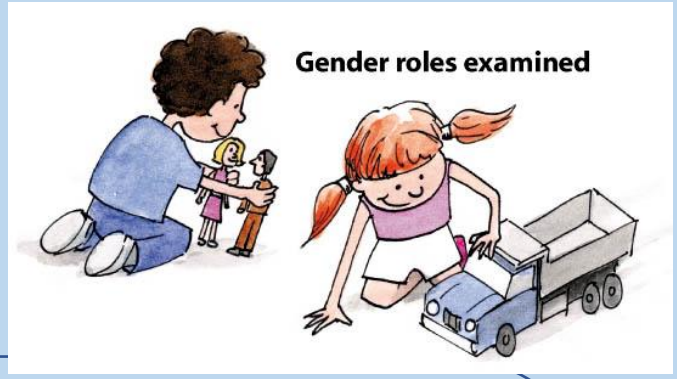
Go to www.menti.com and use the code 5310 1309

Sex versus gender: Which of these are biologically determined versus socially determined?

Mentimeter



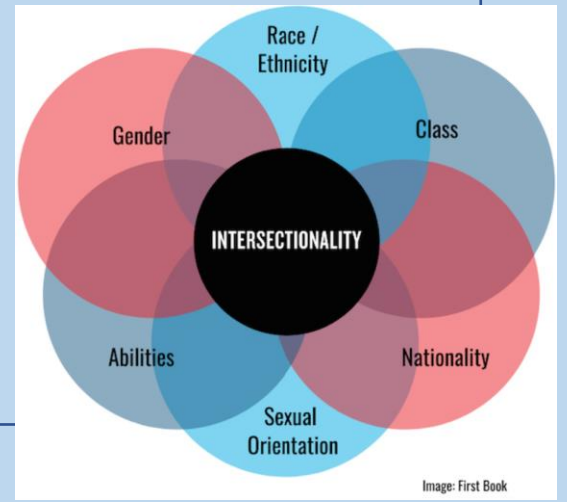
Some concepts



Gender discriminatory roles and practices: Unwritten and written rules, behaviours, and expectations that differentiate between boys and girls, men and women so as to limit their rights, well-being, and opportunities.

Mainstreaming a gender perspective: The process of assessing the implications for girls, boys, women and men of any planned action, including legislation, policies or programmes, in all areas and at all levels.

Intersectionality: Gender intersects with other dimensions of inequity to further disadvantage certain groups.



Gender in Vaccination Programmes

Vaccination objectives

Infants & Under-5s	Childhood vaccines
Adolescents	Td, HPV, Cholera
Women / Adults	Td/TT, cholera, COVID-19, typhoid …

ALL children

Full protection

Do we need to consider gender ?

What we already know

REMOTE RURAL

URBAN

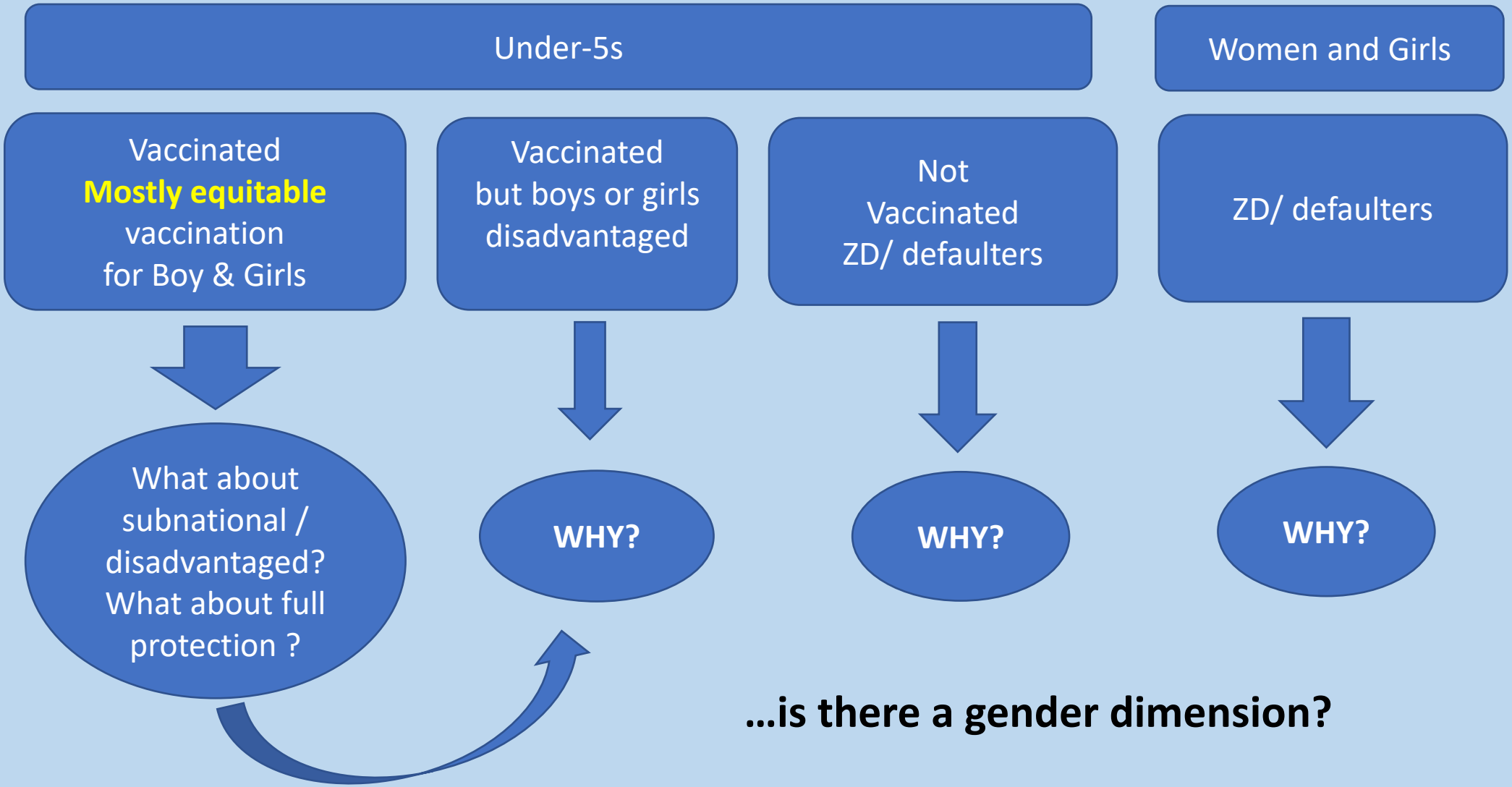
AFFECTED BY CONFLICT

GENDER

- ✓Gender intersects with other dimensions of exclusion
- ✓Children of mothers who are poor, uneducated, illiterate or very young are significantly less likely to be immunized

…but what else?

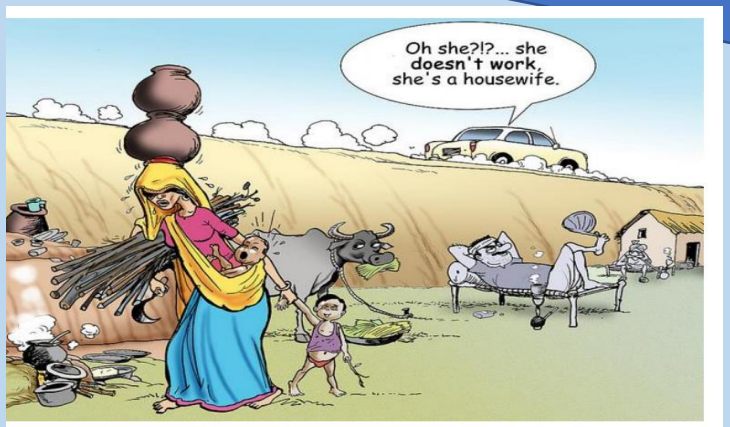
Key question: is there a gender dimension ?



Gender dimensions and implications for programmes

There can be differences in….

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



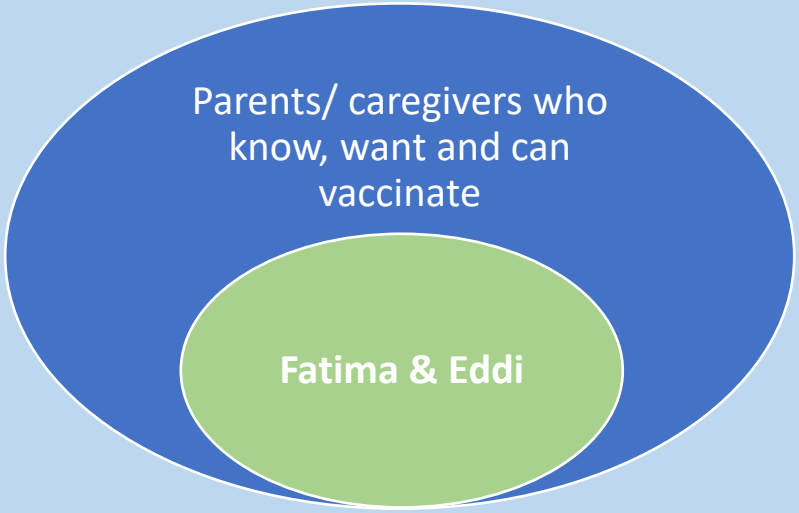
Different approaches in programming

Positive & Negative

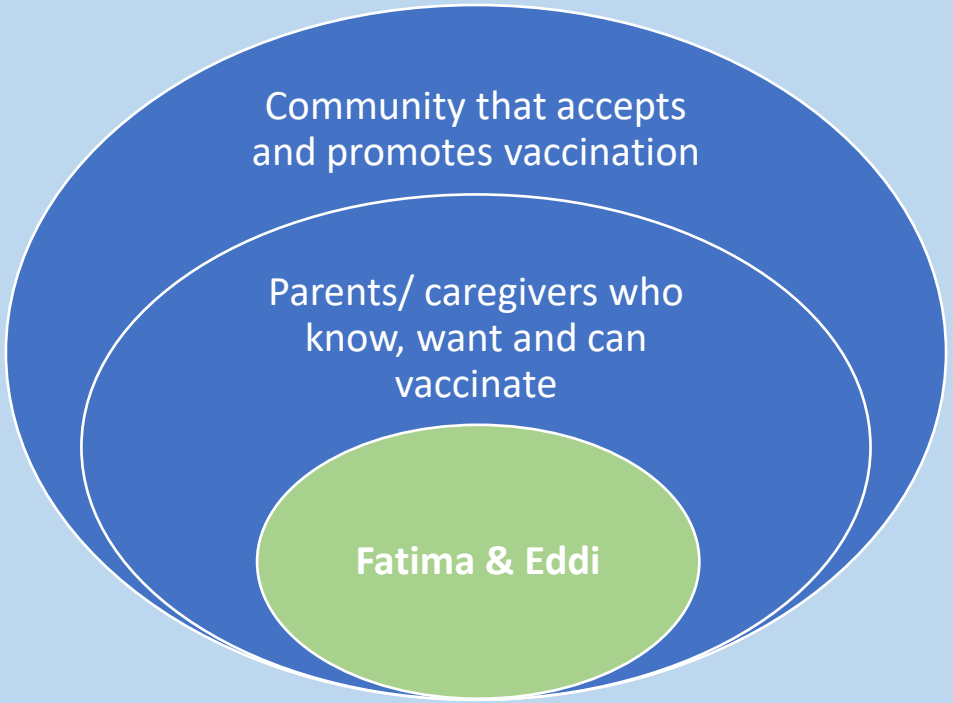
Unpacking gender dimensions/ Multi-layer barriers

Fatima & Eddi

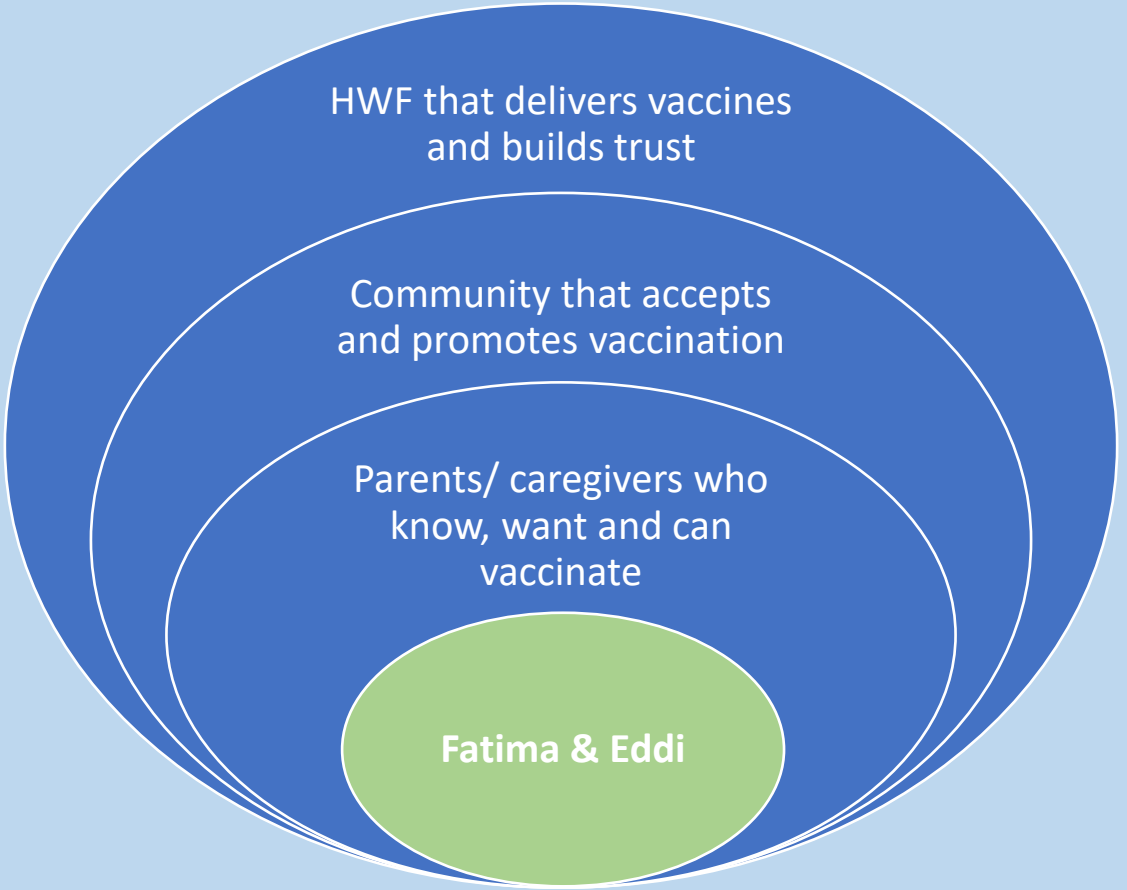
Unpacking gender dimensions/ Multi-layer barriers



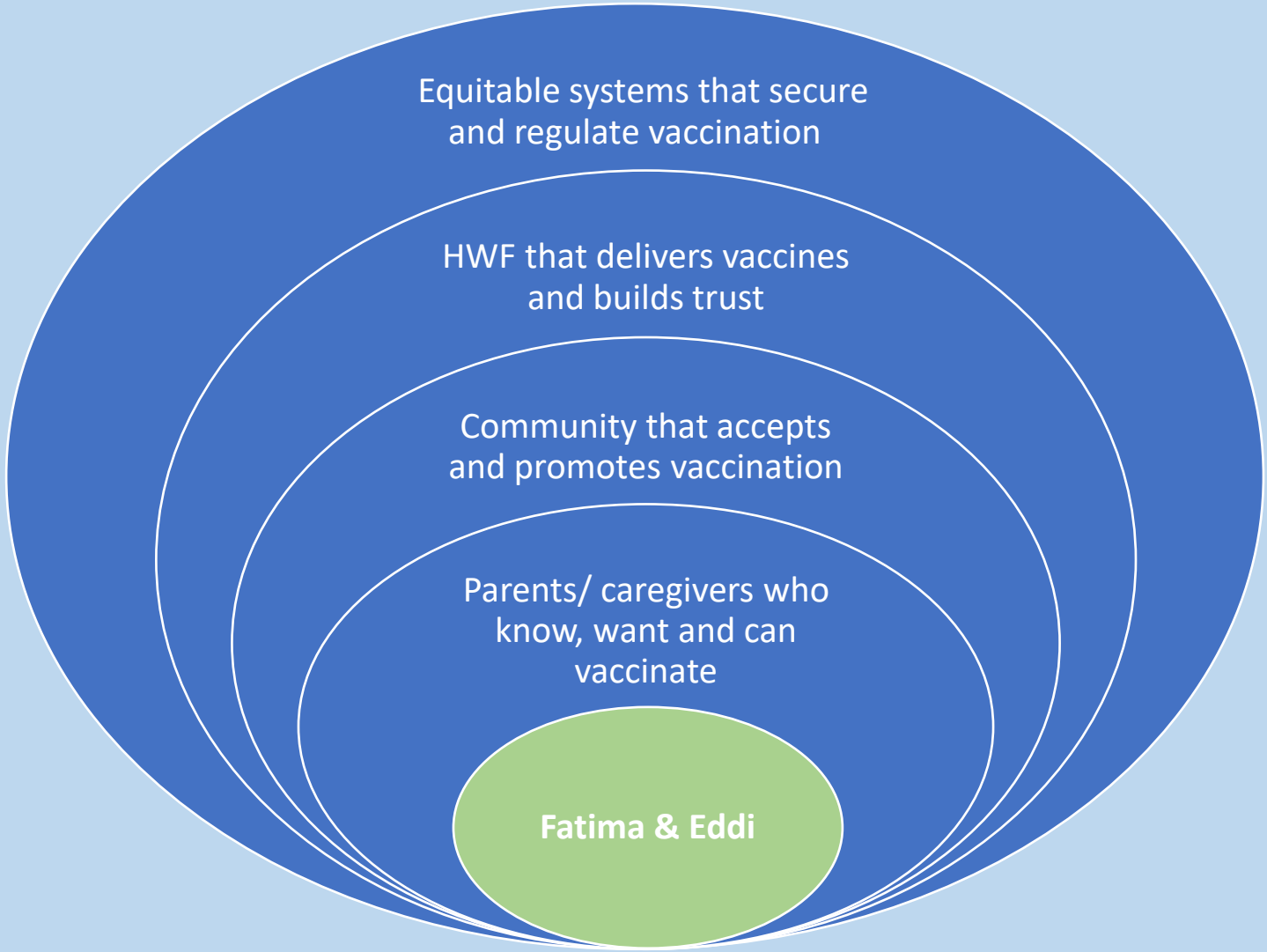
Unpacking gender dimensions/ Multi-layer barriers



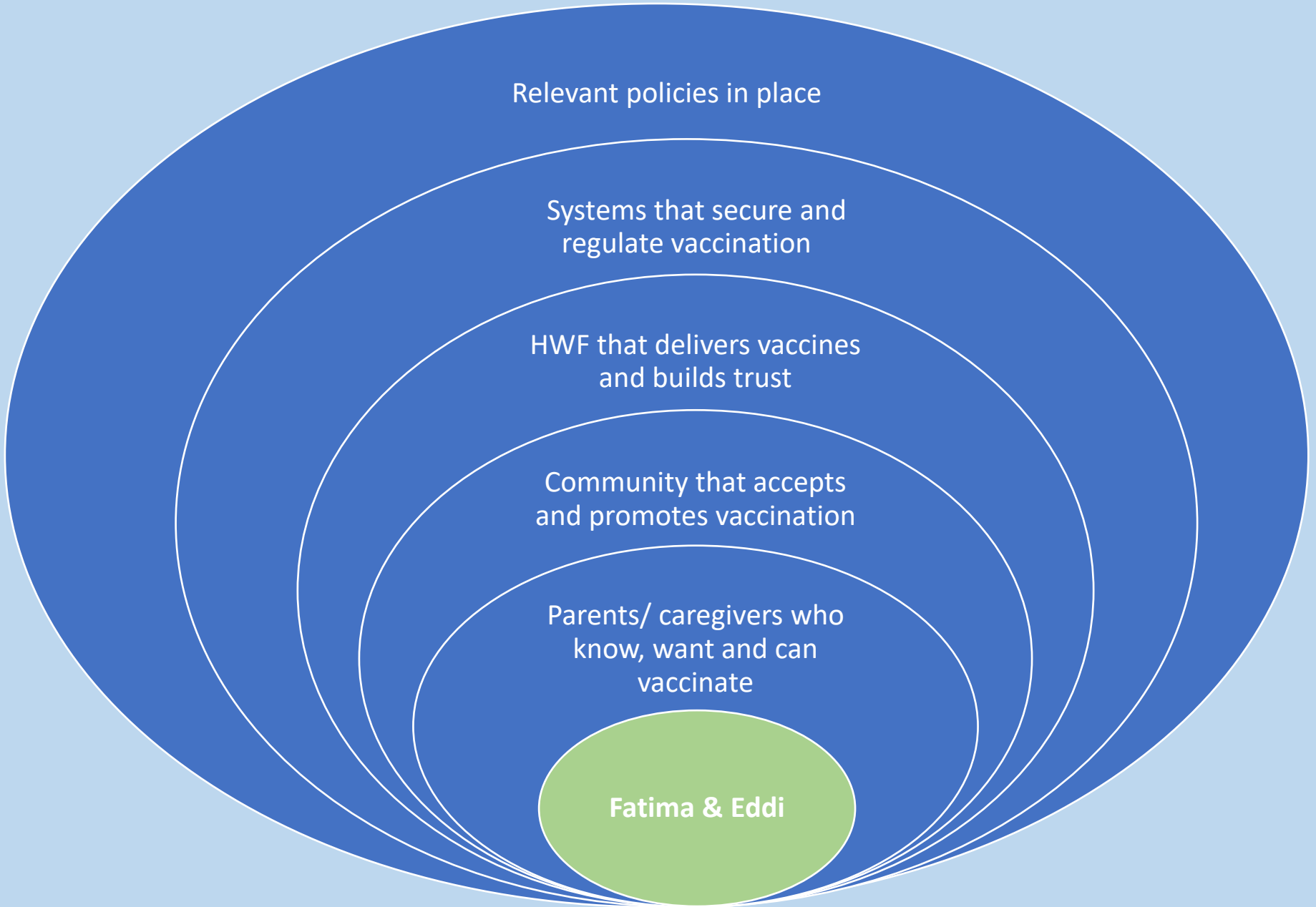
Unpacking gender dimensions/ Multi-layer barriers



Unpacking gender dimensions/ Multi-layer barriers



Unpacking gender dimensions/ Multi-layer barriers



Exercise to reflect on different barriers

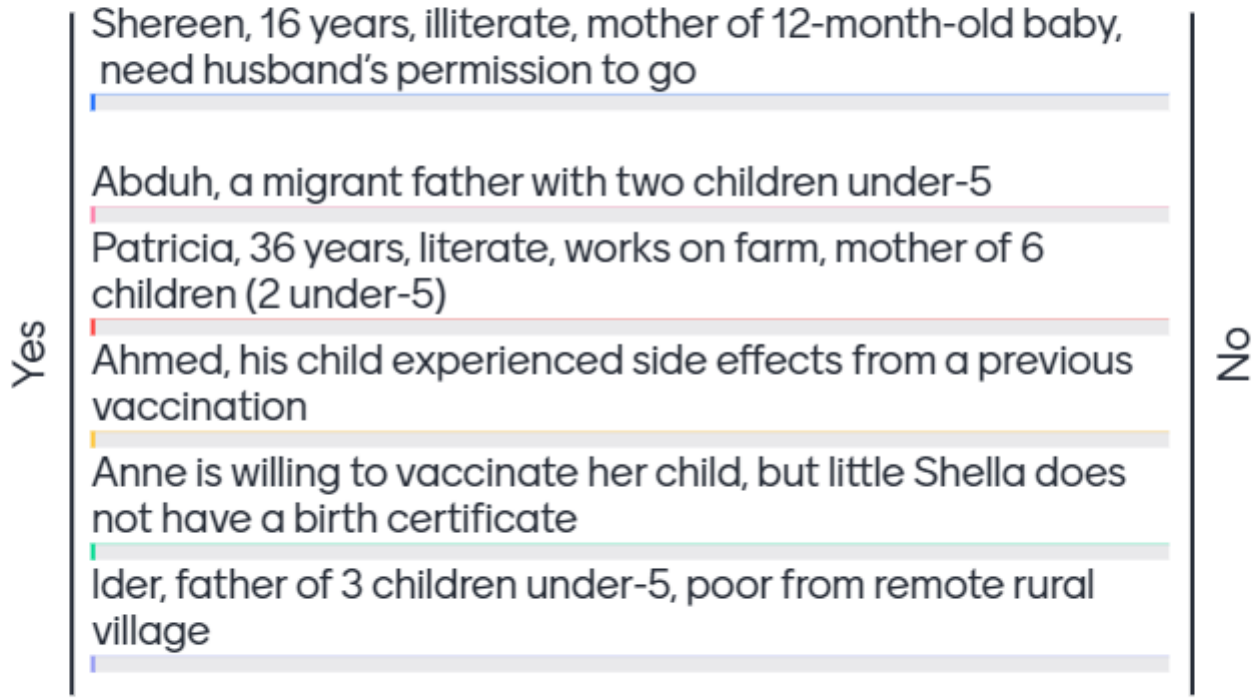
In country X, the following message was aired frequently on TV channels:

“Measles is a highly contagious and deadly disease affecting children, The MOH is organizing a measles immunization campaign for under-five children through fixed health centers from 8:00-12:00 each day for the period 2- 5 June 2022.”

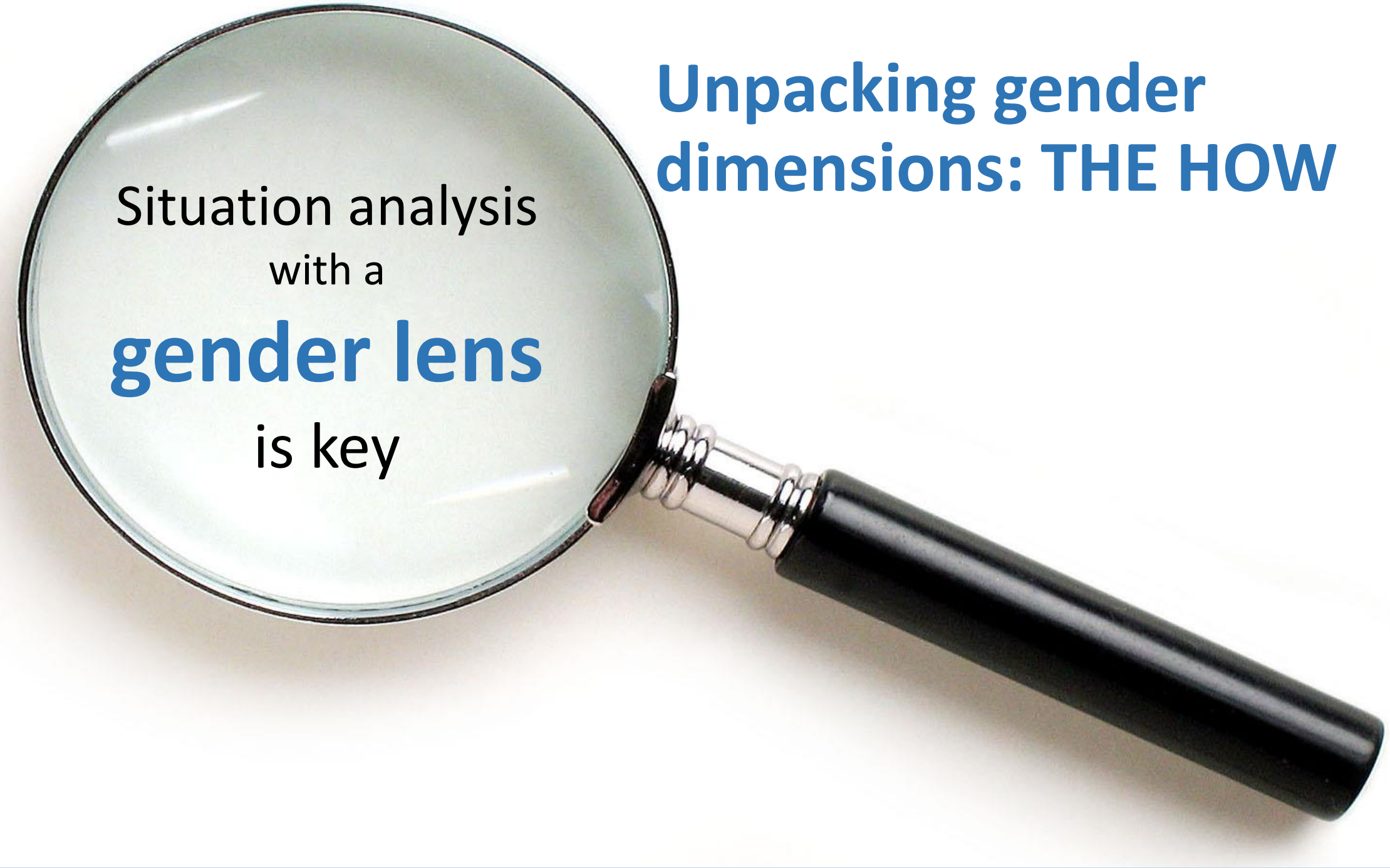
Go to www.menti.com and use the code 5310 1309

Which of these parents is likely to vaccinate their children based on the TV advertisements?

Mentimeter



Unpacking gender dimensions: THE HOW

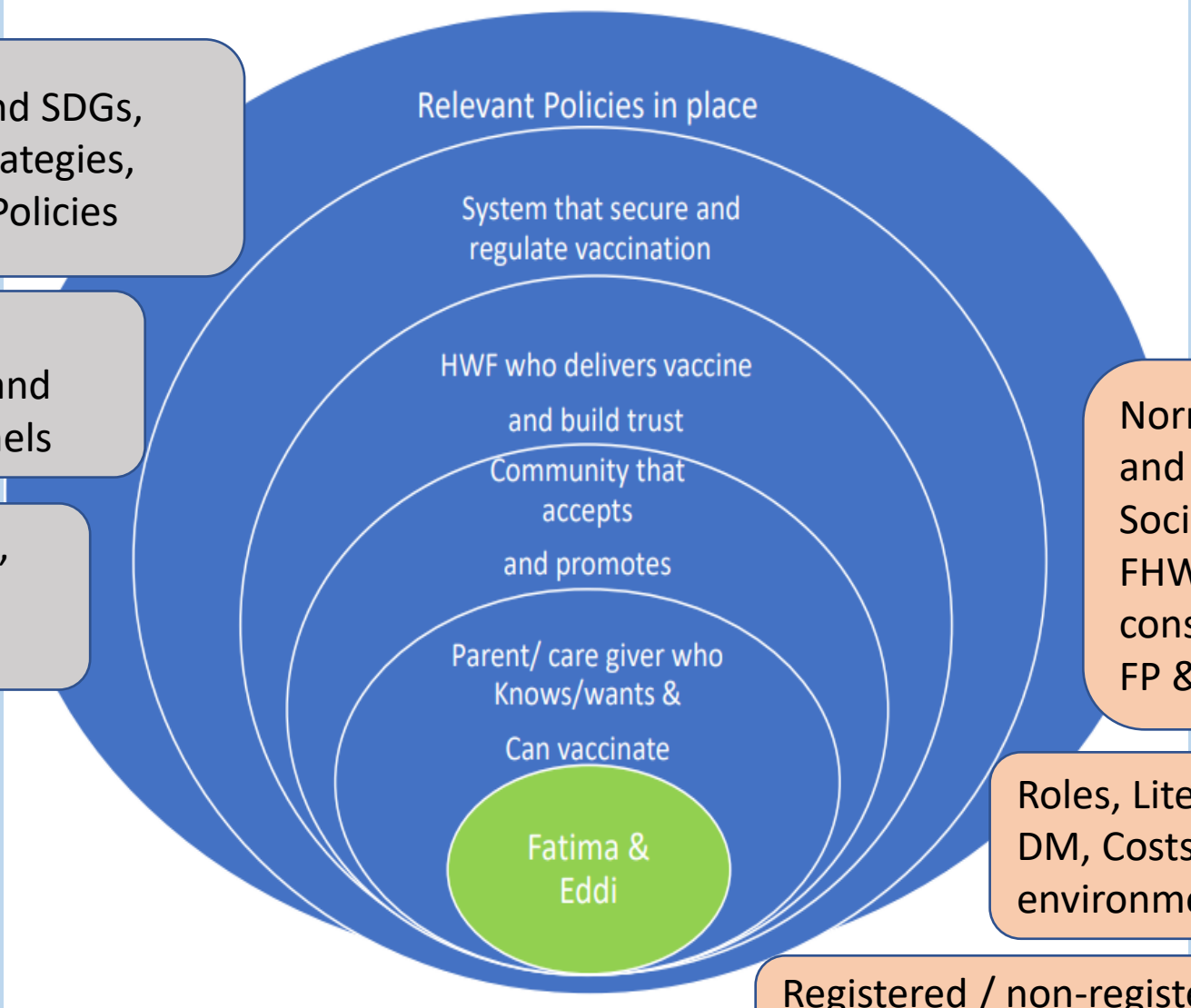


Unpacking gender dimensions: Gender Analysis

Agenda, National strategies and SDGs, Financing, Insurance, Rural strategies, Social Protection, Labor Care Policies

For all, All times, Affordable, Accessible, Human-Centered and Needs-based, Feedback channels

Nondiscriminatory, Respectful, Quality, Trust, Workload, Motivated, FWF, PSEA?

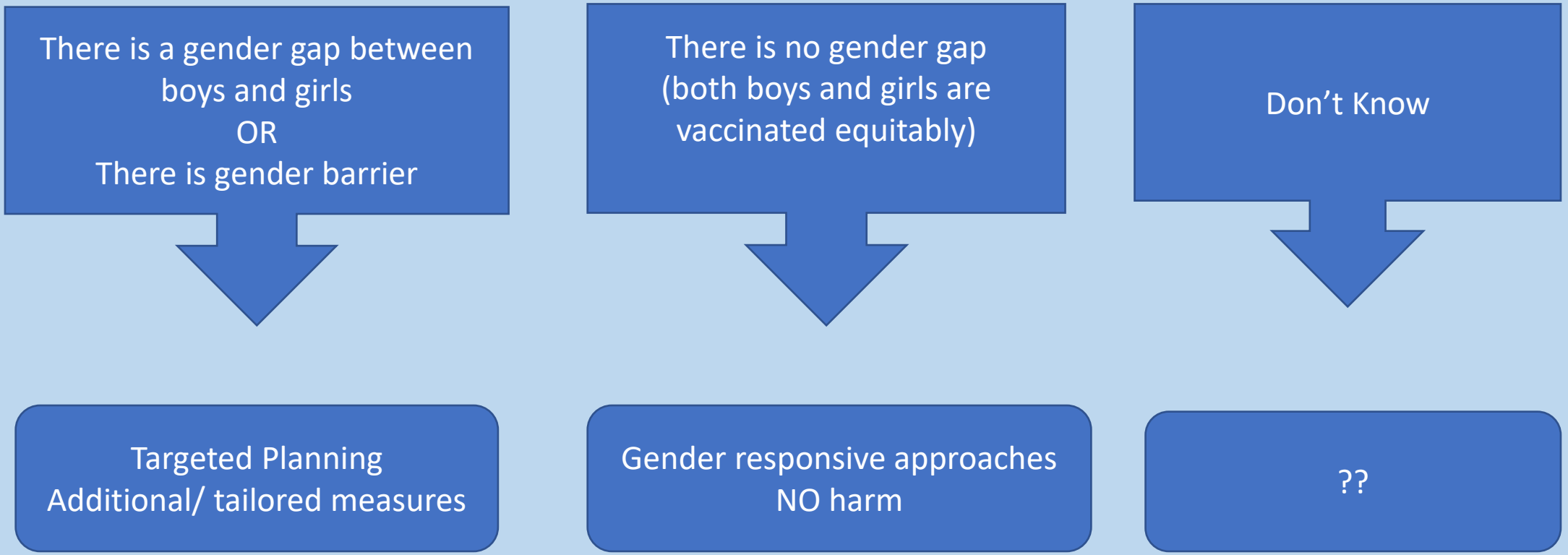


Norms, Rumors, Trust, Religious and other influencers, Insecurity, Social relations, Acceptance of FHWs, Street harassment, Media consumption, Attitudes towards FP &CM, Volunteerism

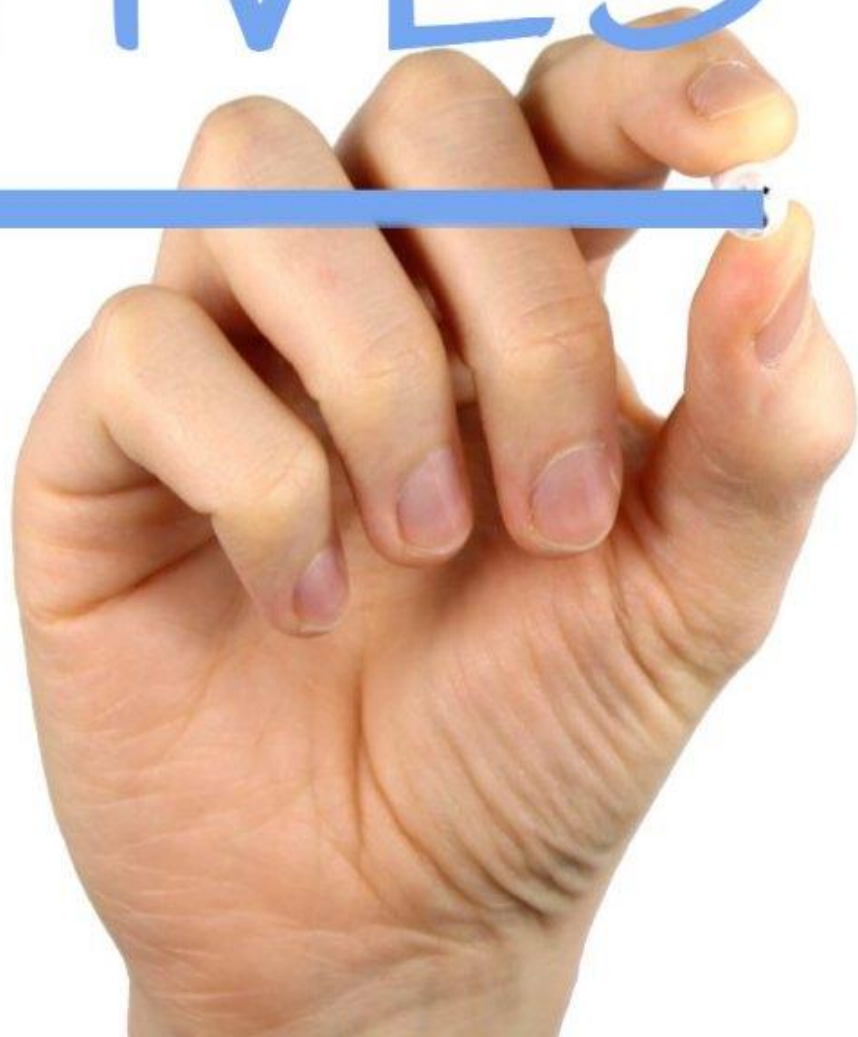
Roles, Literacy, Capacity, KAPs and fears, DM, Costs, Domestic burden, Enabling environment (intersectionality)

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

From analysis to programming



OBJECTIVES



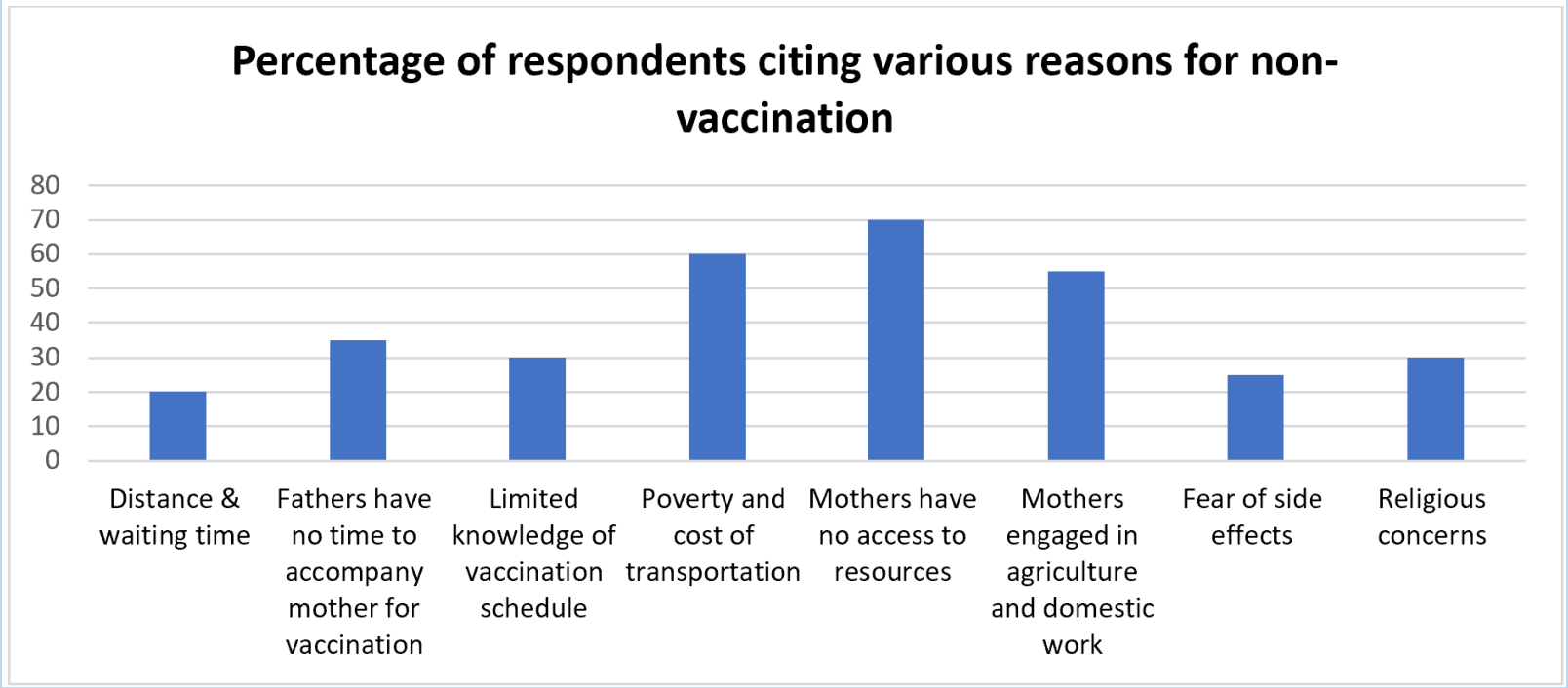
Which “Gender Barriers” do we want to address as priority?

Understanding the Practical versus Strategic needs

Gender programming results

Exercise to reflect on prioritization

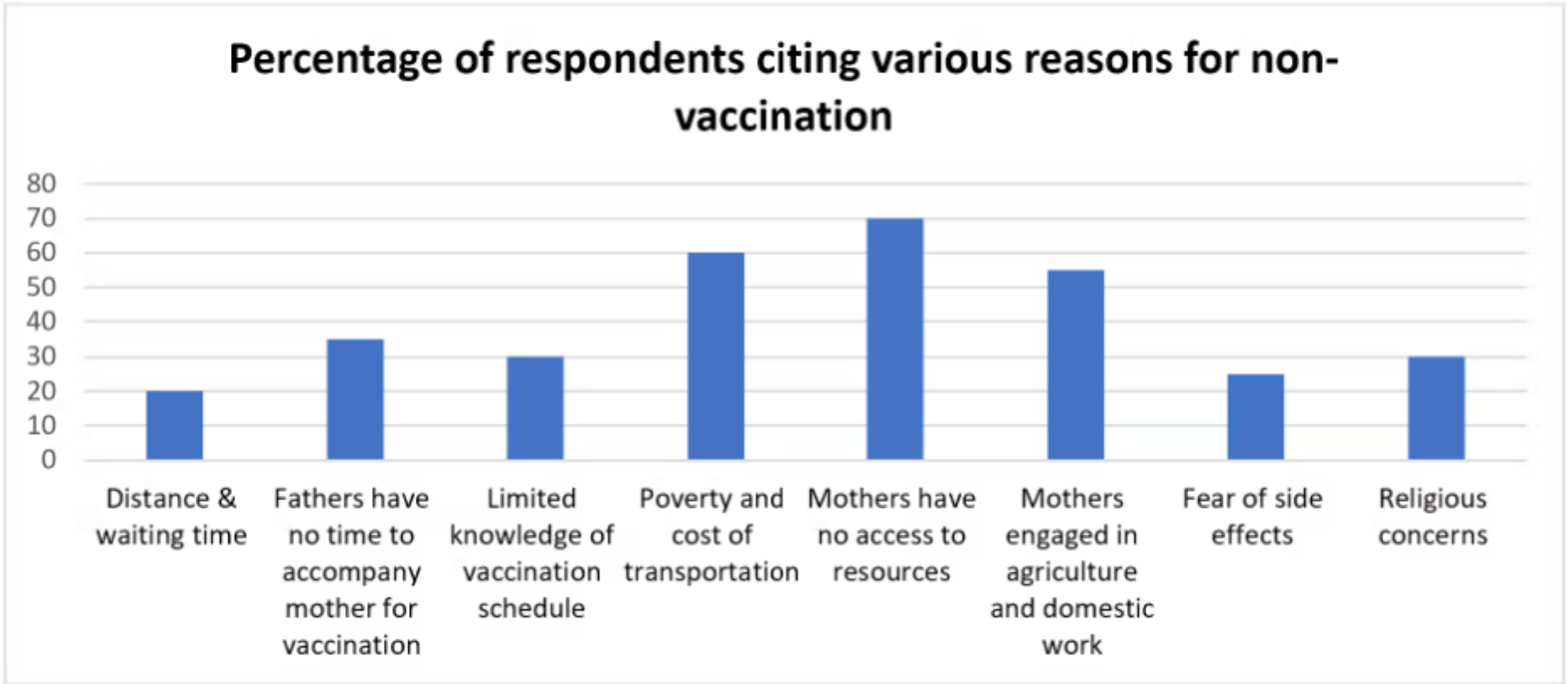
Village Zoom is a community with a population of 200,000 people, with a high fertility rate and child marriage prevalence. Village Zoom has been identified as a Zero Dose community with multiple barriers identified as reasons for non-vaccination. In this scenario, which of the various gender barriers would you prioritize?



Go to www.menti.com and use the code 5310 1309

Which of the following barriers would you prioritize?

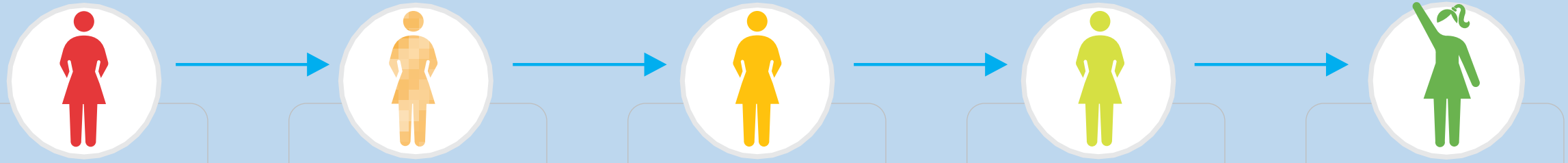
Mentimeter



Responsive versus transformative programming

Gender-transformative programming aspires to **tackle root causes** of gender inequality and moves beyond self-improvement among girls and women to **redress power dynamics and structures** that serve to reinforce gender inequalities

UNICEF applies the **Gender Continuum diagnostic tool** to **evaluate the effectiveness** of a development or humanitarian intervention in addressing gender inequalities in program design, implementation, monitoring or evaluation



GENDER DISCRIMINATORY

Favors either gender, leading to deepening of gender inequities

GENDER BLIND

Ignores gender in program design, perpetuates status quo or potentially worsens inequalities

GENDER SENSITIVE

Acknowledges but does not robustly address gender inequalities

GENDER RESPONSIVE

Identifies and addresses different needs of girls and boys, women and men, promoting equal outcomes for all

GENDER TRANSFORMATIVE

Explicitly seeks to redress gender inequalities, remove structural barriers and empower disadvantaged populations

In the first image, it is assumed that everyone will benefit from the same supports. They are being treated **equally**

In the second image, individuals are given different supports to make it possible for them to have equal access to the game. They are being treated **equitably**

In the third image, all the three can see the game without any supports or accommodations because the cause of inequity was addressed. **The systemic barrier is removed**

Immunization Programme - Empowerment Opportunities

- Female health workers
- Female community health workers / volunteers
- Participation in programme planning and design (community-based solutions)
- Engaging fathers in their children's immunization and health care
- Community-based empowerment through local engagement
- Engaging local NGO partners
- Empowerment through knowledge and skill building programmes
- Economic empowerment through social protection

Shared child care responsibility
HH enabling environment

From Diagnosis to Treatment

How can we programme for social barriers?

Localization is key

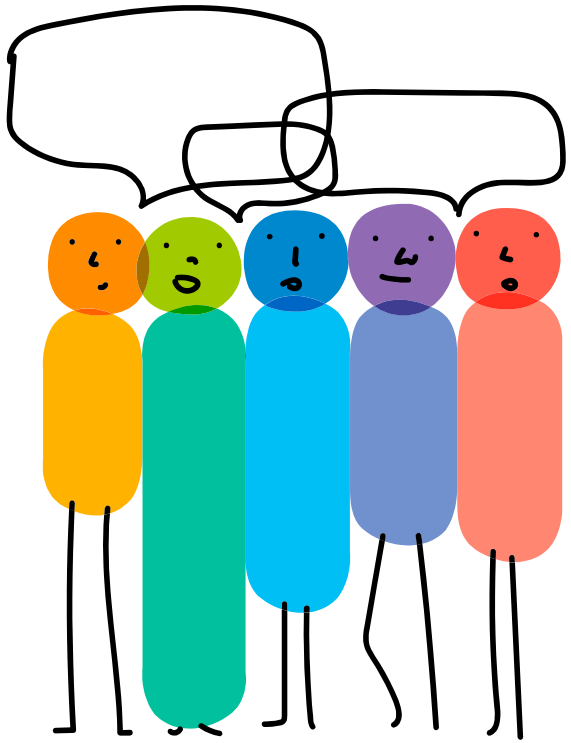
Addressing gender social barriers – some suggestions

Gender social barriers	Example solutions
Limited education/health literacy – access to information	Targeted Gender Responsive Campaigns for **SBC** Affordable access to ICT (**Private sector)**
Limited agency and decisionmaking	Women empowerment programmes, **LSCE** Engage fathers in the vaccination of their children **SBC** **ECD** and positive parenting programmes Community based solutions, **GBV programmes**
Domestic burden (WASH, crops, caregiver role ….)	Promote shared "care responsibility "with **SBC** PSS with **Protection** Work with other programmes (e.g., **WASH**) Outreach to marginalized communities Community based solutions
Poverty, limited access to resources	Conditional **social protection** programmes, cash programmes, livelihood programmes, community solutions
Norms restricting mobility or utilization	Women's support groups (Going as group for immunization) Community-based solutions (escorted, transportation) Programmes that promote value of health outcomes for boys and girls
Trust	Community campaigns HWF communication skills

Community-based solutions

Multi-sectoral work

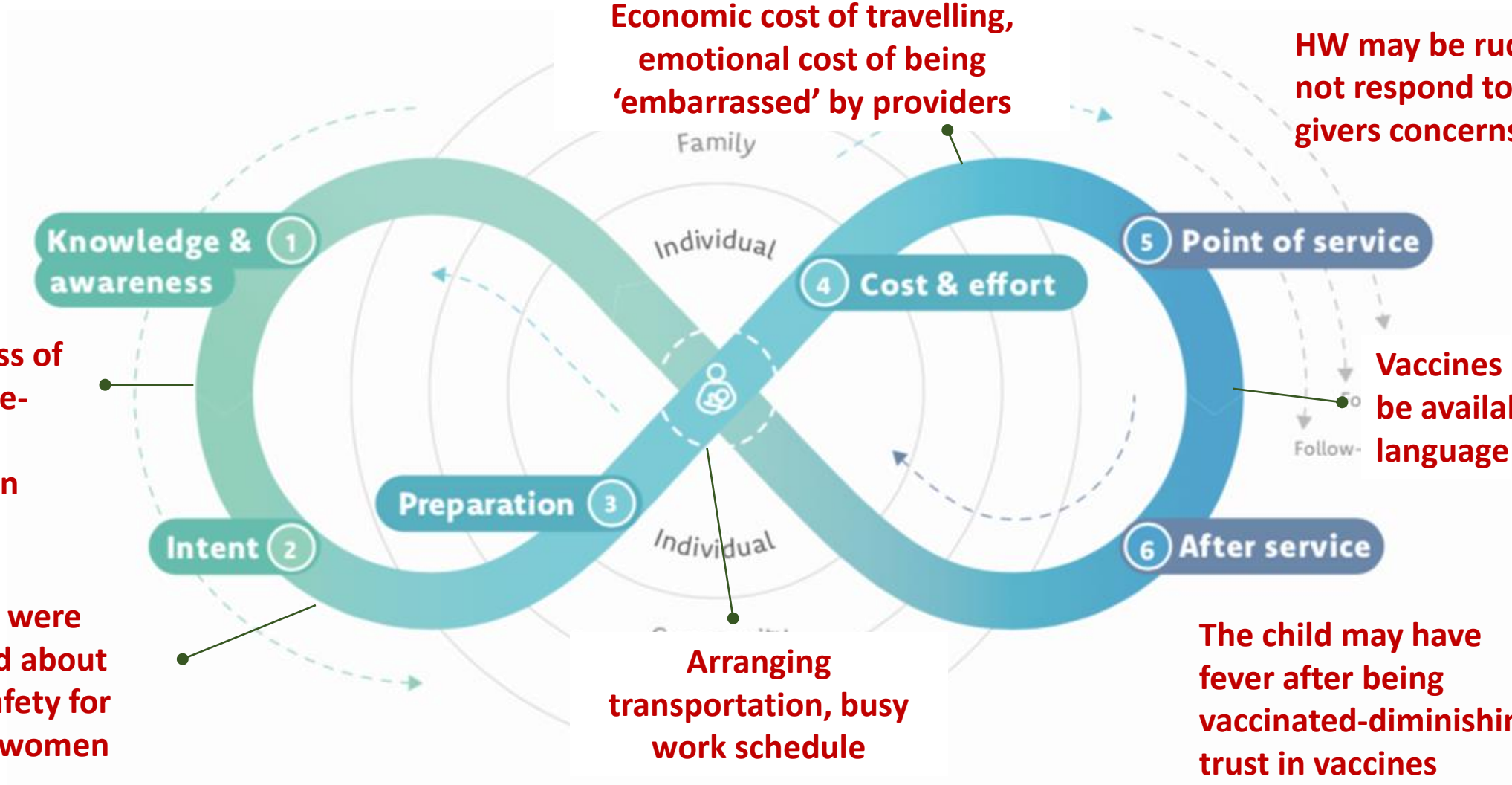
5 actions human centred design:



https://www.hcd4health.org/

- Keep people at the center
- Plan & solve with a systems view
- Make research quick, interactive, personal, and action-oriented
- Identify solutions that align with habits and motivations
- Test solutions with users, learn, adjust, test again

Mapping Barriers onto UNICEF's Caregiver Journey Conceptual Framework



Economic cost of travelling, emotional cost of being 'embarrassed' by providers

HW may be rude and not respond to care givers concerns

Low awareness of C-19 vaccine-access to information

Vaccines may not be available, language barrier

Women were concerned about vaccine safety for pregnant women

Arranging transportation, busy work schedule

The child may have fever after being vaccinated-diminishing trust in vaccines

What are your recommendations for increasing uptake?

SOMALIA: Engaging community to help caregivers overcome gender barriers

- Men play an influential role in decision-making including on health care seeking.
- **HCD** rapid enquiry-collected multiple perspectives within each community to understand decision-influencing factors.
- Breakthrough Insight: **Men, while deeply motivated to care for their family and community, were not included in conversations regarding child health.**
- Team decided to conduct more rapid inquiry sessions with fathers to discuss their roles and responsibilities in getting children vaccinated
- **Immediate action**: In-progress training manuals for frontline workers **being updated to ensure role of the male is well emphasized and recognized, esp during home visits.**
- **Father-to-father meetings**, involving fathers in important planning decisions, recruiting fathers to offer transportation and convincing fathers to help with tasks at home while the mother is at the clinic.

HCD: Integrating local perspective to address gender and inequities

Nepal: In the Chepang community of the country, female community health volunteers don't always feel safe traveling alone to conduct their activities in the community

Local Solutions: Female HWs to be accompanied to visit communities;

An unlikely advocate – money lenders – see themselves as protectors of the community and are up for the job of ensuring safe passage for these health workers.

- **Removing the barrier of illiteracy in Mali:** In Mopti, many mothers are illiterate so their main form of reminder for follow-up visits – the vaccination card – is of little use.

- Local solution: Developing creative ways to count days between appointments allows other family members, such as grandmothers, to get involved in care-seeking responsibilities

Sudan: In conservative communities of **Sudan**, it is inappropriate for women to ask for the children to be vaccinated – their husband must initiate the discussion and grant permission.

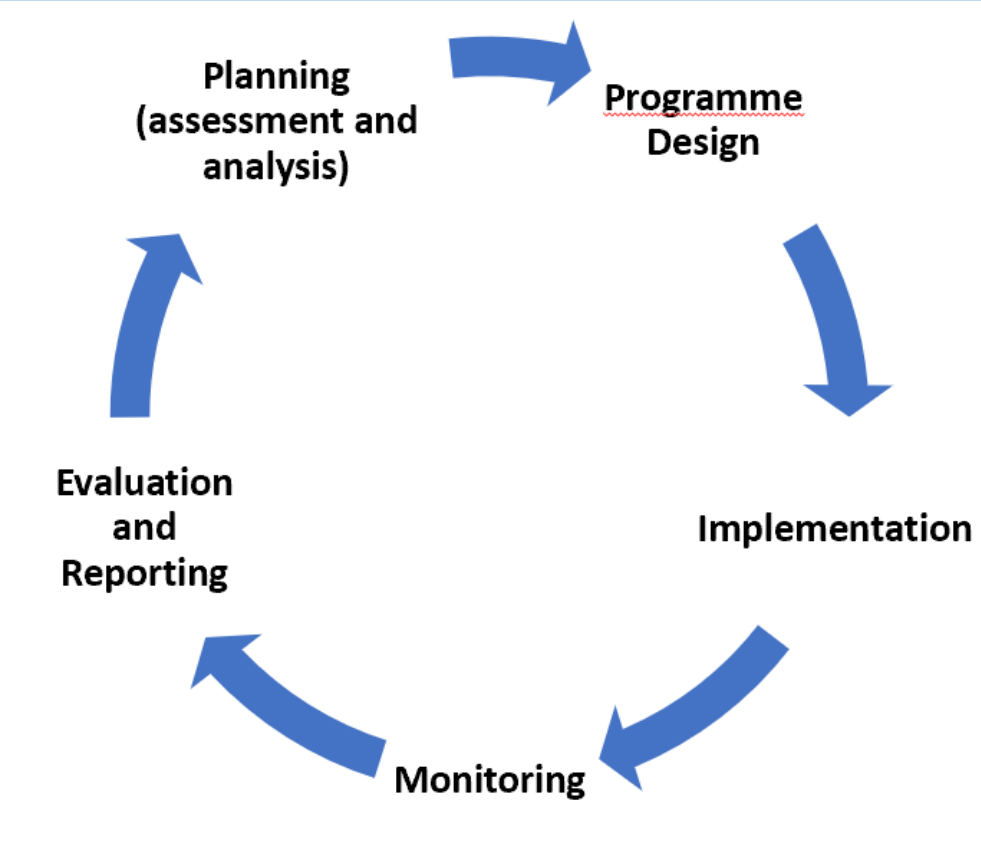
- Local solution: Engaging men where they gather and incorporating the practice of vaccinations into local traditions can make it more widely accepted.

Go to www.menti.com and use the code 5310 1309

The code lets your audience join the presentation. It expires in 2 days.

Actively encouraging fathers to come to their children's vaccinations is an effective gender transformative strategy

Mentimeter



Measurement

Programmes need to identify, measure and monitor gender-related barriers to immunization within their broader efforts to understand and service zero dose communities

Measuring /Reporting changes in social barriers

Individual level /household levels

Community levels

Empowerment (i.e., does the programme contribute to individual empowerment results?)

Potential sources for gender-related data

- Censuses (assess ownership)
- Big data (crowdsourcing, mobile phone/social media transactional)
- Household surveys (including measurement of social and behavioural drivers)
- Public opinion polls (gender norms/attitudes)

- Administrative data
- Service provision assessments
- Other special surveys including remote data collection
- Social listening
- Qualitative assessments

Using behavioural and social drivers (BeSD)

to understand and address gender-related barriers

Gender webinar for the Community of Practice on Zero Dose

2 June 2022

Lisa Menning, Team lead, Demand and behavioural sciences, Department of Immunization, WHO Headquarters

menningl@who.int

Tools and guidance on BeSD

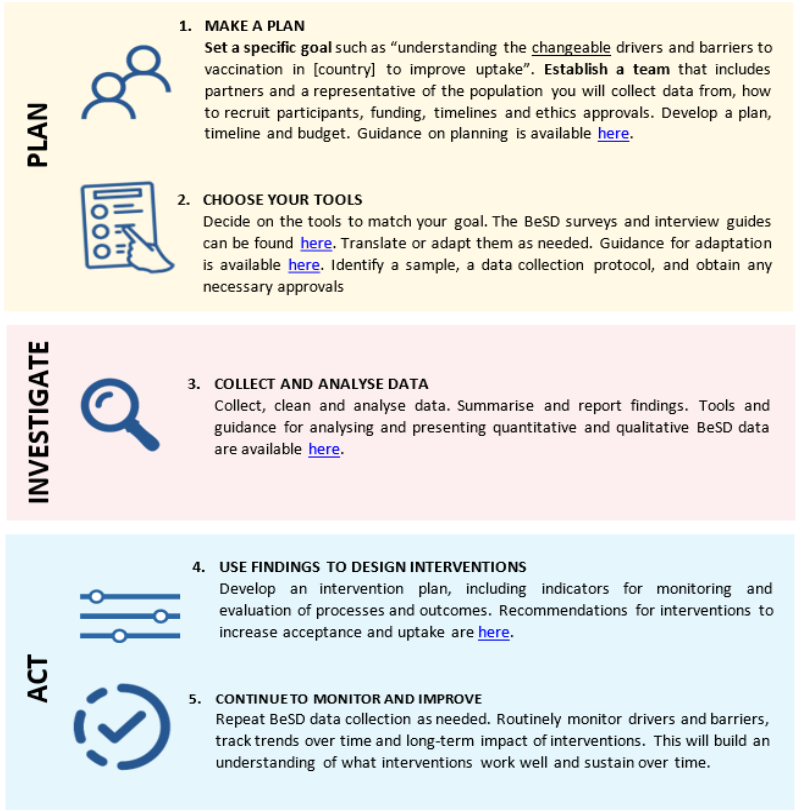
Childhood vaccination tools

- **Survey:** for parents of children under 5 years
- **Qualitative tools:**
  1) parents, 2) health workers, 3) community stakeholders, and 4) authorities

COVID-19 vaccination tools

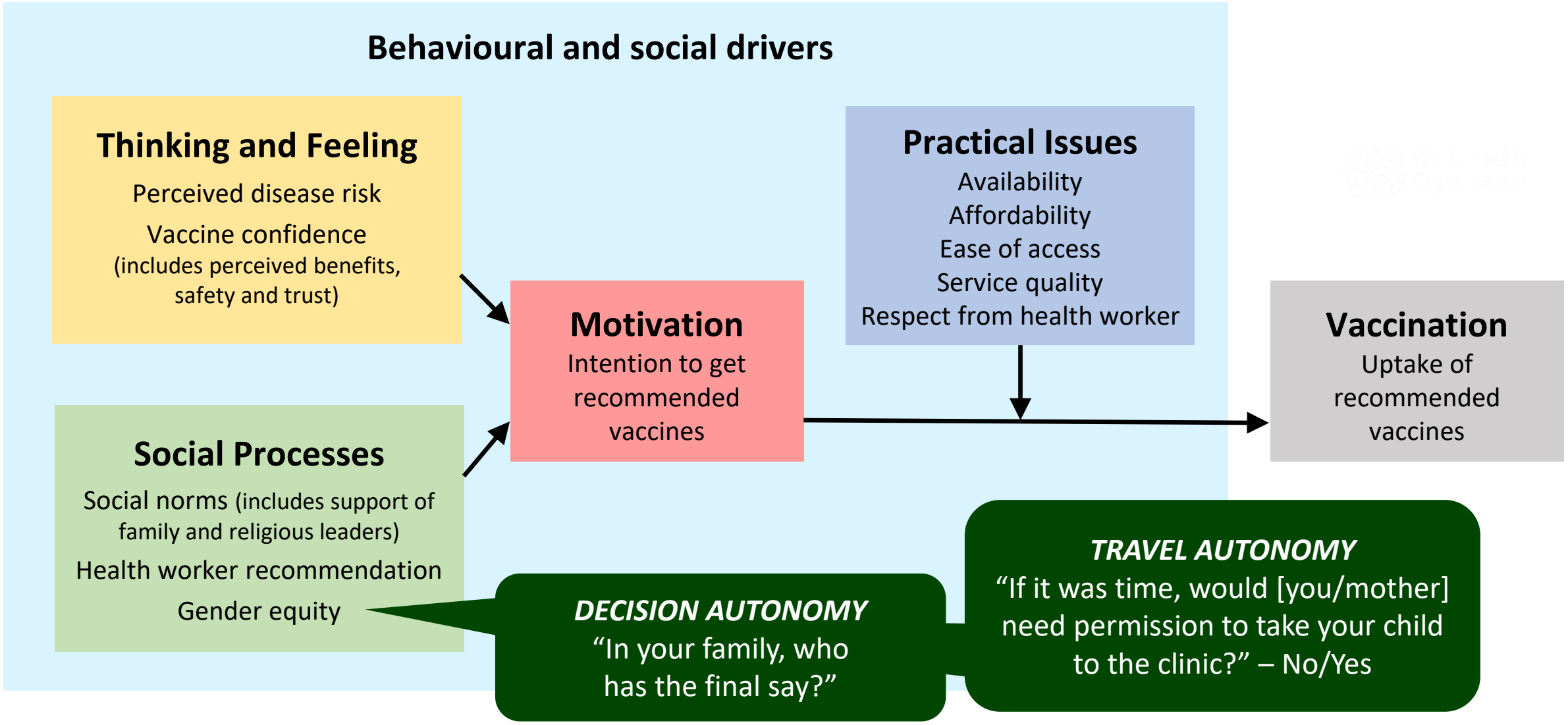
- **Surveys:** for 1) adults, 2) health workers
- **Qualitative tools**

Practical implementation guidance



Access all tools and guidance here: https://apps.who.int/iris/handle/10665/354459

What drives vaccine uptake?



The Behavioural and Social Drivers (BeSD) Framework. Source: The BeSD working group. Based on Brewer et al. Psychol Sci Public Interest. (2017)

Summary of all topics measured:
Childhood vaccination survey

Thinking and feeling	Motivation	Social processes	Practical issues
✪ Confidence in vaccine benefits	✪ Intention to get child vaccinated	✪ Family norms	✪ Know where to get vaccination
● Confidence in vaccine safety		● Health worker recommendation	✪ Affordability
○ Confidence in health workers		● Peer norms	● Took child for vaccination
		● Community leader norms	● Received recall
		○ Religious leader norms	● Ease of access
		○ Mother's travel autonomy	● Reasons for low ease of access
			● Vaccine availability
			● Service satisfaction
			● Service quality

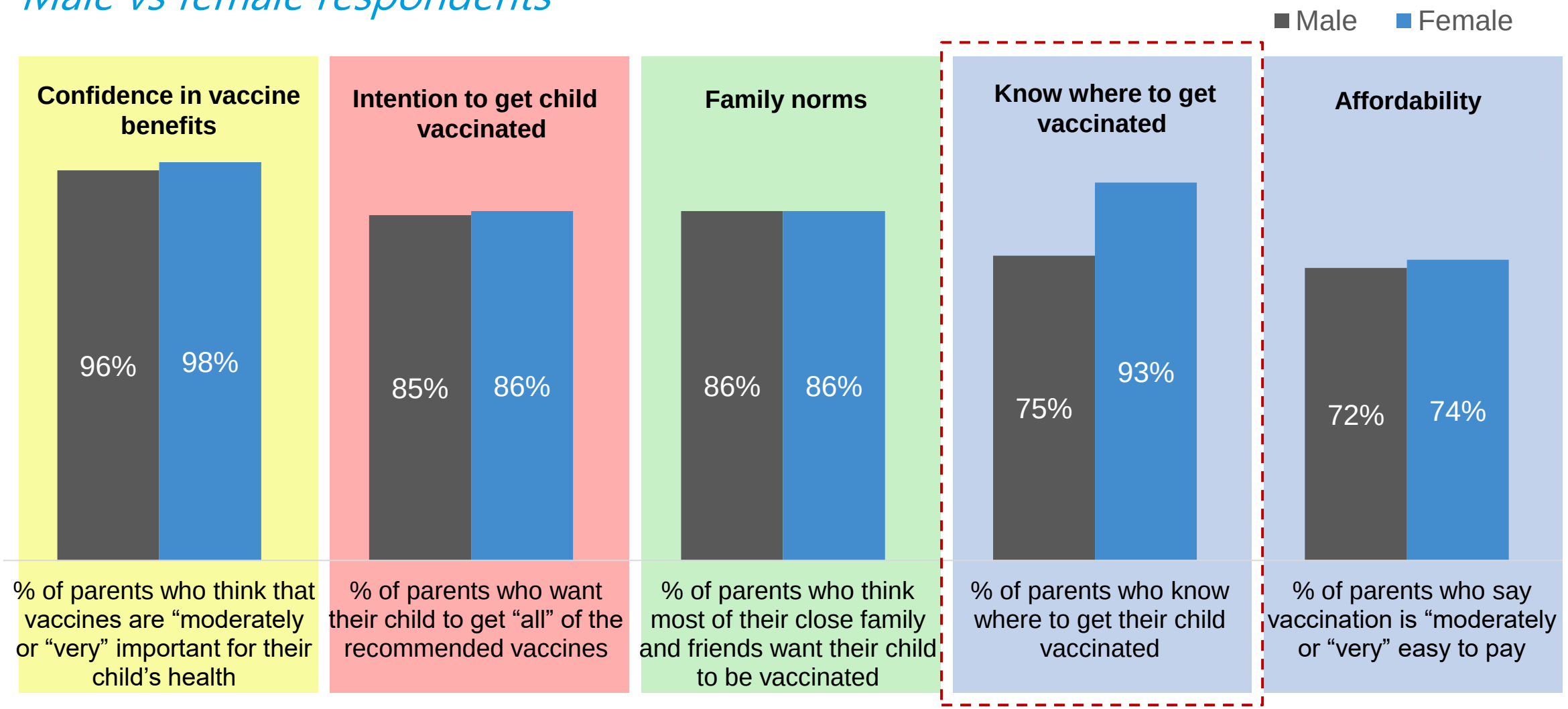
Demographics
Age
Gender
Parent/caregiver
Number of children under 5
Relationship to child
Age of child
Gender of child
Vaccination status

● Main survey question.
✪ Priority question in main survey.
○ Optional question.

CASE EXAMPLE: NIGERIA

BeSD priority indicators, childhood vaccination

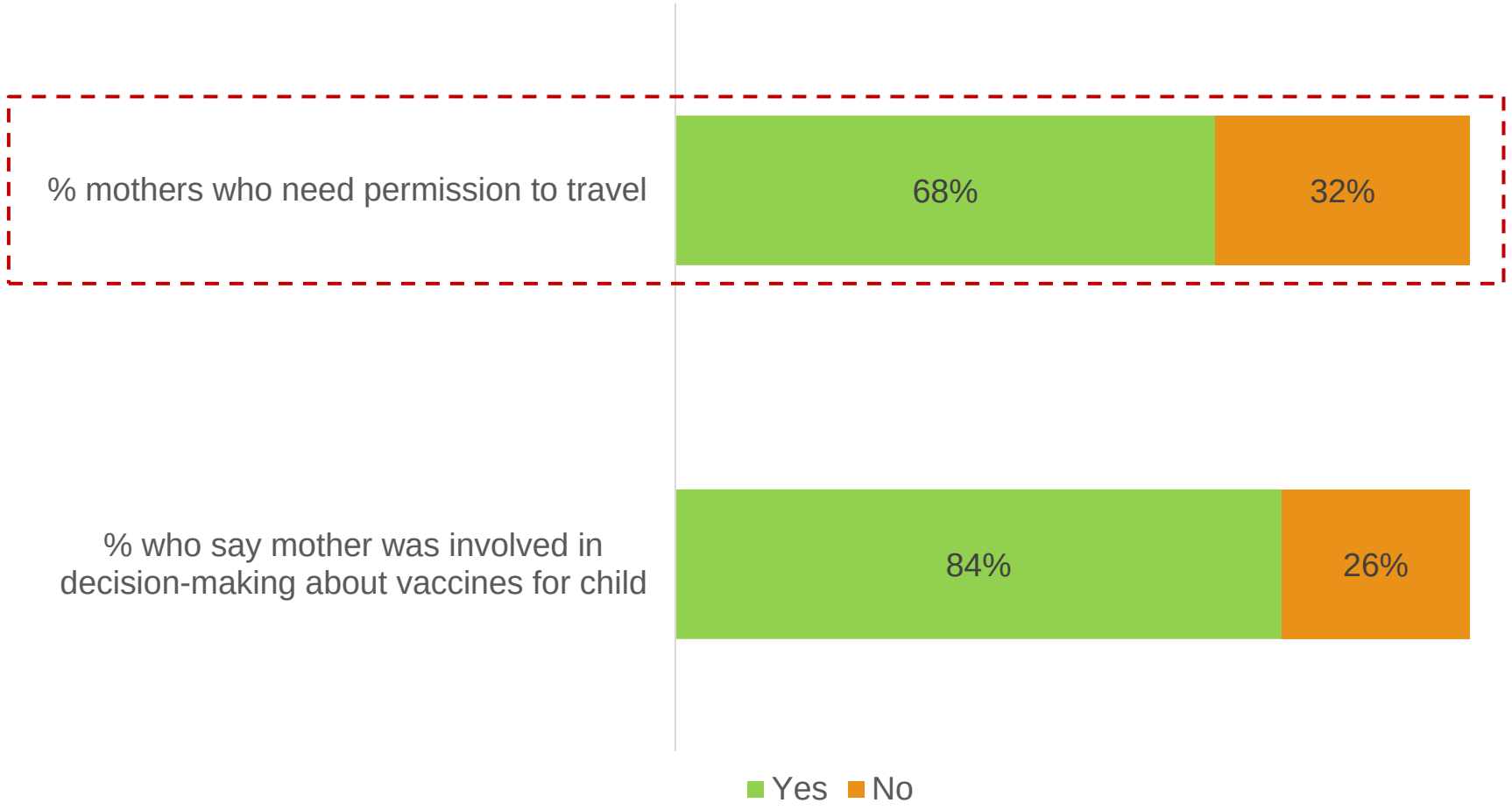
Male vs female respondents



Total sample (n=300); male (n=116), female (n=184). August 2021.

CASE EXAMPLE: NIGERIA

Social processes – further findings



86% of women want "all" or "some" of the recommended **vaccines** for their child, but **68% lack the autonomy to act on this intention.**

"Yes, my husband is involved in the decision and no other person. I talk about vaccination with some other mothers in the village and church to know which one they are giving children at the moment. It's also good to talk to others about it" – Caregiver 3

BeSD childhood vaccination survey, August 2021. All respondents (n=300).

Increasing confidence and demand

Understanding and addressing behavioural and social drivers (BeSD) of vaccination

New publications:

https://www.who.int/teams/immunization-vaccines-and-biologicals/essential-programme-on-immunization/demand


Thank you

Pakistan

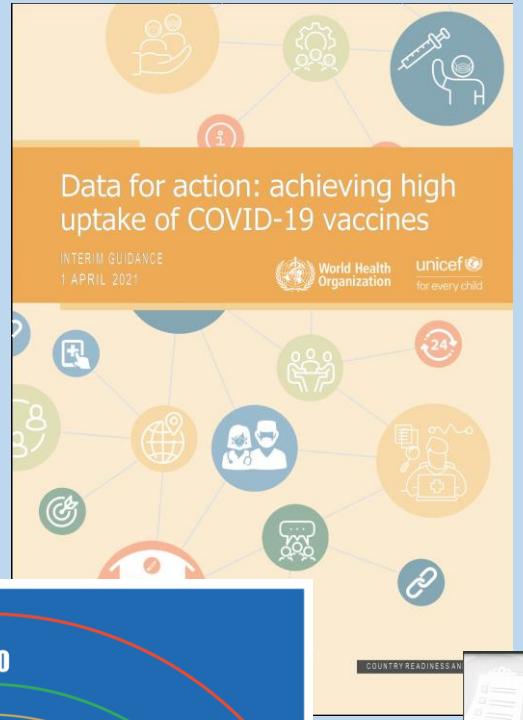
Insert Aftab’s slides here

Go to www.menti.com and use the code 5310 1309

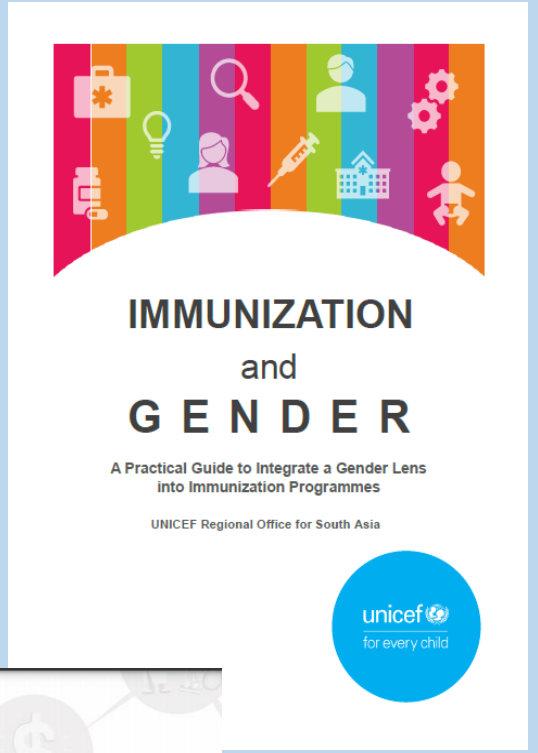
Exercise: Is gender a separate programme?

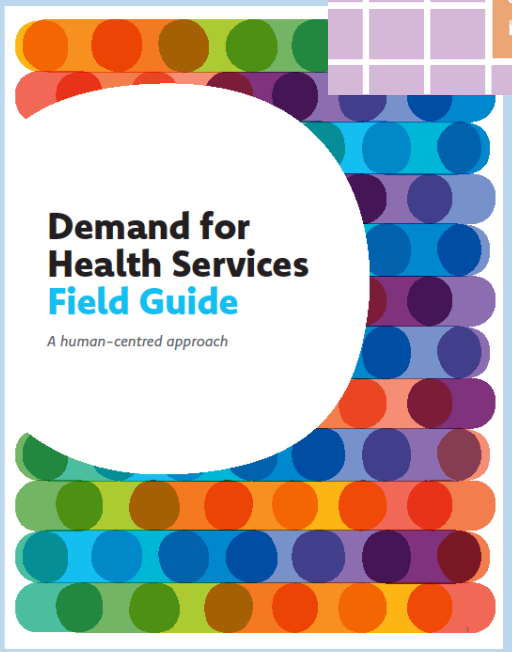
Mentimeter

Resources


Data for action: achieving high uptake of COVID-19 vaccines
INTERIM GUIDANCE
1 APRIL 2021
World Health Organization
unicef
for every child


The Little Jab Aid:
5 Ideas to increase COVID-19 vaccination for women in Middle East and North Africa (MENA)
COMMON THREAD
unicef | for every child
Busara
Save the Children


IMMUNIZATION
and
GENDER
A Practical Guide to Integrate a Gender Lens into Immunization Programmes
UNICEF Regional Office for South Asia
unicef
for every child


Demand for Health Services
Field Guide
A human-centred approach


IMMUNIZATION AGENDA 2030
WHY GENDER MATTERS


GUIDANCE NOTE AND CHECKLIST FOR TACKLING GENDER-RELATED BARRIERS TO EQUITABLE COVID-19 VACCINE DEPLOYMENT
March 2021
Developed by the SDG3 Global Action Plan For Healthy Lives and Well-Being: Gender Equality Working Group
and the Gender and Health Hub,
United Nations University International Institute for Global Health

Thanks for caring for us effectively

Discussion and experience sharing

Image: https://blogs.unicef.org/blog/vaccinating-children-how-do-we-get-back-on-track/

Zero-dose.org

We encourage you to register on the Zero Dose Community of Practice platform to continue to the discussion and to join future events

Reaching Zero-dose Children

Thank you!

Reaching
Zero-dose
Children