# Gender Analysis for Vaccine Response

## Toolkit for Risk Communication and Community Engagement Actors

# Acronyms

**M&E**    Monitoring and evaluation

**RCCE**    Risk communication and community engagement

**USAID**    United States Agency for International Development

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# Introduction

Gender inequalities influence the uptake of vaccines and immunizations to prevent disease (Feletto & Sharkey, 2019). They affect the vaccination process, both on the supply side—such as who is offered vaccines or made welcome at health services and who is not—and on the demand side through differences in people's demand for services and their health-seeking behaviors and ability to make decisions. The impact of gender inequalities has been even more apparent during the COVID-19 pandemic and with the introduction and rollout of various COVID-19 vaccines. Professionals working to develop and implement an effective response during an emergency will benefit from including a **gender analysis** in their efforts to better understand how **gender norms** and relations at different levels—from individual to structural—influence the acceptance and uptake of vaccines.

With COVID-19 as an example, the Gender Analysis for Vaccine Response Toolkit maps out how to conduct a gender analysis during health emergencies and provides guidance on developing a gender-informed vaccine response that increases coverage for all. While Breakthrough ACTION developed this tool based on improving uptake of the COVID-19 vaccines, it is applicable for any vaccine response for epidemics and pandemics including Ebola, Zika, influenza, and mpox. Routine immunization programs can also benefit from the steps and associated activities to identify and respond to gender-related barriers to increase demand and uptake of immunization services.

The objectives of a gender analysis that informs a vaccine response during health emergencies are to:

- Identify gender inequalities and power imbalances between women/girls, men/boys, and people of other **gender identities** and how they affect people's response to vaccine access and uptake.

- Determine the gender-related constraints that need to be addressed and opportunities that can be leveraged to enable a more equitable approach to immunization and to increase vaccine coverage.

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**TIP:**

## Get familiar with key gender terms and related concepts.

**Annex 1: Definition of Gender Terms and Related Concepts** *provides definitions to key gender terms that are used in the toolkit. You will find these gender terms in bold at first use in the document. If you are unfamiliar with them or not entirely clear with what they mean, go to the annex to find out!*

# What Is Gender Analysis?

Gender analysis, informed by both primary and secondary data, explores and highlights women's and girls', men's and boys', and people other gender identities' relationships—and the inequalities in those relationships—by examining five key domains and questions (see Box 1). Multiple frameworks with similar elements are available for gender analysis, but they may be structured or labeled differently. Owing to its relevance to health systems, this toolkit draws on Jhpiego's Gender Analysis Toolkit for Health Systems to analyze gender power relations and how those relations affect a vaccine response (Jhpiego, 2016).

The questions in Box 1 are important for understanding how gender inequalities may affect different populations during health emergencies. **Gender equity** issues must be central to vaccine response programs to ensure access, acceptance, and uptake among all people.

Applying an intersectional approach to gender analysis is also essential because it uniquely enables an understanding of the barriers and inequalities faced by different groups. **Intersectionality** is a lens through which stakeholders can try to see all the complex identities and patterns of oppression that different people may face within any given society. In particular, it reveals how gender intersects with other marginalizing factors such as age, socioeconomic status, race, ethnicity, disability, and sexuality and thereby influences access and decisions about vaccine uptake. It recognizes that men and boys and women and girls are not homogeneous and that differences exist in perceptions, beliefs, and access to services both within and across these groups.

Gender analysis is also an important lens to include when considering audience segmentation, which provides valuable insights on how to reach different subgroups within a population. For example, by conducting a segmentation analysis using a gender lens, you may learn that one segment of your target population is composed of women who are hesitant to get the vaccine because they are worried about the safety of the vaccine, while another predominantly female segment would like to get vaccinated but lack the autonomy to make that decision for themselves and their families. To learn more about audience segmentation, see the **Breakthrough ACTION Audience Segmentation Toolkit**.

BOX 1

# Gender Analysis Domains

### Patterns of decision making
## WHO DECIDES?

Informs who has, who can acquire, and who can expend authority to make decisions.

### Access to and control over resources/assets
## WHO HAS ACCESS AND CONTROL OVER WHAT?

Explores gender differentials regarding access to and control over resources necessary for a person to be productive. These resources include tangible assets (such as income, technologies, and services) and intangible assets (such as knowledge, education, and information).

### Practices and participation
## WHO DOES WHAT?

Captures information on the gendered division of labor and everyday practices, including men's and women's different roles, their responsibilities and the time needed to complete them, and how these factors affect people's participation in health, economic, political, and social activities.

### Beliefs and perceptions
## HOW ARE VALUES DEFINED?

Provides a better understanding of cultural beliefs or norms, such as what being a man or woman means in a specific society. These beliefs affect men's and women's behaviors, participation, and decision-making capacity. They also either facilitate or limit men's and women's access to services.

### Laws, policies, and institutional practices
## WHAT IS THE CONTEXT/STRUCTURAL ENVIRONMENT?

Focuses on information about men's and women's different formal and informal rights and how men and women are dissimilarly affected by policies and rules governing institutions, including risk communication and community engagement responses.

# About the Toolkit

This Toolkit is a guide to conduct a gender analysis that is specific for stakeholders working on vaccine response. It leads professionals through a guided process to identify gender-related barriers to vaccine coverage across all three pillars of risk communication and community engagement (RCCE) (see Box 2), listed by the **Joint External Evaluation Tool: International Health Regulations**.

The toolkit draws on existing gender analysis and RCCE resources and offers a case study example and template matrices to collect, organize, and analyze information.

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**BOX 2**

## The Three RCCE Pillars

1. **RCCE systems for emergencies**—communication systems such as plans and mechanisms for strengthening risk communication

2. **Risk communication**—all internal and external communication around health security

3. **Community engagement**—outreach and activities with affected populations

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# When to Use the Toolkit

The Toolkit can be used at different times. Ideally, RCCE teams should use it as part of a health emergency preparedness program, so that in times of vaccine rollout, they can put the findings into action or, if needed, quickly update their analysis. The toolkit can also be used in the initial phases of designing a vaccine response, during vaccine rollout to make course corrections, and retrospectively after a response is completed to better understand how to respond to upcoming or future vaccine and immunization efforts. During these times, the toolkit will help to identify gender and other social barriers preventing a population's full uptake of a given vaccine.

Gender analysis should not be a one-time process. Over the course of a vaccine response, RCCE teams should continue collecting and analyzing sex disaggregated data and **gender-sensitive indicators** to monitor any increase or decrease in **gender disparities**. If circumstances change or a new pandemic arises, updating the analysis may be necessary.

## Intended Toolkit Users

This toolkit is intended for RCCE stakeholders working with national health authorities and other partners to develop, implement, and monitor vaccine response. RCCE stakeholders include:

- Members of the national RCCE task force or subcommittee responsible for planning, implementing, and monitoring a vaccine response at national and regional/district levels

- Vaccine deployment coordinating committee members and national/regional immunization program managers

- Partner organizations and civil society organizations (including women's groups, youth networks, and groups representing additional marginalized communities, such as disability groups) supporting vaccine rollout

The gender analysis process can be initiated by anyone working in RCCE, including implementing partners supporting the national vaccine response.

## Resources Needed to Implement the Toolkit

Effective implementation of the toolkit requires financial resources, a gender analysis team and an assigned focal person who is part of the team who will take the lead in conducting the gender analysis and integrating the findings within the vaccine response. The focal person on the gender analysis team should be someone who is able to call the team together, assign tasks to the members, and hold them accountable.

Costs to be covered during the gender analysis process may include level of effort for the team working on the analysis, communication (airtime, Wi-Fi, etc.), and venue for the validation and action planning workshop.

BOX 3

## Gender analysis is the starting point for gender integration.

This Toolkit is not designed to guide users on integrating gender into RCCE activities or to design and implement **gender transformative** programs. However, conducting a gender analysis is the first step towards **gender integration** in RCCE activities. The toolkit will help you identify gender-related barriers and facilitators to accessing vaccine services and make recommendations to integrate gender into current or future vaccine responses.

To learn more about gender integration into RCCE activities refer to:

- **Integrating Gender into the COVID-19 Vaccine Response**
- **Integrating Gender into the COVID-19 Risk Communication and Community Engagement**
- **Gender Equality Check-in Tool**
- **Integrating Gender into Social and Behavior Change: Implementation Kit**
- **UNICEF's Gender Lens in Social & Behavior Change Guidelines**
- **Gender Equality and COVID-19 Brief**
- **Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies**
- **Gender Checklist for Content Creators**

# Why Consider Gender in a Vaccine Response

To increase vaccine coverage, RCCE partners need to understand and intentionally address the many ways in which gender interacts with cultural, geographic, and socioeconomic factors to influence vaccine access and uptake. The following sections describe ways in which gender is important in this context.

## Gender-Related Barriers Affect Access to and Uptake of a Vaccine Response

Gender-related barriers to vaccine services and uptake include access to information, technology, and formal education; local health care provider attitudes; individual biases and preferences; ability to make decisions and control resources; and inequitable policies, laws, and regulations stemming from national, regional, and local governments and stakeholders. Previous studies of seasonal influenza vaccines among both the general population and health professionals found higher vaccine hesitancy and lower acceptance among women than men, which led to differences between women and men in vaccine uptake (Heidari & Goodman, 2021). A study in the United States found that masculinity was also a major risk factor for COVID-19, as those who identify as traditionally masculine were found to be more resistant to the vaccine (Fairleigh Dickinson University, 2021).

Gender differences in COVID-19 vaccine hesitancy vary by country, as gender norms and other gender-based factors in these countries influence them. Understanding and addressing gender differences can ensure vaccines for COVID-19 and future pandemics are rolled out in an equitable manner to have the greatest impact.

## Risk of Transmission Is Related to Gender Norms, Roles, and Behaviors

Today, women make up about 70% of the global health workforce, and the majority of first responders on the frontlines during a disease outbreak are usually women, which disproportionately puts women at increased risk of exposure (Union for the Mediterranean, n.d.). Based on prevailing gender norms, women are most likely to care for children and other family members at home if they become sick, including during pandemics. This puts women at greater risk for not only poor physical and mental health (CDC, 2021), but also at an increased risk of infection for other infectious diseases (Bower et al., 2016).

Data related to Zika virus in Brazil showed that adult women were 90% more likely to get Zika than men (Coelho et al., 2016). Recent research on the influence of gender on COVID-19 infection and mortality reveal higher infection risks among women than men at working ages, while the opposite holds true at old age. Death rates in all age groups are twice as high for men as for women (Doerre & Doblhammer, 2022). Understanding these different levels in exposure and risk can be important when rolling out a vaccine to determine priority populations.

## Lower Formal Educational Levels and Reduced Access to Accurate Vaccine Information

The lower formal educational levels typically experienced by women often correlate with increased vaccine skepticism and less confidence in vaccines (Makarovs & Achterberg, 2017). In addition, lower education levels may limit women's and girls' access to accurate vaccine information (Heidari & Goodman, 2021).
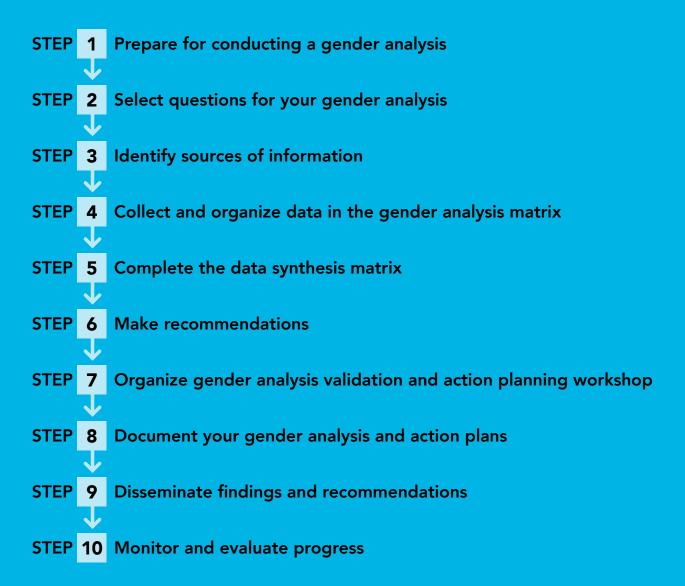
The information gap widens for women and girls when access to the internet is considered: only 57% of women globally use the internet, compared with 62% of men (International Telecommunication Union, 2022). COVID-19 has accelerated communication and interactions online and through mobile phones, but the gap between women's and men's access to and use of digital tools remains significant. Women are 20% less likely than men to use mobile internet and 8% less likely than men to own a mobile phone (Shanahan, 2022). This gap restricts women's access to information because of limited exposure to essential health messages about vaccines, further exacerbating existing gender inequalities (USAID, 2020).

## Unique Needs of Pregnant and Lactating People

People who are pregnant or interested in becoming pregnant often have concerns about how a vaccine will affect their ability to conceive, how it may affect their unborn child if they are pregnant, and how it affects their baby if they are lactating. However, RCCE professionals often do not take these factors into consideration during testing and rollout of vaccines. COVID-19 clinical trials of drug-based and biological/vaccine interventions showed that less than one quarter (18%) of trials reported sex-disaggre-gated results or subgroup analyses. Similarly, during initial vaccine trials, pregnant and lactating women were often excluded, leading to very little existing data on vaccine safety in pregnancy and while breastfeeding (Vassallo et al., 2021). Before global and national agencies authorized COVID-19 vaccines for use, a survey across 16 countries indicated that nonpregnant women were much more likely to accept a hypothetical vaccine (73%) compared with pregnant women (52%) (Skjefte et al., 2021). Suboptimal uptake of recommended vaccines from this population is a pattern: during the 2019–2020 flu season, only 40% of pregnant women in the United States received both the influenza and tetanus-diphtheria-per-tussis vaccines (Razzaghi et al., 2020). More research on the increased risks of pregnant and lactating women in emergency situations is needed to better and more holistically understand them.

# Steps in Conducting Gender Analysis for Vaccine Response

STEP **1** **Prepare for conducting a gender analysis**

STEP **2** **Select questions for your gender analysis**

STEP **3** **Identify sources of information**

STEP **4** **Collect and organize data in the gender analysis matrix**

STEP **5** **Complete the data synthesis matrix**

STEP **6** **Make recommendations**

STEP **7** **Organize gender analysis validation and action planning workshop**

STEP **8** **Document your gender analysis and action plans**

STEP **9** **Disseminate findings and recommendations**

STEP **10** **Monitor and evaluate progress**

# Download the Editable
# **<u>Gender Analysis Worksheet</u>**

Each step provides specific activities, tips, templates, and an illustrative example from a gender analysis based on a country's COVID-19 vaccine response.

There is one accompanying Excel worksheet in this toolkit with separate and editable tabs to document each step of your gender analysis process. Download the editable <u>Gender Analysis Worksheet</u> and use the different tabs in the same worksheet as you go through the toolkit.

TAB 1: Gender Analysis Matrix

TAB 2: Data Synthesis Matrix

TAB 3: Action Plan Template

TAB 4: Monitoring Template

# STEP 1

# Prepare for Conducting the Gender Analysis

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**OBJECTIVE:** To better understand why it is important to conduct a gender analysis for a vaccine response, who to collaborate with, and what preparations to make for effective implementation of the toolkit.

**ACTIVITIES:**
- Identify the RCCE leadership in the country, including the primary RCCE working group with whom you will need buy-in to complete the gender analysis.

- Review the entire toolkit in depth to understand why gender analysis is important to a vaccine response and to have a better sense of the process.

- Use the information provided in the toolkit to prepare talking points or a presentation to use when meeting with the RCCE leadership to seek their support for the implementation of the toolkit.

- In coordination with the RCCE leadership, establish a gender analysis team of at least three technical staff, preferably including:
  » One RCCE and/or vaccine response technical expert
  » One monitoring, evaluation, and research officer
  » One gender expert

- Within the team, assign one focal person who will lead the team to complete the gender analysis.

- Prepare a list of other RCCE stakeholders (with their contact information) who would be able to provide input into the gender analysis at different points.

- Create a timeline for the key steps to conduct your gender analysis. Box 4 provides an illustrative timeline of four weeks based on a gender analysis that uses secondary data only. A gender analysis that includes primary data collection will take much longer, including the need for ethical review.

**BOX 4**

## Sample Timeline for Conducting Gender Analysis

| ACTIVITY/STEPS | Week 1 | Week 2 | Week 3 | Week 4 |
|---|:---:|:---:|:---:|:---:|
| Prepare for conducting gender analysis | X | | | |
| Select questions for your gender analysis | X | | | |
| Identify sources of information | X | | | |
| Collect and organize data in the gender analysis matrix | | X | | |
| Complete data synthesis matrix | | X | | |
| Make recommendations | | X | | |
| Organize gender analysis validation and action planning workshop | | | X | |
| Document the gender analysis and action plans | | | X | |
| Disseminate findings and recommendations | | | | X |

# STEP 2

# Select Questions for Your Gender Analysis

**OBJECTIVE:** To determine the focus of your gender analysis by identifying specific questions that you would like to answer to understand gender differences and inequalities that affect vaccine responses across RCCE pillars.

**ACTIVITIES:**
- Read through the sample questions provided in Annex 2: Illustrative Gender Analysis Questions for each RCCE pillar to help you think through what you want to know about **gender relations** and inequalities within the different pillars and domains.
- Discuss each question within your gender analysis team to make sure all members have a common understanding of the goal of each question.
- Decide on priority questions you would like to ask for your gender analysis. Make sure that you have at least one or two questions for each gender domain across the RCCE pillars.
- For each pillar, fill in your selected question in the gender analysis questions/what we want to know column in Tab 1: Gender Analysis Matrix of the gender analysis worksheet.

**TIP:**

*The illustrative questions are all adaptable. Feel free to skip, modify, or add new questions to fit your context as needed.*

*Refer to Box 1: Gender Analysis Domains to remind yourself of what the domains are and to obtain guidance on the type of questions that you can ask for your analysis.*

# TAB 1: Gender Analysis Matrix

Use Tab 1: Gender Analysis Matrix, QUESTIONS: What we want to know column in your downloaded gender analysis worksheet to put in your questions for each pillar.

| Gender Analysis Domain | QUESTIONS: What we want to know | FINDINGS: What we know |
|---|---|---|
| Decision-making patterns | | |
| Access to and control over resources | | |
| Practices and participation | | |
| Beliefs and perceptions | | |
| Laws, policies, and institutional practices | | |

### WHAT WE STILL DO NOT KNOW

# STEP 3

# Identify Existing Sources of Information

**OBJECTIVE:** To explore existing qualitative and quantitative data/information that would help you with answering your gender analysis questions.

**ACTIVITIES:**
- Conduct a search for existing information on vaccines and gender-related issues that will help you answer the gender analysis questions you identified (see Box 5 for possible sources of information).
- When looking for sources of information, consider including:
  » National-, district-, and community-level information
  » Information on how gender intersects with other inequalities such as how women and men are affected differently by vaccine responses depending on their disability, age, geographical location, education, income status, sexuality, and so forth
- Create a shared platform, such as Google Drive, that each gender analysis team member can contribute to and compile relevant documents.
- Create a list of all your sources of information as you gather them by including the name of the author or authors, title of the document, who published it, and the year of publication.

**TIP:**

*Apply online search using a combination of key words or phrases such as gender and vaccines, gender barriers to vaccines, gender differences in vaccine uptake, and so on.*

*Use your personal networks to get information that may not be publicly accessible.*

*Identify and reach out to relevant experts working on RCCE and gender who can provide you with useful insights, for example, those at the Ministry of Health, research institutions, and universities.*

## BOX 5

## Possible Sources of Information

- Context-specific articles on vaccines and gender in academic journals
- Reports and other publications from government agencies, nongovernmental organizations, and donors in the country
- National, regional, or local surveys measuring:
  - » Vaccine uptake
  - » Knowledge, attitudes, perceptions, and behaviors related to vaccines at country, district, and community levels
- National RCCE strategies and guidelines, risk communication and advocacy strategy, vaccination guidelines
- Information from rumor tracking, social listening, and social media monitoring systems
- Anonymous data from call centers/hotlines disaggregated by sex to gain insight into topics women and men are calling about
- Experiences and observations of RCCE taskforce members
- Meeting minutes, recording of activities (e.g., trainings, workshops) from RCCE events
- RCCE tools and materials
- Global/regional studies that have applicable information specific to the country

# STEP 4

# Collect and Organize Data in the Gender Analysis Matrix

**OBJECTIVE:** To dig deep into your sources of information, collect relevant data responding to your gender analysis questions and organize your findings to further synthesize.

**ACTIVITIES:**

- Start reviewing your sources of information with your selected questions in mind. You can divide up sources of information among your gender analysis team members.

- Extract the information/data that is relevant to your questions for each gender analysis domain and enter the information into the findings/what we know column, in Tab 1: Gender Analysis Matrix.

- Make sure that you list all the data relevant to answering the question right below your questions box for each gender analysis domain.

- Once you have filled in the matrix for the first pillar, move on to the remaining pillars and follow the same steps.

- Include a way to identify the source of the data because you may want to refer to it later.

- Within your gender analysis team, review and reflect on all the data collected under each question and summarize your findings.

- Once you are done completing the matrix with the available information, identify where gaps exist in data or information and fill in the what we still do not know section in Tab 1: Gender Analysis Matrix.

- Schedule meetings or set time aside to speak to relevant RCCE and gender experts to help you fill in the identified gaps as much as possible. When they provide additional information, document what is discussed and update the matrix as possible.

- To see an example, look at the Illustrative Gender Analysis Matrix. Because the data captured for Pillar 2: Risk Communication and Pillar 3: Community Engagement was relevant for both, it is combined into one matrix. For your gender analysis, you can decide whether to have the pillars separately or combined together.

# TAB 1: Gender Analysis Matrix

Use Tab 1: Gender Analysis Matrix, FINDINGS: What we know column in your downloaded gender analysis worksheet to collect and organize your findings for each pillar.

**RCCE Pillar:**

| Gender Analysis Domain | QUESTIONS: What we want to know | FINDINGS: What we know |
|---|---|---|
| Decision-making patterns | | |
| Access to and control over resources | | |
| Practices and participation | | |
| Beliefs and perceptions | | |
| Laws, policies, and institutional practices | | |

## WHAT WE STILL DO NOT KNOW

**TIP:**

## What you know should be based on data.

*Where data is not available, use your personal experience and observations and triangulate with other RCCE members.*

*Try to look for differences among subgroups of women and men. Remember that certain subcategories of women or men (e.g., youth, people with disabilities, members of minority groups) can face unique barriers or obstacles that could potentially prevent them from accessing vaccines.*

*Gaps in data are likely owing to the rapid nature of an emergency vaccine response. Do not be discouraged by limited information as identifying gaps in data is useful for shaping future vaccine response.*

# Illustrative Gender Analysis Matrix

**RCCE Pillar:**

**RCCE systems for an emergency**

| Gender Analysis Domain | QUESTIONS: What we want to know | FINDINGS: What we know |
|---|---|---|
| **Decision-making patterns** | • Who is represented in the RCCE at different levels?<br>• How are the voices of women/girls, men/boys, and people of other gender identities included when planning, implementing, and monitoring vaccine rollout? | • RCCE membership often includes ministries and groups that focus on women and underrepresented groups, but their actual participation in decision making is unknown.<br>• Female community health actors were not involved early on in decision making and vaccine rollout planning meetings despite their unique insights into community dynamics, particularly with regards to women's experiences. |
| **Access to and control over resources** | • To what extent do RCCE teams have access to data disaggregated by sex and other factors such as age, socioeconomic status, race, ethnicity, disability, and sexuality?<br>• What kind of training do members of the RCCE team, health workers, and vaccinators receive related to gender? | • Very limited access to data that shows sex disaggregation and data disaggregated by other social categories.<br>• Female community health actors (and other groups such as journalists) have received various risk communication and vaccine trainings, which included balanced numbers of men and women; however, gender-related trainings are limited. |
| **Practices and participation** | • What kind of roles and responsibilities do women/girls, men/boys, and people of other gender identities have within the RCCE team? | • Women have been excluded from high-level decision-making processes in RCCE committees at all levels. |
| **Beliefs and perceptions** | • What are the perceptions and attitudes of RCCE team members about gender and its importance in improving access and uptake of vaccines? | • Assessment on how members of the RCCE taskforce perceive the importance of integrating gender equity and women's participation in leadership roles has not been conducted in the past. |
| **Laws, policies, and institutional practices** | • How do the RCCE process, procedures, and guidance documents address gender-related factors influencing vaccine uptake and address the different needs of women/girls, men/boys, and people of other gender identities?<br>• What mechanisms and tools are available for the collection, reporting, and dissemination of data disaggregated by sex, age, education, income/economic status, geographical location, disability, and/or other variables, with respect to vaccine coverage? | • In 2015, the Ministry of Health introduced a **gender-mainstreaming** plan that influences policies, projects, and budgets.<br>• No evidence was identified that indicates a gender lens was used to plan the country's COVID-19 response. The RCCE is one of 19 technical areas under the Joint External Evaluation Tool, which does not include any gender-specific targets or indicators.<br>• The Minister of Health developed a plan to ensure continuity of maternal health services during COVID-19, along with promotional materials advertising availability of services. |

## WHAT WE STILL DO NOT KNOW

• To what extent have the various ministries (and members of the RCCE taskforce) implemented the actions in the 2015 gender-mainstreaming document?
• Is vaccine-related data being collected disaggregated by sex? If so, why is it not available publicly? Is the data disaggregated by other categories such as age, education, employment, marital, and pregnancy status?
• How has data been used for decision making and planning for RCCE?

# Illustrative Gender Analysis Matrix

| Gender Analysis Domain | QUESTIONS: What we want to know | FINDINGS: What we know |
|---|---|---|
| **Decision-making patterns** | • How does women's and girl's autonomy or lack of autonomy affect their ability to decide on accessing a vaccine?<br>• Who influences decisions in the community around vaccine access and uptake? How does this differ for women/girls, men/boys, and people of other gender identities? | • Only 5% of married or in-union women say they make decisions about their own health; 78% say that mainly their husband makes the decision; and 10% of women said they need permission to access health care.<br>• Women do not have reliable access to funds in emergency settings, which may limit their participation and decision making related to household finances.<br>• Male religious leaders are very influential in people's decision to accept or refuse vaccines.<br>• Female community health actors are influential for decisions related to maternal and child health. |
| **Access to and control over resources** | • Do men and women have accurate information about the vaccine? How does the answer to this question differ between different groups of men and women?<br>• How do women/girls, men/boys, and people of other gender identities get information about vaccines? What are their preferred/accessible channels and trusted sources?<br>• How do vaccine services meet the different needs of women/girls, men/boys, and people of other gender identities (e.g., opening hours, mobility restrictions, privacy/confidentiality)? | • Women have less access to internet-based communication than men. They prefer TV and radio during times they are home performing household chores.<br>• Men are more exposed to misinformation about vaccines spreading on WhatsApp.<br>• Women's financial insecurity affects their access to health care and their willingness to get vaccines.<br>• **Gender-based violence** is intertwined with financial security in the household. Women's financial insecurity may make them more vulnerable to violence.<br>• The government ensures equitable access to vaccines for people with disabilities and other vulnerable groups, but women with disabilities are less likely to access the vaccine.<br>• Men have more mobility than women during COVID-19 and therefore more opportunities to visit health services. Women mainly stay home to perform chores. |
| **Practices and participation** | • How do **gender roles**, responsibilities, and time use influence access and uptake of vaccines?<br>• How does vaccine promotion and messaging address the different needs of women/girls, men/boys, and people of other gender identities?<br>• How are community engagement teams gender balanced? Who is represented? | • Communication materials were developed in coordination with community actors, youth, and women's associations to combat stigmatization and rumors and to assist the reintegration of cured patients into their communities.<br>• Some video materials produced appear to reinforce negative **gender stereotypes**. Other videos included women in leadership positions. Print materials included both men and women as experts.<br>• Religious leaders are typically men; community health actors are frequently women. Both are influential among all genders and have the potential to reach whole communities with information. |

# Illustrative Gender Analysis Matrix

| Gender Analysis Domain | QUESTIONS: What we want to know | FINDINGS: What we know |
|---|---|---|
| Beliefs and perceptions | • What are the common beliefs about vaccines held by men, women (pregnant and lactating women), boys, and girls?<br><br>• Are there differences in attitudes about safety and efficacy of vaccines based on age, sex, and other factors? Who is more hesitant about vaccines?<br><br>• What gender norms and/or religious beliefs in the community may influence (positively and negatively) vaccine access and uptake? | • Women have higher odds of vaccine hesitancy (but not refusal) than men.<br><br>• Women's main concern is that the vaccine will affect their ability to become pregnant, or that adverse vaccine side effects will force them to miss work and they will be unable to provide for their children and families.<br><br>• Men are less likely to trust communication of laws and policies that come directly from government actors, preferring information from health workers. Women may be more likely to trust government sources to communicate laws and policies.<br><br>• One study documented men's opinion of women being "acquiescent" and "passive," with regard to accepting government health policies, while men felt they were more skeptical and critical and thus more likely to disregard government requests/mandates about vaccines.<br><br>• Confirming a COVID-19 infection may threaten men's perception of "masculinity." |
| Laws, policies, and institutional practices | • How are sex- and age-disaggregated data and gender-sensitive data collected and used in designing a vaccine communication strategy?<br><br>• If women/girls, men/boys, and people of other gender identities are excluded from a vaccine response but should be included, which groups in the community can help advocate for changing the laws and policies? | • Several bulletins or newsletters that were publicly available only included COVID-19 data in aggregate, that is, without details of differences between men or women or by age or other socio-demographic characteristics.<br><br>• The military set up a mobile command center to manage emerging COVID-19 cases. Studies in similar countries have shown how military-led responses exacerbate gender disparities and may negatively affect men's support of government responses in times of health emergencies.<br><br>• Childcare services for women being treated for COVID-19 are being provided at specific locations, and women are also given "special kits" (including transport). |

## WHAT WE STILL DO NOT KNOW

• Does any data exist documenting community influences on vaccine attitudes and norms that may influence larger population buy-in?

• Are vaccination sites open and accessible at hours that accommodate women who may be tasked with household chores or men with extended work hours?

• To what degree are youth organizations engaged in community mobilization? Do young women have the same opportunity to be members of youth organizations as young men do? How has this affected young women and men's uptake of the vaccine where it is available?

# STEP 5

# Complete the Data Synthesis Matrix

**OBJECTIVE:** To identify and focus on the key gender-related constraints that you want to address and opportunities that you want to build on in your vaccine response.

**ACTIVITIES:**

- Review the information summarized in the gender analysis matrix. Start with the first pillar, RCCE Systems for an Emergency. Review the information in the findings/what we know section across all five gender domains as well as the information in what we still do not know section.

- Based on the key findings, brainstorm overarching gender-related constraints and opportunities that may impede or facilitate an effective emergency vaccine response. Use questions in Box 5 to guide you in identifying constraints and opportunities.

- Discuss the constraints and opportunities identified during brainstorming and decide as a team which ones, if they are addressed, are most likely to improve vaccine uptake for women/girls, men/boys, and people of other gender identities.

- Based on your discussion, fill in the gender-related constraints and opportunities cells for the first RCCE pillar in Tab 2: Data Synthesis Matrix, in the gender analysis worksheet. To see an example, look at the illustrative data synthesis matrix.

- Once you have filled in the matrix for the first pillar, move on to the remaining pillars and follow the same steps.

- DO NOT FILL IN the recommendation's column at this point. Your matrix should look like the Illustrative Data Synthesis Matrix. You will fill in the recommendation's column in step 6.

# TAB 2: Data Synthesis Matrix

Use Tab 2: Data Synthesis Matrix in your downloaded gender analysis worksheet to document gender-related constraints and gender-related opportunities.

|  | Synthesis of what we know and what we still do not know | Full List of Recommendations |
|---|---|---|
| Gender-related constraints |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Gender-related opportunities |  |  |
|  |  |  |

| Priority Recommendations |
|---|
|  |

**BOX 6**

# How to Identify Constraints and Opportunities

*Gender-related constraint* is related to conditions of inequalities that prevent or serve as a barrier to health behaviors and access to vaccine services for women, men, boys, girls, and people of other gender identities. For example, limited decision-making power of women, men's low access to trustworthy information, or women's restricted mobility outside the house can negatively influence their uptake of vaccinations. To identify gender-related constraints, you can ask the following:

- What are some of the differences and inequalities between women, men, and people of other gender identities?
- What are some of the gender norms, beliefs, and values around gender that are barriers to accessing vaccine services? How are decisions to access vaccines influenced by gender norms?
- What are the gaps in terms of policies and procedures that protect people from sexual exploitation and abuse during emergency vaccine rollout? How do policies treat men and women differently? How does this treatment differ based on other factors such as age, ethnicity, and education?

*Gender-related opportunities* can be built upon to facilitate desired changes in knowledge, practice, and access to vaccine services. For example, national policies and programs that have an impact on the relative status of men and women or positive gender norms and practices that can be leveraged to improve health outcomes. To identify gender-related opportunities, you can ask the following:

- What type of initiatives/programs exist within the health system that address gender gaps in decision making and women's participation in leadership roles?
- What opportunities are there to reduce gender gaps in access to resources, both tangible and intangible?
- What positive gender relations and norms exist within the community that could be reinforced to enhance vaccine uptake?
- What kind of supportive policies and procedures exist that can be enhanced for integrating gender during health emergencies?

# Illustrative Data Synthesis Matrix

| | Synthesis of what we know and what we still do not know | Full List of Recommendations |
|---|---|---|
| **Gender-related constraints** | Publicly available data is not reported by sex or other demographic categories for vaccine status. | |
| | There is no evidence to suggest that the RCCE team, health workers, or vaccinators have received training on gender. | |
| | Women are excluded from high-level decision-making processes. | |
| | Gender considerations were not identified in several guidance documents (for vaccine rollout, the COVID-19 response, community engagement efforts, etc.) | |
| **Gender-related opportunities** | In 2015, the government elaborated a gender-main-streaming plan for all ministries to follow. | |
| | The Minister of Health developed a plan to ensure continuity of maternal health services during COVID-19. | |

## Priority Recommendations

# Illustrative Data Synthesis Matrix

| | Synthesis of what we know and what we still do not know | Full List of Recommendations |
|---|---|---|
| Gender-related constraints | Most women report not having authority to make their own health-related decisions. Younger women report having even less authority. | |
| | Women were more than twice as likely as men to be hesitant to receive a COVID-19 vaccine, but men were more likely to refuse a vaccine.<br><br>Men and women may be concerned with potential—but different—adverse side effects of vaccines disrupting their ability to work or earn money to provide for their families or effects on fertility. Confirming a COVID-19 infection may threaten men's perception of masculinity and thus they may prefer not to know or to vaccinate against it. | |
| | Men are reportedly less trusting of government-sponsored initiatives and communication than their spouses and may be more inclined to disobey public health measures. | |
| | WhatsApp may be effective in spreading information, but women tend to have less access to smartphones and internet. WhatsApp also breeds misinformation. | |
| | Some video materials produced to promote vaccines appear to reinforce negative gender stereotypes. | |
| | Men have more freedom of movement, while women more often stay home, decreasing their opportunity to visit a health center in a daily routine. | |
| | It is mainly men who lead decisions and planning of health emergency responses, with little input or opportunity for input from female leaders. | |
| | Cases of domestic violence have increased throughout the pandemic, which may also affect access to vaccines. | |

| | Synthesis of what we know and what we still do not know | Full List of Recommendations |
|---|---|---|
| Gender-related opportunities | The government is working to ensure equitable access to vaccines for women and men with disabilities and other vulnerable groups. Vaccinations will take place in health centers, health posts, mobile units, and specialized health facilities. | |
| | Male religious leaders and female community health actors are very influential in encouraging people to accept or refuse vaccines. | |
| | The government initially offered childcare for mothers hospitalized for COVID-19, including offering clothing and food assistance. | |

| Priority Recommendations |
|---|
| |

## STEP 6

# Make Recommendations

**OBJECTIVE:** To make specific recommendations for a more gender-equitable and impactful vaccine response.

**ACTIVITIES:**
- Review the sample Illustrative Data Synthesis Matrix to get ideas on how to formulate the recommendations based on the data you collected and reviewed.
- Based on the insights from the data synthesis matrix, first brainstorm a full list of recommendations to reduce or remove gender-related constraints that you identified across the different pillars and to capitalize on opportunities for gender integration.
  - » For example, if you identify as a constraint that women have less access to internet-based communication and prefer daytime radio/television, the recommendation could be to ensure that accurate information about vaccines from a source women trust is disseminated through women's preferred channel.
  - » If you identify as an opportunity that monitoring and other data related to vaccine uptake and hesitancy is already being disaggregated by sex, the recommendation could be to ensure this information is shared with all RCCE stakeholders on a regular basis so they can make evidence-based decisions and include gender-related factors in their response.
- Fill out your full list of recommendations in Tab 2: Data Synthesis Matrix, of your worksheet. You may have more than one recommendation for each constraint and opportunity and some recommendations may relate to both.
- Review your full list of recommendations across the pillars and identify the ones that are similar and can be clustered together.
- After clustering, prioritize your recommendations by identifying which ones to include for the first three to six months of your action plan and which ones to work on in the remaining six to 12 months, as they may take longer to advocate, or raise resources for.

- Try to make your final recommendations as specific and actionable as possible (see Tip Box)

- If you find it challenging to come up with actionable recommendations, go back and review your constraints and opportunities to strengthen them.

- Stay open minded as the recommendations that you come up with now may change during the validations workshop (step 7) depending on stakeholders' input.

- Note: If you prefer to do the clustering and prioritizing of the recommendations in consultation with other RCCE stakeholders, make sure that you build it into the agenda of the gender analysis validation and action planning workshop (next step).

# Illustrative Data Synthesis Matrix

| | Synthesis of what we know and what we still do not know | Full List of Recommendations |
|---|---|---|
| **Gender-related constraints** | Publicly available data is not reported by sex or other demographic categories for vaccine status. | • Ensure that all data collection plans, and monitoring systems allow for sex and age disaggregation at a minimum. If possible, disaggregate data on vaccination by other socioeconomic factors, such as marital and pregnancy status, income, and education to address intersectionality with regards to barriers and facilitators of participation in service provision and communication campaigns.<br>• Share sex-disaggregated data and analyses with RCCE stakeholders and partners on an agreed upon regular basis so that they can better understand how gender has an impact on vaccine responses in real time.<br>• Orient relevant stakeholders on the importance of data disaggregation and plan with them on adjusting data collection plans and monitoring systems. |
| | There is no evidence to suggest that the RCCE team, health workers, or vaccinators have received training on gender. | • Ensure there is gender expertise on the RCCE working group or team—at least one person who works in RCCE at the national and regional level.<br>• Strengthen the capacity of RCCE members at different levels to understand gender-related barriers/facilitators to vaccine uptake and potential unintended effects of public health measures that do not consider gender during health emergency.<br>• Ensure vaccine rollout trainings for health workers and/or vaccinators include respectful and gender-sensitive vaccine service delivery and how to address the different needs of women, men, boys and girls, including common and adverse side effects. They should also be able to provide referral services for gender-based violence, family planning/reproductive health and other essential services. |
| | Women are excluded from high-level decision-making processes. | • Ensure equitable representation from women and men on the RCCE committee, including in leadership positions.<br>• Ensure female members of the RCCE team have equitable decision-making power when determining strategic priorities and budgets and have the agency to exercise that power in mixed sex groups. |
| | Gender considerations were not identified in several guidance documents (for vaccine rollout, the COVID-19 response, community engagement efforts, etc.) | • Review national guiding documents such as the national COVID-19 communication and advocacy strategy, guideline for COVID-19 vaccination, and national vaccination policy to ensure gender considerations are incorporated.<br>• Integrate messages related to the gender-based factors influencing COVID-19 vaccination, including messaging around vaccines for pregnant and lactating women in the different guidelines. |

# Illustrative Data Synthesis Matrix

| | Synthesis of what we know and what we still do not know | Full List of Recommendations |
|---|---|---|
| **Gender-related opportunities** | In 2015, the government elaborated a gender-main-streaming plan for all ministries to follow. | • Use national laws and policies on gender such as gender-main-streaming plan to advocate for equitable representation of women and men in the RCCE committee, including in leadership positions among decision makers. |
| | The Minister of Health developed a plan to ensure continuity of maternal health services during COVID-19. | • Develop strategies that make use of family planning/maternal and child health services to promote vaccine among women who may otherwise have limited access to information about the vaccine and related issues. |

### Priority Recommendations

*To be clustered and prioritized during the gender analysis validation and action planning workshop.*

# Illustrative Data Synthesis Matrix

| | Synthesis of what we know and what we still do not know | Full List of Recommendations |
|---|---|---|
| Gender-related constraints | Most women report not having authority to make their own health-related decisions. Younger women report having even less authority. | • Develop a checklist for RCCE and social and behavior change practitioners to help them develop materials and messages that model gender-equitable roles and shared decision-making among couples.<br>• Put monitoring mechanisms in place that safeguard messages and materials from reinforcing gender stereotypes, norms and harmful practices (or integrate in existing monitoring mechanisms as appropriate). |
| | Women were more than twice as likely as men to be hesitant to receive a COVID-19 vaccine, but men were more likely to refuse a vaccine.<br><br>Men and women may be concerned with potential—but different—adverse side effects of vaccines disrupting their ability to work or earn money to provide for their families or effects on fertility.<br>Confirming a COVID-19 infection may threaten men's perception of masculinity and thus they may prefer not to know or to vaccinate against it. | • Ensure campaigns, messages, and materials are tailored to the specific needs, concerns, and barriers of women and men to vaccine uptake.<br>• Ensure information from rumor tracking and social listening systems is shared with all RCCE stakeholders on a regular basis so they can make evidence-based decisions and address gender-related factors in their response. |
| | Men are reportedly less trusting of government-sponsored initiatives and communication than their spouses and may be more inclined to disobey public health measures. | • Ensure public communication around vaccines is sensitive to different trusted sources of information for women and men to facilitate positive decision making. For example, men and women report higher trust in messages delivered from health professionals, while men may have lower trust in messages delivered via political channels. |
| | WhatsApp may be effective in spreading information, but women tend to have less access to smartphones and internet. WhatsApp also breeds misinformation. | • Identify rampant misinformation spread through WhatsApp and develop a campaign intended for men to counter the misinformation.<br>• Make sure WhatsApp and other campaigns have a message encouraging men to have open communication with their partner about health and vaccines.<br>• Develop campaigns intended for women using appropriate communication channels (radio in this case as it is the preferred channel by women). |

# Illustrative Data Synthesis Matrix

| | Synthesis of what we know and what we still do not know | Full List of Recommendations |
|---|---|---|
| **Gender-related constraints** | Some video materials produced to promote vaccines appear to reinforce negative gender stereotypes. | • Review existing COVID-19 messages and materials to assess if/how gender has been integrated and make recommendations for revisions and for developing future vaccine promotion campaigns.<br><br>• Recall materials such as posters that may be doing harm, based on the review of materials.<br><br>• Ensure that the team developing RCCE materials and guidelines for matters including vaccine rollout, promotion, and message guides have a gender-equitable balance of members and includes experts in gender perspectives. If the composition of the design team is already fixed, consider ways the team can get input from underrepresented voices, including women and youth, in campaign design, pretesting, and dissemination of materials |
| | Men have more freedom of movement, while women more often stay home, decreasing their opportunity to visit a health center in a daily routine. | • Advocate for tailored strategies to reach women with limited mobility to access vaccines. |
| | It is mainly men who lead decisions and planning of health emergency responses, with little input or opportunity for input from female leaders. | • Invite representatives from community groups, including women, youth, and disabled people, to participate and have equitable decision-making power when determining strategic priorities and budgets and to have the agency to exercise that power in mixed sex groups. |
| | Cases of domestic violence have increased throughout the pandemic, which may also affect access to vaccines. | • Engage community organizations, such as the network of female community health actors, to contribute to monitoring of unintended consequences of vaccine campaigns related to health-related decision making, including gender-based violence.<br><br>• Advocate for the allocation of more resources to support victims of gender-based violence during emergency responses, alongside health system strengthening efforts for maternal health services, thus ensuring the continuity and availability of services for survivors of violence.<br><br>• Engage religious and community leaders and community members (representing different gender and age groups) that provide opportunities for critical reflection on gender-based violence and discriminatory social and gender norms that influence vaccine uptake. |

# Illustrative Data Synthesis Matrix

| | Synthesis of what we know and what we still do not know | Full List of Recommendations |
|---|---|---|
| Gender-related opportunities | The government is working to ensure equitable access to vaccines for women and men with disabilities and other vulnerable groups. Vaccinations will take place in health centers, health posts, mobile units, and specialized health facilities. | • Use this opportunity to advocate for equitable vaccine rollout that considers intersectionality of gender and other marginalization factors such as disabilities. |
| | Male religious leaders and female community health actors are very influential in encouraging people to accept or refuse vaccines. | • Provide information to community, religious, and other formal and informal leaders that includes gender perspectives in promoting vaccination, such as equitable decision making among couples; and guide them through reflection sessions so they develop positive attitudes for gender equity and vaccines themselves. |
| | The government initially offered childcare for mothers hospitalized for COVID-19, including offering clothing and food assistance. | • Expand support for services such as childcare services and transportation during and after the administration of vaccines. |

## Priority Recommendations

*To be clustered and prioritized during the gender analysis validation and action planning workshop.*

# STEP 7

# Organize a Gender Analysis Validation and Action Planning Workshop

**OBJECTIVE:** To ensure the data collected is accurate and receive broad endorsement of the gender analysis and recommendations by other RCCE stakeholders.

**ACTIVITIES:**

### Planning the workshop:

- Discuss and decide on your workshop objectives. Note the main objectives of organizing a validation and action planning workshop are to:
  - » Present the gender analysis, including key findings and recommendations
  - » Obtain feedback from participants on the findings and recommendations
  - » Agree on possible interventions and a plan of action
- Make a list of participants who need to be part of the workshop.
- Review the Illustrative Agenda for Gender Analysis and Action Planning Workshop and adapt it to your context.
  - » Decide on final agenda items.
  - » Decide on the number of days for the workshop. Allocate appropriate time for each agenda item depending on the number of participants and available resources.
  - » Assign facilitators for each session.
  - » Prepare the necessary resources to run the workshop (e.g., presentations, filled out templates for group work).

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**TIP:**

*Make sure to invite RCCE stakeholders and partners who are in decision-making positions and also those who can and should implement the recommendations.*

*Ensure representation of community and civil society groups (including women's groups, youth networks, groups representing people with disability, and refugee groups) in the workshop.*

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- Follow your organization's procedure for further preparations including sending out invitations, selecting the venue, and so forth.
- Ensure that the RCCE leadership take ownership of the validation and action planning workshop by involving them in the planning process, in facilitating some of the workshop items, and so on.

## During the workshop:

- Share your gender analysis findings and recommendations.
- Agree on prioritized recommendations and make changes as needed. If your gender analysis team has not clustered and/or prioritized the recommendations, share your full list of recommendations with participants and give enough time for them to cluster as needed and prioritize (refer to step 6 for guidance on prioritizing).
- Set gender-related objectives to include in the vaccine response based on the priority recommendations.
- Identify actions to be taken and interventions to meet the objectives.
- Designate/assign partners to work on implementing each action and set a timeframe for implementation.
- Develop a monitoring and evaluation (M&E) plan that identifies how progress towards the objectives will be monitored and evaluated over time.
- Use Tab 3: Action Plan Template to document all the input you gather from RCCE stakeholders participating in the workshop.

**TIP:**

*When developing the M&E plan, make sure the right people are brought to the table. This could include members of the RCCE taskforce with relevant M&E expertise as well as partners responsible for implementation.*

*You might start drafting the M&E plan during the workshop and then finalize it afterwards with experts. Or, you might develop the M&E plan with a smaller group after the validation workshop and then share it with stakeholders at a later date.*

*The M&E plan should describe the priority activities that will be undertaken to assess progress towards objectives. The plan should also identify responsible bodies that will lead each M&E activity.*

*As part of the M&E plan, the team should identify gender-sensitive indicators that track progress towards objectives as well as progress towards improving gender-related outcomes over time. See Box 7 for sample indicators. For more resources related to developing gender-sensitive indicators and gender-responsive monitoring, consult the resources in Box 8.*

## BOX 7

## Sample Indicators

- Percentages of women, men, and gender minorities who received vaccines.
- Percentages of women, men and gender minorities who share in decision making with a spouse/partner to access vaccines.
- Percentages of women, men and gender minorities on RCCE staff who received training on gender.
- Proportions of local, regional, and national leadership positions held by women on various RCCE committees.
- Proportions of women, men, and people of other gender identities participating in decisions related to the vaccine response.

## BOX 8

## Resources for integrating gender into M&E

- Global Health Learning Center: **Gender M&E course**
- **Guidelines** for integrating gender into an M&E framework.
- **Quick guide** to gender-sensitive indicators

# Illustrative Agenda for Gender Analysis Validation and Action Planning Workshop

| Time | Activity | Method | Discussion Questions | Resources |
|------|----------|--------|----------------------|-----------|
| | Welcome, introductions, and review of workshop objectives | Plenary | | |
| | Why does gender matter to emergency vaccine response? | Plenary presentation/ discussion | | Presentation |
| | Presentation on the gender analysis process and highlights of key findings and recommendations | Plenary presentation/ discussion | | Presentation |
| | Review the findings and the data synthesis across the three RCCE pillars | Group work | • What stood out in the findings?<br>• Do the findings reflect the situation on the ground?<br>• Were there any contradictory findings? If any, what are possible explanations?<br>• Is there any evidence that you know of that is not included in the analysis?<br>• Do the recommendations make sense? What additional recommendations would you include?<br>• From the full list of recommendations, which one should be clustered together and prioritized based on the criteria in step 6?<br><br>If most group members agree with the findings, proceed to the next activities. | • Filled out gender analysis matrix<br>• List of resources used for the analysis<br>• Filled out data synthesis matrix |

| Time | Activity | Method | Discussion Questions | Resources |
|------|----------|--------|----------------------|-----------|
| | Set objectives and activities | Group work | Divide participants into groups and give them time to discuss:<br>• What objectives should be set for each priority recommendation (i.e., specific, measurable, achievable, realistic, and time-constrained [SMART])?<br>• What activities/interventions should be in place to meet the set objectives?<br>• What indicators already exist to measure gender-related outcomes? How would addressing them improve vaccine uptake?<br>• What additional indicators of success should be included?<br>In their groups, participants fill out the action plan template. | |
| | Assign roles and responsibilities to stakeholders | Plenary | In plenary, identify who should lead the proposed activities.<br>• Who/which stakeholder would be the most appropriate to lead each activity?<br>• Who should they partner with to carry out the activity?<br>• Who should be consulted or informed? | |
| | Way forward | Plenary/ group work | • What are the next steps?<br>• What funding can be allocated?<br>• What type of follow-up mechanism should be in place to monitor the activities (e.g., quarterly meetings)?<br>• What monitoring or evaluation plan should be used to track progress of these activities in affecting gender-related outcomes?<br>• What should be the timeline for M&E?<br>• Who should be the body responsible for M&E? | |

# TAB 3: Action Plan Template

Use Tab 3: Action Plan Template in your downloaded gender analysis worksheet to document the input you gather from the gender analysis validation and action planning workshop.

| Action Plan | | | |
|---|---|---|---|
| Gender-related objectives to include in your vaccine response planning | Actions to take based on the recommendations | Responsible for action | Timeline |
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# TAB 3: Action Plan Template

Use Tab 3: Action Plan Template in your downloaded gender analysis worksheet to document the input you gather from the gender analysis validation and action planning workshop.

| M&E Plan | | | |
|---|---|---|---|
| M&E Activity | Associated gender-sensitive indicator | Responsible body for M&E activity | Timeline for activity |
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# STEP 8

# Document Your Gender Analysis and Action Plans

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**OBJECTIVE:** To document your gender analysis in an understandable and easily accessible way to RCCE decision makers and emergency vaccine program designers and implementers.

**ACTIVITIES:**
- Compile all your filled out templates to prepare your final gender analysis report. At the end of your gender analysis journey, you should have the following tabs filled out.

  » TAB 1: Gender Analysis Matrix

  » TAB 2: Data Synthesis Matrix

  » TAB 3: Action Plan Template

  » TAB 4: Monitoring Template

- Prepare a brief executive summary of your gender analysis to share with decision makers and emergency vaccine program designers and implementers who may have not been part of the workshop. See Box 9 for what it should include.

- As an additional option, you can put together a narrative report to share your detailed findings. **Here is an illustrative gender analysis report**. Another option is to use a presentation format because it may be quicker to prepare during an emergency response. You can use the sample outline in Box 10 to document your full gender analysis report.

## BOX 9

## Executive Summary Outline

- Data on vaccine uptake disaggregated by sex and other factors as available to date
- Summary of the gender analysis process and key data points
- Key gender-related constraints to vaccine uptake identified for women, men, girls and boys
- Key gender-related opportunities to enhance vaccine uptake identified for women, men, girls, and boys
- Recommendations to integrate gender into the vaccine response and increase uptake by pillar:
  - » RCCE systems
  - » Risk communication
  - » Community engagement
- Gender analysis team
- List of information sources reviewed

## BOX 10

## Gender Analysis Report Outline

**Background**
Summary of gender analysis processes: Steps you took to conduct your gender analysis, such as some of the key questions selected from each domain, RCCE stakeholders engaged, and so forth

**Findings and recommendations**
Key findings (e.g., gender-related constraints and opportunities within the gender analysis domains that affect the different pillars of RCCE, what information is lacking that may require further data collection) and specific recommendations for gender-equitable vaccine response

**Plan of action**
List of activities planned and responsible actors

# STEP 9

# Disseminating Findings and Recommendations

**OBJECTIVE:** To give you ideas on how to share your gender analysis with a wider audience of RCCE stakeholders so that the findings and the recommendations can translated into practice in current or future vaccine responses.

**ACTIVITIES:**
- Disseminate the findings and the recommendations to a wider group of RCCE stakeholders and policy and decision makers at national and regional levels. A variety of ways may be available to share your gender analysis, such as:
  » Sharing results widely through RCCE partners' websites, social media, and so on
  » Presenting results and action plans to RCCE stakeholders during ongoing meetings
- Encourage RCCE stakeholders and partners to include recommendations and action plans, as well as M&E activities in their upcoming work plans.
- Continue sharing findings in different platforms to ensure gender and other intersecting inequalities are considered in current and future emergency vaccine responses.

# STEP 10

# Monitor and Evaluate Progress

**OBJECTIVE:** To set up a monitoring mechanism to measure your progress towards making your vaccine response gender transformative.

**ACTIVITIES:**
- Use the M&E plan created during step 7 and summarized in Tab 3: Action Plan Template to monitor and evaluate progress towards objectives.

- Develop a document to allow responsible bodies to share progress on activities and M&E on a regular basis. A table format may be appropriate during an emergency response. Adapt Tab 4: Monitoring Template as needed to document and share progress on the plan of action.

- On a regular basis (e.g., weekly, monthly, bimonthly), following the timeline outlined in the M&E plan, share the monitoring template with relevant stakeholders so that each responsible body can contribute a summary of their progress and provide updates for activities they are leading.

- Once updates have been compiled, share the monitoring template with RCCE stakeholders in different platforms on a routine basis (e.g., weekly, monthly, bimonthly) to ensure buy-in and ownership of the action plan. This process should follow what is outlined in the M&E plan.

**TIP:**

*Responsible bodies for specific M&E activities should share timely updates on gender-sensitive indicators outlined in the M&E plan to allow the RCCE to track progress, identify roadblocks, and adjust as needed.*

# TAB 4: Monitoring Template

Use Tab 4: Monitoring Template in your downloaded gender analysis worksheet to monitor and share progress on the action plan.

| List of activities planned | Responsible body for each | M&E activity | Associated gender-sensitive indicator | Key status/ progress update | Summary of key findings and recommendations related to each planned activity |
|---|---|---|---|---|---|
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# Annexes

## Annex 1: Definitions of Gender Terms and Related Concepts

**Gender:** The socially constructed and culturally defined roles, responsibilities, attributes, and entitlements assigned to people based on their sex assigned at birth in a given setting, along with the power relations between and among the assigned groups.

**Gender inequality:** A discrimination on the basis of sex or gender causing one sex or gender to be routinely privileged or prioritized over another.

**Gender Analysis:** A systematic methodology for examining the differences in gender roles and gender norms; the different levels of power held; differing needs, constraints, and opportunities; and the impact of these differences on people's lives.

**Gender norms:** The informal rules and shared social expectations that distinguish expected behavior on the basis of gender.

**Gender identity:** A person's internal, deeply felt sense of their own gender. Because it is internal and personally defined, it is not visible to others. Gender identity may or may not correspond with the sex assigned at birth or a person's gender expression.

**Gender expression:** How an individual expresses a sense of being masculine, feminine, neither, or both through external characteristics and behaviors, such as clothing, mannerisms, haircut, voice, and behavior. Gender expression

may or may not align with what is stereotypically associated with someone's gender identity or sex assigned at birth.

**Gender equity:** The process of being fair to someone regardless of their sex or gender. To ensure fairness, measures must be taken to compensate for cumulative economic, social, and political disadvantages based on sex or gender that prevent someone from operating on a level playing field.

**Gender equality:** The concept that all human beings, irrespective of their sex or gender identity, are free to develop their personal abilities and make choices without the limitations set by stereotypes, rigid gender roles, or discrimination.

**Intersectionality:** Refers to the way in which multiple forms of discrimination—based on gender, race, sexuality, disability, class, and so forth—overlap and interact with one another to shape how different individuals and groups experience discrimination.

**Gender-sensitive indicators:** Indicators that measure gender-related changes in society over time.

**Gender disparities:** Statistical differences (often referred to as "gaps") between men and women, boys and girls that reflect an inequality in some quantity.

**Gender transformative:** Programmatic approaches that address the causes of gender-based inequalities and work to transform harmful gender roles, norms, and power relations.

**Gender integration:** Strategies applied in programmatic design, implementation, monitoring and evaluation to take gender considerations into account and compensate for gender-based inequalities.

**Gender relations:** Refer to relations between and among women, men and people of other gender identities that are based on gender norms and roles. These relationships often create hierarchies between and among groups that can lead to unequal power relations, disadvantaging one group over another.

**Gender mainstreaming:** Process of incorporating a gender perspective into organizational policies, strategies, and administrative functions, as well as the organizational culture.

**Gender-based violence:** Violence that is directed at individuals based on their biological sex or gender. It includes physical, sexual, and psychological abuse; threats; coercion; arbitrary deprivation of liberty; and economic deprivation, whether occurring in public or private.

**Gender roles:** Social and behavioral norms that, within a specific culture, are widely considered to be appropriate for individuals of a specific sex. These often determine the traditional responsibilities and tasks assigned to women, men, and people of other gender identities.

**Gender stereotypes:** Ideas that individuals and communities have about masculinity and femininity, including how people should behave and what they are capable of doing.

# Annex 2: Illustrative Gender Analysis Questions for Each RCCE Pillar[1]

## RCCE Systems for an Emergency

### Patterns of decision making

- Who is represented in the RCCE at different levels?
- How are the voices of women/girls, men/boys, and people of other gender identities included when planning, implementing, and monitoring vaccine rollout?

### Access to and control over resources/assets

- To what extent do RCCE teams have access to data disaggregated by sex and other factors such as age, socioeconomic status, race, ethnicity, disability, and sexuality?
- What kind of training do members of the RCCE team, health workers, and vaccinators receive related to gender?
- Do women/girls, men/boys, and people of other gender identities in the RCCE have equal access to training?

### Practices and participation

- How are women/girls, men/boys, and people of other gender identities participating in the vaccine rollout design and implementation at different levels?
- What kind of roles and responsibilities do women/girls, men/boys, and people of other gender identities have within the RCCE team?
- Is there at least one person with gender expertise engaged in integrating gender into the RCCE vaccine response?

### Beliefs and perceptions

- What are the perceptions of the RCCE team towards women in leadership roles?
- What are the perceptions and attitudes of RCCE team members about gender and its importance in improving access and uptake of vaccines?

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1   The questions in bold are questions selected for an illustrative gender analysis that was conducted in a specific country, that you can also ask.

## Laws, policies, and institutional practices

- What gender considerations were included when establishing standard operating procedures and terms of references for the RCCE teams?

- **How do RCCE process, procedures, and guidance documents address gender-related factors influencing vaccine uptake and address the different needs of women/girls (including those who are pregnant and lactating), men/boys, and people of other gender identities?**

- **What mechanisms and tools are available for the collection, reporting, and dissemination of data disaggregated by sex, age, education, income/economic status, geographical location, disability, and/or other variables, with respect to vaccine coverage?**

- Is there a clear referral system between vaccine services and other services including maternal and child health and gender-based violence support services?

# Risk Communication

## Patterns of decision making

- **How does women's and girls' autonomy or lack of autonomy affect their ability to decide on accessing a vaccine?**

## Access to and control over resources/assets

- **Do women/girls, men/boys, and people of other gender identities have accurate information about the vaccine? How does this differ between different groups of men and women?**

- **How do women/girls, men/boys, and people of other gender identities get information about vaccines? What are their preferred/accessible channels and trusted sources?**

- What resources do women/girls, men/boys, and people of other gender identities need to access emergency vaccines (e.g., information, money, time, transportation)? Who has access to and control over these resources?

## Practices and participation

- **How do gender roles, responsibilities, and time use influence access and uptake of vaccines?**

- What efforts have stakeholders made to understand the gender roles of men and women (e.g., daily activities) in the community and how it affects their vaccine uptake?

- **How does vaccine promotion and messaging address the different needs of women/girls, men/boys, and people of other gender identities?**

- Who is represented in the team developing messages and RCCE tools to promote vaccines?

- How is input from underrepresented voices, including women/girls, men/boys, and people of other gender identities captured during the design of the emergency vaccine rollout?

- Do messages promoting vaccines encourage spouses/partners to make joint decisions on access and uptake of vaccines for children?

## Beliefs and perceptions

- What are the percentages of women/girls, men/boys, and people of other gender identities who trust the safety and efficacy of vaccines? Who is more hesitant about vaccines? Why?
- **What are the common beliefs about vaccines held by men, women (pregnant and lactating), boys, and girls?**
- **Are there differences in attitudes about safety and efficacy of vaccines based on age, sex, and other factors? Who is more hesitant about vaccines?**
- What type of mechanisms are in place to track opinions and experiences of women, men, girls, boys, and people of other gender identities about vaccines?

## Laws, policies, and institutional practices

- Are mechanisms/tools available for the collection, reporting, and dissemination of data disaggregated by sex, age, education, income/economic status, ethnic origin, geographical location, disability, and/or other variables, with respect to vaccine coverage?
- Does the national policy permit vaccination of pregnant/lactating women and adolescents?
- Has anyone conducted an assessment/gender analysis to identify gender-related barriers to vaccine acceptance and uptake?
- **How are sex- and age-disaggregated data and gender-sensitive data collected and used in designing vaccine communication strategy?**

# Community Engagement

## Patterns of decision making

- **Who influences decisions in the community around vaccine access and uptake? How does this differ for women/girls, men/boys, and people of other gender identities?**
- Are the voices of women/girls, men/boys, and people of other gender identities heard equally in the decision making in community engagement work?

## Access to and control over resources/assets

- **How do vaccine services meet the different needs of women/girls, men/boys, and people other gender identities (e.g., opening hours, mobility restrictions, privacy/confidentiality)**
- Are members of the community engagement team, including volunteers, able to access training on gender?

## Practices and participation

- **How are community engagement teams gender balanced? Who is represented in the teams for social mobilization or community engagement?**

- In what type of community networks do women/girls, men/boys, and people other gender identities participate (e.g., formal, informal, community-based organizations)?

## Beliefs and perceptions

- **What gender norms and/or religious beliefs in the community may influence (positively and negatively) vaccine access and uptake?**

- Are there areas where only female health workers or volunteers are permitted to enter households? How does this affect planning for frontline workers, such as social mobilizers and vaccinators?

## Laws, policies, and institutional practices

- **If women/girls, men/boys, and people other gender identities are excluded from a vaccine response and should be included, which groups in the community can help advocate for changing the laws and policies?**