

# GHANA



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BREAKING BARRIERS: THE ROLE OF  
ADAPTIVE SERVICE DELIVERY STRATEGIES  
IN OVERCOMING GENDER BARRIERS TO  
IMMUNIZATION IN GREATER ACCRA, GHANA

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# INTRODUCTION

Gender plays a pivotal role in influencing the accessibility, demand for, and utilization of immunization services. While societal expectations largely assign childcare and healthcare responsibilities to women, they frequently find it challenging to fulfill these duties because of their numerous commitments, restricted decision-making power, and limited access to resources. These factors make it difficult for women to access immunization services for their children, as they balance the demands of work, household responsibilities, and the need for permission or support from male family members to seek healthcare. Additionally, with less access to financial resources and information about the benefits of immunization, women face significant obstacles in ensuring timely and complete vaccinations for their children.

A gender-responsive approach to immunization involves designing and implementing vaccination programs that are aware of and address gender-specific needs, barriers, and inequalities. This approach recognizes that women, girls, men, and boys may face different challenges in accessing immunization services due to societal roles, responsibilities, and expectations. By taking these differences into account, a gender-responsive approach aims to ensure equitable access to vaccines for all, thereby improving health outcomes and promoting gender equality in health care.

In Ghana, significant progress has been made in enhancing child survival rates through a strong commitment to vaccination against diseases that can be prevented by vaccines. However, delivering healthcare, especially immunization services, in urban and peri-urban areas remains challenging. These challenges are particularly acute in poorer urban areas, where access to these services can be limited. Caregivers in these areas encounter specific obstacles related to gender that can hinder their ability to access health services and ensure their children are fully vaccinated.

To tackle these challenges, the Expanded Programme for Immunization (EPI), operated by the Ghana Health Service (GHS), has implemented a multi-pronged strategy aimed at overcoming key gender barriers that limit caregivers' access to health services and reduce immunization uptake.

This case study delves into the innovative, gender-responsive strategies the EPI has implemented to boost immunization rates in the urban and peri-urban areas of the Greater Accra region. It highlights the EPI's efforts to make health services more accessible by reducing time and physical barriers to healthcare for caregivers, leveraging the influence of female community leaders, involving men as supportive partners in immunization efforts, and enhancing healthcare workers' capabilities through targeted training and support. The study offers insights into the effectiveness, challenges, and key takeaways from these approaches, while also pinpointing ways to further enhance these strategies for more profound, gender-transformative change.<sup>1</sup>

## BACKGROUND

In Ghana, immunization coverage has remained high, with rates between 90% to 95% over the last decade.<sup>2</sup> Established in 1978, the Expanded Programme on Immunization (EPI) under the Ghana Health Service aims to provide essential vaccines to all children under five, covering diseases like tuberculosis, polio, measles, and tetanus. Over time, the EPI has broadened its scope by adding new vaccines to combat prevalent diseases and enhance child survival rates.

Despite commendable overall vaccination coverage, disparities persist, particularly in urban and peri-urban settings. The Greater Accra Region faces notable challenges, with several districts reporting coverage rates below 90% and a significant presence of unvaccinated children, coupled with high drop-out rates for critical vaccines like Measles and Rubella.<sup>3</sup>

Ghana's rapid urbanization, with the urban population increasing significantly from 1984 to 2014, has led to a rise in people living in economically disadvantaged areas, posing challenges for healthcare delivery, especially immunization services.<sup>4</sup> The high mobility of residents in these areas complicates efforts to track and vaccinate the target population. Marginalized groups, such as the Kayayei (female head-porters in urban markets), encounter additional challenges, including harassment and limited healthcare access.<sup>5</sup>

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1 While a gender-responsive approach involves integrating gender considerations into the design and implementation of immunization programs, a gender transformative approach seeks to address the root causes of gender inequality. It aims to remove gender-related barriers by reshaping underlying social structures, policies, systems, and broadly held social norms that perpetuate gender inequalities.

2 JSI. Improving Routine Immunization Service Delivery to Urban Poor in Ghana: Results of a Situational Analysis.

3 JSI. Improving Routine Immunization Service Delivery to Urban Poor in Ghana: Results of a Situational Analysis; UNICEF. (2022). Gender and Immunization in Ghana. Final Report.

4 UNICEF. (2022). Gender and Immunization in Ghana. Final Report.

5 Ibid.

A recent UNICEF analysis<sup>6</sup> found gender barriers to immunization in urban and peri-urban areas of Greater Accra, encompassing a range of societal, logistical, and educational challenges. While women are often seen as the primary caregivers responsible for immunization, this role adds to their already substantial household and community duties, impacting their time allocation. The necessity for male permission to access immunization services varies, highlighting mixed views on women's autonomy in healthcare decisions. A low level of education and understanding about the benefits of immunization further impedes access to these crucial services. Physical barriers, such as distance and travel time to healthcare facilities, also deter immunization efforts. The societal expectation for mothers to prioritize domestic and economic responsibilities over immunization contributes to lower prioritization of vaccination. Financial constraints significantly hinder families from obtaining routine immunizations for their children, with 65% of family expenses dedicated to food, leaving minimal funds for extra costs like transportation and missed work.

Trust in immunization services is generally high, though resistance and hesitancy persist in certain communities. Most immunization service providers are female, and efforts to involve men, especially in areas with safety concerns or where there is resistance to immunization, include employing male nurses and encouraging male partner engagement. Despite these efforts, challenges such as insufficient healthcare personnel for the population, vaccine and syringe stockouts, and reliance on donor funding affect the effectiveness of immunization campaigns.<sup>7</sup>

6 Ibid.

7 Ibid.



# OBJECTIVES

The objectives of this case study are to:

1. Describe the innovative, gender-responsive strategies implemented by the EPI to improve immunization rates in the urban and peri-urban areas of the Greater Accra region.
2. Identify and summarize evidence of the impact of these strategies on reducing gender barriers and improving immunization coverage.
3. Identify the challenges encountered in implementing these gender-responsive strategies and the lessons learned from these experiences.
4. Suggest ways to further refine and expand these strategies to achieve more significant, gender-transformative changes in immunization coverage and equity.

# METHODS

This case study employed a mixed-methods approach, combining document review and key informant interviews.

The document review process began with identifying key documents and conducting a targeted literature search. The selection of documents aimed to provide a comprehensive background and gather relevant data for the case study. Sources included published journal articles, reports from Ghana Health Services, the Ministry of Health, and non-governmental organizations such as UNICEF and JSI. These documents provided the necessary background information for the case study and helped gather data on the different gender-responsive strategies used to enhance vaccination rates.

Interviewees were initially identified through discussions with the UNICEF Ghana Country Office. Subsequent interviewees were selected based on suggestions and referrals from initial respondents, ensuring a wide range of perspectives (Table 1). Among the 17 interviewees, 12 were female and five were male.

**Table 1. Overview of Interviewed Key Informants by Organization.**

ORGANIZATION	NUMBER OF INFORMANTS
UNICEF Ghana Country Office	1
JSI (international and country office representatives)	5
National EPI Team	2
Ghana CDC Representative	1
District Health Management Team, Accra Sub-Metro	2
Community Health Nurses, Accra Sub-Metro	2
Caregivers	4

To guide these discussions, semi-structured interview guides were constructed, informed by the initial document review. These guides were subsequently edited as interviews progressed, allowing the research to focus on key information gaps identified during the process. This iterative approach ensured that the interviews remained focused and relevant to the study's objectives. The final set of interview questions is provided in Appendix A.

Interviews were recorded with the consent of the participants, and AI-generated transcripts were created and edited for accuracy and to facilitate analysis. Summaries of the discussions were shared with informants following the interviews to verify that their input was accurately captured and to allow for any clarifications or additional insights.

Interview participants were encouraged to provide additional supporting materials, such as documentation, data, and photographs, to enrich the case study's findings. All interviews were conducted online using Zoom to facilitate ease of access and participation.

Interviews with caregivers were conducted at two sites (Mamprobi Hospital Public Health Unit, Chemuana Container Clinic, Chorkor) by UNICEF Country Office staff. A summary of these interviews was shared with the case study authors, and quotes and perspectives from this document were incorporated into this study.

An introductory letter was sent to the Ministry of Health (MoH) to request clearance for conducting the case study and data collection.



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# MAIN FINDINGS

## THE CHALLENGE: CAREGIVER TIME AND PHYSICAL BARRIERS

Key informants identified the main obstacle for caregivers in accessing immunization services in the Greater Accra region as the conflict between their work schedules and the operating hours of health services, which are typically from 8am to 4pm, Monday through Friday. This scheduling conflict poses a significant challenge not only for the urban poor and migrant populations, such as the Kayayei, but also for wealthier families in gated communities who work government jobs. The issue is exacerbated by the fact that traditional health facilities are often not conveniently located near the homes or workplaces of caregivers, especially those employed in market centers. Consequently, the loss of income from taking time off work to access services during these hours, combined with the additional costs of transportation to reach vaccination clinics, represents a substantial financial and logistical burden for families already operating on tight budgets.

“ Within Greater Accra, because it’s an economic hub, where young women and young men, from the northern part of the country usually...like head porters, who settle in some of these [urban] communities. For them also, they wake early in the morning and travel to the market centers to carry goods and services from one point to the other, and these women usually carry their children to the market centers. So if you set up a typical health post or child welfare center where it is not close to the markets where they are working, then I can assure you that from Monday to Friday, you will not see them at the clinic. So there is a need to find a way to deliver these immunization services at the market centers.” ~ *National EPI Representative*

“ For instance, head porters live day by day, so every single day is very critical for them. For them to lose it to immunization may be challenging for them. So they have to choose between that day’s pay and going for the immunization service which may take a large part, or the whole day.” ~ *National EPI Representative*

Mistreatment of marginalized populations by healthcare workers was also identified as an issue.

“ Head-porters did not have the time, were not targeted by the health workers, some of them came without any documents on immunization status of their children. So even those who tried couldn’t get access because health workers were not friendly and demanded the maternal health and child booklet...many children were missed.” ~ *JSI Representative\**

## THE STRATEGY: COMMUNITY-TAILORED, GENDER-RESPONSIVE IMMUNIZATION

The EPI, with support from its technical partners that include UNICEF, WHO, Gavi the Vaccine Alliance, JSI and CDC, has adopted a multi-pronged strategy to overcome the time and physical barriers affecting caregivers and reducing immunization coverage in urban settings. This strategy is underpinned by a comprehensive community engagement approach as part of the Urban Community-based Health Planning and Services (U-CHPS) initiative<sup>8</sup> that sees EPI and communities working closely together to identify and address health challenges.

Understanding that many working mothers and caregivers earn their living daily, the EPI has adjusted the time and location of immunization services tailored to the unique circumstances of caregivers in a particular community. This modification acknowledges the critical reality that missing a day’s work can have severe implications for the financial stability and wellbeing of their families. As a result, these changes enable caregivers to vaccinate their children without risking their day-to-day earnings or neglecting other responsibilities.

**Market and weekend clinics** have been established in some communities as an innovative approach to

8 The Urban Community-based Health Planning and Services (U-CHPS) initiative in Ghana adapts the successful rural CHPS model to urban settings, aiming to address the unique health challenges faced by urban populations through community engagement and integrated health services. By leveraging partnerships and tailoring service delivery to the dense and diverse urban environments, U-CHPS seeks to improve access to healthcare for urban dwellers, ensuring that health services are both accessible and responsive to the needs of the community.

ensure caregivers, particularly those who work daily in informal settings like markets, can access essential immunization services for their children. Recognizing that children under the age of two are often alongside their mothers during work hours, weekly clinics are strategically scheduled on market days to coincide with the caregivers' work environment. This allows for access to healthcare without the need for mothers to take time off, which could impact their daily earnings. Similarly, weekend clinics are organized to provide services on days when these women are more likely to be available.

“ For instance, we have identified a big market in our area and that is on Tuesdays. And we've made sure we have a clinic there in the market for the women. So, anyone who comes for business [in the market] has the opportunity to just walk into the clinic and have the child's immunization given to them.” ~ *DHMT Representative*

Community health nurses (CHNs) play a crucial role in this setup, establishing temporary clinics that operate in sync with the market's opening and closing times. Given the limited availability of space in urban areas, the EPI frequently needs to rent spaces from the community to conduct clinics. According to the DHMT representatives who were interviewed, on occasion, these spaces are donated by the local Assembly, with the EPI engaging in negotiations to secure them. To ensure caregivers are well-informed and can plan their visits, CHNs distribute schedules to the community in advance, detailing when and where these clinics will take place.

**Container clinics**<sup>9</sup> have also been introduced as static facilities in key urban areas, particularly where caregivers frequently gather, such as in front of markets, to enhance access to health services. These clinics, constructed from shipping containers, offer a practical and efficient solution to the challenge of limited space in urban settings. Designed for quick assembly, container clinics are strategically positioned to serve the community effectively, providing a convenient location for caregivers to access health services. Equipped with essential amenities, including solar-powered refrigerators, these clinics offer daily immunization services alongside a comprehensive range of Primary Health Care (PHC) services, such as antenatal care (ANC) and family planning. This creates a single point of service for caregivers, significantly simplifying their access to healthcare. Each clinic is staffed by two community health nurses (CHNs) and midwives from a nearby health facility, operating from 8 am to 4 pm, Monday through Friday. Health workers rotate between market and container clinics and their designated health facilities. Although container clinics have been operational since September 2017 under the EPI, the clinics where CHNs and caregivers in this case study either work or seek care have been running for the past two years. Resources for current clinics comes from the GHS, with the CDC providing the initial container superstructure.<sup>10</sup>

To enhance the quality of care provided to caregivers, health workers at container clinics have undergone **specialized training** using the JSI Immunization Service Experience Toolkit.<sup>11</sup> This training is designed to refine the overall service experience, prioritizing the improvement of how immunization

9 Shaum, A., Wardle, M. T., Amponsa-Achiano, K., Aborigo, R., Opore, J., Wallace, A. S., Bandoh, D., Quaye, P., Osei-Sarpong, F., Abotsi, F., Bonsu, G., & Conklin, L. (2023). Evaluation of Container Clinics as an Urban Immunization Strategy: Findings from the First Year of Implementation in Ghana, 2017–2018. *Vaccines*, 11(4), 814. <https://doi.org/10.3390/vaccines11040814>

10 Community Health Nurse Key Informant.

11 <https://www.jsi.com/service-experience-toolkit/>

services are delivered, accessed, and perceived by the community. For instance, one strategy involved engaging healthcare workers to relax the requirement for caregivers to present the maternal and child health booklets. One JSI representative reflected: “We all came to know that being strict on [requiring] the availability of the booklet wouldn’t help because we were keeping more children from being vaccinated for longer periods...so we agreed to relax the insistence on the booklets.” Community nurses who were interviewed for this case study and participated in the training reported a noticeable improvement in their approach to service delivery, indicating a positive impact on their effectiveness and the satisfaction of caregivers.

“ They trained us in customer care too. How to relate to the client, what to do when they come [to the clinic], empathy, sympathy, understanding them well so that we can help. The training has helped in a way that caregivers that are able to relate and interact with us, [are comfortable] with telling us their problems because of the way we [the CHNs] interact with them.” ~ *Community Health Nurse*

As a result of these specialized trainings, caregivers have also noted positive interactions with healthcare staff:

“ The nurses here are more polite than those at the maternity clinic of the hospital. The service is well provided.” ~ *Caregiver, Mamprobi Hospital Public Health Unit*

“ The services I appreciate most are ANC and child welfare clinics, and general care. They make me feel good anytime I visit the clinic.” ~ *Caregiver, Chemuana Container Clinic*



Community health nurses reported extending their services beyond traditional hours by conducting **home visits**, starting as early as 6 am and as late as 5pm to accommodate parents' availability, ensuring they can be reached when they are most likely to be at home. During these visits, nurses target all adults present (men and women) with health education. Nurses may also provide additional health services, such as general check-ups and health education sessions, which encompass discussions on child health, maternal health, and nutritional education for the family during these visits. Therefore, by providing additional and more comprehensive services, caregivers feel valued and attended to. Importantly, these nurses carry with them immunization supplies to vaccinate any children who may have been missed during regular clinic hours. Furthermore, once a month, community health nurses conduct mop-up campaigns, visiting homes specifically to immunize children who were missed in previous rounds

“ For those who are not in school, we conduct intensive home visits. [We] move from house to house to reach out to them, and sometimes holidays and weekends as well, because you realize that some parents are always busy or not home at all... We go to them during the time we know they are available, like very early in the morning...We go as early as 6 am, and in the evening, we still come around like 6pm in order to reach out to them.”  
~ *Community Health Nurse*

“ We do this once a month, we catch up on the students that have missed immunization, and we move from house to house to give them the vaccines they missed. ~ *Community Health Nurse*

“ The area is zoned in such a way that every community health nurse attends to about 500 households. For instance, in our sub-metro, we have 26 zones, and when including the container clinic, 27 zones. Each zone has community health nurses in charge of those areas, and since the areas are quite close, [the nurses] move and interlace each other. They work together to cover the community. ~ *DHMT Representative.*

School clinics have emerged as another method to enhance immunization rates, focusing on setting up vaccination clinics within schools and creches. This initiative aims to target children over 2 years of age who might not be fully immunized. To facilitate these clinics, community health nurses work in collaboration with educational institutions to plan and schedule these sessions. Parents are notified about upcoming clinics and requested to ensure their children bring their vaccination cards to the clinic. This direct communication with parents helps ensure they are fully aware of the vaccination opportunity and can prepare their children accordingly, streamlining the process for updating and completing children's immunizations within the school setting.

**Community engagement** plays a pivotal role in the success of clinics, facilitated through close coordination with community leaders and the establishment of community health management committees.<sup>12</sup> According to multiple respondents, these committees serve as a vital link between the

12 Community Health Management Committees (CHMCs) in Ghana are grassroots organizations that play a pivotal role in overseeing the delivery of healthcare services at the community level. They facilitate community participation in health decision-making, promote public health initiatives, and support the operation of local health facilities to improve access to quality healthcare.

health system and the community, comprising local traditional leaders, religious leaders, and health workers who collectively represent the community's interests. By convening regular meetings to discuss health issues, these committees develop tailored solutions that address the specific needs and challenges faced by their community.

“ We do quarterly debriefs where we interact with the community members and our stakeholders to discuss with them and find out how our services have been. And because there is this community system, we have community health management committees that act as liaisons between health workers and community members. And the Queen Mothers, who are part of us. They know the days we are coming into the community to render services and help to announce to the mothers and caregivers to bring their children...It's a sort of collaborative work we do with them.” ~ *DHMT Representative*

To effectively inform and engage community members about upcoming clinics and to promote the importance of immunization, both formal and informal communication channels are utilized. For instance, announcements and advocacy efforts targeting all community members, including men and women, are conducted at local gatherings known as Durbars.<sup>13</sup> These events serve as a platform for promoting upcoming clinics and emphasizing the critical role of immunization in public health.

Financing for each of these strategies is multifaceted, in part due to the nature of the communities targeted and the various types of initiatives. The Government of Ghana (GoG) shoulders the primary responsibility for funding primary health care interventions, including immunization services through CHPS. In addition to government funding, these services are supported by co-financed vaccines and health system strengthening grants from Gavi, as well as contributions from the national health insurance fund to the Ministry of Health (MoH) and other development partners.<sup>14</sup> At the district health directorate level, the cost of salaries for community health workers, outreach activities, and other operational expenses are funded through a combination of GoG support, community resources, civil society organizations, and occasionally non-governmental organizations (NGOs).<sup>15</sup> This decentralized and integrated approach ensures that resources are allocated effectively to meet local needs, and creates opportunities to leverage additional resources to meet immunization targets.

UNICEF, WHO, PATH, and JSI are primarily involved through providing technical support for each of these activities. Moreover, logistics support, including vaccine carriers and refrigeration equipment, is often provided through donor support.

13 Durbars in Ghana are traditional public gatherings that celebrate significant events, festivals, and the reception of dignitaries, showcasing a rich display of Ghanaian culture through traditional attire, music, and dance. These events serve as a platform for community engagement, where chiefs and queen mothers in full regalia address communal matters, honor traditions, and foster social unity.

14 National Community-Based Health Planning and Services (CHPS) Policy: Accelerating Attainment of Universal Health Coverage and Bridging the Access Inequity Gap. (March 2016).

15 UNICEF Representative.



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## THE ROLE OF QUEEN MOTHERS: WOMEN'S LEADERSHIP IN COMMUNITY HEALTH

The integration of queen mothers and market queens in the development and execution of immunization services underscores the indispensable role of women's leadership in promoting community health and well-being. Queen mothers are influential female leaders who hold traditional leadership roles within their communities, often serving as advisors to chiefs, advocates, and strategists for devising campaigns to better their communities. Queen mothers, with their esteemed positions in traditional governance and cultural stewardship, actively champion the health and welfare of women and children and are key stakeholders in the community engagement strategy. The EPI recognizes the pivotal role of queen mothers in the success of immunization strategies. By actively engaging queen mothers, the EPI leverages their influence to advocate for vital interventions. Queen mothers often convene meetings and community gatherings where they can effectively communicate the importance of immunization efforts.<sup>16</sup>

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16 DHMT Representative, Community Health Nurse Representative.

Market queens, who are also highly respected female leaders involved in managing and overseeing the operations of the specific markets they work in, complement this effort. They leverage their economic influence to facilitate the integration of health services within market environments, thereby enhancing accessibility for mothers and caregivers. For example, market queens and queen mothers played an instrumental role in identifying optimal locations for container clinics in markets<sup>17</sup> underscoring their critical contribution to enhancing health service accessibility.

The strategic collaboration between these women leaders and health authorities is exemplified by their involvement in Community Health Management Committees and the planning and implementation of health strategies. This partnership is pivotal for fostering community ownership of health programs and ensuring the alignment of services with community needs. As noted by the EPI Deputy Programme Manager, the EPI targets queen mothers because “when they speak, the community listens,” highlighting the profound respect and authority they command within their communities. Their unique position within the community, characterized by a deep sense of trust and belonging, enables them to bridge the gap between healthcare workers and the community members, ensuring a more receptive audience for health initiatives compared to interventions directly from healthcare professionals from outside the community.<sup>18</sup>

The engagement of queen mothers and market queens in health initiatives, as a DHMT Representative reflects, is a testament to their indispensable role: “The Queen Mothers are sort of part of us... It’s a sort of a collaborative work we do with them.” Their ability to mobilize communities, influence decision-making, and advocate for health service uptake exemplifies a successful approach to community health governance that leverages female leadership for improved health outcomes.

## ENGAGING MEN IN MATERNAL AND CHILD HEALTH

Men play a pivotal role in maternal and child health due to their significant influence within households and communities. Their active support and involvement in immunization efforts are crucial. The EPI is actively engaging with community, traditional, and political leaders—who are predominantly men—to foster support for immunization initiatives. This engagement strategy aims to transform these leaders into advocates for immunization, who then encourage other men to actively participate in their families’ health care, such as accompanying their wives to antenatal clinic visits.

Interviews with DHMT representatives and CHNs reveal that when men accompany their wives to these visits, they are also provided with vital health information, enhancing their understanding and support for health initiatives. They report that men are increasingly attending Child Welfare Clinic (CWC) sessions and antenatal care (ANC) services, sometimes even in the absence of their wives. This shift is attributed to intensive community education efforts, including during durbars, where the importance of immunization is emphasized. CHNs report that many fathers bring their children for vaccinations, often without the mothers, driven by a desire to support their spouses and a growing recognition of the importance

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17 National EPI Representative.

18 CDC Representative, National EPI Representative.

of immunization. To encourage this positive trend, health facilities prioritize serving men who visit, minimizing their wait times. This strategy aims to reinforce male engagement in immunization activities and prompt other women attending the clinics to encourage their partners to similarly participate more actively. However, while the intention is to foster a supportive environment for fathers, this approach may not be inherently gender transformative, as it implicitly assigns greater value to the male caregivers' time over women's.

“ Even when we go into the community to render services, the men are there and eager to let us know their challenges. So, when they come out to tell us their problems and they bring ideas to help us solve those problems. They are really involved, especially our chiefs and our queen mothers.” ~ *DHMT Representative*

“ Yes, [men bring their children to immunization clinics] all the time , sometimes with the moms, sometimes by themselves. I think they want to help their wives. I also think they really understand the need for immunization.” ~ *Community Health Nurse*

Female caregivers also discuss how their partners readily attend the clinics with them.

“ I don't have any restrictions to visiting the clinic. My husband even came with me. ” ~ *Caregiver, Mamprobi Hospital Public Health Unit*

However, the execution of the approach to prioritize male caregivers varies across clinics, with some not experiencing the anticipated benefits:

“ But my husband has a challenge because anytime he accompanied me, his wife, to the CWC, the nurses did not give us priority. To encourage male involvement in maternal, newborn and child health care, the nurses told us that anytime we come with our husbands, they will attend to us first.” ~ *Caregiver, Mamprobi Hospital Public Health Unit*

## THE IMPACT: REDUCED GENDER BARRIERS AND INCREASED VACCINATION UPTAKE

The evidence suggests that various strategies to address caregiver barriers in urban areas have led to better immunization coverage and uptake. Specifically, an evaluation of container clinics' first year in two Greater Accra communities showed a significant increase in vaccine doses administered monthly. These clinics were initiated by the EPI and opened in September 2017. The data revealed a 442% rise in vaccine doses at a market clinic (from 28 to 152 doses) and a 239% increase at a fishing community clinic (from 66 to 224 doses).<sup>19</sup> Furthermore, the EPI team highlighted the strategies' effectiveness, stating, “We have data that shows that coverage sometimes even doubled from what we were receiving from [providing services at static health facilities only].”<sup>20</sup>

19 Shaum et al. (2023).

20 National EPI Representative.

The same evaluation of the container clinics revealed that caregivers generally had a positive view of these clinics. Approximately 96% of caregivers interviewed at the market clinic and 87% at the fishing community clinic expressed their intention to return for future services. A significant 98% of those interviewed during the exit process stated that the container clinics made accessing child health services more convenient. The primary reasons caregivers cited for this ease of access included the clinic's proximity, making it easier to reach than other clinics (98%), more suitable operating hours (27%), and immediate attention (22%). Furthermore, 86% of caregivers from both sites believed that the services offered at the container clinics were either better or on par with those at other clinics. The container clinics also seemed to alleviate financial and logistical burdens for caregivers, with many highlighting the reduced need for transportation and the convenience of the clinics' locations.<sup>21</sup>

“ I live very close to the clinic, I don't pay anything to get my child immunized.”  
~ Caregiver, Chemuana Container Clinic

“ The clinic is in my community and I don't need to take transport to get there. Also the place does not get too crowded because we can walk in anytime to access the service.”  
~ Caregiver, Chemuana Container Clinic

The case study participants consistently reported that the container clinics positively influenced the EPI's ability to provide immunization services. There are plans to expand the program with support from Gavi's Health System Strengthening (HSS) program, as noted by the EPI Team. Such expansion will allow not only for additional clinics, but also expanded services, equipment, and incentives for healthcare workers. A DHMT representative highlighted the convenience offered by the market and container clinics, stating, “It's very good for them because [it provides] services at their doorsteps. It also relieves them of [wasting time] when they have to move from their workplace to the facility and [wait in] queues. So, once they know the services have been brought to them, they quickly go there... Anytime you enter, you are attended to quickly and you are able to go and do your other chores that you have to do. So they really prefer to do this very much.”

An EPI Representative echoed this sentiment, “Talking to the caregivers, especially the Kayayei, [the clinics have] lessened the burden because sometimes their children go through up to ages that they are not vaccinated and when there is an outbreak they get infected. So, as we have brought the clinic closer to them, they were happy and then they were utilizing [it].”

## CHALLENGES

The intensified efforts to boost immunization have led to significant improvements but also introduced new challenges, particularly for healthcare workers, who are mainly women.<sup>22</sup> These workers face increased workloads due to extended working hours for early morning and evening home visits, as well as weekend shifts to accommodate families' availability. While these adjustments are crucial for reaching families more effectively, they can interfere with the health workers' own family and gender-related

21 Shaum et al. (2023).

22 UNICEF. (2022). Gender and Immunization in Ghana. Final Report.

responsibilities.<sup>23</sup> The EPI compensates for the additional hours on weekends by providing an extra day off during the week.

“ The only compensation is that they will probably get a weekday off because they are working over the weekend...I would assume that weekends would be the time that females would want to spend time with their children because they are home.”

~ CDC Representative

Furthermore, the EPI aims to assign community health workers to clinics within their own communities, but due to a shortage of healthcare workers and the wide geographical spread of communities, this is not always achievable. As a result, some healthcare workers face commutes of 30 minutes or more to reach their designated areas.<sup>24</sup> This situation adds extra time and financial demands on healthcare workers. It also raises safety concerns, especially if workers need to travel long distances after dark. Caregivers also expressed a preference to keep healthcare workers in their communities long term:

“ The only challenge is the CHNs do not stay in the community and do not work on weekends. However, there is a midwife who lives in the community and attends to pregnant women on call.” ~ Caregiver 3, Chemuana Container Clinic

Compounding this issue is the challenge of securing suitable accommodation for healthcare workers and health clinics. While rural communities often provide housing and spaces for clinics, finding appropriate facilities in urban settings proves to be significantly more difficult.

“ In the Urban CHPS zones, clinics are run in classrooms, some churches, some trees, and sometimes because of weather, it is not conducive for them (community health workers) to run these clinics. And demands from some places for rent to run the clinics is also a challenge. So, we would love to have more container clinics to help some of these CPHS zones and have people stationed there to offer services to the community.” ~ DHMT Representative



23 CDC Representative.

24 Community Health Nurse.

## SUSTAINABILITY

The sustainability and scalability of the approaches to improve immunization services in urban settings face several challenges, with funding being the primary concern. EPI respondents highlighted the need for additional resources to expand innovative solutions like market and container clinics. They emphasized the importance of partner support to scale up these initiatives to more markets and larger centers, noting that while the focus has been on three regions, there are many busy areas across all regions that could benefit from such services. They also highlighted ongoing efforts under Gavi support, such as creche preschool interventions and training for teachers, to enhance outreach. For instance, training for teachers was conducted in three zonal areas within Greater Accra over the past year to enhance awareness of the importance of vaccination and improve collection of childrens' vaccination records as they enter the creches. Evaluation of these trainings is currently underway. More funding for container clinics is planned under an upcoming Gavi Health System Strengthening Support grant. However, the issue of the health system's significant dependence on donor funding was also highlighted as a challenge.<sup>25</sup>

The DHMT representatives praised the container clinic model for its positive impact on the community but noted the challenges of running clinics in urban environments where it is difficult to find space to hold clinics. They reported having to find space in schools, churches, or even under trees. They expressed a desire to expand the container clinic model to avoid rental costs and logistical issues.

“ Even if we could have half of the containers that we have [now], they could be a place that we can run [clinics] from, where we don't have to pay rent and we don't have to keep lobbying to use the space.” ~ *DHMT Representative*

Community health nurses who were interviewed reported having the necessary resources to perform their duties, indicating a foundation for sustainability from a workforce perspective. Caregivers also expressed a desire for additional resources and services to be integrated into the clinics, including ultrasound and laboratory facilities, as well as the presence of a resident doctor.

“ There is no doctor here and that is a challenge. Because of that, you mostly see women and children attending ANC and child welfare clinics [at the container clinic]. Some pregnant women don't even come here because there are no ultrasound scans and laboratory services. If there is a doctor, the men and people with other ailments will come and access the service.” ~ *Caregiver, Chemuana Container Clinic*

However, JSI representatives emphasized that sustainability involves more than just securing budgets; the sustainable change they have seen in how the EPI and communities collaborate to identify and tackle challenges was highlighted as a positive outcome.

Overall, while there is a clear interest and potential for expanding and sustaining these immunization services, addressing the funding challenges, enhancing partner support, improving coordination with communities, and motivating healthcare workers are crucial steps for achieving broader coverage and long-term success.

25 UNICEF Ghana CO Representative; UNICEF. (2022). Gender and Immunization in Ghana. Final Report.

## LESSONS LEARNED

When asked what lessons learned they wished to share, respondents (DHMT Representatives, UNICEF Country Office, JSI, Community Health Nurses) provided the following responses.

**Flexibility in Healthcare Service Delivery:** Traditional healthcare centers typically open during regular business hours, which can be inconvenient for many caregivers, particularly those who are working mothers. The effectiveness of various initiatives underscores the need for adaptable service delivery methods that respond to the context and needs of caregivers. Providing services outside of standard hours, including evenings and weekends, has been successful in meeting the varied needs of caregivers in urban areas. Additionally, making healthcare services available closer to where people live helps to alleviate the strain on caregivers, especially women, who often juggle heavy workloads and have restricted financial resources, by saving them both time and money that would otherwise be spent on traveling to distant clinics.

**Community Engagement:** Involving community leaders and members at various levels is crucial for boosting demand and raising awareness about healthcare services. Specifically, the active participation of women leaders plays a key role in ensuring that the perspectives and needs of women are adequately represented. This is especially important because women, who often bear the brunt of healthcare challenges due to their caregiving roles, need to have a significant say in addressing these issues. By ensuring women's voices are heard, community engagement strategies can more effectively meet the unique needs of those most affected.

**Leadership Commitment:** Leadership commitment at all levels of the health system, from national to regional to district, is essential in ensuring the success of clinics. Leaders across these levels demonstrated a strong dedication to the clinics' success by allocating necessary resources and ensuring clinics were well-equipped. This included the strategic redeployment of health workers, highlighting that effective leadership and resource allocation are vital for the successful operation of healthcare clinics.

**Health Care Worker Training:** It is important to train health care workers to fully comprehend the context of their work environment and to focus on service quality. By reducing delays in service delivery, HCWs can provide timely care, which is essential for improving service quality and ensuring caregivers' return. A key aspect of this strategy involves promoting respectful interactions between healthcare workers and caregivers. This approach is essential in encouraging women to seek care, as it creates a supportive and inclusive environment that addresses their needs with dignity and understanding. Continuous monitoring and supervision are vital to confirm that the training principles are applied in practice. Additionally, the development of job aids serves as an invaluable reference for both new and existing staff, clearly outlining their responsibilities and expectations.



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# OPPORTUNITIES

The strategies implemented by the EPI have shown positive results, and there is a keen interest in expanding these efforts. Although there is some evidence available that supports the case for scaling up, there is still room for improvement. The next section outlines four recommendations aimed at amplifying the effectiveness of these interventions, with a focus on achieving more significant gender-transformative outcomes.

- 1. Enhancing Male Engagement Without Disadvantaging Women:** Efforts to boost male involvement in maternal and child health services are commendable and have yielded positive outcomes. However, it is crucial to ensure that these strategies do not inadvertently disadvantage women. A notable concern is the informal policy observed in some clinics, where men accompanying their wives receive priority service. This practice can unintentionally penalize women who arrive without their husbands, often due to circumstances beyond their control. It is unrealistic to expect women to consistently influence their husbands' participation in such scenarios. To address this, we recommend a review of the "men first" policy to assess its impact on women's autonomy and the quality of service they receive. The goal should be to refine male engagement strategies to support gender equity effectively, ensuring that efforts to involve men do not undermine women's access to and experience of care.

Some alternative strategies to enhance men's engagement in maternal and child health include:

- Offering alternative incentives to men who participate in maternal and child health services without compromising the service order for women, such as educational workshops, health screenings, or community recognition.
- Establishing support groups for expectant and new fathers to provide them with a platform to share experiences, receive education, and encourage active participation in health services.
- Conducting joint health education sessions for couples, focusing on the benefits of shared responsibility in maternal and child health, while ensuring that women attending alone are equally supported and prioritized.

- 2. Supporting Healthcare Workers Amid Increased Workload:** Healthcare workers, as revealed in this case study, exhibit remarkable commitment and dedication despite facing significant work burdens. Given that many of these workers are women, who often have substantial domestic responsibilities, the additional or unconventional hours required by their roles could further strain their personal lives. It is crucial to support healthcare workers comprehensively, ensuring they can fulfill their professional duties while also managing their personal and family needs. This support should include fair compensation for work during evenings and weekends, as well as ensuring safe, reliable, and affordable transportation to and from their workplace. We recommend undertaking a study to examine the impact of innovative service strategies on the workload of healthcare workers. This review should aim to identify any underlying issues and develop strategies to address them, ensuring healthcare workers are adequately supported and their well-being is safeguarded.
- 3. Focusing on Adolescent Girls and Young Mothers:** This case study did not extensively investigate the experiences of adolescent girls and young mothers, a critical demographic in immunization efforts. We recommend a detailed analysis of how current strategies in urban clinics cater to this specific age group. Adolescent girls and young mothers may encounter unique challenges and have distinct needs that require tailored services. Understanding and integrating these considerations into health service strategies will ensure more inclusive and effective immunization coverage for this important population segment.
- 4. Enhancing Formal Mechanisms for Monitoring and Evaluation:** To enhance our understanding and management of gender barriers and norms within communities, it is crucial to establish formal mechanisms for tracking and evaluating the impact of various strategies. There is indicative evidence of shifts in gender norms, particularly regarding the equitable distribution of childcare responsibilities between men and women in these communities. Systematically capturing these changes would not only benefit the EPI in Ghana but also provide valuable insights for global stakeholders and partners interested in similar initiatives.

# CONCLUSION

This case study has explored the gender-responsive strategies implemented by the EPI in the Greater Accra region of Ghana, aimed at addressing healthcare barriers encountered by caregivers in urban and peri-urban settings. These strategies, which include reducing time and physical barriers, enhancing male engagement, harnessing the influence of women's leadership in communities, and emphasizing the pivotal role of community-level health workers, have shown promising potential in mitigating gender barriers that result in improved access to health services. The evidence suggests a compelling case for further investment and expansion of these approaches. However, the challenges related to sustainability and scalability, primarily due to funding constraints, cannot be overlooked. Despite these hurdles, there are significant opportunities to amplify the impact of these interventions on improving immunization coverage and equity and advancing gender equality and the empowerment of women and girls. The insights, best practices, and lessons learned presented in this study offer valuable guidance for others tackling similar issues, underscoring the importance of continued effort and collaboration in advancing gender-responsive healthcare initiatives.





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