



Report to the GAVI Alliance Board

21-22 November 2013

Subject:	Consent Agenda: Gender Policy Review
Report of:	Nina Schwalbe, Managing Director, Policy and Performance
Authored by:	Aurélia Nguyen, Director, Policy and Market Shaping, Anna-Carin Kandimaa Matterson, Senior Programme Officer Policy, Nabeela Khan, Programme Officer, Policy
Agenda item:	02i
Category:	For Decision
Strategic goal:	Affects all strategic goals

Section A Overview

1 Purpose of the report

- 1.1 The purpose of this report is to share the findings of the review of the GAVI Alliance Gender Policy and to seek Board approval of the revised policy as endorsed by the Programme and Policy Committee (PPC) at its meeting on 9 and 10 October 2013 as outlined in Annex 1 of the PPC paper attached to this note.

2 Executive Summary – Update

- 2.1 The PPC endorsed the revised draft policy without amendments.

3 Recommendations

- 3.1 The PPC recommended to the GAVI Alliance Board that it:

Approve the revised Gender Policy attached as Annex 1 to Doc 09 to the PPC.

4 Risk and Financial Implications – Update

- 4.1 The PPC discussed if it is sufficient to have gender policy as a standalone policy or if it would be better integrated as part of a wider equity framework. The discussion concluded that wider equity issues would be addressed in the GAVI strategy review. An earlier review of the Gender policy can take place if needed following the adoption of the new strategy (see Section 7.3 of the policy in Annex 1).
- 4.2 A member asked whether there was a risk that donor funding could be withheld if GAVI did not have a specific gender policy. Upon subsequent

review it was established that there are no formal requirements from donors for a stand alone gender policy. Within the context of the next GAVI strategy, GAVI would need to consider whether including a gender policy as part of a wider equity policy would risk losing the gender perspective.

- 4.3 No additional risk or financial implications were raised by the PPC.



Report to the Programme and Policy Committee

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Strategic goal:	Affects all strategic goals

Section A Overview

1 Purpose of the report

- 1.1 The purpose of this report is to share the findings of the review of the GAVI Alliance Gender Policy in place since June 2008 and to seek endorsement by the Programme and Policy Committee (PPC) of the revised policy as outlined in Annex 1.

2 Recommendations

- 2.1 The PPC is requested to

Recommend to the Board that it approve the revised Gender Policy attached as Annex 1 to Doc. 09.

3 Executive Summary

- 3.1 In June 2008 the Board approved the GAVI Alliance Gender Policy. The policy was reviewed by the Secretariat in 2013 after an external evaluation. In addition to the evaluation recommendations, the review included case studies and consultations with countries, gender and immunisation experts from implementing partners, other international organisations, civil society and donors and a review of reports from GAVI Independent Review Committees (IRC).
- 3.2 The review of the Gender Policy found that it has generated positive results such as increased awareness, improved capacity and successful gender mainstreaming within GAVI (Secretariat and Governance structures). GAVI support has also contributed to generating new international evidence on gender and immunisation.

- 3.3 However, there are challenges related to the Gender Policy's implementation at country level and many countries are not fully aware of the linkages between gender barriers and immunisation.
- 3.4 In conclusion, while many parts of the original policy remain relevant, GAVI should revise the Gender Policy goal, rationale and strategic direction to more clearly focus on supporting countries to overcome gender-related barriers to accessing immunisation services.
- 3.5 A recommended revised policy is presented in Annex 1 and would be monitored in accordance with the results framework in Annex 2.

4 Risk implication and mitigation

- 4.1 Some stakeholders suggested that GAVI should change the Gender Policy into a wider equity policy. Consultations undertaken by the Secretariat during the review process show that this could pose a risk to GAVI as for some donors, funding is conditional on GAVI having a specific gender policy. There is also a risk that the gender perspective would be lost if included in a wider equity policy that does not clearly spell out the need for specific gender considerations. This risk will be mitigated by maintaining a Gender Policy.
- 4.2 The current policy may be perceived as outdated as it does not take the latest international evidence into account, which poses a risk to successful implementation. This risk is mitigated by revising the policy as recommended below, based on new evidence on gender and immunisation that has been generated since 2008 and on lessons learned from the implementation to date as assessed in the Secretariat review.

5 Financial implications: Business plan and budgets

- 5.1 Implementation of the Gender Policy will require GAVI to continue to fund data generation and analysis on the relationship between immunisation and gender, in particular related to reaching the unreached.
- 5.2 Resources will also be required to support countries in data collection, analyses and in addressing gender-related bottlenecks to accessing services. Such funds will primarily be allocated through the Health Systems Support (HSS) window, through the Business Plan for data quality enhancement and for special activities within the Equity work stream under the health systems goal (SG2), where relevant.

Section B Content

6 Background

6.1 Policy review process

6.2 The GAVI Secretariat conducted a review of its Gender Policy based on the following sources:

- i. Results of an external independent evaluation of the policy,
- ii. Reports and recommendations from GAVI's Independent Review Committee (IRC) on gender and equity since the policy came into effect,
- iii. Case studies of five¹ countries,
- iv. Consultations with 51 respondents from 21 GAVI-eligible countries through questionnaires and interviews at regional meetings during 2013²,
- v. Results from a gender and immunisation expert consultative meeting³,
- vi. Results from a public consultation⁴,
- vii. A benchmarking exercise with the policies of other organisations and international best practice⁵,
- viii. Additional data analysis of Gender Inequality Index and DTP3 data from GAVI-eligible countries and a literature review of peer reviewed articles on gender and immunisation undertaken by the Secretariat.

7 Review of lessons learned

7.1 The Secretariat concluded that the GAVI Alliance Gender Policy has been successfully implemented in several areas, including in:

- Generating and reporting new evidence on immunisation and gender⁶,
- Establishing and funding gender sensitive strategies in GAVI,
- Advocating with partners and countries for gender equality to improve immunisation coverage and access to health services,
- Achieving an internal culture change by incorporating gender considerations into GAVI's management structures, including the Board.

7.2 The Secretariat found that the Gender Policy is consistent with GAVI Alliance's overall strategy, in line with the Millennium Development Goals,

¹ Pakistan (consultation at provincial level), Rwanda, Nepal, India and Burundi

² Consultations took place at the WHO SEARO regional working group meeting in Bangladesh in February 2013, the WHO Central Africa EPI meeting in Cameroon in February 2013 and at the WHO West Africa EPI meeting in Burkina Faso in March 2013.

³ A report from the consultative meeting can be found on myGAVI

⁴ A summary of the country and public consultations can be found on myGAVI

⁵ The benchmarking report can be found on myGAVI

⁶ In 2010, GAVI funded a comprehensive review by the World Health Organization (WHO); Gender and Immunisation, Summary report to SAGE, WHO 2010

largely supportive of the Paris principles on aid effectiveness and aligned with the priorities of major donors. Additionally, it is well-supported among GAVI donors and in keeping with international commitments.

- 7.3 The main difficulty lies in the implementation at country level. Many countries do not report on any gender-related indicators and those that do limit their gender analysis to reporting immunisation coverage rates of boys and girls. Countries struggle to analyse gender-related bottlenecks to accessing immunisation services and face challenges in identifying activities to address these barriers.
- 7.4 GAVI's experiences are consistent with those of other benchmarked institutions in terms of challenges related to translating policies into implementation. Consulted organisations shared similar experiences which had led them to revise their gender policies to include a stronger emphasis on accountability for results at all levels (within and between organisations)⁷.
- 7.5 When asked whether they had specific activities to address gender-related barriers to access in immunisation service, more than half of the 21 GAVI-eligible countries consulted (57%) gave a negative response. Of the countries that reported activities 48% said that they use GAVI Health System Strengthening (HSS) support to address the barriers and 65% reported that they also had other donor support. Despite existing assistance, countries suggested that GAVI should develop gender assessment tools.
- 7.6 Regarding the collection of sex-disaggregated data for immunisation views among stakeholders and information provided diverged:
- A review of the 2012 country Annual Progress Reports to GAVI shows that the majority (62) of reporting countries either collect sex-disaggregated data in their routine systems or through surveys (28) or have plans to do so in the future (34).
 - In the Gender Policy review survey, some countries questioned the need to routinely collect sex-disaggregated data for immunisation justifying it by the fact that they do not have any differences in coverage between boys and girls.
 - While UNICEF considers collection of sex-disaggregated data as universal, WHO representatives viewed it as burdensome and ineffective at addressing the real gender issues related to immunisation⁸.

⁷ Evaluation of GAVI Gender Policy , Key Recommendations, IFC Macro (2012)

⁸ Evaluation of GAVI Gender Policy, Final report, ICF Macro (2012), page 11

- Donors, gender experts from other international organisations and representatives from civil society organisations strongly advocate for sex-disaggregation of data in immunisation. They underline that it is an international commitment that applies to all aspects of health (and other sectors') information systems and that coverage differences cannot be assessed without data to monitor this aspect on a regular basis and at different levels within countries.

8 New international evidence

- 8.1 Gender-related barriers to accessing immunisation services exist and prevent children from being immunised. Mothers tend to be the primary caretakers of children and many lack decision-making power and resources to access immunisation and other health services. A child's immunisation status is strongly associated with the mother's education status and in addition, maternal work patterns in both urban and rural areas and the responsiveness to those in the delivery of immunisation services can influence the chances of a child being immunised, as can the involvement of both parents in the decision-making on immunisation^{9, 10, 11}.
- 8.2 In societies where women have low status, their children (both boys and girls) are less likely to be immunised. When women are empowered, immunisation coverage increases. This relationship is highly relevant also for GAVI-eligible countries, as countries with higher levels of gender inequality (as measured by the Gender Inequality Index) have lower levels of DTP3 coverage¹².
- 8.3 Gender cuts across other aspects of equity such as wealth and geographic location. While geographic inequity, like gender, is strongly correlated with low DTP3 coverage (i.e. GAVI-eligible countries with higher levels of geographic inequality have lower levels of DTP3 coverage), there is evidence that the owner of decision-power over the household resources may in some situations be a more important factor for immunisation of the children in the household than the level of household income¹³.
- 8.4 The 2010 GAVI funded review by WHO showed that globally, there are no significant differences in immunisation coverage between boys and girls. However, this and other studies show that differences in coverage –

⁹ Gender and Immunisation, Summary report to SAGE, WHO 2010

¹⁰ Save the Children UK (2012), Finding the final fifth

¹¹ Secretariat Literature Review 2013 on gender and immunisation, Gender Working Group

¹² The analysis included 41 (out of 56) GAVI-eligible countries for which the UNDP's Gender Inequality Index (GII) is available (2012). The regression analysis showed an inverse relationship between gender inequality and immunisation rates. The correlation for GII/DTP3 is stronger at -.630 than the GDI/DTP3 at .40 in the SAGE report. This relationship is significant, with a p-value of <.01 and the relationship remains significant when GDP is included as a control variable.

¹³ A literature review undertaken by the Secretariat found several studies to this effect, for example a multi-country study of low-income countries which found that, controlling for household income, a mother who does not need permission to visit the health center is more likely to have her child immunised and a study from Nigeria found that children in female-headed households were more likely to be vaccinated.

favouring either boys or girls – do exist in some countries, sub-national regions and socio-economic groups¹⁴.

- 8.5 Further, national aggregate data may hide inequities at regional or lower levels indicating a need to monitor coverage at sub-national level. Survey data can sometimes, but not always, be used to identify coverage differences between boys and girls and may not always be sufficient for continuous monitoring at local level.¹⁵

9 Proposed revisions

- 9.1 Based on the new evidence and feedback from countries and other stakeholders in the review process, the Secretariat proposes the following areas for policy revision:
- 9.2 Goal and scope of the policy: The goal should reflect that overcoming gender-related barriers to accessing immunisation services (in particular for caretakers of children, many of whom are women) is critical to increase immunisation. The goal should also reflect strategic decisions that GAVI has made, such as supporting access to vaccines that prevent diseases with a specific and significant impact on the health of one sex (e.g. women and HPV) but it should be clear that it is a gender, and not a women's, policy and that support targeted to one sex could benefit men should there be a vaccine with relevant properties. Further, the goal and principles should reflect that reducing gender inequality is both an end in itself and a prerequisite for sustainable and inclusive development. Additionally, the policy should aim to promote gender sensitive and where relevant gender transformative programmes in order to sustainably increase immunisation coverage.
- 9.3 Rationale: The Gender Policy was developed at a time when gender and equity issues were emerging more clearly in the global dialogue as important barriers to access and utilisation of services. Partly through GAVI support, the international knowledge base on gender and immunisation is more solid now than it was at the time of the policy development which should be reflected in the revised rationale.
- 9.4 Strategic directions: based on the results of extensive consultations and evidence gathered during the policy review process, the Secretariat suggests the following adjustments in the strategic directions of the policy:
- GAVI should ensure gender sensitive funding and programmatic approaches by more clearly integrating gender aspects in guidelines, application materials and review criteria. GAVI should support countries to assess, and when relevant address, gender-related barriers to accessing immunisation services.

¹⁴ An analysis by UNICEF shows that coverage of measles immunisation is similar among boys and girls across all regions except in South Asia (presentation by UNICEF to the GAVI gender expert consultation meeting on 14 June 2013).

¹⁵ Sex-disaggregated immunisation coverage data: input from key stakeholders, PATH, October 2010

- GAVI should help countries improve the evidence-base regarding sex-discrepancies in coverage by encouraging the development of systems that routinely sex-disaggregate data for immunisations. Countries that do not collect such data should not be penalised but supported through relevant modalities and the GAVI Secretariat should encourage and monitor data collected through periodic surveys in the interim.
 - The strategic directions of the policy should specify that GAVI should continue to take gender aspects into account when reviewing vaccine investments.
 - GAVI should also promote increased accountability for gender-related results throughout the Alliance.
- 9.5 Monitoring and evaluation: The current Gender Policy lacks a monitoring and evaluation framework and in line with other GAVI policies such a framework is recommended and has been developed for the revised policy (see Annex 2).
- 9.6 The proposed revised Gender Policy is outlined in Annex 1. In comparison with the original policy it contains a revised goal, updated definitions, revised rationale in line with new international evidence and adjusted strategic directions. It also contains minor updates in the section on gender approaches in GAVI Alliance structures. Annex 1 of the original Gender Policy, Guidelines on the GAVI Alliance Board Gender Balance approved by the Board on 17 June 2010¹⁶, was not in the focus of this process and is due to be reviewed at the request of the Board.

Section C Implications

10 Impact on countries

- 10.1 Countries will receive continued - and in countries with gender concerns – increased support to identify, analyse and address gender-related barriers to accessing immunisation services. This support will be provided by GAVI's implementing partners through the Health Systems Strengthening window and through other work streams such as the data quality work stream and through support to countries with gender and equity challenges via UNICEF through the GAVI Business Plan. GAVI will also assess the possibility of providing countries with additional technical support through the formation of new partnerships with relevant organisations.

11 Impact on GAVI stakeholders

- 11.1 GAVI will continue to work with its key implementing partners WHO and UNICEF to support the implementation of the revised policy with increased emphasis on accountability for achieving results (see point 10.1 above).

¹⁶ This document can be found on myGAVI

12 Impact on Secretariat

- 12.1 The GAVI Secretariat will implement the revised gender policy through existing structures, including through the Gender Working Group.
- 12.2 Gender considerations in GAVI's recruitment practices will continue to be implemented through the Human Resources team.

13 Legal and governance implications

- 13.1 There are no legal and governance implications of the proposed revisions to the Gender Policy.

14 Consultations

- 14.1 The GAVI Secretariat held two series of country consultations to inform the gender policy review. The first country consultations were conducted at regional meetings in 2013 where a total of 51 responses were received from in-country delegates¹⁷ in 21 GAVI-eligible countries¹⁸ through a survey which was made available in English and in French.
- 14.2 The second series included more in-depth consultations conducted across a specific set of countries determined through the GAVI Secretariat Gender Working Group¹⁹. For these countries, the Secretariat conducted a desk review, questionnaires and/or interviews.
- 14.3 Donor representatives in the GAVI Alliance Board were consulted at a pre-meeting of the GAVI Alliance June 2013 Board meeting.
- 14.4 The GAVI Secretariat invited immunisation and gender experts from GAVI Alliance partners, international organisations, civil society, countries and donors to a consultative meeting held in Geneva on 14 June 2013²⁰ to provide inputs on specific issues raised through the review process.
- 14.5 The results of these consultations and the review described above informed a draft revised gender policy that was published for public consultation on the GAVI Alliance website²¹. The feedback from the public consultation was largely positive. The majority of respondents stated that

¹⁷ Including: WHO/UNICEF (57%), EPI (28%), with some representation from Ministry of Health officials (non-EPI) (4%) and research institutes (4%). Where multiple respondents from a country existed, the EPI manager was selected as the representative respondent for that country, if an EPI manager was not one of the respondents then a Government official was selected followed by WHO/UNICEF EPI focal point.

¹⁸ Bangladesh, Benin, Burkina Faso, Burundi, Cameroon, Central African Republic, Democratic Republic of Congo, Gambia, Ghana, Guinea, Liberia, Mali, Mozambique, Myanmar, Nepal, Niger, Nigeria, Sao Tome e Principe, Senegal, Sierra Leone and Togo.

¹⁹ Pakistan (at provincial level), Rwanda, India, Nepal, Burundi

²⁰ Organisations represented at this meeting include: WHO, UNICEF, UNHCR, OHCHR, UNFPA, Rwanda, Civil Society representatives from Save the Children UK and Alternative Santé in Cameroon, Canada, Sweden and Denmark as well as GAVI Independent Review Committee (IRC) experts on gender.

²¹ The Gender Policy Public Consultation received feedback from 17 respondents from 12 different countries: USA (3), India (2), Senegal (2), UK (2), Cote d'Ivoire (1), Togo (1), Burundi (1), France (1), Rwanda (1), Switzerland (1), Canada (1) and Australia (1). The institutional affiliations of the respondents were as follows: Civil Society Organization (4), Bilateral Donor (3), Independent consultants (3), WHO (2), Expanded Programme on Immunisation (EPI) (1), Ministry of Health (not EPI) (2), GAVI board member (1) and Maternal & Child Health Integrated Program (MCHIP) (1).

the draft had a clear goal, scope and rationale and that the proposed strategic directions were important and feasible to implement. In particular, respondents expressed support for GAVI's commitment to ensure gender sensitive funding and programmatic approaches across all areas of its work. However, some respondents expressed concerns about the need for more detailed explanations of accountability and implementation mechanisms including a need for guidance through examples of best and worst practices on the issue of addressing gender-related barriers to accessing immunisation services. The Secretariat and partners will address these concerns in the implementation of the policy.

15 Gender implications

15.1 The gender implications are listed throughout the paper.

Section D Annexes

Annex 1: Revised Gender Policy

Annex 2: Gender Policy theory of change and M&E framework

Annex 3: Analysis of gender inequality and DTP3 coverage in GAVI-eligible countries

Annex 4: GAVI-eligible countries ranked by Gender Inequality Index

ANNEX 1: Revised Gender Policy

VERSION NUMBER	APPROVAL PROCESS	DATE
1.0	Approved by: Joint GAVI Alliance & Fund Board	26 June 2008
		Effective from: 1 July 2008
		Review: in 2012, depending on the full evaluation of the policy and its implementation
2.0	Submitted for review to PPC for GAVI Board approval	October 2013
		Effective from: 1 January 2014
		Review: 2019

The GAVI Alliance Gender Policy

Towards reduced gender inequalities for increased immunisation coverage

1. Goal and scope of the policy

- 1.1. The goal of the GAVI Alliance Gender Policy is to increase immunisation coverage by supporting countries to overcome gender-related barriers to accessing immunisation services and to promote equity of access and utilisation for all girls and boys, women and men to immunisation and related health services that respond to their different health needs.
- 1.2. Reducing gender inequality is both an end in itself and a prerequisite for sustainable and inclusive development. The Gender Policy aims to increase access to immunisation through gender sensitive and gender transformative programmes that also contribute to achieving the international goal of gender equality.
- 1.3. The GAVI Alliance Gender Policy is embedded in GAVI's wider commitment to ensure equity in all areas of engagement. The Gender Policy is grounded in existing international legal and political commitments as well as on the conviction that gender equity and equality are shared responsibilities that warrant special attention and resources. The Gender Policy is aligned with the principles of aid effectiveness and international gender commitments as agreed in Busan in 2011. It also aligns with existing GAVI policies and supports the Global Vaccine Action Plan (GVAP) strategic objective on equity.
- 1.4. The guiding principles of this policy are for the GAVI Alliance to:
 - 1.4.1. Apply a gender perspective to all relevant work. To realise its mission, and in line with internationally agreed-upon legal and political commitments to gender and health, the Alliance will apply a gender perspective to all relevant work.
 - 1.4.2. Complement partners' efforts to promote gender equality and equity in health and health services. As an Alliance and in line with the commitments made by its partners, GAVI will strive to exercise leadership and raise awareness of, and promote coordinated international efforts towards, the realisation of existing international commitments to gender equality and health equity.
 - 1.4.3. Promote country ownership and alignment recognising that gender issues may differ significantly from one country to another. Efforts to ensure that gender aspects are taken into consideration in immunisation services and support health systems will be rooted in the interest, awareness and capacity at country level. The GAVI Alliance will strive to ensure that countries recognise the potential and importance of addressing gender-related challenges in health and health services.
 - 1.4.4. Exercise strong leadership and demonstrate political will. The GAVI Alliance will play a catalytic role in promoting awareness of effective strategies to address gender inequalities and inequities in health and in the health sector. This will include the identification of existing obstacles related to gender, their underlying causes related to immunisation and related health services and the

manner in which GAVI and its partners can address them through promotion and support for best practice.

2. Definitions

- 2.1. **Sex** is concerned with physiological and biological characteristics that are used to define and differentiate humans as either female or male.
- 2.2. **Gender** is used to describe those characteristics of women and men which are socially constructed. Gender roles are learned through socialisation and are changeable rather than fixed.
- 2.3. **Gender equality** refers to the absence of discrimination on the basis of one's sex in providing opportunities, allocating resources and benefits or in access to services.
- 2.4. **Gender equity** refers to fairness and justice in the distribution of benefits and responsibilities between women and men. The concept recognises that women and men have different needs and strengths and that these differences should be identified and addressed to rectify the imbalances between the sexes.
- 2.5. **Gender-related barriers** are obstacles to the access and utilisation of health services that are related to social and cultural norms about men and women's roles.
- 2.6. **Gender sensitivity** refers to perceptiveness and responsiveness to differences in gender roles, responsibilities, challenges and opportunities. Gender sensitive programs significantly improve women's and girls' or men and boys' access to protection, treatment or care but by themselves do little to change the larger contextual issues that lie at the root of gender inequities.
- 2.7. **Gender transformative** refers to goals and objectives that attempt to re-define women's and men's gender roles and relations. These programs seek to transform unequal gender relations to promote shared power, control of resources, decision-making, and support for women's empowerment.
- 2.8. **Gender perspective** is a way of analysing and interpreting situations from a viewpoint that takes into consideration gender constructs in society, and searching for solutions to overcome inequities.

3. Rationale for a gender policy

- 3.1. To respect, protect and fulfil the human right to the highest attainable standard of health and to promote child and adult well-being, there is a need to redress gender inequities and their impact on access to and utilisation of essential health services including immunisation, impacting on GAVI's ability to realise its mission:
 - 3.1.1. Gender-related barriers to accessing immunisation services exist and hinder children from being immunised. Mothers tend to be the primary caretakers of children and in societies where women have low status, their children (both boys and girls) are less likely to be immunised. When women are empowered, immunisation coverage increases.
 - 3.1.2. Gender is one of the core components of GAVI's commitment to equity in immunisation, and it cuts across all aspects of equity and health. Evidence

shows that gender gaps remain with disparities increasing when gender is combined with poverty and other factors of exclusion.

- 3.1.3. Gender sensitive or transformative approaches are therefore important to improve and sustain immunisation coverage. Strategic and catalytic interventions targeting women, men, families and communities can help countries overcome gender-related barriers to accessing immunisation services, improve coverage and reach the unreached.
- 3.1.4. Evidence shows that at a global aggregate level there are no significant differences in immunisation coverage between boys and girls but that differences, favouring either boys or girls, do exist in some regions, countries and socio-economic groups. It is important to collect sex-disaggregated data in order to track trends over time and to ensure that sex-discrepancies do not emerge. Furthermore, evidence shows that national aggregate data and/or survey data may hide gender inequities suggesting that it is necessary to encourage countries to monitor coverage at sub-national level.

4. Strategic directions

- 4.1. The Alliance will pursue the goals of this Gender Policy by: (1) ensuring gender sensitive funding and programmatic approaches; (2) generating, supporting, reporting and analysing new evidence and data; (3) advocating for gender equality as a means to improve immunisation coverage; and (4) increasing accountability for gender-related results.

4.2. Ensure gender sensitive funding and programmatic approaches

Policymaking and funding support present central opportunities to highlight the gender dimensions of immunisation and related services. It can also leverage change across and beyond the GAVI Alliance to improve the outcomes of immunisation and development more broadly. The GAVI Alliance can play an important role in reducing gender inequalities in health through new vaccine support to diseases that disproportionately impact one sex. Consequently the GAVI Alliance commits to:

- 4.2.1. Incorporate a gender perspective into all relevant areas of programmes and funding.
- 4.2.2. Ensure that funding guidelines, application materials and review criteria include a gender analysis requirement in needs assessments and that proposed targets and outcome measures incorporate a gender perspective.
- 4.2.3. Ensure that GAVI vaccine investment strategies include gender considerations and take the potential for a disproportionate impact of a disease on one sex (higher prevalence and/or suffering) into account in vaccine investment methodologies.
- 4.2.4. Promote the use of the different funding mechanisms, especially the health system strengthening (HSS) window and the support to civil society, to support activities that demonstrate the effectiveness of gender sensitive and where possible gender transformative approaches.
- 4.2.5. Encourage inter-agency coordination committees (ICCs) and health sector coordination committees (HSCCs) and other relevant national coordination

bodies to include a gender perspective and to work with appropriate national institutions and ministries with knowledge in gender to ensure that their approach is informed by national expertise.

- 4.2.6. Incorporate a gender perspective in grant approval, monitoring and evaluation procedures and activities. This includes ensuring gender expertise is present in the review process through the Independent Review Committees (IRCs). It also includes the development of gender sensitive indicators and supporting the strengthening of health information systems in cooperation with partners.

4.3. Generate, support, report and analyse new evidence and data

Improved availability, quality and use of gender related data is a prerequisite for monitoring gender equality in immunisation, reducing gender related barriers to accessing immunisation services, and reaching unreached children. Consequently the GAVI Alliance commits to:

- 4.3.1. Encourage systematic reporting and analysis of sex-disaggregated data in all areas of GAVI support with a view to assist countries, together with and through partners, to gradually strengthen the routine information systems to collect sex-disaggregated data for immunisation, including data at the sub-national level.
- 4.3.2. Continue to contribute to the international evidence base on gender and immunisation with a focus on access and utilisation aspects of immunisation services and gender-related barriers to reaching the unreached.
- 4.3.3. Contribute to and promote evidence supporting the linkages between immunisation, as well as other health services, and improved health outcomes.

4.4. Advocate for gender equality as a means to improve immunisation coverage

The GAVI Alliance can have a catalytic role in advocating for gender equity as a means to improve immunisation coverage and access to health and health services. In doing so, GAVI can demonstrate strong leadership and make a contribution to global efforts for greater gender equality in a broader sense. The message and communication at global, regional and national levels will be key to:

- 4.4.1. Ensure that all GAVI Alliance communications: (1) demonstrate the GAVI Alliance commitment to gender sensitive and where relevant gender transformative approaches; (2) encourage greater understanding of and focus on gender considerations in immunisation; and (3) employ gender appropriate language;
- 4.4.2. Actively disseminate evidence and best practice regarding what effect gender sensitive and where relevant gender transformative approaches can have on immunisation service utilisation, coverage and impact.

4.5 Increase accountability for gender related results

To achieve successful gender-related results, gender-mainstreaming approaches need to include clear lines of accountability and the GAVI Alliance therefore commits to:

- 4.5.1. Measure progress and impact of the Gender Policy through the results framework (see Annex 2) which outlines the theory of change of the policy and ways in which GAVI will monitor policy implementation progress.
- 4.5.2. Increase the focus on accountability and responsibility for the achievement of the GAVI Alliance specific gender targets as outlined in the policy results framework, GAVI Alliance strategies and as agreed in country specific programmes and associated results frameworks. This will be carried out internally within the GAVI structures as well as through the agreements with implementing and other partners, countries and other organisations.
- 4.5.3. Ensure that all Secretariat staff members have the right tools and the relevant knowledge regarding gender and immunisation and are held accountable as relevant for gender-related results.

5. Gender Sensitive Approaches within the GAVI Alliance structures

5.1. Resources

- 5.1.1. Committing adequate human and financial resources for developing gender sensitive approaches is essential for the effective implementation of the Gender Policy.

5.2. Governance

- 5.2.1. *Guidelines on the GAVI Alliance Board Gender Balance* were approved at the Board meeting on the 17 June 2010. These guidelines represent the framework through which the Board can ensure a gender balance throughout the GAVI Alliance governance structures (Annex 1).

5.3. The Secretariat

- 5.3.1. The Secretariat aims to ensure that it has an organisational structure and culture that facilitate the implementation of the Gender Policy.
- 5.3.2. The Secretariat shall operate under gender sensitive human resource policies and procedures and gender-related measurements in performance assessments as relevant.

6. The Role of Partners

- 6.1. Given the GAVI Alliance's mode of operation (largely through its partners), implementation of the policy will require a clear articulation by each partner of its specific contributions to the realisation of the Gender Policy aims.

7. Timeline for Implementation and Review

- 7.1. The revised policy will take effect on 1 January 2014.
- 7.2. The Chief Executive Officer will be responsible for reporting to the GAVI Alliance Board on progress towards delivery of these outcomes on an annual basis.

- 7.3. A full external review of the Gender Policy and its implementation will be conducted in 2019 or earlier if necessary as a result of the adoption of the 2016-2020 Strategy.

ANNEX 2*: Gender Policy theory of change and M&E framework

**This is also Annex 2 to the Gender Policy.*

The goal of the revised Gender Policy

The goal of GAVI Alliance's Gender Policy is to increase immunisation coverage by supporting countries to overcome gender-related barriers to accessing immunisation services and to promote equity of access and utilisation for all girls and boys, women and men to immunisations and related health services that respond to their different health needs.

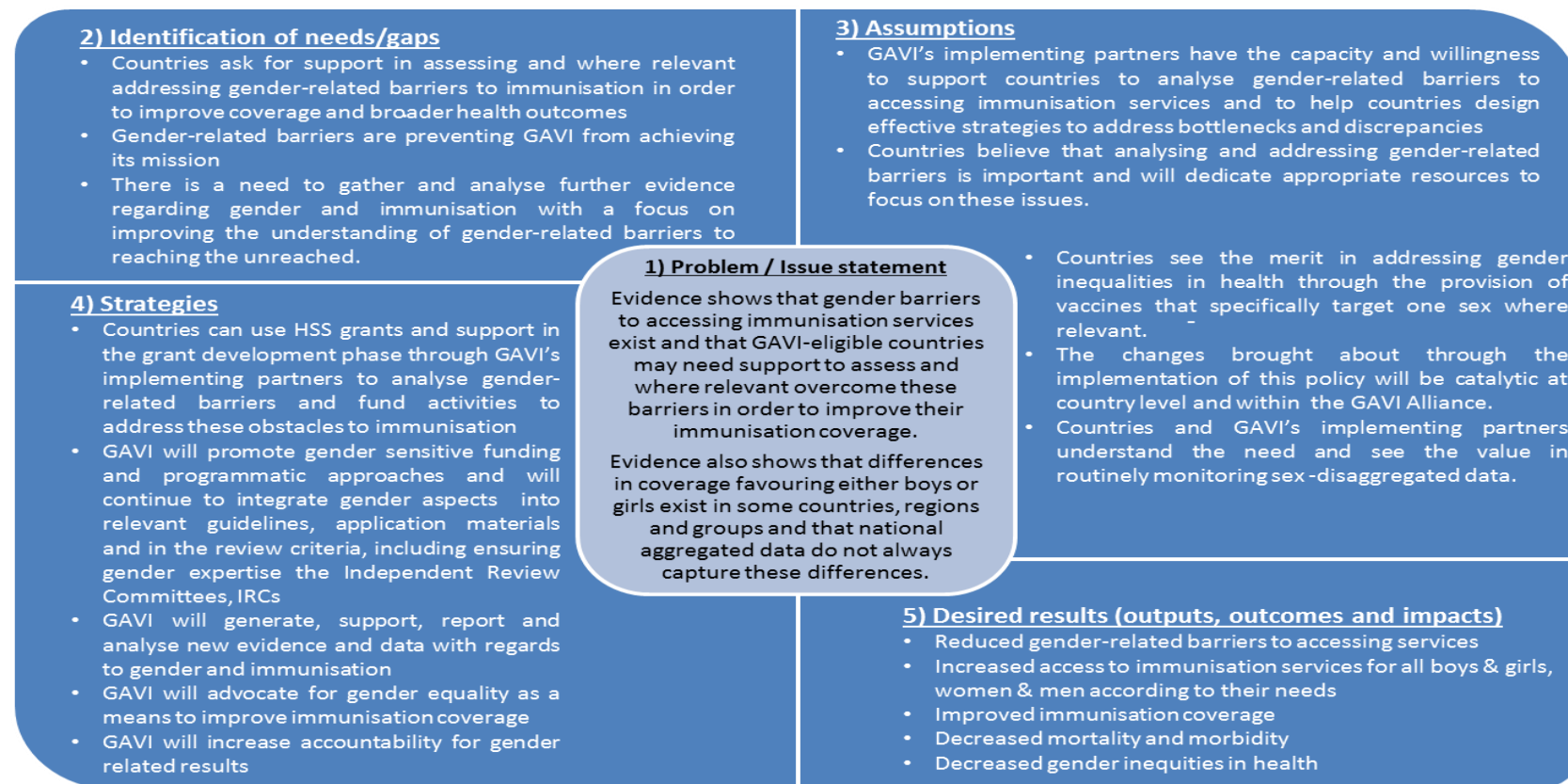
GAVI's theory of change for its revised Gender Policy

While GAVI has an important role to play and can make a positive contribution to help overcome gender-related barriers to accessing immunisation services and to promote equity in immunisation, it is one of many actors in an area that reaches far beyond immunisation. GAVI therefore recognises that seeking to understand GAVI's exclusive attribution and impact is not appropriate or useful; what is more appropriate and useful is to understand how GAVI contributes to meeting these objectives alongside other actors, most especially countries themselves.

The theory of change for GAVI's revised Gender Policy is centralised on the assumption that GAVI can positively reinforce the importance of gender equity for achieving improved immunisation coverage and outcomes. Key elements of the theory of change include:

- That the GAVI Alliance can help improve the evidence-base regarding gender discrepancies in coverage, gender-related barriers to accessing immunisation and effective methods for reducing such barriers through supporting countries to conduct gender specific assessments as part of country analyses regarding barriers to accessing immunisation services;
- That the GAVI Alliance can have a catalytic role in advocating for gender equality as a means to improve immunisation coverage and access to health services through its communications, guidelines/application materials, review criteria, funding and conditions of support;
- That the GAVI Alliance can support countries to address gender-related barriers through aligning GAVI funding and conditions of support with country strategies and plans, following independent review that examines soundness of plans, linkage with immunisation outcomes and extent to which gender and other barriers are convincingly addressed;
- That GAVI Alliance can play an important role in reducing gender inequalities in health through the provision of support for new vaccines that tackle diseases that disproportionately impact one sex;
- That improved availability, quality and use of data regarding gender-related barriers to accessing immunisation services are prerequisites for understanding and addressing such barriers and that sex-disaggregated data are prerequisites for monitoring and improving gender equality in immunisation at all levels, and that GAVI's policies and procedures can support the generation and reinforce the use of such data at the country and global levels.

Gender Policy Theory of Change Model



How will the revised Gender Policy be monitored and evaluated?

Within the Secretariat

The implementation of the Policy will continue to be monitored by the Secretariat. There are several tools that will facilitate this monitoring, such as grant scorecards and country summary sheets, Health Systems Strengthening (HSS) reviews, assessments of country proposals and annual reports to GAVI.

The Secretariat recognises that there are multiple indicators that could be used to monitor the implementation and measure the contribution of the gender policy and that the GAVI 2016-2020 Strategy may bring additional changes to the indicators to be monitored at the corporate level. It proposes – given the data availability and quality constraints – and consistent with current Strategy indicators, that the following outcome measures should be monitored on a regular basis:

- DTP3 coverage (sub-national where possible) disaggregated by male / female
- Under 5 mortality disaggregated by male / female

Of note, this may be revisited if the corporate level indicators are revisited during the development of the 2016-2020 GAVI Alliance Strategy.

In addition, the following process (to a large extent already existing) indicators will be monitored at the aggregate level across all GAVI supported countries:

- Priority indicator: Number of countries demonstrating that they have analysed and assessed gender-related barriers to accessing immunisation services as part of their wider equity/bottleneck analysis and that this analysis and/or assessment have informed their HSS grant proposals
- Number of countries proposing funding of activities that seek to address gender-related barriers to increasing immunisation coverage in their HSS grant proposals and implementation
- Percentage of countries that have and report sex-disaggregated immunisation coverage estimates (either from routine systems or from a survey conducted within the previous three years)
- A qualitative indicator of the extent to which country applications for new support have adequately addressed gender-related barriers to immunisation, as summarised in the Independent Review Committee report on the basis of its cross-cutting gender analysis
- A qualitative indicator to assess on a regular basis whether gender-specific language has been appropriately included in GAVI guidelines and communication documents

At country level

As countries will be strongly encouraged to integrate their own indicators to measure their gender-specific activities supported through HSS funds, there will be a considerable emphasis placed on monitoring country-specific implementation of the Gender Policy. Indicators will vary across countries, depending on what gender-related barriers they are addressing and through which interventions.

Data sources

Data sources will include but not be limited to the following:

- Country administrative reported estimates
- WHO-UNICEF estimates
- Data from independent surveys (DHS, MICS, National coverage surveys etc.)

- Annual health sector review and EPI review reports
- Data reported to GAVI
 - in Annual Progress Reports or equivalent (summarised in grant scorecards and other documents)
 - As part of their reporting on PBF and HSS grant implementation
 - By CROs following country visits / communications with counterparts

Evaluation

The Gender Policy will be re-evaluated (to assess its relevance, implementation, effectiveness and contribution to GAVI's overall mission) subject to the Board's request or if not before, in 2019.

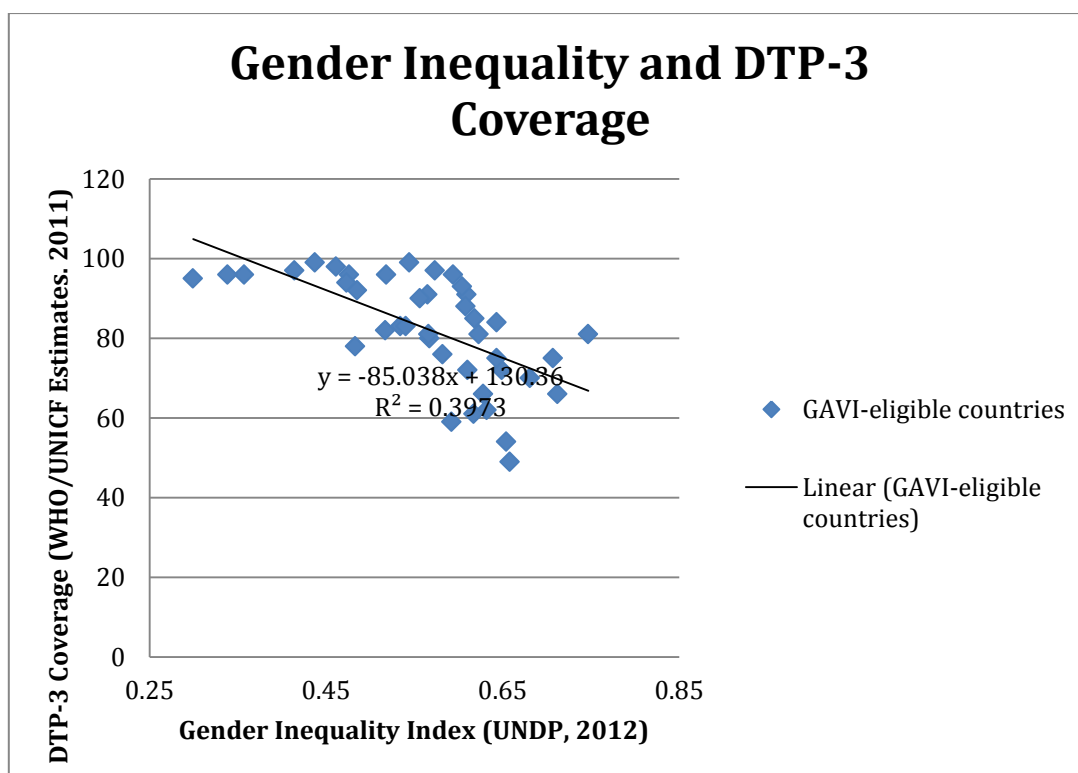
ANNEX 3

Analysis of gender inequality and DTP3 coverage in GAVI-eligible countries

1. GAVI-eligible countries with higher levels of gender inequality have lower levels of DTP-3 coverage.

This graph represents the 41 (out of 56) GAVI-eligible countries for which the UNDP's Gender Inequality Index (GII) is available. The GII quantifies gender-based disadvantages in reproductive health, education, political representation, and the labour market. The index ranges from 0, reflecting equality between men and women, and 1, reflecting a situation in which one gender fares as poorly as possible in all measured dimensions.

The downward trend in DTP-3 Coverage demonstrates an inverse relationship between gender inequality and immunization rates. This relationship is highly significant, with a p-value of <.01.



2. Summary of conclusions from Secretariat literature review

- Studies on the socio-economic determinants of health confirm that household income alone does not account for inequities in immunisation rates. This suggests a need for more in-depth analyses of how sources of inequity overlap in different countries.
- The following gender-related variables were found to significantly predict children's immunisation status:
 - Maternal education (studies from Nigeria, India and Uganda)
 - Family size (Nigeria, Kenya)
 - Women's autonomy in terms of access to financial resources and freedom of movement (India)
 - Involvement of both parents in decision-making processes (India, Nigeria)
 - Maternal work patterns (Gambia, Bangladesh)

ANNEX 4

GAVI-eligible countries ranked by Gender Inequality Index

GAVI-eligible countries (with countries with equity interventions through UNICEF/GAVI Business plan highlighted in red)	GII (UNDP 2012)	GAVI-eligible countries (with countries with equity interventions through UNICEF/GAVI Business plan highlighted in red)	GII (UNDP 2012)
Yemen	0.747	Lesotho	0.534
Afghanistan	0.712	Bangladesh	0.518
Niger	0.707	Uganda	0.517
Congo, Dem Republic of	0.681	Nepal	0.485
Liberia	0.658	Lao PDR	0.483
Central African Republic	0.654	Burundi	0.476
Mali	0.649	Cambodia	0.473
Mauritania	0.643	Nicaragua	0.461
Sierra Leone	0.643	Myanmar	0.437
Cote d'Ivoire	0.632	Rwanda	0.414
Cameroon	0.628	Kyrgyz Republic	0.357
Zambia	0.623	Tajikistan	0.338
Benin	0.618	Viet Nam	0.299
Papua New Guinea	0.617	Uzbekistan	
India	0.61	Chad	
Burkina Faso	0.609	Comoros	
Kenya	0.608	Djibouti	
Republic of Sudan	0.604	Eritrea	
Gambia	0.594	Ethiopia	
Haiti	0.592	Guinea	
Mozambique	0.582	Guinea Bissau	
Malawi	0.573	Korea, DPR	
Pakistan	0.567	Madagascar	
Togo	0.566	Nigeria	
Ghana	0.565	São Tomé e Príncipe	
Tanzania	0.556	Solomon Islands	
Zimbabwe	0.544	Somalia	
Senegal	0.54	South Sudan	