

## **Annex C: Annual Report on the Implementation of the Gender Policy**

### **Section A: Executive Summary**

#### **Context**

This report provides an update on progress made in 2019 on implementing Gavi's Gender Policy. It covers the programmatic, corporate, governance and advocacy dimensions of Gavi's gender-focused work.

The goal of Gavi's Gender Policy is to 1) increase immunisation coverage by supporting countries to overcome gender-related barriers to accessing immunisation services and 2) promote equal access and utilisation for all girls and boys, women and men to immunisation and related health services that respond to their different health needs.

In 2019, Gavi made progress in implementing recommendations from an external evaluation of Gavi's Gender Policy, including articulating a clear case for addressing gender issues as part of Gavi's Strategy for 2021-2025 and creating a new sub-team focused on gender, communities and demand within the Secretariat's Health System and Immunisation Strengthening team. The Secretariat is in the process of reviewing and updating its Gender Policy, which will be brought to the Gavi Board in June 2020 for review.

### **Section B: Facts and Data**

#### **1. Gender Policy at a glance**

- 1.1 ITAD completed an **external evaluation** of Gavi's Gender Policy in April 2019. The recommendations included i) articulating a clear case for addressing gender as part of Gavi's 2021–2025 Strategy; ii) enhancing internal Secretariat systems and processes to understand and address gender barriers, iii) ensuring participation of national partners and core partners in the update, monitoring and implementation of the Gender Policy, and iv) elaborating a strategic level implementation plan to guide implementation with a robust monitoring and evaluation framework. These findings and recommendations were the starting point for the Secretariat's work with Alliance partners and other stakeholders to update the policy.
- 1.2 A consultative approach has been taken over the course of the year to strengthen Gavi's Gender Policy. This includes **consultations** with donors, country stakeholders and CSOs; ongoing dialogue with peer and partner organisations; and discussions with country-facing teams in the Secretariat. In addition, an expert consultative workshop was held in July 2019 with 17 gender and immunisation experts. The main themes emerging from these consultations echo feedback received from the evaluation, including the need to a) make a clear case for how addressing gender barriers contributes to achieving Gavi's mission; b) ensure a country tailored approach is taken

when addressing barriers as specific drivers for un-immunised and under-immunised children differ by country; c) remain consistent across all countries on how the gender/ social analysis is conducted as it is critical to identify where the missed children are and what barriers exist to reaching them; d) place more emphasis on training, safeguarding and empowering female health workers; e) strengthen approaches to implement the Gender Policy, including building the capacity of the Secretariat, Alliance partner and country stakeholders to understand gender-related barriers and developing partnerships to support addressing them.

- 1.3 Progress has been made in developing an updated **theory of change and monitoring framework** for the policy and conducting a **benchmarking analysis** of partner gender strategies and policies.
- 1.4 In order to ensure effective implementation of the policy, the Secretariat is conducting a **country-specific analysis** to understand the challenges in incorporating gender into programming of Gavi support. Standard questions are being developed for equity assessments to understand where the unvaccinated children are and what barriers caregivers face in bringing them to get vaccinated.
- 1.5 A newly updated Policy will be brought to the PPC/Board for approval in May/June 2020.

## 2. Gavi Programming

- 2.1 Gavi's **Board-approved strategy** for 2021-2025 places a strong emphasis on gender. There is an Alliance-wide principle to be "gender focused" and a specific objective within Goal 2 (on strengthening health systems) to identify and address gender-related barriers to immunisation.
- 2.2 To this effect, a new integrated sub-team focused on **gender, communities and demand generation** has been created within the Health System and Immunisation Strengthening (HSIS) team, that will strengthen Gavi's country-level work on gender and other people centred approaches. This includes developing guidance for countries on strategic approaches and best practices in identifying and addressing gender-related barriers; assisting in the design of interventions and helping country teams develop grant proposals that better address gender-related and broader social considerations; and capacitating country teams to steer discussions to help prioritise addressing in-country gender issues in innovative ways. Efforts are underway to increase the gender expertise within this team.
- 2.3 Four out of five countries with **new surveys** published for **2018 showed positive progress**, with maternal equity<sup>1</sup> improving by an average of 9

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<sup>1</sup> Gavi's strategic framework for 2016-2020 calls for an increasing focus on sustainable coverage and equity of immunisation and includes an indicator on maternal education status as a proxy for women's empowerment. This indicator tracks the differential level of coverage of third dose of

percentage points.<sup>2</sup> This suggests that countries are making significant progress on equity, even if very few have recent surveys to measure it.

- 2.4 An internal review of 29 HSS proposals which were recommended for approval in 2018-19 found that **20 countries** have **identified barriers** that are defined as gendered when describing reasons for low immunisation coverage, **listed interventions** to target the barriers, and **allocated budget** towards addressing the barriers. Demand-side barriers, including socio-cultural and educational barriers accounted for over seventy percent of barriers identified. Example barriers included the literacy rates of mothers, lack of representation of women in empowering social positions and religious/social pressures that hinder a woman from bringing her child to get vaccinated. Despite this, over 50% of the interventions addressed supply-side barriers including training health workers in interpersonal skills or increasing the number of frontline workers. This disconnect between demand side barriers identified, and supply side interventions proposed is something the Alliance will look to address going forward.
- 2.5 **Demand Generation** provides an important programmatic entry point for work to address social barriers to immunisation at community level. The Alliance-wide Demand Hub continues to grow in strength and capacity as connections are built with new partners at global, regional and country levels.
- a) The Hub has adopted UNICEF's '**Caregiver Journey**' as a schema to guide the design of transformative and behaviourally informed interventions, both from the perspectives of caregiver and front-line workers. It is being used to guide the participatory development of demand generation strategies in several countries by the UNICEF East and South Asia Regional Office. It is also being used as a frame to guide innovative research in four countries including Nigeria and Uttar Pradesh, India, Guinea and Uganda.
  - b) Gavi is funding and participating in a global expert group focused on measuring '**Behavioural and Social Drivers of Vaccination**' (**BeSD**). Led by WHO, the BeSD group, is developing a package of tools, with corresponding guidance for assessing vaccination demand and acceptance-related determinants, with some metrics and questions specifically focused on gender. Country validation and testing of these tools will commence before the end of the year, or early in 2020.

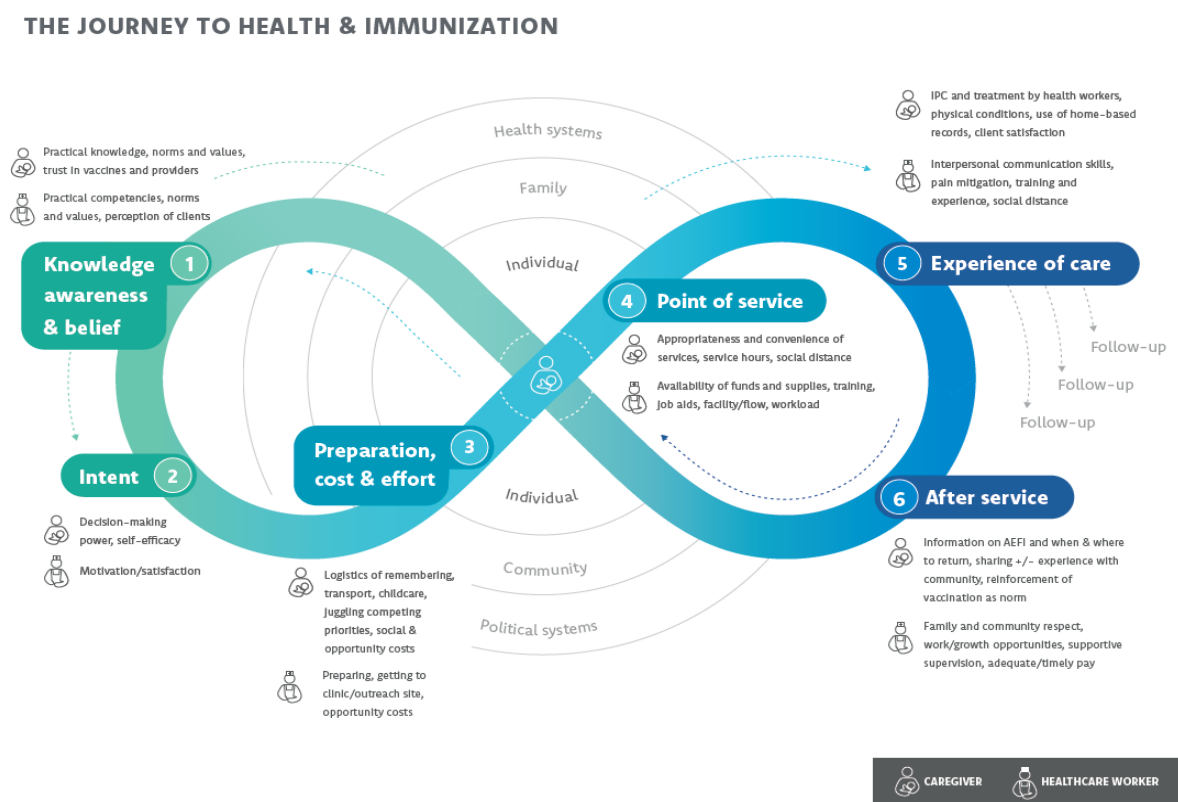
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diphtheria-tetanus-pertussis (DTP3) containing vaccine among children of mothers with secondary education or higher and mothers with no education

<sup>2</sup> Guinea, Mali, Pakistan and Senegal improved while Togo worsened slightly by less than two percentage points. The survey in Kyrgyzstan showed inequity is relatively low at only 3.9 percentage points but since its previous surveys did not include equity by maternal education, there is no baseline to compare to.

- c) Gavi has developed a new **online collaboration platform** called **‘Be:cause’** to help design innovative and transformative demand generation solutions for immunisation. The platform has 127 members from 57 cities in 44 countries around the world. *Be:cause* (*#vaccineswork*) enables members from diverse backgrounds and technical fields to co-create together in real time. The first challenge explored ways to use digital technologies (including mobile, social media, gamification, apps and artificial intelligence) to create behavioural interventions to build demand for immunisation with caregivers. There is potential to use the *Be:cause* platform to design more innovative interventions for addressing gender barriers.

**Figure 1: Caregiver journey**



2.6 Gavi’s partnership with **Girl Effect** is now fully operational, mobilising adolescent girls to come forward for HPV vaccine in Ethiopia, Malawi and Rwanda and a new programme being rolled out in Tanzania. Building on learnings from the initial three countries, Girl Effect has developed a toolkit of creative demand generation materials to support HPV vaccine launches globally. The toolkit is currently being tested in Côte d’Ivoire, Laos, Liberia and Mauritania. Gavi is exploring how to harness Girl Effect’s unique insights and relationship with girls and young women to better understand gender barriers to routine immunization. This will include the use of Technology Enabled Girl Ambassadors (community girls with bespoke mobile technology) to elicit authentic insights and responses.

- 2.7 Gavi's ongoing **partnership with Unilever's Lifebuoy Soap** – "Safal Shuruat" targets parents and caregivers of 0-2-year-old children in Uttar Pradesh in India to practice immunization and handwashing with soap as indicators of successful parenting. Although gender relations influenced the programme design, results from the first two districts of Hardoi and Allahabad showed that only one in five parents participating in the parenting programme was a father. One reason was that social norms made it difficult for men to join in sessions with women who were not their wives. By using human centred design techniques, a male engagement strategy has been developed for the Safal Shuruat project from authentic field insights. A dedicated after work session for fathers has been designed with content adapted to their social and cultural needs. The adapted programme is now being rolled out to 12 additional districts.
- 2.8 Since 2017, with the support of Global Affairs Canada, the **INFUSE** platform has been integrating gender sensitive approaches within the selection process and in subsequently selected innovations. Embedded within the INFUSE team is a consultant with expertise in the fields of gender equality and immunisation, providing coaching to the INFUSE Pacesetters on integrating gender considerations for programming and implementation of projects.
- 2.9 This year the INFUSE platform sought innovations to reach children in urban slums with immunisation and health services. Two of the pacesetters for 2019 directly target overcoming gender information barriers. **ZMQ Development** leverages the power of storytelling to increase knowledge of caregivers in the slums of New Delhi by using a cadre of informal storytellers, equipped with a mobile app to increase demand for immunisation and share digital Talking Comics for healthy behaviours. Traditionally belonging to the transgender community, these storytellers play an important role in the celebration of new-born babies – and are thus often the first non-family member to meet the newborn. The second pacesetter **VillageReach** and Praekelt.org use chatbot technology powered by artificial intelligence, to help caregivers who are mostly women in DRC, Mozambique and Malawi get information on immunisation service.

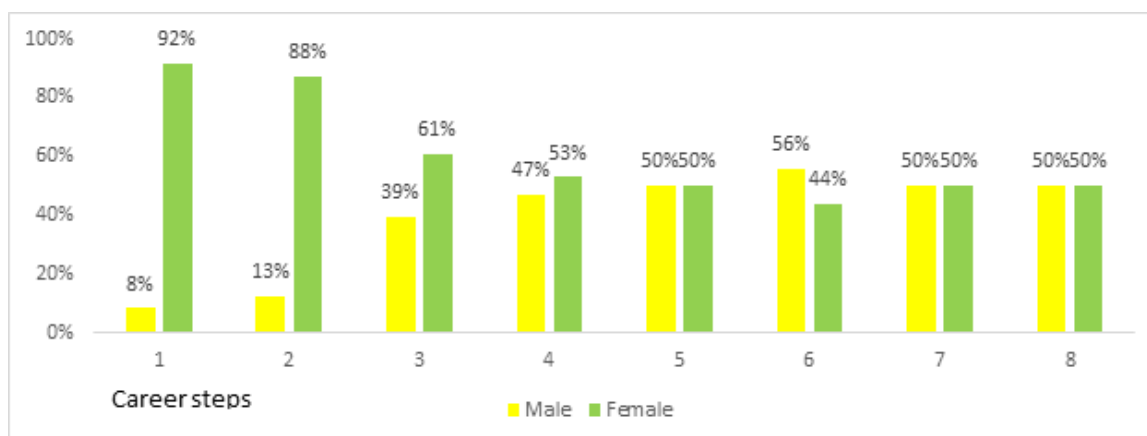
### 3. Gender and Secretariat

- 3.1 **HR statistics on gender within the Secretariat:** Currently the Secretariat staff is 60% female, 40% male. Figure 1 shows the breakdown of gender across career levels. Gavi continues to have full gender balance at senior management team, at 50/50, compared to an industry average of 29%<sup>3</sup>. Last year the Secretariat identified a gender gap at Director level and has worked during our recruitment process to ensure greater attention to gender and diversity during our recruitment process.

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<sup>3</sup> Grant Thornton: Women in business 2019

**Figure 2: Gender distribution across Gavi career levels (as of November 2019)**



- 3.2 Equal Salary Certification:** Gavi was the first global health organisation to be certified as an equal salary employer by the Equal Salary Foundation in 2018. To ensure continual improvement, the 3-year procedure certification includes two annual follow up intensive monitoring audits. This year, Gavi has successfully passed the first monitoring audit.
- 3.3** As part of Gavi’s continuing efforts to enable a respectful workplace, the Secretariat has been running awareness workshops with an external expert for Gavi staff. 97% of the Secretariat attended including interns and consultants. Gavi is in the process of launching an e-learning module, which mirrors the content of the face-to-face sessions, for those who could not attend and for all new starters as part of their onboarding activities. In addition, workshops were delivered specifically for frequent travellers (“Ethical behaviour on Gavi missions”). This focussed on identifying and responding appropriately in an event that frequent secretariat travellers experience or witness inappropriate behaviour whilst on Gavi mission. Currently, Gavi is in the process of rolling out a training for managers to ensure they respond appropriately to complaints and proactively address prevention, awareness and non-retaliation. HR and Legal are also receiving specific training to support them in their roles.
- 3.4** The **2019 Global Health 50/50 Report** continued to rank Gavi as among the 14 highest scorers in gender responsiveness and advancing gender equality. The report also ranked Gavi as among the 25 organisations that score “best practice” across the four elements of a comprehensive sexual harassment policy. These four elements are “describe reporting, investigation and accountability”; “protection of confidentiality and against retaliation”; “commit to zero-tolerance, define sexual harassment and provide examples”, and “stipulate training for all staff”.

## 4. Gender and Gavi’s Board

- 4.1** Throughout 2019, the Gavi Board as an aggregate has been compliant with the guidelines that no more than 60% of either gender is represented on the

Board. As of 1 November 2019, Board Members and Alternative Board members comprised 51% male and 49% female.

- 4.2 Gavi Governance KPIs on gender balance extends to all Board Committees, not just the Gavi Board as prescribed in the Gender Policy. The position as of 1 November 2019 on this KPI was 44% female and 56% male, representing compliance on aggregate across the Gavi Board and its Committees. There is a recognition that not all Committees are fully compliant, but this remains an area of focus for the Governance Committee.

## 5. Gender and Communications/Advocacy

- 5.1 Gavi was heavily engaged in the development of the **Global Action Plan for Healthy Lives and Well-being for All (GAP)** with 11 other multilateral agencies. Commitment to advance gender equality in GAP includes: 1) ensuring gender transformative policies, programmes and results and encouraging prioritisation of gender equality at all levels of government, 2) documenting best practices to promote cross-agency learning and collaboration, and 3) incorporating gender specific targets in monitoring framework. Since the launch of the GAP in September 2019, Gavi has begun to identify entry points for implementation.
- 5.2 Throughout 2019, Gavi has actively engaged to highlight the importance of equity and gender-responsive primary health care in the lead up to the **UN High Level Meeting (UN HLM) on Universal Health Coverage (UHC)**, including in the 144th WHO Executive Board (EB144) Meeting and **72nd World Health Assembly (WHA72)**. Gavi successfully secured gender language in the **Political Declaration on UHC** on strengthening gender-sensitive healthcare services and addressing gender-related barriers. Gavi also engaged in the development of the UHC2030 key asks for the UN HLM which recognises the importance of gender-sensitive health workers and gender equality for the achievement of UHC. Secretariat has also underscored the importance of reflecting gender more strongly in the **Immunisation Agenda 2030**
- 5.3 Gavi significantly positioned immunisation as a critical aspect of gender equality by co-hosting three side events in the **Women Deliver 2019**. Two side events were organised with the Partnership for Maternal, Newborn and Child Health (PMNCH) on cross-sectoral collaboration to empower women and girls to thrive and become agents of change and one was with the Global Partnership for Education (GPE) and ONE on building partnerships across education, health and immunisation. Gavi representatives also spoke in several sessions including on cervical cancer elimination and prevention, life course approach, and integration across health and education.
- 5.4 Gavi worked to ensure gender is mainstreamed within the [Global Compact for Refugees](#), which launched officially in December 2018. Among the strategic wins to advance Gavi's mission are the inclusion of language to support the facilitation of "access to age- and gender-responsive social and

health care services” and “recruitment and deployment of female health workers”, as well as a specific mention of Gavi as a main stakeholder.