itad

Final Report:

Evaluation of Gavi's Gender Policy

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Results in development

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Abbreviations

ACT	Alliance Co-ordination Team
CA	Contribution Analysis
CAR	Central African Republic
CCEOP	Chain Equipment Optimization Platform
CDC	Centers for Disease Control and Prevention
CIDA	Children Integrated Development Association
CMYP	Country Comprehensive Multi-Year Strategic Plan
CRC	Convention on the Rights of the Child
CSO	Civil Society Organisations
DRC	Democratic Republic of the Congo
DTP3	Diphtheria-tetanus-pertussis
EA	Equity Assessment
EPI	Expanded Programme on Immunisation
FAQ	Frequently Asked Question
GGP	Gavi Gender Policy
GPF	Grant Performance Framework
GVAP	Global Vaccine Action Plan
GWG	Gender Working Group
HLRP	High Level Review Panel
HPV	Human Papillomavirus
HSCC	Health Sector Coordinating Committee
HSIS	Health System and Immunisation Strengthening
HSS	Health Systems Strengthening
ICC	Inter-agency Coordinating Committee
IRC	Independent Review Committee
JA	Joint Appraisal

KAP	Knowledge, Attitude and Practice
KII	Key Informant Interviews
KPI	Key Performance Indicator
M&E	Monitoring & Evaluation
MDG	Millennium Development Goals
NGOs	Non-governmental organisation
NIP	National Immunisation Plan
NVS	New and underused Vaccines Support
OECD	Organisation for Economic Co-operation and Development
PPC	Programme and Policy Committee
PEF	Partnership Engagement Framework
PMNCH	Partnership for Maternal, Newborn & Child Health
PNG	Papua New Guinea
SCMs	Senior Country Managers
SDGs	Sustainable Development Goals
SIPs	Strategy Implementation Plans
SSI	Self, Society, Institutions Framework
TA	Technical Assistance
TCA	Targeted Country Assistance
ToC	Theory of Change
UHC	Universal health care
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organization
WHO AFRO	World Health Organization Regional Office for Africa

Glossary of gender terms[1]

Gender is used to describe those characteristics of women and men that are socially constructed. Gender roles are learned through socialisation and are changeable rather than fixed. This is differentiated from **sex**, which is concerned with physiological and biological characteristics that are used to define and differentiate humans as either female or male.

Gender equality refers to the absence of discrimination on the basis of sex in providing opportunities, allocating resources and benefits or in access to services.

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.

Gender-sensitive[2] refers to perceptiveness and responsiveness to differences in gender roles, responsibilities, challenges and opportunities. Gender-sensitive programmes significantly improve women's and girls' or men's 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.

Gender transformative refers to goals and objectives that attempt to re-define women's and men's gender roles and relations. These programmes seek to transform unequal gender relations to promote shared power, control of resources, decision making, and support for women's empowerment.

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[1] All of these definitions, except for gender-responsiveness, are drawn from the Gavi Alliance Gender Policy Version 2.0 (2013).

[2] Some development organisations prefer the term gender-responsive as it is understood as a more active approach to addressing gender differentials than that expressed through the term gender-sensitive. Gavi's definition of gender-sensitive does however indicate an active approach to addressing gender differentials.

Executive Summary

Gavi has commissioned Itad to evaluate its Gender Policy (2013), assessing the Policy's design, the efficiency of its implementation in the period 2014 – 2018 and the results that have been achieved. It is a summative evaluation, but the evaluation's findings are intended to inform an update of the Gender Policy, as well as Gavi's new global strategy 2021–2015, currently under development.

Gavi has had an explicit gender policy since 2008. **The current Gender Policy**[3] builds directly on the direction, results and learning achieved through the implementation of the first Gender Policy, 2008-2012. It has sought 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. It has done this through work under four strategic directions:

1. Ensure gender-sensitive funding and programmatic approaches;
2. Generate, support, report and analyse new evidence and data;
3. Advocate for gender equity and equality as a means to improve immunisation coverage;
4. Increase accountability for gender-related results.

In addition, the Policy has also promoted gender-sensitive approaches within Gavi Alliance governance structures and human resource processes.[4]

The evaluation adopted **a theory-based approach** to explore five evaluation questions and associated sub-questions. A set of **mixed methods** was used for data collection, which included detailed study of eight focal countries, key informant interviews (KIIs), a survey of Secretariat staff, and a best practice analysis of comparison organisations. Data was systematically synthesised using a range of analytical methods to identify a set of 15 findings. Subsequent conclusions are framed around the evaluation's reconstructed theory of change (ToC) and the evaluation criteria (relevance, efficiency and effectiveness). Seven recommendations are presented, which were discussed with stakeholders at a co-creation workshop in March 2019. The main evaluation findings are presented in Figure 1. Conclusions and preliminary recommendations are presented below.

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[3] Version 1.0 covered the period 2008-2012. It was then updated and the current Gender Policy, the subject of this evaluation, was approved in 2013 and came into effect in January 2014.

[4] This aspect of the Gender Policy does not fall into this evaluation's scope.

Four main **constraints and limitations** emerged during the evaluation. First, the evaluation's concentrated schedule for the evaluation resulted in limited engagement from SCMs and country partners in interviews. Second, data availability has been patchy, which has not enabled a clear contribution story that can be linked to Gavi (and partner) activities to be articulated. Third, insights from the best practice analysis of comparator organisations are not always directly applicable to Gavi, as the organisations reviewed can be quite different from Gavi. Finally, the short timeline prevented engaging in a sub-sample of country visits to obtain detailed examples of country implementation activities. Despite these limitations, we are confident that the available evidence supports the findings and conclusions presented.

Figure 1: Evaluation findings

A. Was the design of the Gender Policy participatory and appropriate?

1. The Gender Policy design process was fairly participatory, engaging a broad range of partners, particularly at global level, but national level involvement has been inadequate.
2. The Gender Policy design process involved gathering a large amount of evidence but several important pieces of evidence were not appropriately channelled into the Policy.
3. The Gender Policy was relevant to global efforts to enhance immunisation coverage, but a stronger case could have been made for concerted investment in addressing gender-related barriers as part of Gavi's wider organisational strategy.
4. Plans to support the implementation and monitoring of the Gender Policy are under-developed.

B. To what extent, and how, has the Gavi Secretariat efficiently implemented the Gender Policy at the global and country levels to enable partners to address gender-related barriers to immunisation?

5. Key Gavi figures are committed and provide visible leadership to the Gender Policy's implementation.
6. While the Gender Working Group has made good efforts to drive and coordinate the Gender Policy's implementation within the Secretariat, its mandate and capacity has not facilitated full organisational support for the Policy's implementation.
7. Some efforts have been made to equip Secretariat staff to contribute to Gender Policy implementation in their work but these efforts have been insufficient to ready a fast-growing organisation for concerted action.
8. There has been some progress in integrating gender guidance into Gavi core funding processes and review bodies although the benefits of this at country level are unclear.
9. The Secretariat and the GWG have been partially held accountable for integrating gender as an issue through the Secretariat's work, but not for the achievement of the Policy's strategic objectives.
10. Gavi has not found a systematic way to reliably identify the extent of its gender-focused funding in support of the Gender Policy.
11. Core partners have largely not engaged with the Gavi Secretariat in its Gender Policy implementation efforts.

C: To what extent has Gavi met the four goals stated in the Gender Policy: i) Generating supporting, reporting and analysing new evidence and data; ii) Advocating for gender equality as a means to improve immunisation coverage; iii) Ensuring gender-sensitive funding and programmatic approaches; iv) Increasing accountability for gender-related results?

12. There is little evidence that the quality and availability of evidence and data on gender inequalities and/or gender-related barriers has improved over time.
13. Gavi has recently increased its participation in global advocacy and dialogue processes to ensure that language that addresses gender-related barriers to health services is incorporated into various multi-stakeholder agreements and compacts.
14. There are some indications that a shift in country dialogue from a focus on sex-disaggregated data to more nuanced consideration of gender-related barriers has started in some countries, but the former remains pervasive.
15. There is little evidence of increased Gavi funding and programme support to address gender-related barriers, although there are some exceptions.

Executive Summary - Conclusions

Our conclusions are presented in relation to the evaluation's reconstructed ToC, and the evaluation criteria of relevance, efficiency and effectiveness.

- **Theory of Change:** While the reconstructed ToC broadly articulates Gavi's intentions at the time of developing the Gender Policy, many aspects of the programme theory have not materialised as expected. This is due to some underlying assumptions not holding true and a limited articulation of the pathway of change within the ToC and programme.

- **Relevance: Gavi's Gender Policy is relevant to global and country efforts to promote universal immunisation coverage and gender equality although there are four ways in which its relevance can be strengthened:**
    - Better reflection of country concerns and differences;
    - A clearer and more convincing articulation of how addressing gender issues in immunisation will contribute to the achievement of Gavi's global mission and strategic objectives, referencing available international and national evidence;
    - A clearer articulation of Gavi's ambition in relation to gender-sensitive and gender-transformative approaches, backed by international and national evidence of what works in different contexts;
    - More robust arrangements to support Gender Policy implementation.

- **Efficiency:** Although the efforts of the GWG must be acknowledged, the Gavi Alliance has not demonstrated good efficiency in implementing the Gender Policy. It has lacked the level of prioritisation and the resource commitment required to efficiently translate the policy commitments into action. As a result, large parts of the Secretariat staff remain only peripherally involved and core partners have not engaged. Weaknesses in both the monitoring and evaluation system in place to track progress in policy implementation, and in the Secretariat's accountability to the Board, have meant that implementation challenges have not been picked up and addressed.

- **Effectiveness: Gavi's implementation of the Gender Policy has not been effective in achieving intended outcomes, although there are pockets of gender-sensitive country programming**. The integration of gender issues into most application guidance and templates is an important step. However, for this to result in gender-related barriers being addressed in programming, they also need to be explored in country dialogue to enable partners to develop their understanding. To date, this has largely not happened. Instead, the Alliance has tended to prioritise other drivers of inequities and has, for the large part, allowed countries to dismiss the importance of gender issues in providing access to immunisation and in improving overall immunisation coverage. Where more substantive attention to gender-related barriers has been given in Gavi's programme support, government leadership has been a critical driver, with Gavi's added value appearing to be large-scale financing to enable governments to realise their plans.

Executive Summary – Recommendations

The seven recommendations presented here directly address challenges identified in our 15 findings and in our conclusions (see Annex J for a mapping of recommendations against the findings). These recommendations were discussed with stakeholders in a co-creation workshop in March 2019. To assist the Alliance in taking forward these recommendations, a more detailed set of proposed actions for Gavi's consideration is provided in Annex K, identifying lead responsibility, those likely to be involved and an indicative timeline for each action.

The following three recommendations relate to the **Gender Policy's design:**

Recommendation 1: Make special efforts to enable national partners to constructively participate in the ongoing update of the Gender Policy update, particularly through the inclusion of civil society

As a longer-term aspirational issue, consultation strategies would ideally plan and monitor for a more evenly balanced geographic range and facilitate more in-depth country partner engagement. Given the gaps in understanding of gender-related barriers to immunisation identified among many country partners, Gavi's consultation approach should ideally take a capacity building approach that is instructive as well as extractive. This would require conducting a review of established evidence (such as equity analyses) or to identify opportunities for primary evidence building with partners.

In addition, in the medium to longer-term, the gradual identification of national level gender champions from ICCs/HSCCs and civil society organisations would facilitate more substantive dialogue (civil society organisations are often a source of expertise on gender and health, or gender and immunisation more specifically). The country gender champions would be identified in advance of future country consultations, thereby catering for the limited outreach capacity of Gavi's Policy Division at crunch points in the policy cycle. Gender champions would also add dividends to downstream discussions on the gender-related technical assistance required to implement the gender policy. As a starting point, and to avoid adding increased pressure to an already intensive consultation process, an initiative to review bottlenecks preventing efficient and continued engagement could be conducted with potential gender champions in a selection of country contexts. This feasibility study could map varying levels of gender awareness within ICCs/HSCCs, including access to and knowledge of related gender tools.

Recommendation 2: Drawing on international evidence, articulate a clear case for addressing gender issues as part of Gavi's wider efforts to promote equitable access to immunisation in the updated Gender Policy and in the Gavi Strategy 2021–2025.

This requires the Gavi Strategy 2021–2025 and the updated Gender Policy to show how they connect and how attention to gender-related barriers will contribute to achieving Gavi's global goal of equitable access to immunisation. In both documents, making use of available evidence, the purpose should be to articulate how drivers of inequity intersect and compound each other, and point to the need for a multi-faceted contextualised response, which addresses gender-related barriers alongside other barriers. In presenting its case for addressing gender issues, the Gender Policy should articulate the scale of its ambitions in relation to:

- Gender-sensitive versus gender-transformatory approaches: It is proposed that Gavi's intention for the next five-year period should be to systematically embed gender-sensitive approaches at the country level, rather than seeking to initiate more transformative, and complex, approaches to addressing gender-related barriers. In its policy positioning, it should consider adopting the term gender-responsive, which clearly communicates an intention to actively address gender differentials. In programming, it should also remain attuned to possible negative consequences, such as exposing female patients to an increased risk of violence associated with travelling to or attending health clinics, and ensure supported interventions effectively manage and address these risks.

- Funding modalities: As a minimum, grant support for health system and immunisation strengthening and new vaccine support, as well as technical country assistance provided through the Partnership Engagement Framework (PEF), should be used proactively to develop the evidence base on and address gender-related barriers.

Recommendation 3: Elaborate a strategic level implementation plan to guide the implementation of the Gender Policy, accompanied with a robust monitoring and evaluation framework, which enables Gavi to track progress in addressing gender-related barriers and be held accountable for its performance against policy objectives.

These two documents would enable the efficient implementation of the Gender Policy and would provide the basis of the Secretariat's annual reporting on Gender Policy implementation progress to the Gavi Board. They would set out the outcomes Gavi expects to achieve over the life of the Policy, with specific targets as well as the workstreams to achieve those intended outcomes, again with associated indicators and targets. As far as possible, selected indicators would cut across the entire results chain, thereby enabling Gavi to monitor each stage of the change process and identify where blockages may be occurring.

A theory of change for Gavi's gender-related investments that describes the pathway of change to achieve the intended outcomes, and the assumptions underpinning that pathway, would be the starting point for identifying possible indicators across the results chain. Example indicators are provided here. These indicators might also include the use of a three-point gender marker to help identify grants that give attention to gender issues, as well as the extent of that attention. The ToC can then be used to guide the development of the Gender Policy's implementation plan and monitoring and evaluation framework.

The next three preliminary recommendations relate to the **Gender Policy's implementation**.

Recommendation 4: Alliance core partners actively engage in the development, implementation and monitoring of the updated Gender Policy

This kind of full engagement will require core partners to:

- Be involved in the development of the new Gender Policy.
- Scope out the contribution each core partner can make to support the implementation of the Gender Policy and integrate this in the Policy's implementation plan and annual workplans, as well as in core partner agreements.
- Monitor their performance in delivering on their commitments in support of the Gender Policy, taking action to improve performance where necessary.
- Hold themselves and other Alliance partners to account for the achievement of the Gender Policy's objectives.

It is proposed that at least three groups enable this kind of engagement. First, the Alliance Coordination Team (ACT), would co-ordinate core partner efforts in support of the Gender Policy, ensuring they are involved in updating the Alliance's Gender Policy, their contribution to the Policy's implementation is integrated into the implementation plan, annual workplans and core partner agreement, and monitoring core partner performance in delivering against their commitments. Second, core partner representatives on the Alliance Board and the Programme and Policy Committee (PPC) would directly support scoping out the contribution their organisation will make to support the Gender Policy's implementation and the resourcing of that, and will support the ACT, ensuring their organisations are delivering on the commitments made. Third, the entire Alliance Board, with support from the PPC, would review overall performance in achieving the Gender Policy objectives and the contribution made by core partners, providing guidance on how results could be improved when needed.

Recommendation 5: Enhance internal Secretariat systems and processes to fully mobilise the organisation to implement the updated Gender Policy

To step up the implementation of its Gender Policy, Gavi needs to move to a situation where all relevant parts of the organisation are mobilised to make their contribution, which is recognised in performance assessment systems and for which staff are held accountable. This calls for multiple streams of action:

- Integrate explicit commitments to contribute to the updated Gender Policy implementation into team performance management plans and into personal workplans for heads of teams central to the Gender Policy's implementation.
- Strengthen the role of the Gender Working Group (GWG) in coordinating the Gender Policy's implementation by:

  1. Ensuring the GWG's composition is fully reflective of the main areas of the Alliance's work, especially the funding instruments.
  2. Updating the GWG's Terms of Reference to set out more clearly the Group's functions and modus operandi, as well as GWG members' role connecting the work of their own team/department with the Gender Policy's implementation.
  3. Enabling GWG members to fully commit to their GWG role, protecting and prioritising time to engage in the GWG and to support Gender Policy implementation in their own teams.

4. Clarifying the respective roles of the Deputy CEO and GWG Co-Chairs, and how they work together, in leading Alliance-wide implementation of the updated Gender Policy.

- Appoint an experienced gender and equity specialist dedicated to supporting the Alliance in implementing the Gender Policy and enabling Gavi to take its gender work to a more strategic level.
- Include familiarisation with the Gender Policy as part of Gavi's formal induction process for new hires and providing mandatory gender and equity training for all staff.
- Put in place performance assessment systems that recognise, and encourage, staff support to the Gender Policy's implementation.

Recommendation 6: Intensify work with country partners to develop a detailed and contextualised understanding of the gender-related and other barriers to immunisation access and put in place a tailored response using grant support and technical assistance

In future, Gavi should take a more robust approach to working with core and country partners to understand the economic and social context, including social norms, which result in gender-related and other barriers to immunisation access and to put in place a tailored response. The resulting data would complement sex-disaggregated coverage data, helping deepen understanding of the challenges different social groups face in accessing immunisation services. It would involve:

- **Developing a set of practical tools, with guidance and support to use them, to assist country partners, Secretariat and core partner staff to develop their understanding of gender-related and other barriers to immunisation and possible programming responses.** There are several relevant tools available and it is advised that Gavi review them to assess which, if any, meets Gavi and country partner needs, perhaps with some modifications, or whether bespoke tools are required. The intention of the tools would be to facilitate the collection and analysis of data to develop a nuanced picture of the economic and social context, prevailing social norms, and the gender-related and other barriers to immunisation they result in. They might also assist the selection of relevant programming responses and provide guidance on ways in which results can be monitored. The user skills required will need to be considered as part of the tool development process and appropriate guidance or training materials made available to enable their appropriate use. For any tools, like the (in)equity assessment tool, which require specialist expertise, one of Gavi's technical partners may wish to 'own' the tool, and to build a core central capacity on its implementation.

- **Making a robust (in)equity assessment, which unpacks gender-related and other barriers to immunisation, a requirement for Gavi HSS support, which should be used to address those barriers identified as most acute.** The purpose here is to ensure that Gavi's support is grounded in a robust contextual analysis and is tailored to address critical barriers to immunisation for social groups often marginalised. HSS support would be used to address those barriers, with the assessment findings being cited in HSS proposals as evidence to support the planned programme.

- **Mandating and resourcing the IRC to quality assure the robustness of the (in)equity assessment and the tailored programmatic response, ensuring attention to gender-related barriers is proportionate in both.** Gender and equity specialists would be required in the IRC to lead the appraisal process. This would suggest the need to revisit the IRC's current modus operandi. Where the IRC raises concerns about the robustness of the assessment or the programmatic response, then Gavi funding, or elements of it, should be put on hold until major weaknesses have been rectified.

- **Using Gavi's planning, funding and review cycles to ensure country programming is tailored to addressing identified drivers of inequity.** This will require ongoing country dialogue to unpack, with country partners, the findings of the (in)equity assessment. This interaction would develop a programmatic response which tackles, in a proportionate way, multiple drivers of inequity, including gender issues. This country dialogue will require the involvement of gender and equity specialists from Alliance core partners.

Recommendation 7: Build up and share among Gavi Alliance staff an evidence base of experience in understanding and addressing gender-related and other barriers to immunisation

The main purpose of the knowledge sharing would be to provide Alliance country-facing staff with knowledge and resources to enable them to support countries to analyse the economic and social context, identify the gender-related and other barriers that result, and to address these barriers in programmes. Many such resources already exist, including among Gavi core partners and the Equity Reference Group, and Gavi would be wise to collate and filter materials, selecting those most relevant to Gavi staff to share through Gavi's intranet. Secretariat brown-bag lunches could also be used by Alliance country-facing staff to share their own experience of working with country partners to understand and address gender-related and other barriers to access. With time, the knowledge sharing could take a more demand-led approach, with country-facing staff identifying specific gender issues or resources they would like to be more familiar with.

1　Purpose, objectives and scope

This section provides an overview of the evaluation's purpose and objectives, as well as the broader scope in which the evaluation is situated.

1.1　Purpose

The purpose of the evaluation is to assess the design, implementation and results of the Gavi Alliance Gender Policy (2013).[5] Findings from the evaluation will be used to inform a planned update of the Gender Policy and the new Gavi global strategy 2021–2025.

1.2　Objectives

The evaluation's objectives are to:

- Assess the strengths and weaknesses of the Gender Policy (2013) including the design, objectives, goals and theory of change.
- Assess the effectiveness and efficiency of the processes related to the Gender Policy's implementation and management at the global and country levels.
- Provide evidence-based findings to assist decision making for the future implementation and revision of the Gender Policy.

1.3　Scope

The evaluation is retrospective, covering the period from January 2014 to October 2018 for which the 2013 Gender Policy was applied. The evaluation therefore covers two Gavi strategic periods, 2011–2015 and 2016–2020.

While the Gender Policy commits the Gavi Alliance to support gender equality through its programming and through its own internal governance and human resource structures, this evaluation only focuses on the former.[6] It is, however, recognised that in the period under evaluation, Gavi has made good progress in promoting gender parity in its Board and in promoting greater attention to gender equality in its human resource policies. This progress has been internationally recognised in the Global 50/50 report[7] and in Gavi's recent certification as an equal salary employer.[8]

The Gender Policy has been implemented in a period when Gavi's broader work has taken a stronger focus on addressing inequities as an important strategy to increase immunisation coverage rates.[9] This focus on

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[5] Gavi Secretariat (November 2013) Gavi Alliance Gender Policy Version 2.0.

[6] This is in line with the evaluation scope set out in the original Request for Proposal (August 2018).

[7] Gavi Secretariat (8 March 2018) Gavi named among highest scorers in gender equality report, retrieved 5 March 2019 from https://www.gavi.org/library/news/statements/2018/gavi-named-amongst-highest-scorers-in-gender-equality-report/.

[8] Gavi Secretariat (26 November 2018) Gavi recognised as equal salary employer, retrieved 5 March 2019 from https://www.gavi.org/library/news/statements/2018/gavi-recognised-as-an-equal-salary-employer/.

[9] One of the four strategies in the Gavi Alliance 2016–2020 Strategy is to accelerate equitable uptake and coverage of vaccines, Gavi Secretariat (2016) Gavi Alliance 2016–2020 Strategy.

promoting equity is an important backdrop to the Gender Policy's implementation and therefore to the scope of the evaluation.

The geographical scope is global but the evaluation has studied 8 countries[10] in more depth to develop a richer understanding of Gavi's engagement at the country level, the extent to which, and how, gender issues are addressed. The country selection process is described in Annex D.

1.4 Evaluation users

The primary users of the evaluation report are the Gavi Secretariat Executive Office, which leads the implementation of the Gender Policy, the Gender Working Group (GWG), which coordinates its implementation, and the Secretariat's Policy Team, which is leading the update of the Gender Policy. Other Gavi Secretariat teams and departments will also use the report, as will Gavi's Board, financial supporters, core and expanded partners.

1.5 Outline of evaluation report

The evaluation report is divided into 6 sections, preceded by an Executive Summary. The first section has provided an outline of the purpose, objectives and scope of the evaluation. The second section unpacks the broader background within which the evaluation is situated, including the global context for gender and immunisation, and the basic principles and operationalisation of the Gavi Gender Policy (GGP). The third section outlines the methodology used, including relevant tools and associated limitations. The fourth section presents the findings by individual workstream (A, B and C – see Figure 3), including findings from the best practice study that engaged comparator organisations. The fifth section presentations conclusions in relation to the Gender Policy's reconstructed theory of change, as well as in relation to the main evaluation questions. Section 6 presents preliminary recommendations, which will be subject to further iteration via engagement of Gavi stakeholders in a forthcoming co-creation workshop.

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[10] Limited capacity in several countries selected to be part of the evaluation, combined with time pressures for this engagement, resulted in the number of countries studied in more detail to be reduced from the original 10 to 8.

2 Background to Gavi's Gender Policy

This section summarises the main objectives of the Gender Policy and how it has been implemented 2014–2018. The section also describes Gavi's approach to addressing gender-related barriers to immunisation access. For the background regarding the global context in which the Gavi Policy was originally designed and operationalised, see Annex M.

2.1 Gavi's Gender Policy and its implementation

Gavi has had explicit gender commitments since 2008, when it approved its first Gender Policy (Version 1.0). This first Gender Policy sought to ensure equal access to immunisation for girls and boys through work in four strategic areas:

1. New evidence on gender issues in relation to immunisation coverage and access to health services generated, reported and analysed;
2. Gender sensitive funding and policies in place;
3. Advocacy for gender equality used as a means to improve immunisation coverage and access to health services;
4. GAVI Alliance structures introduced gender sensitive approaches.

In 2011, Gavi established a cross-Secretariat Gender Working Group (GWG) to co-ordinate and monitor the implementation of the Gender Policy. A Gender Help Desk was also created to provide technical advice and training on gender and immunisation to Secretariat staff.

An evaluation of this first Gender Policy in 2012 found that the Gender Policy was relevant and had made some achievements in all four strategic areas, but that these achievements largely benefitted Gavi's staff and own governance structure, with significant effects yet to be realised at country level.[11] It presented 14 recommendations for consideration in the next iteration of the Gender Policy, including enhancing the Policy's equity focus, strengthening Policy implementation at the country level, developing a monitoring and evaluation framework to encourage learning, and revisiting the collection and use of sex disaggregated immunisation data to determine the additional data required to inform vaccination strategies (see Table 2 for details).[12]

Gavi's revised Gender Policy[13] clearly builds on its predecessor. It aims 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, and women and men to immunisation and related health services that respond to their different health needs. It seeks to do this through work under four strategic directions:

1. Ensure gender-sensitive funding and programmatic approaches;

2. Generate, support, report and analyse new evidence and data;

3. Advocate for gender equity and equality as a means to improve immunisation coverage;

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[11] ICF Macro (2012) Evaluation of the Gavi Gender Policy.
[12] Ibid.
[13] Gavi Secretariat (November 2013) Gavi Alliance Gender Policy Version 2.0.

4. Increase accountability for gender-related results;

In addition, the policy also foresees promoting gender-sensitive[14] approaches within Gavi Alliance governance structures and human resource processes.

The first three strategic directions anticipate supporting national governments to better understand gender issues in immunisation and address them through gender-sensitive[15] and/or gender-transformative[16] approaches. Ministries of Health and national civil society organisations are therefore key partners in the implementation of the Gender Policy. As an Alliance Policy, it is also intended to shape the Gavi-supported activities of Alliance core partners, who take a lead role in providing technical assistance to country partners on the Alliance's behalf.

Compared with its 2008 predecessor, one of the main shifts in the Policy was that, in line with new evidence, it recognised the impact of gender-related barriers on immunisation. The Policy therefore anticipated Gavi support assisting countries understanding and addressing gender-related barriers to immunisation.

The Gender Working Group (GWG), convened by the Secretariat's Executive Office, continued to coordinate the implementation of the Gender Policy 2014-2018 , developing and implementing annual workplans in collaboration with other Secretariat departments and teams (who are responsible for implementing the Policy), and submitting annual progress reports against the GWG's workplan and the Policy's monitoring and evaluation framework to Gavi's Board. The GWG itself has gone through several compositions. At the start of the implementation period, it had a small membership and its focus was on supporting the Country Programmes Department to address gender issues in its programme support. Since late 2018, in an effort to engage the whole Secretariat, membership has been extended so that it includes representatives from almost all departments. At the same time, Gavi's Deputy CEO took up the leadership of the group, with two Managing Directors acting as co-Chairs (see Figure 3).

Activities undertaken as part of GWG annual workplans have tended to coalesce around five workstreams (see Figure 2):

- Familiarising Secretariat staff with the Gender Policy and strengthening gender skills;

- Integrating material on gender issues into grant application and reporting templates as well as the preparation of gender programming guidelines;

- Promoting gender-sensitive approaches in governance structures and human resource systems;

- Communicating gender challenges, commitments and progress in meeting them to internal and external audiences;

- Monitoring implementation progress, updating the available evidence base and reporting progress to the Board.

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[14] The Evaluation Steering Committee recommended the use of the term 'gender-responsive' in place of gender-sensitive, which Gavi tended to use in the Gender Policy. The former is understood as more actively addressing gender specific needs of women and men, boys and girls.

[15] Gender-sensitive programmes seek to improve access for women and girls, and men and boys to protection, treatment or care but by themselves do little to change the larger contextual issues that lie at the root of gender inequities. Gavi Alliance Gender Policy Version 2.0 (November 2013).

[16] Gender-transformative programmes seek to transform unequal gender relations to promote shared power, control of resources, decision-making, and support for women's empowerment. Gavi Alliance Gender Policy Version 2.0 (November 2013).

Over time, the implementation of the Gender Policy has increasingly focused on addressing gender-related barriers, while an earlier emphasis on sex-disaggregated coverage data has been deprioritised.[17] This focus on gender-related barriers has aligned well with Gavi's increasingly stronger articulation of promoting equitable access to immunisation, for example in Gavi's 2016–2020 Strategy.[18] To date, Gavi's programmatic engagement in gender has been primarily through health systems strengthening (HSS) support to help countries address all barriers to immunisation, including those related to gender and, to some extent, the New Vaccine Support. In addition, Gavi has supported the UNICEF-led equity analyses through the Partner Engagement Framework (PEF).

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[17] This was in response to the gender parity commonly observed in national immunisation coverage data and in recognition of the burden the collection of sex disaggregated countries places on countries.

[18] Gavi, The Vaccine Alliance 2016–2020 Strategy (2016).

Figure 2: Gavi Gender Policy Timeline
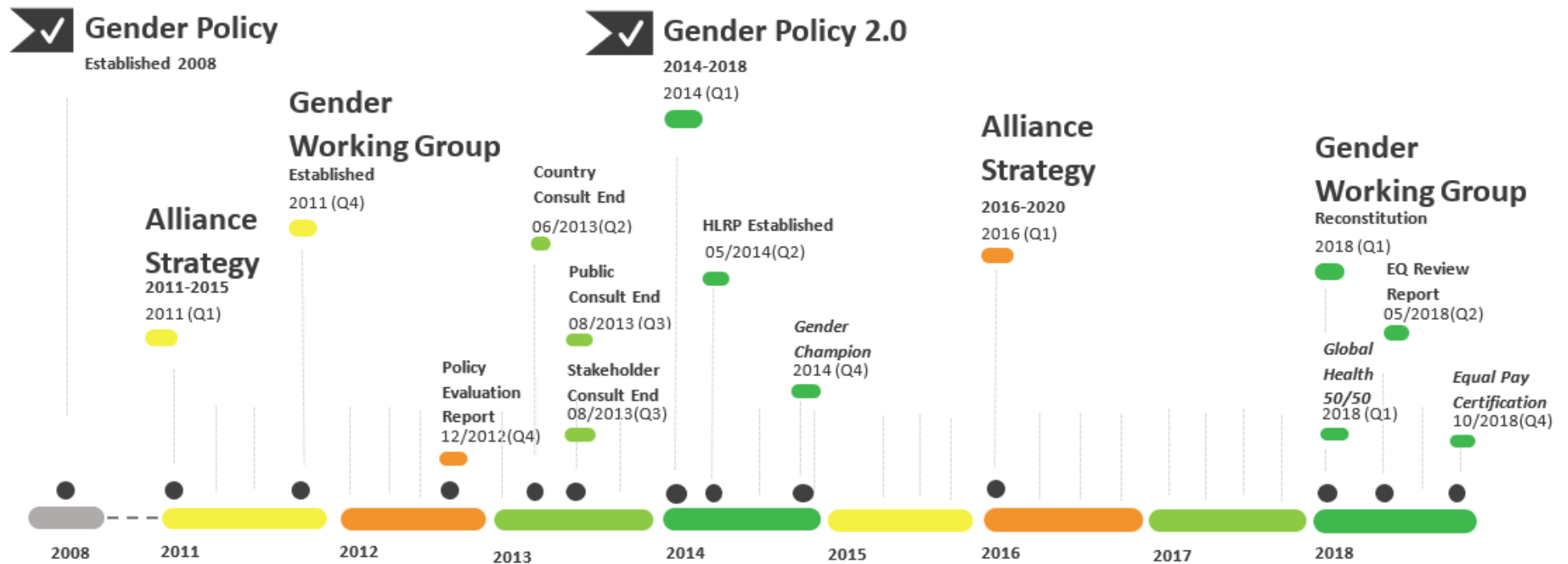
3 Evaluation approach and methodology

This evaluation has applied a theory-based approach. This section introduces the Gender Policy's reconstructed theory of change and explains how the evaluation questions serve to explore key parts of it. It goes on to describe the data collection and analysis methods used in the evaluation, as well as our approach to assessing the strength of evidence underpinning the findings that follow in the next section.

3.1 Evaluation approach

The evaluation has applied a theory-based approach to assess whether Gavi is:

- Doing the right things (the Gender Policy design) – Workstream A
- Doing things in the right way (implementation efficiency) – Workstream B
- Achieving the right outcomes (effectiveness) – Workstream C

A theory-based evaluation tests the 'theory' underpinning a policy or programme, unpacking the relationships between foreseen activities, outputs, outcomes and impacts. It helps to understand which parts of the results chain are working and which are not, the reasons for this and whether, overall, the logic behind the 'theory' is robust.

The evaluation process is summative, in that it takes stock of experience from the 2014–2018 period. It does though have a formative dimension as findings are intended to inform the planned update of the Gender Policy (Workstream D) (see Figure 3).

Figure 3: Major workstream and steps undertaken in the Gender Policy evaluation
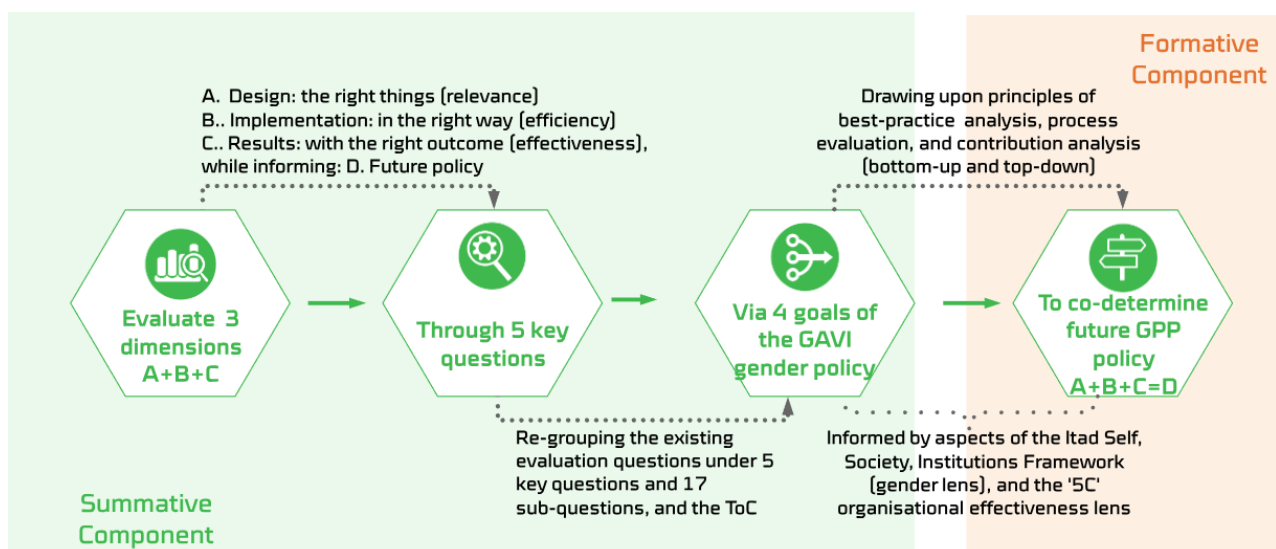
Evaluation questions

The evaluation inception report confirmed five evaluation questions and 17 sub-questions to explore the design and *relevance* of the Gavi Gender Policy, the *efficiency* of its implementation, the results achieved (*effectiveness*) and the implications of this experience for Gavi's future Gender Policy (Figure 4).[19]

In line with a theory-based evaluation approach, we have mapped these evaluation questions and sub-questions onto the reconstructed ToC to identify the particular steps in the results chain which will be the subject of our enquiry (see Annex L).

To aid the evaluation process, the evaluation matrix (Annex B) identifies the data sources to be used by the evaluation team to answer each of the evaluation questions and associated sub-questions and potential indicators to look for in the evidence.

Reconstructed theory of change

The reconstructed theory of change (see Figure 10 and Annex L), developed by the evaluation team during the inception phase, sets out the stepping stones Gavi envisaged in the implementation of the Gender Policy to achieve its four main objectives. It built on the Gender Policy's ToC,[20] but also reflected Gavi Secretariat feedback on the Policy implementation process gathered through key informant interviews (KIIs) and a ToC workshop with Secretariat staff conducted in the inception phase. The reconstructed ToC also identified a number of assumptions that underpin it (Annex L). For the reconstructed ToC to work as intended, these assumptions must hold true.

The ToC diagram starts with a problem analysis and findings from the evaluation of Gavi's previous Gender Policy (2008)[21] which inform the development of the current Gender Policy. The ToC presents the three main goals intended to be achieved through the policy. In between the goals and the four main strategies of the policy, the diagram shows the expected process for translating Gender Policy commitments into action to achieve the goals. For example, the ToC shows how the Secretariat draws upon its internal resources – for example, the Gender Working Group, financial resources, policy commitments[22] – and works with core partners and expanded partners (ToC diagram inputs) to translate the four policy strategies into action (ToC diagram activities).

Activities are expected to achieve a range of outputs, including gender-sensitive application guidelines, research on gender barriers, gender-sensitive technical country assistance and country grants, and national and global accountability (ToC diagram outputs). Collectively, these outputs are intended to contribute to the achievement of intermediate outcomes and outcomes such as more opportunities used to promote gender-sensitive funding and programming, increased country capacity to collect and analyse sex-disaggregated and barrier-related data, reduced gender barriers to accessing health services, including at community level, and demonstrated gender-related capacity and leadership across the Secretariat and Alliance (ToC diagram intermediate outcomes and outcomes). On the horizon is the super-impact of reduced mortality and morbidity for girls, boys, women and men.

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[19] The OECD DAC evaluation criteria of relevance, efficiency and effectiveness have informed our approach and analysis.

[20] Gavi Secretariat, (November 2013) Gavi Alliance Gender Policy version 2.0.

[21] Gavi Gender Policy (2008-2012)

[22] The inputs have been listed using the 5 C categories, pre-empting the evaluation's analytical approach.

Figure 4: Evaluation questions and sub-questions

Workstream	Key Questions	Approach and methods
A) DESIGN **Right things** A1 Process: Was the design of the GGP participatory and appropriate?	A1.1: To what extent was the current gender policy designed in consultation with global and country partners? A1.2 To what extent was the current gender policy designed to reflect country concerns/ constraints/differences between countries? A1.3 To what extent was the current gender policy evidence based? A1.4 To what extent was the current gender policy clear in its language and concepts around gender?	Best-practice analysis, SSI framework
A) DESIGN **Right things** A2 Content: To what extent was the GGP relevant and reflected broader Gavi strategy and MEL systems?	A2.1 To what extent did the design of the current GGP clearly articulate the policy's objectives, targets, M&E framework, theory of change, strategic direction? A2.2 To what extent did the design of the current GGP reflect lessons learnt from the previous 2008 Gavi gender policy? A2.3 To what extent has the design of the current GGP aligned with Gavi's Strategy (2011-2015 and 2016-2020) in particular Goals 1 and 2? A2.4 To what extent has the design of the current GGP aligned with the SDGs and other international commitments on gender and immunisation?	Best-practice analysis, SSI framework
B) IMPLEMENTATION **Right way** B1 To what extent, and how, has the Gavi Secretariat efficiently implemented the GGP at the global and country levels to enable partners to address gender related barriers to immunisation.	B1.1 To what extent, and how, has the GWG provided effective leadership and coordination of the GGP's implementation? B1.2 To what extent, and how, have staff and core partners been enabled to progress Gender Policy objectives in their work? B1.3 To what extent has Gavi committed adequate financial resources to the implementation of the Gender Policy? B1.4 To what extent, and how, have internal systems facilitated Gavi Secretariat accountability for the Gender Policy commitments?	Portfolio review, '5C' framework
C) RESULTS **Right outcome** C1 To what extent has Gavi met the four goals stated in the Gender Policy:	C1.1 To what extent, and how, has the Gender Policy contributed to more gender-sensitive and gender-transformative funding and programme support at country level? C1.2 To what extent, and how, has the Gender Policy contributed to gender featuring more prominently in global and country dialogue processes? C1.3 To what extent, and how, has the Gender Policy contributed to better availability of data and evidence on gender inequalities in immunisation and gender-related barriers to accessing immunisation services at the global and country levels?	Contribution-inspired analysis, valued-added lens
D) Future Policy D1 In light of the evaluation findings, how should Gavi revise its Gender Policy to be relevant, effective, and efficient to improve intended results/outcomes?	D1.1. As a result of workstreams ABC, to what extent does the GGP and the theory of change need to be revised, taking into account internal and external opportunities? D1.2 As a result of workstreams ABC, to what extent does Gavi's approach to implementing the refreshed Gender Policy need to be revised to increase results achieved How do programmes and wider stakeholders inform a revised GGP?	Synthesis

3.2 Evaluation methodology

Data collection methods

In line with the methodology described in the inception report, the evaluation has used multiple data collection methods: [23] [24] [25]

Document review of more than 400 internal and external documents, including key policies, application funding forms, and gender analyses

42 key informant interviews (12 male, 30 female), including with Gavi Secretariat, Board, Core Partners/Financial Supporters, and Staff at comparator organisations (e.g. GF)

Sample survey, using SurveyMonkey, with 89 (43% response rate) respondents from Gavi Secretariat

8 country literature reviews (Afghanistan, Bangladesh, Burkina Faso, Cambodia, Ethiopia, Haiti, Papua New Guinea, Rwanda)

Best practice analysis: A review of comparator organizations - Global Fund, WHO and UNICEF

Data analysis methods

In line with the evaluation methodology described in the inception report, the evaluation team have used three main analytical tools in analysing data collected. These are:

- **The Self, Society, Institutions (SSI) Framework**: the SSI framework recognises that to promote gender equality and empower women and girls, interventions across multiple levels needs to be undertaken – including at the individual (self), societal and institutional levels.[26] In this way, individual and social norms and behaviours, as well as structural drivers and determinants of gender inequality are addressed in ways that are mutually reinforcing.

    In the early stages of the evaluation, we conducted a problem analysis of critical barriers that inhibit equitable access to immunisation services (and thereby equitable immunisation coverage for boys and girls). The SSI lens (see Annex G) is situated underneath the 'relevance' component of the evaluation matrix, and serves to primarily inform the degree to which the Gender Policy was appropriately designed and relevant to the range of gender-related challenges at hand. The framework can be seen as the lens which interfaces between the wider 'problem context' that the Gavi Gender Policy is

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[23] The review also intended to undertake an analysis of GAIN and PMNCH, but insufficient secondary data prevented a detailed understanding of relevant gender policies or associated strategies and action plans.

[24] As explained in the Evaluation Inception Report, the review focused on the 'relevance' aspects of comparator organisations' gender policies given that efficiency and effectiveness aspects could not be comprehensively validated without substantial further review directly in dialogue with comparator organisations.

[25] Governance; Executive Office; Strategy, Funding & Performance team; Monitoring and Evaluation; Programme Capacity Assessment team; Vaccines & Sustainability Department; Vaccine Implementation team; Immunisation Financing & Sustainability team; Resource Mobilisation, Private Sector Partnerships& Innovative Finance Department; Public Engagement & Information Services Department; Country Program; Country Support; Human Resources; Legal; Audit & Investigations; Risk; and Program Finance

[26] See Kabeer, N., & Subrahmanian, R. (1996). Institutions, relations and outcomes: framework and tools for gender-aware planning. Brighton, UK: Institute of Development Studies.

seeking to address, and how this has actually been framed within the four strategies of the policy (see Relevance section, 'Workstream A').
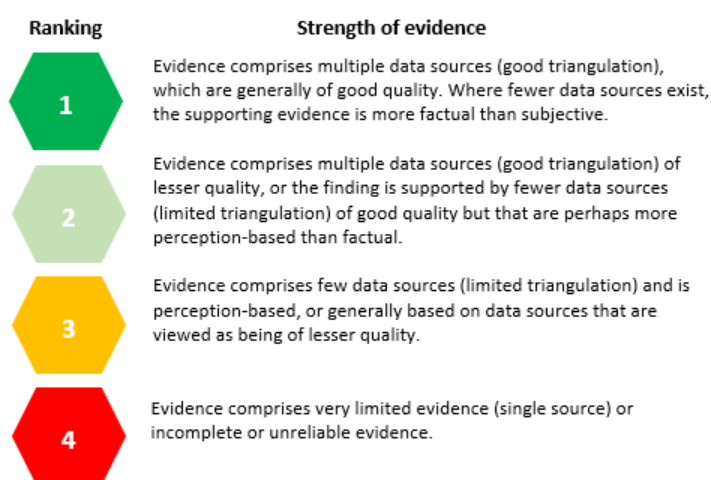
- **The 5 Cs**: This is an analytical framework[27] commonly used in assessing organisational performance, particularly in relation to gender mainstreaming. It identifies 5 'Cs' which need to be present to facilitate policy implementation (Box 1). The evaluation team used this framework to analyse the efficiency of Gavi's implementation of the Gender Policy. The 5 Cs framework informed the focus of efficiency (Workstream B) related evaluation questions.

- **Contribution analysis**: The findings are inspired by aspects of a contribution analysis (CA), which is an approach that focuses on causal pathways of change to infer the relative contribution of different stakeholders, and how pathways on the theory of change (see Figure 10) are performing relative to each other.

> **Box 1: The 5 Cs**
>
> - Commitment: institutional commitment in the form of vision, policy and strategy commitments; leadership from the top down through the organisation; and staff commitment throughout the organisation.
> - Capacity: human resources to analyse, plan, implement, monitor, report and conduct dialogue.
> - Cash: financial resources to support policy implementation.
> - Accountability: institutional mechanisms and processes to ensure the organisation is held accountable for its policy commitments.
> - Coordination: there is a conducive external context that supports policy objectives.

In practice, the ability to fully conduct a CA is dependent on the depth, variety and quality of available evidence – particularly evidence that sufficiently links across a significant time scale (i.e. longitudinal). On review of the evidence base, our view is that a full contribution analysis was not possible, particularly when drawing linkages between outputs and outcomes. This view is based on the fact there are no detailed results frameworks that have been set up to accompany the Gavi Gender Policy implementation phases, as well as other shortfalls in the availability of longitudinal data in national and global reporting documents. As a result, our 'contribution story' is CA-inspired, rather than representative of a full CA approach.

In addition to these three methods, the evaluation team has used other common analytical methods such as descriptive analysis, comparative analysis, financial analysis and statistical analysis where relevant.

Ranking	Strength of evidence
1	Evidence comprises multiple data sources (good triangulation), which are generally of good quality. Where fewer data sources exist, the supporting evidence is more factual than subjective.
2	Evidence comprises multiple data sources (good triangulation) of lesser quality, or the finding is supported by fewer data sources (limited triangulation) of good quality but that are perhaps more perception-based than factual.
3	Evidence comprises few data sources (limited triangulation) and is perception-based, or generally based on data sources that are viewed as being of lesser quality.
4	Evidence comprises very limited evidence (single source) or incomplete or unreliable evidence.

3.3 Strength of evidence

Table 1: Approach to ranking the strength of evidence

All findings presented in this evaluation report have been triangulated through multiple data sources. As a result of sometimes patchy data availability (see Section 3.4 below), some findings have a weaker evidence base than others. To indicate the strength of evidence underpinning the findings, we use the following four-point ranking and present a ranking for each finding in Section 4.

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[27] Morgan, P. (2006) 'The concept of capacity'. Maastricht: European Centre for Development Policy Management.

3.4   Constraints and limitations

Three major constraints and limitations were observed during the evaluation process. These are largely oriented around engagement of Gavi partners at national level, and consist of:

- **Limited capacity for engagement of senior country managers (SCMs) and country partners:** this has meant it has not been possible to complete 8 country case studies to the level prospected in the inception report. This is largely a consequence of the concentrated schedule for the evaluation, as well as the timing of key activities across December 2018 and January 2019, resulting in SCMs and country partners engaging in many other priorities. This has resulted in key shortfalls of engagement in most evaluation focal countries apart from Ethiopia and Afghanistan.

- **Availability and quality of documentation:** Data availability in some core areas of interest has been patchy and as a result these are not well covered in our analysis, e.g. the approach adopted in equity assessments. The evidence informing the evaluation questions at both global and national level has been fragmented in terms of providing a comprehensive contribution story that can be linked to Gavi (and partner) activities across the results chain. The evaluability assessment in the inception phase concluded that Gavi's commitment and implementation of its gender equity focus is well documented across key internal documents and funding criteria but country level documentation often lacks a deeper analysis of gender equity in part because of data quality challenges. As a result, it has been difficult to fully implement all of the steps of a 'Contribution Analysis' methodology, particularly given lack of country partner data through which to map cause and effect of the Gender Policy.

- **Institutional memory loss**: The departure of individuals in Gavi over the period of implementation of the Gender Policy means that it is likely that some performance evidence has been lost. To mitigate this, we have sought to engage individuals with an extended history of engagement within Gavi wherever possible.

- **Best practice analysis among comparator organisations:** While insightful, the experience of comparator organisations like WHO and the Global Fund is not always directly applicable for Gavi. Organisations have different functions, structures and processes which often makes it difficult to directly transfer approaches from one organisation to another. Furthermore, the best practice analysis focused primarily on the design and relevance of respective gender policies. As agreed in the inception report, resources and time were insufficient to conduct a full review of the implementation of each comparator organisation's gender policy.

- **Timeline:** The short timeline has prevented engaging in a sub-sample of country visits to obtain detailed examples of country implementation activities. The concentration of activities also left little room for manoeuvre on the sequencing of evaluation workstreams and ability to undertake comprehensive evidence-gap-filling exercises. Good practice when using a snowball approach would be to continue identifying new key informants until the point where no new data, categories or relationships seem to be emerging.

Despite these limitations, we are confident that the evidence collected and analysed is sufficient to formulate sound conclusions and actionable recommendations. This is based on observations that substantive action on gender-related barriers has been concentrated in a small number of focus countries, and that most of Gavi's gender mainstreaming efforts have been concentrated at the global/ secretariat level where the majority of key informant interviews have been conducted.

4 Evaluation Findings

This section presents 15 evaluation findings, structured around three evaluation workstreams, A on the policy design process and content, B on the Gender Policy's implementation, and C on the results achieved through the Gender Policy's implementation. Workstream D is presented in the following Conclusions section (Section 4). As presented in Table 1, each finding is accompanied by a note on the strength of supporting evidence, on a scale of 1 (high) to 4 (low).

4.1 Gender Policy Design (Workstream A)

A1 Process: Was the design of the Gender Policy participatory and appropriate?

3

Finding 1: The Gender Policy design process was fairly participatory, engaging a broad range of partners, particularly at global level, but national level involvement has been inadequate

The Gender Policy consultation process was undertaken sufficiently far in advance of finalisation to enable engagement with Alliance partners at the global level, but timeframes to engage at national level were considered to be fairly compressed. The Gender Policy review process began in January 2013, with a sufficient timeline for conducting two planned consultation processes: the stakeholder consultation (June–August 2013), and the public consultation (July–August 2013). The country consultation – conducted between February and finalised in June (2013) – was relatively limited in the sense that the primary data collection took place between February and April, and was constrained by pre-existing priorities at national level (see Finding 2).

The principal aims of the consultations were to obtain broad perspectives regarding where and how sex-disaggregated or other analytical data were collected at the national level, as well as how such data might inform responses to gender-related barriers. The awareness and understanding of the 2008–2012 policy among stakeholders were a central remit of the consultation process. The consultations were conducted at three regional meetings[28] attended by country delegates. Following a group discussion, respondents completed a survey.

The stakeholder consultation facilitated wide-ranging participation at the global level. The engagement involved both gender and immunisation experts, as well as donors and other Alliance partners. Six major UN organisations – WHO, UNICEF, UN Women, World Bank, UNFPA, UNHCR – a few NGOs and other key stakeholders such as PATH and the Global Fund also participated in the consultation meeting.[29] Additional representatives included the Rwandan Ministry of Health, two Independent Review Committee (IRC) members, Mission of Denmark to the UN, Canadian International Development Agency (CIDA), and Save the Children UK (Expert Consultation Meeting). These stakeholders were consulted on an array of Gender

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[28] Meetings include: Regional WHO EPI Managers' meetings for Western and Central African countries held in Burkina Faso and Cameroon respectively; WHO SEARO Regional Working Group in Bangladesh.
[29] ET Memo, May 2013.

Policy-related issues, including the goal/scope of the Gender Policy, rationale, equity, strategic direction, M&E, and implementation challenges.[30]

By contrast, the country consultation was not as inclusive as the global consultation and did not facilitate geographically representative engagement of country partners. Gavi received 51 responses from 21 countries[31] via both survey engagements and 3 regional meetings.[32] While evidence from 5 country case studies was brought forward in discussions, the reliance on a sample of 21 countries represented less than a third of the 73 Gavi-supported countries in 2013[33] and was heavily biased towards the WHO AFRO region (86%).[34] This bias was unintentional given that outreach to all Gavi countries was undertaken and ultimately limited by relatively short-term time frames (see Finding 1) as well as engagement capacity at national level. As a result, Secretariat staff chose to focus on 3 pre-existing regional meetings to capitalise on the availability and concentration of national partners. This approach was recognised by Secretariat staff as a compromise but ultimately essential given limited outreach capacity at Secretariat level and response capacity at national level.[35]

Moreover, a small number of key informants suggested that civil society organisation (CSO) voices were particularly overlooked in national level consultations.[36] Given that there was no formal country level consultation strategy or sampling protocol available through which to determine whether Gavi maintained its commitments on country level consultations (other than the strategy to capitalise on pre-existing regional engagements), it cannot be determined whether it fell short of its objectives. However, in terms of the regional bias, there is room for improvement in making the country engagement process more participatory.

The public consultation had modest participation and only partly addressed gaps left by limited national participation. The public consultation process received 17 responses from individuals who identified themselves as either gender specialists, experts, or focal points across 12 countries.[37] Further evidence regarding the outreach process and rationale for engaging at this level is not available. However, the broad spread of respondents – from NGOs to bilaterals and multilaterals – as well as the comprehensive background paper and minutes from the consultations, show that much ground was covered in terms of providing guidance on gender policy recommendations, implementation, and emerging international evidence relating to gender and immunisation.[38]

With respect to comparator organisations, the evidence indicates that all three comparator organisations undertook broad internal and external consultations with a range of different stakeholder, including country stakeholders, to increase ownership and buy-in of their respective gender policies (Annex F). In contrast to Gavi, the Global Fund included a strong focus on CSO representation, and also reached out for inputs at the 2015 Commission on the Status of Women, a key global event for donors, policymakers and practitioners concerned with gender equality. The approach undertaken by UNICEF to inform their 2014–2018 policy was comparable to Gavi's, but differed mainly in the degree of regional and national

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[30] Agenda, Expert Consultation Meeting, 2013.

[31] Gender policy consultations summary

[32] Regional WHO EPI Managers' meetings for Western and Central African countries held in Burkina Faso and Cameroon respectively; WHO SEARO Regional Working Group in Bangladesh

[33] ET Memo, May 2013; PPC report.

[34] Background Document for Expert Consultation Meeting (2013).

[35] Secretariat KII

[36] Secretariat KII, Board Member KII.

[37] WHO (Cote d'Ivoire, India), Ministry of Health (Burundi, India, Rwanda), CSOs (Switzerland, Togo, UK, USA), bilateral donors (Canada, France, USA), GAVI Board (Senegal), Maternal and Child Health Integrated Programme (Senegal), and independent consultants (Australia, UK, USA) - Results of the Gender Policy Public Consultation, August 2013.

[38] Agenda – Expert Consultation Meeting (2013); Background document for Expert Consultation Meeting (2013); Expert Consultation Meeting – final minutes (2013)

representation – a Gender Equality Task Force was established to cover all seven regions, with over 50 staff members allocated responsibilities at different organisational levels. In addition to reaching out for CSO inputs, UNICEF also targeted research organisations to obtain more technical advice. As noted in the methodology, these comparisons should be considered in respect of differing organisational structures and processes (e.g. Gavi does not have national staff that can be held directly accountable for consultation processes).

<table>
<tr><td>2</td><td>**Finding 2: The Gender Policy design process involved gathering a large amount of evidence but several important pieces of evidence were not appropriately channelled into the Policy**</td></tr>
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Gavi invested significant effort in gathering evidence to support the development of the Gender Policy, signifying an interest in evidence-informed policymaking. Gavi commissioned and engaged in multiple internal and external reviews to unpack its role in addressing gender equality at global and national levels. For example, the 2013 report to the Programme Policy Committee presents eight wide-ranging evidence sources.[39] In addition, Gavi drew upon the results of an external independent evaluation of the policy, reports and recommendations from Gavi's Independent Review Committee (IRC) on gender and equity, as well as a benchmarking exercise focusing on the policies of other organisations and international best practice. It also considered additional secondary data analysis of the Gender Inequality Index and DTP3 data from Gavi-eligible countries, alongside a literature review of peer-reviewed articles.[40] The latter exercise had been undertaken regularly, since 2010.[41] Finally, Gavi also commissioned a literature review to look at HPV and HPV vaccine research specifically in July 2013 as HPV vaccine support had recently been introduced to the Gavi portfolio.

The consultation processes also sought input on a wide range of topics. The expert consultation included agenda items on overarching Gender Policy goal and scope, rationale, understanding of equity, strategic direction, M&E, and implementation challenges.[42] Detail on national level agenda items are missing, but the public consultations also showed a commitment to topical engagement categorised into accountability and results; advocacy; best practice; data and evidence; equity; funding and programmes; Gavi internal budget, training, and capacity; gender-related barriers; gender-transformative framing; overall policy structure and wording; policy alignment; and political determinants.[43]

Although the content addressed during consultations was broad, and demonstrates that Gavi is invested in the idea of using evidence to inform policy, the appearance of this evidence in documentation to support the gender policy is limited. The uptake and use of the 2010 WHO research confirmed that Gavi is interested in evidence that can apply to the Gender Policy. The WHO paper confirmed that there were no significant sex discrepancies in immunisation coverage and that other gender-related variables were significantly associated with child vaccination rates, particularly maternal

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[39] The evidence sources included: external independent evaluation of the policy; Reports and recommendations from GAVI's Independent Review Committee (IRC); country consultations; expert consultation; public consultation; benchmarking exercise with the policies of other organisations and international best practice; a literature review of peer-reviewed articles on gender and immunisation undertaken by the Secretariat. (PPC report, 2013).
[40] Ibid.
[41] Literature reviews undertaken in June 2011, December 2011, and July 2012 (Gender and Immunization Literature Review, 2013).
[42] Agenda – Expert Consultation Meeting (2013); Background Document for Expert Consultation Meeting (2013).
[43] Public Consultation – Results (2013).

education.[44] These findings are reaffirmed in Section 3 of the 2013 Gender Policy wherein Gavi indicates that there are no global aggregate level differences in immunisation coverage, but that differences may exist at subnational levels or between socio-economic groups. Although neither the 2013 Gender Policy nor the 2014 Gender Policy FAQ[45] mentions maternal education explicitly, both state that the empowerment of caregiver mothers affects child immunisation levels. Further feedback from a key informant complements this observation in demonstrating Gavi's responsiveness to robust evidence:

> In 2008, when the first Gender Policy was developed, there was quite a lot of resistance to talking about gender: many people felt it was a step beyond Gavi's technical role, particularly core partners. At the time, Gavi was not looking at coverage and equity – it did not have evidence to back up a gender focus. In 2013, with the WHO study, the situation was different as it had stronger evidence to support the case, and so there was less debate. (Secretariat KII)

Nevertheless, despite this recognition of the value of plural evidence in the Gender Policy discussions, the throughflow of key evidence from consultations into final Gender Policy products has not been clearly demonstrated. For instance, a number of gender-related barriers were identified in the various consultation phases, but these are not consistently represented in the Gender Policy and the Gender Policy FAQ[46]. It could be argued that the Gender Policy is not the ideal platform to present nuanced supporting evidence given that its purpose is to provide conclusive guidance. Nevertheless, the Gender Policy FAQ or other supporting documents – such as the implementation plan – could be considered the documents where detailed supporting evidence is presented (see also Finding 4), as suggested by the expert panel:

> Provide more clarity, including examples of best and worst practices, on the issue of addressing gender-related barriers to accessing immunisation services. (Gender Policy Consultation Summary, 2013:4)

In this respect, the FAQ documents focuses primarily on work patterns, parental decision making, and cultural factors in terms of gender-related barriers. However, these dimensions are not unpacked with examples, nor do they represent the range of barriers reviewed in consultations and the internal literature review conducted by Gavi. For instance, the literature review discusses several articles concerning improved service access relating to equitable decision making or female-headed households.[47] Importantly, gender-related barriers are discussed largely with respect to demand-side dimensions – and little mention is made of gender-related barriers active on the service supply-side, despite their presentation in the Gavi literature review.[48] More broadly, the gender policy and supporting documents do not provide references to evidence, or links and discussion related to the existence of such evidence.

The extent to which the Gender Policy responds to recommendations from the evaluation of the 2012 Gender Policy Evaluation is mixed.[49] Of the 14 recommendations presented, the Gender Policy has fully addressed 3 of them, partially addressed 9 of them, and not addressed 2 of them (Table 2).

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[44] Gender and Immunization Literature Review, 2013.

[45] Gavi Gender Policy, Frequently Asked Questions, 2014.

[46] Gender Policy Donor Consultation notes, 2013; Expert Consultation final minutes, 2013; Background Document for Expert Consultation Meeting, 2013; Public Consultation Results, 2013.

[47] Fatiregun and Okoro (2012); Onwujekwe et al (2012).

[48] See for example Richards (2012) where gender-related supply side elements are discussed: improving service delivery through home visits, increasing participation through mobilisation and empowerment activities, including the involvement of senior women.

[49] ICF (2012) Evaluation of the Gavi Gender Policy – 2008–2012.

Table 2: Audit of recommendations addressed from the 2012 Evaluation of Gavi's Gender Policy

Recommendation	Management actions	Evidence of implementation
Rationale, Design and Planning		
1. Gavi should commence a Gender Policy revision process and develop a robust theory of change.	A consultative process has started to review the gender policy to be presented to the Board in November 2013.	🟠 The Board approved a revised Gender Policy in 2013, following a consultative process, but with an underdeveloped ToC.
2. Gavi should consider how the revised gender policy can frame gender equity as one of a number of equity factors.	The policy review will take equity aspects into consideration, keeping the focus on the gender perspective.	🟠 The revised Gender Policy focus on gender was kept, but with minimal linkages to the broader equity agenda.
3. Revision of the policy goals should reflect growing concerns about the 'unreached' or the 'last 20 per cent', where there are known gender issues.	The policy review will take equity aspects into consideration as they relate to gender. Other work streams are addressing the wider equity issues.	🟠 The revised Gender Policy highlights links with equity aspects, but minimal focus on the links between 'unreached' and gender barriers.
4. A revised Gender Policy would benefit from alignment with proposed strategic level changes to the ways Gavi will operate and areas of expansion, for example HPV and rubella.	This recommendation will be taken into consideration in the process of reviewing the gender policy. The GWG will be following up with relevant Secretariat teams on gender implications for areas of strategic change and of expansion, such as HPV and rubella.	🟠 There is limited alignment between the revised Gender Policy and Gavi's broader strategic direction. Vaccine-specific strategies, such as for HPV and rubella, are not mentioned in the revised gender policy.
5. Gavi should ensure the revised Gender Policy is accompanied by a communications strategy to raise awareness, consensus and buy-in.	An implementation plan will be developed that includes a communications strategy targeting implementing countries.	🔴 The revised Gender Policy was supported by an implementation plan, but the latter does not link to a communications strategy as of 2014.
6. Gavi should revise the rationale to reflect more closely the current data from both the immunisation world and gender mainstreaming. If necessary, this may require targeted research.	The policy review process will consider the existing evidence and tailor the rationale. The need for additional research will be considered, but Gavi does not have a dedicated funding window for research.	🟠 During the policy revision process, Gavi undertook country case studies and a literature review on gender and immunisation, but the evidence is not well referenced in the revised rationale.
7. Gavi should revisit what sex-disaggregated data already exist, how it can be accessed, analysed and used, and what additional data is needed to inform vaccination strategies.	Gavi is undertaking intensive work on data quality and is considering increasing the frequency of surveys to provide more recent data on coverage, and including sex-disaggregated data in this approach.	🟢 The revised Gender Policy maintained the focus on sex-disaggregated data, but Gavi has since de-prioritised this approach.
Implementation		
8. Gavi should increase the commitment to supporting experts in gender and should develop a revised implementation strategy, while continuing to support the GWG as an implementation mechanism.	Gavi engages gender experts to support specific activities. A revised implementation strategy will accompany the revised gender policy. The GWG will continue to implement the gender policy.	🟠 Gavi engages gender experts on a needs basis. The GWG continues to be the main coordination (rather than implementation) mechanism; its structure and ToR were revised in 2017. An implementation plan is available but it provides limited strategic direction to guide the GGP implementation over the 5-year period.
9. Gavi should continue to support the discussions and training across the Gavi Secretariat, governance structures, and IRC on gender and equity issues, with customised training linked to incentives.	During 2013, the GWG will continue to facilitate discussions on gender and immunisation across Gavi Alliance structures.	🟠 The GWG has held several orientation sessions on the GGP, gender and immunisation, and gender in the workplace. It has not, however, institutionalised any form of training/incentives on gender.
10. Gavi should revisit the format and requirements included in its forms to explicitly ensure gender considerations are addressed in country programmes.	This recommendation will be followed up by the GWG, taking into consideration the process to redesign the Grant Application, Monitoring and Review process.	🟢 Since the revised Gender Policy, Gavi has updated its country guidance multiple times to ensure gender is included in country applications.

11. Gavi should consider developing a practical M&E framework that encourages learning regarding the Gender Policy's implementation and its achievements.	This will be taken into consideration in the process of reviewing the gender policy.	⚪ The management response did not specify how this recommendation would be addressed. An M&E framework for the revised Gender Policy was adopted but it is underdeveloped.
12. Gavi should develop a mechanism for policy amendment processes that enables the inclusion of any significant new evidence post-policy revision.	The Gender Policy was approved in 2008; new evidence was generated in 2010 and used to support implementation for 2011–2012 without a formal policy revision.	⚪ The management response did not specify how this recommendation would be addressed. Gavi has continued with its approach of reviewing evidence on a yearly basis, but without continuously updating the policy.
Achievements		
13. Gavi should recognise its achievements in leadership in gender mainstreaming and mobilising men and women as agents of change.	The GWG has been identified as a good model that has resulted in good engagement on gender (agents of change).	🟢 Gender parity on the Board and other structures is demonstrated, as is certification as equal pay employer, and CEO taking up role as IGC Gender Champion
14. Gavi should leverage change to the way it will operate at country level and revise the Policy in consultation with regional and national networks to adopt country-specific approaches.	This will be taken into consideration. The GWG will be following up with relevant Secretariat teams on gender implications for areas of strategic change and expansion.	⚪ The management response does not specify how this recommendation would be addressed. The Gender Policy was revised in 2013 with inputs from all Secretariat teams.

There is also evidence that some recommendations from the public consultation were not followed through, even where they concurred with evidence from other sources. For example, like the 2012 Gender Policy evaluation recommendations, one of the recommendations from the public consultation emphasised the need for 'a more sophisticated monitoring and evaluation framework [that] will need to be developed for equity, including gender (potentially with qualitative indicators).'[50] Gavi did make some efforts to develop a monitoring and evaluation framework for the policy. However, as is discussed in Findings 4 and 9, follow-up on these aspects have been limited.

A2 Content: To what extent was the Gender Policy relevant and reflected broader Gavi strategy and MEL systems?

1

Finding 3: The Gender Policy was relevant to global efforts to enhance immunisation coverage, but a stronger case could have been made for concerted investment in addressing gender-related barriers as part of Gavi's wider organisational strategy

At the time of design, the Gender Policy was broadly aligned with goals identified in the international context, but the linkages between the policy and its contribution to these wider goals are not always explicit. It is recognised that 'gender is one of the core components of Gavi's commitment to equity in immunisation', but the Gender Policy does not articulate the implications of an equity-based approach, which might include a range of socio-economic inequities. Similarly, mention of the Millennium Development Goals (MDGs) – the precursor to the SDGs – is not overtly evident in the Gender Policy and associated documents. This is despite consistent messaging in the 2008 ODI stocktake that Gavi should

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[50] Public Consultation Results, 2013.

focus on making explicit linkages to the MDGs[51]. Finally, with the exception of the principles of aid effectiveness and international gender commitments as agreed in Busan in 2011[52] and the Global Vaccine Action Plan (GVAP)[53] strategic objective on equity, there is marginal reference to international commitments on gender, equity and immunisation in the Gender Policy and associated supporting documents.

Nevertheless, as of 2014, there was broad alignment with the international context relating to gender and immunisation. Linking immunisation activities to MDG3 'Promote gender equality and empower women' is implicit in the Gender Policy in the sense that the Gender Policy recognises equal access as key to expanding vaccine coverage and making immunisation more equitable. Similarly, regular references to 'reaching the unreached' reinforces the notion that the Gender Policy was broadly aligned with international efforts at the time of development. However, there is also recognition that the international landscape regarding immunisation changed significantly between 2013 and 2018: respondents note the shift from the MDGs to the SDGs, the increased prominence of equity-based arguments, the 'leave no one behind' agenda and the more prominent use of complex gender-related terms such as intersectionality among stakeholders.[54] The Gender Policy has remained static in relation to these wider shifts concerning immunisation and gender approaches as it does not include any formal mechanism for continuous reflection and adaptation.

Despite broad international alignment, the case for concerted investment in addressing gender-related barriers as part of Gavi's wider organisational strategy has not been strongly made in the Gender Policy and supporting documents. Without an explanation of how attention to gender specifically contributes to Gavi meeting its global goals, the opportunity for improved gender mainstreaming activities is compromised. Findings from the meta-analysis review indicate that 'integrating or linking gender policies to corporate strategic plans and results frameworks helps to mainstream gender at the highest levels; connect its relevance to the institution's mandate in specific ways and to enhance ownership and accountability provided by planning, implementation, monitoring and reporting processes for the corporate strategic plans. The relevance of a gender policy is significantly strengthened when the connections between gender equality results and the development outcomes of an organisation are made explicit'.[55] This approach is similarly supported by the UN Women meta-analysis findings which state that 'To further enhance the relevance and effectiveness of gender equality policies, UN entities should conceptually and operationally link them to corporate strategic plans'.[56]

The operational linkages between the components of the Gender Policy and the Gavi strategies (4.0 and 5.0) are not aligned to the extent suggested in the meta-analysis findings. Particulars about where and how the four main strategic elements in the Gender Policy are aligned and mutually reinforcing are absent. Similarly, while there is passing reference to the wider 2011–2015 Strategy in the 2013 Gender Policy,[57] and a single reference to 'ensuring gender equity in all areas of engagement' in the 2011–2015

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[51] Jones, N., Walsh, C. & Buse, K. (2008) Developing a Gender Policy for the GAVI Alliance (ODI).

[52] The Busan Partnership for Effective Development Cooperation, July 2013.

[53] Global Vaccination Action Plan 2011–2020, WHO.

[54] Secretariat KII, Donor KII.

[55] GEF (2017) Evaluation on Gender Mainstreaming in the GEF, Prepared by the Independent Evaluation Office of the GEF, 52nd GEF Council Meeting, GEF/ME/C.52/inf.09, 3 May 2017, p.42, para. 115.

[56] UN Women (2015) Review of Corporate Gender Equality Evaluations in the United Nations System, July 2015, p.8.

[57] The 2013 Gender Policy states that, in line with 2011–2015 Strategy indicators, they will continue to monitor DTP3 coverage and under-5 mortality, both disaggregated by sex (p. 10). The former directly aligns with the first, second and fourth global-level indicators of Strategic Goal 2 (strengthen capacity [of health systems]). The third global-level indicator of Strategic Goal 2 is

Strategy, there are no substantive reflections on the systematic connections between these policies (equity does get more prominence in the 2016–2021 strategy under 'the Vaccine Goal: increase coverage and equity of immunisation', but it does not make a strong link with the Gender Policy). However, despite this lack of explicit linkages, informants note that the key elements – such as a focus on gender-equitable coverage and broader equity dimensions – are echoed across the 4.0 and 5.0 strategies and the Gender Policy, and that there are at least no observable contradictions across the 3rd and 4th strategic phases and the Gender Policy:[58]

> Connection [of the Gender Policy] with the Gavi global strategy isn't that obvious - connections aren't made strategic goal by strategic goal. There are only 2 proxy indicators, and you can attempt to extrapolate how the two connect, but the direct correlation isn't necessarily obvious. (Board Member KII)

The arrival of the Gender Policy FAQ a year later (December 2014) expands on the rationale of Gavi's Gender Policy, and associated background from 2008 to 2013, including lessons learnt from the 2013 evaluation. However, it can be argued that there are a number of small but important gaps in terms of presenting a convincing cross-cutting rationale in the Gender Policy and supporting documents, as summarised in the following statement:

> The policy is itself fairly clear – but not always: it suffers a little from the usual policy jargon which reduces ability to implement (and to be interpreted at national level). As with all policies, the major issue is clear communication on the 'why': 'why are we having a gender policy, and why is it important'? This is not always very clear. It is quite a common issue in Gavi. At national level, these initiatives often appear as 'add-ons'. (Secretariat KII)

By contrast, comparator organisations demonstrate a stronger degree of integration across multiple strategic documentation. The Global Fund has a stand-alone Gender Equality Strategy (2008) and related Action Plan (2014–2017). In the 2017–2022 Global Fund Strategy, gender equality has now also become fully integrated as a core indicator, thereby enabling the organisation to link gender directly with its overarching goals. UNICEF's approach to gender equality has evolved over time and in the UNICEF Strategic Plan 2018–2021, gender equality is one of two cross-cutting priorities. Similarly, in WHO's 13th Global Programme of Work 2019–2023, references to gender equality are mainstreamed throughout operational and organisational commitments.

A number of additional limitations exist in the rationale of the Gender Policy that may reduce the potential uptake for audiences unfamiliar with the linkages between gender and immunisation outcomes. There is a lack of detailed narrative focused on the specific value-added by Gavi in relation to that provided by the constellation of partners at national level, as well as in the Alliance. For instance, the role of partners is recognised in Section 6 of the Gender Policy, but specific roles, responsibilities and contributions of Alliance partners and other actors (such as CSOs) at global, regional and national levels are not unpacked. The Gender Policy also does not itself provide a rationale based on Gavi's evolving learning and thinking (2008–2013) with respect to addressing gender-related barriers,[59] nor does it outline the need for action based on efficiency or value for money arguments.

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regarding MCV1 coverage, which is not mentioned in the 2013 Gender Policy. The latter directly aligns with the mission of the 2011–2015 Strategy and its first indicator of under-5 mortality.

[58] Secretariat KII, Donor KII.

[59] A brief outline is provided in the Gender Policy Implementation plan, 2013.

Finally, the language and terms used in the Gender Policy do not easily engage key (non-gender specialist) audiences, particularly those at national level. Overall, eight key terms are outlined by the 2013 Gender Policy: sex, gender, gender equality, gender equity, gender-related barriers, gender sensitivity, gender-transformative, and gender perspective. These are concepts that are internationally recognised, as affirmed by the public consultation.[60] However, of the eight terms presented, several are not applied in the document. The differing implications of gender equality perspectives compared with gender equity perspectives are also not observed. A number of key informants also suggested that the gender-oriented language and concepts in the Gender Policy are generally considered by Gavi staff to be fairly demanding to non-specialist audiences. This is confirmed in relation to an Executive Team memo that states that 'many countries struggle to analyse and identify activities to address gender-related bottlenecks and there is a need to strengthen the technical support to countries'.[61]

<table>
<tr><td>**2**</td><td>**Finding 4: Plans to support the implementation and monitoring of the Gender Policy are under-developed**</td></tr>
</table>

The Gender Policy and its implementation plan[62] do not provide an overarching framework to guide policy implementation.[63] The Gender Policy's theory of change, presented in Annex 1 of the Gender Policy, sets out the problem statement, organisational needs, strategies and assumptions but does not clearly describe a pathway of change to achieve the intended outputs, outcomes and impact level results. The corresponding Gender Policy Implementation Plan (2013) provides some additional detail in terms of broad activity areas and indicative timing but several activity areas are poorly specified; collectively, they seem insufficient to achieve the intended outcomes and they give little thought to the assumptions underpinning them. Furthermore, roles and responsibilities for the identified activity areas are not identified, nor are the required resources to take them forward. In contrast, our best practice analysis shows that UNICEF undertook a review of its institutional capacity, systems and the human and financial resources necessary to successfully implement its own gender policy.[64] Based on the findings of this review, regular resources were allocated for the implementation of the policy.[65]

Similarly, the Gender Policy's monitoring and evaluation plan (Gender Policy Annex 1) does not provide an adequate framework to track implementation progress.[66] The M&E framework comprises two outcome level indicators, and five process indicators, four of which are country focused (**Error! Reference source not found.**). This selection of indicators does not track all parts of the full results chain and does not help understand where change is happening or where it is not. The two outcome level indicators are too high level to monitor progress in addressing gender-related barriers.

Three of the four country-focused process indicators are binary, measuring the presence/absence of analysis to understand gender-related barriers in HSS proposals, activities in HSS proposals and budgets to address gender-related barriers and the reporting of sex-disaggregated data. As such, they provide limited insight into the attention being given to gender-related barriers in HSS applications but no insight into any progress being achieved in reducing gender-related barriers and how this is being brought about. The

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[60] Public consultation results, 2013.

[61] ET Memo – Gender Policy Review – 2013.

[62] Implementation plan - revised Gender Policy, 2013.

[63] Secretariat KII, Donor KII (x2).

[64] Best practice Analysis, 2019.

[65] Ibid.

[66] Secretariat KII, Donor KII (x2).

fourth country-focused indicator partially addresses this, but again, as it is focused on country applications, it provides no insight into any changes in gender-related barriers being achieved.

Our best practice analysis (Annex F) indicates that some of the comparator organisations have more robust plans for policy implementation. The Global Fund's 2008 Gender Policy was supported by an action plan (2014–2017) that followed the structure of the wider organisational strategy's four strategic objectives. The Action Plan proposed a number of sub-objectives and actions. For each action, key external partners are identified, a time frame is set, and outcomes defined. More recently, gender has been fully integrated

> **Box 2: Indicators presented in the Gender Policy (Annex 1)**
>
> - DTP3 coverage (sub-national where possible) disaggregated by male / female
> - Coverage disaggregated by maternal education
>
> - **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.

into the Global Fund's overall approach as Strategic Objective 3 ('Promote and protect human rights and gender equality') with an associated KPI on gender, as well as being embedded in the other strategic objectives through a number of other KPIs. Each overall Strategic Objective is supported by Strategy Implementation Plans (SIPs) detailing the actions, indicators and targets to achieve the objective.

Similarly, UNICEF makes strong linkages between its Gender Policy (2010) and its Gender Action Plan (GAP) (2014–2017). The latter provides a detailed analysis of programming for gender equality and women and girls' empowerment in support of the 2010 Gender Policy. It includes a section on operationalising the Gender Action Plan in terms of a results framework and performance monitoring which covers domains such as accountability; financial resources; gender architecture; capacity and systems strengthening; partnership and coherence; knowledge sharing and communications. In relation to resource requirements for the implementation of the GAP, the plan notes that both core resources and other resources have been allocated to programming for gender equality.[67] In terms of process indicators, the GAP included a detailed results matrix with indicators, baselines and targets for each gender priority.[68]

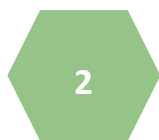## 4.2 Gender Policy Implementation (Workstream B)

B1 To what extent, and how, has the Gavi Secretariat efficiently implemented the Gender Policy at the global and country levels to enable partners to address gender-related barriers to immunisation.

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[67] UNICEF (2014) Gender Action Plan 2014-2018, p.21-22.

[68] Ibd, Annex B, p.29-32.

2

Finding 5: Key Gavi figures are committed and provide visible leadership to the Gender Policy's implementation

Key Gavi personnel – the CEO, the Deputy CEO and the Managing Director Country Programmes specifically – are recognised as champions of Gavi's commitment to promoting gender equity both internally within the Secretariat and with external audiences.[69] Their visible leadership has given the Gender Policy an important profile within the Gavi Secretariat, something which is critical in an environment where priorities are many.[70] Examples of how they have demonstrated commitment and provided leadership include:

- In 2015, the CEO joined the International Gender Champions,[71] pledging to sensitise Gavi Secretariat staff and senior management on gender and that at least 80% of Gavi's global development engagement and health policy dialogue would have a strong gender articulation.[72]
- In 2014, the Managing Director, Country Programmes convened two Gender Policy orientation sessions for Secretariat Country Programme Staff. Her opening address emphasised the Gender Policy as a corporate priority and stressed the importance of the Country Programmes Department fully understanding the Policy and supporting countries to address gender issues in their work.[73]
- The Deputy CEO has written about gender-related barriers to immunisation in articles published on the Gavi website and more broadly,[74] and has convened staff discussions on gender issues like the town hall event held in 2018, where both the Deputy CEO and the Managing Director, Country Programmes were part of the panel.[75]

While this leadership has been visible throughout the Gender Policy's implementation period 2014–2018, there has been a noticeable step change since the Gender Working Group was reconstituted in early 2018 under the leadership of the Deputy CEO.[76] A strong gender advocate, the Deputy CEO's leadership of the Gender Policy implementation has given it weight and started to create a culture where some Secretariat staff expect to give attention to gender.

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Finding 6: Whilst the Gender Working Group has made good efforts to drive and coordinate the Gender Policy's implementation within the Secretariat, its mandate and capacity has not facilitated full organisational support for the Policy's implementation

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[69] Secretariat KIIs; Alliance KII.

[70] Secretariat KIIs.

[71] The IGC is a leadership network of female and male decision-makers committed to breaking down gender barriers and making gender equality a working reality in their spheres of influence.

[72] https://genderchampions.com/champions/seth-berkley; GWG 2015 Annual Report

[73] Gavi Secretariat, Country Programmes Working Session on Gender, 6 March 2014.

[74] See for example: Gupta, A. (March 2016), Immunisation as the gateway to health: why women hold the key in Pakistan, retrieved 25 February 2019 from https://www.gavi.org/library/news/gavi-features/2016/immunisation-as-the-gateway-to-health--why-women-hold-the-key-in-pakistan/; Gupta, A. (March 2016) Reaching every child in Pakistan, retrieved 25 February 2019 from https://nation.com.pk/09-Mar-2016/reaching-every-child-in-pakistan. Gupta, A. (October 2018) Why girls are stronger than boys but need more protection, retrieved 8 March 2019 from https://www.gavi.org/library/news/gavi-features/2018/why-girls-are-stronger-than-boys-but-need-more-protection/.

[75] Secretariat KIIs.

[76] Secretariat KIIs.

Over the course of 2014–2018, the Gender Working Group has facilitated the achievement of some important milestones (Box 3 Error! Reference source not found.**) which have clearly progressed the Gender Policy's implementation.**[77] The GWG's workplan delivery rates have been good too throughout this period, far exceeding the 80% target in all years, except in 2018, when the target was just met, although the scope of the workplan was noticeably more ambitious than in previous years.[78]

Despite these achievements, many Secretariat staff suggest that the make-up and functioning of the GWG has not been adequate for the Gender Policy to fully permeate the Gavi Alliance.[79] In the evaluation's Secretariat staff survey, when assessing the extent to which the GWG had provided organisational leadership to the implementation of Gavi's Gender Policy, 42% of respondents[80] reported the GWG

> **Box 3: Results from the Gender Working Group's coordination efforts**
>
> - More clearly specified how Gavi intends tackling gender issues in immunisation, moving from a focus on sex-disaggregated data on immunisation coverage to a focus on addressing gender-related barriers which inhibit access to immunisation
> - Integrated into templates requests for countries to analyse and address gender barriers in their proposals and provided guidance to assist countries to respond
> - Familiarised staff, especially Country Programme Department staff, with the Gender Policy and how gender-related barriers inhibit the achievement of universal immunisation coverage[1]
> - Achieved certification as an equal salary employer by the EQUAL SALARY Foundation
> - Been recognised for its commitment to gender in the Global 50/50 report

had faced challenges in this respect, or provided little or no leadership at all.[81] In the words of one key informant:

> Gender remains a side issue, not embedded or integrated into what Gavi does…it is a priority but we're not living up to the priority. We need to be honest about what it takes to deliver on the Gender Policy commitments and be serious about doing it (Secretariat KII)

Findings from the Gavi Secretariat staff survey, key informant interviews and document analysis suggest there are three critical challenges which have inhibited the GWG's work in the 2014–2018 period:

- ***The GWG's role, its authority and responsibility of members are unclear:*** The GWG's objective is 'to ensure that activities across the Gavi Secretariat related to the Gavi Gender Policy are well coordinated, followed up and monitored'.[82] This implies that other Gavi teams and departments have responsibility for executing Gender Policy activities, with the GWG steering the course and making connections, but the relationship between the GWG and these teams/departments is not articulated, nor is the specific role GWG members are expected to play in facilitating this relationship.[83] The evaluation has found little evidence to suggest a robust and systematic engagement between the GWG and Secretariat teams that goes beyond individuals who are GWG members. The latter have recognised the bridge role they play between the GWG and their respective team/department but they have neither been mandated to, nor sought to use this to galvanise broader action within teams in support of the Gender Policy's

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[77] Secretariat KIIs. Gender Working Group annual workplans and reports 2014–2018.

[78] Gender Working Group annual reports 2014–2018.

[79] Secretariat KIIs; Gavi staff survey, 2019.

[80] Approximately one third of staff members who completed the survey chose not to respond to this question.

[81] Gavi Staff Survey, 2019.

[82] Gavi Secretariat (20 December 2016), Terms of Reference – Gavi Gender Working Group.

[83] Ibid.

implementation.[84] Accepting this role represents a considerable undertaking in an organisation the size of the Gavi Secretariat. For example, there is one representative from the Country Support Team on the GWG, representing a team of 51 posts.[85] As a result, contributing to the Gender Policy implementation does not appear well embedded into Gavi Secretariat departments and teams. For example, in 2018, only one team performance management plan had explicit references to the Gender Policy implementation.[86] Furthermore, only 20% of survey respondents report currently having gender-related objectives in their personal workplan.[87]

- ***The GWG has insufficient human resources for the scale of the job:*** It has not been possible for the evaluation to access data on the time GWG members have allocated to participate in the Group and to support the Gender Policy implementation. It is, however, understood that for almost all GWG members, these time commitments are a relatively small part of their role at Gavi.[88] For example, one GWG member, centrally involved in the GWG, has around 5% of her worktime allocated to support the GWG and the GP implementation.[89] In a context of competing priorities, where all staff are overstretched, this time is often squeezed further, affecting the ambition and pace of policy implementation.[90] Unlike the comparator organisations in our best practice analysis (Annex F), Gavi has chosen not to appoint a gender specialist dedicated to supporting the Gender Policy's implementation to complement the work of the cross-organisation network represented in the GWG. Some Secretariat and external key informants identified this lack of a dedicated focal point for the Gender Policy implementation as an important inhibitor, which has constrained Gavi's ability to engage with and learn from other organisations working on similar issues and ultimately its leadership on gender issues.[91] All three other comparator organisations have, at a minimum, one dedicated gender staff member whose role it is to focus on gender mainstreaming activities, technical support, and associated learning activities. Furthermore, both Global Fund and WHO noted the importance of ensuring that the dedicated resources are structured in a way that they are able to support gender mainstreaming across the whole organisation (e.g. by being located in the policy team or in a cross-cutting office/department).

- ***The GWG has not adopted a strategic and systematic approach to Gender Policy implementation:*** The Gender Policy lacks specific targets related to its four strategic directions and as such lacks a framework to guide policy implementation and for performance review.[92] Activity streams identified in the implementation plan[93] seem insufficient to achieve the intended outcomes, a shortfall which is also reflected in GWG annual workplans.[94] GWG work planning has tended to be tactical, identifying and pursuing opportunities as they arise. While this has its benefits, it has squeezed out bigger picture reflection of Gavi's progress in its Gender Policy implementation and of ways in which it could be strengthened.[95]

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[84] Secretariat KIIs

[85] Gavi Organisational Chart, October 2018 edition; GWG composition (undated)

[86] Secretariat KII.

[87] Approximately 22% of survey respondents did not answer this question. Gavi Staff Survey, 2019

[88] Secretariat KIIs.

[89] Secretariat KII

[90] Secretariat KIIs.

[91] Secretariat KIIs; Board KIIs; International Organisation KIIs.

[92] Gavi Secretariat (21 November 2013), Gavi Alliance Gender Policy Version 2.0,

[93] Implementation plan revised Gender Policy 2013

[94] GWG workplans 2014–2018

[95] Secretariat KII

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Finding 7: Some efforts have been made to equip Secretariat staff to contribute to Gender Policy implementation in their work but these efforts have been insufficient to ready a fast-growing organisation for concerted action

The GWG has coordinated efforts to equip Secretariat staff to contribute to the Gender Policy, but these efforts have been insufficient to ready a fast-growing organisation for concerted action. The GWG has provided two orientation sessions on the Gender Policy for Country Programme Department staff, an orientation session for Senior Country Managers (SCMs) and a separate orientation session for the Country Support Team.[96] Analysis of session materials suggests they were intended as orientation in the Gender Policy and its implementation rather than skills building for facilitating partner analysis and dialogue on gender-related barriers. GWG workplans for 2017 and 2018 indicate that further Gender Policy orientation sessions were planned, e.g. for the Country Programmes Department, for senior management and as part of staff induction. Available documentation does not, however, confirm that these activities took place.[97] Secretariat staff key informant interviews suggest the Gender Policy is not yet covered in any detail in staff induction.[98]

In a fast-growing organisation like Gavi, these efforts appear modest and unlikely to enable relevant staff to adequately equip staff, who may have had limited experience of understanding and addressing gender issues, to contribute to the Gender Policy's implementation. Over the five-year life of the current Gender Policy, Gavi's staff has increased by approximately 30%, reaching a total of 270 staff.[99] High staff turnover has also accompanied this growth in staff complement.[100] The majority of survey respondents (67%)[101] report never having participated in any Gavi event to develop knowledge and skills on gender. Of those who had, the event was most likely to have been a Secretariat-wide event where the Gender Policy and its implementation was one of several issues discussed.[102] At the same time, staff report significant skills gaps on gender: 39% of survey respondents report not being at all confident that they have essential knowledge and skills to apply Gender Policy objectives in their work, with a further 25% only mildly confident.[103]

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Finding 8: There has been some progress in integrating gender guidance into Gavi core funding processes and review bodies although the benefits of this at country level are unclear[104]

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[96] Gavi Gender Working Group (March 2014) Working session on gender: presentation for Country Programmes; Meegan Murray-Lopez (February 2016), Equity reflection: What about Gender; Meegan Murray-Lopez (April 2016), Gender Equity and the Gender Working Group;

[97] Gender Working Group annual reports 2017 and 2018.

[98] Secretariat KIIs.

[99] Secretariat KII.

[100] Secretariat KII.

[101] 24% of survey respondents did not answer this question, Gavi staff survey, 2019.

[102] Ibid.

[103] 28% of survey respondents did not answer this question, Gavi staff survey, 2019.

[104] The evaluation team did not have access to materials documenting the review process followed by the High Level Review Panel and the extent to which gender issues are considered. As a result, we cannot determine whether it has supported the Gender Policy's implementation since its establishment in 2015. Documentation does, however, suggest that members of the Panel were briefed on the Gender Policy in 2011, but that there are no gender specialists as Panel members. GWG Annual Report 2015.

Through multiple rounds of revision,[105] the Gavi Secretariat has achieved a reasonable level of attention to understanding and addressing gender-related barriers in the health systems strengthening (HSS) and new vaccine support funding processes, as well as in joint appraisal planning processes (see Table 3).[106] This has the potential to effect large volumes of Gavi funding: in 2017, the Gavi Alliance disbursed USD 226 million in HSS grants and USD 959 million in vaccine support.[107] To assist countries in addressing gender-related barriers in their funding requests, and to complement the revisions to funding templates, the Secretariat has made available three pieces of programming guidance.[108] These appear helpful in setting out common gender-related barriers that often inhibit access to immunisation services, how these barriers can be identified, addressed in programming and monitored. While this is positive, the extensive nature of Gavi's funding guidance and application materials is overwhelming, which may undermine the benefits of the gender-specific revisions made to them.[109] Furthermore, to maximise the utility of the guidance country dialogue about the gender barriers is likely to be needed and this has not been as extensive as it might have been (Finding 14).[110] It has not been possible to validate the utility of available gender guidance with country level partners.

Table 3: Integration of gender guidance in Gavi core funding processes

Templates and guidance with attention to gender-related barriers	Templates and guidance without attention to gender-related barriers[111]
• Health System and Immunisation Strengthening (HSIS) Support Framework (2018) • Application Guidelines: Gavi's Support to Countries (for Health System and Immunisation Strengthening, New vaccine support and cold chain equipment optimisation platform) (2018) • A quick guide to inform understanding of gender-related barriers to immunisation: learning from research (2017) • Considerations for countries on targeting investments from Gavi's financial support: Addressing gender-related barriers to immunisation (undated) • Achieving immunisation outcomes through Gavi investments: Demand generation (undated) • 2018 Programme Support Rationale (HSS application template) • Guidelines for Applications for Human Papillomavirus (HPV) Vaccines under Gavi's New and underused Vaccines Support (NVS), (2017) • Joint Appraisal Report 2018 guidance and template	• PEF Targeted Country Assistance 2018 Reporting and 2019 Planning Guidance • Guidance on the role of expanded partners under the PEF (2017) • Grant Performance Framework (2015) • Budgeting and planning template user guide (2017) • HSIS Guidelines on Financial Reporting and Annual Re-budgeting (2017)

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[105] GWG Annual Implementation Reports 2014, 2015, 2016, 2018.

[106] Reference documents in table with attention to gender; GWG workplans 2014, 2016, 2018; GWG Annual reports 2014, 2016, 2018; Secretariat KII.

[107] Gavi Alliance (2018) How we work together: Quick start guide for new members of the Vaccine Alliance.

[108] Gavi Secretariat (2017) A quick guide to inform understanding of gender-related barriers to immunisation: learning from research; Gavi Secretariat (undated) Considerations for countries on targeting investments from Gavi's financial support: Why address gender-related barriers to immunisation; Gavi Secretariat (undated) Achieving immunisation outcomes through Gavi investments: Demand generation.

[109] Secretariat KIIs.

[110] Ibid.

[111] See Finding 8 for discussion of attention to gender-related barriers in budgets.

The absence of any attention to gender-related barriers in Partnership Engagement Framework (PEF) Targeted Country Assistance (TCA) is a significant gap in the integration of gender guidance into Gavi core funding processes.[112] Although PEF support is intended to contribute to achieving sustainable immunisation coverage and equity, PEF guidance does not mention the need to ensure gender-related barriers are addressed. This is a missed opportunity for influencing the work of Alliance core partners at country level in which Gavi makes a sizeable annual investment (USD 85 million in 2018[113]) and through which Gavi supports country level equity assessments.[114]

Attention to using the Grant Performance Framework (GPF) to track progress in addressing gender-related barriers could also be improved in GPF guidance, which would allow programming to address gender-related barriers to be more visible. The two Gender Policy outcome indicators are core indicators in the GPF,[115] but as discussed in Finding 4 below, they provide little insight into the extent to which gender-related barriers are being addressed. Tailored indicators could be used to monitor changes in gender-related barriers but this is not proposed in the GPF guidance, nor in the gender programming guidance which explicitly focuses on monitoring progress in addressing gender-related barriers, and is reported to be done infrequently.[116]

Between 2014 – 2017, the Independent Review Committee, which makes recommendations on all new requests for Gavi support, has been a strong voice supporting attention to gender-related barriers, but it is unclear whether this has resulted in increased attention to gender-related barriers in Gavi's support. In this period, IRC reports have consistently reviewed progress in the attention given to gender in funding applications and have recommended actions to strengthen the Alliance's efforts in this area.[117] The IRC's attention to gender-related barriers has been facilitated by including gender specialists in the IRC with an explicit mandate to conduct gender analysis, and a Chair who proactively supports gender issues.[118] The Secretariat's briefing on the Gender Policy to IRC members has also assisted, enabling IRC gender specialists to develop a set of guide questions to systematically appraise proposals from the gender perspective.[119]

The extent to which IRC gender-focused recommendations have been addressed in funding proposals and within the Alliance structures and processes is unclear, however, raising questions about the ability of the IRC to perform its quality assurance role.[120] In funding proposals, there is some evidence to suggest that ensuring gender-related barriers are adequately addressed has not been prioritised and has not affected the timelines for grant approval.[121] In the absence of a systematic feedback loop for the Secretariat's response to IRC global recommendations it is impossible to determine the extent to which they have been addressed.

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[112] Gavi Secretariat (2018) PEF Targeted Country Assistance 2018 Reporting and 2019 Planning Guidance; Gavi Secretariat (2017) Guidance on the role of expanded partners under the PEF; Secretariat KII.

[113] Gavi Alliance (2018) How we work together: Quick start guide for new members of the Vaccine Alliance.

[114] The PEF report template has not been made available to the evaluation team and so it is not known whether Alliance partners are required to report on their contribution to implementing the Alliance's Gender Policy.

[115] Although Secretariat key informant interviews suggest reporting sex disaggregated Penta3 coverage is no longer a requirement.

[116] Gavi Secretariat (undated) Considerations for countries on targeting investments from Gavi's financial support: Addressing gender-related barriers to immunization; Gavi Secretariat (2015) Grant Performance Framework; Secretariat KII.

[117] IRC Report March 2014; IRC Report May 2014

[118] Alliance KIIs.

[119] Alliance KIIs. Gavi Alliance Gender Policy (Nov 2013), PowerPoint presentation for Independent Review Committee

[120] Gender analysis in Gavi's key documents (2017).

[121] Alliance KIIs. Secretariat KII

Recent changes in the IRC's reviews of funding proposals raise concerns in the IRC's ongoing ability to bring strong gender analysis to funding requests and quality assure from this perspective. Since 2017, the IRC has convened at the country level and has involved a much reduced number of IRC members, normally around three. Initial indications suggest that the Secretariat has not made any explicit effort to ensure a gender specialist is part of the review team, nor that review members are explicitly mandated to appraise proposals from the gender perspective.[122] This suggests that attention to gender may be eroded in the IRC review process. IRC reports for 2018 show some references to gender-related barriers although more attention is given to broader equity issues.[123]

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Finding 9: The Secretariat and the GWG have been partially held accountable for integrating gender as an issue through the Secretariat's work, but not for the achievement of the Policy's strategic objectives

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The Secretariat's main line of accountability for its performance in achieving Gender Policy objectives is to the Board, to whom the GWG reports annually. Annual reports submitted report on:

- Performance in delivering the GWG's workplan, including performance against the GWG's only key performance indicator, delivery rate of its annual workplan, as well as qualitative progress in implementing workplan activities;
- Performance against the Gender Policy's M&E outcome and process indicators.

The GWG has consistently reported good performance against its workplan delivery rate but this KPI does not provide any insight into the extent to which Gender Policy strategic objectives are being achieved. In 2014 - 2017, it far exceeded its target of 80% delivery each year, and in 2018 when the workplan was more ambitious in scope, it met the target.[124]

The GWG's qualitative reporting on workplan implementation has not enabled the Board to understand progress in the Gender Policy's implementation.[125] Reports have not referenced a clear implementation framework. As a result, Board members are missing an overarching understanding of how Gavi has intended progressing the Gender Policy's implementation, which hinders them in making sense of the progress being reported against certain workplan activities.

Furthermore, GWG qualitative reporting of workplan activities is not comprehensive in approach, lacks analytical depth and a results focus.[126] In GWG annual reports 2014–2018, attention is given to some, but not all, workplan activities, leaving it unclear whether those planned activities not mentioned took place or not.[127] Reporting tends to focus on things that have been done, with little insight into the results emerging and how these activities contribute to making progress towards Gender Policy objectives. For example, the GWG's 2018 Annual Report notes the Gavi CEO's International Gender Champion commitment to strengthen staff capacity on gender informed analysis but does not explain how this will

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[122] Alliance KIIs

[123] IRC report March 2018; IRC report July 2018.

[124] Board KIIs; GWG Annual Workplans 2014; GWG Annual Workplan 2015; GWG Annual Workplan 2016; GWG Annual Workplan 2017; GWG Annual Workplan 2017; GWG Annual Workplan 2018; Report to the Board: Annual Report on Implementation of the Gender Policy, 2014; Report to the Board: Annual Report on Implementation of the Gender Policy, 2015; Report to the Board: Annual Report on Implementation of the Gender Policy, 2016; Report to the Board: Annual Report on Implementation of the Gender Policy, 2017; Report to the Board: Annual Report on Implementation of the Gender Policy, 2018

[125] Gavi Secretariat, GWG Annual Report to the Board, 2014–2018

[126] Ibid

[127] GWG annual reports 2014–2018

be carried forward, nor the extent to which previous work to build staff capacity on gender had been successful.[128]

GWG annual reporting on Gender Policy outputs and outcomes has been hindered by weaknesses in the policy's M&E approach (see Finding 4) as well as by limited detail on the gender barriers identified and how they are being addressed in monitoring source material.[129] In 2016–2018, GWG annual reports to the Board have presented data against the two outcome indicators, Penta3 coverage, disaggregated by sex, and Penta3 coverage disaggregated by maternal education.[130] However, these are not good indicators for measuring Gavi's contribution to removing gender-related barriers to immunisation.[131] The first commonly shows gender parity in coverage,[132] while new data for the second are not sufficiently frequent and it is impossible to appreciate the contribution Gavi may have made to any changes recorded.[133] GWG reporting against Gender Policy process indicators has been fairly consistent 2014–2018 but, without any baselines or targets and with a focus on HSS proposals which countries submit every 3–5 years, it is difficult to track change within a five-year period and determine whether reported performance is adequate.[134] Furthermore, process indicators are not clearly defined, which may mean monitoring data is not consistent year on year.[135]

In contrast, all three comparator organisations have placed more focus on tracking and monitoring data; as mentioned above, under the 2017–2022 Strategy, the Global Fund has a clear KPI for gender which it regularly tracks; UNICEF has a results framework for the GAP with indicators, baselines and targets for each priority area and, since 2016, has published a 'Data companion and scorecard to the UNICEF Gender Action Plan' as well as reporting to the Executive Board on an annual basis. WHO has also reported to the World Health Assembly on a biennial basis and is in the process of developing a series of eight criteria to ensure gender-responsive, human rights-based and equity-oriented policies and programmes in WHO, with each criteria being supported by a scorecard.

Finally, the GWG's ability to bring a qualitative understanding of the extent to which gender has been considered in country HSS proposals or appraisals, and the quality of that analysis or programming decisions is strongly inhibited by the lack of detail on gender-related barriers and the proposed response in HSS proposals and appraisals.[136]

In light of the above challenges, Secretariat reporting has not enabled the Board to hold the Gavi Alliance accountable for its performance against Gender Policy objectives. Board members themselves recognise that they have insufficient oversight of the Policy's implementation progress and dedicate little time to this area of Gavi's work. This is confirmed by Board minutes and minutes from Gavi's Programme and Policy Committee.[137] Mention of the Gender Policy in the Board minutes is limited to its relevance to the

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[128] Gender Working Group annual report 2018.

[129] GWG Annual Reports to the Board 2014–2018; Gavi Alliance Gender Policy Version 2.0, November 2013; Gavi Secretariat monitoring of GP implementation; country reviews; Secretariat KIIs; operational guidance notes.

[130] GWG Annual Reports to the Board 2016–2018.

[131] Secretariat KIIs.

[132] GWG Annual Report to the Board 2018.

[133] Ibid. Secretariat KII.

[134] GWG Annual Reports to the Board 2014–2018; Gavi Alliance Gender Policy Version 2.0, November 2013; Secretariat KIIs; Board KII.

[135] Gavi Alliance Gender Policy Version 2.0, November 2013; Secretariat KIIs;

[136] Country reviews; Secretariat KII.

[137] Board minutes; PPC minutes

Board's gender balance and the 2019 evaluation, whereas the Programme and Policy Committee minutes do not mention it at all.[138]

Finding 10: Gavi has not found a systematic way to reliably identify the extent of its gender focused funding in support of the Gender Policy

Although ensuring gender-sensitive funding is one of the Gender Policy's strategic directions, Gavi has not found a systematic way to identify its financial commitments in support of the Gender Policy.[139] Tracking so called 'gender spend' is challenging for many development organisations and the best practice analysis (Annex F) has not revealed any good practices in this regard, although some of the organisations researched have set financial benchmarks for gender targeted spending or earmarked funding through certain initiatives to enhance investments in gender, e.g. UNICEF and the Global Fund.[140] Gavi is reported to have attempted to get countries to identify gender-related activities in their budgets, but this resulted in all activities being identified as gender-related.[141] This experience may explain why Gavi's budgeting and planning guidance is silent on gender (See Table 3, Finding 8 above).

To report against the Gender Policy's indicator on number of countries proposing funding of activities that seek to address gender-related barriers, Gavi has manually extracted data from HSS proposals and budgets as part of its annual Gender Policy monitoring.[142] Like all the Gender Policy process indicators, this indicator is not defined and the methodology for identifying gender spend is not clear, which may result in variations in approach from year to year.[143] It is difficult to interpret the figures generated from this process and, overall, it is hard to see the value of this time-intensive process.

Finding 11: Core partners have largely not engaged with the Gavi Secretariat in its Gender Policy implementation efforts

There is no evidence that Gavi's core partners have engaged with the Gavi secretariat to support the implementation of the Gender Policy. The Alliance Coordination Team (ACT), which, established in mid-2016, 'is central to the operating model of the Alliance management structure and provides operational guidance and recommendations on Alliance investments and activities to maximise their impact on

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[138] Board minutes; PPC minutes 2014–2018.

[139] Secretariat KIIs

[140] Best practice analysis, 2019.

[141] Secretariat KII.

[142] Report to the Board: Annual Report on Implementation of the Gender Policy, 2014; Report to the Board: Annual Report on Implementation of the Gender Policy, 2015; Report to the Board: Annual Report on Implementation of the Gender Policy, 2016; Report to the Board: Annual Report on Implementation of the Gender Policy, 2017; Report to the Board: Annual Report on Implementation of the Gender Policy, 2018; Gavi Secretariat (October 2015) Gender Analysis of HSS grants; Gavi Secretariat (2016) Gender in JA-IRC-HSS; Gavi Secretariat HSS Proposal and Budget Analysis 2017–2018.

[143] Gavi Secretariat (2013) Gavi Alliance Gender Policy 2.0; Gavi Secretariat (October 2015) Gender Analysis of HSS grants; Gavi Secretariat (2016) Gender in JA-IRC-HSS; Gavi Secretariat HSS Proposal and Budget Analysis 2017–2018; Secretariat KIIs (Malarski, Getchell).

Alliance goals and objectives'[144] has never once discussed the Gender Policy and its implementation. [145] There are no references to gender expertise or gender-related TA in partner agreements and contracts, and no strategic targets or KPIs for core partners to report on gender issues. This is despite the Gender Policy's implementation plan anticipating exploring the use of gender-related performance indicators in monitoring support to WHO and UNICEF. At the country level, evidence suggests that core partners have missed opportunities to shine a light on gender-related barriers e.g. in equity assessments (see Finding 12).

A review of the GWG workplans suggests it has not identified the need to engage core partners in the Secretariat efforts to implement the Gender Policy. The GWG workplans for 2016 and 2017 make no mention of Alliance core partners, while the workplans for 2014 and 2015 anticipated tracking the gender component of UNICEF's equity work.[146] The latter resulted in an internal review examining how gender was incorporated in 12 equity assessments, which concluded that even in cases where the level of gender analysis was strong, these elements were not necessarily translated into programming.[147] Limited action, if any, to strengthen the gender focus in these equity assessments appears to have been taken as a later review of equity assessments conducted between 2015 and 2017 with UNICEF technical support found that gender associated determinants of access to immunisation vaccination were largely missing.[148]

The GWG's workplan for 2018 has a more explicit focus on partnerships, suggesting an intention to involve core partners more in Secretariat activities to support the Gender Policy's implementation. For example, the workplan anticipates developing a global toolkit for HPV with UNICEF and joining forces with organisations like UNICEF to identify adolescent health platform opportunities.[149] The GWG 2018 annual report does not, however, mention either of these new activities and it is unclear whether they have progressed.[150]

4.3   Gender Policy Results (Workstream C)

C1 To what extent has Gavi met the four goals stated in the Gender Policy:
  i.   Generating supporting, reporting and analysing new evidence and data
  ii.   Advocating for gender equality as a means to improve immunisation coverage
  iii.   Ensuring gender-sensitive funding and programmatic approaches
  iv.   Increasing accountability for gender-related results?[151]
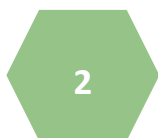
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<tr><td>2</td><td>**Finding 12: There is little evidence that the quality and availability of evidence and data on gender inequalities and/or gender-related barriers has improved over time**</td></tr>
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Our analysis suggests that in many countries there is an ongoing reliance on sex-disaggregated coverage data to analyse gender issues. However, while insightful in some select settings, analysis of this data alone is not sufficient to fully understand the role of gender-related barriers in inhibiting access to immunisation.

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[144] Alliance Coordination Team Terms of Reference, July 2016.

[145] Gavi communication to the evaluation team, 26 February 2019. The evaluation team has not confirmed this by reviewing ACT minutes.

[146] Gender Working Group annual workplans 2014, 2015, 2016 and 2017.

[147] Report to the Board: Annual Report on Implementation of the Gender Policy, 2015.

[148] Gavi Secretariat (undated) Review of Equity Assessments conducted 2015–2017.

[149] GWG workplan 2018.

[150] Report to the Board: Annual Report on Implementation of the Gender Policy, 2018.

[151] Findings in relation to accountability are presented under Workstream B, Finding 9.

National level sex-disaggregated immunisation coverage data commonly confirms gender parity and does not help identify gender issues or gender-related barriers. There has, however, been a continued reliance amongst many Gavi country partners on this data, which masks the real gender issues. For example, the Cambodia 2014 APR reports that sex-disaggregated data on DTP3 coverage is available in Cambodia from administrative data sources and/or surveys, but there are no significant differences in vaccination rates between boys and girls that require programmatic interventions. This differs markedly from the Cambodia Demographic and Health Survey 2014, which indicates a very large gap in immunisation rates between mothers who have no education (69% DPT3 for children in this group) compared to 98.8% for children whose mothers are in in the highest education quintile. This represents a 20% coverage gap not identified in the APR. Similarly, in Burkina Faso, national data points to rough gender parity in immunisation coverage, which has been used in Gavi proposals to suggest that there are no gender issues to be addressed, e.g. the APR 2014 states, "The DHS survey data showed that there were no gender-related barriers to immunization access." The JA 2016 states "There is gender equity in vaccine coverage and there are no specific gender-specific barriers to accessing immunisation services." A respondent from Afghanistan also outlined how subject matter relating to gender-related barriers are under discussed:

> The guidance can be improved. These things are only discussed during the planning phase, and then only at the minimal level […]. Then we move on quickly onto reporting requirements, and overlook gender. The issue of sex-disaggregation is addressed, but there are no requirements on barriers.
> (National KII – Afghanistan)

Gavi uses a range of tools and processes to collect data and analyse data, which deepens understanding of immunisation access and coverage but these have not been used systematically (and often not at all) to provide deeper insight into gender-related barriers vis-à-vis immunisation access. Gavi uses equity assessments to collect and strengthen the availability of equity data and evidence at the country level. **Equity assessments (EAs) are** a tool developed by UNICEF, which have been funded since 2012 through HSS grants and, since 2016, through the PEF to identify equity-related barriers. However, of the 27 EAs conducted between 2013 and 2017, only a small proportion are reported to have been used to deepen the evidence base on gender-related barriers to immunisation services. [152] Gavi's internal review of equity assessments states:

> Although most assessments reported on the small and mostly insignificant gaps in vaccination rates in boys and girls, they failed to examine the impact of household gender imbalances within the under-vaccinated communities and how these impact on the intention and decision to vaccinate children.[153]

There is no evidence that this has improved over time.

Whilst the above characterises the general picture, where the Secretariat has advanced/ commissioned more detailed analysis of equity-related issues, including gender. For instance:

- In Bangladesh, a UNICEF supported EQUISIT analysis was carried out in 2017 in two divisions and was instrumental in defining the area's main immunisation bottlenecks and for informing planning of essential interventions to address the identified challenges. The results of the analysis were then used as the basis of the proposed activities under the '*strengthening service delivery systems for improving coverage and equity of immunisation services in 16 target districts and four target city corporations*' objective (Objective 2) of Bangladesh's HSS3 proposal.[154]

- In Haiti, there has been a shift in the country's thinking on gender, from a position of stating that there are no gender differentials and/or gender-related barriers to accessing immunisation services, towards some more recent recognition that a mother's education, employment and

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[152] Gavi (2018) Review of Equity Assessments conducted during 2015 – 2017; and Gavi (2015) Inclusion of Gender in Equity Analyses, Plans and Activities.
[153] Gavi (2018) Review of Equity Assessments conducted during 2015 – 2017, p.7
[154] Bangladesh (2018) Programme Support Rationale 2018–2022, p.10–13.

wealth status are correlated with immunisation status. This has followed a number of studies on this issue: the 2016 Coverage and Equity study; analysis of lessons learned from urban slums; and analysis of a DHS mortality/morbidity survey in 2017.

The lack of detailed analysis at the country level has implications for the level of understanding of gender-related barriers at the Secretariat level. Although, the Gavi Secretariat has been updating itself on available guidance regularly since 2010, it is not clear how the evidence on gender-related barriers from country contexts is shared and used across departments.

3

Finding 13: Gavi has recently increased its participation in global advocacy and dialogue processes to ensure that language that addresses gender-related barriers to health services is incorporated into various multi-stakeholder agreements and compacts

There has been a notable shift, albeit only recently, in the effort that the Secretariat has invested to champion and promote gender through global dialogue. Gavi's CEO and Deputy CEO have played a visible role as 'gender champions' for a number of years (see Finding 5), although prior to 2018 there is little evidence of Gavi engaging in global health discussions/fora specifically to promote gender issues. There was, however, a step change in 2018 with the Secretariat engaging in at least four processes to influence global normative agreements and compacts related to gender issues.[155] Some stakeholders have noted that this is at least partly a result of Gavi's shift away from a focus on individual vaccines to broader health issues, notably universal health care (UHC) and more structural health systems strengthening (HSS).[156] This increased prioritisation of gender is also set out in Gavi's 2018 Public Policy Engagement Strategy, which states that:

> [in] the context of the SDGs and the growing focus on equity, Gavi is intensifying its commitment to bringing a strong gender lens to its strategy, programmes, political and policy engagement and communications. Gavi's interface with global, regional, national policy and political platforms, policy dialogues, MTR engagements will carry a strong articulation of gender….[157]

Comparator organisations, particularly UNICEF and WHO, also engage in advocacy to promote gender in global health discussions/fora: in line with its approach in the GAP, UNICEF has sought to maximise 'opportunities for incorporating and championing GAP programming priorities in discussions with partners and in programming, advocacy and resource mobilisation forums',[158] while WHO has been working to ensure the intersectionality of their gender approach is reflected in the discussion on UHC through participation in UHC's high-level meetings.

The Secretariat's engagement in global dialogue has helped to emphasise the importance of gender-related barriers to immunisation outcomes, which is likely to have contributed to gender being reflected as a priority issue in the resulting agreements. For instance, we understand from some key

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[155] Astana Declaration, Global Compact on Refugees, Global Action Plan for Healthy Lives and Well-being for All, PMNCH Partner Forum communiqué.

[156] Secretariat KII.

[157] PPE Strategy (2018)

[158] UNICEF (2015) Annual report on the implementation of the UNICEF Gender Action Plan, p.17, para 62

informants that Gavi's engagement and advocacy (alongside that of other donors and partners) contributed to:

- the addition of gender-specific language in support of women and girls in the Global Compact for Refugees;[159]

- the inclusion of gender-related barriers to immunisation in the *Global Action Plan for Healthy Lives and Well-being for All*;[160] and

- the inclusion of gender inequalities in the final draft of the PMNCH Partner's Forum, although there was no explicit mention of gender-related barriers to immunisation, which had been advocated by Gavi during the forum.

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Finding 14: There are some indications that a shift in country dialogue from a focus on sex-disaggregated data to more nuanced consideration of gender-related barriers has started in some countries but the former remains pervasive

Dialogue with country stakeholders in many Gavi-supported countries continues to largely focus on sex-disaggregated data. A 2015 review of Annual Performance Reviews and Joint Appraisals shows that slightly less than 20% of these documents discussed gender-related barriers.[161] In 2016, Secretariat data suggests there was a continued conflation between gender-related barriers and sex-disaggregated data, and related complacency about the need for identifying and acting on gender-related barriers if vaccine coverage is equal between males and females (see Finding 12).[162] Similarly, in 2017, a Gavi review noted that countries '*mistook having no sex discrepancies in immunisation coverage with having no gender-related barriers to immunisation*'.[163]

Documentation from the eight countries studied in depth for this evaluation has confirmed this picture, with many primarily/solely relying on sex-disaggregated data to explain and analyse gender issues. This is consistent with the GWG's observation that there is ongoing confusion about the difference between sex-disaggregated data and gender-related barriers at the country level. This is despite greater guidance in country applications for some proposals: for example, since 2017, country applications for NVS and Cold Chain Equipment Optimisation Platform (CCEOP) request the inclusion of a robust analysis of barriers related to increasing coverage and enhancing equity in access and utilisation of immunisation services (including socio-economic, geographic and gender issues), with clear linkages to programmatic actions to address these issues.[164] Within this, HPV vaccine guidance also requests increased attention to gender consideration and gender-related barriers in country applications, including the development of a supporting implementation plan that includes country strategies for reaching out to the target cohort of girls.

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[159] The final text of the agreement reads: '*gender-responsive social and health care services, including through recruitment and deployment of female health workers*.'

[160] Gavi's three additions of gender-related barriers were included in the final draft in a box entitled 'Enhancing collective action on gender equality and the empowerment of women: joint narrative overview'. Both examples are aligned with Gavi's gender messaging and focus on gender-related barriers.

[161] Gavi (2015) Country Reporting on Gender Equity analysis: 2015 JAs and 2014 APRs Comparison, internal document, p.1.

[162] HSS Gender Presentation (2016)

[163] Gavi (2017) 2017 Updates of Gavi Gender Indicators, p.5.

[164] Guidelines for Applications for HPV Vaccines under Gavi's New and underused Vaccines Support (Nov 2017)

There are, however, indications that this situation may be changing in some countries. A 2018 analysis of Joint Appraisals (JAs)[165] identified 12 out of 17 countries that had identified gender-related barriers in their JA process, although the number of barriers identified/analysed remain few and they are not necessarily addressed through programming (Figure 5).[166] Conversely, other countries that did not identify gender-related barriers explicitly have been found to sometimes include interventions to address them.

Of the eight countries studied in detail for this evaluation, three of them have shown some progression in discussing gender-related barriers over time:

- In Burkina Faso, national data showing gender parity in immunisation coverage was used in proposals to suggest that there were no gender issues to be addressed until 2018; the 2018 JA, however, explicitly identified gender-related barriers – i.e. '*a key gender-related barrier identified is insufficient consideration of women's/mothers' activities in scheduling immunisation sessions.*'[167]
- Haiti's HSS proposals prior to 2016 did not mention gender-related barriers. However, following the 2016 Coverage and Equity Survey supported by Gavi,[168] potential gender-related barriers were included in subsequent proposals – i.e. '*societal pressures, lack of control over household expenses to pay for travel for immunisations and mother's education, employment and wealth status are correlated with immunisation status.*'[169]
- Afghanistan's most recent HSS3 proposal focuses specifically on identifying gender-related barriers to immunisation rather than sex-disparities in immunisation between boys and girls. This is a shift compared to previous proposals.

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[165] JAs have been undertaken annually/biannually in Gavi-supported countries since 2014 to review the implementation progress of Gavi support. The JA process and template are designed to include discussion and analysis of equity-related issues.

[166] The review notes that in 2014, 36% of JAs provided information on gender-related barriers, whilst the 2017–2018 JAs evidenced some improvement in understanding of gender and immunisation, with 12 of 17 countries (70%) successfully demonstrating the difference between gender-related barriers and sex discrepancies in vaccine coverage, but across the 17 countries, only six gender-related barriers were identified.

[167] Gavi Alliance, 2018, Joint Appraisal, Burkina Faso [French], p.10.

[168] 2016 Coverage and Equity Survey, p. 6.

[169] C&E Haiti Summary 2016

Figure 5: Gender-related barriers identified in 2017–2018 Joint Appraisals[170]

Gender-related barriers	Countries identifying/mentioning GRB in their JAs	Countries including interventions to address GRBs in JAs
Education	Afghanistan, Ethiopia, Pakistan, Uganda	Ethiopia, India, Nigeria
Socio-economic status	Afghanistan, DRC, Ethiopia	DRC, Ethiopia, Nigeria
Social/cultural	Afghanistan, Ethiopia	Afghanistan, Ethiopia, CAR, DRC, Inia, Madagascar, Myanmar, Nigeria, Pakistan, Somalia, South Sudan, Uganda
Accessibility of facility	Afghanistan, Ethiopia, Kenya	Madagascar, Pakistan
Approach of service provider	Afghanistan, Ethiopia	Afghanistan, Ethiopia, Haiti, India, Indonesia, Madagasvar, Mozambique, Myanmar, Nigeria, Pakistan
Religion	DRC, Indonesica, Madagascar, Myanmar, Uganda (although not a gender related barrier per se)	Afghanistan, CAR, DRC, Ethiopia, India, Indonesia, Kenya, Magascar, Myanmar, Nigeria, Pakistan, Somalia, Uganda,

3 — **Finding 15: There is little evidence of increased Gavi funding and programme support to address gender-related barriers, although there are some exceptions**

Approximately half of HSS proposals[171] submitted between 2014 and 2018 included budget allocation[172] and/or activities to address gender-related barriers. As countries submit HSS proposals every 2 to 5 years, it is impossible to discern any trends across the years. Of our eight countries studied in more depth, all of them, except Haiti, submitted HSS proposals in the 2014–2018 period, but only proposals from Afghanistan, Bangladesh and Cambodia included activities and/or budget to address gender issues and gender-related barriers.

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[170] Gavi Joint Appraisals analysis 2018.

[171] Health systems and immunisation strengthening is the second largest of Gavi's funding streams to countries, after New Vaccine Support, Gavi Annual Progress Report, 2017.

[172] The HSS analyses reviewed do not provide a definition of what constitutes budget allocation to address gender-related barriers. The approach adopted is likely to have been quite broad, and open to variation year on year.

Figure 6: Number of gender-related activities/budget in HSS 2014–2018
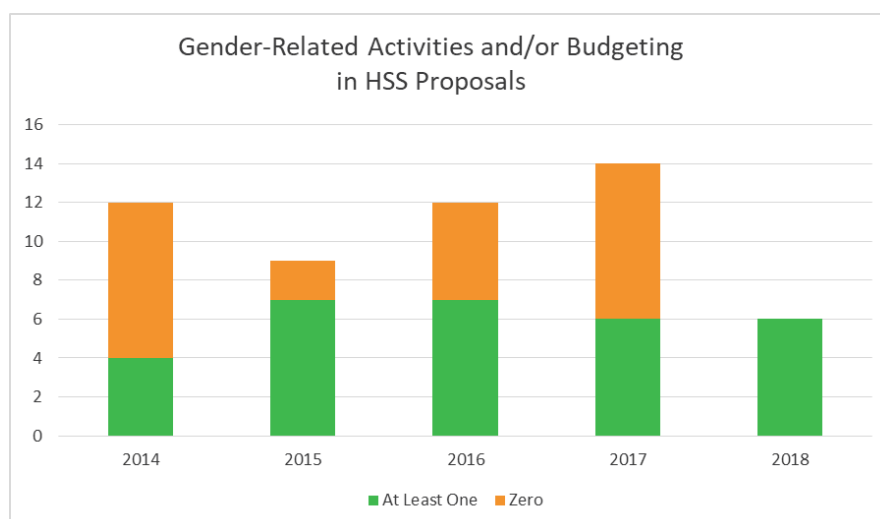
There are, however, some countries that have made concerted efforts to address gender-related barriers through HSS programming. Among the eight countries studied in more depth, Afghanistan and Ethiopia stand out as examples of countries that have identified gender-related barriers in their Gavi proposals, designed activities and allocated budget to address them (**Box 4**). In both countries, an enabling factor has been the understanding and ownership of gender-related barriers among national stakeholders, while Gavi has provided funds to enable them to realise their plans. For Afghanistan, it appears that an equity assessment conducted in 2015 has informed the HSS proposal.[173]

Box 4: Examples of country programming that seek to address gender-related barriers

- **Afghanistan**: In its HSS3 2016–2019 proposal, Afghanistan identified three key gender-related barriers: (i) health workforce gender imbalance; (ii) inequitable female utilisation of health services due to issues of affordability and acceptability of services; and (iii) low female literacy rate as a bottleneck for demand generation. The HSS3 grant includes activities to directly address these barriers, including the recruitment and training of female vaccinators, gender-sensitive behaviour change communications to improve the demand for immunisation, and specific TA on gender (e.g. KAP study on immunisation to be conducted by UNICEF).[174] There are, however, reported challenges in mobilising female vaccinators as cultural practices require that they are accompanied by known men.

- **Ethiopia**: In its HPV and CCEOP 2017 proposals, Ethiopia identified mother's education and wealth as key gender-related barriers to children's immunisation coverage. The HPV proposal further cites cultural and traditional practices that hinder women and girls' empowerment as a major problem in immunisation access, utilisation and delivery. It goes on to list various activities to address these challenges such as the design of a comprehensive communication strategy targeting mothers, who are recognised as decision makers for adolescents[175]. Gender and equity issues were also addressed as part of the original application for support of Phase 3 of the Meningococcal A campaign. The proposal referred to the special attention that would be given to the role of women's associations and the 'Women's Health Development Army' to mobilise women to get their children vaccinated[176].

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[173] In Afghanistan, the 2015 Equity in Immunisation analysis is reflected in the country's Multi-Year Plan (cMYP 2015–2019), as well as in the National Health Strategy 2016–2019. Independent Review Committee (IRC) Country Report Afghanistan, 3–17 November 2017, Review of Measles follow-up campaign (2018) and CCEOP (2018), p.2

[174] HSS GAVI new proposal (HSS3 proposal) 2016-2019

[175] Application for Cold Chain Equipment Optimisation Platform Support in May-June 2017 only; second is Ethiopia HPV Proposal 2017

[176] Ethiopia JA, 2016

Gavi's support to the introduction of the HPV vaccine[177] seeks to take a gender-sensitive approach and this appears to be happening in a small number of countries. Guidelines for Applications for the HPV Vaccine call for countries to conduct a robust analysis of barriers affecting immunisation access, which directly informs programming.[178] In the three countries (Malawi, Ethiopia and Rwanda) where Gavi is working with Girl Effect[179] to support HPV vaccine uptake, a gender-sensitive approach appears to be in operation. In Ethiopia, the initiative uses the popular Yegna brand[180] for HPV messaging targeting adolescent girls through radio talk shows and lifestyle magazines.[181] It also raises other related gender issues such as gender-based violence, menstruation and puberty. Established in 2016,[182] it is too early to assess the effectiveness of the approach in terms of HPV uptake. There are though indications of a positive engagement emerging. Girl Effect, in coordination with Gavi, has influenced the Communications Working Group in the Ministry of Health to address regional challenges related to public messaging of the HPV vaccine, and to reassure target populations that it presented no health threats.[183] This positive experience in these three countries appears fairly isolated. In the eight countries studied in more depth for this evaluation, there is little evidence that gender-related barriers are being given particular attention in the Gavi-supported community advocacy and mobilisation among parents, community leaders, school teachers and officials to garner support for vaccine delivery. For example, Burkina Faso's HPV demonstration project planned a communication plan to mobilise communities for the HPV vaccine. It recognised the need to target both fathers and mothers of the girls eligible for vaccination, but did not describe how the demand-creation work differs for these different groups.[184]

Gavi's INFUSE initiative[185] is seeking to take a gender-sensitive approach, but no evidence is available to indicate the extent to which implementing partners have applied this approach in their use of innovative technologies to promote immunisation coverage and equity. When INFUSE first started in 2016, its approach was gender-blind.[186] Since 2018, with the support of Global Affairs Canada for whom attention to gender is a policy priority,[187] Gavi has engaged a gender consultant to provide guidance to INFUSE management, and training to implementing partners to adopt a gender-sensitive approach.[188] This has resulted in the 2019 call for proposals specifically requesting applications with attention to gender

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[177] The HPV vaccine is offered to girls aged 9–14 years before sexual debut to protect them from cervical cancer.

[178] General Guidelines for country applications in 2017 for the following types of Gavi support only: New and underused Vaccines Support (NVS) and Cold Chain Equipment (CCE) Optimisation Platform (March 2017).

[179] Girl Effect is a non-profit organisation comprised of experts in media, mobile, brand and international development, working where girls are marginalised and vulnerable, building youth brands and mobile platforms that millions of girls and boys interact.

[180] In Ethiopia, the Girl Effect brand 'Yegna' is intended to include storylines and advice columns dispelling myths about the purpose of the vaccine, whilst its Technology Enabled Girl Ambassadors (TEGAs) seeks to help Gavi better understand the challenges facing girls in accessing immunisation. https://www.girleffect.org

[181] Girl Effect (2019) Girl Effect Gavi Partnership, PPT 22 January 2019; and Girl Effect (2019) Our gender work and the Gavi partnership, PPT, 13 February 2019.

[182] Available data does not explain how the partnership came about and therefore the contribution Gavi has made in bringing forth this innovative approach.

[183] National KII.

[184] Girl Effect (2019) Girl Effect Gavi Partnership, PPT 22 January 2019; and Girl Effect (2019) Our gender work and the Gavi partnership, PPT, 13 February 2019

[185] Innovation for Uptake, Scale, and Equity in Immunization (INFUSE) Pacesetters initiative launched at Davos in 2017 created a new opportunity for innovation partners to introduce immunisation technologies at country level.

[186] Gavi INFUSE: Innovation for uptake, scale and equity in immunisation, 2016 Call for innovation.

[187] Board KII; Secretariat KII.

[188] Gavi. An Introduction to gender-related barriers to immunisation and conducting gender-based analysis. An eWorkshop for Gavi INFUSE Pacesetters. Alison Riddle. March 2018; Terms of Reference for Gender Equality Technical Assistance to Gavi INFUSE (2019); Secretariat KII.

inequalities, although it is unclear from available documentation whether this will be one of the criteria for selection.[189]

Although Gavi-supported TCA has a clear focus on promoting immunisation coverage and equity, there has been little overt attention to gender issues. The TCA 2017–2018 workplans for the eight countries studied in depth for this evaluation included a number of activities to support equity and demand generation, e.g. equity assessments and bottleneck analyses, but none of them included any activities specifically related to addressing gender-related barriers. [190] Furthermore, partner agreements do not include gender-related requirements of partners and they have no strategic targets or KPIs in this regard.[191]

The exceptions described above are all examples of interventions that focus on meeting the practical needs of women and girls (i.e. take a gender-sensitive approach) such as deploying female health workers who, in some contexts, are better able to engage with women to ensure mothers and children have the vaccinations they need, or changing clinic opening times to suit the schedules of women who often have the responsibility of bringing their children to the clinic for immunisation. **The evaluation has not identified any examples of Gavi supporting gender-transformatory approaches**, which seek to re-define women's and men's gender roles and thereby transform unequal gender relations, although the Gender Policy indicated such approaches should be used 'where possible'.[192]

The limited progress in increasing funding and programming to address gender-related barriers over the five-year life of the Gender Policy is likely to be connected to the limited progress in building the evidence base on gender-related barriers at the country level and in drawing out these issues in country dialogue. **Several factors may explain this situation**, including**:**

- **Gavi's planning cycle results in long lead times to translate policy into programming at the country level:** For Gavi to support substantive work addressing gender-related barriers, intentions in this regard need to be included in the country's national immunisation plan (NIPs) and/or cMYP.[193] These tend to be updated every 4–5 years, although some opportunities exist for reprogramming in the HSS review process. HSS grants also extend over a medium-term timeframe. It is thereby possible that a country's intention to address gender-related barriers to immunisation might only become apparent late in the Gender Policy's five-year implementation period and the programming to operationalise this intention would come even later. There is therefore a risk associated with having a window of five years to demonstrate noticeable improvements in understanding and addressing gender-related barriers at the country level, which can be mitigated by prioritising gender issues in the review process.

- **A tendency to focus on other forms of inequity:** Until recently there has been a greater focus on

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[189] 2019 INFUSE Call for Innovation; Secretariat KII.

[190] TCA workplan Bangladesh 2017; TCA workplan Bangladesh 2018; TCA workplan Burkina Faso 2018; TCA workplan Ethiopia 2017; TCA workplan Ethiopia 2018; TCA workplan PNG 2017; TCA workplan PNG 2018; TCA workplan Rwanda 2018; TCA workplan Uganda 2017; TCA workplan Uganda 2018. This lack of attention to gender issues is mirrored in Ethiopia's TCA baseline assessment, Deloitte (2017) Ethiopia Review Report (Itad). Evaluation of the technical assistance provided through the Partners Engagement Framework – Baseline Assessment. July 2017, p.13. The TCA baseline assessment in Afghanistan recognises the challenges in deploying female vaccinators, but does not make recommendations for TCA to contribute to addressing this challenge, Deloitte (2017) Afghanistan Review Report (Itad). Evaluation of the technical assistance provided through the Partners Engagement Framework – Baseline Assessment. July 2017, p.7.

[191] Ibid.

[192] Gavi Alliance (2013), Gender Policy Version 2.0.

[193] 69% of 64 Gavi-supported countries mention gender in their current cMYP mission and/or objective, although only 49% mentioned a specific gender-related barrier. Gavi (2017) Gender Monitoring and Analysis, Part 1, PPT [20 August 2018].

other types of inequities, in particular geographical and socio-economic, which are sometimes perceived to be 'easier' to address.[194] For instance, the June 2015 IRC report noted that '*the IRC notes improved attention to equity though there is more focus on geographic and ethnic inequities, with less attention to wealth and other socially related variables.*'[195] Similarly, in 2017, Gavi's Gender Indicator Update raised the same concerns about the lack of understanding around gender-related barriers and highlighted that, as in 2015, there was a larger focus on other health inequity issues in lieu of employing gender as a cross-cutting issue.[196] Our country-focused analysis confirms this trend – for example, Bangladesh and PNG HSS proposals have a much stronger focus on geographical inequities.

- **Core partners have not explicitly mobilised to promote attention to gender-related barriers in their country level support.** As highlighted in Workstream B, Alliance core partners have not engaged in the implementation of the Gender Policy at the global level, nor is there evidence of this being a particular theme in their country-level support. The TA provided by partners has not demonstrated any discernible focus on gender, such as through the PEF (the main funding modality for core partners), which lacks any explicit gender focus in the TCA guidance. Furthermore, there is no language related to gender expertise or gender-related TA in partner agreements and contracts, and no strategic targets or KPIs for core partners to report on gender. We also understand from a number of stakeholders that there has also been an overall lack of communication by Gavi to partners about gender, resulting in limited understanding over what should be expected and accountability for results at the country level.[197]

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[194] Secretariat KIIs.

[195] IRC (2015) Report of the New Proposal Independent Review Committee to the Gavi Alliance Secretariat on the Review of Applications, June 2015, page 9, para 4.2.5.

[196] Gavi (2017) Gender Indicator Updates.

[197] For example, the Gender Policy has never been addressed in Alliance Coordination Team meetings held at the Secretariat level.

5   Conclusions

This section presents our overarching conclusions. It first presents a validation of the Gender Policy's reconstructed ToC, based on an assessment of the effectiveness of individual ToC component links in achieving intended results. It then draws conclusions framed around the evaluation criteria of relevance, efficiency and effectiveness.

5.1   Validation of the Gender Policy's reconstructed theory of change

To conclude this theory-based evaluation, the evaluation team has drawn on the evidence presented in Section 4 to assess whether the individual components of the Gender Policy's reconstructed ToC have been validated and are working well to achieve intended results. Figure 7 presents this assessment, which is based on a five-point colour-coding scheme described in Table 4. These ratings represent the degree to which the links in the ToC are considered to be functional, and contributing to the achievement of intended results.

Our overall conclusion is that while the reconstructed ToC broadly articulates Gavi's intentions at the time of developing the Gender Policy, many aspects of the programme theory have not materialised as expected (depicted by dark orange and red lines in the ToC). This is due to some underlying assumptions not holding true; and a lack of articulation within the ToC and programme. From the evidence, the ToC's four strategies appear reasonable approaches to build country capacity for gender-sensitive immunisation. However, only strategy one on integrating gender considerations into Gavi guidelines and application materials has worked quite well. Strategies two and three, which sought to build up data and evidence on gender issues in immunisation and advocating for greater attention to gender issues in global and country action respectively, have encountered difficulties in their implementation, although Gavi's global advocacy has been more successful. Strategy four, which sought to achieve greater accountability for gender-related results, has not worked at all. Our review indicates that this is at least in part due to a lack of articulation within the programme design on how strategy 1 and other activities were intended (or rather what was required) to lead to the achievement of strategies 2, 3 and 4. Our review also highlights that weak implementation and achievement of results is also due to at least four of the assumptions underpinning the Gender Policy's reconstructed ToC not holding true – See Table 5.

Table 4: Approach to assessing the effectiveness of ToC components in achieving intended results

1	There is strong evidence to validate this link in the ToC and the link is working well to facilitate the achievement of results.
2	There is some evidence to validate this link in the ToC and the link is working reasonably well to facilitate the achievement of results.
3	There is no or very limited evidence to suggest the link in the ToC exists in the manner depicted, and is working to facilitate the achievement of results in the manner envisaged.
4	There is some evidence to suggest the link in the ToC does not exist in the manner depicted, and/or is not working to facilitate the achievement of results in the manner envisaged.
5	There is strong evidence to suggest the link in the ToC does not exist in the manner depicted, and/or is not working to facilitate the achievement of results in the manner envisaged.

Figure 7: Reconstructed theory of change with annotated pathways demonstrating performance
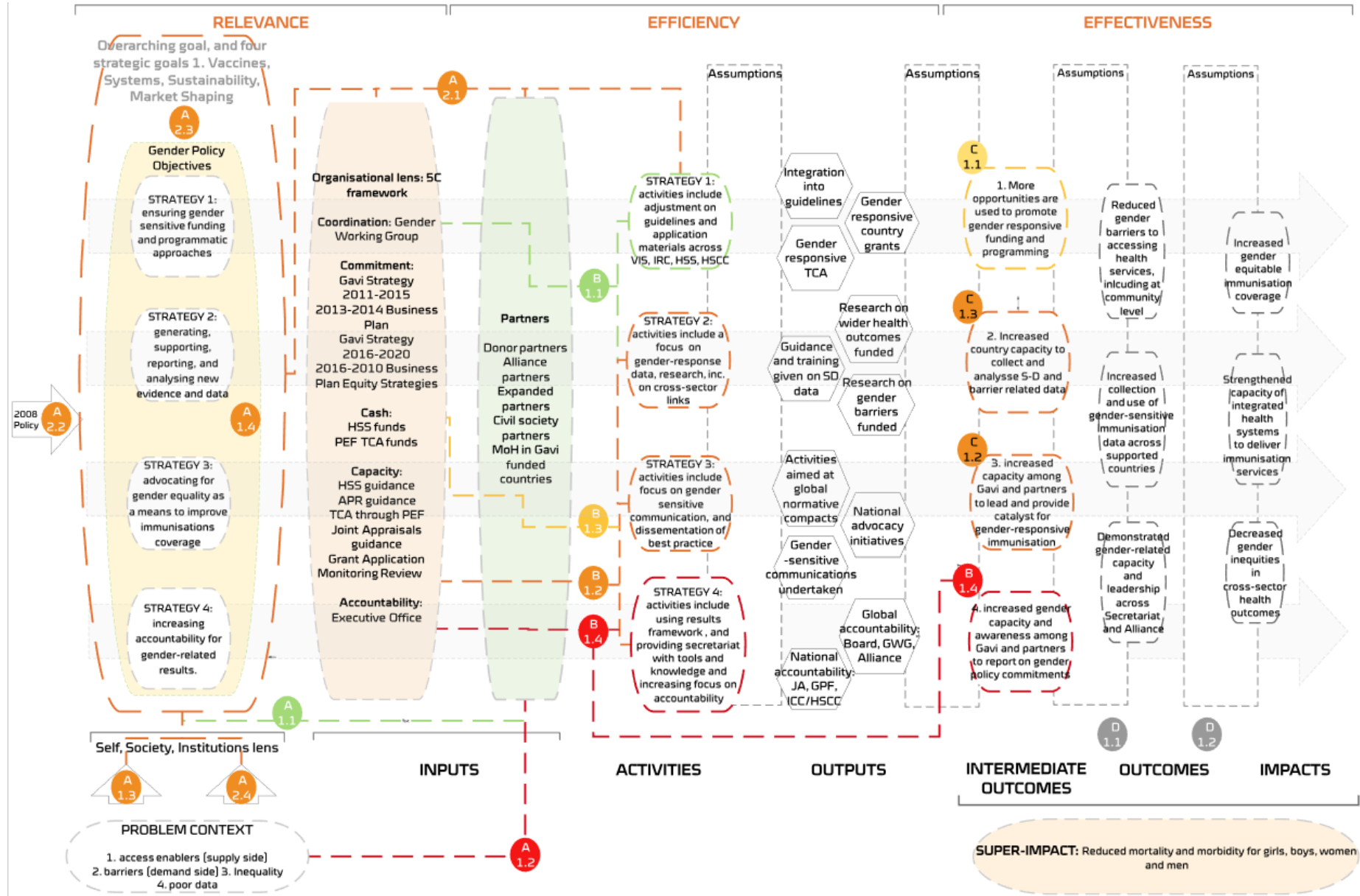
Table 5: Evidence demonstrating that key ToC assumptions have not held true

Assumption	Evidence related to assumption
Understanding of gender and commitment within the Secretariat will position Gavi as a leader and influence partners and countries to address gender-related barriers to immunisation.	Gavi has not demonstrated organisation-wide commitment to the Gender Policy (Findings 5 and 6) and appreciation of the role gender-related barriers have in constraining equitable access to immunisation services remains patchy within the Secretariat, core partners and country partners (Findings 7, 14 and 15).
Gavi's core partners have capacity/willingness to support countries to address gender-related barriers for immunisation services.	Core partners have not stepped in to support the implementation of Gavi's Gender Policy (Finding 11) and, despite several of them having their own organisational gender policies, there is limited evidence of this resulting in appropriate levels of attention to gender issues in their Gavi-supported work (Findings 12 and 15).
Collecting and reporting sex-disaggregated data will help countries identify and address gender-related barriers.	This evaluation has found that the collection and reporting of sex-disaggregated data by countries has often masked gender-related barriers and given countries the grounds to dismiss these issues in their efforts to promote greater equity in immunisation (Findings 12 and 14).
Countries see merit in addressing gender-related inequities in health and will dedicate appropriate resources.	

5.2 Conclusions in relation to the evaluation criteria

Relevance

Gavi's Gender Policy is relevant to global and country efforts to promote universal immunisation coverage and gender equality although there are ways in which its relevance can be strengthened. The Policy has responded to evidence which shows that gender inequalities often inhibit the ability of girls, boys and pregnant women from accessing the immunisation they need to protect their health. It has also aligned well with international goals, such as Sustainable Goal Development 3, which seeks to ensure healthy lives and well-being for all, at all ages.[198]

Our analysis has, however, shown that the Policy's relevance could be improved in four ways:

- **Reflection of country concerns and differences**: Country participation in the design of the Gender Policy was not optimal, which has contributed to a policy with a generally weak articulation of country needs, the changes at country level that the Gender Policy will seek to bring about, and how these will vary in different country contexts.

- **A clearer and more convincing articulation of how addressing gender issues in immunisation will contribute to the achievement of Gavi's global mission and strategic objectives, referencing available international and national evidence**: The Gender Policy notes that 'gender is one of the core components of Gavi's commitment to equity in immunisation'[199] but does not make a strong case for investing in addressing gender-related barriers, alongside addressing other drivers of inequity including geography and poverty

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[198] Favin (2012).
[199] Gavi Alliance Gender Policy Version 2.0 (2013).

(Finding 3). This limited connection may well be a consequence of policy sequencing as Gavi's commitment to equitable uptake of immunisation only became prominent in its 2016–2020 Strategy, two years after the approval of the Gender Strategy. However, the former has similarly failed to clearly articulate how Gavi proposes to tackle inequitable access to immunisation and the place of gender-related barriers within that. [200] As a result, Secretariat staff are left to determine their own course of action.

- **A clearer articulation of Gavi's ambition in relation to gender-sensitive and gender-transformative approaches, backed by international and national evidence of what works in different contexts:** The Gender Policy foresees the use of both gender-sensitive approaches (which address the practical needs of women and men, boys and girls to improve access to services and assets) and gender-transformative approaches (which seek to shift the distribution of power to improve access to services and assets) to address gender issues in immunisation. However, the Policy does not explain what these different approaches might look like in the immunisation context, when one or the other might be appropriate, nor make clear where Gavi's ambition in this regard specifically lies. Our evidence suggests that where Gavi has proactively addressed gender-related issues in immunisation, it has done so using a gender-sensitive approach (Findings 3). This is perhaps indicative of an explicit focus on gender-related barriers to immunisation, which has emerged over the Gender Policy's implementation. Given Gavi's mandate, the case for promoting gender-transformative approaches is less clear cut and needs conscious consideration, particularly the demands it would place on the organisation. For example, taking this approach would probably involve building partnerships with national level organisations working on the root causes of gender inequality. To move in this direction, Gavi would therefore need to ensure it is equipped to build these partnerships.

- **More robust arrangements to support Gender Policy implementation:** Two elements are key to this: a tailored results framework, with clear targets and defined indicators, and an implementation plan that sets out the broad action areas required to achieve the intended objectives and specified targets, the Gavi team responsible for leading workstream, and the resources required. Together, they provide a strategic framework to guide the implementation of the Gender Policy, facilitate critical review of progress achieved against objectives and provide a basis for reporting and accountability to Gavi's Board, which to date has been missing (Finding 9).

Efficiency

Although the efforts of the GWG must be acknowledged, the Gavi Alliance has not demonstrated good efficiency in implementing the Gender Policy as it has lacked the level of prioritisation and the resource commitment required to efficiently translate the policy commitments into action. Demonstrated organisational commitment to the Gender Policy and leadership of its implementation has depended on a small group of individuals who collectively have not managed to fully embed Gender Policy implementation into Gavi Alliance processes such as Secretariat team performance management, core partner contracting and management and grant approval system (Findings 6, 7, 8 and 9). As a result, large parts of the Secretariat staff remain only peripherally involved in the Gender Policy's implementation, if at all, although in 2018, there have been encouraging signs of a more cross-organisation and ambitious effort (Findings 6 and 9). Furthermore, core partners have not mobilised to promote a focus on gender-related barriers with country partners, despite their privileged position to do so in the Gavi Alliance model (Finding 11).

Internal Secretariat capacity to implement the Gender Policy has been insufficient, in terms of level of effort, but also in terms of access to specialist gender technical skills. In a context where all staff are overstretched, it is not surprising that, without good levels of guidance and support, they might struggle to take on board, and drive agendas which ordinarily lie outside of their comfort zone. This situation is indicative of an underestimation of the resources required to translate policy into action.

Challenges in the implementation of the Gender Policy have been evident in Secretariat monitoring and reporting to the Board (Findings 12, 14 and 15). However, weaknesses in both the monitoring and evaluation system in place to

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[200] Gavi Alliance (2016) Gavi, the Vaccine Alliance 2016–2020 Strategy.

track progress in policy implementation, and in the Secretariat's accountability to the Board, have meant that these have not been picked up and addressed (Findings 6 and 9).

Effectiveness

Overall, Gavi's implementation of the Gender Policy has not been effective in achieving intended outcomes, although there are pockets of gender-sensitive country programming, for example in Afghanistan and in Ethiopia, Malawi and Rwanda through the Girl Effect HPV programming (Finding 15), and Gavi's global dialogue has in the past year given good attention to gender issues (Finding 13). Attention has largely focused on gender-sensitive approaches, and the evaluation has not identified any examples of gender-transformative approaches. The integration of gender issues into most application guidance and templates is an important step, but to accomplish explicit attention to gender-related barriers in programming, the available guidance needs to be picked up and explored further in country dialogue, to enable country partners to develop their understanding of gender-related barriers, how they affect equity of access to immunisation and how they can be addressed. Secretariat country-facing staff and core partners need to facilitate this dialogue with country partners, using the leverage that accompanies large-scale financing where necessary to ensure appropriate levels of attention are given to gender-related barriers in all types of equity assessments and evidence-building exercises, and that this evidence is then used to inform programming. To date, this has largely not been the case (Findings 14 and 15). Instead, Gavi has tended to prioritise other drivers of inequities such as geographical location and poverty and has, for the large part, allowed countries to dismiss the importance of gender issues in providing access to immunisation and in improving overall immunisation coverage.

Where more substantive attention to gender-related barriers has been given in Gavi's programme support, government leadership has tended to be a critical driver. Gavi's value-add appears to be large-scale financing to enable governments to realise their plans.

As international development frameworks give increasing attention to gender issues in immunisation and primary health care more broadly – a trend Gavi has contributed to – the need for all development actors to support national partners to translate these intentions increases. This is an important environmental feature, which should inform the next iteration of Gavi's Gender Policy and how the Alliance approaches its implementation.

6   Recommendations

This section presents 7 recommendations based on the evaluation's 15 findings and conclusions.

The seven recommendations presented here directly address challenges identified in our 15 findings and in our conclusions (see Annex J for a mapping of recommendations against the findings). They have been informed by discussions at a Recommendations co-creation workshop[201] involving some Gavi Secretariat staff, evaluation Steering Committee members and Gavi funders. To assist the Alliance in taking forward these recommendations, a more detailed set of proposed actions for Gavi's consideration is provided in Annex K, indicating who has lead responsibility and those likely to be involved. A three-step scale is used to identify priority actions to be carried forward in the next 6 months (Act now), those to be implemented from late 2019/early 2020 (Medium Term Action) and those to be initiated later, once these medium-term actions are under way (Longer Term Actions).

Recommendation 1: Make special efforts to enable national partners to constructively participate in the ongoing update of the Gender Policy update, particularly through the inclusion of civil society

The short timeline to complete the update of the Gender Policy is recognised and this calls for selective but considered actions to enable meaningful participation by country partners in a technical area where levels of understanding remain low. In this regard, this evaluation recommends three steps. First, plan and monitor for a more evenly balanced geographical representation in consultations. This can be recognised as a longer-term aspirational issue given, for example, the gaps in understanding gender-related barriers to immunisation identified among many staff in country partner organisations. A budget envelope could be allocated via Targeted Country Assistance (TCA) to support country partners to prepare for the consultations by conducting a review of established evidence (such as equity analyses) or even to identify opportunities for primary evidence building with partners.

Second, with the above evidence generated, country consultations could be used to sensitise partners to the gender issues which are known to affect access to immunisation. Gavi's consultation approach would thereby be seen as increasingly instructive as well as extractive, contributing to building national capacity on gender issues. In order to facilitate this, the identification of senior national level gender champions situated in a selection of ICCs/HSCCs would be a good step towards developing an entry point through which consultations could be channelled. This activity can be twinned with Recommendation 7 below, which seeks to improve the generation and use of evidence related to gender and immunisation. The country gender champions would be identified in advance of country consultations, thereby catering for the limited outreach capacity of Gavi's Policy Division at crunch points in the policy cycle. Gender champions would also add dividends to downstream discussions on the gender-related technical assistance required to implement the gender policy.

Third, as far as possible, involve civil society organisations with expertise in gender and immunisation in the consultations: Civil society organisations are often a source of expertise on gender and health, or gender and immunisation more specifically. Their engagement in consultations on the Gender Policy would add granular detail, both in terms of 'what works, where, and why' at a programmatic level, but also in addressing up-to-date regional variations in gender-related barriers that affect service uptake.

Recommendation 2: Drawing on international evidence, articulate a clear case for addressing gender issues as part of Gavi's wider efforts to promote equitable access to immunisation in the updated Gender Policy and in the Gavi Strategy 2021–2025

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[201] Held at the Gavi Secretariat on Thursday 28 March 2019.

It is understood that, like the current Strategy, the Gavi Strategy 2021–2025 will continue to place a strong emphasis on promoting equitable access to immunisation.[202] To communicate the level of importance Gavi attaches to addressing gender issues in immunisation, it is essential that the new Strategy sets out how the Alliance expects to promote greater equity in access and coverage, the main inequities it intends to address and the specific place of gender within that.

The updated Gender Policy should adopt a similar approach, recognising that gender issues are one of several drivers of inequity, and explaining how attention to gender-related barriers can complement work to address other drivers of inequity and contribute to the achievement of Gavi's global objective.

In both cases, the purpose should be to articulate how drivers of inequity intersect and compound each other. It is not therefore a matter of identifying which driver of inequitable access to address in programming, but identifying how each of the main drivers can be addressed as part of a contextualised response. This allows for a differentiated approach at the country level, tailored in response to clearly identified country needs, that encourages greater investment in addressing gender issues where they are particularly strong, but allowing a lower profile for gender issues where they are not.

When setting out the case for investment in addressing gender-related barriers in both the Strategy and the updated Gender Policy, Gavi should make good use of available international and national level evidence to identify the need and explain how addressing gender-related barriers can achieve improvements in equitable access.

In its case for addressing gender issues, Gavi should articulate the scale of its ambitions. There are two main dimensions to this:

- Gender-sensitive versus gender-transformatory approaches: Although the current Gender Policy provides the option of applying gender-transformative as well as gender-sensitive approaches, Gavi's gender-related work to date has tended to focus on the latter, tailoring demand creation and access to immunisation services to respond to female caregivers' practical needs. This evaluation suggests that Gavi's intention for the next five-year period should be to systematically embed gender-sensitive approaches at the country level, rather than seeking to initiate more transformative, and complex, approaches to addressing gender-related barriers.[203] Such a focus remains ambitious, and will require significant effort across the organisation to realise, but it aligns well with Gavi's core business and offers the organisation and its partners the opportunity to build a track record in successfully addressing gender-related barriers to immunisation. Once Gavi has some solid experience of supporting effective gender-sensitive approaches at the country level, it may wish to revisit the issue of promoting more gender-transformatory approaches. This is, however, likely to call for different ways of working and concerns around alignment with Gavi's mandate would need to be resolved.

  When preparing the case for addressing gender issues, Gavi may wish to consider whether it should move to using the term gender-responsive, instead of gender-sensitive. Many development agencies prefer the former as it indicates a more active approach to addressing gender differentials than is commonly understood through the term gender-sensitive. This intention of an active approach to addressing gender differentials is present in Gavi's current definition of gender-sensitive and so the shift to the term gender-responsive is logical. In promoting gender-sensitive approaches, Gavi should remain attuned to possible negative consequences e.g. exposing female patients to an increased risk of violence associated with

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[202] Gavi Secretariat (2016) Gavi, The Vaccine Alliance 2016–2020 Strategy.

[203] It should be noted that taking a gender-responsive approach requires an understanding of prevailing gender norms to identify the resulting gender-related barriers to access and put in place appropriate responses to address them. A gender-responsive approach would not, however, seek to change these prevailing gender norms.

travelling to or attending health clinics, and ensure supported interventions effectively manage and address these risks.[204]

- Funding modalities: Although the current Gender Policy anticipates incorporating a gender perspective into all relevant areas of programmes and funding, Secretariat staff do not have a shared understanding of the pertinence of gender issues to the varying funding modalities (Finding 8).[205] This evaluation suggests that, as a minimum, grant support for health system strengthening and new vaccine support, as well as technical country assistance provided through PEF, should be used proactively to develop the evidence base on, and address, gender-related barriers.

Recommendation 3: Elaborate a strategic level implementation plan to guide the implementation of the Gender Policy, accompanied with a robust monitoring and evaluation framework, which enables Gavi to track progress in addressing gender-related barriers and be held accountable for its performance against policy objectives

The updated Gender Policy will be a high-level document, setting out the vision, the rationale and intended outcomes, for Gavi's efforts in improving equitable access to immunisation by addressing gender-related barriers. To enable its efficient implementation across the Alliance, it will need to be accompanied by an implementation plan and robust monitoring and evaluation framework. Together, these documents will identify the outcomes Gavi expects to achieve over the five-year life of the Policy, with specific targets, the workstreams to achieve those intended outcomes, and defined indicators, again with targets, which will enable Gavi to track its progress on an annual basis.

The starting point for this would be to more fully elaborate the ToC for Gavi's gender-related investments, in a way similar to the reconstructed ToC used in this evaluation, where the anticipated pathway of change to achieve the intended outcomes is described, including the synergies between the strategies, as well as the assumptions underpinning that pathway.[206] For example, if one of the intended outcomes from the updated Gender Policy was more Gavi-supported programming focused on addressing gender-related barriers to immunisation then the detailed pathway of change to be captured in the ToC might look like Figure **8**. This kind of elaborated ToC should directly link to the development of the Policy's monitoring and evaluation framework, as well as its implementation plan.

To aid monitoring of the Gender Policy's implementation, we recommend the identification of indicators across the pathway of change mapped out in the ToC. Using the elaborated ToC, Gavi could identify key steps in the results chain to monitor, and the indicators that might be used for each of these steps, ensuring that all Policy objectives are monitored through a series of output and outcome indicators. These indicators would need to be clearly defined and measurable with available data systems and resources. Once indicators have been agreed, specific targets to be achieved by the end of the Policy implementation period and at interim milestones during Policy implementation[207] would need to be defined, as well as their means of verification. Steps to determine the baseline status would also need to be taken.

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[204] For example, this evaluation came across anecdotal evidence of female health workers and female patients encountering gender-based violence.

[205] Secretariat KIIs.

[206] A format similar to that adopted in this evaluation's reconstructed ToC, though more simplified, would be appropriate, identifying the problem(s) to be addressed, the activity streams, outputs and outcomes. Ideally, it would be accompanied by a written narrative which explains the linkages between activity streams, outputs and outcomes, commonly expressed as arrows in ToC diagrams as well as the assumptions. For example, the narrative would describe how a set of expected outputs are expected to convert into a broader outcome.

[207] Annual milestones would be a logical approach to align with Secretariat reporting to the Gavi Alliance Board.

Figure 8: Example of a pathway of change increasing country partner understanding of gender-related barriers

Step 1	→	Step 2	→	Step 3
• (In)equity assessments provides robust evidence on the range of gender-related and other barriers affecting equitable access to immunisation		• Country dialogue, including that led by TCA partners, discusses: i) the (in)equity assessment findings with partners; ii) how programming can address the main barriers to equitable access; iii) country progress in addressing gender-related and other barriers to equitable access through programming, including actions to improve results.		• Country level programming: i) demonstrates an understanding of gender-related and other key barriers to equitable access in the context; ii) proposes appropriate programmatic responses to address the main barriers to equitable access.

As an example, Table 6 sets out possible indicators, targets and means of verification for steps in the pathway of change towards more Gavi-supported programming focused on addressing gender-related barriers to immunisation, just one of the possible intended outcomes of the updated Gender Policy. Collectively, the indicators allow the intended evolution from more and better data on barriers to equitable immunisation to more programming addressing identified barriers to be monitored. Monitoring data would be collected from secondary documentation – IRC reports, TCA reports and Joint Appraisals – as is currently the case, but as targets are more explicit about what success looks like, there is less room for interpretation. Revising templates for IRC assessments, TCA annual reports and JAs would also help improve consistency in the information that is recorded.

Table 6: Possible indicators, targets and means of verification to track progress towards more Gavi-supported programming addressing gender-related barriers to immunisation

ToC step in pathway of change	Possible indicator	Possible target	Possible means of verification
(In)equity assessments provide robust evidence on the range of gender-related and other barriers affecting equitable access to immunisation	Countries with robust inequity assessment completed	Percentage of inequity assessments conducted which: i) applies robust methodology; ii) in the context, adequately identifies the gender-related barriers which affect access to immunisation and how they affect access; iii) in the context, adequately identifies the range of other barriers, which affect access to immunisation and how they affect access.	IRC assessment of inequity assessments
Country dialogue, including that led by TCA partners, discusses: i) the (in)equity assessment findings with partners; ii) how programming can address the main barriers to equitable access; iii) country progress in addressing gender-related and other barriers to equitable access through programming, including actions to improve results.	Country dialogue processes include consideration of inequity assessment findings in relation to gender	100% of all country dialogue processes include consideration of inequity assessment findings in relation to gender	TCA annual reports Joint appraisal reports
Country level programming: i) demonstrates an understanding of gender-related and other key barriers to equitable access in the	Countries whose HSS and NVS proposals made addressing gender-related barriers	Percentage of countries whose HSS proposals: iv) made addressing gender-related barriers a Principal feature of the grant	IRC appraisal of HSS and NVS applications

context; ii) proposes appropriate programmatic responses to address the main barriers to equitable access.	either a Principal or Significant[208] focus of the grant	v) made addressing gender-related barriers a Significant feature of the grant. Percentage of countries whose NVS proposals: vi) Made addressing gender-related barriers a Principal feature of the grant i) Made addressing gender-related barriers a Significant feature of the grant.

This evaluation does not recommend that Gavi, at this stage, seeks to put in place a system for tracking resource allocation in support of addressing gender-related barriers to immunisation. Although tracking resource allocation to specific policy initiatives is an important accountability feature, it is notoriously difficult to do in an efficient and meaningful way. Gavi's human resources are already overstretched and those resources available could be put to better effect in other ways. However, to aid internal monitoring of Gender Policy implementation, Gavi may consider introducing a gender marker similar to the one used by OECD Development Assistance Committee members.[209] A gender marker could be used to identify those Gavi grants that give attention to gender issues and therefore those grants to be monitored on an ongoing basis to understand how gender-related barriers are being addressed through programming. The IRC could lead the application of the gender marker. An example of what a three-point scale gender marker might look like in Gavi is provided in Box 5.

Given the likely continued focus of the Gender Policy on supporting countries to understand and address gender-related barriers, its monitoring and evaluation framework will draw on country level data. The more concerted effort to support partners at country level to understand and address drivers of inequitable access to immunisation, including gender-related drivers proposed in Recommendation 2 calls for Gavi to take a more proactive stance on the use of tailored country indicators to measure performance in addressing gender-related barriers to access. The Equity Reference Group, which Gavi participates in, has undertaken work on the measurement of gender-related barriers to immunisation,[210] which Gavi can draw upon to assist country partners in identifying suitable indicators.

> **Box 5: Example of a Gavi three-point scale gender marker**
>
> Principal (marked 2): High degree of attention to addressing gender-related barriers which limit equitable access to immunisation
>
> Significant (marked 1): Some, but more modest, attention to addressing gender-related barriers which limit equitable access to immunisation
>
> Not targeted (marked 0): No attention given to addressing gender-related barriers which limit equitable access to immunisation

A strategic level implementation plan with agreed milestones, clearly defined targets and measurable indicators, as well as detailed annual workplans provide the basis for transparent reporting to the Alliance Board. Annually, Secretariat reporting to the Board should consist of reporting against all monitoring and evaluation targets, progress against the annual workplan and against the overarching implementation plan. If challenges are encountered, planned activities do not take place, or progress is slower than anticipated, this should be explained in the reports and any resulting course correction described.

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[208] This assumes the introduction of a gender marker.

[209] The OECD DAC gender marker uses a three-point scale to identify the gender focus of development assistance: i) Principal (marked 2) means that promoting gender equality is the main objective of the project/programme and is fundamental to its design and expected results; ii) Significant (marked 1) means that gender equality is an important and deliberate objective, but not the principal reason for undertaking the project/programme; iii) Not targeted (marked 0) means that the project/programme does not target gender equality. OECD, The DAC gender equality policy marker, retrieved on 7 March 2019 from http://www.oecd.org/dac/gender-development/dac-gender-equality-marker.htm.

[210] Feletto et al. (27 November 2018), A gender lens to advance equity in immunisation, Working Paper Series (Draft), Equity Reference Group for Immunisation.

Recommendation 4: Alliance core partners actively engage in both the development, implementation and monitoring of the updated Gender Policy

Alliance core partners are critical actors in Gavi's delivery model, interfacing directly with country partners and providing them with technical assistance and as such it is essential they are fully engaged in supporting the Gender Policy's development and implementation. This kind of full engagement will require core partners to:

- Be involved in the development of the new Gender Policy, contributing their country level experience (Recommendation 1), and, as far as possible, aligning the Policy with their own organisational gender policies.
- Scope out the contribution each core partner can make to support the implementation of the Gender Policy and integrate this in the Policy's implementation plan and annual workplans, as well as in core partner agreements.
- Monitor their performance in delivering on their commitments in support of the Gender Policy, taking action to improve performance where necessary.
- Hold themselves and other Alliance partners to account for the achievement of the Gender Policy's objectives.

To achieve this kind of engagement, action by at least three groups is proposed. First, the Alliance Coordination Team (ACT), which as a group '..central to the operating model of the Alliance management structure and [which] provides operational guidance and recommendations on Alliance investments and activities to maximise their impact on Alliance goals and objectives'[211] would assume responsibility for co-ordinating core partner efforts in support of the Gender Policy. In this role, it would ensure that core partners are involved in the update of the Alliance's Gender Policy, their contribution to the Policy's implementation is integrated into the implementation plan, annual workplans and core partner agreement. The ACT would also monitor core partner performance in delivering against their commitments and initiate action to address any problems arising.

Second, the core partner representatives who sit on the Alliance Board and on the Programme and Policy Committee (PPC). The kind of engagement described above marks a new development in Alliance's operations and relations between partners. It also comes with resource implications, which core partners will need to manage. In view of this, it is recommended that core partner representatives on the Alliance Board and the PPC are directly involved in scoping out the contribution their organisation will make to support the Gender Policy's implementation and the resourcing of that. Once agreements have been reached, these individuals would continue to play a supporting role to the ACT, ensuring their organisations are delivering on the commitments made.

Third, the entire Alliance Board, with support from the PPC. As the governing body of the Alliance, the Board would review overall performance in achieving the Gender Policy objectives and the contribution made by core partners. This will require some changes in Secretariat reporting to the Board, which, going forward, should cover core partner activities in support of the Gender Policy, and their results. Where results need improvement, the Board and PPC would provide guidance to the Secretariat and core partners on how this could be achieved.

Recommendation 5: Enhance internal Secretariat systems and processes to fully mobilise the organisation to implement the updated Gender Policy

This evaluation's best practice analysis (Annex F) suggests that a clear gender architecture in an organisation is key to building ownership and getting traction on gender issues. To step up the implementation of its Gender Policy, Gavi needs to move from a situation where its implementation depends on a small core group of people to one

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[211] Alliance Coordination Team Terms of Reference, July 2016.

where all relevant parts of the organisation are mobilised to make their contribution and are rewarded and held accountable for that. This organisation-wide mobilisation calls for multiple streams of action:

- **Integrate explicit commitments to contribute to the updated Gender Policy implementation into team performance management plans and into personal workplans for heads of teams central to the Gender Policy's implementation, e.g. Country Support, HSIS, PEF and Applications and Review:** Discussions with department and team leads about their role in supporting the Gender Policy's implementation would ideally be initiated as part of the Gender Policy update and continue during the development of the implementation plan. To communicate the importance of the update Gender Policy to Gavi's business, it is proposed that the Deputy CEO lead these discussions, which would result in agreements on the contribution each team and department will make to the Gender Policy's implementation over its five-year lifetime. Thereafter, and on an annual basis, department and team leads can incorporate relevant activities into the team performance management plans, in consultation with the GWG. For teams central to the Gender Policy's implementation, these team level commitments should also be reflected in the relevant team head's personal workplan.

- **Enhancing the role of the GWG in coordinating the Gender Policy's implementation:** A clear Policy implementation plan with a robust monitoring and evaluation framework, supported by department and team leads creates an enabling environment for the work of the GWG. It is proposed that the GWG should continue in its cross-organisation coordinating role of the Gender Policy's implementation, with four modifications:
    i. Ensure the GWG's composition is fully reflective of the main areas of the Alliance's work, especially the funding instruments. For example, it is understood that the GWG does not currently involve anyone with responsibility for the Partnership Engagement Framework, the main funding modality supporting Alliance core partners;
    ii. Update the GWG's Terms of Reference to set out more clearly the Group's functions and modus operandi, but also the specific role of GWG members. On the latter, it is proposed that members are expected to act as a bridge between the GWG and their respective department/team, connecting the work of their own team with the wider Policy implementation and vice versa.
    iii. Enable GWG members to fully commit to their GWG role, protecting and prioritising time to engage in the GWG and to support GP implementation in their own teams. This would be aided by getting the active support of department and team leads to contribute staff time to the Gender Policy's implementation, and through the integration in team performance management plans specific actions in this regard. It may, however, require staff deprioritising other areas of their work.
    iv. Greater clarity on the respective roles of the Deputy CEO and GWG Co-Chairs, and how they work together, in leading Alliance-wide implementation of the updated Gender Policy.

- **Appoint an experienced gender and equity specialist dedicated to supporting the Alliance in implementing the Gender Policy:** This evaluation's best practice analysis (Annex F) has indicated that hybrid models which draw upon dedicated staff with specialist gender expertise and a network of focal points across the organisation – the GWG in Gavi's case – help to create and maintain momentum around the implementation of gender policy commitments and ensure it has wide organisational ownership. Working as part of the GWG, the purpose of the proposed appointment is twofold. First, to have a dedicated resource to support the Policy's implementation and to enable Gavi to take its gender work to a more strategic level. Second, to bring in-house specialist gender expertise to aid Gavi departments, teams and core partners to operationalise the Gender Policy's commitments, drawing on good practices and building partnerships to facilitate learning and innovation.

- **Include familiarisation with the Gender Policy as part of Gavi's formal induction process for new hires and provide mandatory gender and equity training for all staff:** It is important to acquaint new staff with

organisational policies and then, at a later stage, offer other opportunities for engaging with key organisational policy agendas. Gavi has previously included a briefing on the Gender Policy in staff induction and it is recommended that this approach is renewed. It is also important that staff have an appreciation of the issues, which lie at the heart of their organisation's mission and strategy. For Gavi, this would include gender as part of wider concerns over equity. To achieve this, it is recommended that Gavi put in place a training programme to provide all Secretariat staff with a foundational knowledge of gender and equity issues, how they interact and limit access to immunisation services and how they can be addressed. Staff learning needs are likely to differ according to their role in Gavi and their previous exposure to gender and equity issues. To provide more tailored learning, the training programme could adopt a module approach, with a basic module for all staff and subsequent modules targeting particular sub-groups of Secretariat staff. Modules on respectful workplace behaviours and safeguarding could also be incorporated to provide an integrated package of gender training. Online formats could be considered to increase accessibility and reduce cost although opportunities to discuss the issues being covered in the training would need to be built in to assist the internalisation of the material. Development and facilitation of this gender and equity training would fall within the remit of the proposed gender and equity specialist. The specialist might review some of the gender training approaches and tools[212] used by other development agencies, including comparator organisations (see Annex F), some of which seek to professionalise gender expertise and result in recognised certification.

- **Put in place performance assessment systems that recognise, and encourage, staff support to the Gender Policy's implementation:** Organisational performance assessment systems can be effectively used to encourage certain behaviours or leverage resources towards particular organisational priorities. This approach can be especially influential in a context, like Gavi, where staff are overstretched and priorities are numerous. The ways in which Gavi's performance systems can be modified to encourage and recognise staff contributions to the Gender Policy's implementation needs to be worked up by those most familiar with the existing systems and able to authorise changes – most likely the Secretariat's Human Resources Department, Executive Office and Strategy, Funding and Performance Department. In doing so, it may consider whether there are other organisational priorities that would benefit from greater encouragement through staff performance assessment systems.

Recommendation 6: Intensify work with country partners to develop a detailed and contextualised understanding of the gender-related and other barriers to immunisation access, and put in place a tailored response using grant support and technical assistance

Accelerating equitable uptake and coverage of vaccines is one of Gavi's four strategic goals. The starting point for this is to enable country partners to have a nuanced understanding of economic and social context, which results in gender-related and other barriers to immunisation access, and put in place tailored programmatic responses. To date, Gavi has supported the use of a range of tools to understand barrier to access and to pinpoint service delivery bottlenecks. However, few of these have helped shine the light on gender-related barriers, which in any follow-up action is often overlooked in favour of addressing other barriers.

In future, it is recommended that Gavi take a more robust approach to working with core and country partners to understand the gender-related and other barriers to immunisation access and to put in place a tailored response. The data generated would be in complement to national sex-disaggregated coverage data, and would seek to deepen country partner understanding of the access different social groups, including girls and women, have to immunisation services. This would involve:

- **Developing a set of practical tools, with guidance and support to use them, to assist country partners, Secretariat and core partner staff to develop their understanding of gender-related and other barriers to**

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[212] See for example, http://nccdh.ca/resources/entry/gender-based-analysis-plus-online-course.

immunisation and possible programming responses. There are several relevant tools available, including UNICEF's equity assessment tool, and it is advised that Gavi review them to assess which, if any, meets Gavi and country partner needs, perhaps with some modifications, or whether bespoke tools are required.[213] The intention of the tools would be to facilitate the collection and analysis of quantitative and qualitative data to develop a nuanced picture of the economic and social context, including prevailing social norms, and the gender-related and other barriers to immunisation they result in, the relative severity of these barriers for target groups, and how the barriers interact. They might also assist the selection of relevant programming responses and provide guidance on ways in which results can be monitored. Use of the tools may require some familiarisation or even specialist expertise. The user skills required will need to be considered as part of the tool development process and appropriate guidance or training materials made available to enable their appropriate use. For any tools, like the (in)equity assessment tool, which require specialist expertise, it may be appropriate for one of Gavi's technical partners to 'own' the tool, and to build a core central capacity on its implementation.

- **Making a robust (in)equity assessment, which unpacks gender-related and other barriers to immunisation, a requirement for Gavi HSS support, which should be used to address those barriers identified as most acute.** The purpose here is to ensure that Gavi's support is grounded in a robust contextual analysis and is tailored to address critical barriers to immunisation for social groups often marginalised. HSS support would be used to address those barriers, with the assessment findings being cited in HSS proposals as evidence to support the planned programme. This is not to suggest that addressing gender-related barriers should be a focus of all future HSS support. Rather, the (in)equity assessment would determine the relative significance of gender-related barriers in a particular context and provide the evidence to support decision-making on how HSS funding can be best used to address barriers to immunisation services.

- **Using Gavi's planning, funding and review cycles to ensure country programming is tailored to addressing identified drivers of inequity.** This will require ongoing country dialogue to unpack, with country partners, the findings of the (in)equity assessment and to develop a programmatic response that tackles, in a proportionate way, multiple drivers of inequity, including gender issues. The resulting programmatic response would be supported by tailored country indicators, to monitor progress in addressing inequities, including gender-related barriers. This country dialogue will require the involvement of gender and equity specialists from Alliance core partners and potentially from the Secretariat at regular touchpoints with country partners.

- **Mandating and resourcing the IRC to quality assure the robustness of the (in)equity assessment and the tailored programmatic response, ensuring attention to gender-related barriers is proportionate in both.** To perform this role, gender and equity specialists would be required in the IRC to lead on this appraisal process, something which suggests the need to revisit the IRC's current modus operandi. Where the IRC raises concerns about the robustness of the assessment or the programmatic response, then Gavi funding, or elements of it, should be put on hold until major weaknesses have been rectified.

Recommendation 7: Build up and share among Gavi Alliance staff an evidence base of experience in understanding and addressing gender-related and other barriers to immunisation

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[213] The review should draw upon tools used by core partners, including the Coverage and Equity Assessment, which UNICEF is in the process of piloting. The review might also look at The Global Fund's Malaria Matchbox (https://endmalaria.org/sites/default/files/Malaria%20Matchbox_v4.pdf), which a key informant brought to the attention of the evaluation team. The tool is designed to improve the quality of malaria responses, by bringing into perspective how social, economic, cultural and gender-related barriers shape malaria epidemics in a country or region. It is understood that this toolkit is helping to place gender-related barriers more firmly on the radar in the malaria response, when survey data tends to suggest no gender disparities exist.

The Secretariat has invested in remaining current with international evidence on gender and immunisation (Finding 2) but could do more to maximise the utility of this evidence base and to collate and use country-level evidence (Finding 12). Making examples of good practice in addressing gender-related barriers available to country-facing staff could certainly aid those ready to pursue this dialogue with country partners but who lack familiarity with experience to date.

The main purpose of the recommended knowledge sharing would therefore be to provide Alliance country-facing staff with knowledge and resources to enable them to support countries to analyse the economic and social context and identify the gender-related and other barriers it results in, and address these barriers in programmes. Initially, the learning and resources collated and shared might focus on country experience of conducting (in)equity assessments and translating findings into programming, as well as country experience of addressing gender-related and other barriers to access, including what has worked and what has been less successful. Many such resources already exist, including among Gavi core partners and the Equity Reference Group, and the task of collating and filtering materials most relevant to Gavi staff could form part of the proposed gender and equity specialist's job description. These resources could be made available through Gavi's intranet, as well as through Secretariat brown-bag lunches, where, through presentation and discussion, Alliance country-facing staff might share their own experience of working with country partners to understand and address gender-related and other barriers to access. With time, the knowledge sharing could take a more demand-led approach, with country-facing staff identifying specific gender issues or resources they would like to be more familiar with.

7 Annexes

A. Terms of Reference

REQUEST FOR PROPOSAL

1. Purpose of the Project

Gavi Alliance ('Gavi') is commissioning this independent, external evaluation at the request of the Alliance Board. The purpose of this evaluation is to assess the overall design, implementation and results of Gavi's current Gender Policy (2013). At the time of its approval, Gavi committed to review and update the gender policy in 2019, as well as conduct an external evaluation.

The evaluation findings and recommendations are intended to inform the future direction and revision of Gavi's Gender Policy, as well as to inform discussions for the development of Gavi's 2021–2025 strategy ('Gavi 5.0'). The key target audience for the evaluation is the Alliance Board, although findings will be of key interest for Gavi, partners and donors.

2. RFP Instructions

2.1. RFP Rules

Gavi invites you as a Service Provider to submit a competitive bid by responding to this Request for Proposal (RFP) for the Evaluation of Gavi's gender policy (RFP-EGGP201808). Please follow these instructions in completing your bid.

  i. This entire RFP and all related discussions, meetings, exchanges of information, and subsequent negotiations that may occur are confidential and are subject to the confidentiality terms and conditions of the Intent to Participate letter attached as Annex 1. All bidders are required to complete and return the Intent to Participate letter.
  ii. The issuance of this RFP in no way commits Gavi to make an award nor commits Gavi to pay any costs or expenses incurred in the preparation or submission of proposals or quotations. Bidders are solely responsible for their own expenses, if any, in preparing and submitting an offer to this tender. Gavi is under no obligation to justify the reasons for its supplier(s) choices as a result of this RFP. Gavi may choose not to justify its business rewarding decision to the participants to this tender.
  iii. Gavi reserves the right to:
  - reject any proposal without obligation or liability to the potential Service Provider;
  - withdraw this RFP at any time before or after submission of bids, without prior notice, explanation or reason;
  - modify the evaluation procedure described in this RFP;
  - modify the timelines of the RFP;
  - accept other than the lowest price offer;
  - award a contract on the basis of initial offers received, without discussions or requests for best and final offers;
  - decide not to award any contract to any Service Provider responding to this RFP;
  - award its total requirements to one Service Provider or apportion those requirements among two or more Service Providers as Gavi may deem necessary.
  iv. All bids must indicate that they are valid for no less than sixty (60) days from the quotation due date.
  v. Faxed copies will not be accepted. Late quotations are subject to rejection.

vi. Gavi reserves the right to request additional data, information, discussions or presentations to support part of, or your entire bid proposal. Service Providers or their representatives must be available to discuss the details of their proposal during the evaluation process.

vii. All responses should be submitted in electronic version.

viii. The proposed time plan set out below indicates the process Gavi intends to follow. If there are any changes to this time plan, Gavi will notify you in writing.

ix. If the applicant is a US Citizen or resident (Green Card holder) or a non-US person living or working in the US, they should be aware of OFAC regulations.

2.2. Time Plan

Event	Responsible Party	Time Lines
Launch RFP	Gavi	30 July 2018
Q&A sent to Gavi	Service Provider	10 August 2018
Send Intent to Participate letter	Service Provider	10 August 2018
Conflict of Interest letter sent to Gavi	Service Provider	10 August 2018
Gavi response to Q&A	Gavi	14 August 2018
Proposals received by Gavi	Service Provider	28 August 2018
Service provider Selection	Gavi & Service Provider	14 September 2018
Contract issued – Project start	Gavi & Service Provider	5 October 2018

2.3. RFP Process and Contact Information

2.3.1. Instructions to Service Providers

Any Service Provider may request further clarification on matters pertaining to this RFP by submitting its question(s) in writing to the individual identified below. Due date for Q&A submission is stated in Section 2, para 2.2 Time Plan. In order to keep the RFP competition fair, questions on the substance of the RFP will only be answered in a public document released as stated in Section 2, para 2.2 Time Plan. Please do not contact other Gavi staff to discuss the RFP. To address your questions, please use the form attached as Annex 2.

2.3.2. Confirmation of Intent / Confidentiality

Please transmit your intent to participate using and signing the document in Annex 1. This RFP contains information that is confidential and proprietary as stated by the 'Intent to Participate' document. Each Service Provider is required to transmit a written confirmation of intent or decline as stated in Section 2, para 2.2 Time Plan. Confirmations of intent should be submitted by email to the below mentioned contacts.

Acceptable means of transmission include computer file with digital signature.

Gavi Alliance RFP Contact Information			
Question Type	Contact Person	Contact Role/Title	Contact Information
Contractual RFP & Contract Terms & Conditions, Proposal Format, etc.	Manfred Wattinger	Senior Manager Procurement	Phone: +41 22 909 29 18 Email: mwattinger@gavi.org
Technical RFP Deliverable Specifications & Requirements	Abdallah Bchir	Head, Evaluations	Phone: +41 22 909 65 42 Email: abchir@gavi.org

2.4. Required Proposal Format & Proposal Content

Responses to this RFP must consist of the following:

1. Cover letter, which includes:

- Name and address of the Service Provider
- Name, title, telephone number, and email address of the person authorized to commit the Service Provider to a contract
- Name, title, telephone number, and email address of the person to be contacted regarding the content of the proposal, if different from above
- A signature of this letter done by a duly authorized representative of your company

2. Electronic copy

- Documents and spreadsheets in **MS-Office format**
- Diagrams and drawings in **MS-Visio or MS-PowerPoint Office format**

Please do not submit generic marketing materials, broadly descriptive attachments, or other general literature.

2.5. Conflict of interest

No members of the team may have been involved in the design, implementation, supervision or coordination of any intervention to be assessed. Please complete, sign and send this conflict of interest as stated in Section 2, para 2.2 Time Plan.

3. Gavi Overview

3.1. Our Mission

To save children's lives and protect people's health by increasing access to immunisation in poor countries.

The Gavi Alliance is a unique organisation that aligns public and private resources in a global effort to create greater access to the benefits of immunisation. It does this with precision and in creative, innovative ways to ensure that donor contributions efficiently save lives and help build self-sufficiency in the world's poorest communities and regions. It brings together all the main actors in immunisation including developing country and donor governments, the World Health Organization, UNICEF, the World Bank, the vaccine industry in both industrial and developing countries, research and technical agencies, civil society organisations, the Bill & Melinda Gates Foundation and other private philanthropists.

For more information please visit the Gavi website: http://www.gavi.org/about/mission

4. Background and Context for This Analysis

4.1. Gender and Immunisation

Gender plays an important role in immunisation and is one of the core components of Gavi's commitment to equity and equality in immunisation as it cuts across all aspects of equity and health. Research has found that in societies where women have a low status and therefore lack access to immunisation and other health services, both girls and boys are less likely to be immunised. Illiteracy and low education among women is one of the most common gender barriers to immunisation[1]. A study by Onsomu et al., (2015) concluded that women in Kenya with primary and secondary education were between 2 and 3 times more likely to immunise their children against DPT than mothers having less than primary or no education. In addition, barriers such as long-waiting times at clinics and immunisation sites only open during working hours have been identified as barriers by women working in income generation activities in Bangladesh.[2] It is vital that these and other gender-related barriers are understood and addressed if Gavi is to achieve its mission of reaching the fifth child.

When looking at sex discrepancies in immunisation, immunisation is one of the only health interventions where at a global and country level there is gender parity. Both girls and boys get protection from vaccines in equal measure, greatly reducing child mortality rates. However, there are exceptions where differences favouring either boys or girls, do exist in some regions, countries and socio-economic groups. In addition, evidence confirms that national aggregate and/or survey data may hide sex discrepancies. For example, district level household surveys in Haryana India found a 5.7% difference between male and female children for full vaccination prior to the National Rural Health Mission scheme[3].

The Sustainable Development Goals (SDG) adopted by world leaders in 2015 brought a greater focus on gender equality and women's empowerment, both as a stand-alone goal, SDG 5, on gender equality and as a cross-cutting theme with more than 30 related targets. This has placed gender at the heart of the SDGs, and a key aspect of Leaving No One Behind[4]. Donor interest and attention on Gavi's engagement in gender has also heightened, with donors including Canada, Netherlands, the Nordic donors and UK expressing interest on how Gavi addresses barriers to reduce gender inequalities. In addition, although noting that Gavi had a strong commitment to gender, the 2015–16 Multilateral Organization Performance Assessment Network (MOPAN) report highlighted that country partners appeared not to have good knowledge of Gavi's Gender Policy, and those who knew about it assessed Gavi's implementation of it as only 'moderate'.

4.2. Gender at Gavi

Gender is an important component of Gavi's corporate and programmatic culture. Gavi calls for gender balance in all areas of work, including throughout the governance structures and human resources and salaries of Secretariat staff. This commitment to gender allowed Gavi to be awarded one of the nine 'top performer' organisations in the recent Global Health 50/50 report.

Programmatically, Gavi has had a Gender policy since 2008. In 2013, the Gavi Board approved a reviewed and updated this policy (Annex 4). The current policy has two central aims: to support countries to overcome the gender-related barriers to accessing health services in order to increase immunisation coverage; and to promote equity and equality of access to health services, by responding to the different health needs of all girls and boys, women and men (Gavi 2013). The policy calls for gender-sensitive funding and programming[5], generating new data and evidence, exercising leadership and advocating for gender equity and equality, and increasing accountability for gender-related results. The policy includes a results framework which outlines the theory of change (Gavi Gender Policy, Annex 1) of the policy and ways in which Gavi will monitor policy implementation progress.

The policy is being implemented through:

1. Promoting gender parity and reducing gender-related barriers as a key objective in country guidance, grant programming and grant application, monitoring and review processes. This is through mainstreaming gender in all Gavi's funding streams and guidelines (including health systems strengthening, new vaccine support and targeted country assistance) and the strategic focus areas (particularly demand promotion, data and leadership, management and coordination). Support to countries in identifying gender-related barriers and bottlenecks is primarily through the Partners Engagement Framework (PEF), where an equity analysis is conducted by Alliance partners for 11 countries from 2014–17[6]. The HSS grants is how Gavi supports countries to address all barriers to immunisation, included those related to gender particularly through the strategic focus areas (SFA). In addition, Gavi supports two vaccines that particularly benefit women's and girls' health: Human Papillomavirus (HPV) and rubella vaccines. Gavi also develops partnerships with key private and public sector organisations to further its objectives. For example, Gavi has partnered with Girl Effect to increase the uptake of HPV vaccine among adolescent girls by leveraging its culture brands.

2. Monitoring the impact of our policies and their implementation on gender equity and equality in Gavi-supported countries. In its strategic framework for 2016–20, Gavi has two gender indicators. The first is a gender equity-related indicator which uses education status as a proxy for women's

empowerment and tracks the differential level of vaccine coverage in children whose mothers have no education and children whose mothers have secondary or higher education. Gavi also monitors sex-disaggregated coverage for three doses of the pentavalent vaccine (as measured through household surveys). Gavi also tracks these indicators in the 2016–2020 Gavi strategy/Alliance accountability framework and tracks indicators from the gender policy monitoring and evaluation framework (as seen in Annex 4). Gender-related indicators are routinely monitored for Gavi-supported countries on Gavi's Grant Performance Framework (GPF) and its analysis are routinely used for in-country discussions on progress and performance on implementation of gender initiatives and strategies.

3. Articulating and positioning Gavi's public policy on gender and immunisation through a range of communication and advocacy efforts, including engagement on gender in global, regional, national policy and political platforms. For example, Gavi has been extensively engaging in developing the Global Compact on Refugees (GCR) to ensure an emphasis on gender equality and health. The latest draft of the GCR carries language on 'gender-responsive health services including the recruitment and deployment of female health workers'. Efforts are also made to ensure gender is mainstreamed in all Gavi communications and annual reports, including visuals of both males and females as caregivers.

Implementation of the policy is being monitored by the Gender Working Group (GWG), a cross Gavi team comprised of 20 staff across policy, programmatic, corporate, and governance dimensions of Gavi's work (See Annex 5 for GWG Terms of Reference). The GWG have an annual workplan that is shared with the Gavi Board at the end of each year. Workplan activities include (but are not limited to) qualitative and quantitative analysis of country documents (Joint Appraisals (JA), Independent Review Committee (IRC) reports, Health Systems Strengthening (HSS) grants to assess gender-related barriers and sex discrepancies to immunisation). Findings from this analysis is shared with relevant teams across the Secretariat, particularly country-facing teams. In addition, an annual literature review is conducted to gather the evidence base on gender and immunisation literature, potential interventions to tackle gender-related barriers and best practices.

Given the current implementation of the gender policy, an important next step is to evaluate the effectiveness of Gavi's gender policy, including taking stock of achievements and identifying best practices from other similar organisations and literature for the revision of Gavi's gender policy, as well as inform discussions for the development of Gavi's 2021–25 strategy.

5. Objectives and Scope of the Evaluation

5.1 Objectives

The main objectives of this evaluation are:

- To assess the strengths and weaknesses of the 2013 gender policy including the design, objectives, goals and theory of change.
- To assess the effectiveness and efficiency of the processes related to implementation and management at the global and country levels.
- To provide evidence-based findings to assist decision making for the implementation and revision of the gender policy.

5.2 Scope

The evaluation will be retrospective, covering the period from January 2014 to October 2018 for which the 2013 Gender Policy was applied. The evaluation will cover two Gavi strategic periods (2011–2015, 2016–2020). The evaluation is intended to assess the design, implementation and results of the application of the 2013 Gender policy, with a specific focus on the assessing its application in addressing gender-related barriers and sex discrepancies in immunisation, through the four goals:

- Ensure gender-sensitive funding and programmatic approaches
- Generate, support, report and analyse new evidence and data

- Advocate for gender equity and equality as a means to improve immunisation coverage
- Increase accountability for gender-related results

As outlined in the methodology, the bidder may propose a list of criteria to be used to select the countries to be considered for remote case studies.

The gender representation in Gavi governance bodies and the Gavi Secretariat gender-related HR policies are out of scope of the evaluation.

6. Evaluation questions

6.1 Current Policy

6.1.1 Design

a. To what extent was the current gender policy:
  - Designed in consultation with global and country partners?
  - Designed to reflect country concerns/ constraints/ differences between countries?
  - Iii. Evidence based?
  - Clear in its language around 'gender'? How did this influence, positively or negatively, the interpretation of the policy by stakeholders?

b. To what extent is/does the design of the current Gender Policy:
  - Clearly articulate the objectives, targets, M&E framework, theory of change, strategic direction?
  - Reflect lessons learnt from the previous 2008 Gavi gender policy?
  - Relevant to Gavi's strategic goal (2016–20) in particular Goal 1 (on accelerating equitable uptake and coverage of vaccines) and Goal 2 (on increasing effectiveness and efficiency of immunisation delivery as an integrated part of health systems)?

c. To what extent does the gender policy help Gavi respond to the practical and strategic gender needs and strategic interests of girls, women, boys, men related to immunisation?

d. To what extent does the current monitoring framework enable gender-sensitive programming?

6.1.2 Implementation - global level:

a. To what extent has the Gavi Gender Policy been effectively and efficiently implemented with Gavi Secretariat teams? Including:
  - Coordinated and mainstreamed by Secretariat departments, e.g. country-facing teams and key stakeholders adequately briefed on key objectives of policy?
  - Was an effective monitoring system put in place to monitor management arrangements? How was this used to inform policy implementation?
  - Was there adequate resourcing (staff and financial) in place to enable implementation of the gender policy?

b. To what extent were Gavi's health systems strengthening (HSS) grant applications and reporting, PEF technical support requests, and New Vaccine support application from 2014–2018 informed by:
  - An analysis of sex-disaggregated data?
  - A robust gender analysis to identify gender-related barriers?
  - Aligned with the objectives of the gender policy?

c. To what extent were Gavi's HSS grants/PEF technical support/New Vaccine support review bodies (including Independent Review Committee (IRC), High Level Review Panel (HLRP), Country Engagement Framework (CEF)/ Partners Engagement Framework (PEF) review body):
  - Informed/sensitised on Gavi's gender policy?

- Ensure applications were reviewed for different support windows with a gender perspective?

d. To what extent has Gavi articulated goals of the gender policy with Alliance partners and worked effectively together to ensure implementation of the policy? To what extent are Alliance partners resourced to implement Gavi's policy?

e. To what extent was the monitoring approach effective in measuring progress towards addressing gender-related barriers and challenges with sex discrepancies in immunisation? How was this information used to determine targeted assistance to countries?

f. To what extent has the Gavi Secretariat's resourcing approach (i.e., no dedicated gender experts/staff, but rather mainstreamed throughout Secretariat teams with the GWG) been an effective and efficient mechanism to coordinate the implementation of the gender policy within the Secretariat and in a harmonized way with partners and other organisations considering:
- The relevance of the GWG terms of reference?
- The membership of the GWG, and resources available (time, knowledge etc.)

6.1.3 Implementation: Country level:

a. To what extent have countries used available funding provided by Gavi to implement:
- Systems that allow for sex disaggregation of data?
- Gender-sensitive programming?

b. To what extent was communication with countries and key stakeholders and Alliance partners done in an effective and efficient manner to understand gender-related barriers/sex discrepancies considering:
- Communication quality and process(es) during the application/review process through guidelines?
- Communication by country-facing teams (Senior Country Managers (SCMs) and technical teams) with country stakeholders through country missions/joint appraisals?
- Communications through Gavi's website, FAQ, Factsheets etc.?

c. To what extent did countries have adequate incentives/support to include gender-specific budgets and programming?

6.1.4 Results/Outcomes

a. To what extent did Gavi meet the goals as articulated in the Gender Policy- in particular:
- Ensured gender-sensitive funding and programmatic approaches? (E.g. through guidelines/application; review criteria; grant approval, monitoring and evaluation procedures; HSS grants, Vaccine Investment Strategy (VIS), and support to civil society).
- Generated, supported, reported and analysed new evidence and data on gender and immunisation (e.g. through systematically reporting and analysing sex-disaggregated data and contributing to evidence generation on gender, immunisation and the link to improved health outcomes)?
- Played a role in advocating for gender equity and equality as a means to improve coverage?
- Increased accountability for gender-related results for the achievement of Gavi's Gender Policy goals?

b. To what extent has the policy facilitated the country dialogue process (e.g. through joint appraisals, the Country Engagement Framework (CEF), country missions) to allow for participation of a diverse and inclusive set of stakeholders, with experience and/or knowledge in context-specific gender inequities?
- Why or why not?

     c.   To what extent did internal and/or external factors facilitate or hinder achievement of the Gender Policy's goals?

     d.   To what extent were there (if any) positive and/or negative unintended consequences of the Gender Policy?

6.2 Future policy

6.2.1 Recommendations

     a.   How should Gavi appropriately tailor and revise its Gender Policy to be relevant, effective, and efficient to improve intended results/outcomes? Considering:

- Position of the future Policy in light of Gavi's 2021–2025 strategy ('Gavi 5.0').
- Alignment with existing global and regional initiatives (SDGs, Global Vaccine Action Plan (GVAP)).
- Newly identified approaches and methodologies- e.g. moving beyond equity to empowerment of women and girls).
- Donor concerns and considerations.
- What would be the resources (financial, human, partnerships with other organisations/private sector etc.) required to implement the proposed recommendations?
- What could be strengthened to improve monitoring and evaluation for gender-response programming? What indicators can be strengthened to measure Gavi's institutional progress, programme design and impact at country level?

     b.   What changes are required to the theory of change to remain logical and relevant for Gavi's strategic goal (particularly Goal 1 and 2)?

     c.   To what extent can best practices/lessons learnt from academia and other Alliance and health organisations be leveraged to inform Gavi's revised Gender Policy? What are these lessons learnt and best practices in relation to addressing gender-related barriers in immunisation?

7. Methodology

In order to respond to the above questions and provide a high-quality report, bidders are expected to employ a range of evaluation methods, demonstrate impartiality and lack of biases use internationally agreed evaluation criteria Development Assistance Committee (DAC) be consistent with addressing the evaluation questions given the evaluability challenges and the allotted budget and time, and to pursue innovation where suitable. Bidders should develop as part of their proposals an evaluation framework with fit-for-purpose methods and approaches. Bidders should also consider how best to maximise efficiencies in their approach for global, regional and country level stakeholders.

Bidders are requested to consider the proposed list of criteria to be used to inform the selection of at least five countries to be considered for remote in-depth case studies (additional criteria may be proposed by the bidders):

- A country with differences in immunisation coverage between boys and girls (M>F or F>M) and a country with no differences in immunisation coverage.
- A country with national and health sector plans (including Country Comprehensive Multi-Year Strategic Plans (cMYP)) addressing gender issues.
- A country that has conducted an equity analysis using PEF support.
- A country that used Gavi funds to address gender-related barriers to immunisation.
- A country that has introduced HPV.

Bidders are also encouraged to benchmark Gavi's 2013 Gender Policy against Gender Policies from other organisations/development agencies, as part of the proposed evaluation approach.

The bidders should utilise a range of data sources, including but not limited to the following:

1. Primary data sources, including:

- Global level stakeholders: Alliance partners (including members of the Equity Reference Group), Gavi staff, including Gender Working Group members, Senior Country Managers (SCM), Health System and Immunisation Strengthening (HSIS) teams including focal points for strategic focus areas, PEF teams, Policy focal points, Public Policy Engagement and communications teams, donors, external gender experts.
- Regional and country level stakeholders: country representatives including Ministry of Health, Expanded Programme on Immunization (EPI) managers, Civil Society Organisations (CSO) in country, gender representatives in government, female front-line health workers etc.).

2. Review and use of secondary data sources, including:

- Key Gavi documents (e.g. Gavi operational guidelines, programming guidance to countries, relevant SFA strategies (demand, data), relevant Gavi Board and Programme and Policy Committee papers, annual report to the Board on the implementation of the gender policy, Gavi annual progress report, IRC reports and minutes, country Grant Performance Frameworks (GPF), PEF Technical Country Assistance requests, Joint Appraisals, New vaccine support requests and guidelines, annual Gender Working Group Plan of Activities, internal monitoring of implementation of gender policy (annual implementation plan) and strategy monitoring indicators etc.).
- Gavi commissioned assessments and evaluations (2014–2018 gender and immunisation peer-reviewed literature review, 2014–2018 internal analysis of Health Systems Strengthening grants and new vaccine support, Evaluation of Gavi's Gender Policy (2012), Evaluation of HSS grants)[7].
- Country comprehensive multi-year strategic plans (cMYP), national development plans, High level political forum (HLPF) reporting, progress reports etc.

8. Requirements, Deliverables & Timelines

8.1 Requirements

Following the issuance of the RFP, all interested bidders are invited to submit a proposal not exceeding 25 pages including:

- Understanding and background of the topic under review;
- Evaluation framework with the evaluation questions to be addressed;
- Detailed description of the evaluation methods and approaches, and acknowledgement of potential limitations;
- Detailed workplan and timeline to conduct evaluation;
- Proposed team composition, responsibilities and structure;
- Detailed communication plan for dissemination of results at global and regional/country levels; and
- Quality assurance plan that covers all key steps of the evaluation process.

The following documents should be attached to the proposal:

- CV (resumes), not exceeding five pages for each team member;
- Supplier past performance information, not exceeding five pages; and
- Other document that may be relevant to clarify expertise in conducting the work.

The evaluation team should demonstrate qualification, experience and competencies in the following areas:

- Professional background and competency in complex analyses and public health, specifically immunisation.

- Extensive understanding and experience in evaluating gender equality/equity-related interventions and programmes at the global, country or organisational level, preferably in developing countries.
- Experience conducting evaluations, including extensive experience with appropriate evaluation design, mixed methods evaluation skills and policy evaluation.
- Knowledge of or prior work experience with Gavi (or a similar organisation, including but not limited to The Global Fund, WHO, UNICEF etc.) is an added advantage.
- Excellent communication skills, including writing and presentation skills.
- Experience working in the region and preferably in the selected countries (as noted above, preference will be given to local / regional institutions or those partnering with local / regional institutions); and
- Ability to meet tight deadlines with high-quality products.

Bidders are encouraged to include links to any similar previous work products available online that demonstrate their relevant experience and expertise.

8.2 Deliverables and Timelines+

Deliverable	Date
Draft inception report	Three weeks following signature of contract (29 October 2018)
Final inception report	5 November 2018
Draft final report	25 January 2019
Final report	4 March 2019
Presentation (slides) of evaluation results	(TBD) March 2019
Presentations of evaluation results at regional and global (Gavi) level(s)	(TBD) April 2019

8.3 Vendor Assessment

Please complete the hereby attached Vendor Assessment form:

9. Evaluation Criteria

9.1 Decision-Making Process

The decision to award any contract as a result of this RFP process will be based on Service Provider's responses to this RFP, quality of recommended expert resources and any subsequent negotiations or discussions.

The decision-making process will consider the ability of each Service Provider(s) to fulfil Gavi requirements as outlined within this RFP, and cost of the review proposals will be evaluated as appropriate against the following criteria:

- Technical criteria:
    - Evaluation framework and design.
    - Demonstrated understanding and operationalisation of the evaluation questions.
    - Appropriate and sufficiently detailed methods proposed for undertaking the work.
    - Ability of the bidder to carry out scope of work (based on qualifications of the team, including CVs of key experts).
    - Understanding of, and ability to meet, Gavi's requirements and deliverables. Preference will be given to local / regional institutions or those partnering with local / regional institutions of Gavi countries.
    - Service Provider's qualifications, reputation and backstop support.
    - Experience with similar projects; and
    - Track record of conducting high-quality evaluations.

- Pricing:
  - Overall cost; and
  - Realistic costing of the proposal, based on the knowledge, skills and experience of the team, and relative to the expected deliverables.

10. Financial Proposal

10.1 Requirements for Financial Proposal

The financial proposal should be a stand-alone document (using excel). This should:

i. Provide full details of your financial offer. This should include fixed costs and any variable costs.
ii. Indicate the components of your financial offer.
iii. We recommend using the template inserted as Annex 3.
iv. Provide the past 3 years' Financial Statements, namely: Auditor's page, Income/P&L, Balance Sheet & Cash Flow.

Please note that in accordance with Gavi's Headquarters Agreement with the Swiss Government Gavi is exempt from VAT, as well as customs taxes and duties in Switzerland. Consequently, your prices will have to be submitted to us net of any tax and in US$. The necessary documents will be sent to the selected provider(s) upon the ordering procedure

11. Annexes

11.1 Annex 1: Written intent to participate

11.2 Annex 2: Q&A form

11.3 Annex 3: Financial proposal template

11.4 Annex 4: Gavi's gender policy

11.5 Annex 5: Gender working group TOR

[1] 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] Perry H, Nurani S, Quaiyum A, Jinnah SA, Sharma A. Barriers to immunization among women and children living in slums of Zone 3 of Dhaka city, Bangladesh: a qualitative assessment. Dhaka, Bangladesh: ICDDR,B; 2007. Available from https://goo.gl/xWUe11

[3] Gupta, M., Angeli, F., Bosma, H., Rana, M., Prinja, S., Kumar, R., & van Schayck, O. (2016). Effectiveness of Multiple-Strategy Community Intervention in Reducing Geographical, Socio-economic and Gender Based Inequalities in Maternal and Child Health Outcomes in Haryana, India. PLOS ONE, 11(3), e0150537. http://dx.doi.org/10.1371/journal.pone.0150537.

[4] https://unstats.un.org/sdgs/report/2016/leaving-no-one-behind

[5] Gender-sensitive funding and programming takes into account the impact of policies, projects and programmes on men, women, boys and girls and mitigate any negative consequences thereof.

[6] Countries include Central African Republic, Chad, Comoros, Cote d'Ivoire, Haiti, Mali, Madagascar, Niger, Sierra Leone, Somalia, Uganda,

[7] https://www.gavi.org/results/evaluations/health-system-strengthening-evaluations-2013–2015/. Additional Gavi-commissioned and country-commissioned evaluation of Gavi HSS grants will also be made available to the successful bidder.

B. Evaluation matrix

Evaluation questions	Sub-questions	Indicators	Data sources
Overarching question: **To what extent has the 2013 Gavi Gender Policy enabled countries to overcome gender-related barriers to accessing immunisation services and to promote equity of access and utilisation of immunisation services for all girls and boys, women and men?**			
Workstream A			
A1 Process: Was the design of the GGP participatory and appropriate? A) DESIGN Right things	A1.1 To what extent was the current gender policy designed in consultation with global and country partners? • What was the breadth/stakeholder coverage of consultations undertaken (internal/external stakeholders and global/regional/country levels)? • What was the level of stakeholder engagement in the gender policy review process? How were global and country partners consulted and how was their input used?	• Number of consultations held and number of stakeholders participating across the various groups of stakeholders; • Issues raised in consultations which are reflected in the gender policy; • Extent of engagement from Gavi EO/SMT.	• Document review: Minutes of meetings held with partners, minutes of GWG meetings, GWG reports • Key informant interviews with GWG members, Gavi core partners, Gavi donors, Gavi Regional Managers, Gavi Senior country managers and country partners
	A1.2 To what extent was the current gender policy designed to reflect country concerns/constraints/ differences between countries? • How were country issues used to inform the current gender policy? • How are country issues and needs reflected in the current gender policy?	• Presence of clearly articulated role of the gender policy in supporting country needs.	• Document review: Minutes of meetings held with partners, minutes of GWG meetings, GWG reports, Gender Policy analysis • Key informant interviews with GWG members, Gavi core partners, Gavi donors, Gavi Regional Managers, Gavi Senior country

			managers, IRC members and country partners
	A1.3 To what extent was the current gender policy evidence based? • What analyses were undertaken to inform the current gender policy? How were their findings reflected in the current gender policy?	• Robustness/strength of analysis undertaken to inform policy; • Extent to which evidence of findings are reflected in policy.	Document review: Gender and immunisation publications drawn on to inform Gender Policy, Gender Policy analysis • Self, Society, Institutions analysis • Key informant interviews with GWG members, Gavi core partners, independent experts and Gavi donors
	A1.4 To what extent was the current gender policy clear in its language and concepts around gender? • Are the language and concepts used in the gender policy clear and aligned with those agreed internationally? • In what ways did the language and concepts influence the interpretation of the policy? • How did this influence, positively or negatively, the interpretation of the policy by stakeholders?	• Clarity and coherence of gender language and concepts; • Consistency/differences in the interpretation of the policy by stakeholders.	• Document review: global normative frameworks relating to immunisation and gender equality, Gender Policy analysis • Benchmarking/Good practice analysis • Key informant interviews with GWG members, Gavi core partners, Gavi donors, IRC members and independent experts

A2 Content: To what extent was the GGP relevant and reflected broader Gavi strategy and MEL systems?	A2.1 To what extent did the design of the current GGP clearly articulate the policy's objectives, targets, M&E framework, theory of change, strategic direction? • Were the current gender policy objectives clearly defined? • Were the current gender policy objectives supported by an M&E framework, including measurable targets? • Was the current gender policy supported by a logical ToC, with sound assumptions? • Did the current gender policy have a clear vision statement / strategic focus?	• Clarity of the current gender policy objectives; • Existence of an M&E framework with clear and measurable targets linked to the objectives; • Presence of a ToC coherently setting out the logic of the current gender policy.	• Document review: Gender Policy analysis, Analysis of Gavi Global Strategies 2011–2015 and 2016–2020 • Benchmarking/Good practice analysis • Key informant interviews with GWG members, Gavi partners, Gavi donors, Gavi Regional Managers, Gavi Senior country managers, IRC members.
	A2.2 To what extent did the design of the current GGP reflect lessons learnt from the previous 2008 Gavi gender policy? • How did the current gender policy take into account the findings and recommendations from the 2012 Gender Policy Evaluation?	• Evidence of adoption/incorporation of the findings and recommendations of the 2012 evaluation.	• Document review: analysis of Evaluation of Gender Policy 2008 and management response • Key informant interviews with GWG members, Gavi partners, Gavi donors.
	A2.3 To what extent has the design of the current GGP aligned with Gavi's Strategy (2011–2015 and 2016–2020) in particular Goals 1 and 2? • Did the current gender policy explicitly outline clear and coherent linkages with Gavi's Strategy and Strategic Goals? • Were the current gender policy objectives consistent and aligned with those of Gavi's Strategic Goals 1 and 2?	• Evidence of explicit linkages with the Gavi Strategy and Strategic Goals; • Consistency and alignment between the current policy objectives and those of Gavi's Strategic Goals.	• Document review: Analysis of Gavi Strategy 2011–2015 and 2016–2020 and Gender Policy 2013 • Key informant interviews with GWG members, Gavi core partners, Gavi donors, IRC members and Gavi country managers

	A2.4 To what extent has the design of the current GGP aligned with the SDGs and other international commitments on gender and immunisation? • Did the current gender policy reflect the commitments made in the SDGs and other international agreed commitments on gender? • Were the current gender policy objectives consistent with those made in the SDGs and other international commitments on gender?	• Evidence of explicit reference to gender SDGs and other commitments; • Consistency/coherence in the gender policy's objectives with those commitments.	• Document review: global normative frameworks relating to immunisation and gender equality, analysis of Gender Policy 2013 • Benchmarking/good practice analysis • Key informant interviews with GWG members, Gavi core partners, Gavi donors, IRC members, Independent experts
Workstream B – Implement the right way (Efficiency)			
B1 To what extent, and how, has the Gavi Secretariat efficiently implemented the GGP at the global and country levels to enable partners to address gender-related barriers to immunisation? **B) IMPLEMENTATION** **Right way**	B1.1 To what extent, and how, has the GWG provided effective leadership and coordination of the GGP's implementation? • To what extent were roles and responsibilities of the GWG for the implementation of the policy clearly defined, including clarity of ToR, level of capacity, knowledge, expertise acquired, etc? • To what extent, and how, have GWG members provided leadership for the Gender Policy implementation in their respective teams? • To what extent, and how, has the GWG coordinated the ongoing implementation of the Gender Policy? Was there a clear action plan for the implementation of the policy? Have gender-related activities been implemented in a timely manner?	• GWG members have a shared understanding of their role and are able to deliver on it. • Staff in a range of Gavi Secretariat departments are contributing to the implementation of the Gender Policy. • Evidence of coordinated action by Secretariat departments and core partners.	• Document review: analysis of GWG ToRs, GWG workplans, GWG reports to Board, Gavi Secretariat department workplans • Key informant interviews with GWG members, Gavi Regional Managers, Gavi Senior Country Managers, • Survey of Gavi Secretariat staff

	B1.2 To what extent, and how, have staff and core partners been enabled to progress Gender Policy objectives in their work? • To what extent have Secretariat staff at all levels had a clear and common understanding of the gender policy objectives? How has this been achieved? • To what extent did Secretariat staff have the necessary gender competencies to progress Gender Policy objectives in their work? How have Secretariat staff prioritised gender in their work? • To what extent have Gavi core partners had a clear and common understanding of the gender policy objectives? How was this achieved? • To what extent have Gavi core partner staff had the necessary gender competencies to progress Gender Policy objectives in their Gavi-supported work? • To what extent and how has gender been integrated into Gavi core funding processes and review bodies (e.g. IRC, HLRP, CEF and PEF review bodies)?	• Evidence of Secretariat staff at all levels having a clear and common understanding of Gender Policy objectives • Evidence of Secretariat staff at all levels report having the necessary skills to implement the Gender Policy in their work • Evidence of Gavi core partners having a clear and common understanding of Gender Policy objectives and how it relates to their own Gavi-supported work • Evidence of Gavi core partners having the necessary skills to implement the Gender Policy in their Gavi-supported work • Analysis of gender-related barriers to immunisation services is encouraged and incentivised in funding processes	• Document review: analysis of Gavi gender training (where available), gender programming guidance, core partner agreements and reporting, funding applications and reporting requirements for Gavi's support (HSS, vaccine support and PEF support), IRC analysis • Key informant interviews with Senior Secretariat staff, Independent Review Committee, Gavi core partners, Gavi donors, Gavi Regional Managers, Senior Country Managers in 10 case study countries, country partners • Survey of Gavi Secretariat staff
	B1.3 To what extent has Gavi committed adequate financial resources to the implementation of the Gender Policy? • To what extent have GWG members had adequate resources (time commitment and budget) allocated to enable them to progress Gender Policy implementation? • What budget allocation has Gavi made to support the implementation of the Gender Policy?	• Volume of financial resources allocated to enable the implementation of the policy; • Timeline allocation of financial resources, e.g. HSS grants.	• Document review: analysis of Gavi funding allocations to address gender-related barriers to immunisation, particularly in 10 case study countries • Key informant interview with GWG members, Gavi Finance Team, Gavi core partners and Gavi donors.

	B1.4 To what extent, and how, have internal systems facilitated Gavi Secretariat accountability for the Gender Policy commitments? • To what extent, and how, have Gavi's M&E systems enabled the GWG and the Secretariat to track progress in implementing the Gender Policy and results of the four goals of the gender policy? • To what extent, and how, has the GWG been accountable for the implementation of the Gender Policy? • To what extent have Gavi partner reporting requirements facilitated monitoring of actions to address gender-related barriers to immunisation? • To what extent have staff management systems encouraged staff to take a gender-sensitive approach in their work?	• Availability of data tracking inputs, outputs, outcomes and impact of the Gender Policy, including from partner reports • Evidence of GWG being held accountable for Gender Policy implementation • Evidence of partners reporting on actions to address gender-related barriers and/or gender inequality in immunisation • Staff job descriptions capture responsibility for Gender Policy implementation and annual appraisals recognise contributions in this area	• Document review: analysis of Gavi corporate M&E data, and Gender Policy M&E approach, GWG reports to Board, partner reporting to Gavi, technical staff job descriptions, competency framework and appraisal guidance • Key informant interviews with GWG Members, Gavi M&E staff, Gavi Senior Management, Gavi Regional Managers, Gavi Senior Country Managers, Gavi Human Resource staff • Survey of Gavi Secretariat staff

Workstream C – Achieving the right outcomes (Effectiveness)			
C1 To what extent has Gavi met the four goals stated in the Gender Policy: • More gender-sensitive funding and programmatic approaches • New evidence and data on gender inequalities in immunisation and gender-related barriers to accessing immunisation services • Greater advocacy for gender equity and equality as a means to improve immunisation coverage at global and country levels • Increased accountability for gender-related results through the Gender Policy (covered under B1.4)	C1.1 To what extent, and how, has the Gender Policy contributed to more gender-sensitive and gender-transformative funding and programme support at country level? • To what extent, and how, have gender-related barriers to immunisation been addressed at the country level? What were the main results? • What was the Gavi Alliance's contribution to bringing attention to gender differentials and helping address them? • Did Gavi's contribution mean that more activities on gender-related barriers to accessing immunisation were addressed; that activities were more effective; that activities were more unique or innovative; that activities were conducted at a faster rate? • Which other key actors contributed to these results? • What facilitated addressing gender-related barriers to immunisation in country programming? • What challenges were encountered? • Were there any unintended consequences (positive/ negative)? • Have there been any key gaps in this area?	• Country funding applications to Gavi explicitly highlight gender-related barriers to accessing immunisation services and inequalities in coverage and include actions to address these • Core partner support to country partners includes understanding and addressing gender-related barriers to accessing immunisation services and inequalities in coverage • Evidence of expanded partners action to address identified gender-related barriers to accessing immunisation services and inequalities in coverage	• Document review: country case study documentation, documentation relating to Gavi's normative advocacy, documentation relating to new evidence on gender inequalities in immunisation supported by Gavi • Key informant interviews with Gavi Regional Managers, Gavi Senior Country Managers, core partners supporting country partners in 10 case study countries, expanded partners in 10 case study countries.
 C) RESULTS Right outcome	C1.2 To what extent, and how, has the Gender Policy contributed to gender featuring more prominently in global and country dialogue processes? • What have been the main results in this area at global and country levels? • To what extent has the Gavi Alliance contributed to these results?	• Evidence that ICC/HSCC meetings discuss gender inequalities in immunisation coverage and gender-related barriers • Evidence that portfolio planning and joint appraisal processes discuss gender inequalities in immunisation coverage and gender-related barriers	• Document review: country case study documentation, documentation relating to Gavi's normative advocacy, documentation relating to new evidence on gender inequalities in immunisation supported by Gavi

	• Did Gavi's contribution mean that more activities on gender-related barriers to accessing immunisation were addressed; that activities were more effective; that activities were more unique or innovative; that activities were conducted at a faster rate? Who else contributed to these results? • To what extent has there been a diverse and inclusive set of stakeholders with experience, expertise and/or knowledge in context-specific gender-related inequities involved? • What facilitated these results? • What challenges were encountered? • Were there any unintended consequences (positive/ negative)? • Have there been any key gaps in this area?	• Evidence of global normative processes relating to immunisation discussing gender inequalities in immunisation coverage and gender-related barriers	• Key informant interviews with Gavi Regional Managers, Gavi Senior Country Managers, core partners supporting country partners in 10 case study countries, expanded partners in 10 case study countries.
	C1.3 To what extent, and how, has the Gender Policy contributed to better availability of data and evidence on gender inequalities in immunisation and gender-related barriers to accessing immunisation services at the global and country levels? • What have been the main results in this area at global and country levels? • To what extent has the Gavi Alliance contributed to these results? • Did Gavi's contribution mean that more activities on gender-related barriers to accessing immunisation were addressed; that activities were more effective; that activities were more unique or innovative; that activities were conducted at a faster rate? Which other key actors contributed to these results? • What facilitated these results? • What challenges were encountered? • Were there any unintended consequences (positive/ negative)?	• Studies of country-level gender inequalities in immunisation coverage and gender-related barriers to accessing immunisation services available, supported through Gavi grants • Global syntheses of gender inequalities in immunisation coverage and gender-related barriers to accessing immunisation services available • Countries disaggregate immunisation coverage data by sex	• Document review: country case study documentation, documentation relating to Gavi's normative advocacy, documentation relating to new evidence on gender inequalities in immunisation supported by Gavi • Key informant interviews with Gavi Senior Country Managers, Gavi Regional Managers, core partners supporting country partners in 10 case study countries, expanded partners in 10 case study countries, Equity Reference Group members, UNICEF/Gavi data hub manager.

	• Have there been any key gaps in this area? • To what extent has Gavi support to countries enabled them to better understand gender-related barriers to accessing immunisation services and address them?		
Workstream D – Future policy			
D1 In light of the evaluation findings, how should Gavi revise its Gender Policy to be relevant, effective and efficient to improve intended results/outcomes? D) Future Policy	D1.1. As a result of workstreams A, B, C, to what extent does the GGP and the theory of change need to be revised, taking into account internal and external opportunities? • How can Gavi take advantage of internal and external opportunities for promoting gender equity in immunisation at global and country levels? • How could Gavi's Gender Policy link with broader issues of equity and the work of the Equity Reference Group?	• Evidence from workstreams A, B, C indicates new opportunities to take advantage of or good practices not yet being applied. • Evidence from workstreams A, B, C indicates opportunities for closer coordination between the work of GWG and Equity Reference Group.	• Analysis of findings for workstreams A, B, C • Key informant interviews with Gavi SMT, Equity Reference Group, GWG Working Group, Gavi Regional Managers, Gavi Senior Country Managers, Gavi donors, independent experts
	D1.2 As a result of workstreams A, B, C, to what extent does Gavi's approach to implementing the refreshed Gender Policy need to be revised to increase results achieved? How do programmes and wider stakeholders inform a revised GGP? • How can Gavi implement its refreshed Gender Policy more efficiently? • How can learning and leadership at global level better translate to increased capacity to address gender-related barriers at country level? What changes are needed to enable Gavi to better assist countries to overcome gender-related barriers to accessing immunisation services and promote equity of access and utilisation for all girls and boys, women and men to immunisation?	• Evidence from workstreams A, B, C indicates opportunities for improving the implementation of the Gender Policy • Evidence from workstreams A, B, C indicates opportunities for better supporting countries to address gender-related barriers to accessing immunisation services	• Analysis of findings for workstreams A, B, C • Key informant interviews with Gavi SMT, GWG Working Group, Gavi Regional Managers, Gavi Senior Country Managers, Gavi donors, independent experts

C.   Country selection

The country selection process drew upon nine criteria – selected in consultation with the Gavi Evaluation Team. The selection process sought to gather a balance of representation across: regions; the inclusion of gender issues in equity analysis using PEF support; the evidence of Gavi funds being used to address gender-related barriers; degree of inequities in DTP3 coverage (between mothers with education and mothers without); the introduction of HPV; survey data on sex-disaggregated immunisation coverage; the mention of gender barriers/ interventions in grant documents; the calendar proximity of Joint Appraisals and regional events (to obtain updated data); the degree to which national and health sector plans were known to have addressed gender issues; and country engagement on at least one HSS(1,2 or 3) funding grant.

The first phase of the selection process used aggregated scores (0=no evidence, 3=high evidence) to determine country contexts which were most likely to provide the richest source of primary and secondary material to inform the evaluation. From thereon, the selection process was conducted in consultation with SCMs. This process was heavily influenced by the degree to which country partners were engaged in competing priorities, rather than their initial review qualification.

Criteria	Region	Gender included in equity analysis using PEF support	Gavi funds used to address gender related barriers	Greatest inequities in DTP3 coverage (betw. mothers with education and mothers without)	HPV Introduced	Survey data on sex-disaggregated immunisation coverage	Gender barriers/ interventions mentioned in Grant documents	JA/ Mission/ Regional Event in December/ Jan	National and health sector plans addressing gender issues	Total Score
Rationale	To ensure diversity across regions	Bottleneck analysis on main equity barriers conducted and available for use. Some of the equity analysis specifically addresses gender barreirs in country. Useful starting point.	Gavi's main tool to address GRB is funding through HSS/ PEF support. Therefore best indication to see to what extent Gavi addressing GRB in country is to review country budgets for HSS grants.	Indicator used to track our performance. Maternal education/ health knowledge used as a proxy for female's empowement. Literature shows large corrolation between maternal education and immunisation	Provides indication on how we accommodate women's health needs. and may link to further gender-driven initiatives	Ensure availability of evidence for analysis			cMYP might not best reflect the actual priorities of countries. There is often a large disconnect between what is stated in HSS proposals and cMYPs	
Rationale		No EA=0 Conducted EA=1 GRB in EA=3	Indirectly budgeted towards activities that could address gender barriers=1 Specific mention to tackling gendered barreirs=3 No HSS grant or no informaton from 2013-	<10%=1 10-15%=2 >15%=3	not introduced HPV= 0 Introduced HPV= 3	Survey conducted in last 5 yrs (2013 onwards)=3 Survey older than 5 ys=1 No data on sex disaggregated data or no knowledge=0	Understands difference in grb and sex discrepancy- identify barrier and intervention=3 Indirectly mentions grb/intervention indirect (through demand)=2	No JA=0 JA scheduled in evaluation period=3	Gender substantially mentioned in country mission and GRB and interventions =3 Many GRB barriers/interventions mentioned=2 GRB partially mentioned=1	
1 Haiti	PAHO	1	3	3	0	3	3	0	2	21
2 Pakistan	EMRO	3	3	3	0	1	3	0	3	19
3 Afghanistan	EMRO	0	3	3	0	3	3	0	2	18
4 Eritrea	AFRO-Anglophone	0	3	1	0	1	1	3	3	17
5 Timor-Leste	SEARO	0	3	2	0	1	3	3	2	17
6 Zimbabwe	AFRO-Anglophone	0	2	2	3	3	2	0	1	17
7 Ghana	AFRO-Anglophone	0	3	1	0	3	3	0	3	16
8 India	SEARO	1	3	2	0	3	3	0	3	16
9 Mozambique	AFRO-Anglophone	0	3	2	0	3	3	0	3	16
10 Uganda	AFRO-Anglophone	3	1	1	3	3	3	0	1	16
11 Nigeria	AFRO-Anglophone	3	0	3	0	3	1	0	2	14
12 Ethiopia	AFRO-Anglophone	0	1	3	0	3	1	3	1	13
13 Mali	AFRO-Francophone	3	0	3	0	1	1	0	1	13
14 Liberia	AFRO-Anglophone	3	0	2	0	3	1	0	0	12
15 Rwanda	AFRO-Anglophone	0	0	1	3	3	0	3	1	12
16 Comoros	AFRO-Francophone	3	0	2	0	1	1	0	0	10
17 Bolivia	PAHO	0	n/a	1	0	1	n/a	0	1	6
18 Indonesia	SEARO	0	n/a	3	0	0	n/a	0	3	6
19 Cambodia	WPRO	0	2	3	0	3	3	0	1	14

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E. Stakeholders consulted

Name	Title	Department/Organisation/Country
Gavi Secretariat		
Anuradha Gupta	Deputy CEO	Gavi
Johannes Ahrendts	Head of Strategy	Gavi
Hind Khatib-Othman	Managing Director of Country Programmes	Gavi
Antara Sinha	Senior Executive Officer	Executive Office
Maya Malarski	Policy Team Member	Policy Team
Gaurav Garg	Head of Public Policy Analysis and Research	Public Engagement and Information Services Department
Paula Gonzalez	Manager	Resource Mobilisation Team
Wilson Mok	Head of Policy	Vaccine and Sustainability Department
Asa Fridh	Senior Manager	Institutional Communications
Liz Davies		Human Resources Department
Anne Cronin	Head of Strategy, Funding and Performance Team	Partnership Engagement Framework
Colette Selman	Regional Head EURO/EMRO/PAHO	Country Support Team
Gustavo Correa	Senior Programme Manager	Country Performance Monitoring and Measurement
Ranjana Kumar	Senior Specialist	Country Governance, Leadership Management and Coordination
Marya Getchell	Senior Manager	Country Programmes Department, Health Systems & Immunisation Strengthening Team
Meegan Murray-Lopez	Senior Manager	Country Programmes Department, Operational Guidelines
Alison Riddle	Consultant	INFUSE
Susan Mckay	External Consultant	Demand Generation
Alliance Partners		
Rishika Garg	Consultant	Strategy, Funding and Performance Team
Shanelle Hall	Gavi Broad Representative	UNICEF
Alyssa Sharkey	Equity Reference Group	UNICEF
Heather Doyle	Gender Policy Lead	The Global Fund
Theresa Hwang	Senior Programme Officer	Bill and Melinda Gates Foundation
Emily Alexander	Gavi Broad Representative	Global Affairs Canada
Sarah Goulding		Department of Foreign Affairs and Trade, Australia
Susan Elden		Department for International Development, UK
Dr Bola Oyeledun	Chair	Independent Review Committee
Shamza Rizwan	Gender Expert	Independent Review Committee

Clarisse Loe		CSO Constituency
Dr. Veronica Magar	Team Leader,	Gender, Equity and Human Rights, World Health Organisation
Country Level		
Ricardo Lacort Monte	Senior Country Manager	Afghanistan
Najibullah Safi		Afghanistan
Nazary		Afghanistan
Shafiquallah Shahim		Afghanistan
Veronique Fages	Senior Country Manager	Cambodia
Tito Rwamushaija	Senior Country Manager	Ethiopia
Liya Wondwossen		Ethiopia
Hamidresa Setayesh	Senior Country Manager	Pakistan
Alexa Reynolds	Senior Country Manager	Papua New Guinea
Craig Beyerinck	Senior Country Manager	Rwanda
Mireille Buanga-Lembwadio	Senior Country Manager	Rwanda
Other		
Peter Hansen	Head of Technical Advice and Partnerships, Former Director of Monitoring and Evaluation at Gavi	The Global Fund

F.   Best practice comparator analysis

The methodology for the best practice analysis comprised:

- An in-depth desk review of comparator organisations' gender policies and related documents (see below for references);
- A meta-analysis of gender policies to gain a broad perspective of what represents 'best practice' globally; and,
- A limited number of KIIs with stakeholders from the comparator organisations to validate findings and fill gaps.

A major limitation of the best practice analysis is that the findings are based almost exclusively on desk review, due to the limited availability of stakeholders for KIIs; thus strength of evidence of the findings is 'moderately weak' as it is supported by single source or incomplete or unreliable evidence.

Findings

Table [F1] below presents the main headline findings based on the practices of each of the three organisations (and where possible, triangulated with finding from the meta-analysis studies).

Table [F1]: Summary of organisational structure and gender approach

Variables of analysis	Global Fund	UNICEF	WHO
Organisation's business model	The Global Fund is a partnership of governments, private sector, civil society and people affected by the three diseases which raises and invests funds in country programmes supporting AIDS, TB and malaria. At the country level, Country Coordinating Mechanisms (CCM) develop and submit proposals for the three diseases; once reviewed by panels of independent technical experts and approved by the Global Fund Board, proposals are implemented by Principal Recipients in country, with oversight from Local Fund Agents and the Global Fund. The Global Fund has no country office/ presence.	UNICEF is the United Nations agency for children and works in '190 countries and territories to protect the rights, lives, well-being and future of every child'. It works through its country offices and with partners on the ground in line with its Strategic Plan, focusing on 5 goal areas: every child survives and thrives; every child learns; every child is protected from violence and exploitation; every child lives in a safe and clean environment; every child has an equitable chance in life.	WHO is the United Nations organisation for health; it is a normative agency setting norms and standards on health issues as well as providing technical assistance for health programmes worldwide, working with 194 Member States through more than 150 country offices. The main priorities of its 13th General Programme of Work are achieving universal health coverage; addressing health emergencies; and promoting healthier populations.

Variables of analysis	Global Fund	UNICEF	WHO
Gender Policy/Strategy documents	• Global Fund Gender Equality Strategy (2008) • Gender Equality Strategy Action Plan 2014–2017 • Gender integrated as part of the 2017–2022 Global Fund Strategy and Strategy Implementation Plan (SIP)	• Working for an equal future: UNICEF Policy on Gender Equality and the Empowerment of Girls and Women (2010) • Strategic Priority Action Plan on Gender Equality 2010–2013 • Gender Action Plan 2014–2017 • Gender Action Plan 2018–2021	• Integrating Gender Perspectives in the work of WHO: WHO Gender Policy (2002) • Strategy for integrating gender analysis and actions into the work of WHO (2008) • Integrating gender analysis and actions into the work of WHO: Plan of Action (2009) • Integrating equity, gender, human rights and social determinants into the work of WHO: Roadmap for action (2014–2019)
Aim and objectives of the gender policy/ strategy	The Global Fund Gender Equality Strategy has four strategic directions (2008, p.7): 1. **Ensure that the Global Fund's policies, procedures and structures** – including the Country Coordinating Mechanism and the Technical Review Panel – effectively support programmes that address gender inequalities. 2. **Establish and strengthen partnerships** that effectively support the development and implementation of programmes that address gender inequalities and reduce women's and girls' vulnerabilities, provide quality technical assistance, and build the capacity of groups who are not currently participating in Global Fund processes but should be. 3. **Develop a robust communications and advocacy strategy** that promotes the Gender Equality Strategy and encourages programming for women and girls and men and boys. 4. **Provide leadership**, internally and externally, by supporting, advancing and	The UNICEF Gender Action Plan has four cross-sectoral targeted priorities consolidating and highlighting important gender issues across outcome areas in the Strategic Plan, where UNICEF as an organisation is well placed to make a transformative contribution. The organisation's four corporate priorities on gender during the 2014- 2017 period were (2014–2017, p.7): 1. **Promoting gender-responsive adolescent health;** 2. **Advancing girls' secondary education;** ⌐⌐SEP⌐ 3. **Ending child marriage;** 4. **Addressing gender-based violence in emergencies.** ⌐⌐SEP⌐ For 2018–2021, UNICEF has adopted a twin-track approach based on: a. **integration of gender equality outcomes across all programme areas**, and b. **specification of 'targeted gender priorities' focused on empowering adolescent girls**.	The WHO strategy is fully consistent with the United Nations system-wide policy on gender equality and strategy on gender mainstreaming and includes the following four strategic directions: 1. **Building WHO capacity for gender analysis and planning;** 2. **Bringing gender into the mainstream of WHO's management;** 3. **Promoting use of sex-disaggregated data and gender analysis;** and 4. **Establishing accountability**. (2008, p.5)

Variables of analysis	Global Fund	UNICEF	WHO
	giving voice to the Gender Equality Strategy. Since the launch of the 2017–2022 Global Fund Strategy, Gender has been fully integrated in Global Fund's approach as Strategic Objective 3: 'promote and protect human rights and gender equality' with an associated KPI on gender, as well as being embedded in the other strategic objectives and through a number of other KPIs (e.g. KPI 5 on measuring coverage of services in key populations; KPI 6 on age and sex-disaggregated data; KPI 9 on increased programming to remove human rights barriers to services).	(2018–2021, p.5)	

Methodology and limitations

The methodology for the best practice analysis comprised:

- An in-depth desk review of comparator organisations' gender policies and related documents (see below for references);
- A meta-analysis of gender policies to gain a broad perspective of what represents 'best practice' globally; and,
- A limited number of KIIs with stakeholders from the comparator organisations to validate findings and fill gaps.

A major limitation of the best practice analysis is that the findings are based almost exclusively on desk review, due to the limited availability of stakeholders for KIIs; thus strength of evidence of the findings is 'moderately weak' as it is supported by single source or incomplete or unreliable evidence.

Findings

Table [F2] below presents the main headline findings based on the practices of each of the three organisations (and where possible, triangulated with finding from the meta-analysis studies).

Table [F2]: Evidence matrix - summary of best practice analysis by organisation

Global Fund	UNICEF	WHO
A1.1. Policy development process: Broad internal and external consultations with a range of different stakeholder, including country stakeholders, increase ownership and buy-in of the gender policies/strategies/approaches.		
Broad based consultations with full range of stakeholders were conducted for the gender strategic objective of the 2017–2022 Strategy.	Internal and external consultations were conducted: internal consultations aimed at bringing all stakeholders together, including Board engagement and organisation-wide consultations from all regions and a range of departments. External consultations with partners, including national stakeholders, UN sister agencies, research and civil society organisations.	Broad set of consultations throughout the Organisation, with representatives from ministries of health, as well as with external experts, from which it emerged that gender equality and equity should be integrated into WHO's overall strategic and operational planning in order to bring about systemic changes across all areas of work.
A1.2 Design of gender policies to reflect country concerns: Gender policies/strategies tend to focus on the overall gender principles that the organisation will follow and are very high level and Secretariat-focused.		
The 2008 Gender Equality Strategy is a statement of principles in terms of what the organisation will think of in terms of gender. The four strategic objectives and their related actions are Secretariat-centric, although there is recognition of the important role of countries through the CCM model.	The 2010 Policy is a vision statement highlighting UNICEF's scope and role with regards to gender equality and an overarching approach about gender mainstreaming in UNICEF operations, which is very much Secretariat-focused (human capacity, resources, accountability and reporting). The 2014–2017 Action Plan adopts a more programmatic perspective and references/reflects some level of regional and country concerns/contexts.	The 2002 Gender Policy is a high-level statement about integrating gender perspectives into the work of WHO, with overarching organisational arrangements for implementation, but no country perspective/approaches. However, as part of a more recent strategic shift, WHO is embedding gender, equity and human rights in its work supporting Member States in realising the leave no one behind commitment. Through this approach, WHO has been developing a Gender, Equity and Human Rights Country Support Package, which includes a number of resources and tools on gender, equity and human rights for Member States.
A2.1 Design of the gender policy: The strategic direction of the gender policies/strategies/approaches is better articulated by comparators, who have integrated their gender policies/ approaches into their overall strategies and supported their operationalisation through detailed action/ implementation plans.		

Global Fund	UNICEF	WHO
The Gender Equality Strategy (2008) was supported by an Action Plan (2014–2017) with specific actions to implement each of the four strategic objectives of the strategy. The Action Plan follows the structure of the four strategic objectives and proposes a number of sub-objectives and actions. For each action, key external partners are identified, a time frame is set, outcomes defined, measures of success are proposed and risk and assumptions included (table format). With the launch of the 2017–2022 Global Fund Strategy, gender has been integrated as one of the core objectives of the strategy. The Strategy Implementation Plans (SIPs) for each strategic objective detail the actions, indicators and targets for each objective. Through this approach, there is no separate gender policy/strategy, but gender becomes fully integrated into the work of the organisation. The SIPs also align with the activities of partners as required to meet the strategic objectives. Programmatic guidance for countries' application/proposal development: in the past, Global Fund provided examples in application guidance; even if many countries followed a 'cut and paste' approach, it at least started to get them thinking about gender-related barriers and was an entry point for conversation about how to address gender. This was useful for raising gender issues but not for articulating gender-responsive programming. Global Fund is in the process of revising its programmatic guidance and one approach it is taking is to develop a series of case studies to better communicate gender-responsive programming.	The Gender Action Plan 2014–2017 provides a detailed analysis of programming for gender equality and women and girls' empowerment in support of the 2010 Gender Policy. It includes a section on operationalising the Gender Action Plan in terms of results framework and performance monitoring […]; accountability; financial resources; gender architecture; capacity and systems strengthening; partnership and coherence; knowledge sharing and communications. Annex B details the results matrix with indicators, baselines and targets for each of the targeted gender priorities (programmatic indicators) while Annex C lists the performance benchmarks for the institutional aspects of the Action Plan. The 2018–2021 Gender Action Plan has even more detail, including a theory of change and is supported by an Indicator Matrix, linked to the results framework of UNICEF's Strategic Plan. The GAP indicator matrix is divided into: • gender in programmatic results with outcome indicators, baseline and milestones for each goal area; and • gender in programme strategies and institutional systems with indicators, baselines and targets for each organisational indicator.	The high-level gender policy (2002) and related strategy (2008) are supported by a plan of action (2009). For each of the four strategic directions, the plan of action lists detailed actions, links to WHO priorities/strategic objectives, identifies outputs, sets timelines, proposes indicators and assigns responsibility (table format). With the SDGs, WHO has adopted an intersectoral approach to gender under the commitment to "leave no one behind". The development of Gender, Equity and Human Rights 2014–2019 Roadmap provides an initial framework for this strategic shift and over the last few years gender has become much more embedded in WHO's work both in the Programme Budget and in the General Programme of Work. WHO's approach to gender looks across the whole life-cycle; in line with this approach, WHO is drafting (and will pilot) eight criteria to ensure gender-responsive, human rights-based and equity-oriented policies and programmes in WHO to realise the commitment to leave no one behind.

Global Fund	UNICEF	WHO
A2.3 Alignment with strategic direction: Clear integration and linkages between an organisation's gender policy/ strategy/approach and the organisation's overall strategy/ strategic priorities facilitate programmatic alignment and strengthen linkages to results.		
Global Fund had the stand-alone Gender Equality Strategy (2008) and related Action Plan (2014–2017), but in the 2017–2022 Global Fund Strategy, gender equality has now become fully integrated as a core indicator of the Global Fund Strategy. As described in A2.1, this approach enables the organisation to link gender directly with its overarching goals.	UNICEF's approach to gender equality has evolved over time and in the UNICEF Strategic Plan 2018–2021, gender equality is one of two cross-cutting priorities. As a priority embedded in the organisation's Strategic Plan, UNICEF aims to '*strengthen the mainstreaming of gender equality across the organisation's work, in line with Gender Action Plan, 2018–2021. The Strategic Plan includes enhancing gender-responsive programming for the achievement of results for girls and boys as well as for strengthening systems and processes*' (2018–2021, p.7).	In WHO's 13th GPW 2019–2023, gender equality is a strategic shift and WHO '*commits, at all levels of engagement, to the implementation of gender equality, equity and rights-based approaches to health that enhance participation, build resilience, and empower communities.*' (2018, p.31). The focus of WHO's approach to gender is rooted in the concept of "health equity", which is about embedding gender in health across the whole health system and not just in specific programmes.
A2.4 Grounded in international commitments: Comparator gender policies/strategies/approaches are grounded in MDGs/SDGs and other international commitments on gender to ensure alignment with the broader development context.		
The 2008 Gender Equality Strategy recognises and is grounded in international commitments in gender: 'Internationally, the standards recognising gender equality have been set out in a number of declarations and plans of action. In the majority of countries applying for funding from the Global Fund, the government has committed to realising gender equality and women's empowerment through the adoption of various human rights instruments, including the Convention on the Elimination of All Forms of Discrimination (CEDAW)'. The 2017–2022 Strategy is fully aligned with the Sustainable Development Goals.	UNICEF's 2010 Gender Policy articulates UNICEF's mission and mandate for achieving the Millennium Development Goals (MDGs) and creating 'a world fit for children' in a gender-equal manner by operationalising the *Convention on the Rights of the Child* (CRC 1989) and the *Convention on the Elimination of all Forms of Discrimination Against Women* (CEDAW 1979), using results-based management principles and the methodology prescribed in the *United Nations Common Understanding on the Rights-based Approach to Programming*.	The 2008 strategy for the integration of gender into the work of WHO is framed within the context of various international commitments and the MDGs: • The International Conference on Population and Development (Cairo, 1994) and the Fourth World Conference on Women (Beijing, 1995), building on the Convention on the Elimination of All Forms of Discrimination Against Women (1979) and the World Conference on Human Rights (Vienna, 1993), highlighted the importance of gender equality in all areas of social and economic development. • The internationally agreed development goals contained in the Millennium Declaration include the promotion of gender equality and the

Global Fund	UNICEF	WHO
		empowerment of women as effective ways to combat poverty, hunger and disease and to stimulate sustainable development. The United Nations is strengthening gender mainstreaming through a system-wide strategy, with which the [present] strategy is consistent. The more recent strategic shift is fully aligned with the SDGs and with the commitment of leaving no one behind.
B1.2 Staffing resources: Defining a clear gender architecture, including having a core gender expertise embedded within the organisation supported by staff with clear gender roles and responsibilities, helps to build ownership of gender across the whole organisation.		
Global Fund has a Communities, Rights and Gender (CRG) Department with two senior level gender experts. Although the importance of the gender expertise is well recognised, there does not necessarily need to be a separate gender team, as this typically ring-fences gender, but a preferred option would be for gender experts in the policy team. This should be complemented by staff with clear gender roles and responsibilities across all other teams.	UNICEF strengthened its core gender architecture by building an expanded staff of specialists who have dedicated responsibility on gender and cross-sectoral collaboration. The architecture is as follows: • The core gender team at headquarters serves as '*the anchor for GAP implementation, coordinating the overall technical, strategic, and operational support and guidance for both programmatic and institutional portions of the GAP*'. (GAP 2014–2017, p.78–80). • This is complemented by regional gender specialists so that the implementation of the GAP is a reality in field-based programming and results. There are 7 regional gender advisors in place. • At the country level, some countries have hired gender experts; in countries where full-time gender experts are not an option (due to the limited size and scope of the country office), a gender focal point is required to meet a minimum skills requirement, seniority and accountability on gender.	In 2012, WHO established the Gender, Equity and Human Rights mainstreaming team at headquarters. Its task is to support an organisation-wide mainstreaming of these core values, engaging staff members at all levels and in all offices as well as national counterparts. Furthermore, the core team is supported by a network of focal points for gender, equity and human rights across all six WHO regions and most country offices. The team is in the process of being moved to DGO Office with the aim of supporting all WHO departments and all programmes.

Global Fund	UNICEF	WHO
	UNICEF GAP Progress reports note that '*the strengthening of gender capacity at headquarters and in the regional offices has been a catalyst for the increased focus on gender in UNICEF programming overall*' (GAP Progress Report 2017, para 61) and that '*within UNICEF, putting in place additional technical gender expertise has enabled much stronger technical and strategic coordination, greatly improving the quality and scope of gender programming and measurement, building gender capacity and enhancing gender networks and partnerships*' (GAP Progress Report 2018, para 82).	
B1.2 Staffing capacity: Gender training is the standard approach used for capacity strengthening, although more innovative approaches are being sought.		
The Global Fund offers various training and inductions to provide basic knowledge of gender (definitional and programmatic). However, this training is not mandatory. Global Fund is in the process of perusing a training course that would offer a UN-recognised gender certification at the end of the training. This would motivate staff, while also building a cadre of certified gender focal points within the organisation.	In 2016, UNICEF developed a recruitment package to ensure the standards on gender expertise set by the GAP are met in the recruitment of staff at HQ, regional and country levels. UNICEF is also rolling out GenderPro, an innovative capacity building training tool with two aims (GAP 2018–2021): 1. Support more robust capacity around gender analysis, data, measurement and applied programming among gender focal points and all staff; and 2. Build a cadre of high-quality gender specialists – especially within sectors – who have a sophisticated understanding of applied programming and measurement in both gender and one or more sectors.	WHO conducts: 1. Mandatory induction training for new staff at headquarters that now includes capacity building on gender, equity and human rights; and 2. Training workshops for gender analysis and mainstreaming gender, equity and human rights for both WHO staff and national programme officers. However, training on gender remains ad-hoc, mainly due to lack of human and financial resources for the delivery of trainings, especially beyond the headquarters level.

Global Fund	UNICEF	WHO
B1.3 Financial Resources: No good practice has been identified globally for financial resource allocations to gender. However, some organisations have adopted mechanisms/approaches for tracking gender allocations and earmarking gender funds.		
Some stand-alone funding initiatives for raising funds (e.g. Matching Fund investments) and some specific financial trackers (e.g. for sub-population or specific gender-related interventions e.g. GBV). The core idea is that having a separate strategy will generally not get resourced, while having gender embedded in the overall strategy allows for resourcing against all actions.	With the launch of the GAP 2014–2017 UNICEF: • **Set the financial benchmark of 15% of programme expenditures** by 2017 in support of gender equality; however, this requires clarity in the expenditure-coding system to adequately capture expenditures for gender-related work. Under the new GAP, UNICEF is planning further revisions to the expenditure-coding systems to match the Strategic Plan objectives. • **Established a gender thematic fund,** offering soft earmarking and flexibility of resources for gender-specific programming. This funding complements UNICEF regular resources and has served primarily as a catalyst for innovations.	WHO is aligned with the UNSWAP requirement on gender and one of the WHO eight criteria is related to adequate level of resource allocation for gender, equity and human rights.
B1.4 Accountability mechanisms: Accountability for the implementation of gender policies/strategies/approaches rests with senior management.		
The Global Fund does not have a specific accountability mechanism for gender, but the Strategy Implementation Plans (SIPs) have accountability mechanisms embedded: SIP has quarterly reporting for all actions and if an action has not been completed, it gets elevated to senior management.	Two accountability approaches presented in the GAP: 1. The accountability for implementing the GAP and achieving prioritised results lies with UNICEF management (in a chain from the Office of the Executive Director to Regional Directors to Country Representatives whose responsibility it is to deliver results on the ground). 2. For regular oversight on implementation and delivery of results, UNICEF instituted the **GAP Steering Committee**, chaired by the Deputy Executive Director of Programmes and consisting of senior managers from the Regional Offices as well as headquarters.	WHO is in the process of drafting and testing eight criteria to ensure gender-responsive, human rights-based and equity-oriented policies and programmes in WHO to realise the commitment to leave no one behind. For each criteria, WHO is developing a scorecard for accountability. Furthermore, the fact that the criteria will be embedded in the draft 2020–21 Programme Budget is also aimed at increasing accountability.

Box [F1]: GenderPro: UNICEF's capacity building and credentialing system for gender experts

GenderPro is an applied capacity building and credentialing programme aimed at professionalising gender expertise across the development and humanitarian sectors by equipping staff with practical, hands-on, sector-relevant skills that they need to address gender in their work. The GenderPro for Gender Focal Points at UNICEF consists of various e-learning modules on gender, webinars with gender experts and online communities of practice.

The learning objectives of the programme are:

- Identify intervention points within a country office's programme cycle to integrate a gender lens.
- Understand how to integrate gender into strategic programme planning, design and implementation, and monitoring and evaluation efforts.
- Provide evidence-based advocacy on gender equality to influence internally and externally, raising the quality and visibility of UNICEF country office programming.
- Explain gender concepts within an international development framework and how gender-sensitive programming can lead to greater impact.

A second component, which is being trialled, also includes a one-week intensive residential course at George Washington University and a practicum facilitated by gender mentors.

Source: UNICEF Gender Pro Flyer 2018 and https://agora.unicef.org/course/info.php?id=11221

G.   Self, Society and Institutions framework

The SSI draws on various components of the Social Relations Framework, the Social-Ecological Model, and a capabilities approach (as developed by Kabeer 1997, Bronfenbrenner (1989) and Sen (1999) respectively), and offers a simplified method through which to apply a broad gender lens to any evaluation. Importantly, the SSI lens can be used to raise and review the key gender dimension (s) that are relevant in a given evaluation workstream.

H.   Survey template

Dear Gavi Respondent,

Thank you very much for taking the time to complete this survey - we greatly appreciate it. We estimate that it will take you 10 minutes.

The purpose of this survey is to obtain insights from Gavi staff relating to their understanding of the Gender Policy, the range of technical knowledge and support structures to implement it, and associated lessons.

The survey will feed into the overall gender policy evaluation, which aims to assess the design, implementation and results of the 2013 Gender Policy, with a specific focus on assessing its application in addressing gender-related barriers (GRB) and sex discrepancies in immunisation. The purpose is also to inform decisions related to improving the way in which Gavi designs and implements its forthcoming gender policy and wider strategic agenda (2021–2025 Gavi 5.0 strategy).

Your inputs are confidential and anonymous, and will be aggregated as a key evidence base through which to triangulate other data sources.

If you have any questions or technical issues, please contact David Walker at Itad (david.walker@itad.com)

1. Which department are you situated in?

○ Governance

○ Executive office

○ M&E

○ Strategy, funding and performance

○ Country programmes

○ Vaccinations and Sustainability

○ Other (please specify)

○ Resource Mobilisation, Private Sector Partnerships and Innovative Finance

○ Public Engagement and Information services

○ Human Resources

○ Legal Team

○ Audit & investigations

2. How long have your worked in the Gavi secretariat

○ Up to 1 year

○ Between 1 and 3 years

○ Between 3 and 5 years

○ Between 5 and 10 years

○ More than 10 years

3. What is your gender?

○ Female

○ Male

○ Other

○ Prefer not to say

4. To what extent do you feel you have a good understanding of Gavi's Gender Policy commitments?

○ I have an excellent overview of Gavi's Gender Policy commitments

○ I have a good overview of Gavi's Gender Policy commitments

○ I have a limited overview of Gavi's Gender Policy commitments

○ I have no familiarity at all regarding Gavi's Gender Policy commitments

5. How did you learn about the Gender Policy commitments?

○ From internal Secretariat communication to staff

○ Through Secretariat-wide staff event or meeting

○ Through word of mouth from colleagues

○ Through invitation to serve on Gender Working Group

○ Through participation in Gavi organised gender training

Other (please specify)

[   ]

6. Are you aware of Gavi's Gender Working Group, which coordinates the implementation of the Gender Policy?

○ yes

○ no

○ Yes : I am (or have been) a member of the Gender Working Group

7. How did you become aware of Gavi's Gender Working Group?

8. To what extent do you feel the Gender Working Group has provided organisational leadership to the implementation of Gavi's Gender Policy? Please explain the box provided.

The GWG has provided clear and strong organisational leadership	
The GWG has a good amount of organisational leadership	
The GWG has faced challenges in providing organisational leadership	
There has been little to no leadership from the GWG	
I don't know	

9. Does your team/department's workplan include any actions which reflect the Gender Policy commitments or helps implement them?

○ No

○ Yes

10. Please describe up to 3 areas where your team/department's actions reflect the Gender Policy commitments or helps implement them

1. _____

2. _____

3. _____

11. To what extent do you feel that progressing Gavi's Gender Policy commitments forms part of your formal responsibilities at Gavi?

◯ zero responsibility

◯ a small amount of my responsibility

◯ a medium amount of my responsibility

◯ a high amount of my responsibility

◯ I don't know

Please explain

_____

12. Do you have any actions in your own PERSONAL workplan which reflect the Gender Policy commitments or helps implement them?

◯ Yes

◯ No

13. Please describe up to 3 areas where your personal workplan actions reflect the Gender Policy commitments or helps implement them

1.

2.

3.

14. To what extent do you feel that progressing Gavi's Gender Policy commitments in your work is recognised and rewarded as part of Gavi's staff performance management?

○ There is a excellent acknowledgement of efforts to address gender equality

○ There is a good acknowledgement of efforts to address gender equality

○ There is a limited acknowledgement of efforts to address gender equality

○ There is no acknowledgement of efforts to address gender equality

○ I don't know

15. Have you participated in any internal Gavi events to develop your knowledge and skills relating to gender issues?

○ Yes

○ No

16. What kind of gender-oriented event did you attend?

○ Secretariat-wide staff meeting focused on the Gender Policy and its implementation

○ Secretariat-wide staff meeting where the Gender Policy and its implementation was one of several issues discussed

○ Team/department meeting on the Gender Policy and its implementation

○ Gavi organised gender training

○ Other (please specify)

[   ]

17. To what extent were these events effective in developing your knowledge and skills on gender?

	Very effective	Moderately effective	Mildly effective	Not effective
Secretariat-wide staff meeting focused on the Gender Policy and its implementation	○	○	○	○
Secretariat-wide staff meeting where the Gender Policy and its implementation was one of several issues discussed	○	○	○	○
Team/department meeting on the Gender Policy and its implementation	○	○	○	○
Gavi organised gender training	○	○	○	○

18. In the time that you have worked at Gavi, have you received any other support to help you develop your knowledge and skills on gender issues?

○ Yes

○ No

19. In relation to the above question, what kind of support did you receive, and how useful was it?

[text box]

20. To what extent do you feel confident you have essential knowledge and skills to apply Gavi's Gender Policy commitments in your work?

○ Highly confident

○ Moderately confident

○ Mildly confident

○ Not confident at all

○ Please explain your answer

[text box]

21. What do you think are the three biggest challenges for Gavi in implementing its Gender Policy commitments? Please explain your answer.

☐ Lack of clarity in the Gender Policy's goals and how this relates to Gavi's global goals and strategy

☐ Lack of clarity in the role of Gavi Secretariat teams and departments in implementing the Gender Policy goals

☐ Gavi senior management do not provide adequate leadership to drive the implementation of Gavi's Gender Policy

☐ Staff do not have adequate knowledge and skills to apply the Gender Policy goals in their work

☐ Staff are overburdened with other demands and do not have the time or space to think about how to apply Gender Policy goals in their work

☐ There are no dedicated budgets for teams/departments to work on Gender Policy priorities, including at the country level

☐ Monitoring systems do not enable the Gavi Secretariat to adequately track progress against Gender Policy goals, to see what it is doing well, and where more attention is needed

☐ Gavi Alliance partners do not prioritise Gender Policy goals in their Gavi supported work

☐ National governments do not prioritise gender issues in their planning and delivery of routine immunisation

☐ Gender is not a priority issue to address in the drive for achieving universal immunisation coverage

☐ Other. Please explain.

[text box]

22. In relation to the challenges you've identified above, how do you think they could be overcome?

[text box]

23. If there was one thing that the Gavi Secretariat could do to strengthen the implementation of its Gender Policy, what would it be? Please explain your answer

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J. Mapping recommendations against findings and conclusions

The table below indicates which recommendation relates to each of the findings. Only one finding, Finding 13 on Gavi's engagement in global dialogue, does not have an associated recommendation. This is because Gavi's recent progress in this area is positive and no additional actions are required to enhance progress in this area.

Conclusions

Relevance: Gavi's Gender Policy is relevant to global and country efforts to promote universal immunisation coverage and gender equality although there are ways in which its relevance can be strengthened:

- Strengthening country participation in the design of the Gender policy to ensure country priorities and concerns are better reflected;
- Presenting a clearer and more convincing articulation of how addressing gender issues in immunisation will contribute to the achievement of Gavi's global mission and strategic objectives, referencing available international and national evidence;
- Presenting a clearer articulation of Gavi's ambition in relation to gender-sensitive and gender-transformative approaches, backed by international and national evidence of what works in different contexts.

Putting in place more robust arrangements to support Gender Policy implementation, specifically a strategic implementation plan and robust monitoring and evaluation framework.

Finding 1: The Gender Policy design process was fairly participatory, engaging a broad range of partners, particularly at global level, but national level involvement has been inadequate

Finding 2: The Gender Policy design process involved gathering a large amount of evidence but several important pieces of evidence were not appropriately channelled into the Policy

Finding 3: The gender policy was relevant to global efforts to enhance immunisation coverage, but a stronger case could have been made for concerted investment in addressing gender-related barriers as part of Gavi's wider organisational strategy

Recommendation 1: Make special efforts to enable national partners to constructively participate in the ongoing update of the Gender Policy, particularly through the inclusion of civil society

Recommendation 7: Build up and share among Gavi Alliance staff an evidence base of experience in understanding and addressing gender-related and other barriers to immunisation

Recommendation 2: Drawing on international evidence, articulate a clear case for addressing gender issues as part of Gavi's wider efforts to promote equitable access to immunisation in the updated Gender Policy and in the Gavi Strategy 2021–2025

Efficiency: Although the efforts of the GWG must be acknowledged, the Gavi Alliance has not demonstrated good efficiency in implementing the Gender Policy as it has lacked the level of prioritisation and the resource commitment required to efficiently translate the policy commitments into action.

- Gender Policy implementation relies on a small group of people who, despite good efforts, have not managed to fully embed the Policy into Secretariat processes and systems, with the result that large parts of the Secretariat remain only peripherally engaged in supporting the Gender Policy's implementation;
- Core partners have not mobilised in support of the Gender Policy;
- Secretariat capacity to implement the Gender Policy has been insufficient, in terms of level of effort, and also access to specialist gender technical skills;
- There has been an underestimation of the resources required to translate the Gender Policy into action.

Weaknesses in the Gender Policy's monitoring and evaluation system and in the Secretariat's accountability to the Board have meant implementation challenges have not been picked up and addressed.

Finding 4: Plans to support the implementation and monitoring of the Gender Policy are underdeveloped

Finding 10: Gavi has not found a systematic way to reliably identify the extent of its gender-focused funding in support of the Gender Policy

Finding 5: Key Gavi figures are committed and provide visible leadership to the Gender Policy's implementation

Finding 6: While the Gender Working Group has made good efforts to drive and coordinate the Gender Policy's implementation within the Secretariat, its mandate and capacity has not facilitated full organisational support for the Policy's implementation

Finding 7: Some efforts have been made to equip Secretariat staff to contribute to Gender Policy implementation in their work but these efforts have been insufficient to ready a fast-growing organisation for concerted action

Recommendation 3: Elaborate a strategic level implementation plan to guide the implementation of the Gender Policy, accompanied with a robust monitoring and evaluation framework which enables Gavi to track progress in addressing gender-related barriers and be held accountable for its performance against policy objectives

Recommendation 5: Enhance internal Secretariat systems and processes to fully mobilise the organisation to implement the updated Gender Policy

Finding 8: There has been some progress in integrating gender guidance into Gavi core funding processes and review bodies although the benefits of this at country level are unclear

Finding 9: The Secretariat and the GWG have been partially held accountable for integrating gender as an issue through the Secretariat's work, but not for the achievement of the Policy's strategic objectives

Recommendation 3: Elaborate a strategic level implementation plan to guide the implementation of the Gender Policy, accompanied with a robust monitoring and evaluation framework which enables Gavi to track progress in addressing gender-related barriers and be held accountable for its performance against policy objectives

Finding 11: Core partners have largely not been engaged in Gavi's Secretariat-focused Gender Policy implementation efforts, although this may be changing
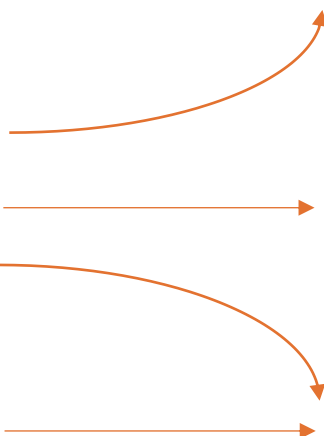
Recommendation 4: Alliance core partners actively engage in both the development, implementation and monitoring of the updated Gender Policy

Effectiveness: Gavi's implementation of the Gender Policy has not been effective in achieving intended outcomes, although there are pockets of gender-sensitive country programming:

- Country partners often use sex-disaggregated coverage data to dismiss the need to give attention to gender issues and continue to lack understanding of gender-related barriers;
- Explicit attention to gender-related barriers is often missing from country dialogue;
- Gender-related barriers are often not addressed in Gavi-supported programming, even where these barriers are recognised. Instead, other barriers such as geographical location and poverty are often prioritised for attention.

Where gender-related barriers are being addressed, gender-sensitive approaches are used, not gender-transformative approaches.

Finding 12: There is little evidence that the quality and availability of evidence and data on gender inequalities and/or gender-related barriers has improved over time

Finding 14: There are some indications that a shift in country dialogue from a focus on sex-disaggregated data to more nuanced consideration of gender-related barriers has started in some countries but the former remains pervasive
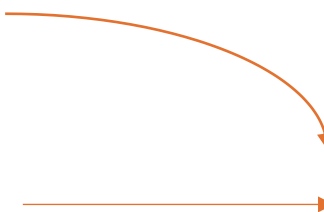
Recommendation 6: Intensify work with country partners to develop a detailed and contextualised understanding of the gender-related and other barriers to immunisation access, and put in place a tailored response using grant support and technical assistance

Finding 15: There is little evidence of increased Gavi funding and programme support to address gender-related barriers, although there are some exceptions

Finding 13: Gavi has recently increased its participation in global advocacy and dialogue processes to ensure that language that addresses gender-related barriers to health services is incorporated into various multi-stakeholder agreements and compacts
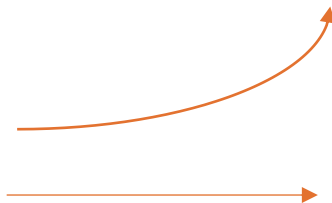
N/A

K. Proposed actions to implement evaluation recommendations

The 18 actions set out below are provided to assist Gavi Alliance teams and staff to implement the seven recommendations presented in the main report. They are a starting point for Gavi to consider how to respond to this evaluation's recommendations but can be evolved to better fit the organisational context, opportunities and processes afoot.

For each action we have indicated the proposed timeline for action using a three-step scale:

- Act Now: implement within the next 6 months
- Medium Term Action: implement following the finalisation of the Gender Policy, in late 2019/early 2020, likely to have long-term follow-up
- Longer Term Action: initiate once progress has been made with the medium-term actions, possibly in 2021.

Of the proposed actions, 12 are for immediate action, seven are medium term, and one is a longer-term action.

> Immediate Action	>> Medium Term Action	>>> Longer Term Action

Recommendation	Specific Action	Timeline for Action				Responsible	Contributors
1	A. In the outreach strategy for the gender consultation, ensure there is due time and process to obtain a good degree of representation from each Gavi region, recognising that deep or substantive engagement on gender issues may be limited due to lack of awareness at national level. This strategy should ideally include engagement with key CSOs (as identified by SCMs in consultation with EPI managers) B. Develop a more aspirational consultation process in the medium to long-term that is instructive as well as extractive, and one which contributes to building national capacity on gender issues. This may require the identification of, and engagement with, gender champions over the medium and longer-term. However, the utility and efficiencies gained from the inputs of national gender champions should be assessed	>>				Country Programmes Department (supported by Policy Team)	Secretariat staff (SCMs) EPI Managers GWG Alliance core partners in selected contexts

2	A. To influence the content of the Gavi Strategy 2021–2025, submit to the Gavi Board a one-page summary on how addressing gender-related barriers is an essential element of promoting equitable access to immunisation, which deserves clear articulation in the Strategy, alongside other important barriers to access	❯			Policy Team	GWG
2	B. Include in the updated Gender Policy a rationale for the focus on gender, which, drawing on international evidence, articulates: • How gender-related barriers constrain equitable access to immunisation • How gender-related barriers intersect with, and compound, other barriers to access • Evidence of effective interventions, which demonstrates the possible gains to be made by investing in addressing gender-related and other barriers to immunisation	❯			Policy Team	GWG
2	C. In the updated Gender Policy's strategic direction, be clear about: • The intended changes Gavi seeks to achieve through the Policy's implementation over a 5 year period • Gender-related barriers to immunisation are one of several drivers of inequitable access to immunisation, the nature of which will vary by context • The need for countries to develop an <u>evidence-based contextualised response to the range of barriers</u>, which affect equitable access to immunisation • The intention to promote gender-sensitive approaches which address the practical gender needs to immunisation service users • Whether Gavi intends to use the term gender-responsive or gender-sensitive (as it currently does) and the term's definition • Gavi's grant modalities, which are expected to adopt a gender-sensitive approach	❯			Policy Team	GWG
3	A. Develop an elaborated ToC for the updated Gender Policy, which sets out, in an intervention logic style, the pathways of change for each intended outcome • Commission Gender specialist with experience of facilitating ToC development processes to support the process • Convene workshop to develop ToC for updated Gender Policy	❯			Policy Team with contracted Gender specialist	Alliance core partners Alliance expanded partners GWG Other Secretariat staff ERG members

						Gender and immunisation specialists
3	B. Develop a robust monitoring and evaluation framework to support the updated Gender Policy monitoring and to facilitate Secretariat accountability to the Board • Collate current thinking on measuring progress in addressing gender-related barriers to immunisation e.g. ERG work, Gavi work on demand creation, experience from Alliance core and expanded partners • Using the ToC, identify a range of possible indicators for key steps in the pathways of change to achieve specified outcomes, their associated targets and means of verification • Convene a workshop to select an optimal set of indicators which can be reasonably tracked on an ongoing basis and which enable implementation progress to be monitored, as well as the extent to which intended outcomes are being achieved • Finalise the selected set of indicators in monitoring and evaluation framework for the updated Gender Policy, with defined indicators, targets, and baseline measures		❯			Performance Monitoring and Measurement Team	Secretariat staff especially from Country Programmes Department ERG members
3	C. Develop an implementation plan to guide the implementation of the updated Gender Policy over its 5-year life • Convene small working group with senior representatives of key Gavi teams relevant to the Gender Policy to coordinate the development of the implementation plan • Commission facilitator to support working group in developing implementation plan • Review implementation plan for the Fragility Policy as possible good practice example • Using the ToC and draft set of M&E indicators, map out main workstreams required to make progress towards intended outcomes, and the relevant Gavi team/core partner to lead that area of work		❯			Executive Office and Policy Team	Alliance core partners Team leaders of key Gavi teams GWG members

	• Convene meeting with relevant Gavi teams and core partners to share proposals for main implementation plan workstreams and task Gavi team/core partners to develop further • Relevant Gavi teams/core partners map out main activities required under their workstreams, the likely timing and the required resources • Convene workshop with GWG and senior members of relevant Gavi teams/core partners to review and finalise draft implementation plan • Submit implementation plan with overall required resources to Executive Office and/or Board for approval					
4	A. Alliance core partners contribute to the development of the updated Gender Policy • Core partner representatives on the Alliance Board, PPC and ACT convene internal discussions to formulate their own organisational views on the vision and ambition of Gavi's updated Gender Policy, drawing on their own internal gender expertise and taking this evaluation's findings and recommendations into consideration • Core partner representatives on the Alliance Board share in writing their organisation's proposals for the Gender Policy • ACT ensures core partner representatives are involved in Gender Policy update consultations and are able to reflect organisation's position and country level experience • Core partner representatives on the Alliance Board, PPC and ACT review and make final comments on the update Gender Policy and its MEL frameworksure that other core partner representatives are able to contribute to the development of the updated Alliance Gender Policy, especially those providing technical support at the country level	❯			ACT, Core partner representative on Alliance Board and PPC	Policy Team Managing Director Country Programmes/CPD staff Gender specialists in Alliance core partners
4	B. Alliance core partners actively support the implementation of the updated Gender Policy • Core partner representatives on the Alliance Board, PPC and ACT convene internal discussion to formulate how their organisation can contribute to supporting the implementation of the Alliance's Gender Policy and how they will resource that contribution, ensuring adequate gender expertise is available	❯ ❯			ACT, core partner representative on Alliance Board and PPC	Executive Office/Policy Team Managing Director Country

	• ACT members ensure their individual organisation contribution is reflected in the Gender Policy implementation plan and annual workplansCore partners' support to the implementation of the Gender Policy is integrated within partner agreements, with indicators against which progress will be reported in partner annual reports • Core partner representatives on the Alliance Board and PPC ensure their individual organisation contribution to the Gender Policy's implementation plan is captured in core partner agreements, with appropriate indicators to facilitate reportingReviewing progress in implementing the Gender Policy becomes a standing item on the ACT meeting agenda. Under this agenda item, ACT members would: i) report on their progress and challenges in delivering their support to the Gender Policy's implementation, with ACT members reaching agreement on how challenges can be addressed; ii) review Gender Policy M&E data to remain current of progress, identify challenges and initiate discussion with the Executive Office and potentially the Board and/or PPC to address any concerns. • ACT monitors core partner delivery against commitments, drawing on core partner routine reporting, initiating action with the core partner representatives on the Alliance Board and PPC where performance needs improvement • Alliance Board and PPC oversee performance in achieving the Gender Policy objectives and the contribution made by core partners, providing guidance to improve results where necessary					Programmes/CPD staff Gender specialists in Alliance core partners Gavi Board
5	A. Gavi teams incorporate work to support the updated Gender Policy implementation in their team performance management plans, and team leaders incorporate actions to provide leadership to these efforts in their personal workplans • As part of Gender Policy update process, Deputy CEO convenes meeting with Gavi teams to communicate the expectation that virtually all teams will be expected to support and contribute to the Gender Policy's implementation and that this contribution should be detailed in the Policy's implementation plan, in team performance management plans and, for team leaders, in their own workplans • Relevant Gavi team leaders participate in development of Gender Policy implementation plan as outlined in Recommendation 3C above • Gavi team leaders incorporate role in supporting Gender Policy implementation in annual team performance management plans • Gavi team leaders incorporate leadership of team support to Gender Policy implementation in their own personal workplans/performance plans • Strategy Team conducts annual reviews of team performance management plans and team leader workplans for consistency with Gender Policy implementation plan and reports findings to Executive Office and GWG Co-Chairs	❯	❯		Executive Office	Heads of Gavi teams Strategy Team

	B. Enhancing the role of the GWG in coordinating the Gender Policy's implementation • Review the GWG membership with a view to including representatives of all teams/departments of significance to the Gender Policy's implementation, identify critical gaps and invite those teams to nominate a representative to join the group • Elaborate the GWG's Terms of Reference, setting out the Group's functions, modus operandi, the specific roles of the Deputy CEO and the Co-Chairs, as well as of other GWG members vis-à-vis their respective department/team, ensuring the latter are empowered to connect the work of their own team with the Gender Policy's implementation • Deputy CEO to convene meeting with team leaders of those teams represented on the GWG, and Human Resources, to agree ways to enable GWG members to fully commit to their GWG role, protecting and prioritising time to engage in the GWG and to support GP implementation in their own teams • Deputy CEO and GWG Co-Chairs meet to agree their respective roles in leading the next phase of Gavi's Gender Policy, promoting an Alliance-wide response, and how they should coordinate, ensuring they remain fully abreast of implementation progress and are able to identify and address challenges as they arise	❯			Executive Office GWG Co-Chairs	GWG members Team leaders of teams represented in GWG
5	C. Appoint an experienced gender and equity specialist to support the Alliance in implementing the Gender Policy, with a particular focus on programming • Develop job description and person specification for proposed gender and equity specialist • Discuss and agree with the Executive Office and Human Resources how the post can be resourced, considering a variety of options, including the possibility of seconding a gender and equity specialist from a core partner, and where the post would be located within the Secretariat organisational structures • Conduct an open recruitment process to identify the preferred candidate	❯			Deputy CEO/GWG Co-Chairs	Human Resources Executive Office
5	D. Include familiarisation with the Gender Policy as part of Gavi's formal induction process for new hires and provide mandatory gender and equity training for all staff • Reflecting on the process used in the past, agree how an introduction to the Gender Policy and its implications for staff can be incorporated into Gavi's induction processes • Prepare materials to support the agreed process to familiarise new hires with the Gender Policy	❯	❯		Human Resources Gender and Equity Specialist (once appointed)[214]	Core partners (share their own training approaches and resources)

[214] If appointment of the Gender and Equity Specialist is likely to be a lengthy process, then the Executive Office will need to identify a staff member who can cover this role in the interim.

	• Ensure the induction process for all new hires includes a session on the Gender Policy and its implications for staff • Conduct a broad review of gender and equity training approaches and resources used by other development agencies to inform Gavi's approach, particularly Gavi's core partners and comparator organisations • Develop, pilot and refine a bespoke training package for Gavi staff, including: i) a mandatory module for all staff to provide a basic understanding of barriers to accessing immunisation, including gender-related barriers, and how Gavi's policies and support are seeking to address this; ii) other modules, as needed, tailored to particular aspects of Gavi's work, the focus of which would be determined in collaboration with Gavi staff • Roll out the gender and equity training for Gavi Secretariat staff, assessing its effectiveness through pre- and post-training assessments and follow-up assessments to determine how participants are applying their knowledge						
5	E. Put in place performance assessment systems that recognise, and encourage, staff support to the Gender Policy's implementation • Review Gavi's current staff performance assessment system and identify ways in which it can be used to encourage and recognise staff contribution in support of the Gender Policy's implementation • Prepare and present to the Executive Office a paper outlining options for Gavi's staff performance assessment system to be used to encourage and recognise staff contribution in support of the Gender Policy's implementation • Put in place systems and processes to implement the Executive Office's decision	❯	❯	❯		Human Resources Strategy, Funding and Performance Department	Executive Office
6	A. Develop a set of practical tools, with guidance and support to use them, to assist country partners, Secretariat and core partner staff to develop their understanding of gender-related and other barriers to immunisation and possible programming responses • Review available approaches and tools, including those from Alliance core partners and the Global Fund's Matchbox Toolkit, identifying those which can potentially be used in the Gavi context, perhaps with modifications • Identify the suite of tools required to assist country partners, Secretariat and core partner staff, including an (in)equity assessment tool, which unpacks at national and/or sub-national levels, gender-related and other barriers to immunisation access Develop, pilot and refine the set of tools, ideally in partnership with any core partners likely to 'own' tools requiring more specialist expertise to useeview available approaches and tools,	❯				Gender and Equity Specialist (once appointed)	ERG members Staff from core partners Country Programmes Department Staff

	including those from Alliance core partners and the Global Fund's Matchbox Toolkit, identifying those which can potentially be used in the Gavi contextpecify the markers of a 'robust' (or quality) (in)equity assessment to be used by IRC members when appraising the assessment findings • Assess the user skills required to apply the suite of tools and make guidance or training available to enable use • For tools requiring specialist expertise, agree with core partners the 'owner' of the tool and their associated responsibilities e.g. building up central capacity on its use, ensuring the deployment of capable teams, which include the central capacity as well as national expertise; and reflect these responsibilities in the core partner agreement						
6	B. Support country partners to undertake a robust (in)equity assessment, which informs future programming • Update Gavi operational and programming guidance to make a robust (in)equity assessment, which identifies gender-related and other barriers to immunisation access, mandatory in each country and for findings from that assessment to demonstrably inform future funding applications for Gavi support • Communicate to country partners that a robust (in)equity assessment, which identifies gender-related and other barriers to immunisation access, is mandatory for Gavi financial support and the technical support that is available to assist them with that.[215] Country partners should also be made to understand that the assessment findings will inform future funding applications to Gavi • Provide financial resources to the core partner who 'owns' the (in)equity assessment to support country partners to conduct an (in) equity assessment, use its findings to inform programming, including programming planned for Gavi HSS or NVS support, and put in place a suitable M&E system to track progress in addressing gender-related and other barriers. This will require a long-term capacity building approach	❯	❯			Country Programmes Department Core partner 'owner' of (in)equity assessment	ACT Other Alliance core partners providing technical assistance at country level M&E Department

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[215] In the interests of feasibility, Gavi may need to gradually roll out this mandatory requirement across its supported countries.

| 6 | C. Mandate and resource the IRC to quality assure the robustness of the (in)equity assessment and the tailored programmatic response, ensuring attention to gender-related barriers is proportionate in both

• Update the IRC's mandate to include quality assuring country (in)equity assessments and ensuring HSS and NVS applications are responsive to the assessment findings and brief IRC members on these changes
• Develop guidance on what constitutes a robust (in)equity assessment
• Commission IRC Gender and Equity specialists to appraise the adequacy of attention to gender-related and other barriers in HSS and NVS applications, as well as the responsiveness to (in)equity assessment findings, ensuring adequate numbers of specialists are available for the workload
• Put in place systems to put HSS and NVS grant approvals on hold until the IRC is satisfied that attention to gender-related and other barriers is adequate and in line with the (in)equity assessment findings
• Brief Joint Appraisal teams on the need for programming and Gavi funding applications to be responsive to (in)equity assessment findings and for this to be documented in JA reports.
• Ensure JA teams include gender and equity specialists well suited to working with country partners to understand and respond to (in)equity assessment findings in programming and applications | ❯ | ❯ | | Country Programmes Department | JA Teams

IRC

Alliance core partners |
| 7 | Build up and share among Gavi Alliance staff an evidence base of experience in understanding and addressing gender-related and other barriers to immunisation

• Collate and filter practical examples of how countries have deepened their understanding of and addressed in programming gender-related and other barriers to immunisation, identifying those most relevant to Gavi Alliance country-facing staff. In doing so, draw on Gavi summaries of international evidence and resources available from core and expanded partners
• Establish a wiki or similar resource base on Gavi's intranet for relevant materials on country experience in understanding and addressing gender-related and other barriers to immunisation and advertise it to Alliance staff
• Continue to update the wiki with new materials, advertising them to Alliance staff as they become available
• Initiate a series of brown-bag lunches to share country experience of understanding and addressing gender-related and other barriers to immunisation
• Gather feedback from Country Programme Department and core partner staff at country level on the gender-related knowledge and resources that would be helpful to them and seek to orient the wiki towards this, as far as possible | ❯ | ❯ | | Gender and Equity Specialist (once appointed) | Alliance Core partners

Alliance expanded partners

Country Programmes Department |

	• Consider how the emerging evidence can be distilled and used to inform future iterations of Gavi's Gender Policy				

RELEVANCE | **EFFICIENCY** | **EFFECTIVENESS**

Overarching goal, and four strategic goals 1. Vaccines, Systems, Sustainability, Market Shaping

Gender Policy Objectives

STRATEGY 1: ensuring gender sensitive funding and programmatic approaches

STRATEGY 2: generating, supporting, reporting, and analysing new evidence and data

2008 Policy

STRATEGY 3: advocating for gender equality as a means to improve immunisations coverage

STRATEGY 4: increasing accountability for gender-related results.

Self, Society, Institutions lens

PROBLEM CONTEXT
1. access enablers (supply side)
2. barriers (demand side) 3. Inequality
4. poor data

Organisational lens: 5C framework

Coordination: Gender Working Group

Commitment:
Gavi Strategy 2011-2015
2013-2014 Business Plan
Gavi Strategy 2016-2020
2016-2010 Business Plan Equity Strategies

Cash:
HSS funds
PEF TCA funds

Capacity:
HSS guidance
APR guidance
TCA through PEF
Joint Appraisals guidance
Grant Application Monitoring Review

Accountability:
Executive Office

Partners

Donor partners
Alliance partners
Expanded partners
Civil society partners
MoH in Gavi funded countries

Assumptions | Assumptions | Assumptions | Assumptions

STRATEGY 1: activities include adjustment on guidelines and application materials across VIS, IRC, HSS, HSCC

STRATEGY 2: activities include a focus on gender-response data, research, inc. on cross-sector links

STRATEGY 3: activities include focus on gender sensitive communication, and dissemination of best practice

STRATEGY 4: activities include using results framework, and providing secretariat with tools and knowledge and increasing focus on accountability

Integration into guidelines

Gender responsive TCA

Gender responsive country grants

Research on wider health outcomes funded

Guidance and training given on SD data

Research on gender barriers funded

Activities aimed at global normative compacts

National advocacy initiatives

Gender-sensitive communications undertaken

National accountability: JA, GPF, ICC/HSCC

Global accountability: Board, GWG, Alliance

1. More opportunities are used to promote gender responsive funding and programming

2. Increased country capacity to collect and analyse S-D and barrier related data

3. increased capacity among Gavi and partners to lead and provide catalyst for gender-responsive immunisation

4. increased gender capacity and awareness among Gavi and partners to report on gender policy commitments

Reduced gender barriers to accessing health services, including at community level

Increased collection and use of gender-sensitive immunisation data across supported countries

Demonstrated gender-related capacity and leadership across Secretariat and Alliance

Increased gender equitable immunisation coverage

Strengthened capacity of integrated health systems to deliver immunisation services

Decreased gender inequities in cross-sector health outcomes

INPUTS | ACTIVITIES | OUTPUTS | INTERMEDIATE OUTCOMES | OUTCOMES | IMPACTS

SUPER-IMPACT: Reduced mortality and morbidity for girls, boys, women and men

Gender policy principles : 1. gender lens, 2. complement partners, 3. ownership and engagement, 4. strong leadership

Assumptions in the reconstructed ToC

Assumptions related to the Secretariat and its donors/partners:
- Gender-related barriers prevent achievement of Gavi's mission.
- Stakeholders see merit in addressing gender-related inequities in health and will dedicate resources.
- Gavi's core partners have capacity/willingness to support countries to address gender-related barriers for immunisation services.
- Understanding of gender and commitment within the Secretariat will position Gavi as a leader and influence partners and countries to address gender-related barriers to immunisation.
- Reducing gender-related barriers to immunisation coverage and strengthening the capacity of integrated health systems to deliver gender-responsive immunisation services will contribute to a reduction in gender-related health inequities.
- Increasing gender equitable immunisation coverage and strengthened capacity of integrated health systems to deliver immunisation services will contribute to decreased gender-related inequities in health and reduced mortality and morbidity for all.

Assumptions related to countries:
- Countries see merit in addressing gender-related inequities in health and will dedicate appropriate resources.
- Countries see that health outcomes are improved when gender inequality and harmful gender norms are addressed, and will dedicate appropriate resources to addressing them.
- Collecting and reporting sex-disaggregated data will help countries identify and address gender-related barriers.
- Reducing gender-related barriers to accessing health services will lead to increased gender equitable utilisation of health services, including immunisation services.

M: Global context for gender and immunisation

During the development of the 2014 Gender Policy, the broader normative agenda linking gender and immunisation related to the Millennium Development Goals (MDGs). Millennium Development Goal (MDG) 4, aimed to reduce by two-thirds, between 1990 and 2015, the global under-five mortality rate. In addressing this, immunisation is one of the most efficient health practices, as it dramatically increases protection from disease in immunised people as well as in the wider population, and is one of the most cost-effective ways to save lives, improve health and ensure long-term prosperity.[216] As of 2015, this normative agenda shifted towards the SDGs. While a significant variety of the SDGs can be tangentially connected with immunisation outcomes, SDG3 (3.8) and SDG5 (5.1) are of particular relevance[217].

The Convention on the Rights of the Child (CRC) states that no child shall be deprived of his or her right of access to healthcare services, including preventive healthcare such as immunisation. While important inroads have been made, there are still more than 19 million children who are not covered by routine vaccinations, including 13 million who have never been inoculated. Low immunisation coverage also compromises health gains throughout communities at risk, for mothers, children and the most vulnerable.

The success of existing and future vaccine coverage will depend on the ability of low-income countries to attain high and equitable levels of coverage in spite of social and gender-related barriers. While wealth inequality remains a significant causal factor, gender is a key variable that needs to be taken into account to achieve equity in immunisation. Data on gender disparities in immunisation coverage in low and middle-income countries vary from country to country, especially at the subnational level (depending on varying drivers at regional and community level).[218] [219]

Gender equality in all areas of social and economic life has been identified as a central prerequisite to guarantee sustainable development for all, as illustrated by MDG 3 and SDG 5. These wider gender empowerment issues are important in that Gavi is interested in playing 'a catalytic role in promoting awareness of effective strategies to address gender inequalities and inequities in health and in the health sector'. While MDG3 and SDG5 do not explicitly monitor health outcomes (unless linked to reproductive health), the goal of achieving gender equality in the health sector is crucial given that, according to available data collected in 2012, just over half (52%) of women between 15 and 49 years who are married or in union have the liberty to take their own decisions about sexual and reproductive health and general health services.[220]

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[216] The Millennium Development Goals report (2015).

[217] Target 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all; Target 5.1: End all forms of discrimination against all women and girls everywhere

[218] Devasenapathy, N., Ghosh Jerath, S., Sharma, S., et al. (2016) 'Determinants of childhood immunisation coverage in urban poor settlements of Delhi, India: a cross-sectional study' in *BMJ Open. 6*. doi: https://bmjopen.bmj.com/content/6/8/e013015

[219] Hilber, A. M., Bosch-Capblanch, X., Schindler, C., et al. (2010) 'Gender and immunization: Summary report for SAGE' *Swiss Centre for International Health: Swiss Tropical and Public Health Institute*. WHO: http://www.who.int/immunization/sage/1_immunization_gender_reports_without_graphics.pdf: 8–9

[220] https://sustainabledevelopment.un.org/sdg5

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