EVALUATION OF GAVI GENDER POLICY

FINAL REPORT

14 December 2012

Submitted to:

GAVI Alliance

2, Chemin des Mines

1211, Geneva 2

Switzerland

Submitted by:

ICF Macro, Inc.

11785 Beltsville Drive, Suite 300

Calverton, MD 20705
USA

TABLE OF CONTENTS

ACRONYMS AND ABBREVIATIONS

APR	Annual Progress Report
DHS	Demographic and Health Surveys
GAVI	Global Alliance for Vaccines and Immunisation
GWG	Gender Working Group
HPV	Human Papilloma Virus
HRITF	Health Results Innovation Trust Fund
HSS	Health Systems Strengthening
IDA	International Development Association (World Bank)
IRC	Independent Review Committee
MDG	Millennium Development Goal
M&E	Monitoring and Evaluation
ODI	Overseas Development Institute
PEPFAR	President's Emergency Plan for AIDS Relief (US)
P&P	Policy and Performance (GAVI)
PPC	Programme and Policy Committee
SAGE	Strategic Advisory Group of Experts (WHO)
UFE	Utilisation Focused Evaluation
UN	United Nations
UNICEF	The United Nations Children's Fund
WHO	World Health Organization

EXECUTIVE SUMMARY

The GAVI Alliance public-private partnership brings together key stakeholders in global immunisation around one mission: to save the lives of children and protect health by increasing access to immunisation. GAVI was created in 1999 as a partnership between organisations that now include the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the World Bank, the Bill and Melinda Gates Foundation, developing and industrialised country governments, research and technical institutes, civil society, and the pharmaceutical industry.

In June 2008, the joint GAVI Alliance and Fund Boards adopted a Gender Policy. An annex to the Policy (Guidelines on the GAVI Alliance Board Gender Balance) was approved by the Board and became effective on 17 June 2010. The GAVI Alliance Gender Policy aligns with GAVI's mission and international commitments, with a goal to "promote increased coverage, effectiveness and efficiency of immunisation and related health services by ensuring that all girls and boys, women and men, receive equal access to these services." In addition, the Policy seeks to contribute to efforts to scale-up gender mainstreaming and promote gender equality. The Gender Policy's guiding principles are to (1) apply a gender perspective to all its work, (2) complement partners' efforts to promote gender equality in health, (3) promote country ownership and alignment with regard to gender issues, and (4) exercise strong leadership and demonstrate political will.

In 2012, ICF International conducted an evaluation of the GAVI Alliance Gender Policy. This evaluation focused on the Gender Policy's rationale, design, implementation, and results from January 2009 to August 2012 and assessed the extent to which planned activities were implemented, outputs delivered, and outcomes attained. The intent is that this evaluation will help inform the Gender Policy's revision.

The evaluation methodology was qualitative but also included the use of findings generated by quantitative GAVI data. These methods are detailed in the report.

KEY FINDINGS

The findings are presented in three key areas: (1) rationale, design, and planning; (2) implementation; and (3) achievements. A fourth section discusses considerations for future design. A separate Recommendations Report provides more detailed recommendations derived from these findings.

Rationale, Design, and Planning

The evaluation team assessed the rationale of the Gender Policy and assembled and analysed evidence around the three policy goals and the three components of the Policy rationale. In terms of design and planning, the team examined the consistency of the Policy's design with the GAVI Alliance Strategy and Business Plan; global priorities, such as the

Millennium Development Goals and the Paris Declaration on Aid Effectiveness; and the gender priorities of key GAVI partners and donor countries. Benchmarking data were identified to assess how the GAVI Gender Policy framework performed against comparable organisations. Key findings from this area of the evaluation included:

- The evaluation found the Gender Policy to be consistent with the GAVI Alliance's overall strategy and in line with the Millennium Development Goals, to be largely supportive of the Paris Principles (with the exception of its alignment with national systems), and to be in line with the priorities of major donors.

- The Gender Policy underperformed on criteria that compared the Policy framework against benchmarked organisations. Key differences across the comparators related to the scope of the Policy. At an operational level, GAVI was the only organisation whose policy focused predominantly on results at the Secretariat and Board level, while the other organisations prioritised results at country and project level.

- The evaluation found that the Policy's commitment to encourage routine, systematic reporting of sex-disaggregated data was the source of differing and contradictory viewpoints.

Implementation

The evaluation team examined the implementation of the Gender Policy to date. We focused on the organisational and management arrangements and systems for reporting and monitoring and evaluating progress towards outcomes. Benchmarking data were identified to assess GAVI's performance on implementation-related issues against that of comparator organisations. Key findings from this area of the evaluation included:

- The Policy and Performance department and, more recently, the Gender Working Group have been important actors in advancing the Gender Policy and are currently proving to be a successful mechanism for implementation with a coherent division of tasks and objectives, output-level monitoring, and representation from all departments.

- Implementation of the Gender Policy was accompanied by performance monitoring of activities measured against the four outcomes derived from the strategic directions of the Policy. These were reported annually. The evaluators found less evidence to indicate monitoring and evaluation (M&E) beyond policy implementation at the output level. GAVI now has a Monitoring and Evaluation Framework and Strategy (2011–15), but there was little evidence to suggest that this document had informed M&E of the Gender Policy as yet.

- While the Independent Review Committee (IRC) and Annual Progress Reports (APRs) reflect some monitoring at the country level, it was not always clear which indicators or criteria the APRs reported against, who decided what to measure, and which targets were used or how the outcomes were valued (i.e., what was a "good result"?).

- The benchmarking study reinforced that many of the achievements GAVI has attained—in terms of evidence generation, capacity building, and provision of clear guidance—are important determinants of an organisation's ability to translate its policies into action but also that all benchmarked organisations, including GAVI, have struggled to achieve the full operationalisation of their policies.

Achievements

Achievements were reviewed against the objectives and commitments articulated in the Gender Policy. Specifically, these included: goal and scope; guiding principles; the three strategic directions; and Section 5 of the Policy, which focuses on gender-sensitive approaches within the GAVI Alliance structure. Key findings from this area of the evaluation included:

- At the output level, GAVI has seen important positive achievements in terms of generating and reporting new evidence on immunisation and gender; establishing and funding gender-sensitive strategies for its own organisation; advocating with partners (and countries) for gender equality to improve immunisation coverage and access to health services; and achieving culture change by incorporating gender considerations into its own management structures, including the Board.

- Many of the Policy's achievements, as identified and measured against the stated criteria, have primarily benefitted GAVI staff and influenced GAVI's own governance structure, while significant impacts of the Policy at the country level have yet to be fully realised.

CONCLUSION

The evaluation found that the GAVI Alliance Gender Policy remains relevant to issues of health equity. The policy is generally well-supported among GAVI donors and is in keeping with, and supported by, international commitments. Equal access to immunisation as a key factor to ensuring expanded, equitable vaccine coverage remains a relevant goal of the Gender Policy. This relevance is germane to supporting immunisation of girls and women and boys and men in developing countries. Evidence in this report suggests that in order for this Policy to remain relevant, certain revisions should be explored and considered.

With GAVI now supporting the Human Papilloma Virus (HPV) vaccine, the Gender Policy will need to provide guidance on GAVI's HPV vaccine strategy. Most data confirm that a tailored gender and equity approach is essential throughout the introduction to and support of HPV vaccination. The Gender Policy needs to consider and reflect the changing vaccination context that now includes a different target group that brings specific gender and equity considerations, and may require adaptive strategies.

Potential changes in how GAVI works with countries suggest further reflection on how to revise the Gender Policy. For example, the Country by Country Strategy was under review during the timeframe of this evaluation and will be

presented to the Board in December 2012. If approved, this will change how GAVI operates and will allow for policy formation that is less global in approach and, potentially, more informed by local contexts. Finally, among the key revisions suggested is a renewed focus on the monitoring and evaluation that captures not only policy implementation but also far-reaching outcome evaluation. These concepts are more thoroughly discussed in the Recommendations Report for this evaluation.

I.   INTRODUCTION AND BACKGROUND

In March 1999, key United Nations (UN) agencies, leaders of the vaccine industry, representatives of bilateral aid agencies, and major foundations agreed to work together through a new partnership: the Global Alliance for Vaccines and Immunisation (GAVI). In November 1999, the Bill and Melinda Gates Foundation pledged US $750 million over five years to GAVI, and in January 2000, the GAVI Alliance was formally launched. Two key partners include the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF). WHO, a co-founder of the GAVI Alliance and the UN's specialist agency providing leadership on global health issues, is a key policy influencing and implementing partner. UNICEF's role is to procure vaccines and devices for countries through its Supply Division, on behalf of the GAVI Alliance and WHO.

GAVI's mission is to save children's lives and protect people's health by increasing access to immunisation in poor countries.[2] GAVI's mission is underpinned by four strategic goals:

- Strategic Goal 1: Accelerate the uptake of new and underused vaccines

- Strategic Goal 2: Strengthen integrated health delivery systems

- Strategic Goal 3: Increase the predictability of global and national financing

- Strategic Goal 4: Shape vaccine markets

The GAVI Alliance Strategy 2011-2015 identifies three cross-cutting activities to support these goals: (1) Monitoring and Evaluation; (2) Advocacy, Communication, and Public Policy; and (3) Policy Development. One of the six operating principles of the strategy is: "Ensuring gender equity in all areas of engagement." The Gender Policy was adopted by the joint GAVI Alliance and Fund Boards in June 2008. An annex to the Policy (Guidelines on the GAVI Alliance Board Gender Balance) was approved by the Board and became effective on 17 June 2010. The Gender Policy has three strategic directions, summarised briefly as: (1) generating, reporting, and analysing new evidence on gender and immunisation; (2) ensuring gender-sensitive policy and funding support; and (3) advocating for gender equality in health. The Gender Policy furthers GAVI's commitment to the Millennium Development Goals (MDGs) in the first goal of the Policy to promote increased coverage, effectiveness, and efficiency of immunisation and related health services by ensuring that all girls and boys and women and men receive equal access to these services. In addition, the Policy seeks to contribute to efforts to scale-up gender mainstreaming and promote gender equality. The guiding principles of the Gender Policy are to (1) apply a gender perspective to all its work, (2) complement partners' efforts to promote gender equality in health, (3) promote country ownership and alignment with regard to gender issues, and (4) exercise strong leadership and demonstrate political will.

As an operating principle of the GAVI Alliance Strategy and Business Plan 2011-2015, gender does not have a goal-level indicator. Equity, however, does have a goal-level indicator, measured by percentage of DTP3 coverage in percentage point relation to lowest and highest wealth quintile.

PURPOSE OF EVALUATION

The GAVI Gender Policy included a planned external evaluation, and this evaluation responds to that requirement. The general purpose was to evaluate the extent to which planned activities were implemented, outputs were delivered, and outcomes were attained. The intent is to provide a report that may inform revision to the Gender Policy. The evaluation questions are provided in Annex 2.

The primary audience for the evaluation will be the GAVI Alliance Board, although the findings will also be of key interest to the Secretariat, partners, and donors.

II. METHODOLOGY

THEORY UNDERPINNING THE APPROACH

The overarching guiding approach, the utilisation focused evaluation (UFE) approach,[4] is based on the premise that evaluations should be designed according to both their credibility and their utility. Methodological decisions are made in order to ensure that the findings will serve the practical information needs of GAVI's primary users and can be used to inform key decisions. In addition, we drew on other theories and approaches that informed our data gathering and analysis. These are as follows:

- The transformative evaluation approach[33] provided a framework for making methodological decisions with a social justice perspective by acknowledging power structures that perpetuate social inequalities. Specifically, this approach informed the development of the interviews and helped to focus the interview list. For example, this approach encouraged a wide variety of stakeholders that brought different orientations and perspectives to be interviewed (beyond GAVI Alliance staff), which helped ensure that the evaluation was complete and balanced and included the voices of those that have often been overlooked.

- A human rights-based evaluation approach[34] heavily informed our analytical thinking and data analysis strategy by providing a way to critically think about how the Policy has identified, analysed, and addressed inequalities, discriminatory practices, and unjust power relationships. This approach goes beyond the traditional gender approaches by examining more than just gender differences, bringing in other differences (e.g., race, class, disability) that intersect with gender.

- An organisational development approach that drew, in particular, on Mintzberg[5] provided a framework to examine four dimensions of strategy and policy development—Perspective, Plan, Position, and Patterns. This approach was used to answer specific questions about GAVI's organisational strategy, policy development, Implementation Plan, and actions to achieve its intended vision.

DEFINITIONS

The following definitions and understandings were used to develop and implement the evaluation approach and methodology:

- *Gender* is concerned with the social roles and values ascribed to girls and boys, women and men, and the ways in which these socio-cultural understandings of appropriate behavior and roles for females and males are underpinned in most societies by unequal power relations. Gender roles are learned through socialisation and are changeable rather than fixed.

- A *policy* enables a strong and visible political commitment to a specific idea, plan, or course of action that intends to influence and determine decisions, actions, and other matters.

APPROACH

The ICF Evaluation Team (hereafter called "the Team") evaluated the Gender Policy by focusing on several key questions. First, the Team sought to clarify the intent of the Gender Policy, and second, it explored the Policy's current relevance. Third, the Team explored the barriers, successes, and challenges at headquarters level, and to a lesser extent, at the programme level. We also examined the extent to which the Gender Policy fulfilled GAVI's commitments to the Millennium Development Goals and to what extent it is aligned to the principles of the Paris Declaration on Aid Effectiveness.

Further, we determined whether activities and deliverables in the Implementation Plan were successfully completed in the target timeframe. Specific evaluation questions that guided the evaluation can be found in Annex 2.

DATA SOURCES AND SAMPLING

Data sources included (1) document review, (2) semi-structured key informant interviews, (3) focus group discussions, and (4) benchmarking (comparison with other donors). This approach provided a balance of data from multiple sources using several methods.

While GAVI provided most document data sources, we identified others through: (1) searching the bibliography of these documents to further identify other studies, and (2) asking key informants to provide additional documents. Documents reviewed can be found in Annex 3. In order to select people for semi-structured interviews and focus groups, we used a type of purposeful sampling: criteria-based and stratified purposeful sampling. This allowed for focused identification of "sub-samples" within the larger sample that brought knowledge about or experience with the Gender Policy. The interview list can be found in Annex 4. Data collection from the key informants was done through semi-structured interviews, conducted in person, by telephone, or by Skype.

In Geneva, we conducted two focus groups. We identified focus group participants through another type of purposeful sampling: homogeneous sampling. We held one focus group with Country Representative Officers (CROs) and the other with the Gender Working Group (GWG). The list of people who participated in these groups is also presented in Annex 4. The purpose of the focus groups was to gather perspectives from an informed group that was: (1) closest to the GAVI Gender Policy and Country Implementation, respectively; (2) most knowledgeable about how the Policy unfolds in practice; and (3) most in tune with the internal and external dynamics of the Gender Policy debate.

DATA STRENGTHENING AND DATA ANALYSIS

In order to strengthen our study, we triangulated our data in three ways: (1) data triangulation, (2) investigator triangulation, and (3) theory triangulation. Once our data were collected, we then cleaned, coded, and conducted a thematic and content analysis. The main thematic areas were identified by each key evaluation question, namely rationale and relevance, design, planning, implementation, and achievements.

BENCHMARKING

To compare the GAVI Alliance Gender Policy with those of other donors and partners, we benchmarked the GAVI Alliance Gender Policy against those of four other organisations that also act as "global funds." In order to be selected, each comparator had to have an applicable gender policy in place. In addition, the selection sought to ensure maximum comparability with GAVI in terms of:

- Health sector coverage

- Multi-donor fundraising model

- Country-owned delivery model

- Partnership model

The requirement for comparators to have a gender policy in place posed a significant constraint on the selection, as several of the funds from the original long list had not developed a gender policy. The long list was reviewed together with GAVI, and it was agreed that the requirement for strict comparability across all four of the above dimensions would need to be relaxed. Only the Global Fund proved comparable across all four dimensions.

The four organisations selected as comparators, in cooperation with GAVI, were:

- The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund)

- The World Bank Health Results Innovation Trust Fund (HRITF)

- The United States President's Emergency Plan for AIDS Relief (PEPFAR)

- UNITAID

The benchmarking methodology consisted of a mixed qualitative and quantitative exercise combining a scoring methodology with an evaluative assessment of the Gender Policy itself and, to the extent possible, its implementation. The criteria for the scoring exercise combined indicators measuring the formulation and content of the Gender Policy as well as, to the extent possible, indicators of implementation performance. The exercise drew conclusions about the practices and priorities that contributed to 'best practice' gender policy for this set of organisations. The benchmarking provided a relative value assessment of the adequacy of the GAVI Gender Policy and highlighted possible areas for improvement.

LIMITATIONS

The evaluation approach had several limitations. First, although the evaluation was intended to focus on key issues, there were 51 separate questions agreed to in the inception report that allowed exploration of these issues from multiple

perspectives. Collecting these data spread the focus of the data collection, and triangulating data across these questions and synthesising them into a concise report in a short timeframe proved challenging.

Second, the short timeframe and limited budget led to the need for a focused key informant list. While we appeared to reach data saturation for the GAVI Secretariat with whom we conducted interviews and focus group discussions, we did not reach this saturation point with partner organisations or GAVI Board members. Therefore, a range of perspectives in these two groups were not always heard and are not represented in this report. Third, the lack of primary data collected by the Evaluation Team at the country level presented barriers in understanding how the policy played out at the country level; their voice is not represented. For this line of questions, the Evaluation Team was limited to sources such as the Annual Progress Reviews (APRs) and country proposals as well as GAVI staff perceptions.

III. KEY FINDINGS

The findings are presented in four key areas. Section A presents the evidence relating to the original and evolving rationale, design, and planning for the gender policy. Section B examines the implementation of the Gender Policy, and Section C describes the Gender Policy's identified achievements. Section D explores considerations for future design of the Gender Policy that are based on issues that cut across the three other focal areas of the evaluation.

A. RATIONALE, DESIGN, AND PLANNING

The Evaluation Team assessed the rationale of the Gender Policy and assembled and analysed evidence around the three policy goals and the three components of the policy rationale. In terms of design and planning, the Team examined the consistency of the policy's design with the GAVI Alliance Strategy and Business Plan; global priorities, such as the Millennium Development Goals and the Paris Declaration on Aid Effectiveness; and the gender priorities of key GAVI partners and donor countries. Benchmarking data were identified to assess how the GAVI Gender Policy framework performed against comparable organisations.

Relevance of the Rationale

The rationale stated in the Gender Policy is threefold:

1. Gender equality is both a determinate of programming effectiveness and a prerequisite of poverty reduction and development.

2. After socioeconomic inequality, gender inequality is one of the most influential social determinants of health.

3. Immunisations have often been perceived as gender neutral, but existing evidence suggests that: (1) sex differentials in coverage exist in a range of contexts, (2) such differentials are exacerbated in the hardest to reach populations, and (3) major sex differentials in the burden of disease are seen in vaccine-preventable illnesses.

Two reports, both commissioned by GAVI, were identified as having influenced the rationale and then implementation of the Gender Policy. The Overseas Development Institute (ODI) *A Knowledge Stocktaking Exercise and an Independent Assessment of the GAVI Alliance* report[13] of 2008 was commissioned specifically to inform the rationale for GAVI's Gender Policy. Most people interviewed for this evaluation were critical of this report and suggested that it laid a shaky foundation on which to develop a GAVI Gender Policy for two reasons. Firstly, several interviews with GAVI Secretariat staff and individuals external to GAVI suggested that the consultation process involved very few vaccination experts and, similarly, that the report lacked peer review. Secondly, the report provided statements that were well supported and acknowledged in the health field (e.g., gender equality, and its underlying power relations, is a powerful determinant of health outcomes), but, at the time, data were too limited to fully inform the ODI report, resulting in questions over the validity of the findings. An example frequently cited was the proposed role of GAVI as a pivotal actor in supporting or

encouraging sex and age-disaggregated data collection and gender analysis. This proposition became a commitment in the Gender Policy and was found to be a perennial point of debate and tension identified throughout this evaluation.

The influence of a second report can be detected in the implementation of the Gender Policy. *The Gender and Immunisation Report 2010* commissioned by GAVI in fulfillment of strategic Goal 1 of the Gender Policy (also Outcome 1: to generate, report and analyse new evidence) was undertaken by WHO's Initiative for Vaccine Research and the Swiss Tropical and Public Health Institute.[6] This report, peer reviewed by the Strategic Advisory Group of Experts (SAGE) from WHO, was viewed as credible by the GAVI Alliance. The report emphasised the layers of complexity in immunisation and stated that "[c]hild immunisation status is determined by a myriad of factors at the individual, family, and community level, as well as by health system or service delivery level issues. Barriers, for example, may affect the demand for services (e.g., whether a caretaker takes the child for vaccination), as well as the supply of services (e.g., how vaccination is made available and under what conditions)" (pg. 5). Based on conclusions from the Demographic and Health Surveys (DHS) quantitative data analysis, case studies, and a systematic review of qualitative data, the report presented eight primary findings, several of which were cited during the evaluation as key factors that influenced the implementation of the Gender Policy after 2010. The findings (abridged) were:

1. There is a significant proportion of children who have not received a single dose of vaccine.

2. Girls and boys have the same likelihood of being vaccinated in most countries. A few moderate exceptions exist. Sex discrepancies favouring boys were found in a few countries with known gender inequity.

3. Core variables (e.g., education, poverty, knowledge) were associated with vaccination status.

4. Tetanus vaccination during pregnancy is associated with children's vaccination status.

5. Access to information was associated with vaccination coverage.

6. Gender-related variables related to women's capacity to make financial decisions were associated with vaccination status.

7. Gender-related variables related to women's access, status, and levels of empowerment were associated with vaccination status.

8. Vaccination has been used as a political tool in some regions. Women in these settings face pressure to not vaccinate their children (pg. 17-20).

Some of these conclusions were cited as reasons for some resistance to implementation of the Gender Policy, particularly among vaccine experts who found difficulty in seeing the relevance of the Policy beyond issues within the governance and management of the GAVI Alliance and Secretariat. The report did not result in any changes to the Gender Policy, and, in any case, there were no procedural mechanisms for Policy revision prior to this evaluation. The evaluation, however, found that the findings of the report did have some influence upon how the Policy was

implemented. There was an increased focus upon the commitments in the Policy that were achievable at the Secretariat and Board levels, including the addition of an Annex on Guidelines on the GAVI Alliance Board Gender Balance.

Most data suggested that the findings of the report lent most weight to the positions of those that least supported the Gender Policy. More recently, GAVI commissioned an independent consultant to report on Equity in Vaccine Coverage.[8] In this review, Connor calls for further research to contribute to the evidence base, described as "lacking" in the report, and, in particular, to assess the impact of vaccine delivery strategies on improving equity (pg. 19).

Consistency with GAVI's Strategy, Global Priorities, and Partner and Donor Country Priorities for Gender

At the time of development, the Gender Policy was consistent in rationale, design, and strategic direction with the following commitments, strategy, and stakeholder perspectives.

GAVI Strategy

The GAVI Alliance was in Phase II during the time the Gender Policy was developed and was under the 2007-2010 Strategy. Four strategic goals underpinned Phase II:

- Strategic Goal 1: Contribute to strengthening the capacity of the health system to deliver immunisation and other health services in a sustainable manner

- Strategic Goal 2: Accelerate the uptake and use of underused and new vaccines and associated technologies and improve vaccine supply security

- Strategic Goal 3: Increase the predictability and sustainability of long-term financing for national immunisation programmes

- Strategic Goal 4: Increase and assess the added value of GAVI as a public-private global health partnership through improved efficiency, increased advocacy, and continued innovation

The design and rationale of the Gender Policy potentially contributed to all the goals, but specifically the Gender Policy was an example of innovation that supported advocacy and improved efficiency. This is reiterated in the 2010 Work Plan that stated that the Gender Policy supported the overall GAVI Strategy by demonstrating policy and process innovation, and leadership in best practices.

Global Priorities

Millennium Development Goals

The eight MDGs, adopted by the international community in 2000, set targets for 2015 on eradicating poverty, achieving universal primary education, promoting gender equality and empowering women, reducing child mortality, improving maternal health, combating HIV/AIDS and other diseases, ensuring environmental sustainability, and providing financing

for development.[11] *The Evaluation of Gender Policy Implementation in UNICEF* (2008) report[12] stated that there was a strong correlation between increased gender equality and the achievement of Millennium Development Goal 4 (to promote child survival) and other MDGs.

The 2008 Jones, Walsh and Buse ODI report survey results[13] suggested that there was strong support for a GAVI Gender Equality Policy (as it was called at that time) that addressed gender as an important component of achieving the MDGs. Additionally, a policy that both contributed to programme effectiveness and formed part of a rights-based approach to development was strongly supported. The data in this section suggest that the rationale for the Gender Policy is in line with the MDGs and with an awareness of the need to support existing international commitments in this area.

Paris Declaration on Aid Effectiveness

With the exception of one area, the overall findings demonstrate that the GAVI Alliance and its Gender Policy are in line with the general principles of the Paris Declaration of Aid Effectiveness in terms of national ownership, harmonisation between agencies, results-oriented management, and mutual accountability. The commitment in the Gender Policy to ensure that countries include sex and age disaggregated data and gender analysis does not align with current systems at the country level where these data are not collected.

Partner Policies, Needs, Concerns, and Priorities

The GAVI Gender Policy states that it intends to "complement" its partners with its gender approach, demonstrate leadership, and raise awareness. Specifically, the Gender Policy states in Section 1.4.2 that it will:

> *Complement partners' efforts to promote gender equality in health. As an Alliance and in line with the commitments made by its partners, the GAVI Alliance will strive to exercise leadership and raise awareness of, and promote coordinated international efforts towards, the realization of existing international commitments to gender equality and health equity. (Section 4.1.2 GAVI Gender Policy)[3]*

WHO and UNICEF were the two key GAVI partners who informed this evaluation; their inputs are summarised below.

WHO

In 2010, a WHO policy dialogue meeting responded to WHO's gender strategy and WHO Resolution WHA60.25, which explicitly asked WHO to promote the use of sex-disaggregated data and gender analysis as part of strengthening evidence-informed approaches to mainstreaming gender into WHO's work. In May 2012, WHO launched a new approach to promote and facilitate the institutional mainstreaming of gender, equity, and human rights. Particular efforts are now geared towards enhancing WHO Country Office capacity to support countries in incorporating gender, equity, and human rights within their national strategic health plans, other policies and activities on the ground, and monitoring efforts.[14]

WHO interview data provided critical insight on their perception of GAVI's policy. When asked about the Gender Policy, WHO interviewees consistently focused the discussion on the issue of sex-disaggregated data. Even when probed about other parts of the Gender Policy, the discussion always circled back to sex disaggregated data. The critical point made by interviewees was that while it is important to analyse data on gender inequality, the data can be sourced through other studies. To ask "hundreds of countries" to double their system to collect these data is, according to interviews with WHO staff, "inappropriate" and intimates that, if applied, it could be damaging since it places an unnecessary burden on countries.

WHO staff reported supporting their own organisation's gender policy, which they perceived affected WHO internal operations. Further, these staff members were in agreement with the need for a policy that addressed gender-related barriers to accessing health services that in turn affected immunisation. In this regard, the data suggest that WHO supports similar elements in the GAVI policy. At the same time, however, WHO staff agreed on two reasons for not supporting GAVI's policy. They: (1) perceived the Gender Policy as not being evidence-based and (2) viewed the collection of sex-disaggregated data as burdensome to countries and ineffective at addressing the real gender issues related to immunisation. These data suggest that while WHO supports GAVI's policy for guiding GAVI internally, they do not support what they perceive to be the country level guidance.

> **Remaining Challenge and Discussion: Sex-Disaggregated Data**
>
> The issue of sex-disaggregated data fuelled the most controversial debates throughout the evaluation and provided the most confusing data. The studies and deliberations discussed in this report paint evolving and conflicting visions for the role a policy might play in advocating for collection of sex-disaggregated data. WHO interview data for this evaluation provided the strongest challenge to the GAVI Gender Policy, stating that they: (1) perceived the Gender Policy as not evidence-based and (2) viewed the collection of sex-disaggregated data as burdensome and ineffective at addressing the real gender issues related to immunisation. While UNICEF considers collection of sex-disaggregated data as universal, it recognises that countries are approaching it in different ways, with different dynamics. Further, the benchmarking study found that all organisations reviewed supported the collection of age- and sex-disaggregated data, but have found it difficult to implement.
>
> At the same time, most people interviewed recognised that sex-disaggregated data was already being collected at the clinic level and by other research studies (e.g., DHS). It is the national-level data collection system that does not collect and aggregate these data, and this is where those that did not support the Gender Policy lodged their main complaint, feeling that GAVI should not ask already overburdened governments to collect data in an area where those data are highly unlikely to demonstrate significant differences that would result in policy or implementation changes regarding vaccination. Further, these key informants felt that given that these data already existed, or could be gathered by other surveys, GAVI should not place that responsibility on the government.

UNICEF

The UNICEF mission statement defines the organisation as rights-based and views gender as a part of the overall rights-based approach. They promote the equal rights of women and girls and support their full participation in the political, social, and economic development of their communities. UNICEF recognises the human rights principles of equality and non-discrimination as central to the consideration of gender equality. The organisation promotes equal

outcomes for girls and boys, and its policies, programmes, partnerships, and advocacy efforts seek to contribute to poverty reduction and the achievement of the MDGs through results-oriented, effective, and well-coordinated action that achieves the protection, survival, and development of girls and boys on an equal basis.[15]

In 2008, a UNICEF study[12] found that while UNICEF initiated a Gender Policy in 1994, by 2008 it had not systematically implemented it, had under-resourced the gender-mainstreaming process, and had not built accountability mechanisms. Organisational commitment, at senior levels, was found to be flagging and the Gender Policy itself poorly communicated. Programmes, consequently, faced the possibility of undermining effectiveness and worsening gender inequalities. And, while UNICEF considered collection of sex-disaggregated data as universal, it recognised that countries were approaching it in different ways, with different dynamics.

While the UNICEF report suggests that their Gender Policy did not appear to be implemented well, the intent of the UNICEF Gender Policy echoed many of the intentions and commitments of the GAVI's Gender Policy. Limited interview data indicated that UNICEF supported GAVI's Gender Policy and recognised the challenges of implementing it at the country level.

Donors' Perspective in Relation to GAVI's Gender Policy

Several financially and politically significant donors reported that they *expected* organisations with the international status of GAVI to have gender policies.

These partners and donors suggested that such a policy was good practice and sent an appropriate message about the GAVI Alliance and its place on the global stage. By extension, a further rationale given by these stakeholders was that the very existence of the Gender Policy raised awareness, demonstrated political will and global leadership, and followed the lead of other organisations with gender policies.

Current Relevance of the Gender Policy's Rationale, Design, and Strategic Directions

GAVI aims to strengthen linkages between immunisation and other health services to improve outcomes for all girls, boys, women, and men throughout their life. While to some extent the Gender Policy's rationale, design, and strategic directions continue to support this, specific key revisions suggested in the last section of this report, and in the Recommendations Report, would result in a more germane policy.

GAVI's 2011–2015 Strategy[2] captures gender equity as an operating principle in all areas of engagement. The Gender Policy supports this and recognises that guaranteeing equal access is a key factor in expanding immunisation coverage and reinforcing national services; GAVI's partners agree. The Gender Policy also supports the GAVI recommendation that countries applying for health system strengthening funding conduct gender analyses to identify gender-related barriers that hinder access to immunisation services. Countries are encouraged to disaggregate data based on gender, income, and geographic location to help identify areas of low immunisation coverage. The current GAVI proposal

described in the *GAVI Alliance Technical Consultation Group Country by Country Strategy: Background paper*, August 2012,[16] is to devise a country by country or tailored approach to enhance efforts to collect and analyse context-specific data on gender barriers.

Moreover, as outlined in its Vaccine Investment Strategy, GAVI has prioritised the introduction of human papillomavirus and rubella vaccines, which have a direct benefit on women's health.[17] It is not clear how or if the Gender Policy enabled the introduction of these vaccines (i.e., the data did not support whether the vaccines would have been introduced without the Gender Policy in place). However, the successful introduction and ongoing rollout of these vaccines require attention to issues of gender barriers and equity of access that may subtly differ from those that have immunisation of infants as their primary objective.[18]

Interview data from the GAVI Board and Secretariat also suggest conflicting opinions on the current and future relevance of the Gender Policy. One issue that appears to be evolving is the thinking behind the primary target groups for the Gender Policy. Several people noted how the focus is changing from infants to that of girls and women. At the same time, the Gender Policy needs to address how to move forward with countries and support this new target population, girls and women, with the delivery of new developments with vaccines, such as HPV and rubella. This newer focus will shift the implementation, as infants and babies are often reached at neonatal and pediatric clinics and young girls will need to be targeted at schools and in the community. As one GAVI staff member stated,

> *"It's not only children under one, boys and girls, but also we are increasingly getting into older age groups, particularly women in those age groups. The pendulum is moving toward that direction and we need to follow that change with the right interventions and right intentions."*

While having a Gender Policy was found to be still relevant, there are multiple data that support changing the Gender Policy's content. These are further discussed in Section D. Some of these are related to calls from some areas for an expansion of the conceptual framework of the Gender Policy to include gender as one of a number of equity factors that are relevant to access and uptake of immunisation.

Benchmarking

GAVI underperformed the benchmarked organisations by the largest margin on criteria relating to the Policy framework. Key differences across the comparators related to the scope of the Policy. At an operational level, among the organizations, only GAVI's policy focused predominantly on results at the Secretariat and Board levels, while other organisations prioritised results at the country and project levels. At a conceptual level, there was variable emphasis across the organisations on a mainstreaming approach to integrate gender provisions through systems and procedures compared with a content-based approach that focused on allocating resources to projects and programmes benefiting women and girls.

GAVI's score (3.6; see Annex 6 for the full benchmarking study) benefited from initiatives to undertake research to build an evidence base in support of the Gender Policy, but overall reflected the relatively narrow emphasis of gender policy on vaccination coverage and the primarily Secretariat and management-level scope.

Although the Global Fund has struggled over the years for its gender policy to gain traction, it has instituted an iterative response to annual results which has brought about incremental improvement in the gender sensitivity of grant proposals. This demonstrates real potential for a financing-only institution to bring about change at the project level through its implementing partners, whether these are government or non-government. The Global Fund scored slightly higher (4.9) than GAVI in terms of its policy framework.

The World Bank Health Results Innovation Trust Fund scored highest (7.4) in the benchmarking study in regard to its policy framework. HRITF was found to benefit from many years of analytical work on gender and a long-established acknowledgement (at least at the policy level) of the "business case" for gender. This has emphasised several key dimensions: rights and equity, operational effectiveness, and gender as "smart economics."

The benchmarking study also highlighted the importance of ensuring that the gender policy be accompanied by a communications strategy to raise awareness and generate consensus and buy-in.

Key Findings: Rationale, Design, and Planning

- The evaluation found the Gender Policy to be consistent with the GAVI Alliance's overall strategy and in line with the Millennium Development Goals, to be largely supportive of the Paris Principles (with the exception of its alignment with national systems), and to be in line with the priorities of major donors.

- The Gender Policy underperformed on criteria that compared the Policy framework against benchmarked organisations. Key differences across the comparators related to the scope of the Policy. At an operational level, GAVI was the only organisation to have a policy focused predominantly on results at the Secretariat and Board levels, while the other organisations prioritised results at country and project levels.

- The evaluation found that the Policy's commitment to encourage routine, systematic reporting of sex-disaggregated data was the source of differing and contradictory viewpoints.

- Two related discussions were observed during the evaluation and were under review at the time: the introduction of a country by country approach; and a move towards viewing gender equity as one of a group of equity factors related to access and uptake of immunization.

B.   IMPLEMENTATION OF THE GENDER POLICY

This section summarises the implementation of the gender policy to date, focusing on the organisational and management arrangements and systems for monitoring and evaluating progress towards outcomes. Benchmarking data are presented to assess GAVI's performance on implementation-related issues against that of comparator organisations.

Organisational and Management Arrangements

In 2008, the GAVI Board approved the Gender Policy and asked the Secretariat to develop an implementation plan. In early 2009, the GAVI Executive Team approved the implementation plan, which appeared in the overall GAVI work plan as Component 4.1. The three strategic policy directions, plus the GAVI Alliance Gender Board Balance Guidelines (sometimes referred to as Chapter 5 in implementation plans), were approved in July 2010 and linked to four planned outcomes. These are detailed in the work plan with activities stretching across 2009 and 2010.

The implementation of the Gender Policy in 2009-2010 was undertaken by the GAVI Secretariat and managed by the Policy and Performance (P&P) department. At the end of 2010, Indevelop, a Swedish consulting firm, was hired through a competitive process to conduct a scoping exercise of capacity needs within the Secretariat and to propose a plan of activities for 2011. Indevelop was contracted in 2011 to provide that technical support (as a "Help Desk") and to facilitate several of the training activities in the plan of activities.

At the end of 2011, the Gender Help Desk contract expired, and the responsibility for the implementation of the Gender Policy was shifted to the Executive Office, and the Gender Working Group (GWG) was established. The Terms of Reference, updated in May 2012, state that the objective of the GWG is to ensure that activities across the GAVI Secretariat related to the GAVI Gender Policy are well coordinated, followed up, and monitored. Each year, an implementation plan for the Policy is developed and endorsed by the GAVI Executive Team.[20] A chairperson leads this group, with 30% of her (official) time allocated to this role. Some interview data suggested that this leadership role required more time than was often allotted.

Data strongly suggested that the P&P department and, more recently, the GWG have been important actors in advancing the Gender Policy. For example, unsolicited and spontaneous feedback strongly indicated that the leadership and dedication demonstrated by the current chairperson of the GWG was a key factor in the most recent Gender Policy achievements, and that her strong leadership has energised and focused the GWG. Finally, interview data strongly suggested that the GWG has been a committed and well-informed group. These data suggested that the current mechanism for implementation has been proving successful with a coherent division of tasks, clear work plans, as well as representation and commitment to the GWG from all departments.

Reporting Systems Established

Three reports on the implementation of the Gender Policy were prepared between June 2009 and November 2011. These are summarised in Annexes 7–9, where activities and outputs have been mapped against strategic directions and intended outcomes. The tables in these annexes suggest that many planned activities were accomplished. The 2009 and 2010 implementation reports detail how each activity is linked to one of four outcomes and a strategic direction, and outputs for each activity are listed. In 2009–2010, all activities achieved outputs. A different format was used in reporting the implementation progress in 2011–2012. This reflects the shift in focus of the GAVI Gender Policy

work towards strengthening capacity within the Secretariat in line with Outcome 4 of the 2009-2010 plans for gender-sensitive approaches. Achievements related to the outcomes addressed in these reports are discussed in greater detail in the following section.

Progress towards Intended Outcomes

The breadth and depth of implementation have gathered momentum during the four-year period, commencing in 2009 with the commissioning of a report on new evidence on gender and immunisation, the incremental gender mainstreaming across all GAVI domains from reporting and communications, to gender balance in governance structures. Implementation also benefited from external human resources that supported gender-focused activities (e.g., Gender Help Desk), and representation across the Secretariat in the form of the GWG. Interview data suggested that the GWG serves in several roles: as a watchdog, an activist, and a supporter and enabler to ensure that gender is part of GAVI-supported partner activities. Policy implementation continues to make progress in gender balance activities beyond the Board and across the Secretariat. Data suggested that more recently there have been discussions around what Gender Policy implementation might occur at the country level in view of the GAVI partnership model and the possibility of changes in the way GAVI manages the implementation of GAVI-supported programmes at the country level. The GAVI Alliance has implemented activities to meet many of the internal gender policy commitments. The first and most generic goal (to promote increased coverage, effectiveness, and efficiency of immunisation and related services by ensuring that all girls and boys, women and men, receive equal access to these services) is discussed in other contexts throughout this report (see specifically Section C's Meeting GAVI Alliance Objectives and Commitments) where implementation has included fulfilment of Strategic Direction 4.2 of the Policy.

The second goal of the Gender Policy aimed to scale up gender mainstreaming. Multiple activities have been implemented and have contributed to this goal; these are listed in the outputs and activities tables in Annexes 7–9. In the third goal, the Gender Policy intended to engage men and women as agents of change in the pursuit of gender equality. The extent to which this has been achieved is discussed in Section C's Meeting GAVI Alliance Objectives and Commitments below; however, one notable implemented activity that plausibly contributed to this goal was the all-staff gender training. Although not quantifiable, staff interview data suggested that there has been a perceptible change in GAVI organisational culture whereby gender awareness has begun to permeate the normative framework. The caveat is that this is a process in its early days.

A November 2011 report written by the Gender Help Desk states: "Gender equality has *not* been identified as one of the key values as defined in the GAVI Secretariat Values."[19] Interviews conducted in September and October 2012 presented mixed reviews. While there were no strong data suggesting that GAVI Secretariat staff members were opposed to the Gender Policy, a few interviews suggested that GAVI Secretariat staff members were more strongly in support of equity and/or diversity approaches.

Finally, a key outcome that was often mentioned by most GAVI staff without prompting, and frequently described as a significant achievement of the Gender Policy, was the development of and soon to be approved Parental Leave Policy.

Budget

The scope of this evaluation did not include a cost benefit analysis. However, basic budget data are provided to inform the reader of the size and scope of the financial commitment. The June 2009 Report on Implementation hand-out states that the budget approved by the GAVI Board in the 2009-2010 work plans was US $420,000 for two years. According to the 30 March 2012 Submission for Executive Team Meeting report,[21] the Executive Office budget for gender-related activities in 2012 was US $100,000. Activities supported by this budget included: (1) training sessions for human resources, (2) review of GAVI salaries for gender equity, (3) training of the External Relations Office on gender-sensitive approaches to communicating about GAVI, and (4) review of GAVI publications and website with an external lens.

Monitoring and Evaluation System Established

At the organisational level, GAVI has put policies and plans in place that support sound monitoring and evaluation, including at the level of the Gender Policy itself. GAVI's commitment to monitoring and evaluation is evidenced by the publication of the Monitoring and Evaluation Framework and Strategy 2011-2015.[22] In this results framework, gender appears as sub-indicator of improved equity, a key measure of impact. The fact that gender is a sub-indicator of improved equity in GAVI's larger results framework indicates that GAVI may already be addressing a strong suggestion made by partners (and a few GAVI staff) in terms of how to revise the Gender Policy to ensure its continued relevance.

The 2009 Gender Policy Implementation Plan report[23] states the intention to prospectively monitor each output in the implementation plan (Implementation Plan item 4.5). The 2010 Implementation Plan report[24] states under Output 4.5 that gender equity will be tracked through monitoring indicators developed for performance monitoring of the 2011-2015 GAVI strategy. The Third Implementation Plan report 2011[25] does not include an update on Output 4.5 but does report on the Gender Key Performance Indicator that tracks the percentage of activities the GWG completed on time.

The only implemented monitoring identified related to this was the GWG monitoring plans. The Evaluation Team confirmed that the GWG activities are measured through verifiable outputs that are monitored until their time of completion. This enables the GWG (and others) to track the percentage of activities and related outputs in the GWG work plan that were completed, and completed on time.

While the 2011-2015 GAVI Business Plan and Strategy[2] identified four Board-approved outcomes, the Evaluation Team did not identify any related implemented framework that measured these outcomes, or continuously linked the outcomes to the measured outputs. The outcomes were listed as:

1. New evidence on gender issues in relation to immunisation coverage and access to health services generated, reported, and analysed.

2. Advocacy for gender equality is used as a means to improve immunisation coverage and access to health services.

3. Gender-sensitive funding and policies are in place.

4. GAVI Alliance structures introduced gender-sensitive approaches.

While the Evaluation Team confirmed the existence of supportive M&E structures on paper that related to the Gender Policy, we did not find evidence of strong implementation of these frameworks (beyond the strong output level monitoring), or an overall logic that clearly linked inputs, outputs, outcomes, and impacts to the Gender Policy. Further, we did not identify a clear theory in use and related logic needed to develop an implementable and useful M&E framework.

Country-level Monitoring

At the country level, the Independent Review Committee and APRs reflect some monitoring. The 2011 report notes that the IRC had reviewed the APRs, which for the first time requested that countries report on gender-related progress and recommended that "GAVI develop a more sensitive instrument to measure gender-related barriers and gender equity issues, and that GAVI consider tying gender issues to broader socio-economic equity issues. Management response to these recommendations will be reported in the next Programme and Policy Committee (PPC)." There were three meetings of the PPC in 2011, and gender was mentioned in the third meeting in September, when it was stated, "Committee members also supported the concept of requesting disaggregate data on gender, suggesting that GAVI may want to start with a subset of countries only."[26]

The Annual Progress Report 2011[27] provides useful and practical information regarding the Gender Policy, with several GAVI staff reporting having read and reflected on these data in relation to the Gender Policy. This evaluation found that there was internal support for further leveraging the potential of the APRs to inform and evaluate aspects of the Gender Policy. Despite the apparent potential use of APR data, it was not always clear what indicators or criteria the APRs reported against, who decided what to measure, which targets were used, or otherwise how the outcomes were valued (e.g., a "good" result).

The benchmarking study identified similar challenges in other organisations. The benchmarked organisations had mixed results with exemplary rather than comprehensive achievements in this area. The changes introduced with the Global Fund's Gender Equality Strategy and the Plan of Action, supported by technical assistance from Global Fund partners, resulted in incremental improvements in proposal quality, which should, over time, lead to improvements in the quality of projects delivered with the support of Global Fund grants. At the World Bank, the introduction of a requirement for Country Gender Assessments resulted in a larger number of Country Assistance Strategies integrating gender, as required. Gender integration at the project level increased significantly and extended to sectors beyond health and

education. The performances at these comparator organisations were undermined by absence of or limited implementation of the monitoring frameworks.

Coordination and Harmonisations with Partners and Other Organisations (Benchmarking Results)

GAVI's struggles with implementation are consistent with all organisations in the benchmarking study, including those with stronger policies. The extent to which policies were translated into action plans was mixed; although, across the board, the importance of evidence (gender analysis), capacity building, and the provision of specific, clear operational guidelines have been important determinants of the ability to operationalise the policy.

The benchmarking study suggested that the World Bank and the Global Fund were strongest in providing guidance to support operational staff in implementing the Gender Policy. Lessons from both highlighted the fact that guidance needs to be reviewed, refined, and updated on an ongoing basis, informed by close monitoring of implementation and results.

All organisations acknowledged the importance of ensuring that implementation is underpinned by advocacy and explicit commitment from senior management. Still, even where there was robust advocacy, awareness at the country level remained limited. The insulating effect of organisational hierarchies means that statements of commitment need to be reiterated at each level and that this is as important at the country level as it is at the headquarter level.

Implementation was also determined by a set of factors on which the benchmarked organisations had a broadly common stance. Gender policies were supported in all instances by allocation of human resources, including a gender working group or task team with dedicated expertise to provide technical support at the project and country levels. The kind of focused, hand-holding support provided by dedicated technical staff was a key factor in effective gender capacity building. It was, however, recognised that there was a risk that such units may be marginalised within the organisation, making it difficult for them to influence and build capacity. Their location, status, and profile are critical in underpinning their ability to exercise influence through the organisation.

All organisations recognised the need to ensure ongoing development of the strategy; this is informed by a robust evidence base, although they also all struggled with implementing this. All supported the collection of age- and sex-disaggregated data but have found it difficult to implement. The World Bank has undertaken significant research to provide a rationale and business case for gender. It was reported that, since the World Development Report 2012, there was no longer a need to make the case for gender within the organisation. This kind of research has also supported dialogue with borrowing countries, in a context in which programmes are based on country demand. Finally, not all organisations had developed and/or reported on gender-related indicators to monitor policy implementation.

Few of the benchmarked organisations demonstrated significant evidence of leveraging international partners to support implementation of the policy or to harmonise policies on gender. There were strategic global partnerships focused at the high policy level, but of the comparator organisations, only the Global Fund implemented activities with the assistance of global partners in the way that GAVI did. This cooperation focused largely on supporting countries to include strong

gender components in their proposals. This was an important mechanism for operationalization of the gender strategy and implementation of the Plan of Action.

In terms of implementing partners, in general, increased gender sensitivity of proposals and projects was brought about through incentives built into operational procedures, supported by guidance and some training. Incentives were built by creating a more competitive procedure for accessing funds, such as introducing a requirement for gender analysis to be included in project proposals, which would feed into project design. In the case of the Global Fund, the way this requirement was presented and phrased had to be adjusted over successive years before it began to elicit the desired response. In the case of the World Bank's HRITF, grants were linked to the World Bank's International Development Association's (IDA's) loans or 'credits,' which served to bring the full weight of IDA provisions and safeguard requirements to all grants under the trust fund.

Key Findings: Implementation

- GAVI's experience in the implementation phase seems to be consistent with those of other benchmarked institutions in terms of challenges related to translating policies into implementation. The Policy and Performance department and, more recently, the Gender Working Group have been important actors in advancing the Gender Policy and are currently proving to be a successful mechanism for implementation with a coherent division of tasks and objectives, output-level monitoring, and representation from all departments.

- Implementation of the Gender Policy was accompanied by performance monitoring of activities measured against the four outcomes derived from the strategic directions of the Policy. These were reported annually. The evaluators found less evidence to indicate M&E beyond policy implementation at the output level. GAVI now has a Monitoring and Evaluation Framework and Strategy (2011–15), but there was little evidence to suggest that this document had informed M&E of the Gender Policy as yet.

- While the IRC and APRs reflect some monitoring at the country level, it was not always clear which indicators or criteria the APRs reported against, who decided what to measure, and which targets were used or how the outcomes were valued (i.e., what was a "good" result?).

C. ACHIEVEMENTS

Meeting GAVI Alliance Objectives and Commitments Articulated in the Gender Policy

The identified achievements are examined in three sections, against different criteria. There are two relevant sections of the Gender Policy that articulate commitments that form part of the framework used in this section. Section 1 of the Policy lists the goals and scope. Section 5 identifies the gender-sensitive approaches within the GAVI Alliance structure. The guiding principles of the Gender Policy constitute the last part of the framework against which achievements can be measured.

Achievements Measured against the Gender Policy's Goal and Scope

The stated goal of GAVI Alliance's Gender Policy is to promote increased coverage, effectiveness, and efficiency of immunisation and related health services by ensuring that all girls and boys, women and men, receive equal access to these services. The very existence of the Gender Policy and the implementation over the past four years is evidence of this first goal. For example, in 2010, GAVI added a section on gender (Section 5.3) to country APRs, and in 2011, requested inclusion of gender dimensions in current guidelines, proposals, and annual reporting forms, enabling the IRC to assess gender issues in country proposals and reports. Another example is that gender information is requested on GAVI's application forms for new vaccines and health systems strengthening (HSS) support. At the same time, a 2011 IRC report[28] cites the DHS data, which indicate that immunisation coverage is lower among the poorest and the most vulnerable in specific areas. Further work is required to ensure that the Policy is revised in ways that are appropriate to reaching and increasing coverage among these groups to ensure intended results are achieved at the country level.

The second goal of the Gender Policy encourages consistency with the GAVI Alliance's mission and the GAVI principles, fulfiling its commitment to the MDGs, aligning with the principles of the Paris Declaration on Aid Effectiveness, and enabling the GAVI Alliance to contribute to the scaling-up of gender mainstreaming in the health sector. While the Gender Policy was consistent with GAVI Alliance's mission and principles, the Policy's rationale supported MDG4, and various gender mainstreaming activities were implemented within the GAVI Secretariat. Based on our findings, GAVI has partially achieved this goal of alignment/consistency. Further, as described in Section A, data suggested that the Gender Policy did not align with all principles of the Paris Declaration, and there were no key achievements that demonstrated further commitment towards the Declaration.

The third goal aims to identify, develop, use, and promote creative ways to engage men and boys, as well as women and girls, as agents of change in the pursuit of gender equality. While there are some data mentioned above in terms of implementation (e.g., staff training, change of organisational culture), there are no data that support or contradict this goal at the country level. Given GAVI's identified role, it is difficult to understand (beyond promoting or supporting related research) how this commitment was intended to be achieved.

Achievements Measured against the Gender Policy's Guiding Principles

The Gender Policy has four guiding principles. First, GAVI should apply a gender perspective to all its work. There are several examples of GAVI applying a gender perspective in its work, and the GWG and work plans (Annexes 7–9) list multiple examples. However, to suggest that a gender perspective was identified in "all of its work" is beyond the scope of this particular evaluation, which instead focused on places within the organisation that were touched by the Policy.

Second, GAVI intends to complement partners' efforts to promote gender equality in health. As fully described in Section A, there is a challenge with how partners perceive the Gender Policy, thereby limiting GAVI's ability to have significant movement towards this. At the same time, changes to GAVI's proposals and reporting structures illustrated *promotion* of gender equality in health. For example, in 2010, GAVI added a section on gender (Section 5.3) to country APRs, as well as to application forms for new vaccines and health systems strengthening support. Section 5.3 of the APRs was further strengthened in 2011. These additions resulted in incorporating gender dimensions into current guidelines, proposals, and annual reporting forms, enabling the IRC to assess gender issues in country proposals and reports, respectively.

The second part of this principle focuses on GAVI promoting coordinated international efforts towards and the realisation of existing international commitments to gender equality and health equity. The Evaluation Team noted that in terms of making progress towards this principle, GAVI has widely shared the Policy with partners and others (i.e., it is easily accessed on the GAVI website), and supported research on gender and immunisation.

Earlier in this section we provided examples of how GAVI is attempting to promote country ownership and alignment with gender issues by requesting that countries provide specific gender-related information. Data from the APRs and the 2012 Health System Funding Platform review[29] suggested that this process has not been activated in all countries. This review noted that few of the proposals had given adequate attention to the issue of gender-related barriers to health systems. Some of those that had responded to GAVI's request for gender analysis did indeed identify barriers. The evaluation found no mechanism for further monitoring of these data or a means for GAVI to respond when countries do identify gender barrier issues. .

The same challenge was identified for countries using the Common Proposal Form and the Funding Request Template. The GAVI Information Note on Gender-Related Barriers to Vaccination Services[30] describes how GAVI HSS funding can be used to identify and remove such barriers and how these activities should be addressed through the Funding Request Template. The GAVI IRC May 2012 meeting noted that, in their current formats, neither Section 3.3 of the Common Proposal Form (main beneficiaries) nor Section 2 of the Funding Request Template (programmatic information) sufficiently requires countries to reflect on gender barriers and equity challenges or to discuss the significance of addressing these in order to achieve and/or sustain high immunisation coverage.

Additional interview data and internal documents hint at GAVI's evolving approach to interacting with countries. GAVI is considering moving its country programming towards a country-tailored approach. In a draft document titled *GAVI Alliance Technical Consultation Group Country by Country Approach* and dated August 2012,[16] gender appears as an immunisation-related criteria (along with wealth quintiles) and, on the results and monitoring framework, as one of the three equity impacts to be tracked through GAVI Business Plan indicators. Interview data also noted that this was one way in which GAVI was responding and contextualising gender and equity as well as encouraging country ownership.

The Evaluation Team identified a few significant research examples that demonstrated GAVI's commitment to strong leadership and political will to support the policy. Of note were the two reports described in Section A that explored gender and immunisation and were made available to the wider development and health community in addition to internal GAVI reports that are quoted in this study (e.g., Connor's report). That GAVI provided the financial support and initiated this research demonstrates its commitment to using research to identify existing bottlenecks due to gender inequalities and their underlying causes in the field of immunisation, thereby laying a stronger evidence base for GAVI, its partners, and others to engage with these issues.

While the achievements identified above are primarily intended to influence countries and partner organisations, the next section examines how and to what extent GAVI met its commitment within the GAVI Alliance structure. Most of the commitments stated in Section 5 of the Gender Policy exhibited results.

Measuring Achievements against Section 5 of the Gender Policy

Section 5 of the Gender Policy commits to the adoption of a number of the gender-sensitive approaches to the GAVI Alliance structure. First, GAVI committed resources that supported the Gender Policy's implementation. While the financial support is described in Section B, Organisational and Management Arrangements, and demonstrates GAVI's financial commitment, the financial amounts were not analysed through a cost-benefit analysis, which remained outside the scope of this evaluation.

Second, the Gender Policy commits GAVI to addressing gender in terms of governance. Here, the Evaluation Team identified multiple and significant achievements.

In July 2010, the GAVI Alliance Board approved a set of guidelines on the GAVI Alliance Board's gender balance in an effort to redress the existing gender imbalance. At the time the guidelines were approved, 10% of Board members were female and 17% of Alternate Board members were female. Following the last round of nominations in April 2012, the ratio was achieved, and the Board is now compliant: 42% of Board members are female (44% of alternates are female). The GAVI Board chair continues to place priority on achieving a gender balance on the GAVI Board.[17] This was confirmed through multiple interviews with Board members, stakeholders, and Secretariat staff.

In 2011, for the first time, the Monitoring IRC was composed of 50% male and 50% female reviewers. Further, in 2011 all IRCs had a person with specific expertise in gender and equity who reviewed the APRs with that lens.[31] At the same

time, interview data highlighted that the IRC gender balance does not in itself indicate that gender and other equity issues are understood or acted upon any differently.

The Gender Policy makes two commitments with regards to partners. The first elicits commitment from its partners by requiring a clear articulation, by each partner, of its specific contributions to the realisation of the Gender Policy. While this seemingly commits GAVI's partners to the Gender Policy, this did not appear to be achieved in any demonstrable way. However, the second commitment was achieved—GAVI actively and continuously engaged gender experts throughout the period under study, and engaged the experience of its Alliance partners.

The final part of Section 5 focuses on the GAVI Secretariat, which recognises that a gender-sensitive Secretariat is a prerequisite for supporting the effective implementation of a gender policy. Multiple achievements identified throughout the report aim to strengthen the Secretariat, and a few are elaborated on in this section that had verifiable results (e.g., shifting of staff attitudes).

Initially, GAVI committed to strengthening the capacity of all staff. Multiple activities between 2009 and 2012 demonstrate this commitment, such as supporting a Gender Help Desk and in-house trainings. Annexes 7, 8, and 9 specify these outputs. A few examples are expounded upon here. There appears to have been an attitudinal change towards gender that has benefited some interviewees (both internal and external to the Secretariat) who described some of the attitudes they encountered at GAVI between years 2009-2011. They commented on their experience of extremely poor gender dynamics at committee meetings, low levels of commitment, and "sniggers" at the raising of gender issues in meetings or during training. These interviewees' mainly perceived this situation to have changed or at least to be changing.

Indevelop reported in 2011 that GAVI continued to struggle with the concepts of sex and gender. This was particularly noted in the review of human resource policies that used the terms sex and gender interchangeably. Our document review did not identify any glaring confusions between sex and gender since Indevelop conducted their review. While the Evaluation Team noted that the GWG had a firm understanding of these concepts, it is unclear how widely this fundamental differentiation was understood across GAVI, as a few non-GWG interviewees still demonstrated some confusion.

The Gender Policy also speaks about investing in the development of gender specialists, and while no specific achievements were identified in this area, the establishment of the GWG and knowledge gained by members of the GWG through their active participation could be attributed to this commitment.

The next area of commitment is to assess gender parity trends in the Secretariat and ensure that meaningful efforts are made to identify equal numbers of qualified female and male candidates during recruitment and promotion processes. The commitment to identify gender balance trends within the Secretariat was met; however, the extent to which meaningful efforts have been made to redress the identified imbalance was unclear.

Finally, this section of the Gender Policy committed GAVI to including gender equality measures as part of performance assessments. The Evaluation Team did not identify any data or evidence that spoke to this commitment.

These findings suggest that many of the Gender Policy's achievements, as identified and measured against the stated criteria, have primarily benefited GAVI staff and influenced GAVI's own governance structure, while significant impacts of the policy at the country level have yet to be fully realised.

Influence on Partner (including Countries) Dialogues, Engagement, and Actions on Gender Issues

As stated in Limitations under Section II of this report, the Evaluation Team did not conduct interviews at the country level, and limited interviews were conducted with partner organisations. Limited data gathered in Geneva and through a literature review did not provide enough description or evidence to provide solid insight on the country level.

However, a July 2012 IRC report provides some preliminary insight in this area.[32] In 2011, country reporting on gender barriers did not improve. Findings from the 2012 IRC indicate the following reasons:

1. These questions do not require countries to analyse why sex-disaggregated data may be important.
2. Countries are not required to address any data analysis that indicates gender barriers.
3. Countries are not asked to report back on any action taken to redress gender barriers.
4. The questions relate to the GAVI Gender Policy, i.e., not to concrete, programmatic action on an individual country basis.

These data suggested that GAVI's influence on country dialogues, partner engagement, as well as actions on gender issues appears limited despite the Policy.

Unintended Consequences

While no positive unintended consequences were identified, the Evaluation Team identified several unintended negative ones. The Board achieved the intended gender balance as proposed in the guidelines. This achievement was tempered by a few negative responses to the outcome, and some tension (past and ongoing) around the Board's approach to gender representation. For example, a few people mentioned that while progress has been made for women, it has led to perceived inequity for men. Other tensions were reported by GAVI staff based on their experience with constituent countries and agencies. One person noted that agencies have felt at times that when they have proposed the most qualified candidate who was male and had the most expertise in health and immunisation, they were denied and asked to provide a female candidate. Instead of emphasising gender balance, it became the sole qualification of candidates, rather than part of a menu of qualifications; in other words, they perceived that all other qualifications were jettisoned.

A few interviewees suggested that some country-level institutions do not have a gender balance at appropriate levels in areas necessary for GAVI, and, similarly, some developing countries' constituents are often Ministers of Health, and in

these country contexts, these positions tend to be dominated by men. Finally, it was noted that in the past the Gender Policy was thought to be implemented as a means to control personalities on the Board and that this trickled down to other judgments and decisions. Despite the identified tensions, all interview data supported the Board moving s gender balance as an achievement. Further, some data suggested that by GAVI having a Gender Policy and promoting a specific focus on women, the approach has had an unintended negative consequence: the focus on gender may be masking larger equity-related issues that the Policy could be helping to address. This is further discussed in Section D: Future Design.

Key Findings: Achievements

- At the output level, GAVI has seen important positive achievements in terms of generating and reporting new evidence on immunization and gender; establishing and funding gender-sensitive strategies for its own organisation; advocating with partners (and countries) for gender equality to improve immunisation coverage and access to health services; and achieving culture change by incorporating gender considerations into its own management structures, including the Board.

- Many of the Policy's achievements, as identified and measured against the stated criteria, have primarily benefitted GAVI staff and influenced GAVI's own governance structure, while significant impacts of the Policy at the country level have yet to be fully realised.

D.   FUTURE DESIGN

Formal recommendations on future design are presented in a separate document. This section highlights issues for consideration that cut across the findings discussed throughout this report.

Relevance of the Gender Policy

Like all policies, maintaining relevance to all users and stakeholders over time is central to successful implementation. Most evidence gathered in this evaluation suggests that the general intent of the GAVI Gender Policy is relevant to health equity issues. Many GAVI donors support the existence of a gender policy and believe it is in keeping with, and supported by, international commitments. The GAVI Alliance Gender Policy recognises equal access to immunisation as a key factor in ensuring expanded, equitable vaccine coverage and in strengthening health services. This recognition is germane to supporting immunisation of girls and women, boys and men in developing countries.

Lessons Learned from Benchmarking

The lessons emerging from the benchmarking study help define the focus of future revisions and provide some best practice learning from comparator organisations. The following points are highlighted as relevant. It is important for a gender policy to be clear in terms of its distinct goals. The policy should be supported by a robust theory of change (which in turn supports robust monitoring of performance in implementation).

- A comprehensive approach combines activities to mainstream and integrate gender considerations into standard business practices with special initiatives to build awareness of gender issues, build capacity for gender analysis and sensitivity, and identify opportunities to promote greater gender responsiveness in programme work. This is exemplified by the World Bank Transitional Plan, which complements "bottom-up" procedures such as gender analysis with "top-down" initiatives such as dedicated trust funds for projects that have a strong public goods rationale.

- Mainstreaming requires allocation of dedicated technical expertise to support staff in integrating gender considerations into policy and programme operations, supported by leadership and advocacy. What appears to work is customised training in specific sectors and learning-by-doing, both linked to tangible incentives. More traditional, non-customised gender awareness-raising training programs have not worked in the World Bank or in other development agencies.

- Close monitoring of activities and evidence of results enable implementers to progressively "nudge" partners in the desired direction.

- Sustainability of the policy and its results depends on a combination of critical factors:
  - Monitoring frameworks for performance assessment, including gender indicators
  - Leadership and accountability of both management and programme implementers
  - Incentives to both reward and sanction performance
  - Sustained allocation of resources for influencing and implementing a communications plan

Focus on Equity

Multiple data (the IRC 2011 report, multiple partner interviews, some GAVI staff interviews, and a few Board interviews) indicate that the GAVI Secretariat should consider expanding its Gender Policy to incorporate further attention to equity and wider social determinants of health, so as to contextualise gender issues within a broader equity/social determinant/right to health framework. More specifically, a significant amount of data gathered from within and outside of GAVI supported the Gender Policy shift to a focus on equity with wealth, geography, and sex differentials identified, and with gender considered a subset of these larger equity issues. GAVI's current results framework appears to already support this approach.

Evolving Gender Equity Issues

With GAVI now supporting the HPV vaccine, the Gender Policy will need to provide guidance on GAVI's HPV vaccine strategy. Most data confirm that a tailored gender and equity approach is essential throughout the introduction to and support of HPV vaccination. The Gender Policy needs to consider and reflect the changing vaccination context that now includes a different target group, brings its own gender and equity considerations, and requires new strategies.

Potential Changes in How GAVI Works with Countries

Potential changes in how GAVI works with countries suggest further reflection on how to revise the Gender Policy. For example, the country by country strategy was under review during the timeframe of this evaluation and will be presented to the Board in December 2012. If approved, this will change how GAVI operates and will allow for policy formation that is not necessarily global in approach but will potentially have scope to become more context-aware in countries identified for a tailored approach. The current and proposed changes to how GAVI works at the country level will represent an open door for greater attention to equity and gender issues as (or if) they arise in real-time within GAVI countries.

Monitoring and Evaluation

The key revisions put focus on monitoring and evaluation, linked to implementation. While the output-level data are linked clearly to activities and their implementation and are monitored, the next level of results and outcomes are not measured. For example, currently there are four Board-approved outcomes, yet there is no corresponding M&E framework or plan that links the current (monitored) GWG outputs to these outcomes. Further underpinning this framework with explicit logic (i.e., these activities will lead to these outputs, which support this outcome and ultimately will result in these impacts) will encourage the GWG and GAVI as a whole to agree on a clear implementation strategy and activity prioritisation. Developing a practical M&E framework that is applied by the GWG (or whereby the data are readily available to the GWG) would encourage reflection and learning regarding the Gender Policy's implementation and movement towards its achievements.

While the overall GAVI M&E approach is results-based, a popular approach in international arenas, GAVI should consider revising their approach to M&E, using outcome mapping. This approach has several advantages for GAVI, and the specific key advantage is that it allows the clear identification of what GAVI has the potential to directly change, and where it must rely on others for those changes. Results-based frameworks do not allow for these practical, and realistic, considerations.

REFERENCES

1. GAVI Alliance Website: http://www.gavialliance.org.

2. GAVI Alliance. 2011. *Monitoring and Evaluation Framework and Strategy: 2011-2015.* Geneva.

3. GAVI Alliance. 2008. *GAVI Alliance Gender Policy*. Available at: http://www.gavialliance.org/about/mission/gender/.

4. Patton M. 2008. *Utilization-focused evaluation*. Thousand Oaks, CA: Sage Publications.

5. Mintzberg H. 2007. *Tracking strategies: Toward a general theory of strategy formation.* New York: Oxford University.

6. Hilber AM, Bosch-Capblanc X, Schindler C, Beck L, Secula F. McKenzie Or, Gari S, Stuckli C, and Merten S. 2011. *Gender and Immunisation—Summary Report for SAGE*. WHO and Swiss Tropical and Public Health Institute. Switzerland.

7. Bosch-Capblanch X, Schindler C, Beck L, Secula F, Hilber AM. 2010. 2011. *Project gender and immunisation: Statistical component*. WHO and Swiss Tropical and Public Health Institute. Switzerland.

8. Connor A. 2012. *Equity in Vaccine Coverage: Striving to Achieve More Equitable Access to Childhood Vaccines.*

9. GAVI Alliance. 2007. *GAVI Alliance Strategy 2007-2010.* Geneva.

10. GAVI Alliance. 2010. *GAVI Alliance 2010 Work Plan*. Geneva.

11. UN Women (formerly UNICEF) Website: http://www.unwomen.org/.

12. UNICEF. 2008. *Evaluation of Gender Policy Implementation in UNICEF*. New York.

13. Overseas Development Institute 2008 *Gender and Immunisation Abridged Report: A Knowledge Stocktaking Exercise and an Independent Assessment of the GAVI Alliance*. Jones N, Walsh C, and Buse K. London, UK.

14. WHO Website: http://www.who.int/en/.

15. UNICEF Website: http://www.unicef.org/.

16. GAVI Alliance. 2012. *GAVI Alliance Technical Consultation Group Country by Country Approach: Background Paper*. 23 August 2012. Geneva.

17. GAVI Alliance. 2012. *Gender and Immunisation – PFT script (Donor Script).* Unpublished.

18. The Global Fund and GAVI Alliance. 2011. Health Systems Funding Platform, Health Systems Strengthening Support: Guidelines for Completing the Common HSS Proposal Form.

19. Indevelop. 2011. GAVI Gender Help Desk. *Review of recent GAVI communications materials for gender*.

20. GAVI Alliance. 2012. Gender Working Group Terms of Reference. May, 2012. Geneva.

21. GAVI Alliance. 2012. *Submission for Executive Team meeting: Update from Gender Working Group on the 2012 Gender Work Plan.* Geneva.

22. GAVI Alliance. 2011. *Monitoring and Evaluation Framework and Strategy: 2011-2015.* Geneva.

23. GAVI Alliance. 2009. *Report on Implementation of the Gender Policy to the GAVI Alliance Board.*

24. GAVI Alliance. 2010. *Second Report on Implementation of the Gender Policy for the GAVI Alliance Board.* Available at: http://www.gavialliance.org/about/mission/gender/

25. GAVI Alliance. 2011. *Third Report on Implementation of the Gender Policy for the GAVI Alliance Board.*

26. GAVI Alliance. 2011. *Minutes of Programme and Policy Committee Meeting. September 28-30, 2011*. Unpublished.

27. GAVI Alliance. 2011. *Report of the Monitoring Independent Review Committee to the GAVI Alliance Secretariat on the Review of 2010 Annual Progress Reports*.

28. Independent Review Committee. 2011. *GAVI: Gender and Equity Issues*. Unpublished.

29. GAVI Alliance. 2012. Health System Funding Platform Review.

30. GAVI Alliance. 2011. *Information Note: Gender-Related Barriers to Vaccination Services*. Available at: http://www.gavialliance.org/about/mission/gender/

31. GAVI Alliance. 2011. *Report of the Monitoring Independent Review Committee to the GAVI Alliance Secretariat on the Review of 2010 Annual Progress Reports*.

32. Independent Review Committee. 2012. GAVI Independent Review Committee Meeting Notes. Health Systems Strengthening support under the Health Systems Funding Platform: Gender and equity issues. May 2012.

33. Mertens DM. 2009. *Transformative research and evaluation.* New York, NY: The Guilford Press.

34. Thies J. 2003. Rights-based monitoring and evaluation: A discussion paper. Save the Children.

LIST OF ANNEXES

Annex 1: Gender Policy

Annex 2: Evaluation Questions

Annex 3: Documents Reviewed

Annex 4: Interviewees and Focus Group Discussants

Annex 5: General Semi-Structured Interview Guide

Annex 6: Benchmarking Study (Full study)

Annex 7: Gender Policy Implementation 2009-2010

Annex 8: Outputs, Deliverables, and Progress, 2009-2010

Annex 9: Activities and Outputs for 2011 and 2012

ANNEX 1: GAVI ALLIANCE GENDER POLICY

GAVI ALLIANCE logo		
GAVI Alliance Gender Policy	Version No.: 1.0	Page **1** / 10

DOCUMENT ADMINISTRATION

VERSION NUMBER	APPROVAL PROCESS	DATE
1.0	Approved by: Joint GAVI Alliance & Fund Board	26 June 2008
		Effective from: 1 July 2008
		Review: In 2012, depending on the full evaluation of the policy and its implementation

The GAVI Alliance Gender Policy

Towards Gender Equality in Immunisation

and Related Health Services

1.   Goal and scope of the policy

1.1. The goal of GAVI Alliance‟s Gender Policy is to promote increased coverage, effectiveness and efficiency of immunisation and related health services by ensuring that all girls and boys, women and men, receive equal access to these services.

1.2.   Adoption of a gender policy is consistent with GAVI Alliance‟s mission and the GAVI principles and is necessary for fulfilling its commitment to the Millennium Development Goals. It is also aligned with the principles of the Paris Declaration on Aid Effectiveness, and its cross-cutting issues of human rights and gender equality. The policy seeks to enable the GAVI Alliance to contribute to the scaling-up of gender mainstreaming in the health sector.

1.3. The policy is grounded in existing international legal and political commitments, as well as on the conviction that gender equality is everyone‟s responsibility and warrants special attention and resources. The policy also aims to identify, develop, use and promote creative ways to engage men and boys, as well as women and girls, as agents of change in the pursuit of gender equality.

1.4. The guiding principles of this policy are for the GAVI Alliance to:

1.4.1. Apply a gender perspective to all its work. To realise its mission, and in line with internationally agreed-upon legal and political commitments to gender and health, the Alliance will apply a gender perspective to all relevant work.

1.4.2. Complement partners‟ efforts to promote gender equality in health. As an Alliance and in line with the commitments made by its partners, the GAVI Alliance will strive to exercise leadership and raise awareness of, and promote coordinated international efforts towards, the realisation of existing international commitments to gender equality and health equity.

1.4.3. Promote country ownership and alignment with regard to gender issues. Efforts to mainstream gender in immunisation services and support health systems will be rooted in the interest in, awareness of and capacity at country level. The GAVI Alliance can play a catalytic role in helping to ensure that countries recognise the potential and importance of addressing gender inequalities.

1.4.4. Exercise strong leadership and demonstrating political will. The GAVI Alliance will play a catalytic role in promoting awareness and realisation of effective strategies to address gender inequality in the health sector. This will include the identification of existing bottlenecks about gender inequalities and their underlying causes in the field of immunisation, and the manner in which partners can address them through promotion and support for best practice.

2.   Definitions

2.1.   **Sex** is concerned with physiological and biological characteristics that are used to define and differentiate humans as either female or male. **Gender** is concerned with the social roles and values that are ascribed to girls and boys, women and men, and the ways in which these socio-cultural understandings of appropriate behaviour and roles for females and males are underpinned in most societies by unequal power relations. Gender roles are learned through socialisation and are changeable rather than fixed.

2.2.   **Gender equality** refers to the absence of discrimination on the basis of ones sex in terms of resources, benefits, services, and decision-making power. Initiatives to empower girls and women are often necessary to achieve gender equality, to address unequal opportunities and access to resources.

2.3.   **Gender sensitivity***:* refers to perceptiveness and responsiveness concerning differences in gender roles, responsibilities, challenges and opportunities.

2.4.   **Gender perspective:** is a way of analysing and interpreting situations from a viewpoint that takes into consideration gender constructs in society (i.e. notions of appropriate behaviour for men and women, which may include issues of sexual identity) and searching for solutions to overcome inequalities

3.   Rationale for a gender policy

3.1.   To attain the MDGs, respect protect and fulfill the human right to the highest attainable standard of health, and promote gender equality and child well-being, there is a need to redress gender inequalities and their impact on access to and use of essential health services. Gender equality is both a determinant of programming effectiveness and a prerequisite for poverty reduction and development.

3.2.   While socioeconomic inequality is the strongest determinant of health status, gender-based relations of power that are at the root of gender inequality constitute one of the most influential social determinants of health. These inequalities are shown as vulnerability to disease and ill-health; the extent to which different people"s health needs and concerns are acknowledged; access to health services; quality of health care; and the very research on which health policies and decision making are based.

3.3.   Immunisation has often been perceived as gender neutral, however existing evidence suggests that: (1) sex differentials in immunisation coverage exist in a range of contexts; (2) such differentials are exacerbated in the hardest to reach populations; and (3) there are major sex differentials in the burden of disease across vaccine-preventable illnesses. However it is also clear that more evidence is needed as the evidence on the gender implications of immunisation coverage is still limited. This is partly due to the failure of the international community to uphold its commitment to support the generation, consistent reporting and analysis of age- and sex-disaggregated data[1].

---

[1] ODI (2008) „Knowledge Stocktaking Report on Gender and Immunisation", Commissioned by the GAVI Alliance.

4. Strategic directions

4.1. The Alliance will pursue this policy by: (1) generating, reporting and analysing new evidence; (2) ensuring gender sensitive policy and funding support, and (3) advocating for gender equality in health.

4.2. Generate, report and analyse new evidence

4.2.1. Developing an understanding of the gender-based implications of the evidence base on which immunisation policy and programming decisions are made is a prerequisite for achieving gender equality in immunisation services and the health system more broadly. Consequently the GAVI Alliance commits to:

4.2.2. Encourage routine, systematic reporting and analysis of sex-disaggregated data in all areas of GAVI support.

4.2.3. Conduct gender analysis of immunisation and related health services.

4.2.4. Strengthen linkages between immunisation and other health services to improve outcomes for all girls and boys, women and men throughout their life course.

4.3. Ensure gender sensitive funding and policies

4.3.1. Policymaking and funding support present central opportunities to highlight the gender dimensions of immunisation and related services. It can also leverage change across and beyond the GAVI Alliance to improve both the gendered outcomes of immunisation and development more broadly. Consequently the GAVI Alliance commits to:

4.3.2. Review and revise funding guidelines to ensure that countries include age- and sex-disaggregated data and gender analysis in needs assessments and that proposed targets and outcome measures incorporate a gender perspective.

4.3.3. Incorporate a gender perspective into any new area of program and funding.

4.3.4. Promote the use of the different funding mechanisms, especially the health system strengthening (HSS) window and the support to civil society, to support pilot activities that demonstrate the effectiveness of gender sensitive approaches.

4.3.5. Encourage inter-agency coordination committees (ICCs) and health sector coordination committees (HSCCs) and other relevant national coordination bodies to consult with appropriate national institutions and ministries with knowledge in gender to ensure that their approach is informed by national expertise in the area.

4.3.6. Incorporate gender dimensions into policy development, policy formulations, new investment decisions and agenda setting.

4.3.7. Incorporate a gender perspective in monitoring and evaluation procedures and activities. This includes the development of gender sensitive indicators and supporting the strengthening of health information systems, in cooperation with partners.

4.4. **Advocate for gender equality as a means to improve immunisation coverage and access to health services**

    4.4.1. The GAVI Alliance can have a catalytic role in advocating for gender equality as a means to improve immunization coverage and access to health. The message and communication at global, regional and national levels will be key to:

    4.4.2. Ensure that all GAVI communications: (1) demonstrate Alliance commitment to gender mainstreaming; (2) encourage greater focus on gender mainstreaming and gender issues in immunisation; and (3) employ gender appropriate language;

    4.4.3. Actively disseminate and promote evidence and lessons learned regarding the impact that gender mainstreaming has on immunisation service access, coverage and impact.

5. Gender Sensitive Approaches within the GAVI Alliance structures

5.1. **Resources**

    5.1.1. Committing adequate human and financial resources for gender mainstreaming is essential for the effective implementation of the Gender Policy.

5.2. **Governance**

    5.2.1. Progress towards gender equality will be integrated into accountability outcomes at all levels. Gender balance in all areas of GAVI work should be ensured, including throughout the governance structures, to the extent possible, as well as through staffing (all levels) and consultancies.

5.3. **The Role of Partners**

    5.3.1. Given the GAVI Alliance's mode of operation (largely through its partners), implementation of the policy will require a clear articulation by each partner of its specific contributions to the realisation of the Gender Policy aims. Gender expertise and experience of Alliance partners should be engaged.

5.4. **The Secretariat**

    5.4.1. Building and fostering a gender-sensitive Secretariat is a prerequisite for supporting the effective implementation of a Gender Policy and realising positive outcomes. Development of an effective gender infrastructure and organisational culture that facilitates the implementation of the policy includes:

    5.4.2. Strengthen the capacity of all staff, and invest in the development of specialists in the area of gender.

    5.4.3. Assess gender parity trends in the Secretariat and ensure that meaningful efforts are made to identify equal numbers of qualified female and male candidates during recruitment and promotion processes.

    5.4.4. Include gender equality measures as part of performance assessments.

6. Timeline for Implementation and Review

6.1. The policy will take effect as of July 2008.

6.2. Following adoption, the Secretariat in cooperation with partners will finalise an implementation strategy that defines specific objectives and activities, immediate, medium and long-term priorities, responsible parties and a monitoring plan for presentation to the board (or board executive committee). This will include reviewing the GAVI Alliance Roadmap and Work Plan to ensure it is consistent with this policy.

6.3. The Executive Secretary will be responsible for reporting to the GAVI Alliance Board on progress towards delivery of these outcomes on an annual basis.

6.4. A full external review of the Gender Policy and its implementation will be conducted in 2012. Based on the results, the GAVI Alliance may consider revising the policy.

DOCUMENT ADMINISTRATION - ANNEX

VERSION NUMBER	APPROVAL PROCESS	DATE
1.0	Approved by: GAVI Alliance Board	17 June 2010
		Effective from: 17 June 2010
		Review: At the request of the Board

Guidelines on the
GAVI Alliance Board Gender Balance

1.   Purpose

1.1.   The purpose of these Guidelines is to establish a framework through which the GAVI Alliance Board Nominating Committee can fully implement the GAVI Gender Policy, in particular the requirement to ensure a gender balance in all areas of GAVI"s work, including throughout the governance structures, to the extent possible.

2.   Mandate of the Nominating Committee

2.1.   The GAVI Alliance By-Laws state, at Section 2.4.1 that:

- The Nominating Committee may establish, subject to the approval of the Board, minimum criteria as to the qualifications and competencies of all Board Members, provided such criteria shall not unreasonably restrict or interfere with the right of any Eligible Organisation or Eligible Constituency to select its Board member(s). The criteria for Board membership shall be consistent with the GAVI Alliance gender policy, specifically, that gender balance in all areas of GAVI Alliance work should be ensured, including throughout the governance structures, to the extent possible.

2.2.   Under Section 2.4.2 of the GAVI Alliance By-Laws, the Nominating Committee may decide not to nominate a person designated by an applicable Eligible Organisation or Eligible Constituency as its Representative Board Member if "the person so designated does not meet the minimal criteria established pursuant to Section 2.4.1".

3.   Acceptable gender balance

3.1.   The Nominating Committee should establish and maintain a ratio of 60/40 male/female Board Members and Alternate Members. For the purposes of this calculation, the Board Members and Alternate Members shall be assessed as separate groups. The gender balance shall be deemed to be within the acceptable range if there is no more than 60% of any one gender.

4.   SECTION I   ATTAINING GENDER BALANCE IN GAVI ALLIANCE BOARD GOVERNANCE STRUCTURES

4.1.   Eligible Organisations and Eligible Constituencies shall propose two designated representatives or proposed candidates, each of different genders, for consideration by the Nominating Committee for each relevant Board seat or Alternate Board seat to be filled. The Nominating Committee will give preference to nominating a designated representative or proposed candidate of the under-represented gender for appointment as Board Member or Alternate Board Member until such time as the gender balance of the

Board Members or Alternate Board Members has been brought within the acceptable range.

5. SECTION II   MAINTAINING GENDER BALANCE IN GAVI ALLIANCE BOARD GOVERNANCE STRUCTURES

5.1. The Nominating Committee will not nominate designated representatives or proposed candidates for appointment as Board Members or Alternate Board Members where such nominations will create a gender imbalance that is outside the acceptable range.

6. SECTION III   EXCEPTIONS APPROVAL PROCEDURE FOR NOMINATIONS OTHERWISE NOT IN CONFORMITY WITH GENDER GUIDELINES

6.1. The Nominating Committee may decide to nominate a designated representative or proposed candidate for appointment as a Board Member or Alternate Board Member even if the decision to make such a nomination would otherwise not be in conformity with the first two sections of these guidelines. The reasons for such nominations shall be disclosed in the minutes of the Nominating Committee's meeting.

7. SECTION IV   MISCELLANEOUS PROVISIONS

7.1. **Right of recourse to full Board**

7.1.1. In the event that the Nominating Committee decides not to nominate a designated representative of an Eligible Organisation or Eligible Constituency, such Organisation or Constituencies shall retain the right, in accordance with Section 2.4.2, paragraph 2, of the GAVI Alliance By-Laws, to:

- request the full Board to appoint the person so selected by such Organisation or Constituency, in which case the recommendation of the Nominating Committee shall be sustained only if the Board approves it in accordance with Section 2.7.1. If a candidate selected by an Eligible Organisation or Eligible Constituency is not so nominated by the Nominating Committee, and the Board decides not to appoint the person so selected by such Organisation or Constituency, the Eligible Organisation or Eligible Constituency shall select another Candidate.

7.2. **Secretariat support**

7.2.1. To facilitate the implementation of the GAVI Gender Policy, the Secretariat will, to the extent possible, support Eligible Organisations and Constituencies in their search for designated representatives or candidates of the under-represented gender. The Nominating Committee may make specific recommendations in this regard.

7.3. **Inadvertent gender imbalance**

Any gender imbalance in the GAVI Board (or amongst Alternate Board members) shall only be deemed to be an imbalance not in conformity with these guidelines and the GAVI Gender Policy if such imbalance arises as a result of a Board decision to make an appointment that does not comply with the gender balance requirements as set out above. It is not a violation of these guidelines if a gender balance arises when a Board member or alternate member resigns or ends their term on the Board and has not yet been replaced, or if one or more Alternate Board members take seats at specific Board meetings and the consequence of such is that the ratio of acting Board members at any one meeting violates the gender balance ratio as set out above.

ANNEX 2: EVALUATION QUESTIONS

Evaluation Categories	Evaluation Questions	Areas of Focus/Topics	Methods
Rationale, Design and Planning	At the time of the Gender Policy's creation, to what extent were its rationale, design and strategic directions consistent with GAVI, MDGs, partner and donor policies and priorities? What current political factors influence the policy, and how does that compare to research-based influences?	Gender Policies and Strategies of multilateral organizations, MDGs, and key bilateral donors (i.e., DFID, USAID, the World Bank, Global Fund, Bill and Melinda Gates Foundation)	Document Review Benchmarking Interviews with relevant staff within GAVI and other donor/ partner agencies
	How do different stakeholder groups and their members understand the reason for, and currently perceive the usefulness of, GAVI's gender policy?	Assess and understand the different stakeholder perceptions of the GAVI Policy in terms of its relevance and feasibility.	Interviews with relevant staff within GAVI and other donor/ partner agencies
	How do different stakeholder groups and their members understand, define and perceive equity policies in relation to gender? What resulted in GAVI having a gender policy and not an equity or diversity policy? What is their understanding of a diversity policy?	Assess the difference between equity and gender, and perceived need to address each.	Key informant interviews
	To what extent are the rationale, design, and strategic directions of the Gender Policy still relevant in the current context?	• What successes has the policy had? • What challenges has the policy faced? • Who has the policy helped? • Who has been negatively impacted by the policy? • What gaps remain?	Key informant interviews with GAVI Alliance Secretariat and Board Members Focus Group Discussions with GWG
	To what extent were organizational arrangements made to implement the Gender Policy, and how have they changed?	Document Review, including: Independent Review Committees Gender Assessment Report, Monitoring and Evaluability Study for the GAVI Alliance Support for CSOs Discussions with staff who designed the policy and an assessment of the implementation plan to see whether hiring policies and other procedures were institutionalized and enforced	Document Review Key informant interviews Focus Group Discussions with GWG

Evaluation Categories	Evaluation Questions	Areas of Focus/Topics	Methods
	What are the human resources and financial resources necessary to implement the Policy? Have these resources been placed in the right hands to ensure appropriate implementation?	Gender-focused Organizational Assessment of GAVI Alliance's human resources (HR) structure and policies, in line with Implementation Plan Outcome #4. To include review of planning document and budget; organizational charts; job descriptions Review of deliverables associated with Implementation Plan Outcome #4	Document Review Key Informant Interviews
	How are GAVI's organizational and management arrangement comparable to other organizations? To what extent have the GAVI Alliance Secretariat and advisory groups achieved a gender balance? And what has happened as a result of that, if anything?	Review of gender assessments of other donor/partner agencies' gender policies and strategies Compare organizational charts and job descriptions (GAVI HQ), HR policies, and guidelines to those of other organizations	Document Review Benchmarking Key Informant Interviews
Implementation	To what extent were the activities implemented— • As planned? • In a coordinated and harmonized way with partners and other organizations?	Review status of outcomes of the Policy Implementation Plan and GAVI Gender Working Group work plan. Review of deliverables of Implementation Plan • Central Level: Focus on Implementation Plan Output 3.2 • Review of gender sections of country annual progress reports	Document Review Key Informant Interviews with key implementing partners in selection regions Focus Group Discussions with GWG
	Has the Policy reached the program level regionally or in specific countries? What information are countries reporting on gender?	Explore barriers to the Policy reaching the program level. Review the 'Gender' sections of country reporting forms and annual reports, and examine how the depth or this reporting has changed over time.	Key Informant Interviews with key implementing partners in selection regions
	How is the Gender Policy monitored, reported, and reviewed? • Are headquarters level progress reports and reviews mainstreamed? • How have the two work plan implementation monitoring mechanisms in place already functioned? • What indicators currently exist that respond to the Gender Policy?	Review verification tags and key performance indicators in the Gender Working Group work plans, and verify that there is no gender indicator.	Document Review Key informant interviews Focus Group Discussions with GWG
	To what extent were the organizational and management arrangements supporting effective implementation of the GAVI Alliance Gender Policy?	Review of organizational structure; the GAVI Alliance and in-country coordination.	Document Review Key Informant Interviews at country level in select countries

Evaluation Categories	Evaluation Questions	Areas of Focus/Topics	Methods
Results	To what extent has the GAVI Alliance met the commitments articulated in the Gender Policy?	Document review: SAGE Report on Gender and Immunization, GAVI Progress Report 2010, annual progress reports	Document Review
	To what extent have the objectives stated within the Implementation Plan been achieved?	Document review: SAGE Report on Gender and Immunization, GAVI Progress Report 2010, annual progress reports, review of deliverables specified in the Implementation Plan	Document Review
	What key internal and external factors have facilitated or hindered achievement of the Gender Policy's objectives? What are the reasons the Policy is or is not supported, and how has this hindered or helped the achievement of objectives? Who are the Policy champions, and how have they facilitated Policy achievements? Who are the Policies detractors and how has the influenced the Policy and its implementation?	Explore levels of support and lack thereof for the Policy across GAVI Alliance Board and Secretariat, and among Implementing partners.	Key Informant Interviews Focus Group Discussions with GWG
	To what extent have the Gender Policy and its Implementation Plan helped increase partner dialogue, engagement, and actions on gender issues? How have the relationships between the GAVI Alliance and WHO and UNICEF been enhanced or hindered by the implementation of the GAVI Gender Policy? How did partners respond to the GAVI Gender Policy?	Document review of annual progress reports and Board Reports Explore the relationships between GAVI and WHO and UNICEF. Will also examine whether relationships or any changes in them have helped or hindered achievement of Policy objectives.	Document Review Key Informant Interviews
	What were the positive and negative unintended consequences produced by the Gender Policy and its Implementation Plan?	How have the relationships between GAVI and WHO and UNICEF been strengthened or strained by the Policy? How have relationships between Countries (via partner offices) been strengthened or strained?	Key Informant Interviews
Future Design	To what extent are the focus of the Gender Policy and its strategies still relevant? Is the design still appropriate for the original intended purpose? Has the purpose for the Gender Policy shifted? If so, how should this influence the Gender Policy's design?	Explore the difference between perceptions of equity and gender, and the need to address these issues within GAVI programming	Key Informant Interviews

Evaluation Categories	Evaluation Questions	Areas of Focus/Topics	Methods
	If the Policy is still relevant, should there be any changes in the related strategies? If it is not relevant, what changes need to be considered?	Presentation of evidence-based stakeholder perspectives, including those in support of those Policy and those that are not.	Key Informant Interviews
	To what extent have other comparable organizations been able to realize their gender policy? What approaches have comparable organizations taken to operationalization of their policies? What is the current best practice with regards to Gender Policy in the area of health?		Document Review Benchmarking
	What changes should the GAVI Alliance consider to support the original purpose for the effective implementation, monitoring, and leveraging of its Gender Policy?	Review of assessment reports of other organizations' gender policies and strategies Interviews with GAVI Secretariat	Benchmarking

ANNEX 3: DOCUMENTS REVIEWED

1. Alexander N. Fostering impunity or accountability? Sweeping changes at the World Bank-IDA. Washington (DC): Heinrich Boell Foundation-North America; 2010.

2. Ashburn K et al. Moving beyond gender as usual. Washington (DC): Center for Global Development; 2009.

3. Australian Government: AusAID. 2012. Australian multilateral assessment: GAVI Alliance. Canberra, Australia: AusAID; 2012.

4. Bosch-Capblanch X, Schindler C, Beck L, Secula F, Hilber AM. Project gender and immunization: Statistical Component. Geneva: WHO and Swiss Tropical and Public Health Institute; 2010.

5. Caines K et al. Assessing the impact of global health partnerships. London: DFID Health Resource Centre; 2004.

6. Carlson C. GHP Study Paper 1: Mapping global health partnerships. What they are, what they do and where they operate. London: DFID Health Resource Centre; 2004.

7. Connor A. Equity in vaccine coverage: Striving to achieve more equitable access to childhood vaccines. Geneva (Unpublished); 2012.

8. DFID. Multilateral aid review: Assessment of GAVI Alliance. London: DFID; 2011.

9. Fundación para el Estudio e Investigación de la Mujer. Recommendations for the evaluation of the gender equality strategy of the Global Fund to Fight AIDS, Tuberculosis and Malaria. Buenos Aires: Fundación par el Estudio e Investigacion de la Muger and Internatoinal AIDS Women Caucus; 2011.

10. GAVI Alliance. GAVI Alliance gender policy [Internet] 2008 [cited 2012 Nov 6]. Available from: http://www.gavialliance.org/about/mission/gender/

11. GAVI Alliance. Report on implementation of the gender policy to the GAVI Alliance Board. Geneva: GAVI Alliance; 2009.

12. GAVI Alliance. Second report on implementation of the gender policy for the GAVI Alliance Board [Internet] 2010 [cited 2012 Nov 6]. Available from: http://www.gavialliance.org/about/mission/gender/

13. GAVI Alliance. Press release: GAVI Alliance welcomes UK Multilateral Aid Review. Geneva: GAVI Alliance; 2011.

14. GAVI Alliance. Gender and immunization—message framework. Geneva: GAVI Alliance; 2011 (Unpublished).

15. GAVI Alliance. Information note: Gender-related barriers to vaccination services [Internet] 2011 [cited 2012 Nov 6]. Available from: http://www.gavialliance.org/about/mission/gender/

16. GAVI Alliance. Gender and immunization fact sheet [Internet] 2011 [cited 2012 Nov 6]. Available from: http://www.gavialliance.org/about/mission/gender/

17. GAVI Alliance. Global debate on gender and immunization (2011 June 14). Geneva: GAVI Alliance; 2011 (Unpublished).

18. GAVI Alliance. Global debate on gender and immunization (2011 Dec 16). Geneva: GAVI Alliance; 2011 (Unpublished).

19. GAVI Alliance. Report of the monitoring independent review committee to the GAVI Alliance Secretariat on the review of 2010 annual progress reports. Geneva: GAVI Alliance; 2011.

20. GAVI Alliance. Workplan for the GAVI gender working group (2011 Jul). Geneva: GAVI Alliance; 2011 (Unpublished).

21. GAVI Alliance. Workplan for the GAVI gender working group (Update 2011 Oct 15). Geneva: GAVI Alliance; 2011 (Unpublished).

22. GAVI Alliance. Workplan for the GAVI gender working group (Update 2011 Dec 31). Geneva: GAVI Alliance; 2011 (Unpublished).

23. GAVI Alliance. Gender working group minutes (2011 May 12). Geneva: GAVI Alliance; 2011.

24. GAVI Alliance. Gender working group minutes (2011 June 24). Geneva: GAVI Alliance; 2011.

25. GAVI Alliance. Gender working group minutes (2011 Aug 2). Geneva: GAVI Alliance; 2011.

26. GAVI Alliance. Gender working group minutes (2011 Sept 15). Geneva: GAVI Alliance; 2011.

27. GAVI Alliance. Gender working group minutes (2011 Oct 17). Geneva: GAVI Alliance; 2011.

28. GAVI Alliance. Gender working group minutes (2012 Jan 30). Geneva: GAVI Alliance; 2012.

29. GAVI Alliance. Gender working group minutes (2012 Feb 29). Geneva: GAVI Alliance; 2012.

30. GAVI Alliance. Gender working group minutes (2012 Mar 30). Geneva: GAVI Alliance; 2012.

31. GAVI Alliance. Gender working group minutes (2012 May 7). Geneva: GAVI Alliance; 2012.

32. GAVI Alliance. GAVI welcomes top marks in Australian Multilateral Aid Assessment [Internet] 2012 [cited 2012 Nov 6]. Available from: http://www.gavialliance.org/library/news/press-releases/2012/gavi-welcomes-australian-multilateral-aid-assessment/

33. GAVI Alliance. Work plan for the GAVI gender working group. Geneva: GAVI Alliance; 2012.

34. GAVI Alliance. Gender and immunization—PFT script (donor script). Geneva: GAVI Alliance; 2012 (Unpublished).

35. GAVI Alliance. GAVI Alliance technical consultation group country by country approach: Background paper (2012 Aug 23). Geneva: GAVI Alliance; 2012.

36. GAVI Alliance. GAVI Board achieves goal on gender [Internet] 2012 [cited 2012 Nov 6]. Available from: http://www.gavialliance.org/library/news/gavi-features/2012/gavi-board-achieves-goal-on-gender/

37. GAVI Alliance. Terms of reference—GAVI gender working group. Geneva: GAVI Alliance; 2012 (Unpublished).

38. GAVI Alliance. Immunization coverage survey data (2012 Sept 7) Geneva: GAVI Alliance; 2012 (Unpublished).

39. GAVI Alliance. Submission for executive team meeting: Update from gender working group on the 2012 gender work plan. Geneva: GAVI Alliance; 2012.

40. GAVI Alliance. Report of the independent review committee (monitoring).Geneva: GAVI Alliance; 2012.

41. The Global Coalition on Women and AIDS. The Global Fund to Fight AIDS, Tuberculosis and Malaria: Leveraging the commitment to gender equality in a time of change and austerity. Geneva: The Global Coalition on Women and AIDS; 2011.

42. The Global Fund. Report of the policy and strategy committee (10th meeting on 2008 Sept 16-18, including recommendations to the 18th board meeting). Geneva: The Global Fund to Fight AIDS, Tuberculosis and Malaria; 2008.

43. The Global Fund. Addendum to report of the policy and strategy committee: The Global Fund's strategy for ensuring gender equality in the response to HIV/AIDS, tuberculosis and malaria ("The Gender Equality Strategy"). Geneva: The Global Fund to Fight AIDS, Tuberculosis and Malaria; 2008.

44. The Global Fund. Report of the technical review panel and the Secretariat on round 8 proposals. Geneva: The Global Fund to Fight AIDS, Tuberculosis and Malaria; 2008.

45. The Global Fund. Global Fund gender equality strategy. Geneva: The Global Fund to Fight AIDS, Tuberculosis and Malaria; 2008.

46. The Global Fund. Gender equality strategy plan of action 2009–2012. Geneva: The Global Fund to Fight AIDS, Tuberculosis and Malaria; 2009.

47. The Global Fund. Progress report on the gender equality strategy. Geneva: The Global Fund to Fight AIDS, Tuberculosis and Malaria; 2009.

48. The Global Fund. Report of the technical review panel and the Secretariat on round 9 proposals. Geneva: The Global Fund to Fight AIDS, Tuberculosis and Malaria; 2009.

49. The Global Fund. The Global Fund's partnership strategy. Geneva: The Global Fund to Fight AIDS, Tuberculosis and Malaria; 2009.

50. The Global Fund. Operational guide. The key to Global Fund policies and processes. Geneva: The Global Fund to Fight AIDS, Tuberculosis and Malaria; 2010.

51. The Global Fund. Implementation of the Global Fund gender equality strategy. Geneva: The Global Fund to Fight AIDS, Tuberculosis and Malaria; 2010.

52. The Global Fund. Report of the technical review panel and the Secretariat on round 10 proposals. Geneva: The Global Fund to Fight AIDS, Tuberculosis and Malaria; 2010.

53. The Global Fund. Guidelines for CCM funding. Geneva: The Global Fund to Fight AIDS, Tuberculosis and Malaria; 2010.

54. The Global Fund. Country coordinating mechanism (CCM) funding policy as of 2010. Geneva: The Global Fund to Fight AIDS, Tuberculosis and Malaria; 2010.

55. The Global Fund. An analysis of gender-related activities in Global Fund approved HIV proposals from rounds 8 and 9. Geneva: The Global Fund to Fight AIDS, Tuberculosis and Malaria; 2011.

56. The Global Fund. Analysis of gender-related activities in Global Fund HIV proposals from round 10. Geneva: The Global Fund to Fight AIDS, Tuberculosis and Malaria; 2011.

57. The Global Fund. Guidelines and requirements for country coordinating mechanisms. Geneva: The Global Fund to Fight AIDS, Tuberculosis and Malaria; 2011.

58. The Global Fund. Community systems strengthening information note. Geneva: The Global Fund to Fight AIDS, Tuberculosis and Malaria; 2011.

59. The Global Fund. Matching resources to need: Opportunities to promote equity information note. Geneva: The Global Fund to Fight AIDS, Tuberculosis and Malaria; 2011.

60. The Global Fund. Addressing women, girls and gender equality information note. Geneva: The Global Fund to Fight AIDS, Tuberculosis and Malaria; 2011.

61. The Global Fund. The Global Fund strategy 2012-2016: Investing for impact. Geneva: The Global Fund to Fight AIDS, Tuberculosis and Malaria; 2011.

62. The Global Fund. Response to the evaluation of the Global Fund's gender equality and sexual orientation and gender identities (SOGI) strategy. Geneva: The Global Fund to Fight AIDS, Tuberculosis and Malaria; 2011.

63. The Global Fund. Consolidated transformation plan. Geneva: The Global Fund to Fight AIDS, Tuberculosis and Malaria; 2011.

64. The Global Fund. The Global Fund operations policy manual. Geneva: The Global Fund to Fight AIDS, Tuberculosis and Malaria; 2012.

65. The Global Fund. Eligibility, Counterpart financing and prioritization information note. Geneva: The Global Fund to Fight AIDS, Tuberculosis and Malaria; 2012.

66. The Global Fund. Transitional funding mechanisms (TFM) guidelines. Geneva: The Global Fund to Fight AIDS, Tuberculosis and Malaria; 2012.

67. The Global Fund. The Global Fund annual report 2011. Geneva: The Global Fund to Fight AIDS, Tuberculosis and Malaria; 2012.

68. The Global Fund. Making a difference: Global Fund results report 2011. Geneva: The Global Fund to Fight AIDS, Tuberculosis and Malaria; 2012.

69. Hilber AM, Bosch-Capblanc X, Schindler C, Beck L, Secula F. McKenzie Or, Gari S, Stuckli C, Merten S. Gender and immunization—Summary report for SAGE. Geneva: WHO and Swiss Tropical and Public Health Institute; 2011.

70. Hilber AM, McKenzie O, Gari S, Stucki C, Merten S. Project gender and immunization: Qualitative systematic review. Geneva: WHO and Swiss Tropical and Public Health Institute; 2011.

71. UK. House of Commons International Development Committee. DFID and the World Bank. Sixth report of session 2007–08. Volume I: Report, together with formal minutes. London: The Stationery Office Limited; 2008.

72. Independent Review Committee. GAVI: Gender and equity issues. Geneva; 2011 (Unpublished).

73. Independent Review Committee. GAVI independent review committee meeting notes: Health systems strengthening support under the health systems funding platform: Gender and equity issues (May). Geneva: GAVI Alliance; 2012.

74. Indevelop. 2011. GAVI gender help desk: Review of recent GAVI communications materials for gender. Stockholm: Indevelop; 2011.

75. Indevelop. GAVI gender help desk. Review of new GAVI corporate policies for gender. Stockholm: Indevelop; 2011.

76. Indevelop. Annual report for GAVI gender help desk (2011 Jan 18). Stockholm: Indevelop; 2011.

77. Indevelop. Quarterly report for GAVI gender help desk (2011 Mar 28). Stockholm: Indevelop; 2011.

78. Indevelop. Quarterly report for GAVI gender help desk (2011 Jul 7). Stockholm: Indevelop; 2011.

79. Indevelop. Quarterly report for GAVI gender help desk (2011 Oct 19). Stockholm: Indevelop; 2011.

80. International Development Association. IDA15 Mid-Term Review. World Bank Group Gender Action Plan: Implementation Status Update. Washington, DC: The World Bank Group; 2009.

81. Jones N, Walsh C, Buse K. Gender and immunization abridged report: A knowledge stocktaking exercise and an independent assessment of the GAVI Alliance. London: Overseas Development Institute; 2008.

82. Lamb Guevara A et al. Make your voice heard: Participation of women and transgenders in Global Fund Processes in Latin America and the Caribbean. Lima: Fundación AID FOR AIDS; 2010.

83. Macro International Inc. The Five-Year Evaluation of the Global Fund to Fight AIDS, Tuberculosis, and Malaria: Synthesis of Study Areas 1, 2 and 3. Calverton (MD): Macro International Inc.; 2009.

84. Murray-Lopez M. Summary note for ET on all-staff sessions on "Gender Perspectives—Why Bother?" (2011 Oct 6). Geneva: GAVI Alliance; 2011 (Unpublished).

85. Murray-Lopez M. Message to all staff (2012 Jan 17). Geneva: GAVI Alliance; 2012 (Unpublished).

86. Murray-Lopez M. Submission for executive team meeting: Revised parental leave proposal (2012 July 3). Geneva: GAVI Alliance; 2012 (Unpublished).

87. Murray-Lopez M. Third annual report on implementation of the gender policy for GAVI Alliance Board [Internet] 2011 [cited 2012 Nov 6]. Available from: http://www.gavialliance.org/about/mission/gender/

88. Norad Evaluation Department. Evaluation of the health results innovation trust fund. Oslo, Norway: Norwegian Agency for Development Cooperation; 2012.

89. Pangaea Global AIDS Foundation. Formative evaluations of the gender equality and sexual orientation and gender identities strategies of the Global Fund to Fight AIDS, Tuberculosis & Malaria. Oakland, CA: Pangaea Global AIDS Foundation: 2011.

90. PEPFAR. Engendering bold leadership: The U.S. President's Emergency Plan for AIDS Relief first annual report to Congress. Washington (DC): PEPFAR; 2005.

91. PEPFAR. The power of partnerships: The U.S. President's Emergency Plan for AIDS Relief 2008 annual report to Congress. Washington (DC): PEPFAR; 2008.

92. PEPFAR. Guidance for PEPFAR partnership frameworks and partnership framework implementation plans. Washington (DC): PEPFAR; 2009.

93. PEPFAR. Next generation indicators reference guide. Washington (DC): PEPFAR; 2009.

94. PEPFAR. The U.S. President's Emergency Plan for AIDS Relief seventh annual report to Congress. Washington (DC): PEPFAR; 2010.

95. PEPFAR. FY2011 Country operational plan guidance appendices. Washington (DC): PEPFAR; 2011.

96. PEPFAR. FY2012 Country operational plan (COP) guidance. Washington (DC):: PEPFAR; 2011.

97. PEPFAR. FY2012 Technical considerations provided by PEPFAR technical working groups for FY 2012 COPS and ROPS. Washington (DC): PEPFAR; 2011.

98. PEPFAR. Guidance for the prevention of sexually transmitted HIV infections. Washington (DC): PEPFAR; 2011.

99. PEPFAR. The U.S. President's Emergency Plan for AIDS Relief eighth annual report to Congress. Washington (DC): PEPFAR; 2012.

100. PEPFAR. The Emergency Plan for AIDS Relief: Summary financial status as of March 31, 2012 (2nd quarter—FY 2012). Data for FYs 2004–2011 appropriations. Washington (DC): PEPFAR; 2012.

101. PEPFAR. Using science to save lives: Latest PEPFAR results. Washington (DC): PEPFAR; 2012.

102. PEPFAR. Gender and HIV/AIDS. Washington (DC): PEPFAR; 2012.

103. Schmitz C. Small study to advise on the implementation of the GAVI Alliance Board guidelines on gender balance. Stockholm: Indevelop; 2011.

104. Secula F, Beck L, Schindler C, Bosch-Capblanch X, Hilber AM. Gender and immunization: Final report on case studies. Geneva: WHO and Swiss Tropical and Public Health Institute; 2011.

105. Sepúlveda J. et al. PEPFAR implementation: Progress and promise. Washington (DC): Institute of Medicine of the National Academies; 2007.

106. Sessions M. Overview of the President's Emergency Plan for AIDS Relief (PEPFAR). Washington (DC): Center for Global Development; 2006.

107. UNICEF. Evaluation of gender policy implementation in UNICEF. New York (NY): UNICEF; 2008.

108. UNICEF. *Boys and girls in the life cycle: Sex-disaggregated data on a selection of well-being indicators, from early childhood to young adulthood.* New York (NY): UNICEF; 2011.

109. UNITAID. UNITAID Achievements 2010. UNITAID Report on Key Performance Indicators 2010. Geneva: UNITAID; 2011.

110. UNITAID. Key Performance Indicators 2011. Geneva: UNITAID; 2011.

111. UNITAID. Five Years of Innovation for Better Health. Annual Report 2011. Geneva: UNITAID; 2012.

112. UNITAID. Factsheet: Increasing testing and treatment coverage for HIV/AIDS, TB and malaria market solutions. Geneva: UNITAID; 2012.

113. UNITAID. Saving lives of women and children in developing countries. Geneva: UNITAID; 2012.

114. USAID. Integrating multiple gender strategies to improve HIV and AIDS interventions: A compendium of programs in Africa. AIDS support and technical assistance resources. Washington (DC): USAID; 2009.

115. USAID. Integrating multiple gender strategies to improve HIV interventions: Recommendations from five case studies of programs in Africa. AIDS support and technical assistance resources. Washington (DC): USAID; 2011.

116. USAID. Gender equality and female empowerment policy. Washington (DC): USAID; 2012.

117. USAID. Swaziland: Gender strategy for the PEPFAR interagency team. Washington (DC): USAID; 2012.

118. U.S. Global Health Initiative. Focusing on women, girls, and gender equity. Washington (DC): U.S. Global Health Initiative; 2012.

119. U.S. Global Health Initiative. Global Health Initiative supplemental guidance on women, girls, and gender equality principle. Washington (DC): U.S. Global Health Initiative; 2012.

120. Wells H. Workshop Paper 13, Aid instruments and the very poor: The case of global health partnerships. London: DFID Health Resource Centre; 2005.

121. Widyono M, Sherris J. Sex-disaggregated immunization coverage data: Input from key stakeholders. Washington, DC: PATH; 2010.

122. The World Bank. Integrating gender into the World Bank's work: A strategy for action. Washington (DC):: The World Bank; 2002.

123. The World Bank. Gender equality as smart economics: A World Bank Group gender action plan (fiscal years 2007–10). Washington (DC): The World Bank; 2006.

124. The World Bank. 2010. Applying gender action plan lessons: A three-year road map for gender mainstreaming (2011- 2013). Washington (DC): The World Bank; 2010.

125. The World Bank. New world, new World Bank Group: (I) Post crisis directions. Washington (DC): The World Bank; 2010.

126. The World Bank. Gender equality as smart economics. A work in progress. Washington (DC): The World Bank; 2011.

127. The World Bank. World development report 2012: Gender equality and development. Washington (DC): The World Bank; 2011.

128. The World Bank. Implementing the bank's gender mainstreaming strategy: FY09-FY10 annual monitoring report. Washington (DC): The World Bank; 2011.

129. The World Bank. Implementing the Bank's gender mainstreaming strategy: FY09-FY10 annual monitoring report. Compendium documents. Washington (DC): The World Bank; 2011.

130. The World Bank. Gender equality as smart economics: World Bank Group gender action plan four-year progress report (January 2007-December 2010). Washington (DC): The World Bank; 2011.

131. The World Bank. World Bank corporate scorecard April 2012. Integrated results and performance framework. Washington (DC): The World Bank; 2012.

132. The World Bank Group. Directory of programs supported by trust funds. As of March 31, 2012. Washington (DC): The World Bank Group; 2012.

133. The World Bank Group.2011 trust fund annual report. Washington (DC): The World Bank Group; 2012.

134. The World Bank Group Independent Evaluation Group. An evaluation of World Bank support, 2002–08: Gender and development. The World Bank Group; 2010.

135. World Health Organization. Integrating gender perspectives in the work of WHO: WHO gender policy. Geneva: World Health Organization; 2002.

136. World Health Organization. Strategy for integrating gender analysis and actions into the work of WHO. Geneva: World Health Organization; 2007.

137. World Health Organization. Women and health: Today's evidence, tomorrow's agenda. Geneva: World Health Organization; 2009.

138. World Health Organization. Gender mainstreaming in WHO: Where are we now? Report of the baseline assessment of the WHO gender strategy. Geneva: World Health Organization; 2011.

139. World Health Organization. Gender mainstreaming in WHO: What is next? Report of the midterm review of WHO gender strategy. Geneva: World Health Organization; 2011.

ANNEX 4: INTERVIEWEES AND FOCUS GROUP DISCUSSANTS

Inception Phase

GAVI Secretariat

Deblina Datta, M&E and Policy and Performance
Helen Evans, Deputy CEO
Meegan Murray-Lopez, Executive Office
Nina Schwalbe, Policy and Performance
Diane Summers, Advocacy and Public Policy

Other Stakeholders and Experts

Janet Gruber, IRC Monitoring Member

Evaluation Phase

GAVI Board Members

Amie Batson, USA
Alan Hinman, Civil Society Organization Representative
Dagfinn Høybråten, Norway
Gustavo Gonzales-Canali, France

GAVI Secretariat

Mercy Ahun, Special Representative to GAVI-Eligible Countries
Seth Berkley, CEO
Peter Hansen, M&E Director
Kevin Klock, Governance
Marie-Ange Saraka-Yao, PFT
Nina Schwalbe, Managing Director, Policy and Performance
Paul Kelly, Director of Country Programme Team
Anna-Carin Matterson, Policy and Performance
Meegan Murray-Lopez, Senior Executive Officer, Executive Office

Gender Working Group Members
Deblina Datta
Veronique Fages
Meegan Murray-Lopez
Tormod Simensen
Sonja Steidle
Diane Summer
Eelco Szabo
Dan Thomas

Country Representative Officers
Santiago Cornejo
Maryse Dugue
Par Ericksson
Marthe Essengue
Ranjana Kumar
Charlie Whetham

Other Stakeholders and Experts

Rudi Eggers, WHO
Janet Gruber, IRC Monitoring
Sarah Herbert-Jones, formerly on IRC Monitoring
Claire Mahon, Former Special Advisor to Mary Robinson
Susan McKinney, USAID
Jean-Marie Okwo-Bele, WHO
Dragoslav Popovic, UNICEF
Robert Steinglass, John Snow International
Sarah Thomsen, formerly with Indevelop
Eva Wallstam, former consultant to GAVI

ANNEX 5: GENERAL SEMI-STRUCTURED INTERVIEW GUIDE

Interviewee:

Hello, my name is <u>NAME</u> and I am part of the ICF International Evaluation Team. Thank you for meeting with me today. We realise you have limited time for the interview, and we have just a few focused questions for you. The interview should take approximately 30 minutes. Should you wish to stop the interview at any time, or skip any questions, please feel free to do so. Also, please note that these interviews are confidential. Your name will only be used in an annex that lists people interviewed.

Do you agree to take part in the interview?

Do you have any questions for me before we begin?

Time start:

Time end:

Location:

1. This evaluation was requested by the GAVI Board at the time the Gender Policy was developed and approved. When the GAVI Gender Policy was developed and implemented in 2008, what did the Board expect to change by now (September 2012)?

   PROBE: Should the evaluation focus on assessing if these were achieved? If not, are there other results that we should explore? *General internal/external* What was the intent of the gender policy?

   a. Effect on Board? Effect on Secretariat? Effect on partners?

   b. Who was target audience of the policy?

2. Why does GAVI have a gender policy and not an equity or diversity policy?

   PROBE: What is the likelihood that additional policies will or could be added, such as equity or diversity?

3. The IRC 2011 report seems to push gender and equity; how did the Board receive that?

4. Please share your experience of the Policy and its effect on the Board (May be skipped if covered in Q1. **PROBE:** Positive influences? Negative consequences?) *Internal:*

   a. How is the Board monitored in terms of achieving a gender balance?

   b. "While a sensitive question to ask, has the move toward a gender balance created any tensions that have influenced the policy?"

   c. If tensions exist, how have these tensions affected governance and routine operations, if at all?

5. Has interest in and relevance of the Gender Policy changed since its development? (**PROBE:** Whose interest has shifted? What was that the result of?)

6. What do you view as the key success of the Policy?

7. What have been the key challenges or barriers to the Policy?

   PROBE: What are the reasons the Policy is or is not supported, and how has this hindered or helped the achievement of objectives? Who are the Policy's champions, and how have they facilitated Policy achievements? Who are the Policy's detractors and how have they influenced the Policy and its implementation?

8. Would addition of the HPV vaccine have gotten the support it did without the Gender Policy?

9. Where is GAVI heading with the Policy?

10. How have the relationships between the GAVI Alliance, WHO and UNICEF been enhanced or hindered by the implementation of the GAVI Gender Policy? How did partners respond to the GAVI Gender Policy?

CONCLUDING QUESTION

11. Would you like to provide any other information that should be in the report?

Thank you for your valuable time and inputs.

ANNEX 6: BENCHMARKING

Introduction

To compare the GAVI Alliance Gender Policy with those of other donors and partners, we have benchmarked the GAVI Alliance Gender Policy against those of four other organizations in order to a) provide a relative value assessment of the adequacy of the GAVI Gender Policy and b) highlight possible areas for improvement.

The four funds selected are:

- The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund)
- The World Bank Health Results Innovation Trust Fund (HRITF)
- The United States President's Emergency Plan for AIDS Relief (PEPFAR)
- UNITAID

Selection of comparators

The final selection of comparators was made in close consultation with GAVI. In order to be selected, each comparator had to have an applicable gender policy in place. In addition, the selection sought to ensure maximum comparability with GAVI in terms of:

- Health sector coverage
- Multi-donor fundraising model
- Country-owned delivery model
- Partnership model

Table 1: Selection of Comparators and Comparability with GAVI

		Funding model		
		Multi-donor		Bilateral
		Partnership model	*Non-partnership model*	*Partnership model*
Delivery model	**Country partner (national execution)**	GAVI Global Fund	HRITF	PEPFAR
	Donor/other (NGO, UN agency) execution	UNITAID		

For the comparators other than the Global Fund, comparability was relaxed in terms of:

- **HRITF** As a Multi-Donor Trust Fund (MDTF) administered by the World Bank, the HRITF does not work through a partnership model.

- **PEPFAR** As an initiative of the US government, specifically the Global Health Initiative (GHI), PEPFAR is bilaterally and not multilaterally funded.

- **UNITAID** As a financing facility hosted by the World Health Organization (WHO), UNITAID implements projects through a set of mostly global implementing partners[1] rather than country governments.

Benchmarking methodology

The benchmarking methodology has consisted of a mixed qualitative and quantitative exercise, combining a crude scoring exercise with an evaluative assessment of the gender policy itself and, to the extent possible, its implementation. The results of the scoring exercise are provided in the section below, followed by a synthesis of findings from the qualitative assessments of each of the four comparator organizations. The full assessment for each of these is provided as case studies below.

The criteria for the scoring exercise combine indicators measuring the formulation and content of the gender policy as well as, to the extent possible, indicators of implementation performance. As highlighted by our interviews during the Inception Phase, GAVI's Gender Policy had not yet significantly impacted on program level work. The benchmarking exercise has therefore focused on what provision is made in the policy for guiding project implementation. The indicators used are listed in Table 2, below.

---

[1] Clinton Health Access Initiative (CHAI); ESTHER; Foundation for Innovative New Diagnostics (FIND); i+solutions' Roll Back Malaria' Stop TB Partnership; Stop TB Partnership – Global Drug Facility; The Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria; UNICEF; World Health Organization

Table 2: Indicators for Scoring Gender Policy Performance

	Indicators
Policy framework	• Gender policy is informed by robust analytical work
	• Gender policy was developed through a consultative process
	• Gender policy is informed by strategic prioritization
	• Gender policy is underpinned by supporting institutional structure
	• Scope includes internal organizational operation and management
	• Scope includes project/program procedures
	• Scope includes program targeting
	• Scope addresses structural obstacles to gender equality
a. Gender profile	• Leadership commitment to gender issues
	• Gender considerations are explicitly included in documentation & processes
	• Allocation of human resources
	• Creation of dedicated unit with responsibility for gender policy
	• Clear accountability for delivery of gender policy
	• Commitment to gender is reflected in communications & advocacy activities
b. Partnerships	• Dedicated partnerships to promote gender issues
	• Use of partnerships to promote gender
	• Use of partnerships to learn best practices on gender
c. Evidence base	• Monitoring, reporting, and evaluation systems capture evidence of gender performance
	• Scope of evidence base on gender
	• Quality of evidence base on gender
	• Independence of findings
	• Research to build evidence and rationale for a gender policy
d. Mainstreaming	• Gender policy is underpinned by a costed action plan
	• Policy is supported by operational guidelines
	• Human and financial resources are allocated and are appropriate for the tasks envisaged
	• Organizational structures support gender mainstreaming
	• Gender policy is supported by training and dissemination
	• Decision-making is based upon and improved by emerging evidence base
e. Results and impact	• Collection and use of sex disaggregated data
	• Available evaluations & assessments provide evidence of impact

Each of the four comparators and GAVI were scored between zero and two on each of these criteria; zero indicating no evidence, one indicating some effort had been made and two indicating good performance. The scores were then aggregated to provide an average score for each of the six assessment areas (see below) and an overall mark out of ten. The following limitations should be noted:

- The criteria have been identified based on our interpretation of what constitutes good practice and performance in the development and implementation of a gender policy, for the specific purposes of this evaluation. As the review shows, there may be different opinions across the development community on these. For instance, it is not always considered appropriate that gender mainstreaming activities have a budget attached, and there are similar risks attached to the creation of a dedicated organizational unit for implementation of a gender policy (which we discuss in the analysis).

- Not all criteria are necessarily relevant to all organizations used in the analysis, depending on their specific institutional context.

- The criteria relate primarily to the policy framework and mechanisms for implementation, with limited coverage of results and impact. This reflects, as discussed above, the current priorities and status of the GAVI policy, as well as the limited evidence base for a comparative study at impact level.

- The scoring is based primarily on document review, and specifically on documents available in the public domain, which is inevitably partial. For this reason, we present below only aggregate scores.

This exercise should not be viewed as a ranking of the individual organizations. It seeks to draw out where each of the organizations performs relatively well (see summary comments below), in order to highlight where lessons may be drawn from to inform the further development of the GAVI Gender Policy.

Results of scoring exercise

Table 3 below presents the aggregate scores for each of the organizations against the main assessment areas and provides an overall score, out of ten potential points.

While GAVI received the lowest score, it should be reiterated that the only strictly comparable organization in the analysis was the Global Fund. For the other three organizations, their scores benefit from the scale of resources that the host organizations (the World Bank, the US Global Health Initiative and the World Health Organization) have been able

to bring to bear on establishing and institutionalizing a gender policy across a larger organization. Below, we provide some summary comments on the composition of each organization's score.

Table 3: Results of Scoring Exercise

	GAVI	Global Fund	HRITF (WB)	PEPFAR (GHI)	UNITAID (WHO)
Policy Framework	f. 0.4	g. 1.1	h. 1.6	i. 1.3	j. 1.3
k. Gender Profile	l. 1.0	m. 1.2	n. 2.0	o. 1.3	p. 1.3
q. Partnerships	r. 0.7	s. 0.7	t. 1.0	u. 0.3	v. 0.7
w. Evidence Base	x. 1.2	y. 1.0	z. 1.4	aa. 0.4	bb. 0.6
cc. Mainstreaming	dd. 0.7	ee. 0.8	ff. 1.5	gg. 0.7	hh. 0.8
ii. Results and Impact	jj. 0.5	kk. 0.8	ll. 0.5	mm. 1.0	nn. 1.0
oo. SCORE OUT OF 10	**pp. 3.6**	**qq. 4.9**	**rr. 7.4**	**ss. 4.7**	**tt. 5.0**

Key: 0 = No evidence; 1 = Some effort made; 2 = Good

GAVI

GAVI's score reflects the relatively narrow emphasis of its gender policy on vaccination coverage and its primarily Secretariat and management-level scope. As a consequence, the policy lacks systematic and rigorous underpinning such as integration into documentation and processes. Uniquely, GAVI has focused on results at the Secretariat and Board level, while the other organizations have prioritized results at country and project level (even if they have not been able to achieve this). Overall, therefore, the policy framework is somewhat weak compared with the other organizations, as is its attention to mainstreaming. GAVI's overall score benefited from its initiatives to undertake research in support of building an evidence base for the gender policy.

Global Fund

The Global Fund had a reasonably good policy framework, supported by some effort to develop guidelines and procedures, including monitoring and evaluation (M&E). However, implementation has been a challenge. The Global Fund scored well on the strategic nature of its policy and a scope that encompassed both the internal organization and delivery at project level. It also sought to address structural obstacles to gender equality (rather than focusing narrowly on benefits for women vs. men).

HRITF/World Bank

The scoring for the HRITF benefited significantly from the substantial work done at the global organizational level by the World Bank on developing its gender strategy over many years. In particular, the Bank has commissioned a significant volume of research and analysis which has not only fed into the development of its gender strategy but also into its 2012 World Development Report, which focused on gender and served to significantly raise its profile within the Bank and among stakeholders. The Bank has also invested significant effort in developing guidelines, operational procedures and monitoring systems. Despite this investment, results and impact remain elusive. This was also seen in the specific case of the HRITF which, though benefiting from the full weight of Bank processes and safeguard procedures, still underperformed in terms of gender awareness, gender-relevant programming, monitoring and data collection, and delivery of benefits.

PEPFAR/Global Health Initiative

Despite the high profile of gender within both PEPFAR and the GHI, benefiting from cross-government momentum, PEPFAR's score suffered from a predominant focus on programming, with relatively little attention paid to mainstreaming through process and procedures. This meant that both GHI and PEPFAR gender strategies were formulated and stated at a high level, with limited supporting documentation to guide implementation and with limited monitoring to make program adjustments.

UNITAID/World Health Organization

There was very little information to link UNITAID and its operations to policy initiatives by the World Health Organization. The score here, therefore, relates primarily to WHO, which formulated a gender policy that appeared reasonably comprehensive. Despite this, it is currently undergoing reform and appears to have stalled in the implementation, resulting in less attention being paid to mechanisms for operationalizing the policy.

Synthesis findings and conclusions

The scoring exercise above, combined with the case studies below, has led to a number of findings that are pertinent for the future development of the GAVI Gender Policy.

Broad differences of approach

Broad differences of approach exist. Firstly, the comparators are divided between those which, like GAVI, have one overarching gender policy to cover issues of gender equality at the global, organizational (i.e., headquarters or Secretariat) level as well as implementation and delivery at the country and project level (the Global Fund) and those which either have separate policies for the organization and project implementation (World Bank/HRITF) or whose policy is only applicable at the country or project level (GHI/PEPFAR).

Relatedly, there is also a divide between gender policies that focus more on issues of process and procedure (World Bank/HRITF) and those that focus more on program content (PEPFAR). In practice, implementation of the World Bank's Gender Action Plan has had a heavier emphasis (in terms of volume of funding) on program content (beyond the HRITF). The Global Fund, on the other hand, whose gender policy framework is more evenly balanced between the two, has to date focused significantly on procedural and organizational structures while results, in terms of benefits for women and girls, have been less discernible.

Conceptualization of gender strategy

These differences, stated above, are related to other slightly more nuanced differences. Each of the gender policies has a subtly different emphasis:

- The Global Fund has a **Gender Equality Strategy** and emphasizes equal and equitable access to the services delivered through Global Fund grants.
- The World Bank's strategy is heavily focused on **gender mainstreaming**, that is, integrating systems and processes into operational work to ensure gender issues are addressed across the project and program cycle, with an emphasis on safeguarding against adverse gender-related impacts or barriers.
- The GHI also has a **Gender Equality Strategy** which focuses on addressing gender-related inequalities and disparities that disproportionately compromise the health of women and girls.
- The **Strategy for Integrating Gender Analysis and Actions into the Work of WHO**, as the title implies, focuses on mainstreaming gender analysis and its implications, supported by management, data and accountability provisions.

For all comparators, the emphasis is clearly on gender alone (rather than gender and other LGBT – lesbian, gay, bisexual and transgender – groups), and objectives relate in the first instance to equality – the equal distribution of benefits – rather than equity. This emphasis ensures that the primarily operational intent of strategies (that the gender policy relates to the delivery of projects at country level) remains practicable.

None of the policies makes a very clear conceptual distinction between gender policy as applied to process and procedures and gender policy as applied to program priorities and content. Ideally, the former would lead to more of the latter. In practice, however, the review indicates it is quite feasible that programs are developed which primarily target women and girl beneficiaries, without the benefit of gender analysis, inclusive consultation or, in some cases, even the data to know how men or women benefit differentially from a particular service. In addition, a very broad gender strategy, which does not indicate specific actions or interventions, runs the risk of being difficult to implement.

Implementation of gender strategy

The success with which gender strategies and policies have been operationalized has varied. The extent to which policies have been translated into action plans has been mixed; although, across the board, the importance of evidence (gender analysis), capacity building and the provision of specific, clear operational guidelines have been important determinants of the ability to operationalize the strategy. Demonstrable commitment to implementation of the gender strategy varied across the four comparators, on a number of measures.

- **Strategy is underpinned by a costed action plan.** Based on publicly available information, the World Bank and WHO have a costed action plan. The Global Fund Plan of Action was not costed; and, the GHI gender strategy is not supported by a plan of action, either at the GHI or PEPFAR level. The World Bank Transition Plan, which follows the original Gender Action Plan, allocates 76 per cent of the 2011-13 budget to mainstreaming activities. The remaining funds are intended to catalyze further investment in gender-specific interventions.

- **Strategy is underpinned by operational guidance.** The World Bank and the Global Fund have sought to provide adequate guidance to support operational staff in implementing the gender strategy. The WHO has some limited guidance available; however, this focuses on specific technical issues rather than mainstreaming issues. PEPFAR provides illustrative guidance (examples of possible activities that would comply with the gender strategy) but no procedural guidance. Guidance needs to be reviewed, refined and updated on an ongoing basis: the Global Fund has found that incremental refinement of the guidance appears to be encouraging corresponding improvement in the gender-responsiveness of proposals.

- **Implementation is underpinned by advocacy and explicit commitment from senior management.** Even where the strategy is supported by a robust advocacy strategy and/or statements of support from senior management, awareness at the country level is generally limited. The World Bank gender policy has benefited from having a high profile within the organization, including President Zoellick's six commitments on gender equality in 2008 and the International Development Association (IDA) deputies' decision to make gender equality a special theme of IDA16 process and to devote the 2012 World Development Report to the subject of gender equality and development. Nevertheless, there was little awareness at country level of the strategy at the time of an evaluation of the HRITF, commissioned by Norad and finalized in June 2012. The Global Fund also planned a communications and advocacy strategy for the gender strategy; however, this has yet to be completed and reviews indicate that implementation has suffered from a relatively weak profile

both within the Secretariat and among stakeholders. No evidence exists of strong commitment to the strategy by senior management. The WHO and GHI gender strategies have also had fairly low profiles, with the WHO strategy barely penetrating to the level of UNITAID. For GHI/PEPFAR, the issue of a gender strategy gets lost in the purely program-level adoption of the five "gender strategies" at the PEPFAR level. The GHI strategy is given little attention in PEPFAR documentation.

There were some common findings across the four comparators:

- **Strategy is supported by allocation of human resources.** All organizations have allocated human resources with specific responsibility for the implementation of the policy. The Global Fund established an Internal Gender Task Team, the World Bank created an Executive Committee and Advisory Council, PEPFAR appointed an interagency Gender Technical Working Group and WHO, a Gender, Women and Health Network. Such units need to be resourced on an ongoing basis in order to maintain awareness and support, as well as continued performance in implementation of the strategy. There is a risk that such units may be marginalized within the organization, making it difficult for them to influence and build capacity. Their location, status and profile are critical in underpinning their ability to exercise influence through the organization.

- **Ongoing development of the strategy is informed by a robust evidence base.** All organizations have struggled, to some extent, to support ongoing development of the strategy with a robust evidence base.

  - **Sex-disaggregated data to inform program monitoring:** While all at least support the collection of sex-disaggregated data, this has proved difficult to implement. The Mid-Term Review of WHO, which makes it an explicit requirement that grant recipients report sex-disaggregated data, found from a sample of WHO publications that only about half used or promoted sex-disaggregated data. Although the World Bank requires the reporting of sex-disaggregated data to feed into its Corporate Scorecard, the recent evaluation for Norad of the HRITF was limited in its gender assessment by limited availability of data. The Global Fund does not currently collect age and sex disaggregated data at the country-level.
  Nevertheless, performance in reporting sex-disaggregated data was stronger across the four comparators than in other areas of data gathering on gender.

  - **Evidence base to provide rationale and business case for strategy:** The World Bank was the only organization to have undertaken significant research to build an evidence base demonstrating

the benefits of a gender-sensitive approach to programming. It was reported that, since the World Development Report 2012, there is no longer a need to make the case for gender within the organization. This kind of research has also supported dialogue with borrowing countries, in a context in which programs are based on country demand.

- **Data requirement for monitoring strategy implementation:** Not all organizations had developed and/or reported on gender-related indicators (the World Bank's Corporate Scorecard was an exception). There was little measurement of performance in implementing the gender strategy. Evaluation frameworks are in place for the World Bank and WHO. In the case of WHO, the data excluded results from UNITAID on at least one measure. In the case of the World Bank, the recent evaluation of the HRITF did not use the World Bank gender strategy, Gender Action Plan or Operational Policy (OP) 4.20 on Gender and Development as a framework for assessing gender performance.

- There was limited evidence of use of partnerships to promote gender issues globally, regionally or nationally.
- Difficulties in persuading implementing country partners to subscribe to the gender policy have not emerged as an issue. Rather, it was suggested that grant providers identify national and local level gender strategies and policies to align with. As described above, analytical work on the benefits of integrating a gender perspective into development work has also supported dialogue with country partners. In the case of the HRITF, the linking of grants to IDA credits has meant that gender provisions are included among a number of standard conditionalities (although it should also be noted that the HRITF has been slow to disburse).

Conclusions

- There may be a theoretical argument – in terms of coherence and consistency – for one holistic policy that combines gender at the organizational, and particularly Secretariat, level with gender policy in the implementation of projects and programs. There may be advantages to this in strengthening leverage with country partners when the organization demonstrates the very principles it is seeking to implement at the project level. In practice, however, this appears to be difficult to implement with due attention at both levels, and there is the risk that the more difficult part of the strategy will be neglected in favor of that part that is easier to implement. Further, consideration of issues such as staff diversity and board composition are generally more of a matter for human resources, compared with the operational management and technical gender expertise

that is required for development of an operational gender policy. It would therefore appear more effective to keep the two separate, with two distinct policies (as in the case of the World Bank's gender strategy and separate Diversity and Inclusion Strategy).

- Much wider dissemination and awareness- raising of gender strategies are required – with adequate coverage at the country and/or program or fund level – especially where the level at which greater awareness is needed is distinct from the level at which the strategy has been drafted (e.g., the World Bank's HRITF, PEPFAR which is a program of the GHI, UNITAID which is hosted by WHO). There is a corresponding need for a reiterated statement of commitment, at that intermediate level, to guard against the profile of the overarching gender policy being diminished. In the case of PEPFAR, the provisions of the GHI gender equality strategy penetrate to the project level only to a limited degree (although the document review suggests that towards the end of the first phase of PEPFAR, there was a higher profile and, consequently, higher level of compliance in terms of gender analysis in the preparation of country plans, which has since decreased). The HRITF has sought to mitigate this to some extent in linking grants to IDA credits, which automatically bring with them the need to comply with standard World Bank loan criteria and procedures, including those on gender.

- It is important for the gender strategy to be clear in terms of its distinct goals. Where the goals combine changes to operational procedures and processes with increases in the volume of gender-related programming, as in the case of the Global Fund, the related action plan needs to show the linkages (perhaps in the form of a logical framework) between the two (e.g., between robust analysis and strategic prioritization at the program level, or between gender monitoring and projects that are designed to be more effective in targeting the most needy beneficiaries).

- A comprehensive approach combines activities to mainstream and integrate gender considerations into standard business practices with special initiatives to build awareness of gender issues, build capacity for gender analysis and sensitivity, and identify opportunities to promote greater gender responsiveness in program work. This is exemplified by the World Bank Transitional Plan which complements 'bottom-up' procedures such as gender analysis with 'top-down' initiatives such as dedicated trust funds for projects that have a strong public goods rationale, such as knowledge creation and dissemination, in-country capacity-building and improving availability and quality of gender-related statistics.

- Mainstreaming requires allocation of technical expertise to support staff in integrating gender considerations into policy and program operations, supported by leadership and advocacy. However, this needs to be balanced against the risk that a specialist technical team may be

marginalized within the organization, serving instead as a disincentive for staff to integrate gender principles into their day-to-day work. Such units need to be adequately resourced with sufficient staff to carry out the tasks envisaged for the unit.

- While it was acknowledged that there will inevitably be a cost to gender mainstreaming, and that the strategy needs to be supported by a budget for activities to introduce mainstreaming (capacity building and awareness-raising), there was also a view that, on principle, gender mainstreaming should *not* have a separate budget. Over time, it should become a part of business as usual, entirely integrated into everyday activities.

- Sustainability of the strategy and its results depends on a combination of critical factors:
    - The importance of monitoring frameworks for performance assessment, including gender indicators;
    - Leadership and accountability of both management and program implementers;
    - The use of incentive funding and incentives to both reward and sanction performance;
    - The sustained allocation of resources for influencing; and (relatedly)
    - The inclusion in the gender strategy of a plan for influencing and communications.

CASE STUDIES

The Global Fund to Fight AIDS, Tuberculosis and Malaria

The Global Fund is a public-private partnership and international financing institution raising and disbursing funds to prevent and treat HIV and AIDS, TB and malaria. The overarching goal of its partnership model is to create an enabling environment to support countries to develop and implement effective, evidence-based programs to respond to AIDS, tuberculosis and malaria. Since its creation in 2002, the Global Fund has raised funding of US$22.9 billion for more than 1,000 programs in 151 countries.

The Global Fund Model

As a financing mechanism, and not an implementing entity with a country presence, the Global Fund relies on its partnership model to bring together governments, civil society, the private sector, affected communities, and staff across all levels of the organization, from membership on the Board and its committees to implementation of programs in communities as well as through resource mobilization, country coordination, technical assistance and stakeholder engagement,.

The Global Fund's **Secretariat** in Geneva manages the grant portfolio, including screening proposals submitted, issuing instructions to disburse money to grant recipients and implementing performance-based funding of grants. More generally, the Secretariat is tasked with executing Board policies; mobilizing resources; providing strategic, policy, financial, legal and administrative support; and overseeing monitoring and evaluation.

The Global Fund **Board** is composed of representatives from donor and recipient governments, civil society, the private sector, private foundations, and communities living with and affected by the diseases of focus (TB, HIV/AIDS, malaria). The Board is responsible for the organization's governance, including establishing strategies and policies, as well as making funding decisions and setting budgets. The Board also works to advocate and mobilize resources for the organization.

At country level, a **Country Coordinating Mechanism**, including representatives from government, multilateral or bilateral agencies, non-governmental organizations, academic institutions, private businesses and people living with the diseases, develop and submit grant proposals to the Global Fund based on priority needs at the national level. After grant approval, they oversee progress during implementation.

For each grant, the Country Coordinating Mechanism nominates one or more public or private organizations to serve as **Principal Recipient**. The Global Fund grant agreement is with the Principal Recipient (PR), which receives financing directly and then uses it to implement prevention, care and treatment programs or passes it on to other organizations (sub-recipients) that provide those services. Many PRs both implement and make sub-grants. There can be multiple

PRs in one country. The PR also makes regular requests for additional disbursements from the Global Fund based on demonstrated progress towards the intended results.

The Global Fund Gender Equality Strategy

Amid recent turmoil and an uncertain future regarding funding, organizational structure and operations, in November 2011 the Global Fund published its latest overarching strategy, The Global Fund Strategy 2012-2016: Investing for Impact. The strategy commits to a number of strategic actions, among them to:

- Ensure that human rights principles – including non-discrimination, gender equality, participation, transparency and accountability – are integrated in all aspects of the Global Fund's work

- Increase investment in programs that address rights-related barriers to access (including those relating to gender inequality)

These are reassuring statements for advocates of a committed stance on gender who may have felt that the Global Fund's direction on gender had been wavering since the publication of its Gender Equality Strategy in 2008 or that the pace of implementation had been unduly slow.

Definitions

The Global Fund's key gender-related definitions are as follows:

- **Gender** refers to the array of socially constructed roles and relationships, personality traits, attitudes, behaviors, values, relative power and influence that society ascribes to the two sexes on a differential basis. Whereas biological sex is determined by genetic and anatomical characteristics, gender is an acquired identity that is learned, changes over time, and varies widely within and across cultures. Gender is relational and refers not simply to women or men but to the relationship between them.

- **Gender equality** entails the concept that all human beings, both men and women, are free to develop their personal abilities and make choices without the limitations set by stereotypes, rigid gender roles or prejudices. Gender equality means that the different behaviors, aspirations and needs of women and men are considered, valued and favored equally. It does not mean that women and men have to become the same, but rather that their rights, responsibilities and opportunities will not depend on whether they are born male or female.

- **Gender equity** means fairness of treatment for women and men, according to their respective needs. This may include equal treatment or treatment that is different but considered equivalent in terms of rights, benefits, obligations and opportunities. In the development context, a gender equity

goal often requires built-in measures to compensate for the historical and contemporary social disadvantages of women.

- **Gender mainstreaming** is the process of assessing the implications for women and men of any planned action, including legislation, policies or programs, in any area and at all levels. It is a strategy for making women's as well as men's concerns and experiences an integral dimension in the design, implementation, monitoring and evaluation of policies and programs in all political, economic and social spheres, such that inequality between men and women is not perpetuated.

Objectives and strategic direction

The focus of the strategy is on ensuring that its grants support the equal and equitable access to prevention, treatment, care and support for all those who need it. The Global Fund recognizes that, as an institution which does not provide normative guidance or technical assistance and is not an implementing agency, its potential is as a catalyst of countries' efforts to take the gender dimensions of AIDS, tuberculosis and malaria into account. (Global Fund has a separate strategy in relation to sexual orientation and gender identities.) The intention was that the Gender Equality Strategy should send a strong message that countries were expected to do more to address inequalities within their programming for the three diseases and to look at the structural drivers of these inequalities and eliminate them. However, this should be communicated through incentives, capacity building and support rather than strict requirements.

In seeking to encourage a positive bias in funding towards programs and activities that address gender inequalities and strengthen the response for women and girls, the Global Fund aims to champion and fund proposals that:

- Scale up services and interventions that reduce gender-related risks and vulnerabilities to infection;
- Decrease the burden of disease for those most at risk;
- Mitigate the impact of the three diseases of focus; and
- Address structural inequalities and discrimination.

The Gender Equality Strategy is founded on four areas of intervention:

1. Ensure that the Global Fund's **policies, procedures and structures** – including the Country Coordinating Mechanism and the Technical Review Panel – effectively support programs that address gender inequalities.

2. **Establish and strengthen partnerships** that effectively support the development and implementation of programs that address gender inequalities and reduce women's and girls' vulnerabilities, provide

quality technical assistance, and build the capacity of groups which 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 giving voice to the Gender Equality Strategy.

The Global Fund is supported by the United Nations Children's fund (UNICEF), along with the United Nations Population Fund (UNFPA), the United Nations Development Programme (UNDP), the United Nations Programme on HIV/AIDS (UNAIDS) and other UN agencies in the implementation of the gender strategy.

Scope

The scope of the Gender Equality Strategy is comprehensive, from the Board level down to implementation of each individual grant. Strategic and operational decisions as well as awareness and advocacy at the institutional and organizational levels are expected to lever partnerships and procedures to deliver results on the ground in terms of:

- a positive bias in favor of projects which include gender-specific interventions and approaches;
- gender equitable responses (at the country level) to HIV/AIDS, TB and malaria;
- equal and equitable access to prevention, treatment, care and support for all those who need it.

The Plan of Action recognizes that, although programs supported by the Global Fund are country-driven, they should ensure that the responses provided to combat the diseases consider specific needs from a gender perspective and provide solutions adapted to the context of countries. Implicit is the expectation that, in encouraging partners at the country level to incorporate gender perspectives into their HIV/AIDS, TB and malaria programming, the Global Fund will contribute to more equitable distribution of health benefits and outcomes between women and men.

Operationalization of gender policy

A four-year Plan of Action (2009-2012) was developed following the approval of the Gender Equality Strategy. The Plan of Action was built on a logical framework model and included a monitoring and evaluation framework. The Plan of Action was not costed but allocated primary responsibility for implementation to the Secretariat. Three positions needed recruitment: a Senior Gender Advisor, a Senior Advisor on Sexual Orientation and Gender Identities, and a Gender Technical Officer. These staff would work in the Performance, Impact and Effectiveness Unit. A formal internal gender task team was to be nominated and a gender section of the Secretariat Skills Bank was to be developed so that staff with specific skills could be easily accessed to provide specialist input.

The strategy also defined roles and responsibilities for the Board, Partnership Forum, Technical Review Panel and Secretariat and emphasized the critical role of partnerships in the successful implementation of the Gender Equality Strategy.

The strategy states that gender equality will be integrated into all aspects of staff management and culture, and both the strategy and the Plan of Action state that the Board and its committees will strive for gender balance in all leadership appointments, while noting the challenges involved in achieving this.

Beyond the strategy and Plan of Action, there is limited public guidance on how to operationalize the strategy. There is no mention of gender in the Operational Guide on Global Fund Policies and Processes (2010). The 2012 Operations Policy manual collates the Operational Policy notes and Information Notes of the various bodies of and partners to the Global Fund, and references to gender are limited. At country level there is direction in the Guidelines and Requirements for Country Coordinating Mechanisms (CCMs), which specify:

- **CCM composition** CCMs should ensure that they possess strong expertise on gender equality and integrate this knowledge into the effective response to the three diseases of focus (HIV/AIDS, tuberculosis, and malaria). The CCM should have equal representation of men and women.
- **Funding assistance** is available through two channels: the one-year grant for up to US$50,000 a year and a two-year grant, which is an expanded funding opportunity, allowing CCMs to access larger amounts of annual funding linked to measurable performance in four priority areas (CCM oversight, engagement of constituencies, aid effectiveness and gender).
- **Civil society representatives** should ideally include members of women's organizations to ensure that programmatic issues relating to gender are reflected in funding applications to the Global Fund.

This is underpinned in the 2010 Guidelines for CCM Funding which work to ensure disease-focused programs effectively address capacity building and gender issues, though inclusion among the CCM core indicators.
From the eighth funding round in 2008, application guidelines were amended to facilitate the scale up gender-sensitive responses, and fact sheets and information notes, for the first time, formally encouraged applicants to increase their programming in support of gender equality. By the eleventh round, these included:

- Matching resources to need: opportunities to promote equity
- Scaling up comprehensive prevention of mother-to-child transmission (PMTCT) interventions
- Strengthening maternal, newborn and child health interventions

- Addressing sex work, men having sex with men (MSM) and transgender people in the context of the HIV epidemic
- Addressing women, girls and gender equality
- Strengthening community systems

Performance in implementation

Independent evaluations of the Global Fund's Gender Equity Strategy have generally found that, while the development of the policy framework has been a significant achievement, implementation of the strategy has been disappointing. Often, performance in implementation of the Gender Equity Strategy has been overshadowed by performance in implementation of the Sexual Orientation and Gender Identities (SOGI) strategy, which appears to have received greater publicity and attention and, hence, more responsive project proposals. Further prospects for embedding gender equity principles across the organization and down to the grant level have been cast into doubt by the recent restructuring of the Global Fund and the cancellation in 2011 of Round 11 which stopped nearly all new grant making opportunities.

Policy framework

An independent evaluation of both the gender and the SOGI strategies in 2011 found that the very approval of the two strategies was an achievement which sent an important message to funders, implementers and communities about the importance of meeting the infectious disease health-related needs of communities that had been unrepresented in global public health efforts in the past. The strategies provide an adequate underpinning for the Global Fund's work with key affected populations. Similarly, AusAid's Multilateral Assessment in 2012 found that the Global Fund has strong abilities to address issues related to gender equality, sexual orientation and gender identity. Nevertheless, there has been frustration with the strategy because it is considered to be so broad that it makes implementation a challenge.

A rapid scan of global health partnerships has shown that those that have put into place a gender strategy are, as yet, few. This supports the finding of the 2011 evaluation that the Global Fund Gender Equality Strategy has been an important first step. A key feature of the strategy is that its focus is on implementing the strategy across the organization, with the objective of delivering results at arm's length, at the country and project level, while acknowledging the political and practical challenges of bringing a Fund-level agenda to bear on a country-driven program.

These challenges have been explicitly acknowledged and addressed in work on the strategy, down to the level of including gender as an indicator of grant performance. Actions for operationalizing the strategy have been set out in the Plan of Action, and some guidance has been developed to assist CCMs in becoming more responsive to gender-related needs and priorities. The analyses of proposals to successive funding rounds, and the responses provided by the

technical review panel (TRP), have demonstrated the process of learning that the Global Fund has embarked upon in implementation of the gender strategy. While the quality of proposals may still leave room for improvement, incremental refinement of the guidance appears to be encouraging corresponding improvement in the gender-responsiveness of proposals. The relative success of the SOGI strategy serves as an illustration of what can still be achieved with the right staffing, positioning and profile, and guidance.

Gender profile

Advocacy and profile-building of the SOGI strategy has also somewhat eclipsed the work done to promote and build awareness of the gender strategy. The 2011 independent evaluation found that the Global Fund Secretariat had not been able to generate the same vigorous internal and external advocacy to promote the strategy as had been achieved with SOGI. It found there was limited awareness of the Plan of Action. This finding is underscored by a survey, carried out in the Latin American and Caribbean region in 2011 by the Fundación para el Estudio e Investigación de la Mujer (FEIM) together with the Global Coalition on Women and Aids (GCWA) and the International AIDS Women's Caucus (IAWC), which found that the Global Fund process was not well known by women at different levels of society and that much wider dissemination of the strategy was required. The report called for the Global Fund to implement a strong advocacy and communication campaign at the country level.

The relatively weak profile of the gender strategy both within the Global Fund Secretariat and externally among stakeholders can be attributed to a number of factors. There do not appear to have been strong statements of commitment to the strategy by senior management, with indications that there is low buy-in for the approach among those involved in the day-to-day grant management[2] and variable awareness of the approach across departments of the Secretariat. The failure to allocate a dedicated budget to implementation of the strategy is an indicator of a compromised commitment and, although human resources were allocated, this measure has in some way helped to marginalize the gender function within a few positions, undermining a more mainstreamed approach (see further below).

Although a communications and advocacy strategy has yet to be completed, the 2012-2016 Global Fund strategy has helped to reassert the importance of integrating gender equality into grant management, including through the promotion of human rights.

Partnerships

A number of partners have worked with the Global Fund to implement its Gender Equality Strategy, including UNAIDS, WHO, UNDP, GIZ, UNICEF and the Open Society Institute. This cooperation has focused largely on supporting

---

[2] Unpublished research undertaken at the London School of Hygiene and Tropical Medicine cited in written evidence to the International Development Committee of the UK Parliament submitted by Gender and HIV, UK Consortium on AIDS and International Development

countries to include strong gender components in their proposals. This has been an important mechanism for operationalization of the gender strategy and implementation of the Plan of Action.

Although formal dedicated partnerships to promote gender issues more broadly have not been formed, the last Partnership Forum in 2011 did focus substantially on gender issues. The Global Fund's Partnership Forum is a means of reaching out to a wider audience of stakeholders beyond those not normally involved in Global Fund processes. Taking its lead from the draft of the 2012-16 strategy, the 2011 Partnership Forum focused on the importance of achieving broader health outcomes for women and girls in delivering on the Global Fund's objective of 'maximizing impact.' The discussion considered ways of leveraging existing and new partnerships to increase impact for women and children, and opportunities for investments in HIV, TB and malaria which can provide particular benefits for women and girls. A further theme on the human rights approach included consideration of how gender could be integrated with a human rights focus.

There is less evidence that the Global Fund is using partnerships to engage directly with countries on gender issues. The 2011 evaluation found that a key activity of the gender strategy, using Memorandums of Understanding (MOUs) or partnership agreements with gender built into work plans, had not as yet been implemented and was not considered a priority. The evaluation viewed this as a missed opportunity.

Evidence base
The Global Fund has made good efforts to establish an evidence base for its performance on gender. It has commissioned analyses of the gender content of proposals to Rounds 8, 9 and 10, which have informed the reports and recommendations of the TRP to the Board. The Plan of Action includes a monitoring plan, gender indicators for grant performance measures, and commission evaluations. It also tracks the diversity of its own staff; among its Key Performance Indicators is one for operational performance (in 2011, for example, 29 per cent of positions at grade G06 and above were filled by women; the target has been 45 per cent). And, since 2011, the Plan has tracked the percentage of programs at grant review which include an analysis by gender, age and population-at-risk for key services and outcomes, along with action plans to improve programs that encounter challenges in these areas.

The Global Fund does not, however, currently collect age and sex disaggregated data at the country level. Without this disaggregation, it will be difficult, if not impossible, to monitor and evaluate programs' gender-related results and impacts.

Mainstreaming

As indicated above, the Global Fund approach has to some degree limited the extent to which gender issues have been able to be mainstreamed throughout the organization and its operations. While acknowledging the range of resources – including human resources – that were leveraged in support of the strategy, the 2011 evaluation noted that constraints in available activity budgets, particularly for the Senior Advisors to engage in implementation opportunities such as hosting regional and country-level meetings regarding (both) strategies, served as a limiting factor when compared with well-resourced team approaches in place to manage several other organizational priorities, such as the architecture reform team and the national strategy approach team.

In addition, notwithstanding the appointment of dedicated officers and the establishment of the Internal Gender Task Team which was intended to mainstream gender into the overall workings of the Secretariat, the evaluation concluded that it was unreasonable to rely on three staff members to lead the implementation of what should have been Secretariat-wide priorities. In key informant interviews with the Secretariat, it was not clear that staff felt a joint responsibility for the two strategies, but they reportedly relied on Senior Advisers.

Results and impacts

The changes introduced with the Gender Equality Strategy and the Plan of Action, supported by technical assistance from Global Fund partners, have resulted in incremental improvements in proposal quality which should, over time, result in improvements in the quality of projects delivered with the support of Global Fund grants.

Actions under the strategy encouraged many countries to broaden their interventions for vulnerable groups in their proposals from Round 8 on. However, the Global Fund Technical Review Panel reported to the Board that, though gender was mentioned and appropriate terminology used, many proposals did not include a serious gender analysis or strategy to address gender inequality issues. By Round 10, the TRP commented, 'It is clear that more guidance is required for applicants to better understand how to address gender inequality as part of their proposed interventions. Proposals should not appear to 'compartmentalize' gender in a dedicated section of the proposal form; rather, this should be integrated and mainstreamed throughout the proposal (in particular, within the proposal strategy section and linking performance framework with carefully selected indicators).'

There have also been marginal improvements in the gender balance of CCM composition although gender-related technical expertise available to CCMs remains limited. The Global Fund's analysis of gender-related activities in Global Fund-approved HIV proposals from Round 8 looked at the composition of CCMs, the availability of gender expertise, and the inclusion of women's organizations as well as the proportion of gender-related interventions and those specifically targeting women. The reviews revealed disappointment with the gender balance in CCM membership and

leadership, though this has improved over time. Availability and quality of disaggregated epidemiological data improved considerably; nonetheless, adequate data was often not available in proposals targeting marginalized women. There were significant increases in the proportion of interventions targeting women, although issues relating to harmful gender norms or the underlying problems behind gender-based violence were not being sufficiently addressed.

These findings are supported by the FEIM survey which found that a common demand of women participating in the consultation was for capacity building of their own organizations in order to take a more active role in the Global Fund processes in their countries. A relatively high percentage of respondents considered the Global Fund grants did not address the majority of the central issues for women´s and girls´ health needs. A common concern was that integration of women and girls into Global Fund-funded programs was often limited to vertical transmission initiatives or, in other cases, only focused on sex workers; and furthermore, these programs were not considering women and girls as a priority group in themselves and in all of their diversity. These issues reflected the limited opportunities for real and effective participation by women, and particularly affected groups of women in CCM mechanisms and Global Fund proposal development.

Key Lessons

- Implementation of a gender strategy should be conceived of as a mid- to long-term endeavor. In 2012, four years after the Global Equality Strategy, no evidence as yet demonstrates its impact in terms of health outcomes.

- Mainstreaming and organizational buy-in cannot be achieved without a) strong statements of support and commitment from senior management and b) clear communications and advocacy strategies targeting all stakeholders, internal and external.

- Advocacy and communications skills are more important than gender expertise in driving implementation of a gender strategy.

- Mainstreaming further depends on gender issues being consistently highlighted and integrated throughout all key strategies and policies.

- Allocation of dedicated human resources and task teams/working groups brings with it the risk that gender will be sidelined and responsibility evaded by the rest of the staff.

- It is not only possible, but also acceptable, for global health partnerships such as the Global Fund to introduce gender priorities into country-driven programs.

- Close monitoring of activities and their results enable implementers to progressively 'nudge' partners in the desired direction.

- The gender strategy needs to be underpinned by technical assistance, capacity building and clear guidance to assist grant applicants in understanding the substantive, analytical and evidence-based requirements for a strong gender-sensitive proposal.

Health Results Innovation Trust Fund

The Health Results Innovation Trust Fund (HRITF) is a World Bank-administered trust fund which supports results-based financing (RBF) approaches in the health sector for achievement of the health-related Millennium Development Goals (MDGs). The HRITF was created in 2007 and is expected to operate through to 2022. To date, it has raised commitments of over US$550 million, of which it has received US$93 million, from the Governments of Norway and the United Kingdom.. The fund is supporting up to 24 countries to design, implement, monitor and evaluate RBF mechanisms; gather and disseminate lessons learned about RBF; and carry out impact evaluations of RBF mechanisms.

The HRITF Model

The HRITF is a multi-donor trust fund (MDTF), an aid modality developed to provide a means through which to consolidate development assistance from multiple actors for a specific context or challenge. Funds are held in trust and disbursed by an administrator, in this case the World Bank, which exercises fiduciary control and responsibility. Projects may be Bank-executed or, in most cases and in the case of the HRITF, recipient-executed. That is, grants are made to recipients (usually country governments) to administer on their own behalf. The World Bank monitors projects for progress and achievement of objectives and for compliance with the fiduciary and safeguard policies of the Bank.

The HRITF is among the largest trust funds operated by the World Bank, and the largest in the **Health, Nutrition and Population** (HNP) unit of the Human Development Network. A small team within the HNP unit manages the HRITF, through a network of sector-based Task Team Leaders (TTLs) and World Bank country or regional offices. A key feature of the HRITF is that it explicitly links trust fund grants to International Development Association (IDA) credits. Recipients do not apply directly for an HRITF grant but rather, they apply for an IDA credit for a results-based financing initiative which may additionally attract HRITF financing for a specific HRITF activity. Applications, therefore, are reviewed and approved by the HNP Sector Board (all managers in HNP of the Bank acting in collective review and assessment) with the support of the HNP Hub HRITF and other technical teams.

Implementation at country level is most commonly through the **Ministry of Health**, with projects in different countries displaying a varying degree of the use of national systems. A number of countries have established a **project implementation unit** (PIU).

An **Inter-agency Working Group** (IWG), made up of international agencies and chaired by the World Bank, was created in 2008 and meets twice a year to share knowledge, best practices and lessons learned.

In linking its grants to IDA financing, the HRITF brings to bear the full weight of World Bank processes and procedures, including governance arrangements. The application of World Bank procedures, including gender requirements, was

one of the motivations for linking the HRITF with IDA. This ensures that HRITF grants align with national priorities as agreed between the World Bank and the recipient government and that they are prepared and supervised within the Bank's operational framework, ensuring regional and country management oversight as well as design and implementation support. This includes all the World Bank's Operational Policies, including Operational Policy (OP) and Bank Procedure (BP) 4.20 on Gender and Development (see below for more details).

The World Bank's Gender Strategy
The World Bank's gender strategy is based primarily on two documents:

- Integrating Gender into the World Bank's Work: A Strategy for Action, 2002
- Gender Equality as Smart Economics: A World Bank Group Gender Action Plan, 2006

A so-called Transition Plan, Applying Gender Action Plan Lessons: A Three-Year Road Map for Gender Mainstreaming, updates the action plan to cover the years 2011-13. In addition to these operational-level strategies, a Diversity and Inclusion Strategy (2007) includes gender equality targets at the organizational level.

Definitions

The World Bank's key gender-related definitions are as follows:

- **Gender** The term gender refers to culturally-based expectations of the roles and behaviors of males and females. The term distinguishes the socially constructed from the biologically determined aspects of being male and female. Unlike the biology of sex, gender roles and behaviors can change historically, sometimes relatively quickly, even if aspects of these roles originated in the biological differences between the sexes. Because the religious or cultural traditions that define and justify the distinct roles and expected behaviors of males and females are strongly cherished and socially enforced, changes in gender systems often are contested. In some countries, there are groups which seek to impose more stringent divisions between males and females than currently exist, while feminist movements seek to reduce or eradicate these divisions. (Integrating Gender into the World Bank's Work: A Strategy for Action, January 2002)
- **Gender** refers to the social, behavioral, and cultural attributes, expectations, and norms associated with being a woman or a man. (World Development Report 2012)
- **Gender Equality** refers to how these aspects (above) determine how women and men relate to each other and to the resulting differences in power between them. (World Development Report 2012)

Objectives and strategic direction

In **Integrating Gender into the World Bank's Work: A Strategy for Action**, the World Bank makes the following commitment:

> *The World Bank will work with governments and civil society in client countries, and with other donors, to diagnose the gender-related barriers to and opportunities for poverty reduction and sustainable development; and will then identify and support appropriate actions to reduce these barriers and capitalize on the opportunities.*

The Strategy focuses on creating an enabling environment that will foster country-led, country-specific strategies for changing the gender patterns that are costly to growth, poverty reduction and human well-being. This rests on a basic process comprising:

- The preparation of periodic, multi-sectoral Country Gender Assessments (CGAs) that analyze the gender dimensions of development across sectors and identify gender-responsive actions important for poverty reduction, economic growth, human well-being and development effectiveness, and which inform the Bank's country assistance program;

- The development and implementation, as part of the Bank's country assistance program, of priority policy and operational interventions that respond to the assessment; and

- Monitoring the implementation and results of these policy and operational interventions.

The Bank's emphasis is on a process that is country-led, based on close collaboration with government, civil society and other donors. A number of internal actions are identified that are expected to facilitate the process. These include integrating:

- A gender analysis into sectoral and project analytical work in high-priority sectors;

- A gender dimension into the criteria used to assess the quality of PRSPs;

- A gender dimension into the criteria used to assess the poverty reduction focus of CASs and sector strategy papers; and

- A gender dimension into the quality criteria used by the Quality Assurance Group.

Gender mainstreaming across Bank operations is focused on three areas of intervention: training, operational tools and the provision of services to implementing agencies (to strengthen gender capacity). The strategy also sets out how resources are to be aligned with the strategy, in terms of:

- **Accountabilities:** Identifying those positions responsible for implementing the strategy;

- **Staff:** Assigning technical specialists to help colleagues and clients integrate gender issues into development actions and to act as focal persons for coordinating efforts;

- **Budget** (multi-year): Providing a sufficient budget to cover the additional cost for analytical and operational staff; and

- **Partnerships:** Enhancing gender mainstreaming between the Bank and civil society and between the Bank and other donors.

By 2006, with the publication of **Gender Equality as Smart Economics: A World Bank Group Gender Action Plan**, the original strategy's narrow operational emphasis on 'mainstreaming' is broadened to cover gaps that had emerged in promoting women's economic participation, in strengthening institutions to collect sex-disaggregated data, and in measuring the sex-disaggregated results of its interventions. The Gender Action Plan (GAP) sets a clearer overarching objective: *to advance women's economic empowerment…in order to promote shared growth and accelerate the implementation of Millennium Development Goal 3 (MDG3 – promoting gender equality and women's empowerment)*. A key aim was to strengthen the integration of gender issues in economic sectors, where the Bank is perceived to have a comparative advantage. The GAP was intended to build on (and not replace) the original mainstreaming strategy and was formulated within the policy framework established in the strategy and through the March 2003 revisions to OP and BP 4.20.

The framework for the GAP is provided by four key target markets – land, labor, product and financial – in which interventions should work at the policy level to make markets work for women and at the agency level to empower women to compete in markets. Four Action Areas were defined to address the GAP objectives:

- **Action 1:** Intensify gender mainstreaming in Bank and International Finance Corporation (IFC) operations and in key regional economic and sector work.

- **Action 2:** Mobilize resources to implement and scale up Results-Based Initiatives (RBIs) that empower women economically.

- **Action 3:** Improve knowledge and statistics on women's economic participation and the relationship between gender equality, growth and poverty reduction.

- **Action 4:** Undertake a targeted communications campaign to foster partnerships and improve project execution, emphasizing the centrality of women as economic actors for growth and poverty reduction.

Applying Gender Action Plan Lessons: A Three-Year Road Map for Gender Mainstreaming (Transition Plan) This plan follows the first GAP to provide an action plan covering the years 2011-13. It reframes the original GAP objectives

within a more robust results framework for gender mainstreaming, with the additional lens of crisis and post-crisis contexts. The current objectives are:

- **Operations**
    - Strengthen women's economic role in times of crises and address gender dimensions of social protection
    - Strengthen women's economic empowerment
    - Invest in reproductive health, in particular adolescent fertility
    - Close gender gaps in education, with a focus on disadvantaged groups
- **Policy Dialogue**
    - Ensure country strategies and programs pay attention to critical gender issues
- **Data and Statistics**
    - Enhance the availability and use of sex-disaggregated and gender-relevant data and statistics

Four action areas aim to : i) strengthen gender mainstreaming in operations and ensure sector-specific economic and sector work (ESW) is gender-informed; ii) develop, collect and synthesize the state-of-the-art knowledge and impact evaluations; develop policy recommendations; disseminate research results in client countries;, and increase the availability and use of gender indicators, data and statistics in client countries; iii) build the capacity of Bank staff and country counterparts to mainstream gender; and iv) engage civil society and the private sector in identifying, disseminating and implementing innovative gender equality initiatives.

For the organization, the World Bank's **Diversity and Inclusion Strategy** (2007) for staff emphasized four key themes: (1) enhanced leadership accountability, (2) more inclusive staffing processes, (3) new learning to promote behavior change, and (4) fresh metrics that focus on developing country nationals, in particular sub-Saharan African and Caribbean nationals, and gender. Four targets were set:

- 10 per cent of headquarters-appointed staff at the technical level should be from sub-Saharan Africa and the Caribbean
- 45 per cent of staff at the technical levels should be women
- 43-48 per cent of managers should be from Part II (developing) countries
- 30-35 per cent of managers should be women (this target was achieved and a new target of 50 percent was set)

Scope

The emphasis of the gender strategy and action plan is entirely on delivery at project or program level, with organizational and staffing issues of equality dealt with separately in the Diversity and Inclusion Strategy.

At project and program level, the key document which provides the framework for implementation of the mainstreaming strategy is the Country Assistance Strategy (CAS). To the extent that multi-donor trust funds, and the projects funded by them, fall outside of the strategic direction set in the CAS, they are not necessarily subject to the strategic priorities that emerge from the gender analysis and policymaking process. Nevertheless, by virtue of World Bank administration, all projects are expected to comply with the Bank's environmental and social safeguards. In the case of the HRITF, since 2010 this has been supported by the fact that all trust fund projects are linked to IDA grants, which bear the full weight of World Bank processes and procedures.

The second GAP makes explicit reference to the use of trust fund modalities for initiatives that have a strong public goods rationale, such as knowledge creation and dissemination, in-country capacity-building as well as improved availability and quality of gender-related statistics.

Operationalization of Gender Strategy

The overarching document for operationalizing the gender strategy has been the Gender Action Plan, and now the Transition Plan. The GAP identified specific actions within each action area, accompanied by expected results and performance indicators, and assigned main responsibility for implementation. A monitoring and evaluation system was established to track progress in the implementation of the GAP.

Governance arrangements were established, comprising an internal Bank Group Executive Committee to oversee the plan, consisting of six to eight members representing the Regions, Operational Policy and Country Services (OPCS), the Legal Department (LEGVP), the International Finance Corporation (IFC), and the Poverty Reduction and Economic Management (PREM) Network. The Committee would be guided by an Advisory Council of eight to ten members; the Advisory Council would be comprised of donor agencies, the EGCG, representatives of the GAD Board, and senior Bank staff. PRMGE would function as the secretariat for the Action Plan following the instructions approved by the Executive Committee. An accompanying training needs assessment and plan were developed.

The cost of implementation of the plan between 2007 and 2010 was estimated at US$24.5 million, with expectations that this would be shared between the Bank and donors.

In addition to introducing a more robust results framework, the Transition Plan aims to strengthen accountability for gender mainstreaming through stronger mechanisms for reporting on Bank performance by country directors and

operational vice presidents. A comprehensive annual progress report on gender mainstreaming is to be produced, for the attention of Bank management at managing director (MD) level. A budget of US$68.2 million for the 2011-2013 period is mostly (US$35.1 million) mainstreamed in regional and network World Bank budgets, with a further US$18.1 million in the IFC budget and US$12 million in proposed new trust funds focusing on public goods issues.

A number of guidance documents and training materials exist to guide country-level work. These include good practice notes and sample exercises on integrating gender into CASs, Development Policy Loans and Investment Lending Operations.

Performance in Implementation

Evaluations and progress reviews of the gender policy and GAP provide a mixed account of how successful they have been in implementation. DFID's Multilateral Aid Review was positive regarding the Bank's operational policy, the inclusion of gender in Zoellick's six commitments and the focus on gender in the World Development Report (WDR) 2012. However, it reiterated criticisms of the 2010 evaluation by the Independent Evaluation Group (IEG) that there was weak and weakening adherence to policy in core IDA country operations and poor integration of gender issues across country portfolios. It found that, despite a good policy, there was very poor integration into strategy and worsening performance. Similarly, AusAid's 2012 Australia Multilateral Assessment commented that though the Bank had a strong policy record on gender issues, at operational level, the Bank struggles to consistently include a gender focus in its projects.

While there is some evidence of how the GAP has led to the creation of gender-specific trust funds, and how these have contributed to delivering GAP objectives, there is little to no documentation of how or whether the gender policy and GAP have been implemented differently through trust funds as opposed to other World Bank loan and grant operations. Both the IEG evaluation and the World Bank Group Annual Trust Fund Report comment (in passing) on the use of trust funds in delivering gender-related objectives; however, neither document considers the application of gender policies within trust fund portfolios. One document, the 2012 Evaluation of the Health Results Innovation Trust Fund, commissioned by Norad, provides some limited assessment of the HRITF's performance on gender.

Policy framework

The IEG evaluation of the gender policy found that the objectives of the Bank's gender policy were highly relevant to its poverty reduction mandate as well as to clients' development needs and priorities (based on a review of 12 client countries). The policy was also considered flexible enough to facilitate country-specific responses and to include an accountability framework, which clearly assigned responsibilities and had an M&E system for understanding results. However, the policy was criticized for its lack of a results framework and a weak articulation of objectives and desired results. The survey found that this had resulted in arbitrary and inconsistent treatment of gender issues, thereby

weakening the accountability framework. The evaluation criticized the narrow scope of the policy since gender issues are considered at project appraisal only in projects in sectors and themes identified in CASs. This represented a backward step on the Bank's gender policy as it existed prior to 2001, and was of particular concern given the evaluation finding that CASs were typically not strong in articulating clear gender responses, thereby significantly weakening the link between CASs and gender integration into projects.

Although the Gender Action Plan acknowledges the foundation of the gender policy, the linkages are not clear. The IEG evaluation commented that, though the GAP was, overall, a positive force for change, its introduction without appropriate policy foundations – including the requisite backward links to CGAs and CASs as required in OP 4.20 – had the effect of blurring the Bank's overall gender policy. Other views have been more critical. Evidence provided in 2008 to the UK's House of Commons International Development Committee on DFID and the World Bank by ActionAid argued that the GAP was too restrictive in its focus on the economic case for gender equality and that it excluded gender from the plan of policy-based lending.

The HRITF, established in the year following the GAP, is not explicitly linked to the GAP agenda, even though its rationale was based on a desire to accelerate progress towards MDG 4 and 5 goals and it has clear potential to have an impact on gender equality and wider equity issues. The Norad evaluation notes that most countries focused on gender, among other equity issues. In some countries this focus was explicit, but in most it was implicit.

The evaluation commented that the effectiveness of HRITF interventions could be enhanced by a focus that explicitly addresses gender and equity barriers to access. This focus might be supported by central checklists and other tools to ensure, for example, the involvement of prioritized communities in planning and monitoring or that IE systematically assesses how RBF contributes to gender equality. The evaluation also noted the possibility of increasing gender sensitivity by increasing the weighting given to gender-sensitive indicators in the application review process and recommended that a social assessment toolkit, at the time under development by the Bank, should be systematically and rigorously used in the HRITF country pilot grants or impact evaluation designs, current and future.

Gender profile
The World Bank has a long established track record of making gender issues a focus of attention. Over time, the profile of gender has waxed and waned. The introduction of the 2002 gender strategy resulted in increased attention being paid to gender issues within the World Bank, though this turned out to be short-lived and concentrated in social sectors. The GAP revitalized the gender agenda in the Bank and encouraged a renewed Bank commitment to gender equality as a strategic development priority, which coincided with an improved record in gender mainstreaming. This heightened Bank commitment is explicit in the Bank's Post-Crisis Directions document of 2010, the six gender commitments made

by President Zoellick in 2008, and the IDA deputies' decision to make gender equality a special theme of IDA16 and devote the 2012 World Development Report to the subject of gender equality and development.

Internally, the GAP aimed to enhance gender awareness in operations in the economic sectors. While the plan aspired to ultimately expand women's opportunities in client countries, intermediate measures of success were more Bank-specific. These included generating knowledge to make the business case for gender equality; informing the Bank's analytical work in the economic sectors; influencing the tools and instruments the Bank uses to accomplish its economic sector goals and to provide technical assistance; building a body of statistics and indicators on economic participation disaggregated by gender; and informing the Bank's capacity-building and learning programs.

At the level of the HRITF, there was little evidence of any significant awareness of the Bank gender policy or the provisions of the GAP. The terms of reference for the evaluation of the HRITF did include a focus on gender, but not in the context of the gender strategy, GAP or OP 4.20; the framework for evaluation of the gender component was developed by the evaluation team separately.

Partnerships

The IEG evaluation found that there were some productive partnerships on gender at the global level; however, collaboration at country level was more limited.

The Bank was engaged in partnerships – including the United Nation's Inter-Agency Expert Group on Gender and Statistics – to promote a global collaboration in producing and using data on women. In partnership with the Luxemburg Income Study, the GAP launched an initiative on key gender employment indicators, involving a set of gender-disaggregated indicators on employment in 27 OECD and middle-income countries, including data on gender earnings ratios, employment status by gender and percentages of males and females in specific industries. Together, these efforts increased the availability of data during the evaluation period relative to the earlier evaluation period.

Collaboration at the country level was less evident. IEG missions were told that country gender coordinators rarely participated in gender consultative groups organized by the development partners, as they were juggling a variety of other tasks.

Evidence base

While an M&E system was included in the gender policy, the IEG evaluation found that the system was not effectively established. Annual monitoring reports on gender mainstreaming were produced that tracked integration in Bank products, based on annual monitoring reports provided by the regions during the first few years (for fiscal years 2002-

2005). These reports were based on the Quality Assurance Group's findings on gender integration in a sample of activities each year, supplemented by some primary review undertaken by the Gender Group.

In 2006, gender became part of the new streamlined process for reporting on sector strategies, obviating the need for stand-alone gender monitoring reports. After 2007, the focus turned to progress in implementing the GAP. Annual reports monitor the extent to which key elements of the gender mainstreaming strategy have been implemented in the main Bank products. In addition to regular progress reporting, a GAP database, covering the 2007-2010 period was established. The database provides information on more than 270 GAP-funded activities.

On the operational side, project level monitoring of results was found to be weak. Implementation Completion Reports (ICRs) available for closed gender-relevant projects in 12 countries and about 449 Implementation Status Reports (ISRs) indicated that consideration of gender aspects during implementation was not common. In 43 of 93 evaluation countries that had prepared two CASs during the evaluation period, only one-third of the CAS Completion Reports discussed the achievement of objectives stated in previous CASs. Thus, important lessons and knowledge that could have been gleaned from the Bank's range of activities were not systematically captured or disseminated.

Since July 2012, the Bank has introduced a new flag to facilitate tracking of gender in operations. The flag will indicate whether lending or ESW/technical assistance activities systematically consider and address gender inequalities in the underlying analysis, in the actions proposed, and/or in its monitoring and evaluation arrangements. If a positive response is recorded in at least one of these three dimensions, the operation will be deemed gender-informed.

At a high corporate level, the World Bank's corporate scorecard reports on gender across three of four tiers. Under Tier I, development context, performance is reported in terms of gender-related MDGs. Under Tier II, country results supported by the Bank, scores are provided for antenatal care and social protection schemes for women and girls. Under Tier III, development outcomes and operational effectiveness, scores are furnished for gender mainstreaming in terms of projects with gender-informed design and CAS/Country Program Strategies that draw on and discuss gender assessment findings. Under Tier IV, organizational effectiveness and modernization, a composite score is given by the Bank for staff diversity; be that as it may, a specific score on gender balance is not.

A gender data portal is in progress which will aggregate data on gender-informed activities of the Bank, corporate scorecard data, as well as country-based demographic and sector-based data.

Under the HRITF, projects are increasingly reporting sex-disaggregated data, which are routinely required in order to feed into the corporate scorecard. However, this has yet to become systematic. At the time of the Norad evaluation, there was variable performance across countries in terms of reporting sex-disaggregated data.

Mainstreaming

The IEG evaluation found that the gender policy was weakly institutionalized within the Bank. No standard systems or processes were put in place to assess, reward or sanction staff and managers' work engagement or outputs. At the corporate level, no control systems were established for gender integration. Regional performance in preparing, implementing and monitoring gender action plans was variable, with actions generally under-resourced and reporting diminishing over time. There were no incentives for implementing the gender policy. Thus, managers and staff who integrated gender into CASs and other documents were not rewarded. And, those who did not even attempt it did not receive any penalty.

On gender-related staffing and training, there was little information. At the corporate level, 16 staff members were formally mapped to the gender sector in the PREM anchor as of May 2009. At an institutional level, a gender module was integrated into the Bank's orientation course for all new staff. Between fiscal years 2003 and 2006, the PREM Gender Group prepared and presented this module, but it was subsequently discontinued. The evaluation noted that the Bank appeared to have maintained gender staff comparable to, and in some cases better than, other multilateral agencies; however, given that the accountability framework envisaged in the Gender Strategy was not in place and that efforts at training appeared not to have been fully successful, this continued to be an area of concern.

Despite imperfect fit with the gender policy, the introduction of the GAP in 2007 helped to some extent to strengthen the mainstreaming agenda by providing fiscal incentives to address gender in Bank-supported operations and analytical work.

Results and impact

The IEG evaluation found that the gender policy was well implemented during the first few years of the evaluation period, when many Country Gender Assessments (CGAs) were undertaken and a larger number of subsequent CASs integrated gender considerations as required. Gender integration at the project level increased significantly compared with the previous evaluation period (fiscal years 1990-1999) and expanded to sectors beyond health and education, though it was difficult to confirm the links with CASs. However, in the latter half of the evaluation period (fiscal years 2006-2008), the number of CGAs being undertaken or updated declined and the percentage of CASs with good gender integration decreased.

There was also a significant decline in gender integration at the project level, from a high in fiscal year 2003 to a low in fiscal year 2008. As a result, the evaluation concluded that the implementation of the gender policy appeared to have weakened in the latter half of the evaluation period. This points to the need for ongoing activities for influencing and capacity-building, M&E and enhancing accountability.

In terms of results on the ground, with a number of qualifications to its methodology and powers of attribution, the evaluation found that about 42 per cent of projects reviewed delivered substantial gender-related benefits. In a number of countries, Bank support contributed significantly to gender equality (or women's empowerment) by reducing gender disparities and empowering women in at least two of the three domains used for the evaluation: enhanced human capital, improved equality of access to assets and opportunities, and improved voice in development.

The IEG evaluation was conducted too soon to comment on implementation of the GAP. The Bank's mid-term review in 2009 reported that there had been progress in integrating gender into different IDA country operations over the first two years. Coverage had improved in CASs but performance in other ESW needed to be stepped up. There was still room for improvement in gender mainstreaming. The review identified key challenges in terms of improving quality standards in project design as well as strengthening gender monitoring, supervision and impact evaluation. Progress had been made in improving availability of sex-disaggregated and gender-relevant data.

A 2010 study by the Heinrich Böll Foundation[3] reported that the Bank and key donors were not seriously committed to the GAP and that there had been a range of problems with its implementation. It highlighted the fact that application of the gender policy to Bank-financed operations is not mandatory; rather, it is left to the discretion of Country Directors and Task Team Leaders.

Key lessons

- Ensure the gender policy and action plan are governed by a clear statement of objectives that provide a consistent foundation for proposed activities.
- Provide strong leadership but it is insufficient, in and of itself, to ensure success and irreversibility on gender mainstreaming.
- Develop a realistic results framework. Scaling-up requires developing a robust, realistic results framework to expand expertise across the organization and more systematically ensure gender mainstreaming in priority areas.

---

[3] Nancy Alexander (2010) 'Fostering Impunity or Accountability? Sweeping Changes at the World Bank-IDA', Heinrich Boell Foundation-North America

- Strengthen management accountability for gender, ensuring accountability at senior management level.

- Expand in-country capacity to design, implement and monitor gender-sensitive policies and programs. Customized training in specific sectors and learning-by-doing, both linked to tangible incentives, appear to work. More traditional, non-customized gender awareness-raising training programs have not worked in the Bank or in other development agencies.

- Establish a Global Expert Team (GET) in gender and development as a potentially important vehicle for capacity building. The strategic objective would be to provide a platform for integrating gender into operations and to maintain a leading role of the organization in global negotiations, policy advice and knowledge generation.

- Support better tools to address gender issues and encourage better client demand for work on gender in such areas as effective dissemination of the business case for gender equality; systematic data collection, dissemination and analysis; country-specific gender analysis and diagnostics; and incentivized funding for operational work.

The United States President's Emergency Plan for AIDS Relief

Launched in 2004, the US President's Emergency Plan for AIDS Relief (PEPFAR) is the US government initiative to help those suffering from HIV/AIDS around the world. Working through five-year partnership frameworks with host governments, by March 2012 PEPFAR had some US$35 million in commitments from nearly 90 countries. The initiative's goals are to:

- Transition from an emergency response to promotion of sustainable country programs

- Strengthen partner government's capacity to lead the response to this epidemic and other health demands

- Expand prevention, care, and treatment in both concentrated and generalized epidemics

- Integrate and coordinate HIV/AIDS programs with broader global health and development programs to maximize impact on health systems

- Invest in innovation and operations research to evaluate impact, improve service delivery and maximize outcomes

PEPFAR is the cornerstone and largest component of the US President's Global Health Initiative (GHI). Focusing on improving the health of women, newborns and children, the GHI's goal is to save the greatest number of lives by increasing and building upon successful programs and by supporting countries to improve the health of their own people.

The PEPFAR model

PEPFAR was conceived of as an innovative 'virtual organization' model to create and implement a unified US government-wide strategy on global HIV/AIDS. It is implemented through seven US government agencies involved in HIV/AIDS interventions:

- Department of State (DoS)

- US Agency for International Development (USAID)

- Department of Defense (DoD)

- Department of Commerce (DoC)

- Department of Labor (DoL)

- Department of Health and Human Services (HHS)

- Peace Corps

PEPFAR is centrally managed by a small staff at the Office of the Global Aids Coordinator (OGAC) with support and collaboration from other US government agencies, principally the Office of HIV/AIDS within the Global Health Bureau at USAID and the Global AIDS Program at the Centers for Disease Control and Prevention (CDC). All central procurement

and central project management as well as most oversight of HIV/AIDS programs in non-focus countries are handled by these agencies. OGAC controls all funding that is disbursed within focus countries and certain non-focus country programs. The Office also provides all the policy and strategic directions of PEPFAR, supports the focus country teams, manages the strategic information and reporting requirements, and performs outreach to the public, new partners and Capitol Hill.

The interagency PEPFAR decision-making structure includes the Policy Group, Deputy Principals Group, Technical Working Groups, Country Core Teams, Scientific Steering Committee, and OGAC operating units.

At country level, PEPFAR works through partnership frameworks which provide a five-year joint strategic framework for cooperation between the US government, the partner government and other partners to combat HIV/AIDS in the host country through service delivery, policy reform and coordinated financial commitments.

The day-to-day implementation and management of country programs are conducted by the in-country staff of the US government agencies, primarily USAID and CDC. In some countries, these agencies collaborate with other US government institutions. All US agencies collaborate to plan programming at the beginning of each fiscal year (called a Country Operational Plan) and for periodic results report to OGAC.

PEPFAR also engages in multilateral collaboration, notably with the Global Fund, UNAIDS and WHO (a substantial share of the overall PEPFAR budget – 16 per cent – is allocated to the Global Fund).

The US Global Health Initiative Gender Equality Strategy and PEPFAR

The first of the Global Health Initiative principles is to focus on women, girls and gender equality. The Women, Girls, and Gender Equity Principle aims to address gender-related inequalities and disparities that disproportionately compromise the health of women and girls and, in turn, affect families and communities.

Definitions

The GHI uses the following definitions:

- **Gender** refers to the socially-constructed roles, behaviors, activities and attributes that a given society considers appropriate for men and women. (WHO)
- **Gender equality** in health means that women and men have equal conditions for realizing their full rights and potential to be healthy, to contribute to health development and to benefit from the results. Achieving gender equality will require specific measures designed to eliminate gender inequities. (Pan-American Health Organization Gender Equality Policy)

Objectives and strategic direction

The **GHI** aims to focus on women and girls – including adolescent and pre-adolescent girls – in the planning, implementation, and monitoring and evaluation of health and development programs and policies. The approach comprises 10 key program elements:

1. Ensure equitable access to essential health services at the facility and community levels.
2. Increase the meaningful participation of women and girls in the planning, design, implementation, and monitoring and evaluation of health programs.
3. Monitor, prevent, and respond to gender-based violence.
4. Empower adolescent and pre-adolescent girls by fostering and strengthening their social networks, educational opportunities, and economic assets.
5. Engage men and boys as clients, supportive partners, and role models for gender equality.
6. Promote policies and laws that will improve gender equality and health status and/or increase access to health and social services.
7. Address social, economic, legal, and cultural determinants of health through a multisectoral approach.
8. Utilize multiple community-based approaches, such as behavior change communication, community mobilization, advocacy, and engagement of community leaders/role models, to improve health for women and girls.
9. Build the capacity of individuals – with a deliberate emphasis on women – as health care providers, caregivers, and decision makers throughout the health systems, from the community to the national level.
10. Strengthen the capacity of institutions to improve health outcomes for women and girls and promote gender equality.

PEPFAR has outlined five gender strategies which inform programming priorities. These are:

- Increasing gender equity in HIV/AIDS programs and services
- Reducing violence and coercion
- Addressing male norms and behaviors
- Increasing women's legal protection
- Increasing women's access to income and productive resources

Some countries have developed their own gender strategies, such as Swaziland's Gender Strategy for the PEPFAR Interagency Team (funded by USAID).

PEPFAR grants may be further governed by the gender strategy of the implementing agency. **USAID**, which implements the bulk (42 per cent) of PEPFAR funds, applies its 2012 Gender Equality and Female Empowerment

Policy across its program cycle and related processes for strategic planning, project design, implementation and monitoring and evaluation. The policy targets three overarching outcomes:

- Reduce gender disparities in access to, control over and benefit from resources, wealth, opportunities and services economic, social, political, and cultural;

- Reduce gender-based violence and mitigate its harmful effects on individuals and communities; and

- Increase capability of women and girls to realize their rights, determine their life outcomes and influence decision making in households, communities and societies.

Operationalization of gender strategy
The GHI goals are to be achieved through a three-stage process that involves:

- **Gender analysis:** As indicated in country strategies, each country conducts a gender analysis to assess the needs of women and girls which will be used to inform the design of projects and activities.

- **Women, Girls and Gender Equality Narrative:** Each country team provides a short narrative describing how it will implement the principle.

- **Measurement and evaluation:** Each country collects appropriate sex- and age-disaggregated data to monitor and evaluate progress.

The Global Health Initiative Supplemental Guidance on Women, Girls, and Gender Equality Principle sets out a number of recommendations, which country teams may follow in order to implement the 10 elements above.

PEPFAR provides a number of guidelines to develop Country Operational Plans (COPs) and specific technical interventions. A 2009 assessment[4] reported that, starting in fiscal year 2009, PEPFAR Country Operational Plans would be required to include a section specifically addressing gender. The guidance for this requirement, in Appendix 21 of the 2009 Country Operational Plan guidance document, asked each country to describe any gender assessments that it had done or planned to do; to describe its gender strategy, if it had one; to state whether it had a gender focal point; and to explain how it would capture gender-related information through monitoring and evaluation. Further, a Technical Considerations document, accompanied by a gender assessment tool, was introduced in 2006 and put into practice in all PEPFAR focus countries by 2007. Specific discussion points, including on gender, were developed by each of PEPFAR's technical working groups. These points included information about the types of gender-related activities that could be implemented across PEPFAR's program areas, as well as about those that specifically address one of the five

---

[4] Ashburn, K. et al, 2009, Moving Beyond Gender as Usual, Center for Global Development, HIV/AIDS Monitor, International Center for Research on Women

strategic areas. The gender assessment tool was designed for use in assessments of gender mainstreaming by program implementers.

In the COP guidance for 2012 the requirement for addressing gender has fallen to the wayside. The guidance makes reference to the GHI principles but does not provide specific guidance for implementing the three elements of the strategy. The prescribed structure of the COP does not include a section to cover the GHI-recommended gender analysis or the women, girls and gender equality narrative, nor does it provide clear requirements on collecting sex- and age-disaggregated data. Program priorities include increased Prevention of Mother-to-Child Transmission (PMTCT) coverage and effectiveness. Gender is mentioned among the key cross-cutting issues, and there is a requirement that the budget include a line for Gender: Reducing Violence and Coercion.

Technical considerations were provided by PEPFAR's interagency Gender Technical Working Group. Its role is to support country programs in implementing 'evidence-based, gendered approaches' in order to meet legislative requirements and PEPFAR goals. The document includes a section on gender, which adds to the five PEPFAR gender strategies and five overall goals for PEPFAR gender programming:

- Facilitate achievement of program goals for treatment, prevention and care;
- Strengthen program quality and sustainability;
- Guarantee women's and men's equitable access to programs;
- Prevent or ameliorate program outcomes that may unintentionally and differentially harm women and men; and
- Increase women's and girls' access to and control of strategic and protective health, social and economic assets which assist in preventing and mitigating the effects of HIV/AIDS.

The working group emphasizes issues such as addressing gender-based violence, reporting of financing for gender programs, and responding to societal issues around gender and HIV/AIDS in a locally-determined manner. Illustrative activities are provided by technical area and by strategic area; however, there are no prescribed operational procedures.

Further guidance on preparing partnership frameworks include the requirement to address gender issues among the policy issues to be addressed by the partnership framework, and suggests specific policy areas within this for consideration.

Performance in implementation
PEPFAR, by virtue of its focus on health, together with an explicit emphasis on women's and girls' health, clearly delivers significant benefits for women. The 2007 evaluation by the Institute of Medicine, PEPFAR Implementation:

Progress and Promise, comments that the PEPFAR strategy is largely responsive to its mandate to focus on women and girls and their particular vulnerability in the fight against HIV/AIDS. The report acknowledges PEPFAR has supported some innovative operations research and programming that uses a mix of gender-related strategies.[5] However, while the program content substantially addresses gender issues, the program approach has been somewhat weakened by a general lack of rigor and systems. The high strategic level at which the GHI Gender Equality Strategy has been formulated, the limited operational guidance provided and the variations across countries in terms of local capacity and the health challenges they have faced has meant that implementation at country and project level has been variable and has been, to an extent, unknown, as monitoring indicators do not routinely track progress on gender programming implementation.

Policy framework

The policy framework for PEPFAR's work on gender is set out clearly in terms of PEPFAR's strategic priorities in relation to the gender content of its programs. The five strategic areas for addressing gender equality provide an overarching framework to help guide programming at country level. However, there is rather less direction or guidance for partners at the country level to understand how these objectives should be translated into projects on the ground. Some progress has been made over time in terms of introducing gender analysis into country programming. The 2009 report, Moving Beyond Gender as Usual, found that gender analysis had increased in response to COP guidance and that PEPFAR had increased its gender-related programming over time. However, it was not clear how analysis fed into the development of program objectives and the selection of appropriate interventions to address identified gender issues. In addition, global goals and strategies on gender were not being translated into country-level objectives. This slippage between global and country-level prioritization is due in part to the absence of detailed procedural guidelines and tools to help in underpinning gender relevance and sensitivity (across the entire program). Those guidelines that do exist are limited to providing examples of how gender-related principles might be reflected in a country program but stop short of illustrating a process for identifying tailored responses to country-specific contexts.

Gender profile

While the profile of the five PEPFAR gender strategies is relatively high, there is little acknowledgement of the GHI Gender Equality Strategy. Much of what exists refers primarily to the Women, Girls, and Gender Equity Principle and its implications for program content rather than to the means of implementation (gender analysis, gender narrative and measurement and evaluation) and integration of gender-relevant processes into the program approach.

---

[5] Droggitis, C. et al (2009) Going Beyond Gender as Usual: Why and How Global HIV/AIDS Donors Can Do More for Women and Girls, Center for Global Development, HIV/AIDS Monitor

Partnerships

PEPFAR has not engaged in any specific partnerships, either at the global or at the country level, which are focused on promoting or discussing gender issues. As described above, country partnership frameworks include a requirement to include gender among the policy issues to be addressed.

Evidence base

One of the reasons why global goals on gender have only been translated at the country level to a limited degree has been the absence of systemic guidelines and measurable objectives which has meant that integration is not systematic or easily tracked. Significant gaps in the evidence base undermine the ability to assess and quantify the impacts on women and girls. PEPFAR is reported to have been a leader in making sex-disaggregated data a priority, with all recipients required to report sex-disaggregated data. However, a focus on inputs and outputs has meant that longer-term outcomes and impacts are less discernible. The 2007 evaluation found that no information was available with which to determine either the individual or collective impact of PEPFAR activities on the status of and risks to women and girls. It noted that PEPFAR was able to demonstrate that women and girls were receiving PEPFAR-supported prevention, treatment and care services in seemingly appropriate proportions to men and boys – *to the extent possible, with data collection systems that do not always identify the sex of the person receiving services*. Critically, the 2009 Moving Beyond Gender as Usual report commented that because PEPFAR had no gender-related indicators, it could not measure progress in its five strategic areas for addressing gender inequality. These concerns have to some extent been addressed with the development of a set of 'next generation' (2009) indicators which apply to routine programming and seek to track PEPFAR outputs in terms of male norms and behaviors, gender-based violence and coercion, women's legal rights and protection, and the number of people reached by an intervention, disaggregated by sex and age.

The gaps in the evidence base have implications for targeting. The 2007 evaluation states that PEPFAR will succeed in reaching its stated targets only if programs are tailored to differences in the state of the epidemics, demographics, political and economic situations, health systems, and social structure (specifically regarding gender and equality). Without adequate sex-disaggregated data, programmatic barriers remain in terms of ensuring access to services.

Mainstreaming

The current Technical Considerations describe a two-pronged approach on gender: a) gender mainstreaming or integration into all prevention, care and treatment programs, and b) programming to address the five cross-cutting gender strategic areas. Gender mainstreaming is understood as integrating gender into the various different technical

areas covered by PEPFAR, and the Technical Considerations provide illustrative examples of the types of gender activities that could be included in the various technical areas.

This, however, differs from the more common understanding of gender mainstreaming (for instance, by the World Bank) as a process rather than an outcome. Many definitions are based on the July 1997 United Nations Economic and Social Council (ECOSOC) definition:

> *Mainstreaming a gender perspective is the process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in any area and at all levels. It is a strategy for making the concerns and experiences of women as well as of men an integral part of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres, so that women and men benefit equally, and inequality is not perpetuated. The ultimate goal of mainstreaming is to achieve gender equality.*

Within PEPFAR there is limited evidence of gender mainstreaming by this definition.

Results and impacts

PEPFAR is able to report some strong topline results in favor of women and girls. Latest results report that PEPFAR directly supported HIV testing and counseling for more than 9.8 million pregnant women in fiscal year 2011. It supported antiretroviral drug prophylaxis to prevent mother-to-child transmission for more than 660,000 of these women who tested positive for HIV, allowing approximately 200,000 infants to be born HIV-free. Annual Reports to Congress provide a similarly high level of results data.

However, this is one of five key indicators reported, with none of the others providing sex-disaggregated information. Detailed results data is currently not publicly available, nor is reporting on Next Generation indicators. Moreover, with the exception of the 2009 Moving Beyond Gender as Usual report, there has been limited evaluation of PEPFAR's gender performance, either in terms of its program content or its program approach. USAID's 2009 compendium report on Integrating Multiple PEPFAR Gender Strategies to Improve HIV Interventions, focusing on the five gender strategies, reported the following mostly content-related results:

- Many organizations with HIV programming have begun integrating multiple gender strategies.
- Programs reported numerous benefits of using gender strategies in combination.
- Multiple gender strategies are most common in prevention, care and support programming. They are least common in treatment programs.
- Addressing gender-based violence is a key strategy for many programs focused on reducing HIV risk.
- Increasing women's legal protection was the least developed of the four gender strategies.

The report identified opportunities for strengthening gender strategies which indicate some of the mostly process-related gaps:

- Encouraging community involvement and participatory approaches may contribute significantly to program sustainability.

- Involving men is a challenge that can be met with innovative approaches.

- Using microfinance or income generation programs attract and help sustain women's involvement in HIV prevention.

- Incorporating supportive national policy and government are additional keys to sustainability and scalability.

- Overcoming barriers to the challenges of rigorous program evaluation.

- Addressing gender successfully in target communities requires technical expertise, but not necessarily high costs.

Key lessons

- Gender equity is about more than developing projects and programs for women and girls. It is also more than the distribution of benefits between the sexes, although being able to document this is a critical, basic requirement.

- Targets for providing equal benefits to women and girls need to be underpinned by project identification, design, management, and evaluation mechanisms that consult with women, reflect their differential needs and preferences, monitor the distribution of benefits, and evaluate differential outcomes between men and women.

- Community buy-in, involvement, and leadership in program design and implementation should be part of efforts to change gender norms.

- It is likely that there will be a need to include capacity building to strengthen stakeholders' capacity to address gender inequality, including government capacity at subnational and local levels in implementing effective gender programming.

- High-level strategies are unlikely to be successfully implemented without supportive operational plans and clear and detailed guidance on preparing those plans.

- It is unlikely that gender goals and objectives will be achieved without the means to monitor progress towards those goals.

- It is important to ensure gender focal points are trained experts, have a voice, and are funded.

- Results and changes need to be measured with respect to gender-related drivers.

UNITAID

UNITAID is an international drug purchase facility which aims to fill a critical gap in global health financing, with a focus on HIV/AIDS, TB and malaria. Its objective is to provide a sustained and strategic market intervention that aims both to decrease the price of medicines for priority diseases and to increase the supply of drugs and diagnostics. Sixty-five per cent of its financial base is raised through a levy on airline tickets imposed by 10 countries. This is complemented by multi-year budgetary contributions from 16 member countries, plus the Bill and Melinda Gates Foundation. Since its creation in 2006, UNITAID has raised funding of US$2.1 billion for 17 projects in 94 countries. UNITAID is hosted and administered by the World Health Organization.

As part of its ongoing reform process, the World Health Organization has launched a new approach to promote and facilitate the institutional mainstreaming of gender, equity and human rights. Particular efforts are geared towards enhancing WHO country office capacity to support countries in incorporating gender, equity and human rights within their national strategic health plans, other policies and activities on the ground, and monitoring efforts. The mainstreaming process is being carried out jointly by all the clusters in WHO headquarters, regional and country offices and will be rolled out in a spirit of joint accountability. To facilitate this, a new Gender, Equity and Human Rights (GER) team has been created, bringing together previous teams on gender, equity and human rights.

This review focuses on WHO's work on gender mainstreaming to date, centering around its 2009 Strategy for Integrating Gender Analysis and Actions into the Work of WHO.

The UNITAID model

The governing, advisory and administrative bodies of UNITAID are:

- The **Executive Board**: This is the decision-making body. The Executive Board determines UNITAID's objectives, scope and work plan and approves all partnership arrangements with other organizations and institutions. It also monitors UNITAID's progress, approves UNITAID budgets and financial commitments and participates in the performance review of the Executive Secretary. The Board consists of 12 members.

- The **Committees:** A Policy and Strategy Committee assists the Board in fulfilling its responsibilities with respect to development and oversight of UNITAID's program strategy and policy. The committee advises the Board on UNITAID's overall strategic planning and development of core policies and on implementation of resolutions brought to the Board concerning policy and strategy. A Finance and Accountability Committee assists the Board in fulfilling its responsibilities with regard to UNITAID's financial planning, management, performance and accountability as well as risk management and internal control.

- The **Consultative Forum:** The forum serves as a platform for debate, advocacy, fund-raising and inclusion of new partners. It provides feedback, recommendations and advice for consideration by the Executive Board.

- The **Secretariat:** This organizational structure has the responsibility for carrying out and managing day-to-day operations and for coordinating implementation of the work plan. The Secretariat manages relationships with partners and coordinates their activities, in order to ensure program and financial monitoring and reporting. The Secretariat implements the policy set by the Executive Board and provides support to the Consultative Forum. The Secretariat of UNITAID is hosted by the World Health Organization in Geneva, Switzerland. The operations of the Secretariat (including recruitment, procurement, financial matters and management of the Trust Fund, UNITAID) are administered in accordance with the Constitution of UNITAID and WHO rules.

The UNITAID Secretariat is small and adopts a partnership approach to the delivery of projects and programs. Funds are channeled through a number of implementing partners: Clinton Health Access Initiative (CHAI), ESTHER, Foundation for Innovative New Diagnostics (FIND), i+solutions, the Roll Back Malaria Partnership, Stop TB Partnership, Stop TB Partnership – Global Drug Facility, the Global Fund, UNICEF, World Health Organization. Grant agreements are with these partners for projects in 94 countries in the Americas, Asia, Eastern Europe, North Africa and the Middle East and sub-Saharan Africa. UNITAID also maintains a number of close relationships with other agencies on the basis of shared mandates and common goals. These partners comprise all organizations working on HIV/AIDS, TB and malaria, such as those mentioned above as well as UNAIDS. In addition, UNITAID has special relations with the Medicines Patent Pool and the Millennium Foundation, two Swiss-based organizations UNITAID helped to create.

WHO Gender Strategy

WHO's Gender Strategy promotes broader objectives of health equity and gender equality as well as the Millennium Development Goals. The strategy builds on WHO gender policy adopted by the Secretariat in 2002 and is grounded in various international agreements and commitments on gender equality and health.

Definitions

The WHO Strategy for Integrating Gender Analysis and Actions into the Work of WHO uses the following definitions:

- **Gender** is used to describe those characteristics of women and men which are socially constructed, while **sex** refers to those which are biologically determined.

- **Gender equality** is the absence of discrimination – on the basis of a person's sex – in providing opportunities, in allocating resources and benefits or in accessing services.

- **Gender equity** refers to fairness and justice in the distribution of benefits and responsibilities between women and men. The concept recognizes that women and men have different needs and strengths and that these differences should be identified and addressed to rectify the imbalance between the sexes.

- **Gender analysis** identifies, analyses and informs action to address health inequalities that arise from the different roles of women and men, or the unequal power relationships between them, and the consequences of these inequalities on their health. People are born female or male but learn to be girls and boys who grow into women and men. This learned behavior makes up gender identity and determines gender roles.

Objectives and strategic direction

The goals and objectives of the WHO Gender Strategy are to enhance, expand and institutionalize WHO's capacity to carry out gender analysis and to monitor and address unfair gender-based disparities in health. The Strategy is being implemented through four strategic directions:

- **Building WHO capacity for gender analysis and actions:** Support and monitoring mechanisms are to be established throughout the organization, including gender focal points with appropriate expertise; moreover, managers are to be responsible and accountable for ensuring that staff develop capacity to analyze and address gender and health issues.

- **Bringing gender into the mainstream of WHO's management:** Incorporate gender considerations – in the components of results-based management planning, budgeting, monitoring and evaluation – to effectively influence the work of the organization.

- **Promoting use of sex-disaggregated data and gender analysis:** Commit to using sex-disaggregated data in planning and monitoring programs and providing support to Member States in improving the collection, analysis and use of quantitative data on health, disaggregated by sex, age and other relevant social stratifications. It will also promote quantitative and qualitative research to analyze the complex effects of social and cultural factors on health and the reduction of gender biases in health information and research.

- **Establishing accountability:** Establish accountability for the effective integration of gender perspectives into WHO programs and operational plans rests primarily with senior WHO staff. Implementation of the strategy depends on leadership, particularly at senior levels, and staff with gender expertise. Implementation by staff members is to be appraised with appropriate indicators through the performance management and development system.

The WHO gender strategy aims to implement actions to ensure that gender equality and health equity are incorporated into the organization's work, including planning and management processes. WHO aims to strengthen its capacity to analyze and address the role of gender and sex in all its functional areas: building evidence; developing norms and standards, tools and guidelines; making policies and implementing programs. The strategy is guided by five principles:

- Addressing gender-based discrimination is a prerequisite for health equity.

- Leadership and ultimate responsibility for gender mainstreaming lie at the highest policy and technical levels of the Organization.

- Programs are responsible for analyzing the role of gender and sex in their areas of work and for developing appropriate gender-specific responses in all strategic objectives on a continuing basis.

- Equal participation of women and men in decision-making at all levels of the organization is essential in order to take account of their diverse needs.

- Performance management should include monitoring and evaluation of gender mainstreaming.

Scope

The strategy provides for analysis of the role of gender and sex in health and responsive actions targeting disadvantaged women and men to be an integral part of WHO's work at all levels of the organization. The strategic directions aim specifically at enhancing and expanding the WHO Secretariat's capacity to analyze the role of gender and sex in health and to monitor and address systemic and avoidable gender-based inequalities in health. The resultant policies and tools are expected to help the WHO Secretariat to improve the support provided to Member States in formulating and implementing effective gender-responsive health strategies.

Operationalization of gender policy

The entire WHO Secretariat, including headquarters, regional offices and country offices, are responsible for implementing the WHO Gender Strategy. A Gender, Women and Health Network (GWHN) provides technical support. Under the leadership of senior management, the GWHN contributes to implementation by promoting knowledge about gender and health and by providing support for activities geared toward tackling the inequalities and disadvantages that women or men experience as either consumers or providers of health care. It aims to pay particular attention to health issues that are linked to gender inequality and strategic objectives for women's health. These include increasing women's access to high-quality health care, meeting their sexual and reproductive health needs, taking action against gender-based violence and reducing the burden of care carried by women. The network also considers how gender norms and roles affect men's health.

An action plan, Integrating Gender Analysis and Actions into the Work of WHO: The Plan of Action, was prepared to integrate gender perspectives into all operational planning and reporting procedures of WHO. For each of the four

strategic directions of the strategy, the Plan of Action identifies specific actions for integrating gender perspectives into WHO programs (programmatic mainstreaming) and WHO mechanisms (institutional mainstreaming).

Performance in implementation

Policy framework

Despite a clear and focused strategy, supported by an action plan, WHO's approach to gender mainstreaming is, as indicated above, currently under review in the context of a wider reform process.

Gender profile

The mid-term review assessed the profile of activities within the gender strategy among WHO documents and found that a majority (80 per cent) of WHO resolutions had low or no adherence to the gender mainstreaming strategy. Most resolutions missed opportunities to acknowledge or address gender in areas where doing so would improve the ability of Member States to meet specific goals in their resolutions.

The mid-term review also found that the majority of WHO offices did not have accountability functions in place. There was little consistency across the accountability functions that did exist. Reporting by senior managers on gender mainstreaming was not systematic.

Partnerships

The Strategy provided for the GWHN to work with internal and external partners, including other UN agencies, is to generate and catalyze knowledge about effective policies and interventions; to develop norms, standards, tools and guidelines for integrating gender concerns into health systems and publish health actions; to offer technical advice to ministries of health and other partners in Member States; and to advocate and take the lead in building partnerships in order to raise awareness and promote action for achieving health equity.

Evidence base

In 2007, the Gender, Women and Health Network developed a monitoring and evaluation framework built on actions and indicators identified in the WHO Plan of Action to support the implementation of the WHO Gender Strategy. Its first step was to conduct, in 2008, a baseline assessment, followed in 2010 by a mid-term review. Both of these were finalized in 2011.

Mainstreaming

The WHO Gender Strategy is primarily concerned with mainstreaming in terms of integration of gender issues into analysis, planning, design, management and monitoring and evaluation processes. The strategy has aimed to increase

gender analysis capacity through a program of capacity building and training. Tools for training and self-learning were developed, with plans to extend training to global or corporate learning programs and specific courses. Training in results-based management was to include modules on gender analysis, planning, monitoring and evaluation.

By the time of the baseline assessment, a majority of WHO staff were found to have a basic understanding of gender and health, but only one-third of staff was at least moderately applying gender analysis and actions in their work, and only one-third reported institutional support for integrating gender into their work. The mid-term review found that nearly half of survey respondents had received gender mainstreaming training, and training had taken place in most countries. While there had been important efforts and investments on trainings throughout WHO regions, most of these efforts were not coordinated and probably not sustained or evaluated.

In terms of integrating gender into management systems, the strategy committed to integrating gender analysis into country cooperation strategies, medium-term strategic objectives and program budgets. Regular appraisal and evaluation of activities would include information on progress in integrating gender perspectives into WHO's work and on lessons learned. The tools and capacity needed to support this integration would be developed by the appropriate technical and management programs within the WHO.

The baseline assessment found that gender was strongly integrated into WHO's operational planning and program cycle, but planning focal points reported only "moderate" levels of gender integration in operational planning, program implementation and monitoring and evaluation; and, there was limited mainstreaming in Country Cooperation Strategies (CCS) and country work plans. With respect to sex parity in staffing, women were under-represented, particularly at the higher professional grade levels (P4 and above) in all parts of the organization.

In April 2009, a "gender classification" was introduced into the organization's Global Management System to enable WHO to monitor and track progress on Resolution WHA 60.25. While not mandatory, use of the gender classification is strongly encouraged. The mid-term review found that there was considerable variation in reporting on gender responsive products across WHO[6] with the number of gender responsive products ranging from 21 per cent to 72 per cent across budget centers (primarily regional). More work was needed to refine and strengthen the quality of reporting.

In terms of Country Cooperation Strategies (CCS), the mid-term review found a slight improvement in the number of CCS and country work plans that moderately integrated gender, but the overall level of integration was slightly below moderate.

---

[6] This analysis excluded UNITAID among other management offices.

The CCSs were much stronger in terms of references to gender equality/equity and of specifying actions to address gender issues. However, consultation/partnership with women's groups was neglected and only one CCS recommended use of sex-disaggregated data. The review found that there was a number of missed opportunities vis-à-vis inclusion of gender issues, for example, in relation to poverty and universal access. With regard to sex parity in staffing, this decreased compared with the baseline assessment. The review noted that sex-disaggregated data were not available for appointments by grade-level.

WHO also committed to using sex-disaggregated data in planning and monitoring programs and providing support to Member States to improve the collection and quality of sex-disaggregated data. On the basis of this data, observed differences with respect to men and women would be investigated and policy positions and advice, norms, standards, tools and guidelines would be formulated to respond to any unfair, avoidable differences. Analyses would establish what differences existed and why; determine whether they were inequitable, unavoidable or remediable; and pinpoint which interventions would be effective. The intent was that all of this would help to ensure that the responses of health systems and services were equitable and appropriate and that women and men would receive equal recognition and support as formal and informal health-care providers and consumers.

The baseline assessment found that less than one-quarter of sampled WHO publications promoted or used sex-disaggregated data, and roughly half of them promoted or used gender analysis. By the time of the mid-term review about half of new WHO publications promoted or used sex-disaggregated data and just under one-third strongly promoted and/or used gender analysis in health. This was considered a poor result for an agency committed to gender mainstreaming.

Results and impacts
The findings of the mid-term review indicated little change in gender mainstreaming in WHO since the baseline assessment. Key findings were:

- Capacity development efforts had been systematically implemented but not on the scale required. About one-third of the training was for government and one-quarter for WHO staff.
- With respect to the Gender, Women and Health Network, progress included an increase in the number of gender focal points in all WHO regions.
- There was a modest improvement between 2008 and 2010 in the number of Country Cooperation Strategies that integrated gender. While there was a strong focus on maternal health within the Country Cooperation Strategies, gender issues were rarely raised when discussing specific diseases.
- Women continued to be underrepresented at higher professional grade levels.

- Between 25 and 50 per cent of the sampled WHO publications promoted or used gender analysis and sex disaggregated data; these showed little progress since the baseline assessment in 2008.
- Only 38 per cent of WHO countries and regional offices had at least one accountability function in place for gender mainstreaming: for example, a country office plan for gender mainstreaming or formal mechanisms for senior managers reporting on gender.

The review found that WHO had implemented a far-reaching gender mainstreaming program, but the impact on day-to-day work had been limited. Much of the mainstreaming focus was on training and network development. This needed to be supplemented by other strategies such as:

- More systematic capacity development, including assessment of capacity as recommended by the United Nations Development Group, in order to ensure that training is organized according to required competencies.
- Improved accountability mechanisms to integrate gender analysis and actions into WHO work.
- Gender Plan of Action targets within each strategic direction.

Key observations
The UNITAID portfolio is inherently biased towards delivering benefits for women and girls. Beyond this, however, the focus of the WHO gender strategy on implementation within the WHO Secretariat means that there is very limited read-through to the work of UNITAID.

ANNEX 7: GENDER POLICY IMPLEMENTATION 2009-2010

Four outcomes described in 2009 are reported on in November 2010. Each outcome was linked to a strategic direction. The table below helps to separate outcomes, activities and outputs.[7]

Outcomes linked to Strategic Directions		Activities	Outputs (Verification)
(1)	New evidence on gender issues generated, reported and analyzed	-Commission report to answer core questions in 2009 -Report to SAGE -SAGE Review and Position	1.1 Publication: Gender and Immunization Report 2010
(2)	Gender-sensitive funding and policies in place	-Sensitize countries to gender in HSS proposals through an update letter -Format APR to ask for gender data -Additional review criteria for three IRCs - Ensure gender competence on IRCs -Support trainings to include gender - revise cMYP guidelines	2.1 Changes to guidelines, proposals and annual reporting forms to include gender (2009) 2.2 IRC access to gender issues in proposals and reports (2010) 2.3 Enhanced country capacity for gender sensitive planning (2010)
(3)	Advocacy for gender equality to improve immunization coverage & access to health service	-Integrate gender into situation analysis & communications strategies - Articulate gender in messages, web presence, media briefings & press releases - Gender messaging guidance in style guide, progress reports & publications - Gender briefing notes for Executive Office - Gender in private	3.1 Gender perspectives considered demand creation activities, communications and service delivery 2010 3.2 Communications reflecting gender sensitive messages harmonized with partners & donors 2009

[7] GAVI Alliance. 2010. *Second Report on Implementation of the Gender Policy for the GAVI Alliance Board.* Available at: http://www.gavialliance.org/about/mission/gender/ (page 6).

Outcomes linked to Strategic Directions	Activities	Outputs (Verification)
		philanthropy communications
(4)	Linked to gender policy chapter 5 (GAVI Alliance Board Guidelines on Gender Balance): Gender sensitive approaches to GAVI structures	- Revise charter for Governance Committee to be responsible for monitoring gender balance - Monitor & change male/female balance on committee reappointments - Revise guidelines for Board submissions -Commission technical support to Secretariat -Design HR polices; dis-aggregate HR statistics; integrate gender issues in management lines - Implement general & specialized staff gender training - Design evaluation plan & indicators for 2012 evaluation. Three indicators are currently in the pipeline: wealth, geography and gender.	4.1 Gender balance on Board, governance & advisory groups corrected 4.2 All Board documents gender sensitive 4.3 Technical gender support system in place 4.4 Gender sensitive HR policy & workforce 4.5 Accountability, M&E systems for gender policy implementation 4.6 Interview data confirmed that the Design evaluation plan & indicators for 2012 evaluation will be up for Board approval in December 2012

ANNEX 8: OUTPUTS, DELIVERABLES AND PROGRESS, 2009-2010

The first implementation report to the Board 2009-2010 also includes an annex that specifies revisions to GAVI guidelines for country applications and revisions for guidelines for GAVI Immunization, Injection Safety and New and Underused Vaccines. The country revisions state that "efforts to disaggregate data, including on geographic, gender and income differences are encouraged where relevant and feasible. Countries can seek GAVI HSS support for including relevant geographic, gender and income disaggregated data in their Health Information Systems."[8]

At the end of 2010, a Second Report on Implementation of the Gender Policy was presented to the Board. Below, the evaluation team has matched the intended outputs described in the 2009 work plan against the completed deliverables reported at the end of 2010.

Outputs Proposed in 2009-2010 Work Plan	Deliverables and Progress towards Deliverables Reported in 2010 Report
1.1 Publication: Gender and Immunization Report 2010	- Work led by WHO Initiative for Vaccine Research (IVR) cluster - IVR prepared project outline & convened Ad-Hoc Advisory Committee September 15, 2009 - Calls for Proposals issued, November 2009 - The Swiss Tropical Institute selected - Systematic Review (SR), DHS analysis & two case studies conducted; interim data discussed at Ad-Hoc Committee June 21-22, 2010 & submitted to IVR for review -Report delivered November 11, 2010
2.1 Changes to guidelines, proposals and annual reporting forms to include gender dimension (2009) 2.2 IRC access to gender issues in proposals and reports and conclude findings to Board (2010) 2.3 Enhanced country capacity for gender sensitive planning (2010)	- HSS guidelines updated to include gender issues in context of other socioeconomic factors - APR template for 2010 is "under revision" to capture gender related issues & countries that have disaggregated data requested to provide it to GAVI - HSFP form is near finalization but there need for agreement with all partners to aim to mainstream gender and equity in applications -IRCs have been made aware that gender discrepancies to be reviewed but no new criteria have been drafted -IRC membership will be reconstituted in 2011 with open bidding process to take into consideration

---

[8] GAVI Alliance. 2009. *Report on Implementation of the Gender Policy to the GAVI Alliance Board. (*page 7*).

Outputs Proposed in 2009-2010 Work Plan	Deliverables and Progress towards Deliverables Reported in 2010 Report
	criteria for gender expertise - cMYP guidelines due to be revised in 2011 to increase gender sensitivity; review workshops are being conducted in preparation for cMYP writing by countries to consider gendered approach
3.1 Gender perspectives considered in demand creation activities, communications (C4D) and service delivery 2010 (UNICEF) 3.2 Communications reflecting gender sensitive messages harmonized with partners & donors 2009	- During 2009, UNICEF developed operational guidance documents to guide gender equality & empowerment of girls and women – mainstreaming in all focus areas of medium term strategic plan to be launched prior to end of 2010 - 2009 UNICEF Immunization Team appointed gender focal point - Supported by GAVI Alliance, UNICEF maternal and neonatal tetanus elimination program provided support to 19 countries; 24 countries implemented tetanus toxoid supplementary immunization activities (SIAs) - UNICEF promotes sex disaggregated data in its multiple-indicator cluster survey. As part of its updated gender policy UNICEF setting organizational minimum standard of collecting & utilizing sex / age disaggregated data - 2010 GAVI became member of Partnership for Maternal Newborn and Child Health – a number of activities related to this membership are reported - Fact-based messaging for advocacy - 6 communications - the first looking at GAVI-specific antigens; the second on delivery services in immunization for maternal health- these uploaded to website - New publications with gender-sensitive messages placed on GAVI website - Press releases prepared by GAVI media & communications team have raised issue in multiple forum -GAVI style guide updated to include gender sensitive communications - GAVI Progress Report 2009 promotes gender awareness/sensitivity

Outputs Proposed in 2009-2010 Work Plan	Deliverables and Progress towards Deliverables Reported in 2010 Report
4.1 Sex balance on Board, governance & advisory groups corrected 4.2 All Board documents gender sensitive 4.3 Technical gender support system in place 4.4 Gender sensitive HR policy & workforce 4.5 Accountability, M&E systems for gender policy implementation	- June 2010 GAVI Board approved gender guidelines on Board compositions (annexed in GAVI Gender Policy, July 2010) - TOR for a Gender Help Desk drafted but delayed until Year 2 of implementation to allow for better assessment of Secretariat & partner needs - RFP launched in November 2010 - Tasks for Gender Help Desk developed - HR policies & guidelines designed to include gender aspects. HR make explicit that sexual harassment & discrimination based on gender is not tolerated & would be grounds for dismissal - For prospective monitoring, in view of planned 2012 Gender Policy Evaluation, verifications of each output identified

ANNEX 9: ACTIVITIES AND OUTPUTS FOR 2011 AND 2012

Since responsibility for implementation moved in January 2011 to the Executive Office, work plans and a key performance indicator have tracked activities. These are summarized from the work plans (revised every quarter) in the table below, and include activities and outputs for the Gender Working Group and Helpdesk.

Activity 2011	Format (Output)
Gender Help Desk facilitation and capacity building within Secretariat	Workshops: - Gender and GAVI's core activities - Mainstreaming gender in program delivery support -Mainstreaming gender in monitoring, evaluation and policies - Gender mainstreaming as it applies to IRC process - Mainstreaming/messaging workshop for external relations staff - Review of External Relations Office (ERO) publications for gender bias -Understanding gender aspects in leadership -Gender balance and GAVI's governance structure - Gender perspectives: why bother?
	Follow up to these: -Fact sheet on gender-related barriers to vaccination services -Revision of program delivery documents -Revision of board/committee papers templates -Message frameworks - Fact sheet on GAVI and Gender - Script for donor relations - Photographer guidelines for gender revision
Bi-Annual summaries of global research on gender and immunization	Report

Ad hoc requests/other activities	-Track gender work plan - ToRs for evaluation - Board Reports on Gender Policy
Activity 2012	**Format / Output**
Training sessions	- HR Team: Gender in the Workplace - Internal session for Governance team on gender guidelines for Board - ERO staff training on gender-sensitive approach to communicating about GAVI and GAVI style guide - IRC Gender and Immunization training - New staff orientation on gender
Policy-related activities	- Update to HR Manual - Update to recruitment policy - Review of GAVI salaries by gender - Explore parental leave options - Ensure gender is considered in country-by-country approach
Advocacy-related activities	- Design and launch GAVI gender and immunization sub-site - Update gender and immunisation sub-site - Review GAVI publications/website - Update gender and immunization fact sheet - 2011 Progress Report to include article on gender-related barriers to vaccination; include quote on gender from donor country; review draft text for full progress report for gender - Produce video including theme on gender - Strengthen CEO profile on gender
Grant application materials	- Include gender in preparation for application materials for HPV - Explore gender-related barriers as part of HPV demonstration projects - Include gender in preparation for application materials for rubella - Review gender data within existing APRs

Additional activities	- Prepare summary of global research and debate on gender and immunization - Review gender sections in Board and Committee papers - Design and track GWG work plan - Review RFP for evaluation - Prepare Report and Management Response for Gender Policy Evaluation