

EVALUATION OF GAVI GENDER POLICY KEY RECOMMENDATIONS

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INTRODUCTION

The GAVI Alliance public-private partnership brings together key stakeholders in global immunisation around one mission: to save the lives of children and protect people's health by increasing access to immunisation. GAVI was created in 1999 as a partnership between organizations 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 recommendations in this document are based on these findings and intend to guide and support GAVI in revising the Gender Policy. The full report is available as a separate document.

These recommendations assume any revision will engage processes of evidence-based policy making with clear articulation of policy objectives and intentions, and a framework in which implementation of activities could be planned, executed, and measured.

SUMMARY OF FINDINGS AND RECOMMENDATIONS

The findings of the evaluation are presented in the full report and are grouped under four key areas: Rationale, Design and Planning; Implementation; Achievements; and Future Design. This report builds from the Future Design section of the full report, and presents a short summary of key findings in each of the other three areas, followed by recommendations.

RATIONALE, DESIGN, AND PLANNING

Key Findings

- 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 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 immunisation.

Recommendations

1. GAVI should commence a Gender Policy revision process. The rationale, strategic directions and commitments should be updated to reflect progress, trends and evidence generated since 2008. This process should be used to develop a robust theory of change that will help provide a clear (and shared) understanding of the intentions of the revised policy. The road map should be sufficiently plausible to absorb and adapt to unanticipated change and new evidence.
2. GAVI should consider how the current and revised Gender Policy can serve as a leader in future policy developments that seek to frame gender equity as one of a number of equity factors. A revised Gender Policy should include and address issues of equity while not losing the gender perspective. GAVI's current results framework appears to support this approach.
3. Revision of the policy goals should reflect growing concerns about the "unreached" or the "last 20 percent" of the world's children that are not yet vaccinated and are located in areas with known gender issues. Further recommendation on this follows below.
4. A revised Gender Policy would benefit from alignment in design with proposed strategic level changes to the ways GAVI will operate and areas of expansion. For example, consider how to support HPV and rubella rollout in terms of changes to targeted geographical and age groups.
5. Ensure that the revised Gender Policy is accompanied by a clear and concise communications strategy that appropriately reaches the GAVI Secretariat, the Alliance partners, and larger public, to raise awareness and generate consensus and buy-in.
6. GAVI should address the underlying critique of the Gender Policy that emanates from the perceived lack of evidence base to support the rationale. The rationale should be revised to reflect more closely

the current data from both the immunisation world and current theory and developments in gender mainstreaming. If necessary, this may require targeted research. Therefore, we suggest the following:

- Support gender equity research that generates greater understanding on how gender and equity may be factors in contexts where GAVI will be supporting activities. Examples include the distribution of single-sex vaccines (e.g., HPV vaccine); the expansion of GAVI age and geographical cohorts (e.g., 9-13 year old girls, potentially reached in schools); the awareness of the fragile states or conflict situations in GAVI-supported areas; and the development of a plan to reach the last 20% (identify “bottlenecks” and barriers).
 - Support specific research that explores how GAVI should define and measure the various equity factors, including gender, which are relevant to the access and control of health services, including immunisation.
7. GAVI should revisit what sex-disaggregated data already exist, how that data can be accessed and analysed, how and if it can be used to inform decision making, and what additional data are needed to inform appropriate vaccination strategies, building on IRC’s example of drawing on DHS data. This process would be further supported and informed by the research recommended above. This needs to be considered in light of GAVI’s country-driven approach.

IMPLEMENTATION

Key Findings

- 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 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?”).

Recommendations

1. GAVI should increase the commitment to supporting experts in gender and should support for a revised Gender Policy with simultaneous development of a revised implementation strategy. At the same time,

there should be continued support the Gender Working Group structure as an implementation mechanism.

2. Continue to support the facilitated educative discussions and training across the GAVI Secretariat, governance structures, and IRCs on gender and equity issues. Based on best practices reported in the benchmarking study, it is recommended that GAVI consider developing customised training in specific sectors and learning-by-doing approaches, and linking both to tangible incentives.
3. Given GAVI's mandated role, it can most likely primarily influence improvements in equity outcomes at the country level through its own funding levers. It is recommended that the organisation revisit the format and requirements included in its relevant forms (e.g., Funding Request Template and Common Proposal Form) to more explicitly ensure that gender considerations are addressed in country programs.
4. Consider developing a practical M&E framework that encourages on-going reflection and learning regarding the Gender Policy's implementation and movement towards its achievements, demonstrating and measuring the links and assumptions at all levels. While the overall GAVI M&E approach is results-based, a popular approach in international arenas, GAVI should consider revising its M&E approach to include Outcome Mapping, an approach which encourages clear identification and measurement of what GAVI has the potential to directly change, and when they must rely on others for those changes. This more realistic M&E approach can then be used to review, refine, and update the Policy, its guidance, and its implementation on an on-going basis.
5. Develop a mechanism for policy amendment processes that enables inclusion of any significant new evidence post-policy revision. This would allow for results-based modification of the Gender Policy and formal recognition of these changes to influence its implementation in a 'real time' approach; we recommend that GAVI not wait for a formal planned evaluation as the main mechanism for change. The GAVI Board and the GWG should use empirical studies to continually inform the Gender Policy and its implementation, and ensure its relevance and appropriateness.

ACHIEVEMENTS

Key Findings

- 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.

Recommendations

1. GAVI should recognise its achievements in developing, implementing, and demonstrating leadership in gender mainstreaming and mobilising men and women as agents of change across the GAVI Secretariat and Board.
2. GAVI should leverage change (underway and proposed) to the way it will operate at country level and carry out plan the expansion of the Country Programmes department; both present a unique opportunity to revise the Gender Policy in consultation with regional and national knowledge networks. If approved, the country by country strategy will allow for policy formation that is not necessarily global in approach but will potentially have scope to become more context or country-specific. In alignment with the recommendation above on a goal-level aim to leverage the Gender Policy to reach “the last 20 percent,” this presents an opening for greater attention to equity and gender issues as (or if) they arise in real-time within GAVI countries.

CONCLUSION

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. GAVI's achievements to date have been impressive in terms of its own organisational culture and commitment to advancing the research agenda on gender and immunisation. GAVI is well positioned to address the challenges it faces in terms of ensuring that its policy translates into tangible results at the country and community levels, and it is the intent of the recommendations offered in this report to assist GAVI with moving in this direction.