Annex C: Annual report on implementation of the gender policy

Section A: Introduction

This report is an update on progress made in 2020 on implementing Gavi's new programme focused gender policy, as well as providing updates on advancing gender equality in Gavi's broader work.

Gavi's Gender Policy seeks to identify and overcome gender related barriers to reach zero-dose and under immunised communities with the full range of vaccines. This encompasses: 1) Identifying and addressing underlying gender-related barriers faced specifically by caregivers, adolescents, and health workers 2) In the specific pockets where they exist, overcoming differences in immunisation coverage between girls and boys. 3) Encouraging and advocating for women's and girls' full and equal participation in decision-making related to health and health programmes.

Given the immense challenges of the COVID-19 pandemic, inequities in vulnerable communities, including gender related barriers, have in many settings been exacerbated making implementation of the gender policy even more relevant. As such, gender equality is a high priority area for Gavi, with the significant milestone of updating the gender policy, coming into force on 1 July 2020. Building on existing collaboration with partners at global, regional, and country levels, the Secretariat has begun socialising the updated Gender Policy. By the beginning of the fourth quarter, the new Demand, Communities & Gender team was up to strength, and with the roll out of new guidance and the development of capacity building activities, the Secretariat and Alliance capacity will rapidly grow. This report highlights progress made towards achieving Gavi's gender goals in 2020.

Section B: Gender Policy at a glance

1. Gender Policy at a glance

1.1 Gavi has had a **Gender policy** since 2008. Following an external evaluation in 2018-2019 and a highly consultative policy review process, the approved and updated policy came into effect on 1 July 2020.

1.2 Gavi's new gender strategy recognises that overcoming gender related barriers is an essential step in reaching zero dose and under immunised children. A strong gender focus is now a guiding principle of the Gavi 5.0 strategy with an Alliance-wide principle to be "gender focused" and a specific objective within Goal 2 on strengthening health systems, to identify and address gender-related barriers to immunisation.

1.3 The policy provides the framework and principles for Gavi's programmatic engagement on gender, including support for vaccines, health systems and technical assistance. It is underpinned by a **theory of change and a monitoring framework** (See Annex 1), that highlights the importance of overcoming gender related barriers through the "Understand, advocate, identify, reach, learn, partner" framework.

1.4 While the gender policy provides guidance on Gavi programmes, the gender approach to governance, human resources, and procurement are driven by the Guiding Principles on Gender Balance for Board and Committee Nominations, Gavi Secretariat Human Resource Gender Guidelines, and Gavi Procurement Policy. A summary of these will also be provided in this report.

2. Gender and Gavi Programming

2.1 Gavi's Gender Policy aims to support Gavi's bold aspiration of "Leaving no one behind with immunisation" and to strengthen vaccine programmes and health systems to increase equity in immunisation. The new policy and its linked theory of change highlight the priorities of understand, advocate, identify, reach, learn, and partner. The development of the new gender policy, has been closely related to the development of the zero dose agenda and approach.

2.2 With the gender policy coming into effect amidst the COVID-19 pandemic, inequities in vulnerable communities, including gender related barriers, have in many settings been exacerbated making implementation of the gender policy even more relevant. For example, there is decreased access to reproductive health services, decreased HPV immunisation rates due to school closures. Lockdowns are causing female caregivers to experience increased caregiving burdens, restricted movement, as well as an increase in domestic violence. Furthermore, with a high percentage of women in the frontline health workforce, shortages of/or poorly fitting PPE has left female health workers highly exposed.

2.3 As noted at the July 2020 meeting of the **Equity Reference Group (ERG)**[1] focusing on how to mitigate the impact of COVID-19 on immunisation services, there is a need to swiftly translate knowledge into action, and leverage opportunities for building back better, more equitable vaccination services post COVID-19. The ERG made several gender specific recommendations including the need to strengthen gender analysis, to broaden engagement with other health programming and to rapidly advance the gender learning agenda, including in fragile and conflict settings.

2.4 In the context of the pandemic there has been a need to set the priorities for implementing the new gender policy with the main priorities as follows: i) increasing the focus on gender within the Maintain, Restore and Strengthen workstream as an urgent priority given the needs and opportunities of COVID response ii) Operationalising the gender policy, including mainstreaming gender in the development of the zero dose approach and guidance iii) seize opportunities to accelerate and build on gender responsive and transformative programming through existing investments in strategic focus areas and partnerships and iv) rapidly scale up Secretariat resources and expertise for gender through recruitment and capacity building

[1] Equity Reference Group for Immunisation is a group of experts working in public health from different partners. The group explores innovative ways to measure and track immunisation equity, drawing on successful approaches from such areas as human rights, behavioural economics, and social policies. The group is working to provide actionable recommendations for decision makers at the national and global levels, and aims to test innovative approaches through implementation research.

Maintain, Restore, Strengthen immunisation with a gender focus

2.5 Gavi is working in tandem with the global health community[2] to ensure response efforts are gender responsive. As Gavi assist countries to resume immunisation services, **guidance has been developed on the use of Gavi support to address gender-related barriers to maintain, restore and strengthen immunisation**. Six key gender interventions have been identified to support programmes to respond to the pandemic and to ensure that routine immunisation continues equitably, including

- Conduct a gender analysis in the design of the Maintain, Restore, and Strengthen Immunisation response;
- Draw on the expertise of local gender experts;
- Work with established, women and youth led civil society organizations, trusted by the communities;
- Implement transformative interventions to increase immunisation uptake;
- Support and protect frontline healthcare workers and community mobilisers by: including their perspectives to shape the response; ensuring access to properly fitting PPE; and, providing equal and timely remuneration; and
- Respond to adolescents' needs in M&R&S immunisation roll out through linking vaccines programmes to SRHR and other health and non-health programmes whilst ensuring youth-friendly services.

2.6 Included in the guidance are tools to support implementation with accompanying country examples. An orientation for Senior Country Managers and Country Teams is being planned, and the guidance will be shared with country partners by the end of 2020.

Operationalising the gender policy, including mainstreaming gender in the zero dose approach and guidance

2.7 The Gender policy highlights the unique role gender plays in reaching zero dose and missed communities. Communities which have high numbers of Zero dose children suffer deep gender disparities including high maternal deaths because women there often lack access to ante natal care, skilled birth attendance and contraception. They are also often home to acute gender challenges where power relations in the household may limit mothers' access to education and their ability to access health services for themselves and their children, and lead to gender based violence, child marriages and teenage pregnancies.

2.8 In operationalising the IRMMA (Identify- Reach- Monitor- Measure- Advocate) framework to systematically reach zero dose children, the Secretariat is ensuring an understanding of barriers faced in reaching zero dose, particularly the gender related barriers is the first step in accessing support. The request for dedicated funding to advance the zero-dose agenda (Agenda item 5b) also includes specific funding request for Strategic Focus areas to better understand

[2] The Secretariat is participating in several Gender and COVID-19 working groups along with academics and fellow international agencies (e.g. UN Women, WHO, UNAIDS).

gender-related barriers and design, test and evaluate new, gender responsive and transformative interventions.

2.9 Gender is also prioritised as a learning priority to ensure the Alliance is able to learn fast and course correct – particularly in relation to understanding the enabling factors to overcome gender related barriers, and improving measurement of indicators for gender.

2.10 In preparing for the operationalisation of the gender policy, an internal gender analysis of key documents and processes was conducted to understand country knowledge and inclusion of gender dimensions in programming, This included an analysis of 16 HSS proposals and country Grant Performance Frameworks (GPFs) from 2019-20, and, 48 in country multi-stakeholder Joint Appraisal reviews from 2020 . Results found:

- **There is a general understanding of what are gender related barriers and an awareness of the need to address gender as a requirement** in the development of Gavi HSS proposals, Grant Performance Frameworks and Joint Appraisals. 79% of country JA's discussed gender issues and 12 of the 16 HSS proposals identified gender-related barriers to immunisation.
- **Discussions are rarely informed by analysis of gender related barriers.** Only 21% of Joint appraisals referenced high-quality gender analysis. A further 41% of countries did not include any gender analysis at all.
- **Only 27% countries proposed relevant interventions to overcome gender barriers.** A sample of the types of activities budgeted for include engagement and orientation of CSOs on current demand generation strategies and purchase of motorcycles for immunization outreach in hard-to reach areas (Nigeria) and developing and implementing a plan to provide support and materials for health workers for community engagement (Mozambique).
- **Little attention is paid to measuring** progress - 2 of the 16 GPF included steps to measure progress, including tracking sex disaggregated vaccine coverage and tracking addressing/removing the gender related barriers to immunisation.

2.11 These is therefore a need to deepen the level of analysis of gender related barriers; to ensure that improved analysis leads explicitly to the design of effective interventions; and to improve the development of indicators and the monitoring of progress towards gender equity overall. Case studies of gender related interventions underway in 2020 are included in Annex 2.

Strategic Focus areas and Partnerships

2.12 Gavi has been working actively to integrate gender into key **strategic focus areas (SFAs)**. Attention in 2020 has focussed on demand generation and data.

a) Demand Generation

Demand provides an important programmatic entry point and platform for work to address gender related barriers to immunisation. The Gavi Secretariat has been actively involved in the **Vaccination Demand Hub** since it was

established by Alliance partners in 2018. The Hub works to coordinate, provide technical resources, and build awareness and capacity of the importance of vaccination demand. Gender is a core focus of the Hub's work and is mainstreamed through each of five workstreams on i) social and behavioural data (including the BeSD tools) ii) service experience iii) behavioural interventions iv) social listening and digital engagement v) civil society and community engagement. As UNICEF continues to roll-out a 'Human Centred Design' (HCD) approach to integrated planning of interventions at country level through use of the 'Caregiver Journey to immunisation', household and community gender dynamics, norms, barriers and bottlenecks have emerged as central areas of investigation. This includes support to HCD driven planning in Indonesia, Myanmar, Zambia, Zimbabwe, South Sudan, Pakistan. UNICEF is now systematically mapping the evidence gathered from reports and analysis against the Caregiver Journey to help inform the development of future training and guidance for intervention. See Annex 2 for UNICEF's mapping of gender related barriers experienced in the caregiver's journey to immunisation.
Gender continues to be an important driver in key partnerships related to demand. Examples include:

The first phase of Gavi's partnership with **Girl Effect** in the current strategic period, to build demand for the HPV vaccine, is reaching its final stages. Girl Effect has created girl-centred communications in Ethiopia, Malawi, Rwanda and Tanzania, which build knowledge and trust in the HPV vaccine as protection against cervical cancer, working with Ministries of Health and country partners. Girl Effect's findings as they test, learn, and adapt their communications, have demonstrated the role that adolescent girls can have in their households, to build trust and confidence in immunisation. Gavi's partnership with Girl Effect in Rwanda expanded at the end of 2019, to study and design interventions to address gender barriers to immunisation including tailoring communications and delivery for teenage mothers, improving knowledge of immunisation through accessible digital content and empowering youth to mobilize their community for immunisation in lower-coverage districts. Taking the learnings from the first phase of the partnership, Girl Effect built the Girl Focus Toolkit an HPV vaccine communications resource. The toolkit has been tested in Liberia, Cote d'Ivoire and Lao, and offers a useful and sustainable resource that countries across the world can use to support their HPV vaccine programmes. Furthermore, to respond to the impact of COVID-19, Girl Effect launched a study in Ethiopia to look at perceptions and attitudes towards vaccinations more broadly, including the upcoming HPV vaccine, against the onset of the COVID-19 pandemic.

Household gender dynamics also emerged as a central issue in the Gavi Unilever partnership project to promote successful parenting with the programme refined using Human Centred Design to include specific touchpoints and tools for male engagement. Further work is needed to ensure that gender analysis, and gender disaggregated data are systematically built into all demand generation interventions.

b) Data

BeSD tools – in an initiative supported by both the Demand and Data SFAs, gender has been a priority consideration in the cross-Alliance effort to develop the BeSD tools led by WHO working closely with the Gavi Secretariat, UNICEF, CDC, Gates Foundation and a group of leading global experts. Ensuring that gender is a strong focus in the use of these evidence-informed, standardised, and validated tools is another avenue for building capacity for gender focused programming. It will also ensure that gender is considered more consistently in the local planning and evaluation of demand-related activities, enabling the Alliance to track regional/global trends. The package consists of a Childhood Immunisation Survey, in-depth interview guides for qualitative research, and related user guidance to support programmes and partners to gather and use the eventual data. These tools are now considered the primary reference for understanding reasons for under-vaccination. Originally this initiative was focused on childhood vaccination, and in recent months has been expanded to also focus on measuring intentions of COVID-19 vaccination, where gender needs and considerations will also be key in terms of ensuring equitable roll-out and uptake. Working with Kantar Public, both the BeSD Childhood Immunisation and COVID-19 survey tools are being tested and launched in 6 countries in early 2021.

PREMISE is an innovative survey tool collecting data from a pool of internet contributors using a mobile app being implemented in 9 countries[3]. Premise is an INFUSE pacesetter and this project is being rolled out in partnership with WHO and the Demand hub. Premise collects regular demand data on gender norms and health seeking behaviour to understand behavioural and social drivers of vaccination in caretakers with children under 5 years old using BeSD metrics. It has a module on childhood immunisation and another on COVID 19 impact and willingness for vaccination. Alliance partners, Secretariat staff and country partners including EPI managers have been trained on its use.

2.13 The **INFUSE platform**, with the support of Global Affairs Canada, continues to drive the adoption of innovative technologies, services, and approaches within Gavi. The platform has built a community of innovators from across the public and private sectors, and in alignment with its strategic objectives, focusses on integrating gender-sensitive approaches both within the selection process and the innovations business model. This has resulted in INFUSE Pacesetters adapting their systems and services with the support of the gender consultant embedded in the INFUSE team. A Gender Impact Assessment of INFUSE is currently being conducted and the results will be ready at the beginning of 2021. The results will inform the next phase of INFUSE and other Gavi investments.

2.14 A new integrated team focused on gender, communities and demand generation has been created within the Health System and Immunisation Strengthening (HSIS) team. The team will focus on building the capacity within the secretariat and then with Alliance partners. This approach will strengthen Gavi's country-level work on gender and other people centred approaches, including civil society and community engagement. This includes developing

[3] Burkina Faso, Cote d'Ivoire, DRC, Liberia, Mali, Mozambique, Uganda, Zimbabwe and Bangladesh.

guidance on strategic approaches and best practices in identifying and addressing gender-related barriers; assisting in the design of interventions and helping country teams develop grant proposals that better address gender-related and broader social considerations; and enhancing the capacity of country teams to shape discussions to help prioritise addressing in country gender issues in innovative ways. A senior gender specialist and a senior demand specialist were hired and came on board in September 2020, with initial support from the Gates Foundation.

3. Gender and Secretariat Operations

3.1 In 2020, the Global Health 5050 Report named Gavi amongst the highest scorers in having policies in place to tackle privilege and power imbalances in the workplace. The report measured gender related policies of 200 organisations working in global health. Gavi gained highest score in organizational commitment to gender equality, gender policies, workplace gender equality policies, board diversity policies, gender responsiveness of global health programmes, and sex disaggregation in monitoring and evaluation. It received second highest in workplace diversity and inclusion policies and gender parity in governing bodies. Since 2018, progress is seen in the inclusion of workplace gender equality policies. The analysis of Gavi can be found here.

3.2 Gavi launched its **commitment to diversity, equality, and inclusion** in September 2020. The statement included the commitment to: foster a just, equitable and diverse culture free from racism and discrimination in which all staff, partners and stakeholders feel empowered, safe and heard; lead by example within the global health sector by fostering a meaningfully representative organisation that builds on the full potential of its diverse staff and upholds the pillars of social justice for global health, while continuously learning and adjusting as it strives towards this vision; and challenge and dismantle unequal power structures in our field.

3.3 Gavi has recently revamped the **disciplinary and grievance procedures** and these have been introduced staff with the message that all issues will be addressed with rigor and fairness.

3.4 The new procurement policy and manual which was released this year integrated guidance on **gender and diversity in procurement practices**. This includes ensuring preferences are given for candidates and companies that demonstrate equal representation at management levels, respect and human rights, promote education and training for gender equality and display commitment and transparency in reporting gender data. In addition, contractors are obliged to take all appropriate measures to prevent sexual harassment, exploitation, or abuse of anyone by its employees or any other persons engaged by the contractor.

3.5 **HR statistics on gender within the Secretariat**: Currently the Secretariat staff is 60% female, 40% male. Figure 1 shows the breakdown of gender across career levels. As seen, a disproportionate number of female staff occupy administrative categories (Level 1-2). There is greater gender parity in mid-

career positions (levels 4-6) and full gender balance at the highest career steps (level 7-8). The Secretariat will continue to pay attention to gender parity.

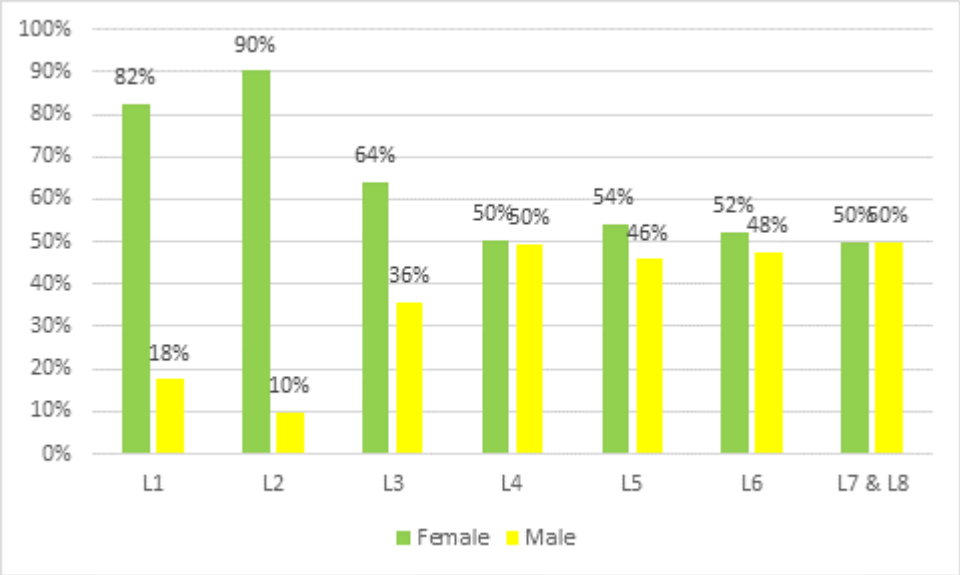


Figure 1: Gender distribution across Gavi career levels (as of October 2020)

3.6 **Equal Salary Certification:** For the third consecutive time, Gavi Secretariat has received the Gender Equal Salary certification from the Equal Salary Foundation, an independent and non-profit certification body, following an audit performed by Pricewaterhouse Coopers. With the feedback received, steps are being taken to course-correct to address gaps. For example, the Secretariat is working to improve communication and transparency for staff career progression and salary setting guidelines. In addition, the training of line managers to strengthen performance appraisal and feedback skills is being prioritised. Gavi will continue with the certification for another three years with a view to broadening the salary analysis stream to reflect 'nationality'. This will be an effective link to our focus on 'diversity and inclusion'. We plan to commence the re-certification process in Q2 2021.

4. Gender balance in Gavi Board and Committees

4.1 Throughout 2020, the **Gavi Board** has been fully compliant with the guidelines that no more than 60% of either gender is represented on the Board. As of 1 November 2020, Board Members comprise 50% female, 50% male while Alternate Board members compromise 53% female and 47% male.

4.2 Gavi Governance KPI's on gender balance extends to all Board Committees, not just the Gavi Board as prescribed in the Guiding Principles on Gender Balance for Board and Committee nominations. The position as of 1 November 2020 on this KPI was 47% female, 53% male, representing compliance on aggregate across the Gavi Board and its Committees. There is a recognition that not all Committees are fully compliant, but this remains an area of focus for the Governance committee.

4.3 The Gavi **International Review Committee (IRC)** currently has a pool of 58 experts (16% female, 84% male) that assesses and recommends country support programmes. Depending on the proposals to review, experts are invited from the pool based on the required expertise, language skills, and

geographic experience. In 2020, four meetings were held with the following breakdown of experts: March (4f ,10m), July (5f, 10m), September (2f, 3m), November (7f, 8m).

4.4 The gender imbalance of committee members has been identified and steps have been taken to rectify. The challenge noted is that there are more men with expertise in the area of finance, cold-chain and logistics. In December 2020, the Secretariat will propose to the Board a list of new candidates for appointment to the IRC. The proposed list includes 33 additional members of which 15 (45%) are female and 18 (55%) male. If approved, the gender breakdown of the pool of experts will be 33% female and 67% male, representing a marked improvement compared to the current composition. All programmatic experts are required to have experience in pro-equity programming or operational experience in programme delivery in inequitable settings.

5. Gender and Communications/Advocacy

5.1 Throughout 2020, Gavi has actively engaged **in relevant political and policy agendas such as IA2030 and Cervical Cancer Elimination and Primary Health Care** and secured Alliance favourable positioning on gender and equity. This has helped communicate, socialise and **mobilise political support for Gavi's gender approach** to improve access to immunisation, and contribute to the broader goal of gender equality and the empowerment of women and girls.

5.2 Gender and equity have also featured prominently in the **Alliance's strategic partners engagement work in 2020**, notably within the Global Action Plan, and also with the Global Financing Facility, and Partnership for Maternal, Newborn and Child Health through their respective strategy refresh processes.

5.3 In light of the ongoing COVID-19 pandemic, **Gavi's extensive visibility and leadership** engagements have carried a strong message on the pandemic's disproportionate impact on women and girls and particularly health workers, emphasised the importance of women leadership and the need to build back better with a gender lens.

5.4 The Alliance continues to engage closely with **the Organisation of African First Ladies for Development** (OAFLAD) to develop influential women champions and advance the immunisation agenda at continental and national levels.

6. Future direction

6.1 As part of Gavi's efforts to enhance engagement with gender, the following activities will be prioritised going forward:

a) Finalising the 2021 **implementation plan** with a robust monitoring and evaluation framework

b) Improving **monitoring systems** to track strategic and process level gender related indicators for better understanding of challenges and progress

c) Develop and implement a **capacity enhancement programme** of informal and formal learning for Secretariat staff and Alliance partners on gender responsive and transformative initiatives.

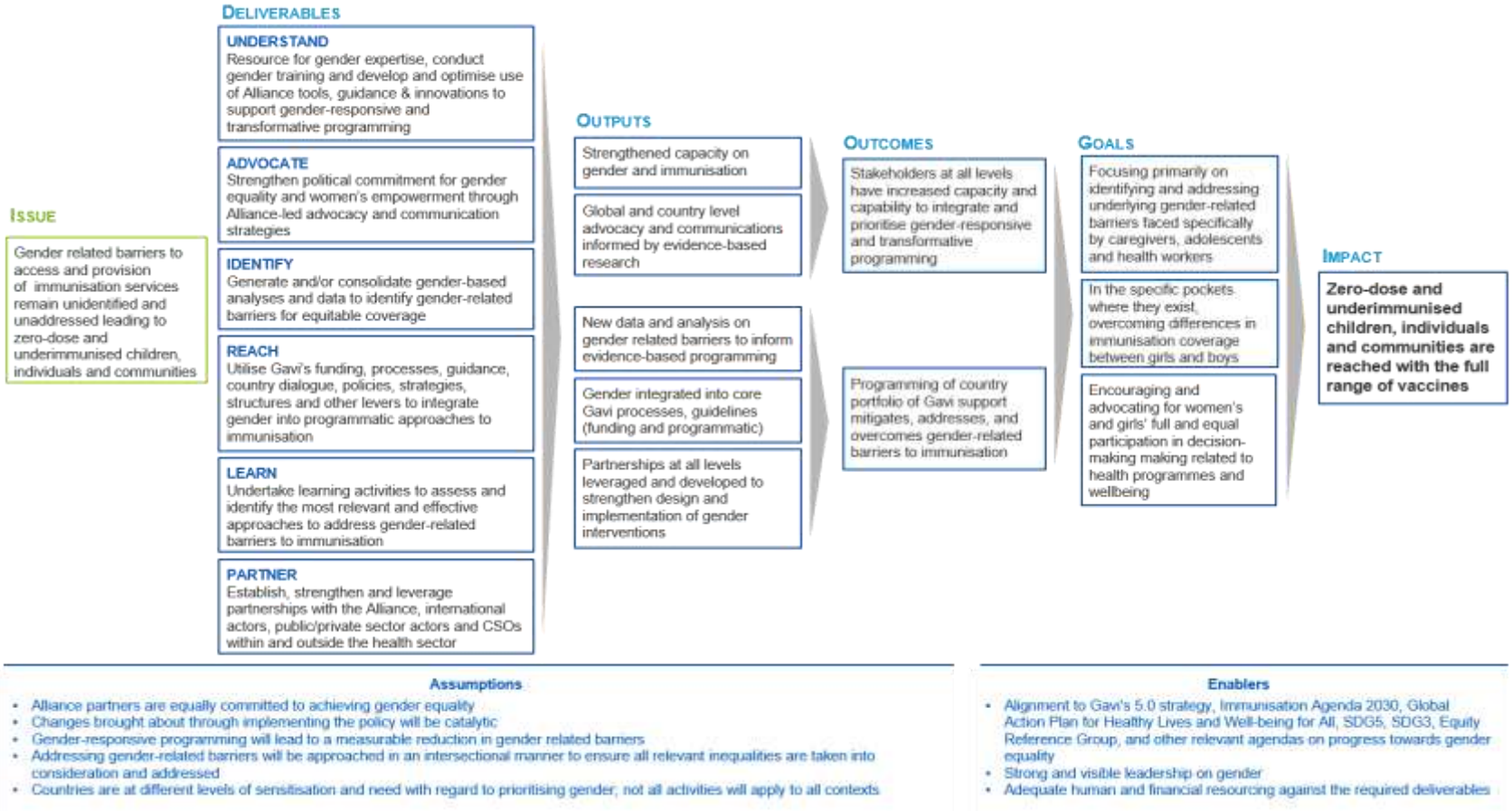
d) Re-establish the internal Secretariat **Gender Working Group** for improved cross team collaboration and learning.

e) Design and implement gender **Strategic Focus Area** to test gender transformative initiatives at country level with learning cross regions.

f) Work to improve **country understanding** of gender related barriers, particularly through increased engagement with partners and continued staff sensitisation and through the development of regional level Communities of Practice on identifying and removing gender related barriers to immunisation.

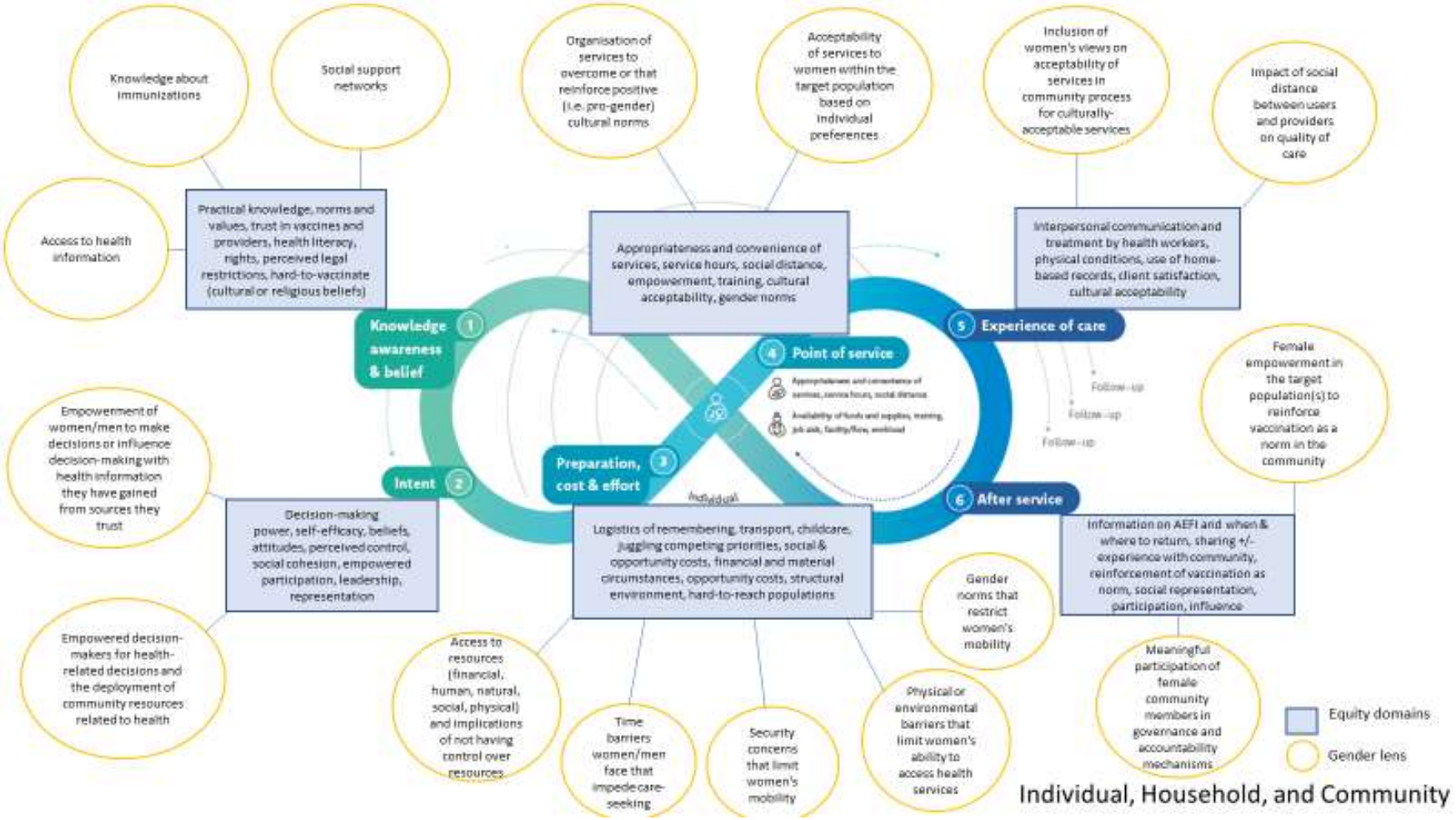
Annex 1: Gender Policy Monitoring and Evaluation Framework

Theory of Change



Annex 2: Caregiver Journey to Immunization – through a gender lens

Figure 2: Caregiver Journey to Immunization - through the gender lens (draft) UNICEF, 2020



Annex 3: Case Studies of Gender Interventions 2020

Introduction

Despite the immense challenges that COVID-19 and the pandemic has brought for immunisation programmes, gender has still been a priority focus area for Gavi. Building on the success of existing and new collaborations developed with partners at global, regional and country levels, the introduction of the revised Gender Policy, and the establishment of the new Demand, Communities & Gender team, the capacity of Gavi to provide support towards identifying and addressing gender-related barriers to immunisation has continued to grow. Six case studies below – aligned to the six deliverables of Gavi's revised Gender Policy – highlight the partnerships and Alliance-wide efforts to mainstream and strengthen gender within immunisation programmes during 2020.

Understand

Building on consultations from 2019, the Gender Policy review process in 2020 included consultations with internal Secretariat teams, Alliance partners, donors, country stakeholders, civil society organisations (CSOs) and gender and immunisation experts. This consultative process was critical to **understanding** both the issues and barriers within gender and immunisation, and it was also a process to ensure Alliance-wide engagement and begin sensitisation of partners of the revised Gender Policy. One such consultation was held in February 2020 during the Gavi 5.0 Country & Partners' Retreat. The specific gender sessions engaged 33 individuals from partners including WHO, USAID, CDC, UNICEF, World Bank, John Snow Institute and Ministries of Health from Kenya, Somalia, Pakistan, Indonesia and Georgia. These discussions provided an insightful overview of the perception of and readiness for addressing gender inequalities within immunization programming, in addition to the environmental and programmatic limitations present for integrating a gender approach in Gavi programmes. These consultations fed directly into the finalised policy that came into effect July 2020 after board approval.

Advocate

In April 2020, SEWA – the Self-Employed Women's Association in India - began a partnership with UNICEF and Gavi to utilise its extensive outreach and experience to support immunisation in India. The programme aims to increase immunisation rates for all vaccines under the Universal Immunisation Programme and is aligned with the national goal of achieving >90% full immunisation coverage. The target populations include marginalised and hard to reach populations in selected states and districts in India with lower than average immunisation rates where SEWA has a strong presence. SEWA's technique prepares a cadre of SEWA members to become health ambassadors in their community and spread key messages on immunisation. During COVID-19, women as frontline health workers have been disproportionately impacted. Therefore, an objective for SEWA has been to **advocate for health workers** and implement a programme to counter stigmatisation and discrimination of frontline workers and COVID-19 positive members. In May 2020, SEWA completed two rounds of COVID-19 training for 10 Master Trainers (MTs) and 200 SEWA Health Ambassadors (SHAs) from Gujarat (8 MTs, 176 SHAs), Uttar Pradesh (1 MT, 11 SHAs), Rajasthan (1 MT, 7 SHAs), Bihar (5 SHAs) and Assam (1 SHA). The training

was conducted in regional languages ensuring inclusivity and maximum uptake, whilst leveraging virtual work platforms using the curriculum developed by UNICEF. SEWA placed an emphasis on topics including COVID-19 symptoms, mode of transmission, prevention measures, and stigma and discrimination. In addition, SEWA has been undertaking **advocacy** efforts to ensure the COVID-19 vaccine will be distributed to informal female workers.

Furthermore, to enhance the capacity and outreach of the frontline workers, SEWA has partnered with Dimagi to create an application using the CommCare platform for the immunisation programmes which shall serve as a repository for training content and key messages on COVID-19 and immunisation and collect and store key demographic, clinical and immunisation related data.

Identify

Zero-dose children and missed communities are often found in densely populated urban areas where informal economies and lack of social protections exacerbate inequities. Full immunisation coverage rates for Kampala city have been consistently low and falling over time (i.e. 77% in 2010, 43% in 2015, 51% in 2016, 48% in 2019[4]) with the highest number of unimmunized children[5]. A mixed methods evaluation was conducted from June 2019-May 2020 to understand the effectiveness of the EPI model for service delivery, the demand side drivers and adaptability of the EPI programme to address the demand side challenges within an urban context. The results revealed not only inadequate caregiver knowledge of immunisation, delays at health facilities and hidden costs for immunisation but **identified** specific gender-related demand barriers due to the socio-economic organisation of urban settings including:

- Nature of work is such that some mothers leave homes very early and return late in the night.
- Studies indicate that children with other caregivers (other than the parents) are more likely to be partially vaccinated, as they may not be aware of the importance and schedule of immunisation.
- Refugees in urban settings also reported marginalization trying to access immunisation services due to health worker attitudes; language and being left out of mass immunisation campaigns.

The overall recommendation was for a tailored urban EPI strategy rather than a one size fits all approach for both rural and urban areas. This consequently led to an ongoing detailed evaluation of the supply side drivers of immunisation coverage in Kampala city to ensure pro-equity approaches in service delivery.

Reach

In Pakistan, the Kiran Sitara Programme galvanizes the potential of adolescent girls, a key focus population group of the revised Gender Policy, through a comprehensive health and leadership course for community mobilisation. In Pakistan, Gavi INFUSE Partner IRD has adapted its youth engagement programme, Kiran Sitara to engage in

[4] IDRC (2020); Evaluation of the drivers of urban immunisation in Uganda: a case study of Kampala city

[5] UNICEF (2017), Uganda Immunisation Equity Assessment Report, Communities and districts affected by immunisation inequities

immunisation. 'Agents of Change' is a network of adolescent schoolgirls from vulnerable communities that have been trained to access women and their families to help promote behaviour change for healthier lifestyles. IRD has been collaborating with the education department in Sindh to train Kiran Sitaras in three towns to identify zero-dose and under-immunized children in their neighbourhoods through conducting door-to-door surveys. Once the immunisation status of children is validated, Kiran Sitaras invite parents to bring their children to immunization camps. Gavi continues to support the roll-out of this innovative girls' empowerment programme, which has also been a recipient of a Gates Grand Challenge award.

This mobilisation is used to improve coverage and access of health screening and services particularly among vulnerable populations, especially women and children, that are not **reached** by existing health infrastructure. Given the evolving socioeconomic context presented by COVID-19, particularly regarding its impact on public health and education, Pakistan was placed in lockdown, resulting in a complete shutdown of all educational institutions. Since the Kiran Sitara programme works in schools and to safeguard the Kiran Sitara girls, it was decided not to involve them in in-person community mobilization activities and the programme was placed on hiatus. However, the programme continued to engage and **reach** the Kiran Sitaras through remote platforms. For example, an information dissemination campaign was launched leveraging WhatsApp to reach Kiran Sitaras and their communities digitally. This involved providing information about symptom identification, infection prevention, and supporting the physical and emotional wellbeing of Kiran Sitaras and teacher networks using WhatsApp groups. In an era of mis and disinformation, this organisational-wide effort to disseminate clear and accurate information on COVID-19 symptoms, testing, and prevention was critical.

Learn

Health care workers are a focus population of the revised Gender Policy. Identifying and supporting their learning needs is the objective of the JSI's *Rapid Immunisation Skill Enhancement* (RISE) initiative. RISE was implemented in March 2020 with 3000 learners as a complementary capacity building package to strengthen the ongoing training of frontline health workers engaged in routine immunisation under the Universal Immunisation Programme of Government of India. This user-centric model, offered in 4 regional languages, optimally leverages existing high technology (mobile phone, internet) penetration among the health workforce and effectively uses a digital training content supported by a face-to-face component of mentoring by supervisors. The digital aspect is primarily self-learning through objective focused content based on adult learning principles that engages the **learners** through a variety of audio, animated visuals, reading and interactions like learning games and quizzes. It also has a provision of objectively assessing the **learning** and certification to make it more attractive to the learners. An open source Learning Management System (LMS) has been custom made to manage and deliver this digital content and provide a real-time monitoring dashboard which enables problem-solving and mentoring by supervisors. RISE is being implemented in 5 states: Bhopal (Madhya Pradesh), Shimla (Himachal Pradesh), Pune (Maharashtra), Khordha (Odisha) and Kancheepuram (TamilNadu). Qualitative feedback highlights the training's potential for increased self-efficacy for female health-workers and gender-transformative approach: "Initially my husband was not happy when I was doing the course in the

evening or night time, but when I got the certificate, he was equally excited. Later on, he supported me very well and even encouraged me to complete the course. This course somehow increased the confidence in me and helped to develop a job satisfaction."

Partner

There has been exceptional progress made in Rwanda towards immunisation coverage, however some challenges persist which pose threats to immunity, such as issues of equity, dropout rates, the education gap, cross-border transmission and COVID-19 disruptions. Girl Effect, a **partner** of Gavi since 2016, expanded its partnership in 2019 through a collaboration with the Government of Rwanda aiming to explore opportunities for developing strategies to engage and empower youth in promoting health seeking behaviour, including routine immunisation and nutrition. This partnership also includes engaging in mutual learning opportunities and strengthening the capacity of Ministry of Health in digital and mass communication. Despite the disruptions of COVID-19, there has been progress in designing youth committee engagement models to optimise the 300,000 youth volunteers across Rwanda and collaboration with the Ministry of Education on a digital health curriculum. During a year of school closures, there is a heightened imperative need for innovative youth health communications.