

## Annex D: Annual report on the implementation of the Gender Policy

### Section A: Introduction

This report describes progress made in 2021, the first full year of implementing Gavi's new programmatic Gender Policy. The policy seeks to identify and overcome gender-related barriers to reach zero-dose children and missed communities with the full range of vaccines, encompassing: (1) identifying and addressing underlying gender-related barriers faced by caregivers, adolescents and health workers; (2) overcoming any differences in immunisation coverage between genders; (3) encouraging and advocating for women's and girls' full and equal participation in decision-making related to health and health programmes.

With gender disparities deepening in the COVID-19 pandemic, identifying and addressing gender-related barriers to immunisation has become even more critical. At the same time, work to design new Gavi investments has slowed, with country and partner capacity stretched by rolling out COVID-19 vaccines. In this challenging context, the Gavi Secretariat has focused on laying a strong foundation to roll out the Gender Policy at scale, advancing work in six key areas in a newly developed Action Framework: understand, advocate, identify, reach, learn and partner. This report also highlights progress made at country level through existing strategic focus area investments and partnerships, as well as reporting on progress to institutionalise gender equality within the Secretariat.

### Section B: Implementation of Gavi Gender Policy

1. **Understand:** *work with partners to enhance capacity to understand, recognise and address gender-related barriers to immunisation.*
  - 1.1 The Vaccine Alliance is coordinating **capacity enhancement of its staff and partners**. Six online learning events were held to increase understanding and skills on gender and immunisation. Subjects ranged from addressing gender-related barriers in the roll-out of COVID-19 vaccines and conducting gender analysis, to indicators and methods to collect data on social and behavioural drivers to immunisation uptake.
  - 1.2 The **World Health Organization (WHO) integrated learning on addressing gender-related barriers** into the course content for the Immunization Agenda 2030 Academy which has already trained a first cohort of 256 learners. The **United Nations Children's Fund (UNICEF)** is developing an innovative "Journey to immunisation" **learning tool for designing gender responsive and transformative interventions**. The Secretariat has partnered with the Global Women's Institute to design and implement a short GenderPro course for country-facing staff across the Alliance as well as a longer expert course for Alliance gender focal points.
  - 1.3 **UNICEF is also building the capacity of Ministry of Health (MoH) staff** in seven countries in the use of human-centred design (HCD), a highly effective approach

to designing appropriate, context-specific interventions to address gender-related barriers. Through Gavi's Innovation for Uptake, Scale and Equity in Immunisation (INFUSE) initiative, gender equality workshops were held for 28 participants from INFUSE Pacesetters, such as Interactive Research and Development (IRD), Khushi Baby, Parsyl, Shifo and Zenysis to ensure gender equality considerations were understood and addressed in their programmes.

**2. Advocate:** *strengthen political commitment for gender equality and women's and girls' empowerment.*

2.1 The Alliance's advocacy and communications (see Appendix A) has contributed to **gender and equity featuring prominently in key political and policy fora**, such as the United Nations High-level Political Forum on Sustainable Development (HLPF); 76th Session of the United Nations General Assembly (UNGA76); and strategic agendas and initiatives, including Immunization Agenda 2030, Global Polio Eradication Initiative (GPEI) Polio Eradication Strategy 2022–2026, African Union's Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA), Gender Equal Health and Care Workforce Initiative (GEHCWI) and Generation Equality Forum (GEF). Through the support of Gavi advocacy efforts, the [2021 Progress report on the Global Action Plan for Healthy Lives and Well-being for All](#) recognises zero-dose children as a marker of communities facing multiple deprivations and addressing gender-related barriers as being core to equitable and resilient recovery from the COVID-19 pandemic.

2.2 At the launch of the **Gender Equal Health and Care Workforce Initiative (GEHCWI)**, Gavi made commitments to (i) champion gender equity in leadership in the health and care workforce; (ii) promote safe and decent working conditions; (iii) ensure all health and care workers, majority being female, are prioritised for COVID-19 vaccination. Similarly, WHO made multiple commitments focusing on ending gender-based violence, advancing sexual and reproductive health and rights, and supporting health workers as well as feminist movements and leadership. The Global Polio Eradication Initiative also committed to support countries to address gender-related barriers to polio vaccination, collect and analyse sex-disaggregated data to ensure girls and boys are reached equally, and to increase women's meaningful participation and decision-making across all levels of the programme. UNICEF committed to designing sustainable financing mechanisms and leveraging impact investing to close the gender digital divide, and the Gates Foundation committed to advancing women's economic empowerment strengthen women and girls' health and family planning, and accelerate women's leadership.

2.3 **Gavi's gender focus has been a strong feature of our equity-themed engagement with a diverse range of partners**, including the Organization of African First Ladies for Development (OAFLAD); Partnership for Maternal, Newborn and Child Health (PMNCH); CORE Group; Inter-Parliamentary Union (IPU); Scaling Up Nutrition (SUN) Movement; and Amref Health Africa. Alliance partner advocacy has contributed to the Global Polio Eradication Initiative (GPEI)

- prioritising gender equality in its revised eradication strategy and dedicating 1% of the total GPEI budget to implement initiatives to address gender-related barriers.
- 2.4 Gavi Secretariat was one of only 12 “very high-scoring organisations” identified in the [2021 Global Health 50/50 Report](#) for its commitment to gender equality, implementation of policies to advance equity in the workplace, and taking a gender responsive approach to improving health.
3. **Identify:** *generate and/or consolidate gender-based analyses and data to identify gender-related barriers to reaching zero-dose and missed children, individuals and communities.*
- 3.1 A comprehensive package of tools has been assembled to support **country-level gender analysis and data gathering**. These include the UNICEF Gender and Immunisation toolkit, the Behavioural and social data (BeSD) tools recently validated and recommended by SAGE, the UNICEF HCD for Health and equity assessments (EA) tools and zero-dose analysis.
- 3.2 Most countries delayed their Full Portfolio Planning (FPP) processes in 2021. However, support for gender analysis and programme design and implementation was provided to Mozambique, South Sudan, Afghanistan, Pakistan, Kenya and Rwanda. In South Sudan, the analysis found that there was a lack of men’s involvement in immunisation programming despite their role in decision making in the family and that services were not available at appropriate times or locations for female caregivers. In Kenya, geospatial mapping helped identify broad regions in the northern and north-eastern parts of Kenya where gender-related social disadvantage coincides with low immunization coverage (less than 80% DPT1 coverage). Some simple measures are proposed such as holding vaccination services at more convenient times and locations for mothers, while more complex initiatives are also proposed such as integrating immunisation services into other health services already used by the community.
- 3.3 Gender was incorporated as a criterion to evaluate new vaccine investment cases (see Appendix B Malaria investment case). Two indicators were included; “disproportionate burden to women and vulnerable groups” and, in terms of a new vaccine’s impact, a measurement of the “disproportionate benefit to women and vulnerable groups.”
4. **Reach:** *utilise Gavi’s funding, processes, structures and other levers to promote an integrated approach on gender to reach zero-dose and under-immunised children, individuals and communities.*
- 4.1 **Gender has been fully integrated into the design of the new 2021 grant application kit; within the theory of change; the Gavi 5.0 evaluation framework; the zero-dose analytical cards, workplan, budget and Monitoring and Learning plan templates.** A gender marker has been included in the workplan template to enable better tracking of investments related to addressing

- gender related barriers. Gender is also a key consideration in the Equity Accelerator Fund (EAF) application.
- 4.2 The Independent Review Committee (IRC) grant application assessment guidelines were updated to reflect the increased focus on gender and informal learning sessions held with the committee. In September, a new gender scorecard template was introduced to support the tracking of Gavi strategic gender indicator, and the IRC Chair completed it for each reviewed country on a pilot basis.
  - 4.3 Of the two HSS applications reviewed and approved by the IRC in 2021 (Kyrgyzstan Republic and northwest of Syria), both proposals identified gender-related barriers to immunisation. These included geographic distance to health clinics, financial and cultural restrictions to women's mobility, and low education levels of women associated with lower immunisation coverage of children. The interventions needed to overcome these barriers were identified although not clearly budgeted for. A sample of the types of activities planned include having female volunteers in vaccination teams and running a KAP survey to better understand gender related barriers (northwest of Syria) and engaging religious leaders on HPV vaccination issues and concerns to get their support to reduce withdrawals from HPV vaccination for religious reasons (Kyrgyzstan Republic).
  - 4.4 A gender analysis was conducted of HSS proposals since 2019, gender considerations in vaccine campaign applications and IRC reports of 2021. The review confirmed IRC consistency in reviewing applications but noted the difficulty in using a gender lens to assess applications when many country applications do not include interventions or strategies to address gender-related barriers in workplans and budgets. The Secretariat is expecting to address this limitation with the revised application kit and funding guidelines, the capacity enhancement programmes, and technical support.
  - 4.5 To date, 23 countries having launched national HPV vaccine programmes, HPV vaccine coverage among girls across Gavi countries only stands at 8%, compared to 13% globally due to ongoing supply constraints, service delivery challenges within pandemic disruption and increased hesitancy in an increasingly complex vaccine environment. Adapting pandemic-related school closures, Lao People's Democratic Republic revised their strategy to deliver through health facilities and communities. Mozambique has created gender transformative inter-generational demand materials promoting images of fathers and daughters and grandparents for their planned introduction. Going forward, leveraging women's civil society organisations, youth groups and community platforms will be vital for increasing uptake of HPV vaccines across Gavi implementing countries.
  - 4.6 **The Private Sector Partnership Strategy for 2021-2025 is currently being finalised and linkages with gender equality, as one of the guiding principles,** will be defined Once validated, the gender equality integration standards and requirements will be applied to all private sector partnerships. The Secretariat recognises that the private sector can offer funding, advocacy, expertise, innovation, or technology in support of Gavi priorities and country needs. The need

to conduct a gender equality and social inclusion audit, the development of guidance for the conduct of gender-based analyses, the provision of Gender Equality training to partners, and the inclusion of Gender Equality results and indicators in monitoring and evaluation plans, will be defined as part of a wider effort to harmonise to gender equality across all programmes and initiatives.

- 4.7 **INFUSE**, the Secretariat's innovation incubation and acceleration platform **has already established itself as a pioneer for championing gender equity Private Sector Engagement with gender fully integrated into the programme's logic model, theory of change, and performance measurement framework.** With catalytic support from Global Affairs Canada, Gavi's INFUSE programme has integrated gender equality by providing capacity building, gender equality training, and technical assistance to the INFUSE Pacesetter community. With a dedicated budget for gender-related activities for training and technical assistance to Pacesetters, INFUSE is already showing good results with [Flowminder](#), [GiftedMom](#), [Logistimo](#), [Simprints](#), followed by [Village Reach/Praekelt](#) and [Premise](#).
5. Learn: undertake learning activities to assess and identify the most relevant and effective approaches to address gender-related barriers to immunisation.
- 5.1 The Alliance has taken steps to better capture learning on gender responsive approaches in different settings. Learning activities related to gender have been institutionalised in the country level Monitoring and Learning framework, in Gavi's learning agenda, and is integrated into numerous partnerships that are designing and testing gender responsive or transformative approaches. Gavi has a new strategic level gender indicator which will be reported on starting in 2022. Learning case studies are included in Appendix C.
- 5.2 UNICEF is undertaking a review of different gender responsive and transformative approaches used in Bangladesh, Nepal, Zambia, Mozambique, Rwanda, Sudan, and Mali. Gender responsive approaches include holding immunisation services outside of normal clinic hours to accommodate working parents, stationing vaccination points along the routes of working mothers or moving the services closer to mothers. The gender transformative approaches include supporting the role of female community health volunteers both as social mobilisers and local service providers for health services, promoting the involvement of fathers in immunisation, challenging traditional masculine and inequitable gender norms and support to practice more positive social behaviours in families and communities, addressing decision making by both parents on child health.
- 5.3 Through the partnership with Girl Effect, a Gavi Matching Fund partner, we learned about the gender barriers faced by young mothers. The partnership demonstrated how working with the Ministry of Health and Ministry of Education in Rwanda, addressing discriminatory behaviours of health care workers, and integrating sexual reproductive health services and immunisation services can help lead to vaccine uptake.

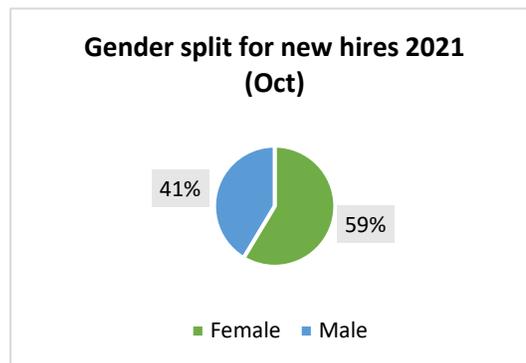
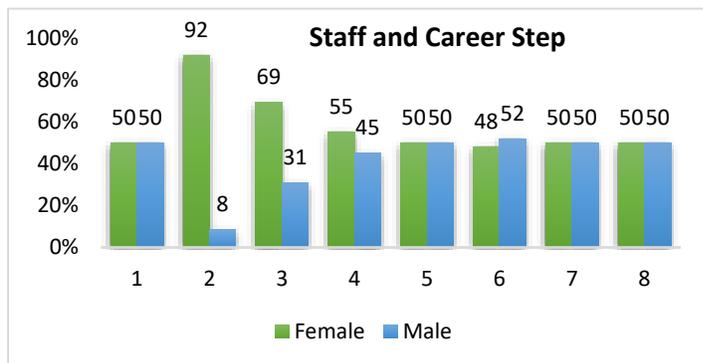
- 5.4 Through our partnerships with Safal Shuraat in India funded by Unilever and the Gavi Matching Fund supported by the Netherlands, and Togo's Papa Champions, we have a better understanding of gender analysis approaches to identify barriers; engaging men and parents in immunisation and integrating immunisation education in school curriculum to improve access for teen mothers and young women.
6. **Partner: establish, strengthen, and leverage partnerships within and outside the health sector.**
- 6.1 In January 2021, the **Alliance Gender Equality and Immunisation Coordination Group (AGEI) was formed to help support and coordinate the implementation of the Gavi Gender Policy** across the Alliance. The group aims to ensure an aligned approach; jointly develop and promote guidance, and support learning approaches that lead to better understanding and use of effective gender related strategies.
- 6.2 **Gavi, Global Fund, and Global Financing Facility have partnered at the global level to support coordination of gender monitoring across the health sector.** This new partnership aims to jointly assess gender-related barriers to improving health outcomes; assess progress toward addressing gender-related barriers for improved health outcomes; strengthen the generation, analysis and use of disaggregated data; and integrate a systematic gender and equity lens into the monitoring of essential health services, as well as budgeting processes.
- 6.3 **Gavi participates in the GAP gender working group and this year focused on supporting the development and dissemination of guidance on addressing gender in the delivery of the COVID 19 vaccine.** The Equity Reference Group held a dedicated meeting to explore three core areas needed to improve work on gender in immunisation – understanding strategies to support reaching zero dose children and improving coverage, enhancing capacity, and ensuring better availability and use of data.

### **Section C: Strengthening Gender Integration within Secretariat Operations**

#### **7. Gender equality progress at the Secretariat**

- 7.1 In September 2021, the Secretariat Gender Technical Working Group (GTWG) was re-convened to ensure that gender related activities across the Secretariat are well coordinated and monitored. The Gender Steering Committee chaired by DCEO is being launched and will provide high level direction and oversight of the Gender Policy implementation plan developed by the GTWG.
- 7.2 The Secretariat launched its first diversity and inclusion staff survey in late 2020, debriefing with the leadership team and holding an open forum for staff. In response to the survey, Gavi is recruiting a Diversity & Inclusion expert to address both the findings of the survey and to work closely on recommendations for policies and practices.

7.3 The Secretariat is developing a Human Resource (HR) tracking system to monitor recruitment applications and, if necessary, improve our sourcing channels to ensure the most diverse pool of applicants, as well as training hiring managers in diversity and inclusion. Gavi has gender parity in most career steps except for career steps 2 and 3 where females outnumber men. Of the 54 newly hired staff since January 2021, 59% are women and 41% are men.



7.4 **In 2018 Gavi became the first international not-for-profit organisation to obtain the Equal Salary certification.** Gavi is now undergoing the re-certification process with the results of the recertification to be available by December 2021. **After the recent appointment of new IRC members in December 2020, the Gavi IRC has currently a pool of 79 experts (33% female, 67% male) which represents a marked improvement.** Depending on the proposals to review, experts are invited from the pool based on the required expertise, language skills, and geographic experience, and **gender balance is sought in individual review committees.** In 2021 (until October 2021), three main IRC meetings were held with the following breakdown of experts: March (5f, 5m), July (5f, 5m), and September (4f, 7m). All programmatic experts are required to have experience in pro-equity programming or operational experience in programme delivery in inequitable settings.

7.5 Throughout 2021, 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 46% female, 54% male while Alternate Board members compromise 50% female and 50% male.

7.6 Gavi Governance Key Performance Indicator (KPI) 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 2021 on this KPI was 47% female, 53% male, representing compliance on aggregate across the Gavi Board and its Committees.

7.7 The new procurement policy and manual released in 2021 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 their employees or any other persons engaged by the contractor.

#### **Section D: Challenges and Risks**

**Country level policy implementation:** given pandemic impacts and the rollout of Covid 19 vaccine reducing country bandwidth and slowing down the development of planned FPPs. To mitigate the risk of slower than planned gender policy implementation wherever possible the Secretariat is leveraging existing investments to undertake catalytic gender work through Targeted Country Assistance (TCA) and Strategic Focus Area (SFA) funding as well as capacity enhancement opportunities.

**Secretariat policy implementation:** similarly capacity at the Secretariat has been stretched with COVAX slowing down planned implementation of gender related considerations in other Gavi policies. To mitigate the risk of this, the gender implementation and accountability structures in the Secretariat have been strengthened to increase leadership and oversight of these considerations and increased coordinated effort across the Secretariat.

## **Appendix A: Communications and Social Media Engagement**

The Gavi Communications team has worked in support of the Gavi 5.0 principle “gender focused” – from more than 40 gender-related articles published in the first ten months of 2021 on the Gavi website’s #VaccinesWork platform (viewed more than 164,000 times) to numerous op-eds and social media by Gavi leadership (shared thousands of times) drafted in partnership with or vetted by the Gavi Secretariat’s Demand, Communities & Gender team. With the Gender team’s guidance, the Communication team has made an intentional shift to gender-responsive images and narratives – for example, centring the role of women health care worker heroes in addressing the pandemic’s disproportionate impact on women and girls; emphasising the importance of women leadership and the need to build back better with a gender lens; and the role of fathers and other men caregivers in child health and immunisation.

**At least 40 gender-related articles published in the first ten months of 2021** on the Gavi website’s #VaccinesWork platform, which are in turn shared and promoted on Gavi’s social media channels (both institutional and leadership): <https://www.gavi.org/tag/gender>

Gender-related LinkedIn posts, op-eds and video interviews from Gavi DCEO Anuradha Gupta:

- <https://www.weforum.org/agenda/2021/02/eliminating-cervical-cancer-vaccines-supply/>
- <https://www.gavi.org/vaccineswork/iwd2021/international-womens-day-anuradha-gupta-choose-challenge>
- <https://www.devex.com/news/opinion-covid-19-threats-facing-women-are-daunting-we-cannot-be-afraid-of-the-challenge-99356>
- <https://blogs.bmj.com/bmj/2021/04/29/equity-is-key-to-ending-this-pandemic-and-preparing-for-the-next/> (co-authored with PMNCH Board Chair Helen Clark)
- <https://www.gavi.org/vaccineswork/opinion-reach-zero-dose-children-build-back-better>
- <https://www.elle.com/culture/career-politics/a37027187/covid-19-vaccination-refugees-displaced-people/>
- <https://www.gavi.org/vaccineswork/how-eliminate-cervical-cancer-expert-explains>
- [https://www.linkedin.com/posts/anuradha-gupta-gavi\\_dayofthegirl-generationequality-gender-activity-6853363636560289792-Mxig](https://www.linkedin.com/posts/anuradha-gupta-gavi_dayofthegirl-generationequality-gender-activity-6853363636560289792-Mxig)

## **Appendix B: Malaria Investment Case Results**

The analysis revealed that 11 million pregnant women in sub-Saharan Africa were infected with malaria, resulting in nearly 900,000 children born with a low birth rate and 10,000 maternal deaths in 2019. Poor, rural and uneducated pregnant women were found to be more affected by malaria. **Richer, educated, urban pregnant women are more likely to receive Intermittent Preventive Treatment (IPTp) than their poorer, uneducated, rural counterparts.** The analysis also identified gender imbalance in the provision of informal care for malaria cases. In Ghana, women in agricultural households

invest up to 246 days of caregiving for malaria cases among children in a household compared to 66 days by men, resulting in an inequality of 180 days over a lifetime of child rearing which prevents women from engaging in paid work and their roles e.g., as health workers.

For the majority of the epidemic pathogens, a disproportionate disease burden on pregnant women was observed with effects such as higher chances of severe disease, risk of spontaneous abortions, and vertical transmission to the fetus. Clinical trials including pregnant women for these pathogens are currently not being conducted, but due to the severity of the disease for both pregnant women and their children, should be considered as vaccine development progresses.

### **Appendix C: Learning case studies**

**In Rwanda, through Gavi private sector partnership with Girl Effect, conducted a programme on teen mother engagement, under a digital and school health platform.** The programme focused on how teenage mothers experience vaccination services, engaging fathers in health services, research to identify the most vulnerable, and integration of immunisation services with education, youth and nutrition programmes. This programme has had the following results: 27% increase in adolescent girls and young women (AGYW) accessing sexual reproductive health services 3 times over the last 12 months; an increase of 12% AGYW who discussed vaccination with people around them; a knowledge increase of 19% with respect to vaccination among AGYW and increase of 21% AGYW reporting not facing barriers to accessing vaccination for their children. The campaign also pushed teen mothers and young people to discuss more about nutrition and routine immunisation with people around them. This programme has further resulted in the integration of immunisation in Rwanda's education curriculum.

**In Togo, the Papa Champion vaccination strategy works with fathers and men in the community to address vaccine hesitancy and encourage vaccination in their local communities.** The programme shifts focus from the female caregiver to the male caregiver to improve immunisation reach. Men identify and sensitise their male peers to become more involved in health issues and especially the vaccination of their children. To date, there are 250 Papas Champions involved in 14 priority districts in Togo.

**In India, the Self-Employed Women Association (SEWA) designed a women- led community engagement model with 200 SEWA Health Ambassadors to improve immunisation coverage using a multiple channel communication approach** such as door to door; social media, group engagement. SEWA Health Ambassadors further used digitally supported information through the Dimagi app which has interactive immunisation content and data, a performance tracking system and provides support on the touch of a screen (able to phone and have access to supervisors and trainers) and easy record keeping. To date, 61300 children have been vaccinated through linkages with Accredited Social Health Activist (ASHA) workers and Auxiliary Nurse Midwives (ANMs); 238 zero dose children identified and 97 zero dose children have been vaccinated post the intervention.

In the **Democratic Republic of the Congo (DRC)**, Gavi INFUSE Partner Flowminder **adapted a community-based immunisation Champions model**. This model fostered a network of National/Local Leaders (Gender Champions) who act as formal and informal advocates to mainstream gender equity into vaccination programming in DRC. Champions such as community health workers and community members shape micro and macro immunisation plans and programmes. These community champions conduct Gender Equality and Social Inclusion audit and identify solutions to address gender barriers. Over 300 health care and community workers have been reached through sensitisation campaigns and raised awareness on integrating gender and social inclusion in vaccination and health interventions. The [UNICEF Gender and Immunisation toolkit](#) was used to provide a framework for this initiative and to identify the gender barriers and analysis. By October 2021, the following key achievements were made: a gender equality and social inclusion audit with 409 participants; the inclusion of gender and social inclusion in three of the Expanded Programme of Immunisation's technical documents, and the creation of an Action Plan to strengthen the integration of gender and social inclusion into health programmes in general, and immunisation.