

SUBJECT: ANNUAL REPORT ON IMPLEMENTATION OF THE GENDER POLICY

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Agenda item: A

Category: For Information

Strategic goal: Affects all strategic goals

Section A: Overview

1. Purpose of the report

- 1.1 This report aims to update the Gavi Board on progress in 2015 in implementing the Gavi Gender Policy.

2. Recommendations

- 2.1 This report is for information only.

3. Executive summary

- 3.1 The strategic framework for the Alliance for the period 2016-2020 calls for an increasing focus on sustainable coverage and equity of immunisation. In preparation for the new strategic period, the Alliance has more clearly situated gender equity within its strategic framework and defined how it will measure gender equity.
- 3.2 Key gender-related activities in 2015 have been focused on further strengthening awareness and understanding of gender and immunisation, within the Secretariat and other bodies through training sessions and analytic work; engaging with key transformational processes such as the new coverage and equity work stream and the Grant Application and Monitoring Review process; and further incorporating gender within Gavi's media and advocacy activities. In 2015 the Secretariat Gender Working Group implemented a work plan of gender activities and reported on a quarterly basis to the Executive Team and to the Board via myGavi.
- 3.3 Recently, the composition of the Gavi Board has not been entirely consistent with the Board Guidelines on Gender Balance. At the time of Board paper distribution, it was not yet clear whether the latest round of nominations will result in the Gavi Board again meeting the requirement of

the Guidelines that not more than 60% of either sex is represented for Board Members or Alternates.

- 3.4 The Secretariat continues to reflect some typical patterns with respect to gender and career levels; however, it has an atypical and very good gender balance at the highest career levels.

Section B: Content

4. Context

- 4.1 The purpose of Gavi's Gender Policy is to support countries to increase immunisation coverage by overcoming gender-related barriers to accessing immunisation services by promoting equal access and utilisation for all boys and girls.
- 4.2 **Gender-related barriers** are obstacles to the access and utilisation of health services that are related to social and cultural norms about men and women's roles. Mothers tend to be the primary caretakers of children and in societies where women have low status, their children – both girls and boys – are less likely to be immunised. When women are empowered, immunisation coverage increases.
- 4.3 Gender is one of the core components of GAVI's commitment to equity in immunisation, and it cuts across all aspects of equity and health. Evidence shows that gender gaps remain with disparities increasing when gender is combined with poverty and other factors of exclusion.
- 4.4 Gender sensitive or transformative approaches¹ are therefore important to improve and sustain immunisation coverage. Strategic and catalytic interventions targeting women, men, families and communities can help countries overcome gender-related barriers to accessing immunisation services, improve coverage and reach the unreached.
- 4.5 **Sex discrepancies in immunisation.** Evidence shows that at a global aggregate level there are no significant differences in immunisation coverage between boys and girls - but that differences, favouring either boys or girls, do exist in some regions, countries and socio-economic groups. Furthermore, evidence shows that national aggregate data and/or survey data may hide sex discrepancies, suggesting that it is necessary to encourage countries to regularly review coverage at sub-national level.

5. Gender and Gavi programming

5.1 A new focus on sustainable coverage and equity

¹ Gender transformative refers to goals and objectives that attempt to re-define women's and men's gender roles and relations. These programs seek to transform equal gender relations to promote shared power, control of resources, decision-making, and support for women's empowerment.

² Gender sensitivity refers to perceptiveness and responsiveness to differences in gender roles, challenges and opportunities. Gender sensitive programs significantly improve women's and girls' or men and boys' access to protection, treatment or care but by themselves do little to change the larger contextual issues that lie at the root of gender inequities.

- (a) The strategic framework for the Alliance for the period 2016-2020 calls for an increasing focus on sustainable coverage and equity of immunisation. Inequities in immunisation can arise from a number of country-specific factors, including geography (urban vs. rural, province, district, health centre catchment), wealth, marginalised populations, or gender-related barriers such as birth order or women's empowerment, control of household financial resources, or decision-making power.
- (b) The Alliance is currently defining its integrated approach to delivering on its new focus on sustainable coverage and equity. Gender equity will represent a key pillar of that approach.
- (c) In June, the Gavi Board approved a new set of strategy indicators for 2016-2020, and a specific indicator was included to track gender-related barriers and equity of coverage. The indicator, which has been included as part of the first Strategic Goal to accelerate equitable uptake and coverage of vaccines, uses education status as a proxy of women's empowerment and tracks the differential level of coverage between women with no education and women with secondary or higher education.
- (d) While the above indicator is set at the strategy level, Gavi will also monitor the indicator at the country level by including it in the performance framework for individual countries, measured using household surveys like DHS/MICS that are conducted every 3 to 5 years. In addition, Gavi also monitors a set of indicators associated with its Gender Policy – including DTP3 coverage by male/female (as measured through household surveys), which has also been included as a core indicator in Gavi's new grant performance frameworks.

5.2 Ongoing equity work under the business plan

- (a) Under the business plan for 2013-15, UNICEF took the lead on working with a subset of countries² to develop action plans to improve equity in coverage (addressing geographic, wealth and gender-related barriers). Business plan resources were provided to multiple partners to ensure that these countries have identified the main drivers of inequity, are able to monitor inequities, and have implemented equity action plans, using Gavi health systems grants to contribute to the funding of these plans.
- (b) An internal review was undertaken to examine how gender was incorporated in the 12 country analyses and in the activities proposed or implemented since then to address the inequities identified. The review found that even in cases where the level of gender analysis was strong, in subsequent follow-up activities these elements have not necessarily translated into programmatic action.

² Central African Republic, Chad, Cote d'Ivoire, India, Liberia, Madagascar, Mozambique, Nigeria, Pakistan, Papua New Guinea, Viet Nam, Yemen.

- (c) Of the 12 ‘equity’ countries under the 2013-15 business plan, four³ are top ten priority countries under the Partners’ Engagement Framework (PEF) for 2016-2020, and another five⁴ are in the top twenty PEF priority countries. This presents an opportunity for Gavi to build on the analyses already conducted in Gavi’s future work on sustainable coverage and equity. It will be important to ensure that gender is not overshadowed by other equity considerations, particularly those that appear easier to measure.

5.3 Health systems strengthening

- (a) The primary mechanism for Gavi to address gender-related barriers to accessing immunisation is through its health systems strengthening (HSS) grants.
- (b) Countries applying for HSS funding are requested to conduct a gender analysis and to identify gender-related barriers to accessing vaccination specific to their country context. In the revision of the HSS guidelines in 2015 (for 2016 proposals), the Secretariat incorporated all the information previously contained in an annex on gender-related barriers into the main text of the guidelines, thereby mainstreaming the content.
- (c) An internal analysis undertaken in 2015 of the 21 HSS proposals recommended for approval between 2014-15 found that:
- (i) 13 proposals (62%) identified gender-related barriers (as compared to 11 (41%) of the 27 recommended for approval between 2011-2013);
 - (ii) 11 proposals (52%) included at least one gender-related activity⁵ (as compared to 16 proposals (59%) between 2011-2013). When looking at the data on an annual basis (see Figure 1 below), it becomes clear that there are fluctuations year on year, likely due to the small sample size and profile of the countries (whether low or higher coverage) that are submitting applications in that year; and
 - (iii) 18 proposals (86%) included a sex-disaggregated or gender-related indicator (as compared to 9 proposals (33%) between 2011-2013).

³ Chad, India, Nigeria, and Pakistan

⁴ CAR, Madagascar, Mozambique, Papua New Guinea, and Yemen

⁵ As in the past, the analysis included only those activities explicitly addressing gender-related barriers to accessing care, and not those activities related more broadly to improving maternal health services (ANC, family planning, outreach services, etc) or that listed women and children as the primary beneficiaries of the grant.

Figure 1

Number of proposals with at least one gender-related activity by year					
Year	2011	2012	2013	2014	2015
Proposals with at least one gender-related activity	1	11	5	4	7
Total number of proposals	1	15	11	12	9
Percentage	100%	73%	45%	33%	78%

(d) The activities in the 2014-15 proposals that explicitly stated a gender focus represented 3.9% of the total Gavi-approved budgets for all active/recommended grants (as compared to 2.6% included in the 2006-2012 period).

(e) The increased level of analysis and inclusion of indicators is encouraging and important for understanding and measuring gender equity in Gavi programmes.

5.4 Independent Review Committee (IRC)

5.5 IRC panels in 2015 received information sessions on gender and immunisation as part of pre-review briefing materials. In addition, each IRC panel included a gender expert, who reviewed proposals for Gavi support with a gender lens and prepared an analysis of gender-related content.

5.6 High-Level Review Panel (HLRP)

5.7 In 2014, the HLRP for reviewing grant performance was introduced and with it came a new set of annual country reporting materials.

5.8 The HLRP, consisting of senior members of the Secretariat, UNICEF and WHO as well as IRC members, has a more limited participation and so does not currently include a dedicated gender expert. It will be important that the panel receive relevant gender briefings prior to panel sessions to ensure that a gender lens is appropriately applied to the review.

5.9 An analysis conducted in 2015 of the responses related to gender in both the traditional Annual Progress Report (APR) form and the Joint Appraisal form that informs the HLRP found that few countries (19% and 18%, respectively) discussed gender-related barriers in those materials.

6. Gender and the Secretariat

6.1 In 2015, the internal Gavi Gender Working Group (GWG) continued as the body within the Secretariat that is responsible for oversight and implementation of the Gender Policy.

6.2 In 2015, the GWG implemented a plan of approximately 15 activities that was endorsed by the Executive Team at the start of the year.

- (a) Priority activities for the year included:
 - (i) ensuring that gender equity issues are appropriately addressed by Gavi's Country Programmes department in their interactions with countries and partners;
 - (ii) the development of new strategy indicators and monitoring of the existing monitoring and evaluation framework;
 - (iii) identifying demand for technical assistance related to gender equity; and
 - (iv) engaging with the new Coverage & Equity work stream.
- (b) The Gender Working Group also commissioned a series of internal analyses including:
 - (i) A review of Annual Progress Reports and other grant renewal documentation;
 - (ii) An analysis of HSS proposals and related documentation;
 - (iii) A review of peer-reviewed literature on gender and immunisation; and
 - (iv) A review of the equity action plans for the business plan equity countries.
- (c) Additional ongoing activities included:
 - (i) Training and induction activities, such as including gender in orientation materials for new staff and Special Advisers to Board Members; training sessions with Country Programmes team; and providing information on gender to IRC and HLRP sessions;
 - (ii) Advocacy-related activities, such as incorporating gender within the development of leadership communications, Gavi publications and websites. In 2015, Gavi became a Geneva Gender Champion, joining 65 missions and international organisations in Geneva to make commitments relating to gender equity. See <http://genevagenderchampions.net/champions/>.

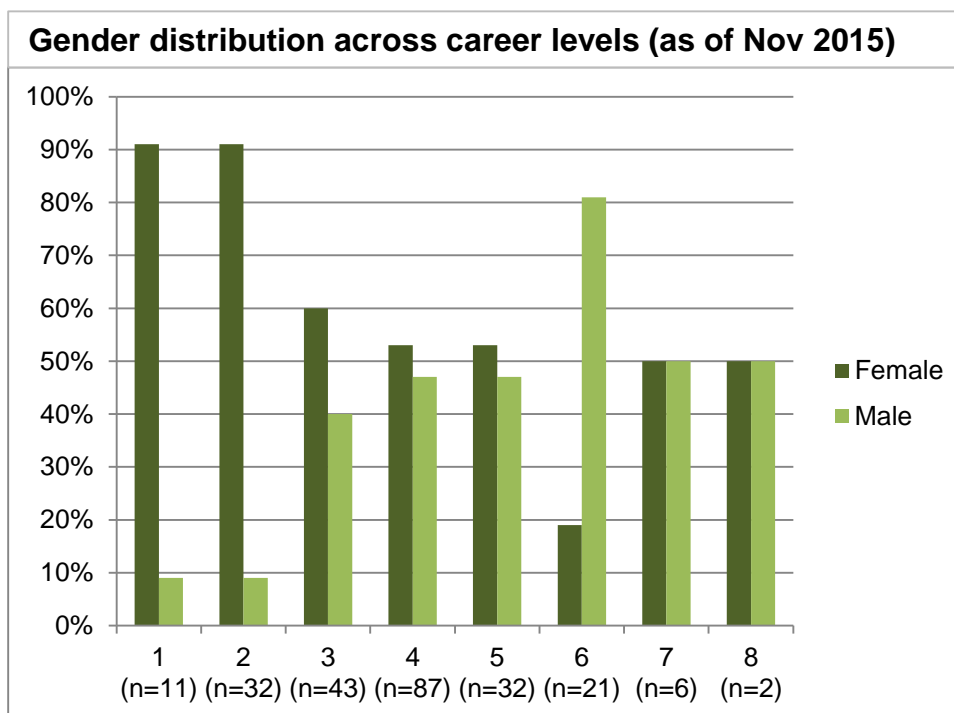
6.3 As part of the Business Plan reporting process in 2015, a Key Performance Indicator on Gender was reported to the Executive Team and to the Board on MyGavi each quarter. The KPI tracks the percentage of activities in the Gender Working Group plan of activities that are on track or completed on time. The latest result on this KPI for Quarter 3 was 91% of activities on track/completed on time.

6.4 The Human Resources (HR) team monitors statistics on gender within the Secretariat. Currently the Secretariat staff is 62% female and 38% male. The breakdown of gender across career levels is also monitored (Figure 2).

- (a) As in recent years, the Secretariat continues to reflect some typical patterns with respect to gender and career levels, as seen in many organisations; e.g., having a disproportionate number of female staff in the administrative categories (1-2) and an increasing proportion of male staff in the higher career levels.

- (b) However, the Secretariat continues to have an atypical and very good gender balance at the two highest career levels (level 7 – Managing Director-level and level 8 – CEO/Deputy CEO).

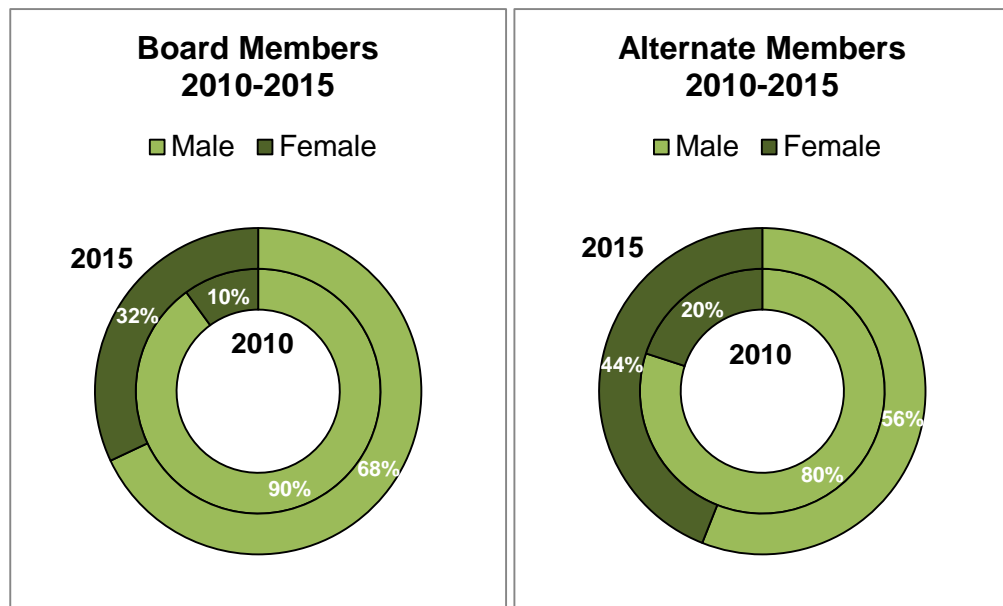
Figure 2



6. Gender and the Gavi Alliance Board

6.1 Board composition

- (a) The Guidelines on Board Gender Balance, approved in 2010, require that for Board Members and Alternate Members, not more than 60% of either gender is represented. Recent nominations rounds have resulted in the Board composition being inconsistent with the Guidelines. Currently, 68% of the Board members are male and 32% female and for Board Alternates 56% are male and 44% female.
- (b) At the time of Board paper distribution, it was not yet clear whether the latest round of nominations will result in the Gavi Board again fully meeting the Guidelines.
- (c) The charts below show the change in composition of Board Members and Alternates from the time the Guidelines were approved in 2010 until November 2015.



- (d) The initial set of new Alliance KPIs, reviewed by the Programme and Policy Committee in November, includes a KPI on gender balance. The KPI extends beyond the requirements of the Board Guidelines, which includes only Board and Alternate members, to the membership of all Board Committees.