



## Report to the GAVI Alliance Board

21-22 November 2013

<b>Subject:</b>	<b>Fifth annual report on implementation of the Gender Policy</b>
<b>Report of:</b>	Helen Evans, Deputy CEO
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<b>Agenda item:</b>	A
<b>Category:</b>	For Information
<b>Strategic goal:</b>	Affects all strategic goals

### **Section A: Overview**

#### **1 Purpose of the report**

- 1.1 The purpose of this report is to update the GAVI Alliance Board on progress in 2013 in implementing the GAVI Alliance Gender Policy. This work has been undertaken in parallel to the work stream to review the GAVI Gender Policy (see Doc 02i).

#### **2 Recommendations**

- 2.1 This report is for information only.

#### **3 Executive summary**

- 3.1 Since the last annual update to the Board, the internal Gender Working Group has implemented a work plan of gender activities for 2013 and has reported on a quarterly basis on those activities to the Executive Team and to the Board via myGAVI.
- 3.2 Key activities in 2013 related to further strengthening awareness and understanding of gender and immunisation within the Secretariat and Independent Review Committee panels through training sessions and additional analytic work, to strengthening approaches to gender within GAVI programming, and to further assessing and incorporating gender within GAVI's media and advocacy activities.
- 3.3 The GAVI Alliance Board became compliant with the Board Guidelines on Gender Balance for the first time in 2012 when it reached a 60/40 ratio of male and female Board Members and Alternates. However, the Board is not currently compliant for Board Alternates. If the Board approves the nominations put forward by the Governance Committee at its meeting in

November, the Board will remain compliant for Board members but will remain out of compliance for Board Alternates.

- 3.4 As in the past two years, IRC panels in 2013 included a gender and equity expert who reviewed proposals and annual progress reports with a gender lens and prepared detailed recommendations on gender.

#### **4 Risk implication and mitigation**

- 4.1 In 2013, the Gender Working Group initiated discussions on risk implications associated with the implementation of the Gender Policy. The Gender Working Group agreed to conduct a more detailed assessment of risk in 2014 following the Board's consideration of the proposed revisions to the Gender Policy.

#### **5 Financial implications: Business plan and budgets**

- 5.1 Funding for the implementation of the Gender Policy for 2014 has been included in the Mission Support budget line.

### **Section B: Content**

#### **6 Evaluation of the Gender Policy**

- 6.1 An evaluation of the Gender Policy was conducted by ICF Macro in 2012 and was provided to the Board in March 2013.
- 6.2 The evaluation found that in its first four years the Gender Policy had generated:
- (a) successful gender mainstreaming in GAVI's Secretariat and governance structures; and
  - (b) new international evidence on gender and immunisation.
- 6.3 The evaluation also found that the main challenges associated with the policy relate to implementation at the country level and access to services.
- 6.4 The recommendations of the evaluators, which were shared with the Board together with a Management Response, were addressed as part of the review of the Gender Policy in 2013 (see Doc 02i).

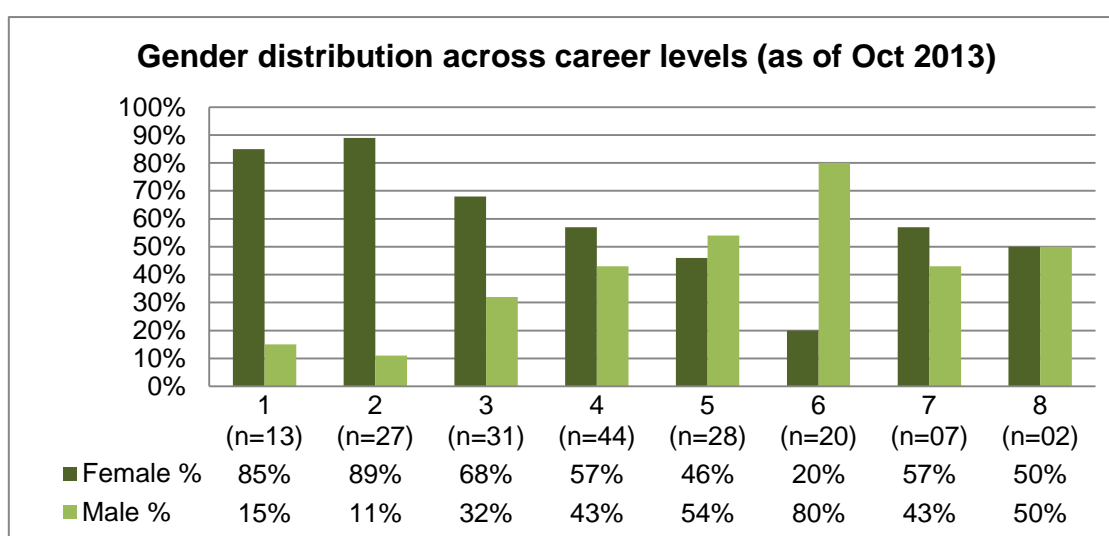
#### **7 Gender and the Secretariat**

- 7.1 In 2013, 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. The GWG is comprised of staff from each department as well as Staff Council. The group meets on a monthly basis and is chaired by a Senior Executive Officer within the Executive Office.

- 7.2 In 2013, the GWG implemented a plan of approximately 30 activities that was endorsed by the Executive Team at the start of the year. Key activities included:
- (a) A series of Secretariat analytic pieces on gender and immunisation, including: an analysis of responses to gender-related questions in the 2012 Annual Progress Reports from countries; an analysis of gender and equity activities within the GAVI health systems grant portfolio; and two literature reviews of peer-reviewed articles on gender and immunisation, one in general terms and one targeted to HPV-specific research;
  - (b) Ongoing training activities, such as conducting new staff orientation sessions on gender and immunisation; team-specific training sessions on gender; and providing information sessions on gender for IRC panels;
  - (c) Programmatic policy-related activities, such as actively engaging in the policy development process for the review of the Gender Policy (see doct #03k) over the course of the year (reviewing documents and participating in monthly consultations) and in the equity work that is being undertaken by UNICEF via the GAVI Business Plan; as well as improving the quality of the gender questions and guidance provided with grant application and annual progress report materials;
  - (d) Advocacy-related activities, such as incorporating gender within the development of leadership communications, GAVI publications and websites. Some examples include: the GAVI Progress Report for 2012 included an article on male involvement in immunisation in Rwanda and a quote on gender from a GAVI donor; in May the CEO delivered a plenary address at the 2013 Women Deliver conference on GAVI and women's health; in August the Board Chair published a blog on gender equality at the time of the launch of the public consultation of the gender policy review; and at the Mid-Term Review meeting in October, gender was included in the planning including through logistical elements such as panel composition; and
  - (e) Contracting an external gender review of communication materials and a subsequent training session for staff in the Media & Communications and Advocacy & Public Policy teams.
- 7.3 As part of the Business Plan reporting process in 2013, 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 completed on time. The latest result on this KPI for Quarter 3 was 94% of activities completed on time.

7.4 The Human Resources (HR) team monitors statistics on gender within the Secretariat. Currently the Secretariat staff is 60% female and 40% male. The breakdown of gender across career levels is also monitored (see chart below).

- (a) 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 levels (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 and level 8 – CEO/DCEO).



7.5 In late 2012, the GAVI Recruitment and Selection Policy was revised and now includes a specific reference to the fact that HR Team should encourage hiring managers to consider candidates from underrepresented groups, including sex, within the team and across the Secretariat. While there have not been drastic changes in the balance in less than one year, the trend is towards an improved gender balance across the career levels.

## 8 Gender and GAVI programming

### 8.1 Health systems strengthening

- (a) Countries applying for health system strengthening (HSS) funding are requested to conduct a gender analysis and to identify any gender-related barriers to accessing vaccination specific to their country context. In 2013, the Secretariat developed a revised information note on gender-related barriers to accompany the guidelines for HSS applications and made the language in the guidelines on gender more specific.

- (b) In 2013, an internal analysis was conducted of 70 HSS grant proposals approved between 2006 and 2012 for proposed gender and equity activities. The purpose of the analysis was to determine what types of gender and equity activities have already been included in HSS applications in order to improve the guidance and support provided to countries to work on gender-related issues. In doing this, it was recognised that the Gender Policy was only approved in 2008 and the HSS guidelines and application materials were not modified to include questions on gender until 2010, so it was not anticipated that many countries would necessarily have included gender activities in their applications.
- (c) Given that countries were not required to specifically report if their proposed activities would have a gender-related focus, it was a challenge to determine which activities are gender-related for inclusion in this analysis. In the end, the analysis included only those activities that specifically stated a gender focus. It is possible that many other activities, such as maternal, child health and immunisation services delivery, community awareness, and training of health workers, could have an impact on gender-related barriers – further analysis will need to be done to capture these.
- (d) Examples of activities that were not included as gender-related in this analysis are maternal health service delivery such as skilled birth attendant training in Lao PDR or the provision of vitamin supplements to pregnant women in Sudan. Activities targeted at ‘pregnant women’ or ‘mothers’ were only included if they addressed gender-related barriers to immunisation. Examples of activities included in the analysis are Myanmar’s ‘maternal voucher scheme’ and Somalia’s ‘mother-reminder’ SMS service – these address gender-related barriers associated with an Information, Education and Communication (IEC) approach.
- (e) The analysis found that 11 grants of the 70 reviewed had budgeted for activities that explicitly stated a gender focus. This estimate is therefore conservative as other activities may have an impact on gender-related barriers. These gender-related activities represent at least 2.6% of the total GAVI-approved budgets for these 70 HSS grants.

**8.2 Review of 2012 Annual Progress Reports.** An analysis was conducted this year of the responses to the gender section of the 2012 reporting form and included some positive changes over 2011. Key findings included:

- (a) The number of countries reporting sex-disaggregated data (whether through administrative systems or surveys) increased from 13 in 2011 to 29 in 2012;
- (b) The number of countries analysing and/or describing programmatic action to address gender-related barriers increased from 0 in 2011 to 14 in 2012; and

- (c) The reported data revealed few significant sex discrepancies between male and female immunisation rates at the national level, re-confirming the findings of the 2010 WHO study on Gender and Immunisation.

### 8.3 Equity work in the Business Plan

- (a) The business plan 2013-14 provides a roadmap for improving equity in coverage (by geography, wealth and gender). The 10 most inequitable countries were selected for this activity, on the basis of an analysis conducted by WHO in 2010 on vaccine coverage by wealth quintile. The business plan provides resources to multiple partners to ensure that in the next two years, most of 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) UNICEF is taking the lead in this area, and with GAVI resources, have placed country staff in CAR, Chad, India, Liberia, Madagascar, Mozambique, Nigeria, Pakistan, Vietnam, and Yemen. Three of these 10 countries will also be supported for gender inequities in immunisation coverage or gender-related barriers to immunisation. These include India and Pakistan (where there is a statistical difference in coverage for boys and girls as well as potential gender-related barriers) and Yemen (for potential gender-related barriers to immunisation).

## 9 Gender and other GAVI Alliance structures

### 9.1 Independent Review Committees (IRCs)

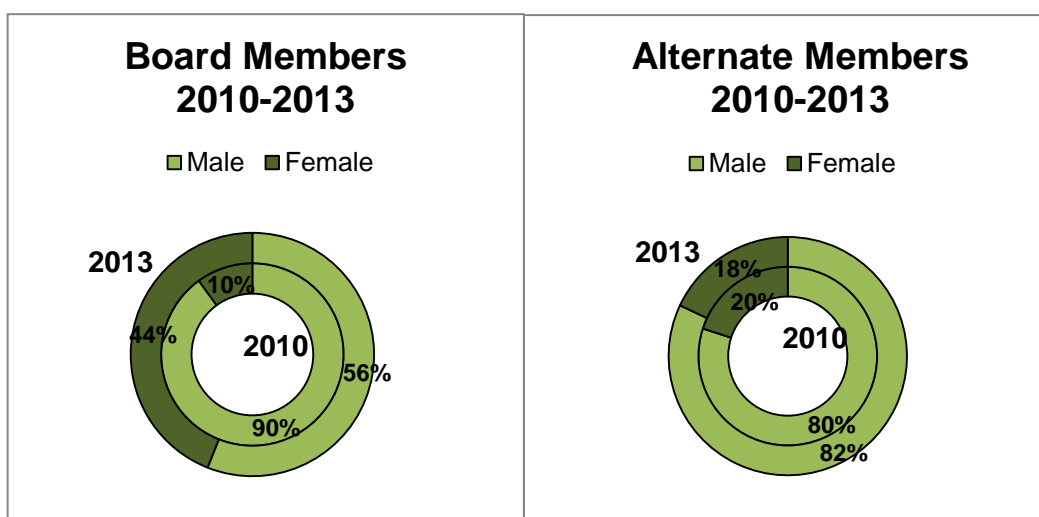
- (a) IRC panels in 2013 received information sessions on gender and immunisation as part of IRC pre-briefings. In addition, IRC panels included a gender expert, who reviewed proposals and APRs with a gender lens and prepared an analysis of gender-related content.
- (b) The result of having the gender expert on the IRC panels has been a strengthened analysis of gender elements contained in the proposals and APRs, which has come through in each panel report. As in 2012, most IRC reports in 2013 contained a dedicated annex to gender and equity issues.
- (c) In this year's Monitoring IRC report, the panel found that while there had been improved reporting on gender as compared to 2011, still only 20% of countries provided information on how existing gender-related barriers to immunisation are programmatically addressed. The Secretariat will work with partners to further strengthen the application materials and guidance provided to countries in an effort to increase the number of countries providing information on gender-related barriers.

- (d) In 2013, the Secretariat continued to strive for gender-balanced IRC panels. The five IRC panels that were brought together in 2013 in total were gender balanced, with all panels having slightly more female reviewers than male reviewers.

## 10 Gender and the GAVI Alliance Board

### 10.1 Board composition

- (a) The Guidelines on Board Gender Balance, approved in 2010, require that the Board establish and maintain a 60/40 ratio of male to female Board Members and Alternate Members. Although the Board became compliant with the Guidelines for the first time in 2012, subsequent rounds of nominations have resulted in the Board slipping out of compliance with the Guidelines. Currently the composition is 56% male and 44% female for Board Members (compliant), but 82% male and 18% female for Board Alternates.
- (b) If the Board approves the nominations set forward by the Governance Committee at this meeting, the ratio will change for Board members to 59% male and 41% female and for Board alternates to 72% male and 28% female .
- (c) The charts below show the change in composition of Board Members and Alternates from the time the Guidelines were approved in 2010 until October 2013.



- 10.2 **Gender section of Board Member Reference Book.** In 2013, a section on the Guidelines on Board Gender Balance was incorporated into the Board Member Reference Book.



### **Section C: Implications**

#### **11 Impact on countries**

- 11.1 Countries applying for GAVI funding are requested to provide an analysis of gender-related barriers to accessing services and to provide any available sex-disaggregated data (whether through routine systems or surveys) from the past five years.

#### **12 Impact on GAVI stakeholders**

- 12.1 In 2013, the Secretariat engaged with GAVI Alliance partners on the subject of gender both through its consultations on the review of the gender policy and on the equity work in the Business Plan.

#### **13 Impact on Secretariat**

- 13.1 As flagged in the last annual update to the Board in December 2012, the topic of gender-related barriers to accessing immunisation is complex and staff awareness and capacity to deal with these matters is gradually increasing. This is being addressed through new staff orientation sessions on gender as well as through team-specific discussions. In addition, a gender section of the GAVI intranet has been established as a resource for staff on gender and immunisation.

#### **14 Legal and governance implications**

- 14.1 Not applicable

#### **15 Consultation**

- 15.1 Not applicable