Gavi Gender Policy
Frequently asked questions
December 2014

1. Why does Gavi have a Gender Policy?

The goal of the Gavi Gender Policy is twofold:

• To support countries to overcome gender-related barriers (see below) to accessing health services in order to increase immunisation coverage; and
• To promote equity of access and use - for all girls and boys, women and men - to immunisation and related health services that respond to their different health needs.

2. What are gender-related barriers?

Gender-related barriers are obstacles (in this case for access and use of health services) that are related to social and cultural norms about men's and women's roles. In many societies, women and men do not have the same opportunities and have different levels of access to resources and services. Women tend to be the primary caretakers of children, but often lack the decision-making power and resources to access or use available health services. In societies where women have low status, their children are less likely to be immunised.

Different gender-related barriers have been found to prevent children from getting vaccinated. For example:

• **Work patterns of mothers who are employed** can limit their ability to seek vaccination for their children. In such circumstances, immunisation services that accommodate women’s working schedules can lead to higher rates of immunisation.
• **Involvement of both parents** in decisions related to immunisation has been shown to increase the likelihood of a child getting vaccinated. Outreach and social mobilisation of both women and men could lead to higher rates of immunisation.
• **Cultural barriers** may prevent female caregivers from seeking immunisation services from male health workers. In these settings, initiatives to increase the number of female service providers can help improve access to immunisation.
Gender-related barriers are widespread and differ from one context to another. The Gender Policy encourages countries to conduct their own analysis to identify the specific gender-related factors that stand in the way of increasing coverage.

3. Why are gender-related barriers important for Gavi?

The subject of gender and immunisation is often associated with differences in coverage rates between boys and girls. Indeed differences do exist in some countries and sub-national regions, but no significant gaps in immunisation coverage have been found between the sexes at national or global aggregate levels. However, gender and immunisation is about more than ensuring equal coverage of boys and girls. Evidence shows that gender is an important factor influencing demand, access and use of health services including immunisation services in Gavi-eligible countries. These factors relate to the sex of caretakers of children rather than to the sex of children themselves. In order to increase immunisation coverage, gender-related barriers for caretakers of children must be addressed.

4. What has been achieved with the original Gavi Gender Policy (2008), and what changes does the revised 2013 version include?

In November 2013, the Gavi Board approved a revised Gender Policy following a comprehensive review. The main outcomes of the review were the following:

- The Gender Policy has led to increased awareness of gender and immunisation with successful mainstreaming of gender within Gavi.
- New evidence on gender and immunisation has been generated with support from Gavi, especially highlighting the importance of gender-related barriers.
- The linkage between gender-related barriers and immunisation is not yet fully understood.

The revised Gender Policy responds to these findings and includes the following changes over the previous version:

- To highlight in the policy goal that overcoming gender-related barriers to accessing immunisation services (in particular for caretakers of children, many of whom are women) is critical to increase immunisation coverage.

- To emphasise that Gavi will more clearly integrate gender aspects in its guidelines, application materials, and review criteria. Gavi will support countries to assess, and when relevant address, gender-related barriers to accessing immunisation services.

- To clarify that Gavi will help countries improve the evidence base regarding sex discrepancies in coverage by encouraging the development of systems that routinely sex-disaggregate data for immunisation. Countries that do not collect such data will not be penalised but will be supported to address such reporting gaps. The Secretariat will encourage and monitor sex-disaggregated data collected through periodic surveys in the interim.
To reinforce that Gavi will promote increased accountability for gender-related results throughout the Alliance, including in the review of program performance.

5. How does gender equity fit into Gavi’s overall strategy?

Increasing equity, including gender equity, is a set objective in Gavi’s strategy as part of an overarching goal to strengthen the capacity of integrated health systems to deliver immunisation. In addition, ensuring gender equity is a guiding principle in all areas of Gavi’s engagement.

6. What is Gavi’s role in addressing gender-related barriers?

Gavi offers support to address gender-related barriers through two approaches:

1. Through health system strengthening (HSS) support. Countries can use HSS grants to fund activities to address gender-related barriers. Gavi’s implementing partners are available to support countries in the grant development phase to analyse gender-related barriers to accessing immunisation services and help countries to design effective strategies to address bottlenecks. The HSS guidelines include as an annex an information note on gender-related barriers and provide guidance to countries on this topic.

2. Through equity work in the business plan. Under the business plan, UNICEF is taking the lead on increasing equity in wealth, geography and gender in ten countries1 with the greatest inequities in vaccine coverage including gender issues. With Gavi resources, UNICEF staff in these countries will conduct bottleneck analysis to identify the strongest determinants of inequity and, together with country governments, develop plans to address them.

7. How will the revised Gavi Gender Policy impact Gavi-eligible countries?

Gavi will continue to encourage countries to conduct bottleneck analysis, and to identify and address gender-related barriers when relevant. Further, Gavi will encourage countries to collect sex-disaggregated data in order to improve the evidence base regarding sex discrepancies in coverage.

8. What is the timeline for implementation and review of the revised Gender Policy?

The revised Gender Policy became effective on 1 January 2014, and will be reviewed again in 2019 or earlier if requested by the Gavi Board.

1 Central African Republic, Chad, India, Liberia, Madagascar, Mozambique, Nigeria, Pakistan, Vietnam and Yemen.