

DOCUMENT ADMINISTRATION

VERSION NUMBER	APPROVAL PROCESS	DATE
1.0	Approved by: Joint GAVI Alliance & Fund Board	26 June 2008 Effective from: 1 July 2008
	Next review:	in 2012, depending on the full evaluation of the policy and its implementation
2.0	Reviewed and recommended by Gavi Programme & Policy Committee	10 October 2013
	Reviewed and approved by: Gavi Board	21 November 2013 Effective from: 1 January 2014
	Next review:	2019

1. Goal and scope of the policy

- 1.1. The goal of the GAVI Alliance Gender Policy is to increase immunisation coverage by supporting countries to overcome gender-related barriers to accessing immunisation services and to promote equity of access and utilisation for all girls and boys, women and men to immunisation and related health services that respond to their different health needs.
- 1.2. Reducing gender inequality is both an end in itself and a prerequisite for sustainable and inclusive development. The Gender Policy aims to increase access to immunisation through gender sensitive and gender transformative programmes that also contribute to achieving the international goal of gender equality.
- 1.3. The GAVI Alliance Gender Policy is embedded in GAVI's wider commitment to ensure equity in all areas of engagement. The Gender Policy is grounded in existing international legal and political commitments as well as on the conviction that gender equity and equality are shared responsibilities that warrant special attention and resources. The Gender Policy is aligned with the principles of aid effectiveness and international gender commitments as agreed in Busan in 2011. It also aligns with existing GAVI policies and supports the Global Vaccine Action Plan (GVAP) strategic objective on equity.
- 1.4. The guiding principles of this policy are for the GAVI Alliance to:
 - 1.4.1. Apply a gender perspective to all relevant work. To realise its mission, and in line with internationally agreed-upon legal and political commitments to gender and health, the Alliance will apply a gender perspective to all relevant work.
 - 1.4.2. Complement partners' efforts to promote gender equality and equity in health and health services. As an Alliance and in line with the commitments made by its partners, GAVI will strive to exercise leadership and raise awareness of, and promote coordinated international efforts towards, the realisation of existing international commitments to gender equality and health equity.
 - 1.4.3. Promote country ownership and alignment recognising that gender issues may differ significantly from one country to another. Efforts to ensure that gender aspects are taken into consideration in immunisation services and support health systems will be rooted in the interest, awareness and capacity at country level. The GAVI Alliance will strive to ensure that countries recognise the potential and importance of addressing gender-related challenges in health and health services.
 - 1.4.4. Exercise strong leadership and demonstrate political will. The GAVI Alliance will play a catalytic role in promoting awareness of effective strategies to address gender inequalities and inequities in health and in the health sector. This will include the identification of existing obstacles related to gender, their underlying causes related to immunisation and related health services and the manner in which GAVI and its partners can address them through promotion and support for best practice.

2. Definitions

- 2.1. **Sex** is concerned with physiological and biological characteristics that are used to define and differentiate humans as either female or male.
- 2.2. **Gender** is used to describe those characteristics of women and men which are socially constructed. Gender roles are learned through socialisation and are changeable rather than fixed.
- 2.3. **Gender equality** refers to the absence of discrimination on the basis of one's sex in providing opportunities, allocating resources and benefits or in access to services.
- 2.4. **Gender equity** refers to fairness and justice in the distribution of benefits and responsibilities between women and men. The concept recognises that women and men have different needs and strengths and that these differences should be identified and addressed to rectify the imbalances between the sexes.
- 2.5. **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.
- 2.6. **Gender sensitivity** refers to perceptiveness and responsiveness to differences in gender roles, responsibilities, 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.
- 2.7. **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 unequal gender relations to promote shared power, control of resources, decision-making, and support for women's empowerment.
- 2.8. **Gender perspective** is a way of analysing and interpreting situations from a viewpoint that takes into consideration gender constructs in society, and searching for solutions to overcome inequities.

3. Rationale for a gender policy

- 3.1. To respect, protect and fulfil the human right to the highest attainable standard of health and to promote child and adult well-being, there is a need to redress gender inequities and their impact on access to and utilisation of essential health services including immunisation, impacting on GAVI's ability to realise its mission:
 - 3.1.1. Gender-related barriers to accessing immunisation services exist and hinder children from being immunised. Mothers tend to be the primary caretakers of children and in societies where women have low status, their children (both boys and girls) are less likely to be immunised. When women are empowered, immunisation coverage increases.
 - 3.1.2. 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.

- 3.1.3. Gender sensitive or transformative approaches 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.
- 3.1.4. 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. It is important to collect sex-disaggregated data in order to track trends over time and to ensure that sex-discrepancies do not emerge. Furthermore, evidence shows that national aggregate data and/or survey data may hide gender inequities suggesting that it is necessary to encourage countries to monitor coverage at sub-national level

4. Strategic directions

- 4.1. The Alliance will pursue the goals of this Gender Policy by: (1) ensuring gender sensitive funding and programmatic approaches; (2) generating, supporting, reporting and analysing new evidence and data; (3) advocating for gender equality as a means to improve immunisation coverage; and (4) increasing accountability for gender-related results.

4.2. Ensure gender sensitive funding and programmatic approaches

Policymaking and funding support present central opportunities to highlight the gender dimensions of immunisation and related services. It can also leverage change across and beyond the GAVI Alliance to improve the outcomes of immunisation and development more broadly. The GAVI Alliance can play an important role in reducing gender inequalities in health through new vaccine support to diseases that disproportionately impact one sex. Consequently the GAVI Alliance commits to:

- 4.2.1. Incorporate a gender perspective into all relevant areas of programmes and funding.
- 4.2.2. Ensure that funding guidelines, application materials and review criteria include a gender analysis requirement in needs assessments and that proposed targets and outcome measures incorporate a gender perspective.
- 4.2.3. Ensure that GAVI vaccine investment strategies include gender considerations and take the potential for a disproportionate impact of a disease on one sex (higher prevalence and/or suffering) into account in vaccine investment methodologies.
- 4.2.4. Promote the use of the different funding mechanisms, especially the health system strengthening (HSS) window and the support to civil society, to support activities that demonstrate the effectiveness of gender sensitive and where possible gender transformative approaches.
- 4.2.5. Encourage inter-agency coordination committees (ICCs) and health sector coordination committees (HSCCs) and other relevant national coordination bodies to include a gender perspective and to work with appropriate national institutions and ministries with knowledge in gender to ensure that their approach is informed by national expertise.

- 4.2.6. Incorporate a gender perspective in grant approval, monitoring and evaluation procedures and activities. This includes ensuring gender expertise is present in the review process through the Independent Review Committees (IRCs). It also includes the development of gender sensitive indicators and supporting the strengthening of health information systems in cooperation with partners.

4.3. Generate, support, report and analyse new evidence and data

Improved availability, quality and use of gender related data is a prerequisite for monitoring gender equality in immunisation, reducing gender related barriers to accessing immunisation services, and reaching unreached children. Consequently the GAVI Alliance commits to:

- 4.3.1. Encourage systematic reporting and analysis of sex-disaggregated data in all areas of GAVI support with a view to assist countries, together with and through partners, to gradually strengthen the routine information systems to collect sex-disaggregated data for immunisation, including data at the sub-national level.
- 4.3.2. Continue to contribute to the international evidence base on gender and immunisation with a focus on access and utilisation aspects of immunisation services and gender-related barriers to reaching the unreached.
- 4.3.3. Contribute to and promote evidence supporting the linkages between immunisation, as well as other health services, and improved health outcomes.

4.4. Advocate for gender equality as a means to improve immunisation coverage

The GAVI Alliance can have a catalytic role in advocating for gender equity as a means to improve immunisation coverage and access to health and health services. In doing so, GAVI can demonstrate strong leadership and make a contribution to global efforts for greater gender equality in a broader sense. The message and communication at global, regional and national levels will be key to:

- 4.4.1. Ensure that all GAVI Alliance communications: (1) demonstrate the GAVI Alliance commitment to gender sensitive and where relevant gender transformative approaches; (2) encourage greater understanding of and focus on gender considerations in immunisation; and (3) employ gender appropriate language;
- 4.4.2. Actively disseminate evidence and best practice regarding what effect gender sensitive and where relevant gender transformative approaches can have on immunisation service utilisation, coverage and impact.

4.5. Increase accountability for gender related results

To achieve successful gender-related results, gender-mainstreaming approaches need to include clear lines of accountability and the GAVI Alliance therefore commits to:

- 4.5.1. Measure progress and impact of the Gender Policy through the results framework (see Annex 1) which outlines the theory of change of the policy and ways in which GAVI will monitor policy implementation progress.

- 4.5.2. Increase the focus on accountability and responsibility for the achievement of the GAVI Alliance specific gender targets as outlined in the policy results framework, GAVI Alliance strategies and as agreed in country specific programmes and associated results frameworks. This will be carried out internally within the GAVI structures as well as through the agreements with implementing and other partners, countries and other organisations.
- 4.5.3. Ensure that all Secretariat staff members have the right tools and the relevant knowledge regarding gender and immunisation and are held accountable as relevant for gender-related results.

5. Gender sensitive approaches within the GAVI Alliance structures

5.1. Resources

- 5.1.1. Committing adequate human and financial resources for developing gender sensitive approaches is essential for the effective implementation of the Gender Policy.

5.2. Governance

- 5.2.1. Guidelines on the GAVI Alliance Board Gender Balance were approved at the Board meeting on the 17 June 2010. These guidelines represent the framework through which the Board can ensure a gender balance throughout the GAVI Alliance governance structures (Annex 2).

5.3. The Secretariat

- 5.3.1. The Secretariat aims to ensure that it has an organisational structure and culture that facilitate the implementation of the Gender Policy.
- 5.3.2. The Secretariat shall operate under gender sensitive human resource policies and procedures and gender-related measurements in performance assessments as relevant.

6. The role of Partners

- 6.1. Given the GAVI Alliance's mode of operation (largely through its partners), implementation of the policy will require a clear articulation by each partner of its specific contributions to the realisation of the Gender Policy aims.

7. Timeline for implementation and review

- 7.1. The policy will take effect on 1 January 2014.
- 7.2. The Chief Executive Officer will be responsible for reporting to the GAVI Alliance Board on progress towards delivery of these outcomes on an annual basis.
- 7.3. A full external review of the Gender Policy and its implementation will be conducted in 2019 or earlier if necessary as a result of the adoption of the 2016-2020 Strategy.

DOCUMENT ADMINISTRATION – ANNEX 1

Gender Policy theory of change and M&E framework

VERSION NUMBER	APPROVAL PROCESS	DATE
1.0	Reviewed and recommended by Gavi Programme & Policy Committee	10 October 2013
	Reviewed and approved by: Gavi Board	21 November 2013 Effective from: 1 January 2014
	Next review:	2019

The goal of the revised Gender Policy

The goal of GAVI Alliance's Gender Policy is to increase immunisation coverage by supporting countries to overcome gender-related barriers to accessing immunisation services and to promote equity of access and utilisation for all girls and boys, women and men to immunisations and related health services that respond to their different health needs.

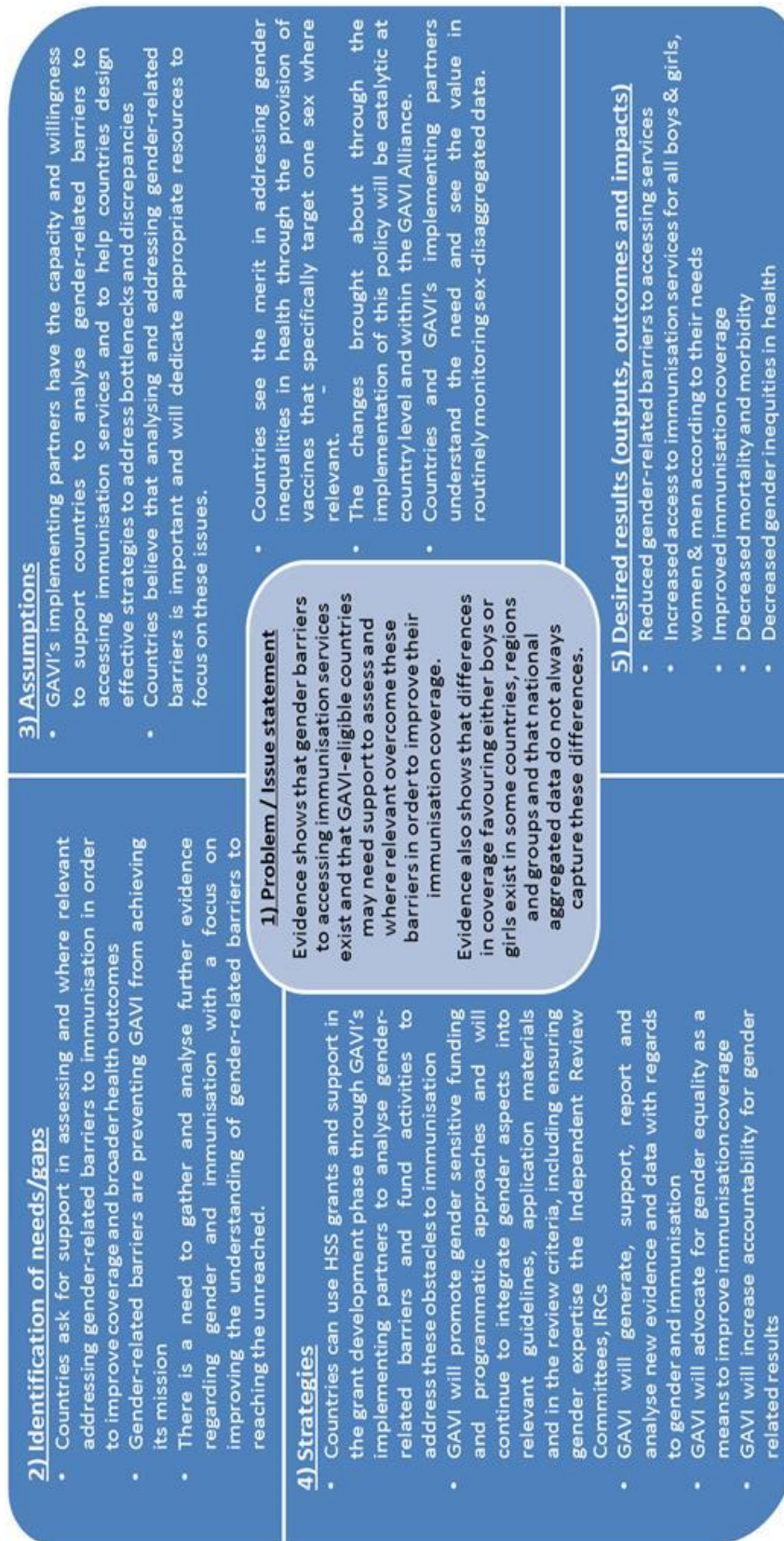
GAVI's theory of change for its revised Gender Policy

While GAVI has an important role to play and can make a positive contribution to help overcome gender-related barriers to accessing immunisation services and to promote equity in immunisation, it is one of many actors in an area that reaches far beyond immunisation. GAVI therefore recognises that seeking to understand GAVI's exclusive attribution and impact is not appropriate or useful; what is more appropriate and useful is to understand how GAVI contributes to meeting these objectives alongside other actors, most especially countries themselves.

The theory of change for GAVI's revised Gender Policy is centralised on the assumption that GAVI can positively reinforce the importance of gender equity for achieving improved immunisation coverage and outcomes. Key elements of the theory of change include:

- That the GAVI Alliance can help improve the evidence-base regarding gender discrepancies in coverage, gender-related barriers to accessing immunisation and effective methods for reducing such barriers through supporting countries to conduct gender specific assessments as part of country analyses regarding barriers to accessing immunisation services;
- That the GAVI Alliance can have a catalytic role in advocating for gender equality as a means to improve immunisation coverage and access to health services through its communications, guidelines/application materials, review criteria, funding and conditions of support;
- That the GAVI Alliance can support countries to address gender-related barriers through aligning GAVI funding and conditions of support with country strategies and plans, following independent review that examines soundness of plans, linkage with immunisation outcomes and extent to which gender and other barriers are convincingly addressed;
- That GAVI Alliance can play an important role in reducing gender inequalities in health through the provision of support for new vaccines that tackle diseases that disproportionately impact one sex;
- That improved availability, quality and use of data regarding gender-related barriers to accessing immunisation services are prerequisites for understanding and addressing such barriers and that sex-disaggregated data are prerequisites for monitoring and improving gender equality in immunisation at all levels, and that GAVI's policies and procedures can support the generation and reinforce the use of such data at the country and global levels.

Gender Policy Theory of Change Model



How will the revised Gender Policy be monitored and evaluated?

Within the Secretariat

The implementation of the Policy will continue to be monitored by the Secretariat. There are several tools that will facilitate this monitoring, such as grant scorecards and country summary sheets, Health Systems Strengthening (HSS) reviews, assessments of country proposals and annual reports to GAVI.

The Secretariat recognises that there are multiple indicators that could be used to monitor the implementation and measure the contribution of the gender policy and that the GAVI 2016-2020 Strategy may bring additional changes to the indicators to be monitored at the corporate level. It proposes – given the data availability and quality constraints – and consistent with current Strategy indicators, that the following outcome measures should be monitored on a regular basis:

- DTP3 coverage (sub-national where possible) disaggregated by male / female
- Under 5 mortality disaggregated by male / female

Of note, this may be revisited if the corporate level indicators are revisited during the development of the 2016-2020 GAVI Alliance Strategy.

In addition, the following process (to a large extent already existing) indicators will be monitored at the aggregate level across all GAVI supported countries:

- Priority indicator: Number of countries demonstrating that they have analysed and assessed gender-related barriers to accessing immunisation services as part of their wider equity/bottleneck analysis and that this analysis and/or assessment have informed their HSS grant proposals
- Number of countries proposing funding of activities that seek to address gender-related barriers to increasing immunisation coverage in their HSS grant proposals and implementation
- Percentage of countries that have and report sex-disaggregated immunisation coverage estimates (either from routine systems or from a survey conducted within the previous three years)
- A qualitative indicator of the extent to which country applications for new support have adequately addressed gender-related barriers to immunisation, as summarised in the Independent Review Committee report on the basis of its cross-cutting gender analysis
- A qualitative indicator to assess on a regular basis whether gender-specific language has been appropriately included in GAVI guidelines and communication documents

At country level

As countries will be strongly encouraged to integrate their own indicators to measure their gender-specific activities supported through HSS funds, there will be a considerable emphasis placed on monitoring country-specific implementation of the Gender Policy. Indicators will vary across countries, depending on what gender-related barriers they are addressing and through which interventions.

Data sources

Data sources will include but not be limited to the following:

- Country administrative reported estimates
- WHO-UNICEF estimates
- Data from independent surveys (DHS, MICS, National coverage surveys etc.)
- Annual health sector review and EPI review reports
- Data reported to GAVI
 - in Annual Progress Reports or equivalent (summarised in grant scorecards and other documents)
 - As part of their reporting on PBF and HSS grant implementation
 - By CROs following country visits / communications with counterparts

Evaluation

The Gender Policy will be re-evaluated (to assess its relevance, implementation, effectiveness and contribution to GAVI's overall mission) subject to the Board's request or if not before, in 2019.

DOCUMENT ADMINISTRATION – ANNEX 2

VERSION NUMBER	APPROVAL PROCESS	DATE
1.0	Approved by: GAVI Alliance Board	17 June 2010 Effective from: 17 June 2010
	Next review:	At the request of the Board

1. Purpose

- 1.1. The purpose of these Guidelines is to establish a framework through which the GAVI Alliance Board Nominating Committee can fully implement the GAVI Gender Policy, in particular the requirement to ensure a gender balance in all areas of GAVI's work, including throughout the governance structures, to the extent possible.

2. Mandate of the Nominating Committee

- 2.1. The GAVI Alliance By-Laws state, at Section 2.4.1 that:
 - The Nominating Committee may establish, subject to the approval of the Board, minimum criteria as to the qualifications and competencies of all Board Members, provided such criteria shall not unreasonably restrict or interfere with the right of any Eligible Organisation or Eligible Constituency to select its Board member(s). The criteria for Board membership shall be consistent with the GAVI Alliance gender policy, specifically, that gender balance in all areas of GAVI Alliance work should be ensured, including throughout the governance structures, to the extent possible.
- 2.2. Under Section 2.4.2 of the GAVI Alliance By-Laws, the Nominating Committee may decide not to nominate a person designated by an applicable Eligible Organisation or Eligible Constituency as its Representative Board Member if “the person so designated does not meet the minimal criteria established pursuant to Section 2.4.1”.

3. Acceptable gender balance

- 3.1. The Nominating Committee should establish and maintain a ratio of 60/40 male/female Board Members and Alternate Members. For the purposes of this calculation, the Board Members and Alternate Members shall be assessed as separate groups. The gender balance shall be deemed to be within the acceptable range if there is no more than 60% of any one gender.

4. SECTION I ATTAINING GENDER BALANCE IN GAVI ALLIANCE BOARD GOVERNANCE STRUCTURES

- 4.1. Eligible Organisations and Eligible Constituencies shall propose two designated representatives or proposed candidates, each of different genders, for consideration by the Nominating Committee for each relevant Board seat or Alternate Board seat to be filled. The Nominating Committee will give preference to nominating a designated representative or proposed candidate of the under-represented gender for appointment as Board Member or Alternate Board Member until such time as the gender balance of the Board Members or Alternate Board Members has been brought within the acceptable range.

5. SECTION II MAINTAINING GENDER BALANCE IN GAVI ALLIANCE BOARD GOVERNANCE STRUCTURES

- 5.1. The Nominating Committee will not nominate designated representatives or proposed candidates for appointment as Board Members or Alternate Board Members where such nominations will create a gender imbalance that is outside the acceptable range.

6. SECTION III EXCEPTIONS APPROVAL PROCEDURE FOR NOMINATIONS OTHERWISE NOT IN CONFORMITY WITH GENDER GUIDELINES

- 6.1. The Nominating Committee may decide to nominate a designated representative or proposed candidate for appointment as a Board Member or Alternate Board Member even if the decision to make such a nomination would otherwise not be in conformity with the first two sections of these guidelines. The reasons for such nominations shall be disclosed in the minutes of the Nominating Committee's meeting.

7. SECTION IV MISCELLANEOUS PROVISIONS

7.1. Right of recourse to full Board

- 7.1.1. In the event that the Nominating Committee decides not to nominate a designated representative of an Eligible Organisation or Eligible Constituency, such Organisation or Constituencies shall retain the right, in accordance with Section 2.4.2, paragraph 2, of the GAVI Alliance By-Laws, to:

- request the full Board to appoint the person so selected by such Organisation or Constituency, in which case the recommendation of the Nominating Committee shall be sustained only if the Board approves it in accordance with Section 2.7.1. If a candidate selected by an Eligible Organisation or Eligible Constituency is not so nominated by the Nominating Committee, and the Board decides not to appoint the person so selected by such Organisation or Constituency, the Eligible Organisation or Eligible Constituency shall select another Candidate.

7.2. Secretariat support

- 7.2.1. To facilitate the implementation of the GAVI Gender Policy, the Secretariat will, to the extent possible, support Eligible Organisations and Constituencies in their search for designated representatives or candidates of the under-represented gender. The Nominating Committee may make specific recommendations in this regard.

7.3. Inadvertent gender imbalance

- 7.3.1. Any gender imbalance in the GAVI Board (or amongst Alternate Board members) shall only be deemed to be an imbalance not in conformity with these guidelines and the GAVI Gender Policy if such imbalance arises as a result of a Board decision to make an appointment that does not comply with the gender balance requirements as set out above. It is not a violation of these guidelines if a gender balance arises when a Board member or alternate member resigns or ends their term on the Board and has not yet been replaced, or if one or more Alternate Board members take seats at specific Board meetings and the consequence of such is that the ratio of acting Board members at any one meeting violates the gender balance ratio as set out above.