

Mid-term Review of the Global Polio Eradication Initiative (GPEI) Gender Equality Strategy 2019-2023

October 2022

Findings and
Recommendations

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¹ A list of all key informants interviewed is included in Annex I.

Acronyms

AFP	Acute flaccid paralysis
BMGF	Bill & Melinda Gates Foundation
C4D	Communications for development
CBO	Community-based organisation
CDC	US Centers for Disease Control and Prevention
EMU	Executive Management Unit
FLW	Frontline worker
GMG	Gender Mainstreaming Group
GPEI	Global Polio Eradication Initiative
KPI	Key performance indicator
NEAP	National Emergency Action Plan
NEOC	National Emergency Operations Centre
NGO	Nongovernmental organization
POB	Polio Oversight Board
PRSEAH	Prevention and response to sexual exploitation, abuse and harassment
SBC	Social and behavior change communications
SC	Strategy Committee
SOP	Standard operating procedures
TAG	Technical Advisory Group
UNICEF	United Nations Children’s Fund
WHO	World Health Organization

Executive Summary

This report presents the findings and recommendations of a mid-term evaluation of the *GPEI Gender Equality Strategy 2019-2023*² conducted between August-September 2022. The purpose of the evaluation was to assess progress achieved against the objectives of the GPEI Gender Equality Strategy, identify existing challenges and provide guidance for potential adjustments and other programmatic decisions for the GPEI while reinforcing initiatives that have demonstrated potential for success. This assessment drew on mixed methods, including key informant interviews, an online survey and a desk review of key GPEI publications and gender parity figures in GPEI organisations and advisory bodies.

This assessment shows that the GPEI has taken decisive steps towards moving from gender-blind programming to being more intentionally gender-responsive. The partnership has taken steps towards integrating a gender perspective into different aspects of polio programming and interventions as well as organizational and management structures and has begun to analyse and, to a certain extent, address gender-related barriers to immunization and surveillance, despite challenges posed by COVID-19. Overall, the GPEI is on track to meet objectives 1 and 2 focused on integrating a gender perspective into various aspects of the GPEI's programming and interventions and addressing gender-related barriers to polio eradication. The GPEI has also achieved progress on objective 4 that calls for the creation of a more gender-equitable institutional culture and environments, especially in terms of its increased focus and commitment to tackling sexual exploitation, abuse and harassment (SEAH).

The GPEI is currently not on track in reaching objective 3 to increase women's meaningful participation at the different levels of the polio programme to work towards greater gender parity across the partnership, including at the management and leadership level. Based on the analysis of current personnel figures, the GPEI has not achieved progress towards gender parity since the adoption of the Gender Equality Strategy, especially at the management level and in advisory bodies that continue to be largely led by men. Taking concrete steps to increase the meaningful and equal participation of women at all levels, including as programme beneficiaries and those working at the forefront, remains critical.

Strengthening meaningful and results-driven gender mainstreaming across the partnership requires dedicated gender expertise, scaled-up resources and strengthened gender capacity as well as ownership by all staff and management at different levels. While the assessment identified shortcomings related to implementation of the Gender Equality Strategy, the programme has taken important steps towards strengthening gender mainstreaming and overall gender architecture, for instance by focusing on gender data, conducting context-specific gender analyses, integrating gender into key GPEI documents and strengthening gender architecture and capacity by hiring gender experts and consultants, setting up a Gender Mainstreaming Group, dedicating budgets to gender issues, establishing gender focal point systems and investing in training staff, including GPEI leadership, on gender issues.

The results of the survey and key informant interviews indicate that GPEI staff consider gender issues and gender equality to be important in their work and for the polio eradication programme overall. Many GPEI staff indicated strong motivation and appetite for integrating gender into their work, while the need for further technical support and capacity building, with a focus on operationalising the Gender Equality Strategy into actionable and concrete plans at the country level, remains key. This report outlines key findings related to 1) gender mainstreaming in programmes and interventions; 2) organizational cultures and systems; and 3) gender parity and women's meaningful participation, offering recommendations for the GPEI on each area to accelerate the implementation of the Gender Equality Strategy.

² GPEI (2019) Gender Equality Strategy 2019-2023. Available at: <https://polioeradication.org/wp-content/uploads/2020/10/Gender-Strategy.pdf>

Introduction

Overview

Gender equality is a fundamental human right and a powerful driver for better health outcomes globally. Gender norms, roles and relations, and gender equality, are also integral factors influencing global polio eradication efforts. Since 2019, the *GPEI Gender Equality Strategy 2019–2023*³ has provided guidance on gender mainstreaming in GPEI interventions and institutional structures to support the achievement of a polio-free world. The Strategy aims to promote the integration of a gender perspective into polio programming and interventions as well as organizational and management structures; support countries in addressing gender-related barriers and opportunities to polio vaccination and surveillance; increase women’s meaningful participation and agency at the different levels of the polio programme to work towards greater gender parity across the partnership, including at management level; and create more gender-equitable institutional culture and environments.

The Gender Equality Strategy contains the following objectives:

Figure 1: GPEI Gender Equality Strategy objectives

Objective 1	Objective 2	Objective 3	Objective 4
<ul style="list-style-type: none">Promote the integration of a gender perspective into various aspects of the GPEI’s programming and interventions as well as organizational and management structures	<ul style="list-style-type: none">Support countries in addressing gender-related barriers and opportunities to polio vaccination to increase vaccination coverage	<ul style="list-style-type: none">Increase women’s meaningful participation and agency at the diverse levels of the polio programme to work towards greater gender parity across the partnership, including at the management level	<ul style="list-style-type: none">Create a more gender-equitable institutional culture and environments

The Strategy outlined the following expected results for the 5-year period:

- The GPEI designs and implements gender-responsive programming and applies a gender perspective into its interventions
- GPEI leadership, structures and systems support gender-responsive programming and gender-sensitive approaches
- The GPEI is closer to gender parity and increases women’s meaningful participation and agency at all levels of the partnership

The implementation of the GPEI Gender Equality Strategy began in late 2019, with the Strategy implementation timeline set for five years, covering the whole of 2023. This timeframe was set to align with the previous 2019-2023 Polio Eradication Strategy, which was subsequently revised during 2020-21 and replaced with a new Polio Eradication Strategy for 2022-2026. This mid-term evaluation supports the extension of the Gender Equality Strategy until 2026⁴ to ensure alignment with the new Polio Eradication Strategy⁵.

³ The GPEI Gender Equality Strategy 2019-2023. Available at: <https://polioeradication.org/wp-content/uploads/2020/10/Gender-Strategy.pdf>

⁴ On 18 October 2022, the [Polio Oversight Board officially approved](#) the extension of the GPEI Gender Equality Strategy until 2026.

⁵ GPEI (2021) Polio Eradication Strategy 2022-2026: Delivering on a Promise <https://www.who.int/publications/i/item/9789240031937>

Objectives, scope and audience

This evaluation is meant to support all GPEI leadership and partners working at country, regional and HQ levels to accelerate progress towards implementing the Gender Equality Strategy.

Specifically, this evaluation aims to help GPEI partners to:

- Assess progress achieved against the objectives set in the Gender Equality Strategy
- Reinforce initiatives that have demonstrated potential for success and results for gender mainstreaming and advancing gender equality
- Identify remaining gaps and challenges and address and modify programme interventions accordingly

The primary users of the evaluation include leadership and staff in GPEI organizations, GPEI Global Support Groups, National Emergency Operations Centres, key polio advisory and oversight bodies as well as donors. The evaluation findings can also offer useful insights on gender-related best practices to other organisations operating in the field of immunization and public health programming as well as other technical programmes within GPEI organisations.

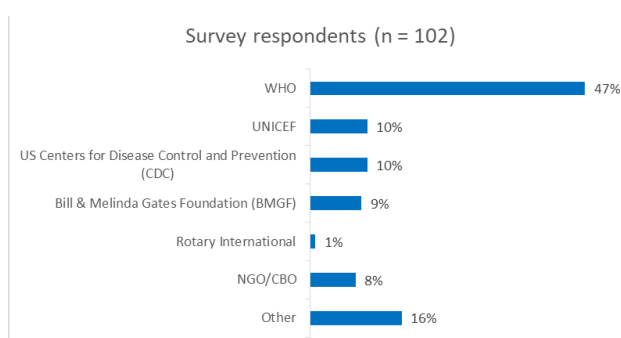
Methodology

The evaluation was conducted using mixed methods, including in-depth interviews with key stakeholders, an online survey and a document review. **In-depth interviews** were held with 30 key informants from GPEI organizations, including programme managers, communication officers and gender focal points working at the country, regional and HQ levels, as well as donors and civil society organizations⁶. An **online survey** was circulated to staff working in polio eradication in all GPEI organisations at the country, regional and HQ levels, as well as government counterparts and NGOs. A total of 102 respondents⁷ (of which 37% were women, 1% non-binary and 62% men) participated in the survey which aimed to measure existing awareness and knowledge levels around gender and gender-responsive programming, overall practices related to the Gender Equality Strategy implementation and to identify existing challenges and areas for further development.

Ethical concerns over ensuring the anonymity of survey respondents, respect for privacy, confidentiality and ensuring the security of the survey responses were given careful consideration. The online staff survey was anonymous and voluntary, and the database was accessible only to the project administrator/report writer. Information collected through key informant interviews has also been anonymised in this report to maintain confidentiality, and all key informants consented to their names being included in the list in annex A.

In addition, a review of key **GPEI publications** was conducted to assess their level of gender integration, along with a review of **personnel records** to assess gender parity data at different levels of all GPEI organisations as well as key Polio oversight, advisory and management structures.

Figure 2: Survey respondents



⁶ A complete list of interviewees can be found in Annex I.

⁷ Of the 102 respondents, 47% were from WHO, 10% from UNICEF, 10% from CDC, 9% from BMGF and 1% from Rotary International. A total of 8% of respondents were from NGOs/CBOs while 16% worked with other organisations, namely the African Field Epidemiology Network (AFENET) and donor agencies.

Key findings

Summary overview

The GPEI has made steady progress towards achieving most of the objectives set out in the Gender Equality Strategy. It has taken steps towards integrating a gender perspective into different aspects of polio programming and interventions as well as organizational and management structures, and has begun to analyse and, to a certain extent, address gender-related barriers to immunization and surveillance. Despite the challenges posed by the COVID-19 pandemic, GPEI members managed to initiate and sustain a number of innovative approaches and establish systems to further strengthen gender mainstreaming efforts across the partnership.

However, the GPEI has shown limited progress in increasing women’s meaningful participation at different levels of the polio programme or in reaching greater gender parity across the partnership, especially at the management level and in technical advisory bodies. The GPEI continues to be mainly led by men, despite commitments to increase gender balance at various levels. Since 2022, the Technical Advisory Groups (TAGs) for Afghanistan and Pakistan have included two women as members, while TAGs comprised only men during 2020-2021.

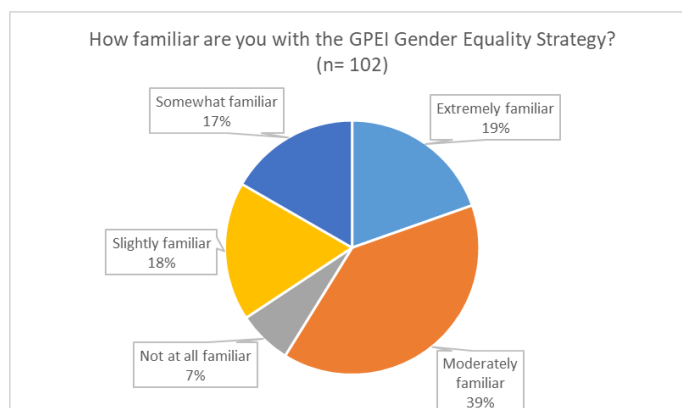
In terms of creating more gender-equitable institutional culture and environments, GPEI partners have initiated some promising interventions, especially with regards to strengthening capacity building efforts, including for senior management, starting to analyse barriers faced by workers at the forefront⁸ through participatory approaches, and investing in efforts to strengthen the prevention of and response to sexual exploitation, abuse and harassment (PRSEAH).

Since the adoption of the Gender Equality Strategy in 2019, gender as a topic has been brought to the fore and formally acknowledged for the first time in the history of the GPEI. Many key informants noted that even the existence of a Gender Strategy is a success on its own as it has helped to advocate for and emphasize the need to shift focus and resources towards gender mainstreaming and advancing gender equality. Interviewees, especially donors, also highlighted that especially at WHO, the Polio programme

GPEI survey respondents

A total of 102 respondents (of which 37% were women, 1% non-binary and 62% men) participated in the survey aiming to measure existing awareness and knowledge levels around gender and gender-responsive programming, overall practices related to the GPEI Gender Strategy implementation and to identify existing challenges and areas for further focus. Of all respondents, 35% were managers, and 44% had worked in polio eradication for over 10 years whilst 31% indicated working for Polio between 6-10 years, 19% between 1-5 years with 6% for less than a year. The majority of respondents (74%) worked in technical units/programmes, 8% worked in senior management roles while 2% worked in communications/C4D/SBC, 7% in administration and finance and 4% in resource mobilisation/grant management.

Figure 3: Familiarity with GPEI Gender Equality Strategy



⁸ This report refers to “workers at the forefront” instead of the previously-used “frontline workers” following a recommendation from the WHO Health Workforce team on updated terminology.

stands out among other technical programmes in terms of the resources, focus and importance placed on gender.

Overall GPEI survey respondents were rather familiar with the Gender Equality Strategy, with only 7% indicating not being at all familiar. However, many key informants noted that the familiarity and knowledge especially of GPEI managers and leadership of the contents and commitments of the Strategy remains rather low. Commitment to advancing the implementation of the Gender Equality Strategy is evident in the GPEI’s allocation of a dedicated budget for gender, with 1% of all funds pledged towards work aiming to advance gender mainstreaming and promote gender equality. The GPEI has also increased resources for implementing the Gender Equality Strategy through investments in human resources, including hiring dedicated gender specialists and consultants at HQ and Regional levels and starting to build a network of gender focal points across all levels. A GPEI Gender Mainstreaming Group (GMG) has been operational since Q4 2021 to provide guidance and enable information sharing and coordination among partners.

The GPEI has also made progress in terms of integrating gender into data collection systems and conducting gender analyses. The establishment of a Gender Data Working Group has been a promising endeavour, and teams have started to disaggregate and analyse polio-related data according to sex and additional factors. New key performance indicators (KPIs) developed for the GPEI include gender-specific indicators and an emphasis on the importance of sex-disaggregated data. However, data disaggregation and analysis is still not consistent across the partnership, and it remains unclear how the data is used to shape programming on the ground. Targeted gender assessments have recently been completed in Pakistan and Afghanistan.

While the GPEI has made progress towards the Gender Equality Strategy goals, there is a need to accelerate progress and build on the several promising practices that have been initiated. Overall, the survey, desk review and interviews with key informants highlighted the need to focus on operationalizing the Gender Equality Strategy at the country and regional levels, including clear, realistic and concrete activities with timelines, accountability mechanisms and continuous tracking and monitoring. There have been efforts to build the capacity of polio staff on gender through online courses and in-person workshops; however, more systematic and context-specific training on gender is required at different levels. Competing priorities, a lack of familiarity of gender issues in general and why they matter within polio eradication in particular, constrain managers and staff in their implementation of the Strategy.

Figure 4: Summary table on GPEI Gender Equality Strategy status and progress

Overview on GPEI Gender Equality Strategy Implementation Progress		
Objective 1: Integrate a gender perspective into various aspects of the GPEI’s programming and interventions as well as organizational and management structures		
Status	Examples of promising practices	Way forward/opportunities
Mostly achieved	<ul style="list-style-type: none"> - Gender Data Working Group and gender data dashboard operational - Gender analyses for Afghanistan and Pakistan completed - Systematic sex-disaggregation of data ongoing, KPIs developed - Gender integrated into Eradication Strategy, Surveillance Action Plan and outbreak SOPs - Gender Champions initiative launched 	<ul style="list-style-type: none"> - Develop actionable and context-specific gender action plans with KPIs to translate the Gender Strategy into actions (CO, RO, HQ) - Consistently collect, use and report on sex-disaggregated data, including in SC/POB briefs - Conduct rapid gender assessments in outbreak settings - Continue to prioritize gender in budgets - Implement the Sex and Gender Equity in Research (SAGER) guidelines - Strengthen gender mainstreaming in C4D/SBC/Communications (inc. gender analysis and participatory approaches)

	- Supportive gender architecture: GMGs and gender focal points, gender experts/consultants in HQ/RO	
Objective 2: Support countries in addressing gender-related barriers and opportunities to polio vaccination to increase vaccination coverage		
Status	Examples of promising practices	Way forward/opportunities
Partly achieved	<ul style="list-style-type: none"> - Specific gender analyses conducted for Afghanistan and Pakistan - FLW Co-Design Initiative underway in Pakistan - Gender increasingly integrated into NEAPs and key guiding documents, including Outbreak SOPs - Gender training (mainly HQ and RO staff to date) - UNICEF training women FLWs on digital literacy, English and other skills for building capacity for opportunities post-eradication 	<ul style="list-style-type: none"> - Implement the recommendations of context-specific gender analyses with action plans to address barriers - Carry out further subnational analyses to identify and tackle gender barriers at the individual, household, community and health facility levels (supply & demand) - Focus on integration with RI and service bundling (nutrition, hygiene, reproductive and maternal health) - Meaningfully engage communities, inc. women and women's groups, in programme design and implementation - Focus on gender-transformative approaches empowering women and girls, engaging men and transforming harmful social norms, roles and power relations - Offer further gender training and upskilling opportunities for staff/FLWs working at the country-level (with a view to transition)
Objective 3: Increase women's meaningful participation and agency at the diverse levels of the polio programme to work towards greater gender parity across the partnership, including at the management level		
Status	Examples of promising practices	Way forward/opportunities
Not at all achieved	<ul style="list-style-type: none"> - Co-Design Initiative in Pakistan aiming to increase women FLWs participation and engagement - Revision of TAG terms of reference and inclusion of two women (including gender expertise) in 2022 	<ul style="list-style-type: none"> - Revise HR strategies and TORs - Introduce quotas where stark imbalances remain - Further revise TAG composition to reach the 50-50 target - Widen the pool of women candidates/women polio experts - Provide training to management and HR on unconscious bias and gender in recruitment - Strengthen gender-responsive and flexible workplace policies - Further identify and map out challenges faced by women FLWs (e.g. building on the Co-Design Initiative solutions) - Address barriers faced by women FLWs and strengthen PRSEAH and safeguarding
Objective 4: Create a more gender-equitable institutional culture and environments		
Status	Examples of promising practices	Way forward/opportunities
Partly achieved	<ul style="list-style-type: none"> - Increased efforts in PRSEAH training and awareness raising - PRSEAH support systems and complaint mechanisms being put in place - Strategy Committee special capacity building session on gender for leadership in July 2022 - Gender training being scaled up 	<ul style="list-style-type: none"> - Strengthening survivor-centred PRSEAH approaches and availability and accessibility of confidential support and complaint mechanisms in communities - Review existing PRSEAH SOPs and mechanisms - Harmonize GPEI approach to PRSEAH - Integrate PRSEAH into other technical polio and FLW training - Offer training on unconscious bias, diversity and inclusion - Strengthen leadership engagement and communications on gender & PRSEAH - Further leadership training on gender equality and inclusion

The following sections provide an overview of the review findings in line with the focus areas of the GPEI Gender Equality Strategy.

Gender mainstreaming in programmes and interventions

Overview

While the GPEI has achieved promising progress in integrating gender considerations in its programming, activities and interventions, gender is currently not consistently mainstreamed at all levels. The establishment of a GPEI Gender Mainstreaming Group and Gender Data Group have been positive developments that have supported an increased emphasis on implementing the Gender Equality Strategy across the partnership. While gender has been integrated into, for example the global Polio Eradication Strategy and Standard Operating Procedures (SOP) for outbreak response, more emphasis is needed on operationalising these commitments on the ground in a context-specific way. Although data is increasingly and more systematically being disaggregated by sex, there are opportunities for further enhancing gender analysis and identifying and addressing gender-related barriers to polio eradication – building on, for example, the successes of the comprehensive gender analyses conducted in Afghanistan and Pakistan. Overall, the use of gender analysis to design interventions to overcome bottlenecks in community acceptability and reach of missed children, as well as the inclusion of gender analysis into relevant publications, including polio eradication strategies, NEAPs, communications/ communications for development (C4D) strategies and plans, could be further strengthened.

The Gender Mainstreaming Group was established in 2021, with the goal to support gender mainstreaming to ensure effective implementation of both the GPEI Gender Equality Strategy and the GPEI Eradication Strategy across the partnership through gender technical support, knowledge sharing, and promotion of best practices and lessons learned, advocacy, communications and coordination. As such, it provides support to other Global Support Groups to mainstream gender in their work.

Gender-responsive budgeting has been a focus area and gender has received increased funding within the GPEI since 2019. However, some key informants highlighted that sufficient budget allocation for gender-focused work and recruitments is still lacking. Some informants, especially donors, raised a concern over gender issues being deprioritized during overall funding cuts, emphasizing the need to continue to invest in gender-focused work.

The complete revision of the GPEI Eradication Strategy in late 2019 put several planned gender-related activities on hold, which was further compounded by the strain COVID-19 placed on the programme, especially at the country-level. Several polio staff pivoted to support with COVID-19 response and the programme experienced challenges in hiring staff and consultants to support gender-related work. The development of country-specific Gender Action Plans was also delayed due to COVID-19 and staff shortages. Going forward, there is a need to develop contextualised action plans at the regional and country level to operationalise the Gender Equality Strategy, building on the promising practices currently underway for example in the WHO EMRO Regional Office as well as in UNICEF Afghanistan.

Overall, GPEI staff and partners who responded to the survey feel that gender is relevant for polio eradication and are committed to advancing gender equality, although many highlighted the need for more concrete and contextualised approaches on gender. Survey respondents felt that gender is relevant to their

organization's/team's work, with 24% of respondents stating it is relevant to the fullest extent and 49% reporting it is relevant to a great extent with only 1% indicating gender is not at all relevant.

Gender data, analysis and research

The programme has introduced and continuously tracks gender-specific indicators and has reported on these through its annual reports and donor reports since 2018. The Gender Equality Strategy introduced four gender indicators focused on measuring vaccination coverage, total vaccine doses received by boys and girls, the timeliness of acute flaccid paralysis (AFP) surveillance and women's participation as frontline workers in polio-endemic countries. In 2021, the Polio Eradication Strategy introduced six gender-specific key performance indicators (KPIs), along with ensuring sex-disaggregation of data for other relevant indicators. These gender-specific indicators were further refined in September 2022, with three indicators introduced, measuring increased community participation in supplementary immunization activities in the endemic countries (with a target of 100% of community sessions including women and men); the proportion of women as National Emergency Operations Centre (NEOC) members in endemic and outbreak countries (target 50%); and the number of outbreak countries that have conducted rapid gender assessments (with a target of three countries per year).

WHO established a Gender Data Working Group in 2020 to further strengthen data collection and analysis to guide programming and to ensure that gender-related discrepancies and barriers can be effectively identified, tackled and resolved. The Working Group includes WHO departments, Regional Offices and GPEI partners – although the Working Group has not yet been systematised to inform programming in a systematic manner, it has been valuable in terms of building staff capacity and enabling polio staff to start to consider the importance of gender data. A gender data dashboard for AFP surveillance has also been put in place to monitor gender indicators and to provide technical assistance for the collection and analysis of sex-disaggregated data and other gender metrics. GPEI collaborated with immunization partners on a gender compendium for the Immunization Agenda 2030⁹ as well as supported the Equity Reference Group¹⁰ to set indicators on gender barriers to immunization.

There are opportunities for further enhancing the collection, analysis and use of sex-disaggregated data at the country-level – for example post-campaign monitoring data is currently not systematically disaggregated or analysed in all endemic and outbreak countries. Currently data on AFP cases coverage is being disaggregated and analysed. One key informant (donor) noted that while sex-disaggregated data might be collected, it is not always visible or adequately reported on, for example on children missed in vaccination campaigns or broader personnel figures, including surveillance officers and personnel in coordinator and supervisory roles. Some key informants also noted that sex-disaggregated data on GPEI and government personnel attending training and other workshops, in-country or abroad, is currently lacking.

Sensitization on the Sex and Gender Equity in Research (SAGER) guidelines has been conducted for GPEI organizations to build awareness on the importance of sex and gender considerations in research and reporting and to support the adoption and application of the SAGER guidelines in all GPEI research. However, the SAGER guidelines have not yet been formally adopted or utilised by the GPEI¹¹.

⁹ Why Gender Matters: Immunization Agenda 2030. Available at: <https://www.who.int/publications/i/item/9789240033948>

¹⁰ The Equity Reference Group for Immunization is a think-tank hub convened by UNICEF and the Bill & Melinda Gates Foundation to generate innovative ideas to accelerate progress on equity in immunization.

¹¹ Key informants noted that WHO is currently reviewing whether the application of the SAGER guidelines should be required for all WHO publications. A recommendation has been sent to the WHO Director-General for final consideration. If adopted, this would require WHO polio activities to be in compliance.

While the current GPEI gender-specific KPIs, refined in 2022, are specific, measurable, achievable and timebound, there is a need to also focus on further measuring the impact and results of different interventions aiming at mainstreaming gender and advancing gender equality. For example, while it is important to track the proportion of community sessions that include women and men in the endemic countries, it is also crucial to assess the way in which communities, especially women, are able to shape the planning, delivery, monitoring and evaluation of polio-related interventions. It is not enough that women are “present”, but they need to be empowered and enabled to shape the agenda, have their voices heard and meaningfully participate. Similarly, while it is important to track the number of outbreak countries that conduct rapid gender assessments, it is also important to measure the results of these analyses and how they are used to guide and inform programming on the ground. One key informant expressed worry over gender KPIs being an “afterthought” and not adequately mainstreamed into the overall GPEI indicator development process from the beginning.

Special gender analyses and gender assessments have recently been conducted by UNICEF, WHO and partners in Afghanistan and Pakistan. The UNICEF assessment,¹² for which research was conducted in 2021, aimed to assess internal policies and procedures to identify challenges and opportunities for women’s participation, review communication for development (C4D) and social and behaviour change (SBC) materials through a gender lens, and provide actionable advice on adapting to the country context. The analysis conducted by the Polio team, in collaboration with the Civil Society Human and Institutional Development Programme (CHIP) in Pakistan¹³ provided a comprehensive analysis of gender-related barriers to immunization, incorporating feedback from frontline workers. While both assessments include actionable recommendations based on lessons learned, it is critical that these assessments are followed up by concrete action plans to operationalise the recommendations – key informants highlighted that Afghanistan has put an action plan in place which is differentiated by regions, with implementation ongoing.

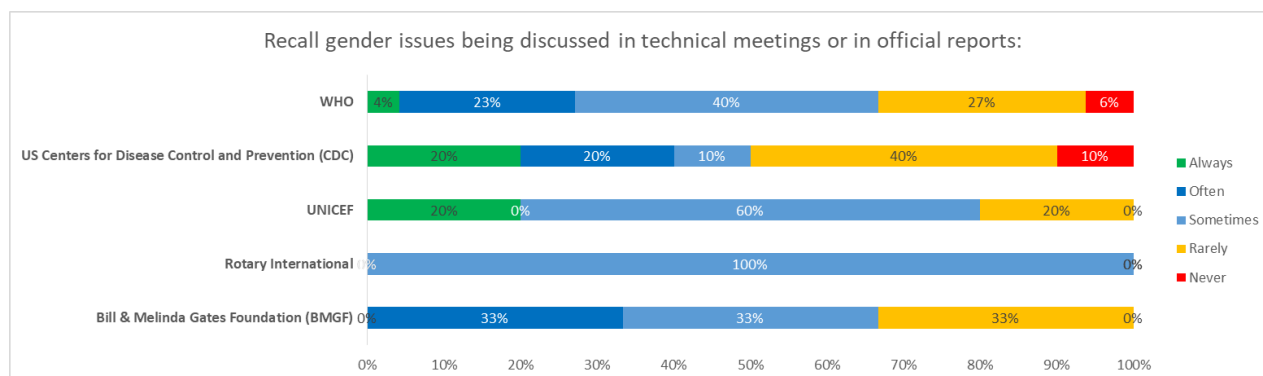
When asked about the importance of collecting and analysing sex-disaggregated data for improving polio programme performance, 14% of survey respondents indicated this being important to the fullest extent and 51% stating it is important to a great extent. Only 4% respondents indicated this not being at all important. Of all respondents, 16% were not at all aware of the polio programme’s different gender indicators while 16% reported being “extremely aware” and 35% being moderately aware. Of the 102 respondents, 59% reported knowing where to find the different types of gender indicators the programme is using while 41% were not aware.

Key informants also highlighted the importance of mainstreaming gender into programmatic briefs and presentations delivered for instance by the Polio Oversight Board or the Strategy Committee – instead of having a separate, short “gender update”, gender issues could be more thoroughly reflected on and integrated into the main programmatic updates.

¹² UNICEF (2022) Adopting a Gender Lens to Improve and Sustain Polio Vaccine Uptake in Afghanistan – Topline Final Report.

¹³ Hashmat, L. and Khan, F. (2021) Gender-Related Barriers to Childhood Immunization in Pakistan: Perspectives of Healthcare Workers

Figure 5: Frequency of gender issues being discussed in technical meetings and report



Addressing gender-related barriers

Of the 102 survey respondents, overall 32% felt that the GPEI addresses gender-related barriers to surveillance and immunization either to the fullest or to a great extent whereas 28% felt it does so to a moderate extent. A total of 10% felt that the GPEI does not address gender-related barriers at all while 29% felt that it does so only to a limited extent. Overall, 32% of respondents reported being extremely familiar with gender issues related to polio programming, for example gender-related barriers to immunization – 27% reported being moderately familiar while 20% were somewhat familiar, with 7% stating not being at all familiar. Almost all (92%) of the survey respondents felt it is “very important” to consider gender issues, for example the different needs, opportunities, challenges and needs of boys, girls, women and men and gender-diverse people in the polio eradication programme. This was “somewhat important” for 5% of the respondents while 3% indicated not understanding what this means.

The GPEI has conducted further research and analysis on gender-related barriers since the GPEI Gender Equality Strategy was adopted¹⁴. The barriers identified by GPEI partners remain similar to those explored in gender analyses and research focused on immunization, gender equality and equity conducted prior to the development of the GPEI Gender Equality Strategy and in recent years¹⁵.

Some of the main gender-related barriers at the individual, household, community and health facility levels highlighted by key informants and the document review include:

- Women’s lack of access to money and transport to reach health facilities / long distance to health facilities, specifically lack of women-friendly transport options (in settings where women are often the primary caregivers).
- Inconvenient opening hours limiting women’s (and families’) access, for example organising vaccination campaigns during (short) daytime hours when most men are outside working or in the bazaar in settings where women need male *mahrams* to accompany them.

¹⁴ These include, for example, the gender analyses conducted in Afghanistan and Pakistan in 2021-22.

¹⁵ See, for example: GPEI (2018) Technical Brief; Gender; Feletto, M. et al (2019) Gender Lens to Advance Equity in Immunization. Equity Reference Group; Feletto M, Sharkey A. (2019) The influence of gender on immunisation: using an ecological framework to examine intersecting inequities and pathways to change. *BMJ Global Health*. 2019;4(5):e001711; Merten S. et al (2015) Gender determinants of vaccination status in children: Evidence from a meta-ethnographic systematic review *PLoS ONE* 10(8); and Antai, D. (2015) Gender inequities, relationship power, and childhood immunization uptake in Nigeria: a population-based cross-sectional study. *International Journal of Infectious Diseases* Vol 16:2.

- Women’s limited agency and decision-making roles (including for children’s healthcare and vaccination).
- Women’s restricted mobility that prevents them from visiting vaccination sites independently.
- Utilising vaccination sites and delivery modalities that exclude women (e.g. only mosque-to-mosque campaigns in settings where women are not allowed to enter mosques with their children).
- Social norms that prevent male vaccinators entering households or interacting with caregivers – in these settings, the lack of women FLWs/vaccinators poses challenges for entering households.
- Gender-based violence, including child marriages, which remains prevalent in many of the endemic and outbreak countries, further limits women’s agency and curtails their rights (for example to education), affecting their utilization of health services.
- Gender-specific contextualised beliefs about the effects of the vaccine (for example, beliefs that the vaccine causes infertility for boys/girls in specific contexts) and preferential treatment, including better nutrition and healthcare for boys in settings where girls are less valued).
- Lack of access to information on polio and vaccines (for example, selected communication tools/channels/approaches not being accessible to women or those who are often more illiterate).
- Lack of women-friendly policies and facilities at the health facility level impacting both women health workers and beneficiaries (e.g. lack of daycare, adequate water and sanitation facilities, security, transportation, low salaries, lack of training, negative attitudes from healthcare providers)
- Further gender-related barriers affecting the health workforce/FLWs: insecurity, fear of harassment, exploitation and abuse (including from supervisors), lack of appropriate travel/transport modalities, unequal pay, lack of professional development opportunities, lack of flexible work arrangements to enable juggling the “double burden” of household work and paid labour, “gate-keeping” from men in the community out of fear of women taking their jobs or limiting their participation in work outside the home in general, biased recruitment practices (e.g. nepotism, biased selection criteria limiting the pool of women candidates)

Addressing these and other gender-related barriers would result in increased vaccination coverage, fewer missed children and strengthened AFP surveillance and timely healthcare. To effectively address and tackle these challenges, engaging men as caregivers and establishing partnerships with local organizations and grassroots networks as well as with local religious and community leaders is critical. Implementing gender-transformative approaches that focus on empowering women and girls and shifting unequal power relations is key. Increasing the meaningful participation of communities, especially women, in programme design, implementing and monitoring and evaluation is an important part of gender-transformative programming that aims to identify and address gender-related barriers, shift harmful gender norms and advance gender equality.

Analysis conducted by UNICEF Afghanistan highlighted the importance of cross-sectoral integration, noting that an effective way of overcoming vaccine refusals

Gender-transformative approaches in Nigeria

A key informant from the Vaccine Network Nigeria explained how the NGO works towards gender-transformative actions by empowering women in communities through village savings and loan associations to support them with accessing funds and engaging in small-scale economic activity. Through its “Whole Family Approach”, the NGO engages fathers as caregivers and creates incentives for fathers, youth and women to visit health facilities to not only receive polio and other vaccines for their children but to also conduct blood pressure and malaria checks. Integration of health services could also focus on ensuring that women receive information and support on, for example, gender-based violence or sexual and reproductive health issues. For example, Vaccine Network Nigeria also provides psychosocial counselling to young women at risk of child marriage.

and barriers was to discuss broader health issues concerning women and children, such as malnutrition, pregnancy and breastfeeding and to bundle services. Key informants also emphasized the need to focus on better integrating polio eradication into routine immunization systems at the country-level to effectively tackle barriers.

Community outreach and vaccination campaigns should be informed by context-specific gender analysis, with the selection of vaccination modalities (house-to-house, fixed sites such as mosques/schools) being carefully considered to ensure women’s safe and equitable access. The GPEI could further build on the successes of the gender analyses conducted in Afghanistan and Pakistan to address gender-related barriers faced by communities and health workers at the individual, family, community, and health facility levels.

Gender-responsive communications

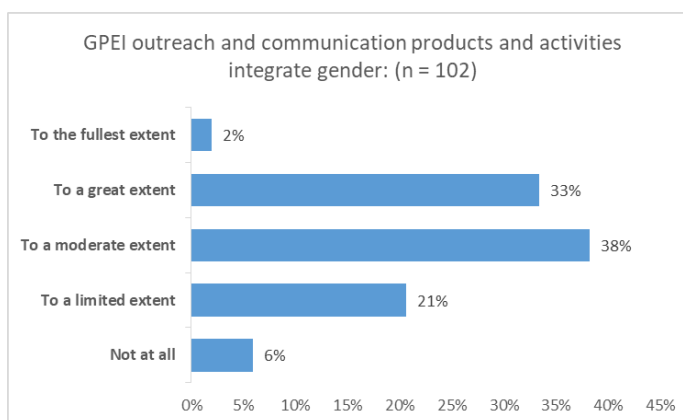
Of all survey respondents, 35% felt that GPEI communications products and activities integrate gender considerations either to the fullest or to a great extent whereas 6% felt they do not integrate gender at all. This was similar both for respondents working for WHO and UNICEF – 10% of UNICEF staff and 6% of WHO staff felt that gender is not at all integrated while 20% of UNICEF and 25% of WHO respondents noting that gender is integrated to a great extent¹⁶.

Some key informants highlighted that a gender perspective is integrated into SBC/C4D plans, for example in Afghanistan and Pakistan, and that gender dimensions are considered in data collection and community engagement activities. However, it is evident both from the survey and key informant interviews that communities and beneficiaries are not consistently involved in the design and implementation process of communication and outreach activities and that there are further opportunities for strengthening gender-responsive C4D/SBC, with the possibility to also tap more into gender-transformative interventions tackling harmful gender norms, roles and power relations and empowering women.

There is a need to strengthen the consistent utilisation of participatory approaches that engage communities, including diverse women, in the design, testing, implementation and M&E of communications and outreach interventions. To support these efforts, the GPEI could invest in building the capacity of communications/C4D/SBC teams on gender-responsive communications as well as on how to conduct gender analysis, develop and tailor messaging and delivery modalities/channels. GPEI gender experts and gender focal points could further support these efforts by playing an active role in reviewing communication and outreach products, campaign plans and communications content.

Of the five polio communication and C4D strategies reviewed by UNICEF Afghanistan in 2021¹⁷, only two explicitly drew on gender theories or frameworks, and two regional strategies included a brief description of demographic and ethnic profiles. However, as UNICEF noted in its gender analysis report, neither strategy specifically explored how gender-related norms, attitudes or

Figure 6: Gender integration in GPEI outreach and communications products



¹⁶ Note that the review did not include a content analysis of communications materials but is based on survey and interview findings.

¹⁷ UNICEF (2022) Adopting a Gender Lens to Improve and Sustain Polio Vaccine Uptake in Afghanistan – Topline Final Report.

practices influence vaccination dynamics and outcomes. UNICEF also found that training materials should offer more support on message development and audience segmentation and engagement, noting that for example communication materials that specifically address adolescent mothers would be different than those targeting older mothers or grandmothers. UNICEF Afghanistan has started the implementation of the gender assessment recommendations based on a thorough process carried out region by region.

Overall, the GPEI could further strengthen gender mainstreaming across SBC/C4D and communications interventions by consistently including context-specific gender analysis into all communications strategies, guidelines and action plans, ensuring that actions are guided and shaped by gender analysis at all stages. Gender should also be consistently included in perception/knowledge, attitudes and practices (KAP) surveys, with data disaggregated by sex and analysis exploring gender issues, including gender-related barriers¹⁸. Prominently featuring gender-related issues and information on the GPEI website, newsletters, social media and other strategic communications content has helped to further highlight GPEI's gender equality commitments and work to external audiences¹⁹.

In March 2020, the GPEI introduced a "Gender Champions²⁰" initiative to support advocacy, raise the public profile of gender issues in polio eradication and to contribute to gender mainstreaming efforts. Gender Champions commit to the GPEI Gender Equality Strategy and support its full implementation through two annual concrete commitments – these can be, for example, issuing social media posts on gender and polio or attending high-level events. Being a Gender Champion provides opportunities to engage with Member States (politically, financially and technically) to amplify their contribution to polio eradication and concurrently support mutual objectives around gender mainstreaming. Many key informants, including donors, welcomed the Gender Champions initiative and recognized it has helped to raise the public profile of gender issues in the polio programme. The GPEI could review the initiative to further strengthen its impact, for example by assessing the effectiveness and results achieved by the initiative to date and possibly tweaking the content of individual commitments to optimize them for wider impact.

Gender integration in key programme documents

A review of key GPEI documents was carried out to assess the extent to which they consider or integrate gender-related considerations. A total of 10 GPEI publications from 2020-2022 were selected for the review, including the GPEI Polio Eradication Strategy, country-specific National Emergency Action Plans (NEAPs) and Technical Advisory Group (TAG) reports for Afghanistan and Pakistan, annual GPEI report as well as programming guidelines and standard operating procedures.

The content analysis matrix and methodology were modified and adapted from a WHO publication *Gender Mainstreaming at WHO: Where are we now?*²¹

The content analysis of GPEI documents focused on the following questions:

- Does the document include one or more "explicit" statements/references to gender equality or gender equity? (a one-off reference to having women in FLW teams is not counted)
- Does the document refer to consultation/ partnerships with women's groups and beneficiaries, including women?

¹⁸ As outlined in the GPEI Gender Equality Strategy commitments (page 19) and in UNICEF (2022) Adopting a Gender Lens to Improve and Sustain Polio Vaccine Uptake in Afghanistan – Topline Final Report.

¹⁹ <https://polioeradication.org/gender-and-polio/gender-and-polio-eradication/>

²⁰ <https://polioeradication.org/gender-and-polio/polio-gender-champions/>

²¹ Gender mainstreaming in WHO: Where are we now? Report of the baseline assessment of the WHO Gender Strategy (2011) World Health Organization.

- Does the document recommend the use of / use or present sex-disaggregated data, where relevant?
- Does the document analyse/interpret the differences between the outcomes, needs, roles, norms for women, men and people with diverse gender identities (i.e. gender analysis)?
- Does the document specify at least one action/recommendation to address gender issues?

In addition to the above questions, specific keywords commonly included in gender-responsive documents were searched in each document, including: *gender, sex, equity, equality, women, girls, PRSEAH* and related terms.

There has been a notable improvement in the level and depth of gender integration into the key GPEI documents since the adoption of the GPEI Gender Equality Strategy. Prior to 2018, the majority of GPEI documents did not explicitly mention gender issues, gender-related barriers or specify actions to address gender inequality, nor did they contain gender analysis or sex-disaggregated data. All 10 reviewed GPEI documents published between 2020-2022 explicitly mentioned gender issues, albeit with different levels of scope and depth in addressing gender issues and integrating gender across the document.

Six of the 10 reviewed documents contained sex-disaggregated data or promoted the importance of collecting and analysing sex-disaggregated data and eight documents specified actions to address gender inequalities. GPEI publications could further strengthen the inclusion of gender analysis, for example reflecting on gender-related barriers to immunization and surveillance and to women’s meaningful participation. Only three of the 10 reviewed documents specifically contained some level of gender analysis. Moreover, half of the documents did not highlight the inclusion or engagement with women’s groups in polio programming.

Of the 102 survey respondents, 38% felt that GPEI reports and strategic documents incorporate gender considerations either to the fullest or to a great extent, whereas only 2% felt they do not consider gender at all and 26% indicating they do so to a limited extent.

Gender has been fully integrated into and reflected across the Polio Eradication Strategy 2022-2026. While the previous Polio Eradication & Endgame Strategic Plan 2013-2018 mentioned gender only once in the context of the polio programme’s achievements in addressing gender barriers, without including any analysis or background of the content or dynamics of these barriers, GPEI’s current Eradication Strategy shows considerable progress in its level of gender integration. The Eradication Strategy sets out clear objectives, commitments and activities related to gender, including for programmatic and institutional gender mainstreaming, commits to at least 1% direct funding allocations to support gender-related activities and includes gender-responsive key performance indicators to monitor progress. Similarly, the Global Polio Surveillance Action Plan (GPSAP) prioritizes the systematic collection of sex-disaggregated data and gender analysis to inform decision-making and address identified gaps and barriers. It highlights the importance of capacity building on gender as well as implementing PRSEAH measures.

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TAG reports for both Afghanistan and Pakistan show progress in terms of gender integration. While neither of the Afghanistan or Pakistan TAG reports from February and March 2020 meaningfully integrated gender considerations, there was a considerable improvement in the June 2021 TAG reports for both countries as they highlighted, for example, the importance of gender-responsive communications strategies, women’s increased participation at all levels and the meaningful engagement of women’s groups and civil society in programme design, delivery and assessment.

The Afghanistan 2021 NEAP includes gender considerations both under objectives as well as strategic interventions, highlighting commitments to conducting gender analysis, collecting and analysing sex-disaggregated data and increasing the participation of women frontline workers at the field level. However, the NEAP could have benefited from outlining more concrete activities and targets to advance these objectives, as well as including information on commitments around PRSEAH and enforcing zero tolerance policies and safeguarding of FLWs and beneficiaries. Overall, country-level guiding documents such as the NEAPs should also focus on ensuring increased, meaningful participation of diverse women, including NGOs and women’s groups, in programme design, implementation, monitoring and evaluation.

The Pakistan NEAP highlighted efforts to strengthen the programme’s gender responsiveness by mainstreaming gender at various stages of programme planning and design, implementation, as well as monitoring and evaluation, addressing gender-related barriers to vaccination and the engagement of women. The NEAP also introduced specific, concrete activities and commitments to advance work in this area, while also outlining commitments around enforcing PRSEAH and zero tolerance policies. However, the NEAP could have further strengthened gender integration by, for instance, addressing the need for sex-disaggregated data collection and conducting gender analysis to shape programme interventions and systematically address gender-related barriers. Specific actions to increase gender parity could have also been included to support the commitment to achieve a “15% increase in female staff every year (all staff)”.

Figure 7 contains the GPEI documents analysed according to different categories.

Figure 7: Review of key GPEI documents

DOCUMENT	Mentions gender issues	Consults /promotes consultations with women’s groups	Uses/ promotes sex-disaggregated data	Analyses/ interprets the different outcomes (gender analysis)	Specifies actions to address gender inequalities	Keywords ²²
Polio Eradication Strategy 2022-2026	Yes	No	Yes	Yes	Yes	Gender (158), sex (19) equity (8), equality (28), women ²³ (21), girls (1), PRSEAH ²⁴ (15)
Afghanistan National Emergency Action Plan (NEAP) 2021	Yes	Yes	Yes	No	Yes	Gender (6), sex (0) equity (2), equality (0), women (44), girls (0), PRSEAH (0)
Pakistan National Emergency Action Plan (NEAP) 2021-2023	Yes	No	No	No	Yes	Gender (14), sex (0) equity (1), equality (3), women (7), girls (0), PRSEAH (3)

²² Keywords repeated e.g. in multiple tables or those referring to document titles (e.g. Gender Equality Strategy) are not counted

²³ Includes mentions of “females”

²⁴ Includes mentions of PSEA/exploitation/harassment and related terms

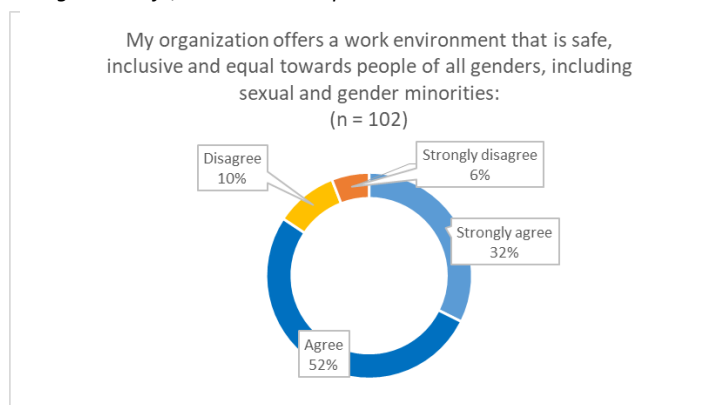
GPEI Annual Report 2020	Yes	No	Yes	No	Yes	Gender (31), sex (2) equity (0), equality (0), women (9), girls (8), PRSEAH (1)
Standard Operating Procedures: Responding to a Poliovirus Event or Outbreak 2022	Yes	Yes	Yes	Yes	Yes	Gender (90), sex (15) equity (0), equality (0), women (28), girls (0), PRSEAH (18)
Global Polio Surveillance Action Plan 2022-2024	Yes	Yes	Yes	Yes	Yes	Gender (157), sex (48) equity (3), equality (12), women (32), girls (1), PRSEAH (15)
Afghanistan TAG Report June 2020	Yes	No	No	No	No	Gender (1), sex (0) equity (0), equality (0), women (10), girls (0), PRSEAH (0)
Pakistan TAG Report June 2020	Yes	No	No	No	No	Gender (1), sex (0) equity (0), equality (0), women (3), girls (0), PRSEAH (0)
Afghanistan TAG Report March 2021	Yes	Yes	Yes	No	Yes	Gender (3), sex (1) equity (0), equality (0), women (2), girls (0), PRSEAH (0)
Pakistan TAG Report February 2021	Yes	Yes	No	No	Yes	Gender (9), sex (0) equity (0), equality (0), women (6), girls (0), PRSEAH (0)

Organizational culture and systems

The GPEI Gender Equality Strategy emphasizes that in order to achieve its objectives, change is required at the technical level (addressing capacities, systems and instruments for gender mainstreaming), at the policy level (including commitment, prioritizing and decision-making) and at the organizational culture level, noting that adjustments are required not only in the work that the GPEI carries out but also in *how* the work is done. The Gender Equality Strategy calls for establishing systems of accountability for gender results, strengthening leadership commitment, and reshaping the culture of the GPEI organizations by tackling harmful attitudes, beliefs and behaviours.

Many survey respondents and key informants expressed that there is high-level, political will within GPEI leadership structures to build gender-responsive programming and increase women’s participation, especially as workers at the forefront. Of all survey respondents, around 21% strongly agreed and 69% agreed that staff in their organisation are committed to advancing gender equality, while 3% strongly disagreed and 8% disagreed. The results were similar when asked to assess whether managers in

Figure 8: Safe, inclusive and equal work environment



their organization are committed to advancing gender equality, with 27% strongly agreeing and 59% agreeing.

Of all respondents, 52% agreed and 32% strongly agreed that their organization offers a work environment that is safe, inclusive and equal towards people of all genders, including sexual and gender minorities, with 10% disagreeing and 6% strongly disagreeing with this statement.

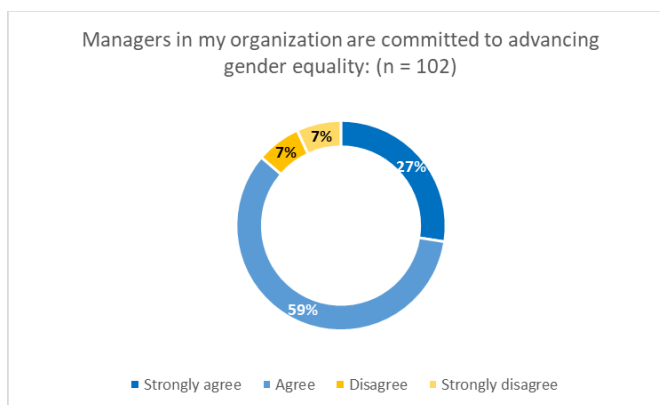
Overall 63% of respondents strongly agreed and 35% agreed with the statement that “women and men should be treated equally”, with 2% strongly disagreeing. When asked whether women and men are treated equally *in their organization*, 31% strongly agreed and 44% agreed. A quarter of all respondents either disagreed or strongly disagreed with the statement. There was a difference in women and men’s perceptions as of all women respondents, 55% either agreed or strongly agreed that women and men are treated equally in their organization, compared to 87% of male respondents. Of all respondents, 83% felt that women and men are treated equally in their team/department/programme, with 17% disagreeing or strongly disagreeing.

Gender architecture, leadership and accountability

In the past three years, the GPEI has strengthened its gender architecture to support gender mainstreaming efforts. The Gender Equality Strategy has been integrated into the main Polio Eradication Strategy. Convening once a month, the Gender Mainstreaming Group (GMG) is operational, and Gender Specialists and consultants have been hired to support GPEI partners in HQ and Regional Offices and a network of Gender Focal Points is being built.

While the GPEI should be commended for allocating 1% of the annual budget for 2022-2026 under the new Eradication Strategy, the financial systems and processes of the implementing agencies and across the GPEI partners are not yet robust enough (WHO) or being applied (UNICEF) to adequately track activities and expenditure. This is resulting in a lack of clarity around the gender budget for 2022 and whether any activities are being conducted. Having gender included in the 2023 budget cycle will help ensure accountability for gender commitments and clarity on planned activities. A gender budget marker tool was introduced in the new Eradication Strategy; however, it is not yet being implemented. The gender marker is used as a scoring system to ensure resources for gender activities and allows for tracking of allocations for activities targeting gender equality. It is a UN requirement that is reported through the UN System-wide Action Plan on Gender (UN-SWAP).

Figure 9: Managers’ commitment to gender equality



The gender budget line and resources are currently held at global level and allocated across key activities areas by agency that have been identified by the Gender Mainstreaming Group. Activities conducted by WHO and UNICEF are considered as direct budget requirements or Financial Resource Requirements (FRRs) and those by BMGF, CDC and GAVI are non-direct budget requirements or non-FRR. There is a general gender budget line that is held in reserve for requests from countries. To date, no allocations have been made from this reserve. As gender was not part of the 2022 budget process, there is currently a gap at country and

regional levels in direct gender activities and expenditures. However, key informants noted that with the 2023 budget process that will be led by the Executive Management Unit (EMU) and FMG (and supported by the GMG), countries and regions will be asked to define gender-related activities and required budgets. Going forward, there should be much smaller amounts retained at the global level as regions and countries start to implement gender activities, including hiring staff and conducting training.

While gender has been incorporated into the Terms of Reference of the Global Support Groups operating under the EMU, gender is still not consistently considered or mainstreamed across their work. Overall, the GMG and other Global Support Groups could benefit from strengthened coordination and collaboration and the presence of gender experts in all groups.

Gender focal points within the GPEI are important part of overall gender architecture and for linking strategy and practice, but their work is constrained by a lack of clear selection criteria for their roles, insufficient time to complete gender-focused work on top of their existing duties, few professional development or training opportunities and little recognition within formal performance management and evaluation processes. The selection and adequate professional development of gender focal points in the GPEI is an area to be further streamlined and strengthened going forward.

While key informants and survey respondents pointed to gender issues being increasingly discussed and addressed by GPEI leadership, many felt that this often lacks the required depth and concrete actions, and sometimes amounts to mere “lip service”. However, there seems to be an appetite from staff, including from senior-level staff, to increase their expertise and capacity to implement gender-responsive approaches. Respondents identified several opportunities to further strengthen leadership support on gender issues, including integrating gender into all high-level programmatic updates at the POB/SC, having senior management address gender-related issues and provide updates on the Gender Equality Strategy implementation in staff meetings and through other internal communication modalities, and strengthening the integration of gender competencies and responsibilities into the job descriptions/terms of reference for senior managers.

As an example of senior leadership engagement, for the first time ever, in July 2022 GPEI Strategy Committee members participated in a 3-hour deep-dive session on gender issues as part of the Strategy Committee’s annual retreat. The session aimed to strengthen Committee members’ awareness of the GPEI Gender Equality Strategy commitments and accelerate progress on its implementation. Further similar activities aimed at building leadership capacity and enhancing commitment on gender issues, with concrete follow-up, would support the implementation of the Gender Equality Strategy. Moreover, gender issues could be integrated into other technical Strategy Committee sessions more consistently.

Strategy Committee Gender Session

The three-hour Strategy Committee deep-dive gender session held in July 2022 aimed to take stock of achievements and successes to date in terms of implementing the GPEI Gender Equality Strategy, to identify remaining challenges and support Committee Members and Deputies to develop concrete action plans for strengthening the implementation of the Gender Equality Strategy in relation to the 2022-23 budget and work plan. The session also aimed to match the needs of SC Members and Deputies to the ongoing support available for implementing the Gender Equality Strategy. The participants familiarized themselves with the four Gender Equality Strategy objectives through interactive and creative exercises and role plays and discussed existing challenges and gaps. At the end of the session, all Strategy Committee members identified and committed to concrete gender-related actions linked to each Gender Equality Strategy objective, and presented these to the group. Each Strategy Committee member will participate in individual follow-up sessions to review and finalise their draft action plans.

Gender Capacity

When asked how confident staff feel in integrating gender perspectives into their work, 63% of survey respondents reported feeling confident either to the fullest or to a great extent while 25% felt so to a moderate extent. In total 3% reported feeling not at all confident while 10% felt confident to a limited extent. Overall, around half of all respondents (52%) reported having received training related to gender issues. Of WHO and UNICEF employees, 60% reported receiving gender training and of BMFG respondents, 89% had received training – this was 10% for CDC, and the single respondent from Rotary International reported having received gender training. In terms of specific training related to gender and polio, 24% of respondents reported having attended such training – of these, around half (53%) reported that the training helped them to apply a gender perspective into their work and 30% felt it did so only to a limited extent or not at all.

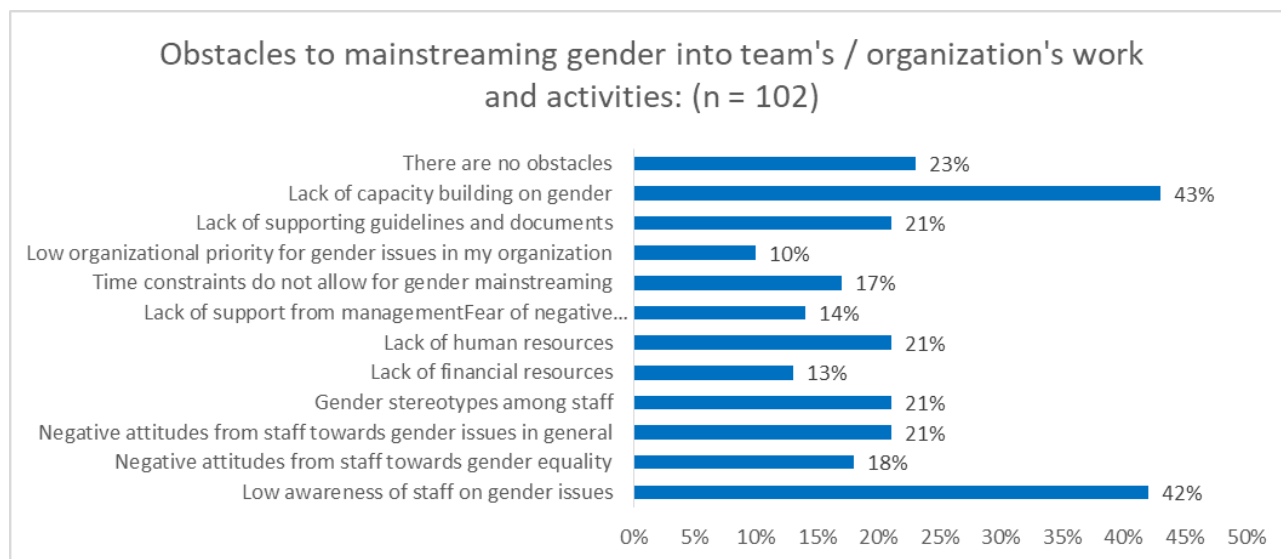
Training courses commonly mentioned by survey respondents as well as by key informants included the GAVI GenderPro Gender and Immunization Course, BMGF Gender Integration modules and surveillance training, online gender training provided by WHO and UNICEF as well as mandatory PRSEAH-related online modules. WHO, supported by GPEI partners developed a gender training webinar in English and French for the WHO 2020 “Certification Course in Routine Immunization Activity Planning - GRISP” course. Due to the high demand for training, the webinar was converted to a module under the Immunization Agenda 2030 umbrella. The GRISP course has reached over 600 Expanded Programme on Immunization (EPI) staff in 70 countries. Attention was made to encourage women to apply and additional support provided to encourage completion. One innovation included setting up “office hours” with gender and immunization experts from WHO, UNICEF and GAVI, where GRISP course participants could attend one-to-one discussions on gender barriers to polio and other immunization activities, strategies and challenges. An analysis of the scholars’ assignments is being undertaken by WHO’s Immunization department to understand the types of barriers national EPI staff are facing, including for polio.

The topics survey respondents were most interested in learning about included Gender in polio operations (such as Outbreak Response/SIAs/surveillance) (62%); Introduction to the concept of “gender” and how it affects the polio programme (61%); Strategies for overcoming gender barriers in the workplace (60%) and Gender mainstreaming in polio programming (60%). Additional training topics requested by survey respondents and key informants included training on accountability structures, gender-responsive communications, use of outbreak response SOPs and gender checklists, the collection, analysis and reporting of sex-disaggregated data, gender-responsive budgeting, advocacy on gender issues with governments and partners, and specialised gender training for Strategy Committee members and leadership in general. The need for training on gender-equitable recruitment practices and unconscious bias was also mentioned.

Many respondents emphasized the need for tailored and context-specific training clearly linked to different operational roles on the ground. The need for training at all levels, including for management and leadership, was emphasized. Key informants highlighted the importance of building the capacity of Ministries of Health on gender issues, especially in outbreak settings as they are the main implementers of polio-related activities. Many key informants highlighted the need to better answer the “why” of gender and polio, shedding light on the concrete benefits and results to be achieved by gender integration and mainstreaming.

When asked why their work has not included anything related to gender, the most common answer was “I would need training on gender and polio issues” (46%) and “I would need technical support to integrate gender issues” (36%). Most commonly noted obstacles to gender mainstreaming included the lack of capacity building (43%), low awareness of staff on gender issues (42%) as well as the lack of human resources, gender stereotypes among staff and negative attitudes from staff towards gender equality (21%) (see figure 10).

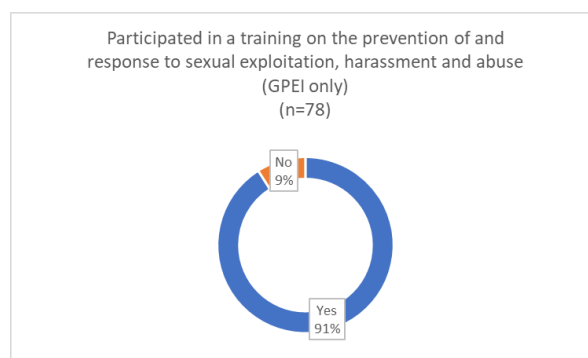
Figure 10: Obstacles to gender mainstreaming



Prevention and Response to Sexual Exploitation, Abuse and Harassment (PRSEAH)

GPEI organizations have stepped up efforts in preventing and responding to sexual exploitation, abuse and harassment, especially since late 2021. Many key informants noted that the increased emphasis on PRSEAH within the polio programme is linked to the sexual exploitation and abuse committed by WHO workforce during the Ebola response in the DRC exposed by the media in 2021²⁵. Since 2021, WHO has screened all consultants and staff as well as pre-screening everyone on WHO polio rosters against the UN list of SEAH perpetrators, a list which is also used by UNICEF. Plans are underway to include additional databases in the screening. Key informants and survey respondents reported PRSEAH issues being elevated as a priority with an increased focus across the partnership, and that training has been made available and mandatory for staff. Of all survey respondents, 77 % reported having participated in a training on PRSEAH issues – this was 91% for survey respondents from the GPEI organisations. All BMGF and Rotary International respondents reported having participated in PRSEAH training while this was 96% for WHO, 80% for UNICEF and 70% for CDC staff²⁶.

Figure 11: Participation in PRSEAH training



While there has been more awareness raising and capacity building of polio staff on PRSEAH, protection and safeguarding systems as well as confidential reporting mechanisms are not systematically in place, especially regarding beneficiary populations and frontline workers²⁷. Feedback to people who report SEAH as well as victim/survivor support remains

²⁵ Final Report of the Independent Commission on the review of sexual abuse and exploitation during the response to the 10th Ebola virus disease epidemic in DRC: <https://www.who.int/publications/m/item/final-report-of-the-independent-commission-on-the-review-of-sexual-abuse-and-exploitation-ebola-drc>

²⁶ It should be noted that the number of overall survey participants was higher for WHO, with 48 total participants compared to only 1 from Rotary, 9 from BMGF and 10 each from CDC and UNICEF.

²⁷ According to WHO, FLWs are classified as beneficiaries.

fragmented. There is a need to focus on strengthening survivor-centred approaches, including offering concrete support, including financial, psychosocial and other required support, to survivors/victims of exploitation and abuse. Many key informants recalled cases of sexual exploitation or abuse of women in the polio programme where the survivors were reportedly not supported in any way. Community-based reporting is currently being set up in Afghanistan and Pakistan, and PRSEAH is a core priority focus area of the Pakistan Polio Gender Working Group – however, opportunities for beneficiaries to report misconduct or seek help are currently either weak or non-existent.

While PRSEAH is included in the GPEI Gender Equality Strategy, there is confusion between the agencies in terms of how the partnership could effectively implement PRSEAH policies together as each agency follows their own systems and procedures. Further clarity on the specific GPEI commitments and mechanisms is therefore required, especially as the Eradication Strategy outlines how the GPEI will have a harmonized approach to PRSEAH throughout the programme, not only at the implementing agency-level.

Of all survey respondents, 69% recalled zero tolerance to sexual exploitation, abuse and harassment issues being discussed or addressed by their organization's management within the last year. Nineteen percent reported zero tolerance issues being discussed over a year ago whilst 8% did not recall the issue being addressed. Of all respondents, 61% had not heard about or did not know anyone who had experienced sexual harassment within their organization while 20% reported hearing about such a case within the last 3 years.

When it comes to having PRSEAH procedures in place, 87% of all respondents either agreed or strongly agreed that their organization has useful procedures in place to prevent and address sexual harassment and clear policies on the prevention of sexual exploitation and abuse of the beneficiary population (including community volunteers). Of GPEI respondents, 89% agreed or strongly agreed that there are useful procedures in place: this was 100% for UNICEF and Rotary International, 90% for CDC and 81% for WHO. Overall 85% agreed or strongly agreed their organization takes the zero tolerance policy on sexual exploitation, harassment and abuse seriously. In terms of awareness about complaint mechanisms, 86% of respondents reported knowing how to report or make a complaint whereas 8% reported not knowing and 6% were not sure. 85% of respondents either agreed or strongly agreed with the statement of "In the event that I should report an instance of sexual exploitation and abuse, I can do so without fear of retaliation" while 6% strongly disagreed and 9% agreed.

Gender parity and women's meaningful participation

Overview

The GPEI is currently not on track to reach gender balance and increase gender parity as the GPEI continues to be largely led by men. Key governance, advisory groups and oversight bodies, such as the Technical Advisory Groups, the Strategy Committee and the Polio Oversight Board, remain mainly composed of men, and staff in GPEI organizations are mostly men, especially in higher grade levels and senior posts.

When asked whether the GPEI has made progress in increasing women's meaningful participation at all levels of the partnership, 77% of all survey respondents agreed or strongly agreed that there has been progress, whereas 14% disagreed and 10% strongly disagreed. Many respondents and informants noted positive change in terms of recruiting more women as frontline workers and in middle and lower management roles but the persistently low proportion of women holding leadership positions was highlighted by many. A key informant noted that the EMU formation represented a missed opportunity to ensure balanced

representation. Women's absence from leadership positions at the country, regional and HQ levels, was underlined.

There is a need for more targeted recruitment and addressing gender bias at all steps of the hiring process. Conscious efforts towards expanding the pool of candidates and encouraging qualified women candidates to apply is required, especially in terms of recruiting more women in leadership positions. Reviewing job descriptions for implicit biases and modifying mandatory requirements, such as education and work experience requirements and providing flexible work arrangements where possible, as well as building an equitable, inclusive and safe work environment, would support in further advancing gender parity goals.

Workers at the forefront and programme beneficiaries

Women currently make up 15% of workers at the forefront in Afghanistan (42% in urban areas) and 59% in Pakistan. Women frontline workers continue to face multiple barriers and challenges hampering their full and equal participation. Among these are the "double burden" and time poverty affecting women face in many settings, being expected to take care of household chores and caretaking responsibilities in addition to paid work. Women's lower literacy levels and access to education in many settings pose barriers, highlighting the need to review mandatory education requirements and invest in targeted capacity building to widen the pool of women candidates at the field level. In many settings, women face resistance from their families and male community members on participating in polio campaigns and working outside the household. The importance of ongoing advocacy and engagement with men, including with community and religious leaders, was highlighted.

Insecurity and the risk of harassment, especially sexual harassment and abuse, was noted as another barrier affecting women's participation. Difficult terrain and access to certain areas were also mentioned, highlighting the need to provide context-specific, affordable, safe and acceptable transport options for women to conduct their work (for example, not expecting all FLWs to operate motorbikes as this would limit women's participation in many contexts).

Key informants from Nigeria and Pakistan noted how participating in the polio programme has empowered and increased women frontline workers' agency and self-confidence. For example, through earning their own income, working outside their household for the first time among other peers, participating in trainings around inter-personal communications, and having the importance of women FLWs roles receive public praise and attention, women have learned to speak up for themselves, raise their voices and take more space. This has resulted in positive changes in the ways in which communities, including men, view women and their roles. Investing in empowering women frontline workers and upskilling them has significant potential for creating gender-transformative results and broader post-polio legacy for gender equality, especially in view of the polio transition.

Frontline Worker Co-Design Initiative in Pakistan

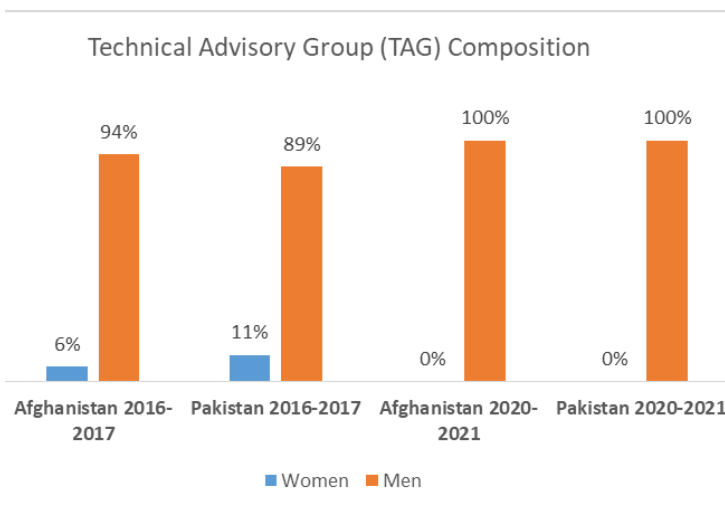
In 2022, the Pakistan NEOC Gender Group launched the 'Frontline Worker Co-Design Initiative' to systematically listen to female FLWs in order to better understand how to reach missed children in areas at highest risk of polio, improve their work experiences by addressing barriers to safety, motivation and effectiveness, and start identifying pathways for future transition. The Initiative utilizes structured phone surveys to listen to and understand FLW experiences at scale, carried out by a third-party vendor to allow for anonymous responses. Using analyses of survey results, a series of workshops will be held to co-design solutions to identified challenges with women FLWs and key stakeholders across district, provincial and national levels. After each set of workshops, co-designed solutions will be assessed for impact and scalability and are expected to be implemented in 2023. This initiative is the first of its kind in the GPEI and has been enabled through support from BMGF.

Beneficiary communities are currently not consistently involved in project design, implementation, monitoring or evaluation. When asked whether women and girls in beneficiary communities have a central role as agents of change in polio programming, for example playing an active role in the design and implementation of activities and being able to actively express their voices and participate, 27% of survey respondents felt they were either not participating at all or only to a limited extent. Of all respondents, 59% felt that women and girls have a central role as agents of change either to the fullest or to a great extent. The GPEI should invest in efforts to systematically and meaningfully include project beneficiaries into the design, delivery and monitoring and evaluation of polio-related interventions. The FLW Co-Design Initiative, currently underway in Pakistan, is a promising example of increasing meaningful engagement with frontline workers and communities to identify challenges and solutions to context-specific issues through a participatory approach.

Gender Parity in Polio Oversight, Advisory and Management Bodies

GPEI oversight bodies and advisory groups continue to be largely led by men. The Polio Oversight Board, which oversees the management and implementation of the GPEI strategies through its core partner agencies, is currently formed of five men and two women, whereas in 2018 it comprised four men and one woman. The Strategy Committee, formed by the heads of agencies of the core GPEI partner organizations as well as a donor representative and GAVI, is currently formed of two women and four men whereas in 2018 it consisted of two women and three men. It is acknowledged that the revised GPEI Management architecture and new Global Support Groups have provided an opportunity for women’s participation in programme management.

Figure 12: TAG Gender Balance



Technical Advisory Groups (TAG), which review progress towards polio eradication and provide technical advice on strategies, priorities and programme operations, have also been largely male-led and continue to be so. For instance, all TAG Chairs and members in the four TAG meetings organised in Afghanistan and Pakistan in 2020 and 2021 were men. However, there has been progress towards improving the gender balance of the TAGs in 2022 when two women joined the TAG structure following the revision of the TAG terms of reference in 2021 which highlighted gender parity goals²⁸. However, this is still far from the goal set in the Gender Equality Strategy of “reaching gender parity (50–50%) in TAGs and panels, and governance and oversight bodies by the end of 2020”. Improved gender balance and diversity would also strengthen the overall legitimacy of the TAG, as many key informants pointed to the contradiction of all-male groups providing recommendations on increasing women’s meaningful participation in challenging areas in Pakistan and Afghanistan.

²⁸ TAG meetings held in September 2022 reflected this new composition for the first time. A Gender Specialist is currently available to support TAG members, GPEI staff and government focal points in integrating gender into the TAGs.

Gender parity in GPEI Organisations

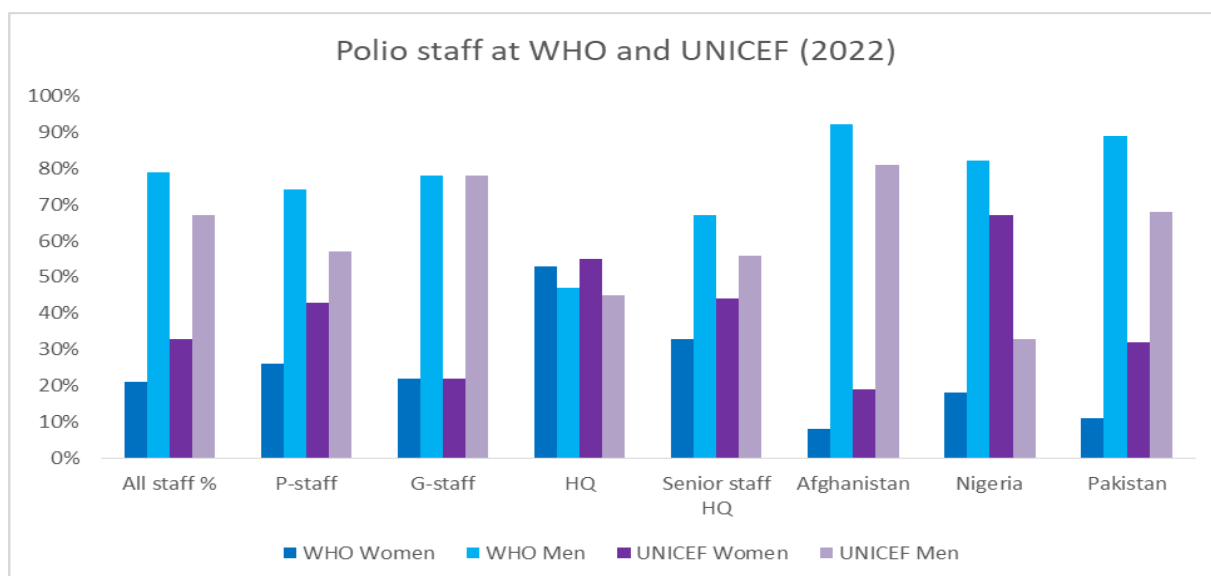
The following section includes data on current gender parity figures provided by the GPEI organizations in September 2022²⁹.

UNICEF

UNICEF HR data comprises all GPEI-funded polio staff working in UNICEF HQ, in the four UNICEF Regional Offices including the Eastern and Southern Africa Regional Office (ESARO), Middle East and North Africa Regional Office (MENARO), South Asia Regional Office (ROSA), West and Central Africa Regional Office (WCARO), and personnel working in the country offices of Afghanistan, Pakistan and Nigeria. Of the total 271 UNICEF polio staff working in these areas, women constitute 33%, representing a slight decrease from 2018 when women comprised 36% of all polio staff. Currently women comprise 43% of all P-graded polio staff at UNICEF and 22% of all G-level staff – the proportion of women among P-staff was 40% and G-staff 38% in 2018. In terms of UNICEF Regional Offices, women comprise 20% of polio staff in ESARO, 33% in MENARO, 27% at ROSA and 47% at WCARO.

In UNICEF HQ women constitute 55% of all polio staff – this is similar to personnel figures from 2018. Women currently hold 54% of all P-level posts and 25% of G-posts at HQ. Of the senior-level staff positions (P4 and above) at UNICEF HQ, 44% are women, a slight decrease from 50% in 2018. Similar to 2018, the only D-level post at UNICEF HQ is held by a man. In the UNICEF Afghanistan Country Office, women comprise 19% of all polio staff (26% in 2018), whereas the figure is 67% in Nigeria (43% in 2018) and 32% in Pakistan (28% in 2018). Women make up 31% (33% in 2018) of all P-grade staff and 0% (6% in 2018) of National Professional Officers at UNICEF Afghanistan. In Pakistan, women currently hold 60% (a significant increase from 38% in 2018) of all P-grade roles and 39% (a slight increase from 33% in 2018) of all currently filled National Professional Officer roles. Of all P-contract holders in Nigeria, 57% are women while women comprise 75% of National Professional Officers working in polio – this represents a major increase from 2018 when the figure was 38% for NPOs and 46% for P-staff.

Figure 12: Gender parity at WHO and UNICEF (2022)



²⁹ The gender parity data is represented in the binary men/women as organisations either do not collect or did not provide data on personnel with non-binary or diverse gender identities.

WHO

Overall, women comprise 21% of all 595 WHO polio staff³⁰, representing a slight decrease from 24% in 2018. When looking at the proportion of staff working in polio at HQ and the WHO Regions and Country Offices, women constitute 26% of all P-grade staff and 22% of G staff, a decrease from 28% for P-staff and 25% for G-staff from 2018. Women currently comprise 53% of staff in the WHO EMRO Regional Office (35% of P-staff), 51% of staff in the Amman EMRO Polio Hub (35% of P-staff), and only 16% of the staff (all P-staff) working in WHO AFRO Regional Office.

In WHO HQ, women comprise 53% of polio staff (this was 60% in 2018); however, there is a clear gender division in terms of the types of grades and levels staff hold. Of all G-staff currently working at WHO HQ, 95% are women, and women hold only 38% of all filled P-level posts (down from 43% in 2018). Of all senior-level polio staff (P4 and above) at HQ, 67% are men, an increase from 56% in 2018. Similar to 2018, two employees holding D1 and D2 level posts are men.

Regarding polio personnel working in polio-endemic countries and in Nigeria, women are underrepresented, especially in National Professional Officer as well as P-level roles. In Afghanistan, women comprise 8% of all polio staff (same as in 2018), whereas the figure is 18% in Nigeria (17% in 2018) and 11% in Pakistan (22% in 2018). In Afghanistan, men currently hold 80% of all P-graded posts (same as in 2018), and 5 out of 6 (83%) senior posts (P4 and above). As in 2018, currently men hold all of the eight National Professional Officer posts in WHO Afghanistan. In Pakistan, men currently hold all of the seven P-grade posts while the figure was 72% in 2018. Of all National Professional Officers in Pakistan, women constitute 10%, a significant decrease from 50% in 2018. In Nigeria, 83% of P-contract holders are men (86% in 2018), and men 5 out of 6 senior level posts. Women comprise 24% of National Professional Officers working in polio eradication in Nigeria, representing a slight increase from 22% in 2018.

Rotary International

All seven staff currently working in polio at Rotary International are women – this includes three women holding professional/technical level roles and two women as support staff/general service.

Bill & Melinda Gates Foundation

Of the 38 staff working in polio eradication, 63% are women, an increase from 56% in 2018. Women make up 58% of all professional/technical staff and 100% of general service/support staff. Women currently hold 29% of all senior-level positions.

US Centers for Disease Control and Prevention

Out of the 66 permanent personnel in the Polio Eradication Branch at CDC, women comprise 43%, a slight decrease from 48% in 2018. Of all technical/professional posts, 40% are currently held by women. Men hold 78% of all senior-level roles, and 71% of general service/support staff posts are staffed by women.

³⁰ The figures include staff positions funded 50% or more by Polio/GPEI - P staff figures refer to posts currently being filled

Conclusion and Recommendations

This report reviewed the progress achieved on the implementation of the *GPEI Gender Equality Strategy 2019-2023* and identified remaining gaps and challenges while highlighting existing good practices to guide the GPEI in shaping the partnership's future work on gender. The assessment was carried out by analysing the results of an online survey, conducting interviews with key informants, examining gender parity/staffing figures in GPEI organizations and key oversight and advisory bodies, and conducting a desk review of key GPEI documents.

The review shows that the GPEI has taken decisive steps towards moving from gender-blind programming to being more intentionally gender-responsive. Overall, the GPEI is on track to meet the Gender Equality Strategy objectives 1 and 2 focused on integrating a gender perspective into various aspects of the GPEI's programming and interventions and addressing gender-related barriers to polio eradication. The GPEI has also achieved progress, albeit still rather limited, on objective 4 that calls for the creation of a more gender-equitable institutional culture and environments, especially in terms of its increased focus and commitment to tackling SEAH. However, the GPEI is currently not on track in reaching objective 3 to increase women's meaningful participation at the different levels of the polio programme to work towards gender parity across the partnership, including at the management level. Based on the analysis of current HR figures, the GPEI has not achieved meaningful progress towards gender parity since the adoption of the Strategy, especially at the management level. Taking concrete steps to increase the meaningful and equal participation of women as workers at the forefront, including as vaccinators, social mobilizers and surveillance officers, at all levels remains critical.

Strengthening meaningful and results-driven gender mainstreaming across the partnership requires dedicated gender expertise, scaled-up resources and a greater capacity on gender as well as ownership by all staff at different levels, especially at the management and leadership level. While the assessment identified shortcomings related to implementation of the Gender Equality Strategy, the programme has taken important steps towards strengthening gender mainstreaming, for instance by focusing on gender data, conducting context-specific gender analyses, integrating gender into key GPEI documents and establishing more robust gender architecture and capacity by hiring gender experts and consultants, setting up a Gender Mainstreaming Group, dedicating budgets to gender, establishing gender focal point systems and investing in training staff, including GPEI leadership, on gender issues.

There is a need to further institutionalise gender mainstreaming across the partnership to avoid gender being "siloes", and becoming "afterthought" or an "add-on" to other technical areas, and to ensure wider ownership and accountability of staff, especially managers and leadership, for gender results. To date, the GPEI has relied heavily on individual, motivated "volunteers" to actively push for progress on the gender agenda. While the efforts and dedication of these individuals, especially at WHO HQ, have been integral to the progress achieved to date, the partnership needs to focus on fostering broader engagement and ownership for implementing the Gender Equality Strategy and advancing gender equality. Many key informants highlighted the need for strengthening internal communications with staff on the content and implementation of the Gender Equality Strategy, and better communicating the purpose of gender mainstreaming and the way in which it concretely impacts polio eradication results on the ground. The GPEI could also strengthen overall external-facing communications on the status of the Gender Equality Strategy implementation, for example through its annual reports and other strategic publications and the Polio News newsletter.

The survey results and key informant interviews indicate that, in general, GPEI staff consider gender issues to be important in their work and for the polio eradication programme overall. Many GPEI staff indicated

strong motivation and appetite for integrating gender into their work, while the need for further technical support and training in this area, with a focus on operationalising the Gender Equality Strategy into actionable and concrete plans at the country level, was highlighted. Overall, the GPEI could further focus on gender-transformative approaches that aim to empower women and dismantle harmful power relations and gender norms and roles limiting the potential of women and marginalized groups. Increasing women's agency and empowering women with skills and resources will have a legacy and bring broader positive impacts in communities beyond polio eradication.

The following section outlines key recommendations for GPEI partners arising out of this mid-term review, divided into sections in line with the GPEI Gender Equality Strategy objectives: Gender-responsive programming; Organizational culture, gender architecture and leadership commitment; and Gender Parity and Women's Meaningful Participation, each divided into relevant sub-sections.

Gender-responsive programming

To strengthen gender-responsive programming (Strategy objectives 1 and 2):

Overall Gender Equality Strategy implementation:

- Extend the current Gender Equality Strategy implementation period until 2026 to align with the current Polio Eradication Strategy and allow for adjustments to be made based on the recommendations of this mid-term review.
- Develop concrete, actionable, time-bound and context-specific action plans with clear key performance indicators to operationalise the Gender Equality Strategy commitments at the country, regional and HQ levels.
- Increase staff and leadership awareness and ownership on the GPEI Gender Equality Strategy commitments and progress and key performance indicators using various channels, for example through team meetings, workshops, webinars, Q&A sessions and bulletins/newsletters with updates on activities and progress.
- Provide regular updates on the implementation of the Gender Equality Strategy in the Strategy Committee and key management and advisory bodies.
- Continue allocating adequate funding and human resources for enabling gender-related resources and activities.

Gender data and analysis:

- Continue to support and further systematize the Gender Data Working Group to ensure that data and analysis is used to drive programmatic changes in design and delivery
- Continue efforts to systematically collect, analyse and use data disaggregated by sex and additional factors (such as ethnicity, age, disability, rural/urban), ensuring that this data is reported on in key GPEI strategy documents, programme updates, knowledge products and donor reports
- Systematically conduct rapid gender assessments in outbreak settings guided by the IASC Multi-Sector Initial Rapid Assessment (MIRA) and CARE International's Rapid Gender Analysis, and support the utilisation of the gender checklist in the Outbreak SOPs, including by offering training for staff.

- Conduct in-depth country-specific gender analyses informed by sex- and age-disaggregated data and intersectional approaches to gain a deeper understanding of context-specific gender barriers and shape programming accordingly - focus gender analysis also on sub-national levels, and expand to cover outbreak countries and consequential geographies.
- Revise post-campaign monitoring/evaluation templates to capture gender-related data, including for RI, in collaboration with WHO and UNICEF immunization teams.
- Continue to monitor and report on the implementation of action plans based on gender analyses conducted in Afghanistan and Pakistan.
- Identify and engage in GAVI's Full Portfolio Planning (FPP) processes in endemic and consequential geographies to ensure the GPEI's gender analysis are strategically integrated into the country programming and budgeting under the FPP process.
- Strengthen gender integration in key programme documents, including NEAPs, by especially focusing on including context-specific gender analysis on existing barriers, using sex-disaggregated data and ensuring the engagement and participation of programme beneficiaries in the design, delivery and M&E of polio interventions.
- Adopt the SAGER guidelines to be applied to polio research to explicitly include sex and gender considerations in published research and to build a more robust evidence-base around sex and gender considerations to improve vaccine acceptance, responses and outcomes.

Addressing gender-related barriers:

- Conduct context-specific, including sub-national, gender analysis to identify gender-related barriers and shape programme interventions, building on ongoing gender analysis work in Afghanistan and Pakistan and using an intersectional lens.
- Optimise vaccine delivery modalities to consider gender-related barriers, for example in site-to-site campaigns, selecting houses in the community over schools or mosques to ensure accessibility for women.
- Enhance collaboration with local NGOs and civil society groups, including women's groups in polio campaign and C4D/SBC activities.
- Engage men as caregivers and establish partnerships (and strengthen existing ones) with local religious and community leaders.
- Continue to strengthen efforts to meaningfully engage with FLWs, especially women, to identify challenges and barriers and appropriate solutions through participatory approaches (for example, building on lessons learned from the ongoing Pakistan FLW Co-Design Initiative)
- Strengthen cross-sectoral integration by bundling services and discussing broader health issues concerning women, children and families overall, such as nutrition, parenting, hygiene and reproductive health together with polio.
- Continue to support gender integration into routine immunization through joint collaboration, including sharing lessons learned from polio programming.

Gender-responsive communications/C4D/SBC:

- Actively highlight and communicate on gender-related aspects of the programme to staff, partners and external audiences, shedding light on the concrete results and impact achieved on the ground – focusing for example on the links between gender-related efforts and closing surveillance gaps, reaching communities and zero dose children and empowering women/increasing women's agency

- Continue efforts to collect sex-disaggregated data, including qualitative data, and conducting context-specific gender analysis to inform SBC/communications and outreach interventions, including the development of communications content, messages and the selection of appropriate channels, in line with the GPEI Gender Equality Strategy commitments.
- Ensure all outreach/SBC materials and messages are systematically pre-tested and validated, meaningfully involving diverse target audiences, including women – continue to draw on the gender expertise of available gender focal points or gender specialists when developing and reviewing communications content
- Explore ways in which SBC/C4D and communications materials and activities could move towards being more gender-transformative, for example by tackling harmful gender stereotypes, norms and roles, portraying women in leadership positions and highlighting their agency, and encouraging men’s participation in caregiving work.
- Review the Gender Champions initiative to assess results achieved to date and whether it could be adjusted to further strengthen its impact and reach (for example in the selection of specific engagement activities by Champions)

Organizational culture, gender architecture and leadership commitment

To build an enabling organizational culture and strengthen gender architecture and leadership commitment (Strategy objective 4):

Gender architecture and leadership commitment:

- Conduct political advocacy on gender issues, including women’s meaningful participation in the polio eradication programme at all levels as well as PRSEAH, in polio-affected countries, ensuring active managerial support from GPEI organizations.
- Ensure gender is prioritized in future budgets, maintaining the 1% allocation at a minimum and improving the tracking of gender allocations and expenditure as well as fully implementing the gender budget marker.
- Mainstream gender across all Global Support Groups by ensuring the participation of gender experts in these meetings, providing gender training and sensitisation to all groups and revise group TORs as necessary, while increasing engagement and coordination between the Gender Mainstreaming Group and other groups.
- Continue to conduct regular Gender Mainstreaming Group meetings and enhance coordination with other technical groups – assess the current capacity, TOR and membership structure of the GMG with a view to further strengthening its impact.
- Continue to strengthen the capacity of the Strategy Committee with follow-up gender training sessions and regular updates, building on the SC Gender deep dive session held in July 2022.
- Integrate gender and updates on the implementation of the Gender Equality Strategy into technical updates delivered by the SC and other technical advisory bodies (instead of only relying on separate gender sessions/updates).
- Strengthen the network of Gender Focal Points by offering them training and ensuring focal point duties are reflected in formal performance evaluation processes.
- Ensure leadership actively promotes and enables gender integration, gender equality, diversity and inclusion, with accountability mechanisms such as including gender-related considerations in their performance evaluations.

- Ensure that leadership actively communicates to staff about policies, available support mechanisms and mandatory training for PRSEAH.

Capacity building:

- Integrate gender into all relevant polio training activities (for example on communications, outbreak response, surveillance), rather than only conducting separate gender workshops (which should also continue/be expanded in parallel)
- Prioritize capacity building efforts for endemic and outbreak countries, including for managers and supervisors as well as polio personnel from partner governments, for example through the GRISP course and the GenderPro short course.
- Focus on participatory training approaches and highlighting the link between polio eradication and advancing gender equality by providing supporting evidence, stories and case studies on the results achieved by addressing gender barriers and increasing women’s participation.
- Offer targeted training/mentoring to senior leadership in the GPEI, building on the successes of the SC Gender Session held in July 2022.
- Ensure that capacity building interventions, such as training, is followed up on with participants – for example through mentoring, coaching, on-the-job support and other follow up measures to track the extent to which the training has resulted in operationalisation and changes in knowledge and practices.
- Invest in further capacity building of workers at the forefront, especially women, for their possible integration as healthcare workers in other vertical health programmes, government or in civil society organizations, and upskilling them with relevant skills (e.g. language skills, digital literacy) to increase their opportunities for accessing paid work post-eradication.
- Make concerted efforts to ensure gender balance in training activities, especially at the field level, to ensure women’s equal participation, and collect and report on sex-disaggregated data on training and conference/high-level meeting attendees (including in donor reporting)
- Identify and address specific barriers possibly affecting women’s participation in polio training activities (such as transport, timing, safety considerations and the location of training)

Prevention and response to sexual exploitation, abuse and harassment (PRSEAH)

- Continue to train all staff as well as government/third party contractors on PRSEAH and raise awareness on existing reporting and support mechanisms, utilising interactive in-person and online training methods.
- Establish further clarity on GPEI’s harmonized PRSEAH approach by for example evaluating the feasibility and usefulness of a joint GPEI code of conduct on Sexual Exploitation Abuse and Harassment which all polio workforce at all levels can adhere to (the Code would not supersede the existing policy and legal frameworks of individual agencies, but could be applied and promoted for GPEI meetings, events and joint activities)
- Ensure the implementation of the PRSEAH-related elements in the Polio Outbreak SOPs through:
 - evaluating the implementation either through systematic inclusion in Outbreak Response Assessment (OBRA) or an annual evaluation
 - Providing specific tools for implementation, including standardised FLW training materials
- Ensure periodic discussion of PRSEAH in partnership meetings from SC to country teams, including briefings, awareness raising and exchange of best practices

- Strengthen collective efforts on ensuring survivor-centred approaches, including establishing effective community-level reporting mechanisms and ensuring support for survivors/victims of abuse and exploitation
- Monitor global risk of SEA as part of the annual risk assessment and embed a risk assessment in outbreak operations, building on existing UN or WHO assessments.
- Integrate PRSEAH components into other technical polio and FLW training delivered in countries.

Gender parity and women's meaningful participation

Increasing women's meaningful participation at all levels (Strategy objective 3):

Frontline workers and programme beneficiaries:

- Engage women FLWs in key geographies to assess existing barriers and challenges to build more enabling, inclusive and safe environments, for example through initiatives such as the ongoing Co-Design Initiative in Pakistan.
- Commit to advocating with host governments in official meetings on increasing women's participation in the programme, including as vaccinators, social mobilizers and surveillance officers/focal points.
- Increase the participation of communities and programme beneficiaries in programme design, implementation and M&E, fostering partnerships with women's groups and NGOs.
- Address gender-related barriers faced by FLWs and women working in the programme by, for example, strengthening flexible working arrangements, strengthening safeguarding and PRSEAH mechanisms, ensuring fair remuneration and investing in women's professional development, for example as currently done by UNICEF Afghanistan in offering computer and language classes and other training identified as useful by polio personnel. Overall, the programme strengthen investment in building the capacity of FLWs, especially women, for their integration into other government, public health or civil society jobs after eradication.
- Conduct a full workforce review, including an analysis of payment amounts and structures to ensure equal work/equal pay for all workers at the forefront.
- Adopt WHO guidelines on Community Health Worker Programmes³¹, by following the recommendations for workforce selection and financial compensation, among other guidelines.

Gender parity in GPEI organizations and management and advisory bodies:

- Commit to enforcing existing gender parity commitments in key advisory bodies (including 50-50 gender balance in TAGs), focusing also on broader diversity.
- Introduce and track gender parity indicators for all high-level polio-related meetings, including TAG meetings and trainings.
- Actively aim to widen the pool of women candidates and underrepresented groups, especially for specialist and leadership roles and in roles where they remain underrepresented, for example by building a roster of diverse women with required skillsets.

³¹ WHO Guideline on Health Policy and System Support to Optimize Community Health Worker Programmes. Available at: <https://apps.who.int/iris/bitstream/handle/10665/275474/9789241550369-eng.pdf?ua=1>

- Review job descriptions through a gender lens to ensure that they are free from gender-biased language and core minimum requirements, and actively encourage women and other marginalised groups to apply.
- Ensure balanced gender representation in hiring panels/interview committees.
- Commit to a “no manels” policy whereby GPEI partners will not attend high-level panels, meetings and roundtables with all-male participants (and actively communicate this policy to Member States).
- Offer training for Human Resource units and staff dealing with recruitment on gender equitable and gender-responsive HR practices, unconscious bias, diversity and inclusion.
- Adhere to family-friendly policies established within UNICEF/WHO – review existing policies and adjust them accordingly.
- Offer dedicated training and capacity building to FLWs, especially women, on topics such as digital literacy or other areas identified together with FLWs, to support their career prospects post-eradication and beyond polio.

Annex: Key Informants

Name	Position	Organisation
Heather Monnet	Resource Mobilization and External Relations specialist, GMG Chair	WHO HQ
Michela Manna	Gender Specialist	WHO HQ
Claire Creo	Senior Adviser, PRSEAH Focal Point	WHO HQ
Jennifer Gatto	Programme Specialist	UNICEF HQ
Ross McIntosh	M&E Specialist	UNICEF HQ
Sahar Hegazi	Senior Social and Behaviour Change Specialist	UNICEF Regional Office for South Asia, GPEI Hub
Fadi Touma	Gender Specialist	WHO EMRO
Lubna Hashmat	Gender Specialist	WHO EMRO
Taiwo Oyelade	Regional Advisor for Gender	WHO AFRO
Kulchumi Hammanyero	Communications Specialist	WHO Nigeria
Tayaaba Satti	External Relations Officer	WHO Pakistan
Sang Hee Min	Senior Program Officer	BMGF
Sumangala Chaudhury	Medical Officer	WHO Afghanistan
Maureen Martinez	Team Lead, Eastern Mediterranean Region Team	CDC
Kathryn Alexander	Strategy Officer, Gender Focal Point/GMG	BMGF
Kris Tsau	Advocacy Specialist	Rotary International
Genevieve Frizzell	Programme Policy Advisor	Global Affairs Canada
Ellyn Ogden	Polio Eradication Coordinator	USAID
Hemant Shukla	Team Leader, Country Support, Polio Eradication	WHO EMRO
Alice Stilitz	Health Adviser	FCDO / UK
Pham-Minh Ly	Technical Officer, GER Focal Point	WHO EM/POL
Chika Nwanwko	Programme Coordinator	Vaccine Network Nigeria
Sarah Ferguson	Director, Global Health Division	Australian Department of Foreign Affairs and Trade
Chris Sturrock	Counsellor (Health/Development)	Australian Permanent Mission to the United Nations
Rachel Stone	Senior Policy Officer, Global Health Division	Australian Department of Foreign Affairs and Trade
Lucy Ferguson	Gender Training Facilitator	Independent Consultant
Mahnaz Rahman	Resident Director	Aurat Foundation
Sumaili Kyandindi Bonny	Immunization Manager	UNICEF Somalia
Jean Munro	Senior Manager, Gender	GAVI
Sheeba Afghani	C4D Specialist	UNICEF Pakistan