ARIA-RISE and AETAP-PPI

Diversity, Equity and Inclusion Action Plan (2022-2023)

October 2022

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ACRONYMS

AETAP-PPI	Australian Expert Technical Assistance Program for Regional COVID-19 Access: Policy, Planning and Implementation (grant)
ARIA	Australian Regional Immunisation Alliance
ARIA-RISE	Australian Regional Immunisation Alliance - Regional Immunisation Support and Engagement (grant)
BeSD	Behavioural and Social Drivers
DEI	Diversity, equity and inclusion
DFAT	Australian Government Department of Foreign Affairs and Trade
DFAT HSI	Health Security Initiative, Australian Government Department of Foreign Affairs and Trade
EOPOs	End of program outcomes
FGDs	Focus group discussions
GAVI	Gavi, the Vaccine Alliance
GEDSI	Gender equality, disability and social inclusion
IA2030	Immunization Agenda 2030
MEL	Monitoring, evaluation and learning
NCIRS	National Centre for Immunisation Research and Surveillance
PICs	Pacific Island Countries
SDGs	Sustainable Development Goals
WG-SS	The Washington Group Short Set on Functioning
WHO	World Health Organization
WPRO	World Health Organization Regional Office for the Western Pacific

INTRODUCTION

This Action Plan aims to provide approaches and steps to build on the contributions of ARIA-RISE and AETAP-PPI program grants to health equity in the Pacific and Southeast Asia, and to strengthen the programs' approaches to diversity, equity and inclusion. The Action Plan is designed to enable the ARIA-RISE and AETAP-PPI Steering Committees, the Secretariat, ARIA-RISE project teams, and AETAP-PPI deployees and project teams to:

- support health equity;
- to build organisational cultures that are diverse, equitable, and inclusive; and
- to meet their end-of-investment goals and end-of-program outcomes.

This Action Plan was developed following stakeholder interviews and focus groups and builds on the findings of the GEDSI Analysis Report. It draws on local, regional, and international guidance, including the DFAT Indo-Pacific Centre for Health Security guidance notes. It is compatible with DFAT's policies, including its *Gender and Women's Empowerment Strategy*, the *Development for* All commitment to disability-inclusive development, and technical guidance published by DFAT. DFAT has reinstated its target that 80 percent of all aid investments address gender issues and tackle violence against women and children. It also complements the United Nations 2030 Agenda for Sustainable Development and the Sustainable Development Goals (SDGs), particularly in Health (SDG 3), Gender Equality (SDG 5) and Reduced Inequalities (SDG 10).[1] The Action Plan will also strengthen ARIA-RISE and AETAP-PPI alignment with the IA2030 Framework for Action, particularly Equity (Impact Goal 2), the Convention on the Rights of Persons with Disabilities, the Convention on the Elimination of All Forms of Discrimination Against Women, and the United Nations Declaration on the Rights of Indigenous Peoples.

PURPOSE OF THIS PLAN

1.1 ARIA-RISE

The successful implementation of this DEI Action Plan will support ARIA-RISE to meet its **end-of-investment goal**:

To improve immunisation coverage coordinated with disease surveillance and other health system strengthening activities in target ARIA-RISE partner countries focusing on gender equality, disability, and social inclusion.

Commitment to the steps in this Action Plan will also enable ARIA-RISE to meet its **end-of-program outcomes** particularly:

EOPO1: Improved information systems and immunisation data for tracking and addressing coverage gaps with a focus on gender equality, disability and inclusion.

EOPO3: Tailored immunisation program guidance adopted into policy and practice ensuring reach to vulnerable and underserved populations.

It will also support ARIA-RISE to address the **cross-cutting issues identified in the ARIA-RISE Program Logic (2020-2023):**

> Promote equity of access to vaccinations with a focus on gender equity, for women (girls) and underserved populations (including 'zero dose' children).

> Promoting Country leadership in decision-making and access to ensure disability inclusion as well as other vulnerable and underserved population groups.

1.2 AETAP-PPI

The successful implementation of this DEI Action Plan will support AETAP-PPI to meet its **end-of-investment goal**:

> To support Pacific and Southeast Asian countries' efforts to deliver safe, effective and accessible COVID-19 immunisation programs, based on a health systems strengthening approach and in line with best practice standards.

Commitment to the steps in this Action Plan will also enable ARIA-RISE to meet its **end-of-program outcomes**, particularly:

> EOPO2: Citizens, including women and other vulnerable groups, in partner countries have increased confidence and demand for vaccines.

WHY DEI?

The ways we think about development for all have evolved over time. After the Beijing Declaration and Platform for Action in 1995, the most common approach to addressing inequality in development programs was 'women in development.' Over time, the framing turned to gender equality and women's empowerment (as seen in the DFAT policy), so as to not exclude men and gender diverse people from gender-based rights and responsibilities and to also maintain a normative emphasis on women's marginalisation. DFAT – known for its early and consistent investment in disability inclusion – was an early adopter of the Gender, Disability and Social Inclusion (GEDSI) lens, which provides a useful lens to consider the intersections of inequality, and to approach gender equality and disability inclusion in an integrated way and ensures that programs are able to consider other forms of marginalisation alongside gender-based inequities.

ARIA partners and NCIRS as the coordinating centre for the AETAP-PPI and ARIA-RISE programs shared in the reflections workshop that diversity, equity and inclusion (DEI) was the preferred lens for AETAP-PPI and ARIA-RISE, because it captured all of the thematic areas of GEDSI, while also allowing scope to highlight the programs' intersectional approach, and commitment to diversity and inclusion in all its forms. Some participants shared that they felt that DEI was likely to be better received by partners than a term that highlighted gender, and that the DEI focus was more closely aligned to domestic policy architecture in their own organisations, including in Reconciliation Action Plans and the Australian Human Rights Commission's Workplace Cultural Diversity Tool. Some members expressed concern that although they were confident in how to make their programs more equitable for women and girls and for people with disabilities, the 'social inclusion' element of GEDSI felt too broad.

The term 'equity' was also preferred to 'equality' because program partners shared that they felt that it aligned more clearly with their values. The 'equity' term is also consistent with the World Health Organization's commitment to health equity, which is achieved when everyone can attain their full potential for health and wellbeing.[2] Focusing on 'equity' allows ARIA-RISE and AETAP-PPI partners to move beyond formal equality – counting the number of women with disabilities who participated in a study, for example, or focusing exclusively on equal treatment. The equity lens goes beyond substantive equality, which recognises and addresses the different experiences of different groups. Instead, a systems-level approach to health equity is aware of structural determinants of health (political, legal, economic, etc.), and how social norms and institutional processes shape the distribution of power and resources. It is aware that people's living conditions are often made worse by discrimination, prejudice, and stereotyping based on gender, sex, race, ethnicity, or disability (among many other factors). It aims to challenge and subvert institutional processes which lead to groups being underrepresented in decision-making or underserved by their health systems. Health equity uses a rights-based approach to health, which means systematically identifying and eliminating inequities resulting from the differences in health and how this interacts with overall living conditions.

This DEI lens allows ARIA-RISE and AETAP-PPI programs and personnel to address all types of marginalisation and exclusion, and to take a rights-based approach which can be mainstreamed across all aspects of policy, strategy and programming.[3]

The DEI lens will also add an extra layer of reporting for partners, as they will still be required to meet DFAT's GEDSI reporting and implementation requirements.

1.3 Key concepts

- **Diversity** is the full spectrum of differences across lived, personal and professional experiences, including: gender, disability, race, ethnicity, First Nations identity, language, nationality, sexual orientation, family and carer responsibilities, background, capabilities, skills, geography
- **Equity** is a process of putting measures in place to compensate for the historical and social disadvantages that prevent people from operating on a level playing field.
- **Health equity:** the absence of unfair and avoidable differences in health among population groups defined socially, economically, demographically or geographically. Pursuing health equity means striving for the highest possible standard of health for all people and giving special attention to the needs of those at greater risk of poor health, based on social conditions. Inequities in health are socially determined and can be socially addressed. Health inequity can be related to: race, ethnicity, religion, cultural background, First Nations identity, disability, geography (rural, urban, etc.), family and carer responsibilities, sex, gender identity, sexual orientation. The social determinants of health also contribute to health inequity: income, education, working life conditions, food insecurity, early childhood development, social inclusion and non-discrimination, conflict, access to affordable health services, quality of accessible health services, legal and policy frameworks, the environment, etc.[4]
- **Inclusion** is an outcome and a process whereby quality healthcare is accessible to all people.
- **Intersectionality:** the framework for conceptualising "how people's social identities can overlap, creating compounding experiences of discrimination. We tend to talk about race inequality as separate from inequality based on gender, class, sexuality, or immigrant status. What's often missing is how people are subject to all of these, and the experience is not just the sum of its parts." (Crenshaw, 2020).

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[2] See, for example: https://www.who.int/health-topics/health-equity#tab=tab_1

[3] This is known to be compatible with DFAT's policy frameworks. For example, the Australian NGO Cooperation Program Thematic Review on Gender Equality and Women's Empowerment (March 2016) found that WaterAid had found an 'innovative' response to the dilemma of 'prioritising multiple focus areas, with for example incorporating an 'inclusive development' or disability focus into their work' by adopting a broader Equity and Inclusion Framework.

[4] See WHO Social determinants of health factsheet, here: https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1

1.4 Guiding Principles

The guiding principles for this Action Plan are:

Twin-track and whole of organisation approach	The most effective way to achieve diversity, equity and inclusion is through a twin-track approach. This involves taking measures specifically designed to tackle social inequities while also incorporating inclusive strategies into all aspects of AETAP-PPI and ARIA-RISE programs' ways of working. This requires a whole of organisation approach in each of the organisations delivering ARIA-RISE and AETAP-PPI, as well as coordinated efforts between the organisations, where systems and policies are embedded into organisational cultures, structure, and attitudes of leadership and all staff.
Intersectionality	The intersectional approach taken by ARIA-RISE and AETAP-PPI programs and personnel in this Action Plan and in the GEDSI Analysis allows us to move beyond a 'checklist' approach to people's identities. Instead, we recognise that there are common barriers faced by diverse groups of women and men, as well as specific barriers resulting from intersecting identities that also need to be addressed.
Participatory and relationship building	DEI approaches must be participatory and not top-down. AETAP-PPI and ARIA-RISE personnel have strong relationships throughout Southeast Asia and in the Pacific, and our approaches to DEI must be a value-add to our partners and the communities we serve, formed in participatory processes that centre and engage people with lived experience as experts in their own lives, including their own health. A participatory approach to DEI also includes building relationships with representative organisations, not as "beneficiaries," but as active contributors to projects, including as members of program-strengthening initiatives, research teams, on evaluation/appraisal panels, and in MEL plans, etc.
Contextual	DEI starts with our own ways of working. It is not about telling in-country partners what to do, but about starting with our own recruitment, program design, monitoring, and organisational culture practices. The evidence base we build this Action Plan and the GEDSI Analysis Report on are very context-specific – we do not generalise about the entire Pacific and Southeast Asia, in all of its diversity, and do not provide cookie cutter templates to improve DEI in our programming. Each program and deployment will interpret this Action Plan by setting their priorities and actions as appropriate to their settings. Effective DEI will look different across the ARIA network.
Continual improvement	This Plan and implementation will be underpinned by evidence and context-specific research and monitoring, evaluation and learning (MEL) data, so that programmatic approaches to DEI, and program performance and impact are continually improving. Diversity, equity and inclusion within ARIA-RISE programs, AETAP-PPI deployments, the Secretariat and the Steering Committee will build capability and the effectiveness of program implementation and impact of the research generated by the programs.
Do no harm	The 'do no harm' approach ensures that DEI efforts will not adversely affect those that the DEI Action Plan aims to include, or the reputation or effectiveness of ARIA-RISE and AETAP-PPI. This approach recognises that exclusion, inequity, and a lack of diversity have negative effects and that therefore doing nothing is not an option. In order to do no harm, we must proactively address the disadvantage that leads to exclusion, inequity, and a lack of diversity within our program teams.

Share and celebrate successes	The strength of ARIA and NCIRS, and its ARIA-RISE and AETAP-PPI programs is its networks. The DEI reporting and knowledge sharing included in this report will facilitate knowledge exchange, collaboration, and peer-to-peer learning between implementing partners, celebrating and strengthening GEDSI practice.
Shared responsibility and resourcing	Achieving AETAP-PPI and ARIA-RISE equity-based EOPOs will depend on stakeholders each taking on agreed responsibilities to achieve the stated goals (ownership). Ensuring these contributions are understood, implemented, and monitored, through a process for checking responsibilities across stakeholders (accountability) will help partners and countries remain on track.

HOW

This Action Plan breaks down the steps needed to strengthen the ARIA-RISE approach to DEI into seven key stages, which form the 'house' framework for project architecture. This program architecture framework will allow the Secretariat and the broad range of implementing partners to plan, monitor and continually improve their performance in DEI. It enables DEI to be systematically considered and addressed at every stage of the program management cycle.

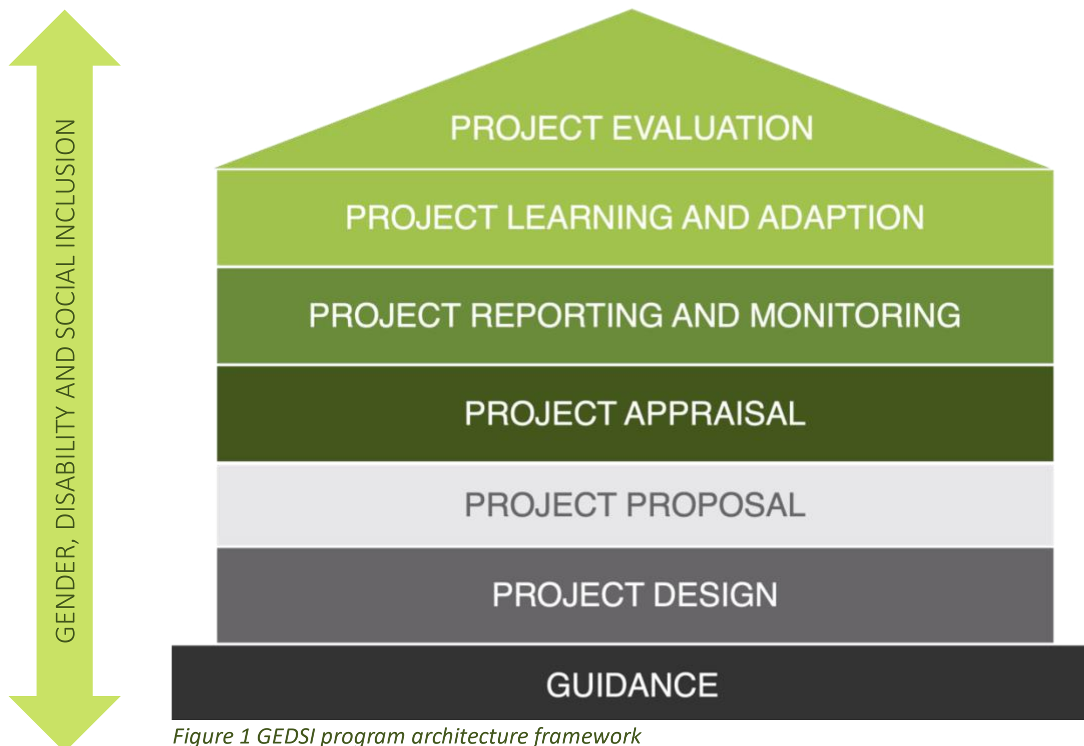

Figure 1 GEDSI program architecture framework

ARIA-RISE DIVERSITY, EQUITY AND INCLUSION ACTION PLAN

GUIDANCE
The ARIA Secretariat based at NCIRS plays a critical convening role in ARIA-RISE and AETAP-PPI investments. The guidance provided by the Secretariat and relevant governance structures to implementing partners and in-country partners will be crucial to strengthen knowledge sharing

between the ARIA network and beyond. Given the evidence base on barriers to immunisation and the effectiveness of different interventions is still emerging, particularly in the Pacific, ARIA has a unique opportunity to contribute guidance to its own programs, and to others in the sector.

Key actions:

- Appoint DEI Focal Points for each ARIA-RISE project, within the Secretariat, and the Steering Committee
- Set up an ARIA-RISE DEI Knowledge Hub on SharePoint

Deliverable/action	Timeframe	Owner	Support
1. **Create Secretariat DEI Knowledge Hub** on SharePoint for the Secretariat and ARIA-RISE and AETAP-PPI partners. Knowledge hub to include: HSI Gender and Disability Guidance notes,[5] this DEI Action Plan, the ARIA-RISE GEDSI Analysis, DFAT's *Gender Equality and Women's Empowerment Strategy*[6] and *Development for All: Strategy for disability-inclusive development in Australia's aid program*,[7] the *Indigenous Diplomacy Agenda*,[8] the *Disability Inclusion in the DFAT development Program Good Practice Note*[9] *and* the IA2030 resources.[10] This will facilitate knowledge exchange, collaboration, and peer-to-peer learning between Program partners, celebrating and strengthening GEDSI practice by ARIA partners. Annex A of this plan is a list of resources which could be included.	Q1 2023	Secretariat	DEI Focal Points
2. **Make ARIA website accessible** so that knowledge products can be used by everyone. An analysis of the ARIA website (22 September 2022) against the Web Content Accessibility Guidelines 2.1 level AA success criteria found that it was non-compliant, and partially inaccessible to those using screen readers, those requiring keyboard navigation adjustments, and design and readability adjustments (for the vision impaired).[11]	Q1 2023	Secretariat	N/A
3. **Appoint DEI Focal Points for each project receiving ARIA-RISE and AETAP-PPI funding and a DEI Focal Point within the Secretariat and ARIA-RISE and AETAP-PPI Steering Committees, so that guidance can be contextually tailored.**[12] This	Q4 2022 (and ongoing)	Secretariat	

[5] https://indopacifichealthsecurity.dfat.gov.au/sites/default/files/Health%20Security%20Initiative%20Gender%20Guidance%20Note%20V2.0.pdf?v=1606790567 and https://indopacifichealthsecurity.dfat.gov.au/sites/default/files/Health%20Security%20Initiative%20Disability%20Guidance%20Note%20V2.0.pdf?v=1606790540

[6] https://dfat.gov.au/about-us/publications/Documents/gender-equality-and-womens-empowerment-strategy.pdf

[7] https://www.dfat.gov.au/sites/default/files/development-for-all-2015-2020.pdf

[8] https://www.dfat.gov.au/sites/default/files/indigenous-diplomacy-agenda.pdf

[9] https://www.dfat.gov.au/sites/default/files/disability-inclusive-development-guidance-note.pdf

[10] Why Gender Matters Immunization Agenda 2030. WHO with UNICEF and GAVI.

[11] See accessiBe. A useful resource for learning about digital accessibility is Vision Australia's Accessibility Toolkit.

[12] The 2016 ANCP Thematic Review on Gender Equality and Women's Empowerment found that all of the NGOs reviewed had a dedicated person responsible for gender in their headquarters, and found some evidence that

will also provide a central point of contact for Secretariat DEI initiatives.			
4. **Provide ongoing annual DEI training to focal points and to the ARIA-RISE and AETAP-PPI Steering Committees.**	Q1 2023 (and ongoing)	Secretariat	Steering Committee
5. **Review ARIA partner organisational policies and ensure equal opportunities for professional development and career advancement for everyone working on ARIA-RISE and AETAP-PPI programs, through appropriate policies on sexual harassment and maternity protection, through mentorship and return to work pathways.** Review organisational policies to ensure ARIA-RISE and AETAP-PPI programs does not exclude advisors with disabilities from working within services and programs and include provisions for reasonable accommodation.	Q1 2023	Secretariat	ARIA members and partner organisations
6. **Produce guidance on how to strengthen DEI data collection for all ARIA-RISE and AETAP-PPI activities.** ARIA-RISE has an opportunity to generate and share data from the programs it supports, and to make innovative and important contributions to the evidence base on DEI considerations in immunisation uptake in the Pacific. This should include information on the Washington Group Questions and how data can support decision-making, as well as guidelines around qualitative DEI data collection, including Most Significant Change and Most Significant Learnings methodologies (participatory techniques) to generate evidence on immunisation barriers.[13]	Q1 2023 (ARIA-RISE) Q4 2023 (AETAP-PPI)	DEI Focal Points	Secretariat
7. **Update the ARIA-RISE website to include DEI resources on its Policies and Resources page, with attention to accessibility.**	Future programs	Secretariat	DEI Focal Points
PROJECT DESIGN			
DEI mainstreaming and initiatives are most effective when they are centred and integrated from the design stage. Guidance provided by the Secretariat and Steering Committee to those designing programs to apply for ARIA-RISE funding, as well as a revision of the adjudication template when reviewing proposals, will be key in ensuring that organisations apply a DEI lens to their project designs. **Key actions:** • Revise Adjudication Template to include DEI requirements for new ARIA-RISE projects • Provide DEI guidance to organisations submitting project designs			
8. **Revise Adjudication Template to include DEI requirements for new ARIA-RISE projects.** This	Q4 2022	Secretariat	DEI Focal Points

dedicated focal points in country offices were even more effective, and contributed to improved organisational awareness and improved perceptions of inclusion of and accountability for gender in programs. Men, women and gender diverse people need to be appointed as focal points so that it is not seen as a 'women's issue,' and need to be resourced appropriately so that it is not tokenistic or seen as an additional burden.

[13] This guidance should be shared with DFAT for technical review before distribution.

will ensure that DEI is centred during the design phase. Suggested revisions to the Adjudication Template, **including weighted GEDSI criteria,** is included at Annex B. Adjudication should also provide incentive for organisations to consult with diverse stakeholders during the design phase, to conduct context-specific GEDSI or DEI analyses to inform design, and to reflect in program designs that local networks will be consulted.			
9. **Provide access to the ARIA-RISE DEI knowledge hub for organisations submitting project designs.** IA2030 design resources are particularly helpful at the design stage. If possible, encourage program designers to conduct a GEDSI analysis and provide access to the behavioural and social drivers of vaccination (BeSD) studies conducted in partner countries by ARIA members for situational analysis of GEDSI dynamics in project design phase, e.g. partner country reports from the Rapid Formative Analysis BeSD in 9 PICs to inform strategies. DEI knowledge in Australian ARIA-RISE program organisations should not be assumed and must be facilitated by the Secretariat.	Ongoing	Secretariat	N/A
PROJECT PROPOSAL			
Project proposal templates should include DEI considerations. **Key actions:** • Review proposal template for future proposals anticipated in 2023.			
10. **For possible future phases of ARIA-RISE and AETAP-PPI, review sections in ARIA-RISE and AETAP-PPI proposal process to capture organisational DEI capacity at the proposal stage.** **For example:** • Ask about specific activities to achieve gender balance in decision-making and project delivery which can improve effectiveness of surveillance, detection, and prevention. One simple proxy metric to test for this, for example, is the percentage of women and people with disabilities in organisational/program leadership.	Q4 2022 (in anticipation of expected proposals in 2023)	Secretariat	DEI Focal Points
PROJECT APPRAISAL			
The Project Adjudication Template currently does not currently (explicitly) require reviewers to assess DEI/GEDSI capacity of the proposal under review. **Key actions:** • Incorporate suggestions into the Project Adjudication Template (Annex B: Revised Adjudication Matrix). • DFAT Program Manager to join Steering Committee appraisal meetings of potential next iteration of ARIA-RISE.			

11. **Incorporate suggestions into the Project Adjudication Template provided to reviewers when assessing proposals, so that DEI is systematically appraised.** See suggested changes at Annex B: Revised Adjudication Matrix. This includes amending the following DEI omissions in the current adjudication matrix: • The full ARIA-RISE End-of-Investment Goal is not included, omitting the reference to gender equality, disability and social inclusion. Recommend adding the complete text for the assessment of ARIA-RISE "End-of-Investment Goal: Does the proposal show how the project align to the ARIA RISE goal? *i.e., to improve immunisation coverage coordinated with disease surveillance and other health system strengthening activities in target ARIA-RISE partner countries* focusing on gender, disability and social inclusion. • The two EOPOs focused on DEI should be added to the matrix (they are currently omitted – only EOPO2 and EOPO4 are included). Add: *Improved information systems and immunisation data for tracking and addressing coverage gaps with a focus on gender, disability and inclusion* (EOPO1) and *Tailored immunisation program guidance adopted into policy and practice ensuring reach to vulnerable and underserved population* (EOPO3) • Recommend including Social Safeguarding risks (PSEAH, Child Protection, and Environment and Social Safeguards) as examples of relevant risks to be considered when assessing the strength of risk management during appraisal.	Q4 2022	Secretariat	N/A
12. **Continued review of organisational policies on Gender, Disability and Safeguarding (including Preventing Sexual Exploitation, Abuse and Harassment and Child Protection) at the appraisal or due diligence stage to measure partner capacity so that all funded programs meet downstream compliance obligations.** Compliance with ACFID's Code of Conduct is also a good indicator of complying with good sector practice in these areas. As suggested in ACFID's Quality Assurance Framework, include references to these requirements in any public calls for proposals to signal to prospective partners that ARIA organisations and members and NCIRS takes this seriously. Organisational Reconciliation Action Plans and Indigenous Procurement Policies are also good indicators that DEI is being actively considered by potential partners.	Ongoing	Secretariat	ARIA members and partner organisations
PROJECT REPORTING AND MONITORING			

ARIA-RISE project reporting should systematically report on DEI initiatives, successes, and challenges, to track continual improvement. **Key actions:** • Revise reporting requirements so that all reports to the ARIA Secretariat and to DFAT include a GEDSI or DEI reporting section, and so that all project presentations to DFAT include GEDSI or DEI reporting. • Review risk assessment processes and templates to meet best practice (and DFAT requirements). • Collect 'success stories' of DEI done well by ARIA-RISE programs, using the Most Significant Change technique.			
13. **Include DEI or GEDSI reporting in all reports submitted by ARIA-RISE and AETAP-PPI programs, including 6-month progress reports.** Programs currently report against GEDSI and cross-cutting issues in Annual Reports, but these are not included/listed as a report section in the Reporting Guide for ARIA-RISE Project Updates for the 6-month progress reports or 3-month check-ins.	Q1 2023	Secretariat	DEI Focal Points/ARIA project personnel
14. **DEI Focal Points to complete DEI self-assessment tool** (Annex C) **every six months for their programs.** This will allow programs to benchmark their current approach to DEI and to measure their improvement as changes are made.	Q1 2023	DEI Focal Points	Secretariat

15. **Revise risk assessment process.** All ARIA-RISE and AETAP-PPI programs must complete safeguarding risk assessments (incorporated into overall risk assessments) to meet DFAT Child Protection, Preventing Sexual Exploitation, Abuse and Harassment Policy, and DFAT's Environmental and Social Safeguards policy requirements so that they can introduce risk-based mitigation strategies. This should be updated regularly and shared with NCIRS. Programs must monitor for unintended consequences of activities on women and men, and people with disabilities, recognising that the needs, constraints, roles and responsibilities of women and men create different risks, and that communication and mitigation strategies must take these differences into account. Consider the Risk of Human Rights Violations such as increased gender-based violence or repressive approaches if women and other under-represented groups are not participating meaningfully in planning and implementation of community-based engagement and surveillance strategies and activities.	Q4 2022	Secretariat	ARIA Project Leads
PROJECT LEARNING, ADAPTATION AND EVALUATION			
ARIA-RISE programs can continually improve in their approaches to DEI. Project learning, adaptation, and evaluation is key. ARIA-RISE programs are generating world-first findings learned in their specific areas of inquiry, and these findings should be shared publicly wherever possible, or within the ARIA network in the DEI Knowledge Hub. **Key actions:** • Ensure that revised MELF is used for all program evaluations. • Strengthen networks collaboration with local groups and within ARIA.			
16. **Strengthen networks for collaboration with local groups to advance inclusion,** and a strong mentoring component in all project activities to ensure skills transfer and knowledge sharing between ARIA members and partner countries.	Q1 2023	DEI Focal Points	Secretariat
17. **Ensure that DEI-related health research and findings from ARIA-RISE and AETAP-PPI programs are shared and disseminated for policy and decision-making, and learnings can be brought forward accordingly.** A Communications Plan and/or additional external communications support may be needed.	Q2 2023	Secretariat	DEI Focal Points
18. **Adaptive approach to capacity building within ARIA-RISE and AETAP-PPI teams.** Project leads and project staff to promote DEI skills and	Ongoing	Secretariat	Secretariat and ARIA

approaches within their team. Implement a training needs assessment regarding disability knowledge amongst project staff and develop a plan to address DEI gaps. Ensure that any training for in-country health workers address disability inclusion (partner with people with disabilities and DPOs to deliver training on disability inclusion) and ensure that communication strategies recognise and challenge stereotypes and avoid perpetuating stereotypes.			project personnel
19. **ARIA-RISE can make a significant contribution to disaggregated data in the region.** Disability data to be collected and analysed where feasible using best-practice approaches (such as the Washington Group Questions) to inform decision-making.[14] Collect qualitative information to strengthen understanding of barriers to access and the needs of people with disabilities.	Ongoing	DEI Focal Points	Secretariat and ARIA project personnel
20. **Ensure that the revised MELF is used in all program evaluation.** The revised MELF covers DEI considerations. All evaluations should explicitly consider the revised MELF: • Outline how the project has supported and promoted equity, accessibility and participation in vaccine programs. Where relevant, how the project has identified and addressed barriers to vaccine information and services and promoted the safety for target populations. Include evidence and references to how gender equality has been promoted and where people with disabilities and other target populations are empowered and have been actively included in decision making, i.e. in vaccine roll-out and research teams. • Outline the challenges and risks to achieving equity and inclusion in vaccine programs, and how they will be addressed.	Ongoing	Secretariat	DEI Focal Points
21. **Conduct a GEDSI Analysis for each new project/program.**	New programs	DEI Focal Points	Secretariat

AETAP-PPI DIVERSITY, EQUITY AND INCLUSION ACTION PLAN

The recommendations below follow the twin-track principle for DEI engagement: focusing on AETAP-PPI's own ways of working when responding to partner requests, and also responding to (and proactively searching for) requests with primarily DEI goals and outcomes.

[14] Guidance on implementing the Washington Group questions is available here: https://www.washingtongroup-disability.com/fileadmin/uploads/wg/Documents/WG_Implementation_Document__1_-_Data_Collection_Tools_Developed_by_the_Washington_Group.pdf

The goals and outcomes in the AETAP-PPI DEI Action Plan are complementary to the ARIA-RISE DEI Action Plan, recognising the shared institutional actors. The Action Plan below can be actioned by the Secretariat. The Action Plan recognises that the AETAP-PPI program is currently funded from May 2021 to June 2023 and that AETAP-PPI responds to partner requests.

The following activities will strengthen end of program outcomes for all future AETAP-PPI requests for technical assistance:

1. Include a **preparatory assistance budget** for conducting situation analyses with partner country requests to identify under-represented groups and analyses social roles, relations, norms and inequalities in relation to disability, gender, and other relevant dimensions of health inequity. For example, where an in-country deployment is planned, the ARIA Secretariat and project DEI Focal Point to meet with AETAP-PPI deployee and discuss the findings from the analysis, and what it could mean for the work undertaken during the deployment.

2. **Review vaccine delivery strategies:** conduct GEDSI analysis in the design phase of technical assistance programs involved in vaccine implementation to demonstrate the different ways in which gender and other additional social factors (such as socioeconomic status, disability and the rural/urban divide) shapes both the demand for and provision of immunisation services in partner countries.

3. **Promote and celebrate the value of GEDSI in AETAP-PPI programs and partnerships through existing regional mechanisms** including WHO Regional and Country Offices, UNICEF, Association of Southeast Asian Nations (ASEAN), Pacific Health forums and others, ensuring the meaningful participation of women, girls, people with disabilities, Indigenous and ethnic minorities and other groups who experience increased vulnerability in such dialogues.

4. **Encourage incremental improvements to DEI mainstreaming by collaborating with Ministries of Health and alongside in-country representative organisations in developing/revising training modules, guides, and vaccination management and surveillance protocols.** Secretariat could consider producing resources (one-pagers) on the DEI-related services and capacities available to partner countries under AETAP-PPI, as well as mapping GEDSI organisations, peak bodies, representative groups and community groups in country to facilitate collaboration and partnership.

5. **Facilitate knowledge exchange, collaboration, and peer-to-peer learning between partner countries, celebrating and strengthening DEI practice.**

Implementation steps for the remainder of AETAP-PPI

6. **Review AETAP-PPI 'Country Needs Assessment and Response Plans' to ensure they include:**

    I. Identification of gaps that may require future support (subject to agreement and request of partner governments)
    II. Consideration of DEI issues
    III. Other information as required

7. **Amend reporting template for those providing AETAP-PPI technical assistance, to include DEI impacts and outcomes: positive, negative, neutral and unintended**, recognising that the needs,

constraints, roles and responsibilities of women and men create different risks, and that communication and mitigation strategies must take these differences into account.

8. **Improve effectiveness of surveillance, detection, and prevention, by ensuring that program delivery strategies and budgets include accessible and participatory processes so that diverse people from under-represented groups are actively involved.** This will contribute to one of the long-term outcomes of AETAP-PPI, which is the demonstration of strengthened relationships between Australian institutes, partner countries and development partners resulting in immunisation system strengthening via improved engagement, collaboration, and coordination.

9. **Work closely with national immunisation programs (Ministry vaccine program teams) to promote gender, disability and social inclusion skills and training within their teams.** Implement a training needs assessment regarding disability knowledge amongst project staff and develop a plan to address GEDSI gaps, engaging representative organisations wherever possible. Ensure that any training for in-country health workers address disability inclusion (partner with people with disabilities and OPDs to deliver training on disability inclusion) and ensure that communication strategies are accessible and recognise and challenge stereotypes and avoid perpetuating stereotypes. Training programs should include collecting and analysing disability data using best-practice approaches such as the Washington Group Questions.[15] Utilise existing social science research (where available) or collect qualitative information to strengthen an understanding of barriers to access and the needs of people with disabilities.

10. **Review AETAP-PPI organisational policies and ensure equal opportunities for professional development and career advancement of women working on AETAP-PPI assignments, through appropriate policies on sexual harassment and maternity protection, through mentorship and return to work pathways.** Review organisational policies to ensure AETAP-PPI does not exclude advisors with disabilities from working within services and programs and include provisions for reasonable accommodation. Internal and external role advertisements should actively encourage applicants with a disability to apply.

11. **Design and implement training on gender and disability and integrate this training into existing curricula and accreditation requirements in workforce development programs.** This could be achieved by mainstreaming gender equality into an existing training program, and/or delivering targeted, stand-alone courses or modules. Gender equality training may consider gendered impacts of infectious disease outbreaks, as well as gendered power dynamics and capacity to effect behaviour change in health security, for example.

Supporting health partners in the Pacific

12. **Provide technical support for the collection of disaggregated data.** Support partner countries to develop and implement procedures that disaggregate research and impact data by sex, age, disability, and other demographic factors. Provide support training for gender-sensitive data sampling and collection methods, and including disaggregated data throughout systems to allow for gender analysis at different levels.

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[15] Guidance on implementing the Washington Group questions is available here: https://www.washingtongroup-disability.com/fileadmin/uploads/wg/Documents/WG_Implementation_Document__1_-_Data_Collection_Tools_Developed_by_the_Washington_Group.pdf

13. **Develop and maintain a strong communication and advocacy strategy with Ministries of Health for differentiated vaccine delivery strategies to effectively reach women, men and people living with disabilities.** (Activity 2A: *coordinate communications support regionally, including co-development of communications materials and messaging*). AETAP-PPI could consider engaging a DEI and communications specialist to support the communications and advocacy strategy.

ANNEX

Annex A: Suggested list of resources for the ARIA-RISE DEI Knowledge Hub

In addition to the knowledge products generated by former and current ARIA-RISE projects, and resources recommended by incoming DEI Focal Points, the following external resources should be considered for inclusion in the DEI Knowledge Hub.

- Immunization Agenda 2030: Why Gender Matters
- Making research inclusive of people with disabilities (RDI Network)
- Implementing the Immunization Agenda 2030: A Framework for Action through Coordinated Planning, Monitoring & Evaluation, Ownership & Accountability.
- Development of tools to measure behavioural and social drivers (BeSD) of vaccination: Progress Report (WHO, 2020)
- Shifting gender barriers in immunisation in the COVID-19 pandemic response and beyond.
- The Global Vaccine Action Plan 2011-2020: Review and Lessons Learned
- The influence of gender on immunisation: using an ecological framework to examine intersecting inequities and pathways to change
- The Association between Childhood Immunization and Gender Inequality: A Multi-Country Ecological Analysis of Zero-Dose DTP Prevalence and DTP3 Immunization Coverage
- Gender equity in the health workforce: analysis of 104 countries
- Towards the Healthiest and Safest Region: A vision for WHO work with Member States and partners in the Western Pacific
- Shifting gender barriers in immunisation in the COVID-19 pandemic response and beyond
- Gender And Immunisation Abridged Report: A Knowledge Stocktaking Exercise and an Independent Assessment of the GAVI Alliance
- Overcoming Gender-Related Barriers to Immunization Services
- Disability in the Western Pacific
- Improving health services for people with disability
- Vaccination in people with disability: a review
- Disability considerations for COVID-19 vaccination: WHO and UNICEF policy brief, 2021
- Behavioural and social drivers of vaccination: Tools and practical guidance for achieving high uptake
- Guidance note and checklist for tackling gender-related barriers to equitable COVID-19 vaccine deployment' (WHO)
- Immunization and Gender: A Practical Guide to Integrate a Gender Lens into Immunization Programmes (2019, UNICEF Regional Office for South Asia)
- A Toolkit for Integrating Gender Equality and Social Inclusion in Design Monitoring and Evaluation (2020, World Vision)

- Immunization and Gender: A Practical Guide to Integrate a Gender Lens into Immunization Programmes (2019, UNICEF)

Annex B: Revised adjudication matrix

The table below is used to review proposals made to the ARIA-RISE Review Committee Panel. Suggestions on how GEDSI/DEI could be included in the adjudication template and explicitly considered during adjudication of proposals are included in the grey column below. If preferred by the Review Committee Panel, this could also be provided as a separate guidance document.

Table 1: Criteria for identification and selection of ARIA-RISE activities for Component 1-Phase 2 (with suggestions in grey column)

Criteria	Criteria description	Reviewer Score 1, 2 and 3 by %[16]	Suggested inclusions for making GEDSI explicit in the assessment template or in reviewer guidance
Country priority	Is there evidence that the country government or local institution providing has provided in-principle support for the proposal?	/5	
Methodological approach		/30	Consideration of how the project's methodology addresses cross-cutting issues outlined in the ARIA-RISE Program Logic (2020-2023): • *Promote equity of access to vaccinations with a focus on gender equity, for women (girls) and underserved populations (including 'zero dose' children)* • *Promoting Country leadership in decision-making and access to ensure disability inclusion as well as other vulnerable and underserved population groups* This could include: disaggregated data collection, GEDSI-responsive approaches to community engagement, etc.
Alignment with ARIA-RISE goal	Does the proposal show how the project align to the ARIA RISE goal? *i.e., to improve immunisation coverage coordinated with disease surveillance and other health system strengthening activities*	/10	In the Criteria Description column on the left, the full ARIA-RISE End-of-Investment Goal is not included, omitting the reference to focusing on gender, disability and social inclusion. Recommend adding the complete text for the assessment of ARIA-RISE "End-of-Investment Goal: Does the proposal show how the project align to the ARIA RISE goal? *i.e., to improve immunisation coverage coordinated with disease surveillance and other health system strengthening activities in target ARIA-RISE*

[16] The scores from Reviewer 1, Reviewer 2 and Reviewer 3 are separate columns in the original template. They have been combined here due to space constraints.

			partner countries focusing on gender, disability and social inclusion.
Feasibility	Does implementation of this project appear feasible? Are the available resources, including budget and human resources, appropriate to enable successful outcomes?	**/10**	Consideration that GEDSI/DEI initiatives are appropriately resourced in the proposal.
Financial planning	Is the project within ARIA resource capacity? Are there any other funding sources (including in-kind)?	**/20**	
Impact	Does the project contribute to end of investment outcomes? i.e. • *Increase in quality, and uptake of immunisation services within select PIDP program countries?* • *Assessment, adjustment & alignment with domestic legislation, policies and administrative arrangements in all relevant sectors to enable compliance with the International Health Regulations (IHR).* • *Ongoing availability of human resources* • *Improved emergency response coordination*	**/10**	Only EOP02 and EOPO4 are included in the Criteria Description column on the left.) *Recommend including the complete set of EOPOs.* Add: • *Improved information systems and immunisation data for tracking and addressing coverage gaps with a focus on gender, disability and inclusion* (**EOPO1**) • *Tailored immunisation program guidance adopted into policy and practice ensuring reach to vulnerable and underserved population* (**EOPO3**)
Risk/s	Does the proposal identify relevant risks and ways to mitigate them? *i.e Geographic; Human resources; Policy; Disease outbreak & Financial risks*	**/15**	Strongly recommend including Safeguarding risks (Preventing Sexual Exploitation, Abuse and Harassment, and Child Protection) as critical risks and safeguarding concerns to be considered when assessing the strength of risk management. Downstream partners (organisations implementing ARIA-RISE programs) must meet the requirements of DFAT's Preventing Sexual Exploitation,

			Abuse and Harassment Policy and Child Protection Policy.
Other	Has the proposal supplied other relevant information *i.e. staff availability, ensuring balance of activities across select countries*		
	Total Score(s)	**/100**	**Average Total Score: /100**

Annex C: ARIA-RISE program self-assessment template

This tool has been adapted from Learning4Development materials, the WASH Gender Equality and Social Inclusion Self-Assessment Tool, and the CBM Disability and Gender Analysis Toolkit. This assessment should be conducted by your program's DEI Focal Point. It is not a compliance tool, but will enable you to identify DEI entry points in your program. We recommend completing this self-assessment every six months. The self-assessment guide below is an example only and should be revised by the DEI Focal Points.

The Gender-Responsive Assessment Scale is a spectrum showing the current benchmark of how GEDSI considerations are incorporated into projects and policies:

<table>
<tr><td>GEDSI Negative</td><td rowspan="2">GEDSI negative and neutral are the failure to recognise the different roles, responsibilities, needs, interests, and ability to enact power, access to resources and capacities of different people and identities. An immunisation intervention may be intended to affect all people in the same way and assumes that the impact will be the same for everyone. A GEDSI unaware project will fail to recognise the different roles and power of women and men and other segments of the community and will fail to address barriers to participation in public health processes, decision-making and benefits. GEDSI negative and neutral policies or programs are likely to exacerbate existing social inequalities.</td></tr>
<tr><td>GEDSI Neutral</td></tr>
<tr><td>GEDSI Sensitive</td><td>Immunisation programs and projects are GEDSI sensitive if they demonstrate basic recognition that women, men, people with disabilities and segments of the community have different roles, responsibilities, needs, interests, ability to enact power, access to resources and capacities, but take only minimal action to respond to these differences. A GEDSI sensitive project recognises the differences but does not explicitly take remedial action to address inequality. It may aim to increase immunisation access for different groups but will not explicitly address the different barriers or vulnerabilities such as the risk of violence, or challenge discriminatory social norms. It will focus more on practical needs (context) than strategic interests (position and power) of different marginalised groups.</td></tr>
<tr><td>GEDSI Responsive</td><td>A project is GEDSI responsive when it is based on a clear understanding of barriers faced by women and girls, people with disabilities, and different marginalised groups in all their diversities, and there is a clear intention to address these barriers. It will include some recognition of intersectional inequalities and recognise barriers at different levels such as household, community, organisations, sectoral and/or structural. It may include GEDSI accommodating strategies which recognise existing attitudes and barriers but may result in superficial or temporary results rather than deep, sustainable, structural change.</td></tr>
<tr><td>GEDSI Transformative</td><td>A GEDSI transformative project explicitly challenges harmful social norms and power imbalances to improve the position of women in all their diversities, people with disabilities, and people from other socially marginalised groups. It recognises the significance of violence as a barrier and as a risk related to challenging power and takes a clear Do No Harm approach. It takes an iterative approach to building relationships and understanding issues based on lived experience of those affected. It understands the intersections between different oppressions and aims for genuine and equal representation at all levels. It resources all necessary GEDSI strategies, including</td></tr>
</table>

	supporting local organisations representing the rights of women, and organisations representing other marginalised groups. It is alert to and committed to addressing unintended consequences and potential harms. It is committed to the protection of all vulnerable people and has articulated channels for referral to services where available. It understands bias, resistance, and backlash, and has nuanced approaches to address them. It reflects the principle of transformation starting with oneself.

PROJECT SELF-ASSESSMENT MATRIX

The purpose of this Gender Equality, Disability and Social Inclusion self-assessment matrix[17] is to assist individuals and teams to assess and strengthen knowledge and practice, and at a project level, to inform situation analysis and design, to create baseline data and/or to improve reporting, monitoring, evaluation, accountability, and learning.

Design and planning	0	1	2	3	Comments/evidence
Are diverse women and people with disabilities and their representative organisations actively engaged in analysis, design and planning on an equal basis with others?					
Do situation analyses clearly identify under-represented groups and analyse social roles, relations, norms and inequalities, particularly in relation to disability and gender?					
Does community mobilisation include accessible and participatory processes so that diverse people from under-represented groups are actively engaged?					
Do programme designs have objectives and result areas that contribute to achieving both disability and gender equality?					
Does the design include specific measures with budget to address equality and non-discrimination in line with CRPD, CEDAW and CRC?					
Are programmes designed comprehensively to address accessibility, availability, affordability, acceptability and quality?					
Are there budgeted activities that challenge attitudes, stigma, stereotypes and discrimination faced by all people with disabilities?					
Are there budgeted activities that contribute to participation and decision-making particularly of women and girls, gender-diverse people and people with disabilities in services and initiatives?					
Are there budgeted activities that target those who may face barriers or stigma on other grounds, including more isolated or under-represented groups?					
Is there budget for partners to develop capacity on disability inclusion and gender equality?					

[17] Reproduced from the [CBM Disability and Gender Analysis Toolkit.](#) The toolkit has been developed and refined through workshops and field-testing over a two-year period.

Is there budget for accessibility, participatory processes, reasonable accommodation and other specific measures to ensure non-discrimination, such as sign language interpreters, childcare assistance, translation, easy read etc.?					
Do indicators or data systems include disaggregation (at minimum by sex, disability and age) to monitor progress and equality of outcomes?					
Is there budget and technical capacity to identify, monitor and mitigate potential risks so that no person is harmed by the work?					
Implementation, monitoring and learning	**0**	**1**	**2**	**3**	**Comments/evidence**
Do programmes have diverse local staff and a proactive approach to ensure inclusive recruitment? Is there an appropriate balance among project staff in term of gender at all levels, especially for field-based staff?					
Are accountability mechanisms in place and regularly reviewed using accessible community consultation processes?					
Is disability and gender expertise available within teams and/or through consultancies with organisations of people with disabilities and women led organisations?					
Are information & feedback mechanisms provided in a range of accessible formats, including local and Indigenous languages?					
Do activities create safe and accessible spaces for all to participate equally including, where necessary, separate spaces to ensure diverse and marginalised voices are heard?					
Does the programme regularly take time to listen to diverse voices to reflect on how implementation may need to be adjusted?					
Evaluation	**0**	**1**	**2**	**3**	**Comments/evidence**
Do evaluation teams include women and men with disability with diverse lived experience?					
Do evaluation teams use local expertise, languages and participatory processes that enable diverse and marginalised voices to be heard?					
Are evaluation initial findings and recommendations shared back with end users/local communities and partners in accessible formats and diverse communication modes to ensure feedback and validation?					
Do evaluation reports reflect the views of women, men, girls and boys with disabilities on the programme outcomes?					

Is learning on disability inclusion and gender equality from evaluations consistently used to inform future programmes and strategies?					
Do programmes contribute to outcomes relating to increased participation and decision making for women, men, girls and boys with disabilities?					
Do programmes contribute to outcomes relating to mainstreaming of disability and gender specific issues in national strategies/ policies/plans?					
Do programmes contribute to outcomes relating to the realisation of the rights of women, men, boys and girls with disabilities in line with both CRPD and CEDAW?					