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SUBJECT: CIVIL SOCIETY AND COMMUNITY ENGAGEMENT

APPROACH

Agenda item: 08

Category: For Decision

Section A: Executive Summary

Context

If countries are to make equitable and sustainable progress towards reaching their immunisation and broader health commitments, civil society and communities must be actively and meaningfully engaged in national immunisation efforts. Given the equity-driven Gavi 5.0 Strategy, Immunisation Agenda (IA) 2030 and COVAX goals, a new approach is needed to provide a step change in the way that Gavi engages and partners with civil society organisations (CSOs). Beyond their comparative advantage in reaching zero-dose children and missed communities, CSOs have key roles to play in helping to ensure immunisation is maintained, restored and strengthened in the context of COVID-19, and that COVID-19 vaccines are introduced in an equitable way.

Questions this paper addresses

- How can the Alliance better harness the expertise and comparative advantages of civil society and communities to deliver on Gavi 5.0 and COVAX goals?
- How can Gavi build on evidence and learning to overcome existing barriers and operationalise and fund civil society and community engagement?
- What are the key learning agenda questions needed to measure effectiveness of the new approach, and to ensure ongoing monitoring, learning, transparency and mutual accountability during implementation?

Conclusions

In May 2021, the Programme and Policy Committee (PPC) recommended for Board approval a new Alliance approach for Civil Society and Community Engagement (CSCE) (see Annex A). Co-created through an 18-month consultative process in partnership with the CSO Constituency, the approach provides a clear vision for Gavi's engagement with CSOs and communities, and is designed to include a wide spectrum of civil society actors operating at different levels in different country contexts. It acknowledges the complexity of successful civil society engagement, the need for flexibility and country differentiation, and the importance of setting realistic ambitions of what is feasible to be achieved within this strategic period, particularly if we are to achieve equity and sustainability. The PPC pointed to the need to reflect the new CSCE approach in key areas of Gavi's work including equity and zero-dose, COVAX delivery, partnerships and



fiduciary risk management. The Board is requested to approve the overall approach.

A majority of PPC members cautiously favoured ringfencing HSS (health systems strengthening) and TCA (targeted country assistance) funds for civil society in order to help **challenge the status quo** and **maximise the opportunity for success** of the new approach. At the same time, they agreed on the need to **keep the approach simple**, **avoid fragmenting existing funding streams**, and **maintain government ownership**. At the request of the PPC, further consultation will be undertaken to **refine the proposed funding approach** to bring back to the PPC and Board for a decision in December 2021.

Section B: Facts and Data

1. History and Context

Since Gavi's inception, CSOs have been recognised as key partners for immunisation at **global**, **regional and country levels**. Although valuable CSO work has been undertaken with Gavi support in many countries, a 2018 evaluation identified multiple shortcomings, including a **lack of a clear vision**, **complex management and governance structures** and **inefficient funding modalities** that mean that the Alliance has yet to harness the full potential of civil society and community engagement.

- 1.1 Gavi considers civil society to encompass a wide range of **local and international non-governmental and not-for profit organisations**, recognising that a diverse range of civil society and community actors will be needed to deliver on the goals of Gavi 5.0, IA 2030 and COVAX¹.
- 1.2 Working closely with the CSO Steering Committee, and through extensive consultations with key Alliance stakeholders, the Secretariat is proposing a vision for CSO and community engagement with three **Strategic Priorities** and a crosscutting set of **Strategic Enablers** (see Figure 1). The **strategic framework** is supported by a detailed **Theory of Change** (Appendix 1) designed to contribute to all four Gavi 5.0 goals.

¹ See Appendix 2, CSCE Vision Document, for Gavi definition of civil society organisations



Strategic Priority 1. Political will and Strategic Priority 3. Complementing public service delivery SP1. POLITICAL WILL & Accountability ACCOUNTABILITY Build social and political will, Complement government, public sector advocate for immunisation immunisation service delivery and commitments at global, regional, extend services to areas where national and sub-national levels. government programmes have limited and hold decision makers and access or are not effectively utilised service providers accountable for equitable health service delivery Strategic Priority 4. Strategic enablers Support civil society and community engagement in national, subnational Build trust, confidence, and active demand for immunisation and primary and Alliance health sector planning health care, empower communities, processes to be able to deliver on the tackle misinformation and vaccine three CSCE objectives through hesitancy, and overcome social and capacity enhancement, funding and SP4. STRATEGIC gender related barriers to immunisation innovation **ENABLERS** Gavi (2)

Figure 1: Strategic Framework for Gavi's Civil Society and Community Engagement

2. Operationalisation of the CSCE Approach

Three **key shifts** have been identified to operationalise the CSCE approach, many of which are already underway by **managing effectively**, **enhancing capacity**, and **funding efficiently**.

- 2.1 Managing Effectively: In response to problems identified in the evaluation, the Secretariat is working to develop a stronger culture for CSO engagement to ensure that civil society and communities are prioritised in the design of Gavi investments, and to optimise internal processes. Management shifts underway include updated job descriptions for key roles including Senior Country Managers (SCMs) and HSIS Focal Points, recruitment of a dedicated CSCE Senior Manager for overall leadership, sensitisation and increased technical support to country teams, and discussions with Legal and Procurement teams on capacity requirements for CSO contracting. As insufficient Secretariat capacity for CSCE is acknowledged as a risk, implementation will be monitored closely to ensure that additional needs are swiftly addressed if they arise.
- 2.2 Enhancing Capacity: To create the necessary enabling environment for the new approach, a new CSCE Strategic Initiative (SI) is proposed as shown in Annex B. Funded under PEF, the CSCE SI will enhance CSO and Alliance capacity for CSCE at global and regional levels and, over time, enable CSOs to access more sustainable country-level funding mechanisms. The SI will also seek to align and increase collaboration with Global Fund (GF) and Global Financing Facility (GFF) and their CSO platforms and partners. Activities implemented through the CSCE SI would include:
 - Establishing a stronger, more comprehensive hosting arrangement to support the CSO Constituency and Steering Committee, facilitate coordination with the Secretariat, increase country-level engagement in Gavi processes and establish a new CSCE Community of Practice (COP). The COP would enhance CSO networking,



- **communication and advocacy** at multiple levels, and foster systematic learning across the Alliance, Gavi CSO Constituency and broader CSO and health space.
- Leveraging existing regional CSO platforms, such as those supported by the GF Community, Rights and Gender (CRG) Strategic Initiative, GFF and other partners, to build CSO capacity through peer-to-peer learning, conduct and disseminate research findings and facilitate cross-country communication. Such CSO platforms engaged under the SI would be become part of the new CSCE COP.
- Supporting regional and global advocacy and accountability efforts, not prioritised through existing country-level funding mechanisms.²
- Providing catalytic funding for testing, learning and scaling of innovative CSO-led approaches as part of the wider CSCE learning agenda.
- 2.3 Funding efficiently: Evaluation findings and consultation feedback have highlighted the need to optimise Gavi financing mechanisms for CSOs. In response, the Secretariat is planning a number of changes, including strengthening the Application Kit to require CSO participation in Gavi processes; adapting reporting requirements to ensure all CSO financial and programmatic inputs are fully captured; and streamlining CSO contracting procedures such as aligning programmatic and financial capacity assessment requirements with other partners.
- Funding options for CSCE Approach: HSS and TCA will continue to be the main sources of country level financing for CSOs, along with the new US\$ 500 million Equity Accelerator Fund (EAF) described in the Strategy, Programmes and Partnerships Update (Doc 03). The EAF will include US\$ 100 million dedicated to new partnerships (including with civil society) to reach zero-dose children and missed communities in fragile and conflict-afflicted cross-border settings outside government reach. The Secretariat also has an aspiration to channel up to 30 percent of PEF-TCA to local partners in Gavi 5.0, a significant increase from the 2 percent average under Gavi 4.0. However, as many countries face reductions in their HSS and TCA ceilings in Gavi 5.0, there is a risk that governments will not prioritise CSO engagement in Gavi HSS, EAF and TCA programming. For that reason, the Secretariat proposed two potential funding options to the PPC:
 - Option One relies on creating an enabling environment for increased funding allocation to CSOs by requiring CSO engagement in grant design, and building the capacity of CSOs to engage through the CSCE Strategic Initiative. This option avoids adding complexity to HSS and TCA, and empowers governments to determine how much funding to allocate to CSOs in their context. However, in the absence of other

² The CSCE SI can build on the **Joint Learning Agenda**, a partnership with the Global Financing Facility (GFF); Global Fund to Fight AIDS, Tuberculosis and Malaria; Partnership for Maternal, Newborn and Child Health (PMNCH), Universal Health Care (UHC) 2030 and others, to build **CSO capacity in health financing and budgeting advocacy**.



- incentives, such as additional funding for CSO engagement, it may not be adequate to persuade governments to prioritise funding for CSOs and is likely to take time before showing impact.
- Option Two represents a shift for Gavi in explicitly ringfencing a minimum portion (e.g. 10%) of HSS and TCA for CSO engagement. As in option one, the Full Portfolio Planning (FPP) process would be used to ensure joint CSO and government ownership and avoid fragmentation. However, by making dedicated funds available for CSO engagement, the nature of the dialogue is likely to change, particularly in countries where support for CSOs may not otherwise be prioritised. Governments would still be in the driving seat and have the option to provide a robust rationale to Gavi's Independent Review Committee if they propose less than the minimum allocation.
- 2.5 Although PPC members expressed a preference for ringfencing, they fully acknowledged the trade-offs between these two options. They expressed concerns about increasing complexity, undermining government ownership and the risks of creating competition between government, partners and CSO recipients. At the same time, the PPC acknowledged that other approaches have had limited impact to date and cautiously supported ringfencing with the proviso that further analysis and consultation is needed before making a firm decision. The Secretariat will refine the proposed funding approach and bring it back to the PPC in October 2021 and Board for decision in December 2021. Should the recommendation be favourable it will be integrated into the HSIS funding policy.
- 2.6 **Implementation Plan:** The roll-out of the CSCE approach will be phased at country level, focusing initially on countries forecasted to enter the FPP process in 2022, as well as priority countries with high numbers of zero-dose children or community uptake of COVID-19 vaccines. It will be important to manage expectations on the speed of the early implementation of the CSCE approach given the context of the pandemic, COVID-19 vaccine introduction and COVAX scale-up which is stretching country and Alliance bandwidth and delaying planning of new grants. The PPC asked for consultation with incountry stakeholders as part of the next stage of operationalisation. The Secretariat will also seek to ensure CSCE is prioritised in the programming of 2022 PEF-TCA and in the development of country applications to access EAF, and will monitor this closely.
- 2.7 The PPC discussion emphasised the importance of **country differentiation** based on a CSCE **maturity model**, organising countries into **four groups** depending on the capacity of national CSO constituencies to engage in Gavi processes: **Group 1:** Countries with a mature CSO constituency where the focus is on accelerating implementation; **Group 2:** Countries with a growing and increasingly mature CSO constituency that will require some additional TA to increase funding opportunities; **Group 3:** Countries with demonstrated need for increased CSO capacity that will require significant TA investments; **Group 4:** Fragile and conflict countries where international NGOs and humanitarian agencies will act as umbrella organisations for intensified CSO engagement. Networking, communication and advocacy support will be



provided to all 4 groups, with **Strategic Initiative investments prioritised for Groups 2 and 3**. Dedicated support will be provided to Group 4 to access the humanitarian portion of **EAF funding**.

3. Monitoring, Learning and Mutual Accountability

- 3.1 The CSO Constituency jointly owns the CSCE approach. Success will depend on mutual accountability and shared oversight through the development of a robust accountability framework that includes safeguarding requirements. Regular updates will be provided to the PPC on progress, challenges, lessons learned and possible course corrections.
- 3.2 **Learning Agenda**: This is a complex area where we do not yet have all the answers. The PPC therefore welcomed the proposed Learning Agenda, which will include the following learning questions:
 - how effective is the CSCE approach in increasing engagement of civil society and communities in delivering on Gavi and COVAX goals (by assessing contribution and value, challenges and areas for improvement);
 - ii. what innovative CSO led approaches and problem solving should be scaled up to a wider group of countries;
 - iii. how are CSOs contributing to equitable COVID-19 vaccine introduction;
 - iv. what contributions are CSOs making to reach zero-dose children and missed communities in Gavi programming; and
 - v. what contributions are CSOs making to national political will building and improving the sustainability of national immunisation.
- 3.3 **Key indicators** will be tracked at different levels including, for example: i) a Strategy Implementation indicator for HSS budget allocation to CSOs as a proxy for overall CSO engagement; ii) TCA budget allocation to local partners; iii) process indicators such as the number of countries with CSO participation in FPP, CSO financial implementation at country level, and contracting timelines; iv) results of implementation research on innovative approaches; v) disaggregated coverage data from routine immunisation and/or campaigns in areas with CSO implementation; and vi) learning questions on CSO programmatic engagement included in the **learning agenda of the Monitoring and Learning plan**.
- 3.4 Targeted **implementation research** and documentation to address key learning questions around CSO engagement will be funded under the CSCE SI. In addition, **an evaluation of the CSCE approach** is proposed at the end of the strategic period to evaluate the success of the different operational shifts proposed and the sustainability of the overall approach.
- 3.5 Wherever possible, Gavi will align with and build on existing country level oversight and accountability mechanisms for civil society engagement as supported by World Bank, the GFF, and the Global Fund to Fight AIDS, Tuberculosis and Malaria. This could include the use of scorecards.



independent monitoring, as well as systematic documentation of lessons learned from Gavi's ongoing CSCE implementation.

Section C: Actions requested of the Board

The Gavi Alliance Programme and Policy Committee <u>recommends</u> to the Gavi Alliance Board that it:

<u>Approve</u> the Civil Society and Community Engagement Approach as set out in Annex A to Doc 08, recognising the need to closely monitor, learn and refine and bring back to the PPC and Board for guidance as needed.

Annexes

Annex A: Civil Society and Community Engagement Approach

Annex B: CSCE Theory of Change and Strategic Initiative

Additional information available on BoardEffect

Appendix 1: CSCE Vision Document and Consultation Summary

Appendix 2: Evaluation of Gavi's Support to Civil Society Organisations, 2018

Additional reference materials online:

Gavi's partnership with Civil Society: https://www.gavi.org/operating-model/gavis-partnership-model/civil-society

Gavi CSO Constituency website: http://www.gavi-cso.org/

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