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Final Report  
Gavi, The Vaccine Alliance

# Evaluation of Gavi's Support to Civil Society Organisations

Date: **16 November 2018**

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## Disclaimer

We would like to thank all those who have provided their time to facilitate the evaluation, particularly staff at the Gavi Secretariat.

The views expressed in this report are, however, those of the evaluators. They do not represent those of Gavi or of any of the individuals and organisations referred to in the report.

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## Acronyms

AIDS	Acquired Immune Deficiency Syndrome
CAR	Central African Republic
CCM	Country Coordinating Mechanism
CDC	US Centers for Disease Control and Prevention
CEF	Country Engagement Framework
CFP	Communications Focal Point
cMYP	Comprehensive Multi-Year Plan
COMAMA	Coalition des Organisations de la Société Civile Mavimpi na manguele
COMARESS	Coalition Malagasy pour le Renforcement du Système de Santé et de Vaccination
CRS	Catholic Relief Services
CSO	Civil Society Organisation
DRC	Democratic Republic of Congo
EPI	Expanded Programme on Immunization
EQ	Evaluation Question
FENASCOM	Fédération Nationale des Associations de Santé Communautaire du Mali
FO	Facilitating Organisation
FTE	Full-Time Equivalent
GCNH	Ghana Coalition of NGOs in Health
GFF	Global Financing Facility
GHI	Global Health Initiative
HENNET	Health NGOs Network
HIS	Health Information System
HIV	Human Immunodeficiency Virus
HOCAI	Holistic Organisational Capacity Assessment Instrument
HSCC	Health Sector Coordinating Committee
HSFP	Health Systems Funding Platform
HSS	Health Systems Strengthening
KII	Key Informant Interview
ICC	Interagency Coordinating Committee
IFRC	International Federation of Red Cross and Red Crescent Societies
IHP	International Health Partnership
IRC	Independent Review Committee
KANCO	Kenya AIDS NGO Consortium
KII	Key Informant Interview
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MoU	Memorandum of Understanding
NGO	Non-Governmental Organisation
OAFRESS	Organisations de la Société Civile d’Afrique Francophone pour le Renforcement des Systèmes de Santé et de la Vaccination
OAG	Oversight Advisory Group

PCA	Programme Capacity Assessment
PEF	Partners' Engagement Framework
PMNCH	Partnership for Maternal, Newborn and Child Health
POSVIT	Plateforme des Organisations de la Société Civile de soutien à la vaccination et à l'immunisation au Tchad
PPC	Programme and Policy Committee
PPE	Public Policy and Engagement
RACI	Responsible, Accountable, Consulted, Informed
REPAOC	Réseau des Plates-Formes d'ONG d'Afrique de l'Ouest et du Centre
RfP	Request for Proposals
QA	Quality Assurance
SAGE	Strategic Advisory Group of Experts on Immunisation
SCM	Senior Country Manager
SG	Strategic Goal
SPONG	Secrétariat Permanent des Organisations Non Gouvernementales
TCA	Targeted Country Assistance
ToC	Theory of Change
ToR	Terms of Reference
UHC	Universal Health Coverage
UHC2030	Universal Health Coverage 2030
UNICEF	United Nations Children's Fund
US	United States
WHO	World Health Organization
ZCSIP	Zambia Civil Society Immunisation Platform

## Glossary

<b>Co-creation of recommendations</b>	Process that the Evaluation Team facilitated after presentation of the Draft Final Report highlighting findings and conclusions from the evaluation whereby primary users formulate their own recommendation with the evaluators' support. The rationale is that primary users are more likely to feel ownership and hence put into practice recommendations if they are deeply involved in their formulation. The recommendations are also more likely to be useful (and hence used) if formulated by those who are the closest to the subject at hand rather than by external evaluators. This is in line with the principle and theory of Utilisation-Focused Evaluation.
<b>Core Team</b>	A subset of the Evaluation Team comprising the team leader, the three workstream leads, the civil society organisation (CSO) expert, the evaluator and the technical advisor.
<b>CSO Constituency</b>	The Gavi CSO Constituency consists of a broad network of CSOs that are motivated to support Gavi's mission. It comprises two layers: a broad civil society Forum and a core CSO Steering Committee.
<b>Evaluation Steering Committee</b>	This is a reference group set up to oversee the evaluation. It is chaired by Magda Robert (Bill & Melinda Gates Foundation) and comprises Lize Aloo (Global Fund), Moustapha Dabo (Ministry of Health, Guinea), Nasir Yusuf (United Nations Children's Fund Regional Office for Eastern & Southern Africa), Rafael Vilasanjuan (Barcelona Institute for Global Health) and Kadidiatou Touré (World Health Organization).
<b>Evaluation Team</b>	The team contracted by Itad for the purposes of this evaluation and comprising the Core Team, the Project Management Team and the national consultants.
<b>Gavi CSO Model</b>	For the purpose of this evaluation, we refer to 'the Gavi CSO Model' to mean the Gavi CSO Platform model plus Gavi support to CSOs through country HSS grants from 2011 to 2017.
<b>Gavi CSO Platform model</b>	This is the first of the two mechanisms that fall within the scope of this evaluation, whereby CSOs are supported to form Platforms at country level, and the capacity of such Platforms is strengthened so they can better engage in policy, coordination and advocacy on immunisation.
<b>Gavi support to CSOs through HSS</b>	This is the second of the two mechanisms that fall within the scope of this evaluation, whereby CSOs receive funds from Gavi under the Health Systems Strengthening (HSS) grants to engage in immunisation activities.
<b>In-depth case study</b>	A case study that entailed a country visit, as conducted in Burkina Faso, Chad, Ghana, Guinea, Kenya and Pakistan.
<b>Platform managers</b>	Catholic Relief Services (CRS) and Réseau des Plates-Formes d'ONG d'Afrique de l'Ouest et du Centre (REPAOC) receive funds from Gavi to support the establishment of Gavi CSO Platforms at country level and strengthen their capacity.
<b>Primary users</b>	Stakeholders that are most likely to be the ones using the results of the evaluation – i.e. Gavi staff at all levels of the organisation and Board members, and non-Gavi members of the CSO Constituency that have been directly engaged in Gavi CSO support.
<b>Remote case study</b>	A case study that did not entail a country visit, as conducted for Liberia and Mali. The interviews were carried out by phone or Skype.
<b>Workstream</b>	We have structured the evaluation around three workstreams, each addressing a different group of evaluation questions. Workstream 1 is to look at the governance and management arrangements in place to support the Gavi CSO Model's effective and efficient functioning; Workstream 2 is to focus on regional and country processes and implementation; and Workstream 3 is to assess the extent to which both mechanisms have achieved the planned results, contributed to Gavi's Strategic Goals and ensured sustainable results at country level.

# Executive Summary



**Gavi has commissioned Itad to conduct an independent learning-focused evaluation of its support to civil society organisations (CSOs) between 2011 and 2017. Specifically, the main objectives of the evaluation are to assess the overall relevance, efficiency, effectiveness and sustainability of the Gavi CSO Platform model, and Gavi's support to CSOs through country Health Systems Strengthening (HSS) grants. We refer to both components together as 'the Gavi CSO Model'. It is acknowledged that this is only a subset of Gavi's work with CSOs, and other components of Gavi's engagement with CSOs have not been included within the scope of this evaluation.**

The evaluation's primary purpose is formative, as it should inform decisions on how Gavi will approach the way it engages CSOs up to 2020 and in the next Gavi Strategy. However, the evaluation also has a clear summative purpose, to address the gap in evidence on the degree to which Gavi's support to CSOs has been efficient and effective, which is critical to informing Gavi's future approach to engaging CSOs in a manner that best contributes to its mission of ensuring ready access to immunisations to under-served populations worldwide.

The evaluation is utilisation-focused and theory-based. A mixed methods approach to data collection was employed leading to a synthesis and reporting phase that focused on systematically validating findings and co-creating conclusions and recommendations.

Key limitations of this report include: (i) limited data availability on implementation and results of both CSO Platform support and CSO supported components of HSS; (ii) the representativeness of country case studies selected, which limited our ability to draw conclusions on how evidence from individual countries applies to other settings; and (iii) the need to balance the number of interviews conducted with resources available as well as stakeholder availability. However, in spite of these issues, the evidence collected and analysed is felt to be sufficient to formulate sound conclusions and actionable recommendations.

## Evaluation Findings

Table E1 provides a summary of the main findings, which are further detailed under each workstream.

**Table E1: Summary of key findings**

Workstream	Main Findings
1. CSO governance and management arrangements	<ul style="list-style-type: none"> <li>While the CSO Model design is relevant and aligned with Gavi's strategic sub-objective related to strengthening civil society engagement, Gavi has not articulated a clear vision of how CSO support can support Gavi's wider Strategic Goals.</li> <li>Platform objectives have shifted significantly over time, demonstrating a lack of clear focus on what the Platforms were actually being supported to do.</li> <li>The overall governance and management structure for the CSO Model is very complex, posing some issues in terms of lines of accountability.</li> <li>Governance and management decision-making processes have not been performed in a particularly effective and/or efficient manner. This owes to the complexity of the arrangements, confusion on roles and responsibilities, a mismatch of capabilities to those roles and responsibilities and a weak culture within the Secretariat to promote and champion CSO support, all resulting in stakeholders not fulfilling their roles and responsibilities as envisaged.</li> </ul>
2. Regional and country processes and implementation	<ul style="list-style-type: none"> <li>The selection and engagement of Fund Managers was not conducted in a transparent manner and there have been significant inefficiencies in these processes. There is mixed evidence on the efficiency and effectiveness of selecting Facilitating Organisations, resulting in examples of both high and low performance in different settings.</li> <li>The funding mechanisms and processes for CSO Platform support have not operated efficiently at all times, with substantial delays in disbursements both from Gavi to Fund Managers, and from Fund Managers to Platforms.</li> <li>The proposed two-year duration of Platform support was not adequate or realistic to achieve the planned objectives. The size of budgets has been sufficient to meet the CSO Platform objectives.</li> <li>There is evidence of increasing commitment to the principle of CSO inclusion in HSS country funding application and monitoring and evaluation processes, as well as an increasing willingness on the part of governments to allocate HSS grant budgets to CSOs. However, the available evidence suggests implementation has been severely delayed and has occurred in a few countries only.</li> <li>Despite these delays, some demand generation activities have been implemented, with evidence to suggest that a total of 6.7 million individual beneficiaries have been reached with some form of demand generation activity in the last two years.</li> </ul>
3. Outcomes and sustainability	<ul style="list-style-type: none"> <li>CSO Platform objectives related to improving Platform functionality and increasing engagement of Platforms in national health sector and immunisation planning and decision-making processes have been achieved in many, but not all, countries. In particular, CSO Platform support has enabled increased engagement with the EPI and participation on ICCs/HSCCs. CSO Platforms have also contributed to Gavi-related processes (e.g. HSS funding applications, joint appraisals). However, very few, if any, Platforms have reached a point of financial sustainability with few instances of Platforms attracting external financing to support ongoing Platform functioning.</li> <li>In the very few countries where implementation of CSO activities through HSS grants has occurred, there is some limited evidence to suggest these have contributed to EPI improvements. However, this contribution has been minor and insufficient on its own to have an impact on immunisation outcomes. The prospects for programmatic and/or financial sustainability of CSO activities are extremely limited.</li> </ul>

The evaluation scope did not include Gavi's wider engagement with CSOs, such as in relation to resource mobilization, advocacy or capacity building through the Partners' Engagement Framework (PEF) Targeted Country Assistance (TCA) funds, evaluation or research activities.

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## Evaluation conclusions

Our conclusions are presented in relation to our validation of the programme theory of change (ToC), and against the evaluation criteria of relevance, efficiency, effectiveness, results and sustainability.

- Validating the ToC:** The ToC was designed to provide a systematic approach to examining causality, laying out a detailed hierarchy of intended results for the entire evaluation period against which we could judge performance in each area of interest. As part of the evaluation we have assessed whether the individual components of the ToC have been validated and are working well to facilitate the achievement of results, and those that are not. Our overall conclusion is that despite governance and management arrangements not facilitating an environment conducive to efficient and effective implementation of CSO support, other aspects of the programme theory have largely been validated. However, there is insufficient evidence to demonstrate a tangible link along the ToC from inputs to impact.
- Relevance of CSO support in relation to Gavi's Strategic Goals:** The CSO Model is relevant and aligned with Gavi's strategic sub-objective on 'strengthening civil society engagement'. However, the lack of a clear vision on how this support should contribute to Gavi's wider Strategic Goals represents a missed opportunity to have guided the nature of Platform activities to better meet Gavi (and country) needs
- Efficiency and effectiveness of Gavi's support to CSOs:** A range of factors that have reduced the efficient and effective utilisation of resources have significantly hampered the overall implementation of Gavi's support to CSOs. These include issues related to governance and management arrangements; lack of a long-term vision and strategic guidance; some design features related to country selection, grant duration and shifts in objectives; the selection, engagement and contracting of Fund Managers; funding mechanisms and processes; transparency of CSO Platform support at country level; weak monitoring and evaluation and oversight functions; and overall delays to the implementation of HSS grants. These substantial issues have fundamentally impeded the ability of CSOs to implement activities through both CSO Platform support and HSS grants.
- Results and sustainability of Gavi's CSO Platform support:** CSO Platform support has strengthened the functions and organisational capacity of CSOs, which has led to greater participation and meaningful engagement of CSOs in national health sector planning and policy-making in many, but not all, countries. As such, these objectives have largely been achieved.
- Sustainability of Gavi's CSO Platform support:** Despite investments in building the capacity of CSO Platforms in resource mobilisation and sustainability planning, very few, if any, Platforms have reached a point where their functions can be sustained in the medium to long term, and prospects for doing so are extremely limited.
- Results and sustainability of Gavi's CSO support via HSS grants:** As above, the substantial delays to HSS grant implementation mean results have been achieved in very few countries. In the few that have achieved results, our evidence suggests CSO activities have made some positive contribution to the EPI, mainly in terms of strengthening demand for immunisation services at the community level. However, these activities have been implemented at a very limited scale and the contribution to the EPI has been minor and insufficient on its own to have an impact on immunisation outcomes.
- Sustainability of Gavi's CSO support via HSS grants:** The prospects for programmatic and financial sustainability of CSO activities are extremely limited, with any programmatic benefits expected to dissipate quickly over time (as would be expected given the nature of the activities implemented); and very few funding opportunities outside of further Gavi HSS support available to financially sustain the implementation of CSO activities at the same scale, if at all.





# Executive Summary

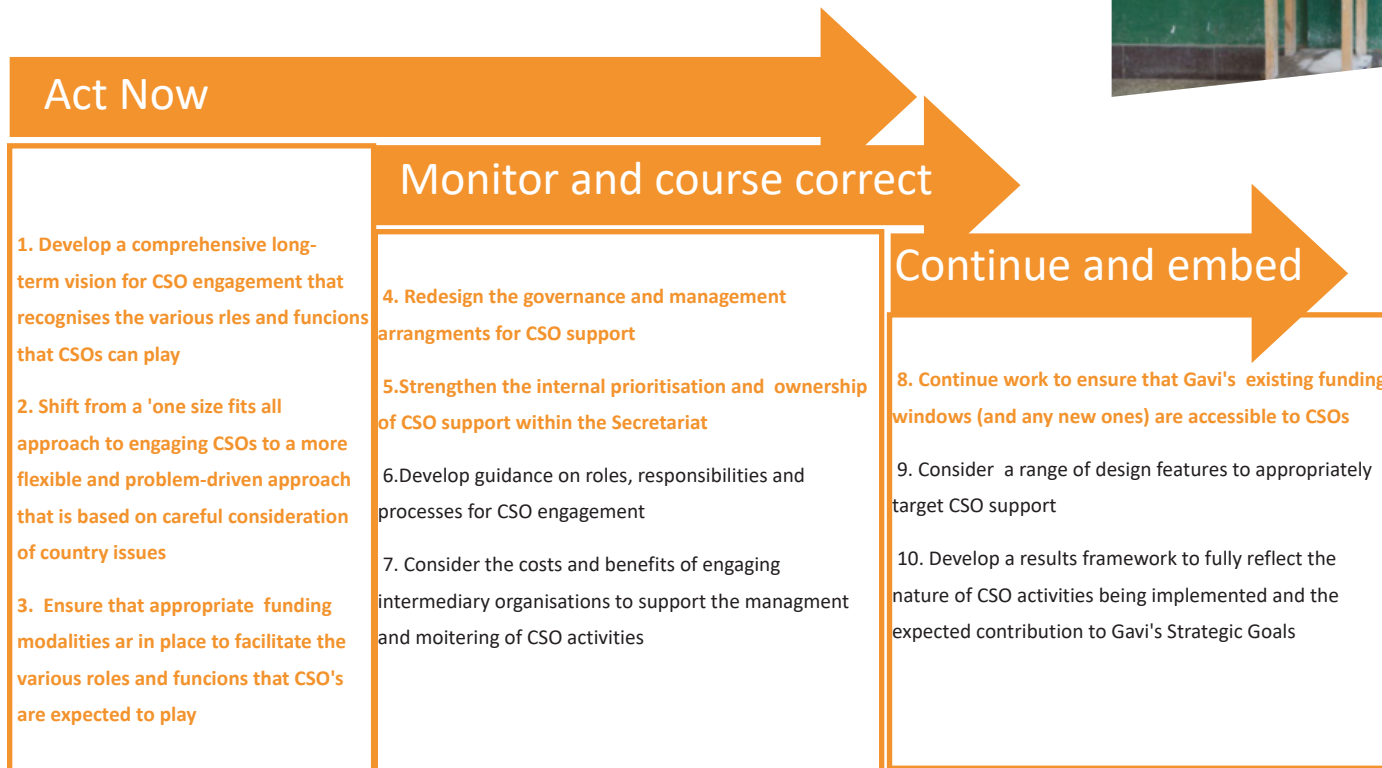
## Recommendations

We have articulated 10 recommendations that are derived directly from the main findings and conclusions of the evaluation, which have been co-created by the Evaluation Team and primary evaluation users. These are presented in the full text.

These recommendations can be grouped in to three categories as summarized in the Figure 1 below. The six orange recommendations (presented more fully in Box E1 below) are, in our view, the most critical to address, with other recommendations being contingent on these being accepted and actioned.



**Figure E1: Overview of recommendations**



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**There are three recommendations that call for action to be taken in the short to medium term (i.e. in 2018 to the extent possible and early 2019).** These relate to the overall design of Gavi's approach to engaging with CSOs, and specifically to develop a comprehensive long-term vision for CSO engagement that recognises the various roles and functions that CSOs can play in support of Gavi's mission and Strategic Goals; shift from a 'one size fits all' approach to engaging CSOs to a more flexible and problem-driven approach that is based on careful consideration of issues on a country by country basis; and ensure that Gavi has in place appropriate funding modalities to facilitate the various roles and functions expressed in the long-term vision.

**There are four recommendations that require Gavi to closely monitor, analyse and review the current arrangements with a view to potentially taking action to course correct.** The priority recommendations (which will require action) relate to redesigning the governance and management arrangements for CSO support to ensure that roles, responsibilities and lines of accountability are simplified and clearly defined; and strengthening the internal prioritisation and ownership of CSO support within the Secretariat. Other recommendations on implementation arrangements relate to developing guidance on roles, responsibilities and processes for CSO engagement, and the potential use of intermediary organisations to support the management and monitoring of CSO activities.

**The final three recommendations promote the areas of work that Gavi should continue and further embed in its policies and processes.** The priority recommendation here is for Gavi to ensure that the funding windows specified from work under Recommendation 3 are accessible to CSOs, such that funds flow in an efficient manner to CSOs to facilitate implementation. Other recommendations relate to certain design features and collecting data on the results of CSO support.

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## Box E1: Summary of evolution high priority recommendations (in numerical order)

### Overall design of Gavis approach to engaging with CSO's

#### **Recommendation 1: Develop a comprehensive long-term vision for CSO engagement that recognises the various roles and functions that CSOs can play**

CSO 'engagement' should be viewed as a means to an end rather than an end in and of itself, and there is a need to develop, articulate and agree a clear vision of where CSOs could be expected to make a contribution in support of Gavi's mission and Strategic Goals. In our view, this would be best achieved through the development of a ToC that comprehensively covers Gavi's entire model and articulates the areas for CSO to engage, either as a standalone effort or working alongside others.

#### **Recommendation 2: Shift from a 'one size fits all' approach to engaging CSOs to a more flexible and problem-driven approach that is based on careful consideration of country issues**

Building on and aligned to the long-term vision for CSO engagement, there is a need to consider and analyse the set of issues being encountered at the country level and how CSOs can support Gavi's mission on a country by country basis. The objective of this would be to define a tailored approach to CSO engagement by country that is appropriate to the country context, targeted at addressing identified issues, and aligned with the efforts of other donors/ partners/ CSOs. In our view, such an approach could help to ensure that the potential role of CSOs is better leveraged to make a meaningful contribution to Gavi's Strategic Goals and country immunisation and wider health efforts.

#### **Recommendation 3: Ensure that the appropriate funding modalities are in place to facilitate the various roles and functions that CSOs are expected to play**

There is a need to develop a framework setting out the various roles and functions described in the long-term vision for CSO engagement, and a corresponding list of appropriate funding modalities/ mechanisms to engage CSOs and facilitate them to play each role. In our view, many roles/functions could be facilitated through Gavi's existing funding windows, but some other roles may require separate funding modalities/mechanisms. For some roles and in support of a more integrated approach Gavi might consider engaging an alliance of donors/partners across a wider set of health issues where CSO support could be coordinated.

### Governance and management arrangements

#### **Recommendation 4: Redesign the governance and management arrangements for CSO Support**

There is a need to ensure that roles, responsibilities and lines of accountability in relation to the governance and management of CSO support are simplified and clearly defined. In our view, the Secretariat (accountable to the Board) should assume direct responsibility for the design, implementation and management of all CSO support, and the CSO Constituency should be engaged in an advisory capacity to the Secretariat. This could be formalised through some form of advisory committee which supports the Secretariat's oversight of CSO support and meets periodically with the Secretariat to discuss and advise on identified issues.

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## **Recommendation 5: Strengthen the internal prioritisation and ownership of CSO support within the Secretariat**

There is an important need to nurture a culture within the Secretariat that is supportive of the roles that CSO's can play in support of different aspects of Gavi's mission. Firstly, there is a need to build awareness and buy-in among the Secretariat at all levels on how to facilitate, promote and encourage CSO engagement based on and aligned with Gavi's long term vision of CSO engagement, so that CSO support is prioritised alongside other competing demands. Secondly, the Secretariat requires greater capacity to design, manage, monitor and evaluate CSO support, including expertise of CSO engagement and dedicated staff time.

### Implementation arrangements

## **Recommendation 6: continue work to ensure that Gavi's funding windows are accessible to CSOs**

To address evaluation findings that Gavi's existing funding windows are not fully facilitating the potential role of CSOs, it is critical that Gavi works to ensure that:

- CSOs continue to be included in country funding applications, joint appraisals and capacity building needs assessments as partners capable of contributing to country needs.
- Selection and engagement processes work efficiently, with minimal delays to implementation.
- Funds allocated to CSOs in funding applications budgets are actually provided to CSOs.
- Requirements for demonstrating organisational capacity, monitoring and reporting are not overly burdensome or unachievable to meet for CSOs that are capable of implementing activated to a high standard.

## Section 1. Introduction

### 1.1 Overview of the report

Gavi has commissioned Itad to conduct an independent learning-focused evaluation of its support to civil society organisations (CSOs) between 2011 and 2017.

This Final Report follows the submission and incorporation of feedback by the Gavi Secretariat and Evaluation Steering Committee on the Preliminary Findings Report and Draft Final Report, as well as inputs provided by primary evaluation users at the recommendations co-creation workshop held in Geneva on 24 October 2018. This report is based on the data collection and analysis work carried out between June and October 2018, including eight country case studies (Burkina Faso, Chad, Ghana, Guinea, Kenya, Liberia, Mali and Pakistan).

The rest of this report is structured as follows:

- The remainder of Section 1 presents the purpose, objective and scope of the evaluation.
- Section 2 sets the evaluation context and presents background information on Gavi CSO support.
- Section 3 presents a summary of the evaluation approach, including the evaluation framework; data collection, analysis and synthesis methods; and limitations.
- Section 4 presents findings by workstream.
- Section 5 sets out our evaluation conclusions.
- Section 6 presents recommendations.

This is supported by the following annexes:

- Annex A: Evaluation terms of reference (ToR) from the request for proposals (RfP)
- Annex B: Overview of the Evaluation Team
- Annex C: Mapping of the evaluation questions (EQs) against the evaluation theory of change (ToC)
- Annex D: Detailed evaluation framework
- Annex E: Timeline of Gavi's support to CSOs
- Annex F: List of documents reviewed
- Annex G: List of stakeholders interviewed
- Annex H: RACI (responsible, accountable, consulted, informed) analysis on stakeholder roles and responsibilities
- Annex I: Analysis of CSO Platform budgets and expenditure
- Annex J: Comparator organisation study
- Annex K: Validation of ToC assumptions

### 1.2 Purpose, objective and scope of the evaluation

#### 1.2.1 Purpose of the evaluation

As the section below details, Gavi's approach to supporting CSOs has evolved over time, as confirmed by a number of evaluations.<sup>2</sup> The current phase of Gavi's support to CSOs through the CSO Platform model ends in 2018 and the findings, conclusions and recommendations from this evaluation are expected to feed into ongoing discussions on what Gavi's support to CSOs should look like up to 2020 and in the next Gavi Strategy.<sup>3</sup> As such, the primary purpose of the evaluation is formative.

However, the evaluation also has a clear summative purpose, to address the gap in evidence on the degree to which Gavi's support to CSOs has been efficient and effective, which is critical to informing Gavi's future approach. For example, it was noted during a recent Programme and Policy Committee (PPC) meeting that 'It would be difficult to justify increasing resources to CSOs until evidence of their impact is demonstrated.'<sup>4</sup> Moreover, while PPC members acknowledge that it is difficult to measure the

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<sup>2</sup> Gavi evaluation reports are available at <http://www.gavi.org/results/evaluations/>

<sup>3</sup> RfP, page 11

<sup>4</sup> PPC minutes, May 2016

impact of the work of the CSO Constituency, 'It will be important to demonstrate this impact to justify any increase in funding to be provided within the Partners' Engagement Framework (PEF) for the 2016–2020 strategy.'<sup>5</sup>

### 1.2.2 Evaluation objectives

As per the RfP, the main objectives of this evaluation are to assess the overall relevance, effectiveness, efficiency, results and sustainability of the Gavi CSO Platform model, and the effectiveness, outcomes, results and sustainability of Gavi's support to CSOs through country Health Systems Strengthening (HSS) grants from 2011 to 2017. We refer to both components together as 'the Gavi CSO Model'.

More specifically, in relation to the CSO Platform model, the evaluation objectives are to assess the:

- strengths and weaknesses of the global level governance structure;
- efficiency and effectiveness of implementation, management and funding processes (including accountability) at the global, regional and country levels;
- achievement of results over the evaluation period; and
- added value of the CSO Platform model in the context of Gavi's 2016–2020 Strategic Goals.

In relation to Gavi's support to CSOs through HSS grants, the evaluation objectives are to assess the:

- contribution of this support to achievement of intended results over the evaluation period; and
- added value of this support to in the context of Gavi's 2016–2020 Strategic Goals.

As noted above, the primary purpose of the evaluation is formative and, to fulfil this requirement, the evaluation will develop actionable recommendations in relation to:

- if and how Gavi should redesign its approach to supporting CSOs; and
- the role(s) of the Gavi Secretariat *vis-à-vis* other global and/or regional initiatives to support CSOs to improve immunisation systems and health system outcomes.

### 1.2.3 Scope of the evaluation

#### Programmatic focus

The evaluation is focused on the Gavi CSO Model. More specifically, from the 20 EQs, four key questions can be derived, encompassing both the summative and the formative nature of the evaluation. As in Figure 1, these have been categorised by CSO Platform and CSO support through HSS grants under five main categories: (i) governance; (ii) process and implementation; (iii) outcomes/results; (iv) sustainability; and (v) potential future role. This categorisation informs our approach and analytical framework for the evaluation.

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<sup>5</sup> PPC minutes, May 2015

Figure 1: Categorisation of EQs from the RfP

Overarching Question	To what extent are the conditions in place within Gavi's governance and management arrangements to best enable and support the effective and efficient delivery of the CSO Model?	To what extent have the CSO processes been implemented effectively and efficiently at regional and country levels?	To what extent has the CSO Model achieved the planned results, contributed to Gavi's strategic goals and ensured sustainable results at the country level?	What conclusions can be drawn from the evaluation which can be used to generate formative recommendations for how Gavi supports CSOs in the future?	
Category in the RFP	Governance	Process and Implementation	Outcomes/ Results	Sustainability	Potential future role
CSO Platform		EQ 5, EQ 6, EQ 7	EQ 8, EQ 9, EQ 10, EQ 11	EQ 12	
CSO HSS	EQ 1, EQ 2, EQ 3, EQ 4	EQ 13	EQ 14, EQ 15, EQ 16, EQ 17	EQ 18	EQ 19, EQ 20

It is acknowledged that this is only a subset of Gavi’s work with CSOs, and other components of Gavi’s engagement with CSOs have not been included within the scope of this evaluation. More specifically, as per the RfP, it is out of the evaluation scope to assess country technical assistance support provided to CSOs through the Partners’ Engagement Framework (PEF) Targeted Country Assistance (TCA) funds, evaluation or research activities. We have, however, sought to understand what these funds have supported and whether and how this relates to aspects of the evaluation that are in scope.

While the clear mandate of the evaluation is around the Gavi CSO Model, we have also taken into consideration that CSO support is designed to facilitate gains in Gavi’s other programmatic areas of support (i.e. vaccine and HSS support), and against Gavi’s Strategic Goals.

### Temporal scope

The evaluation is focused on the period between 2011 and 2017, spanning two strategic periods: 2011–2015 and 2016–2020. As such, it looks back from recent experiences in 2011–2017 to answer the EQs, examining key decision points and choices made over the entire period to understand the relevance, effectiveness, efficiency, results and sustainability of Gavi’s support to CSOs.

This seven-year perspective is applied to all the EQs to take into account the dynamic changes that have occurred, particularly in terms of the new strategy coming into effect in 2016, the changes in the design of CSO support and the wider changes in the design of Gavi’s HSS support.

### Geographical scope

In accordance with the RfP, the evaluation looks at Gavi’s CSO Model at the global, regional and country level. It focuses on those countries that have received support through the CSO Platform model and/or support to CSOs through HSS. The evaluation incorporates in-depth country case studies in five countries (Burkina Faso, Ghana, Guinea, Kenya and Pakistan)<sup>6</sup> and three remotely conducted case studies (Chad, Liberia and Mali).<sup>7</sup> We have sought to expand the geographical scope of the evaluation where possible, such as by attending and conducting some focus group discussions at the CSO ConneXions meeting in Nairobi, where stakeholders from a wider range of countries were present.

We have also conducted detailed interviews with the Catholic Relief Services (CRS) regional office, as the organisation contracted as the Fund Manager for most countries. In addition, we have conducted telephone and email interviews with stakeholders from Réseau des Plates-Formes d’ONG d’Afrique de l’Ouest et du Centre (REPAOC), the Senegal-based organisation tasked with support to some country

<sup>6</sup> These countries were selected based on a criteria jointly agreed between Itad and the Gavi Secretariat and based on the overall guidance/direction from the Gavi Secretariat.

<sup>7</sup> Chad was intended to be an in-depth country case study but it was not possible to travel. It is therefore included as a remotely conducted case study, with some interviews conducted by telephone and others in-person during the CSO ConneXions meeting in Nairobi.

Platforms and with establishing the Organisations de la Société Civile d'Afrique Francophone pour le Renforcement des Systèmes de Santé et de la Vaccination (OAFRESS) regional francophone Platform.

### Primary and secondary users

The primary users of the evaluation results are Gavi staff at all levels of the organisation and Board members. It is intended for the evaluation to be used as a basis for planning Gavi's future engagement with CSOs, in order to build on existing successes (as well as to address any identified gaps). Other primary users are non-Gavi members of the CSO Constituency that have been directly engaged in Gavi CSO support. For example, this would include:

- the Oversight Advisory Group (OAG);
- other CSO Constituency Steering Committee members;
- the Gavi CSO Communications Focal Point (CFP), International Federation of Red Cross and Red Crescent Societies (IFRC);
- the Platform Managers – i.e. CRS and REPAOC;
- the regional Platform – i.e. OAFRESS; and
- the individual country Platforms and the CSOs engaged as Facilitating Organisations (FOs).

Secondary users are wider partners that are engaged in immunisation activities in the countries where CSO support is being implemented but that are not directly involved in Gavi's support to CSOs. This input will help position Gavi's work with CSOs as part of a comprehensive development response. It is also envisaged that the evaluation will be of interest to a range of other current or potential development partners (including funders) engaged on issues related to expanding immunisation coverage and working with civil society on health more broadly.

As agreed with the Gavi Evaluation Unit, this report provides in-depth findings and conclusions against the EQs, which we acknowledge may not be applicable for all audiences. We have, however, confirmed our general willingness to ensure that findings and recommendations are shared in an appropriate manner with both primary and secondary audiences. This will be discussed following approval of the Final Report.



## Section 2. Background to Gavi's support to CSOs

While global immunisation coverage is advancing towards the 90% target set by the Global Vaccine Action Plan (global DPT3 coverage rate reached 85% in 2017), the shortfall means that each year almost 20 million children remain unimmunised and exposed to vaccine-preventable diseases.<sup>8</sup> Of these, 40% live in fragile or humanitarian settings.<sup>9</sup> These global numbers mask the significant variation between countries and within population groups, with significantly lower immunisation coverage among the poorest in society.<sup>10</sup> Gavi's mission is at the heart of these challenges: *'saving children's lives and protecting people's health by increasing equitable use of vaccines in lower-income countries'*.<sup>11</sup>

Within this context, it is widely recognised that CSOs – including non-governmental organisations (NGOs), advocacy organisations, professional and community associations, faith-based organisations and academia – can support Gavi across a wide spectrum of activities, including (i) playing a key role in implementing immunisation programmes; (ii) influencing public policy; (iii) supporting resource mobilisation through their advocacy work; and (iv) encouraging transparency and accountability by playing a watchdog role towards their government, donors and other global health actors and by participating in Gavi's governance.<sup>12,13</sup> CSOs can also have a particularly important role to play in helping reach the hard to reach, such as in conflict situations, and the marginalised, contributing to overcoming inequitable access within countries for these groups.<sup>14,15</sup> They have also often been the implementers of innovative approaches to improve immunisation coverage and reach the most vulnerable groups. This is especially important given the within-country inequalities highlighted above.

Gavi has committed to engaging CSOs since its inception. In 2006, the Gavi Board approved a pilot programme for CSO support '[to] build sustainability at a country level by involving local civil society organisations in the planning and delivery of immunisation, child and other health services, and encouraging cooperation and coordination of efforts between public sector and civil society'.<sup>16</sup> In 2009, the Board further emphasised the importance of strengthening engagement with CSOs and developed the Civil Society Call to Action at the Gavi Partners' Forum in Hanoi.<sup>17,18</sup> For the last two strategic periods (Gavi 3.0: Strategic Period 2011–2015 and Gavi 4.0: Strategic Period 2016–2020), strengthening civil society engagement in the health sector (with an emphasis on immunisation) has been a specific strategic objective under the HSS goal.<sup>19</sup>

Over the 2011–2015 and 2016–2020 strategic periods, the two main mechanisms through which Gavi has attempted to deliver this strategic objective have been (i) CSO Platform support, involving the establishment of CSO Platforms in countries; and (ii) support to CSOs through Gavi's HSS grants. As shown in the boxes below, the two mechanisms support different but closely overlapping CSO activities. The Platform model is more focused on strengthening CSO engagement with immunisation processes and policies whereas the HSS grants are more about strengthening CSO activities to improve systems for vaccine delivery.

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<sup>8</sup> WHO and UNICEF estimates of national routine immunisation coverage, 2017 revision (completed July 2018)

<sup>9</sup> WHO and UNICEF, Progress and challenges with achieving Universal Immunization Coverage, 2018, available at [http://www.who.int/immunization/monitoring\\_surveillance/who-immuniz.pdf](http://www.who.int/immunization/monitoring_surveillance/who-immuniz.pdf)

<sup>10</sup> Hosseinpoor A.R. et al., State of inequality in diphtheria-tetanus-pertussis immunisation coverage in low-income and middle-income countries: a multicountry study of household health surveys, in *Lancet Global Health*, 2016, Sept, 4(9), e617-e626

<sup>11</sup> <https://www.gavi.org/about/mission/>

<sup>12</sup> <http://www.gavi.org/about/partners/cso/>

<sup>13</sup> <http://www.gavi-cso.org/About>

<sup>14</sup> PPC minutes, 7–8 October 2015, page 5

<sup>15</sup> Gavi Programmatic Support to Civil Society Organisations, Implementation Framework, March 2013, page 1

<sup>16</sup> Gavi Alliance Guidelines for Gavi Alliance CSO Support: Support to strengthen the involvement of civil society organisations in immunisation and related health services, 2007

<sup>17</sup> Gavi Alliance Board Meeting, 16–17 June 2010, Doc 20 – CSO Representation on the Board, page 5

<sup>18</sup> <http://www.gavi-cso.org/About/history>

<sup>19</sup> Gavi's 2011–2015 Strategy, Gavi's 2016–2020 Strategy



**Gavi CSO Platform support** is led by the Gavi CSO Constituency, with oversight provided by the OAG, and implemented by two Fund Managers: CRS, since 2011; and REPAOC, since 2016. These organisations support CSO Platforms in 26 countries as of 2018. The project has been implemented in three phases and has covered the following countries:

- **Phase 1:** Burkina Faso, DRC, Ethiopia, Ghana, Kenya, Malawi, Pakistan
- **Phase 2:** Chad, Guinea, Haiti, India, Liberia, Nigeria, Uganda
- **Phase 3:** Bangladesh, Benin, Cameroon, Mali, Madagascar, Sierra Leone, South Sudan, Togo and Zambia (2014), Côte d'Ivoire (2015) and CAR and Niger (2016)

The project brings together health-related CSOs in countries under 'national Platforms' to develop their capacity and strengthen their engagement in immunisation-related activities. The project has had multiple objectives, which have evolved over the years, but which have broadly focused on four areas:

- functioning and capacity of Platforms;
- CSO participation in national health sector processes;
- CSO Platform role in support of immunisation service delivery; and
- CSO participation in Gavi-related processes, especially HSS grants.

Given the range of country context and country-specific immunisation challenges, the 26 Platforms that have been established are at varying levels of functionality; hence, since the last phase of the project, a tiered approach of support has been applied and Platforms have been mapped to four tiers for specific level of support: (i) platform functionality; (ii) capacity-strengthening; (iii) transition; and (iv) sustainability.



The other main mechanism through which Gavi supports CSOs is **HSS grants**. This avenue of support is based on the 2012 Gavi Board decision that – while governments remain the default option for Gavi to channel funds – funding to implement CSO activities could be invested as part of a country (formerly Health Systems Funding Platform – HSFP) HSS application.<sup>20</sup> This approach was recommended in the previous evaluation of Gavi's support to CSOs and in a review by the Gavi Secretariat on options for support for CSOs.<sup>21, 22</sup> Key aspects of the HSS grant funding are:

- *Channels of HSS grant funding:* CSOs can receive Gavi funding through two channels: (i) funding from Gavi to the Ministry of Health (MoH) and then transferred to CSOs or (ii) direct from Gavi to CSO (in exceptional circumstances; and/or in the case of reprogramming of HSS grants; and in agreement with the government).<sup>23</sup>
- *Use of HSS grant funding:* Countries must indicate the activities and funding to be provided to CSOs in their HSS grant application. Categories of areas of support include<sup>24</sup> (i) service delivery; (ii) workforce and human resources; (iii) procurement and supply chain management; (iv) health information systems; (v) empowering community and other local actors; (vi) legal, policy and regulatory environment; (vii) health financing; (viii) other; and (ix) programme management. For each activity category, there are also a range of sub-categories.<sup>25</sup>
- *Monitoring and reporting of HSS grant funding:* CSOs report to MoH on performance of their grants irrespective of the channel of funding. MoH will report on behalf of the country to Gavi. CSOs' accountability to MoH for performance and for financial management will be the same irrespective of channel of funding.

Since 2011, CSO Platform support has been provided to Platforms in 26 countries. Table 1 details when CSO Platform support started in each country by phase of support and whether the countries were still receiving support in September 2018. The table also highlights in red those countries that previously received Type A and B support (2006–2010). The last column lists countries in which limited activities have recently started or restarted owing to the issues with REPAOC (discussed below). The table shows that only four countries (DRC, Ethiopia, Ghana and Malawi) have 'graduated' from CRS support in light of achievement of sustainability objectives.

Annex E provides an overview of the various stakeholder groups involved in the Gavi CSO Model and a detailed timeline that captures the evolution of Gavi's support to CSOs over the evaluation period.

<sup>20</sup> Report to the Gavi Alliance Board, 12–13 June 2012

<sup>21</sup> CEPA LPP, Evaluation of Gavi support to CSOs, 2012, page v

<sup>22</sup> Report to the Gavi Alliance Board, 12–13 June 2012

<sup>23</sup> Gavi Programmatic Support to Civil Society Organisations, Implementation Framework, March 2013, page 2

<sup>24</sup> [www.gavi.org/library/gavi\\_documents/guidelines-forms/](http://www.gavi.org/library/gavi_documents/guidelines-forms/)

<sup>25</sup> Ibid.

Table 1: Summary of CSO Platform status by country as at September 2018

Phase	Countries	Countries in which support ended in March 2018	Countries still receiving support (cost extension until end 2018)	Countries that have 'graduated' from CRS support	Discontinued for other reasons	Countries in which limited implementation has recently started/ restarted in 2018
<b>1 (2011)</b>	Burkina Faso, <b>DRC</b> , <b>Ethiopia</b> , <b>Ghana</b> , Kenya, Malawi, <b>Pakistan</b> <sup>26</sup>	DRC, Ethiopia, Ghana, Kenya, Pakistan	Burkina Faso, Malawi <sup>27</sup>	DRC, Ethiopia, Ghana, Malawi		
<b>2 (2013)</b>	Chad, Guinea, Haiti, India, Liberia, Nigeria, Uganda	Chad, Haiti, Liberia, Nigeria, Uganda	Guinea, India			
<b>3 (2014)</b>	Bangladesh, Benin, <b>Cameroon</b> , Madagascar, Mali, Sierra Leone, South Sudan, <b>Togo</b> , Zambia Côte d'Ivoire (2015) Niger and CAR (2016)	Sierra Leone, Togo, Zambia	Benin, Cameroon, Côte d'Ivoire, Madagascar, Mali		Bangladesh, <sup>28</sup> South Sudan <sup>29</sup>	CAR, Niger
<b>Total</b>	<b>26</b>	<b>13</b>	<b>9</b>	<b>4</b>	<b>2</b>	<b>2</b>

<sup>26</sup> The Pakistan Platform only received financial support in October 2012 near the end of Phase 1.

<sup>27</sup> The Malawi Platform did not receive any funding in the cost extension – funds went only to the CRS Country Programme and Focal Point.

<sup>28</sup> Support to the Bangladesh CSO Platform has been discontinued (CRS Final Report, April–October 2016, page 7).

<sup>29</sup> Support to South Sudan was discontinued after the contract with the FO was terminated in October 2015 (OAG Meeting Minutes, June 2016).

## Section 3. Evaluation approach

This section provides a summary of our evaluation approach, as articulated in more detail in our Inception Report dated 29 May 2017, and subsequent responses to feedback. Any updates made to our Inception Report are noted below.

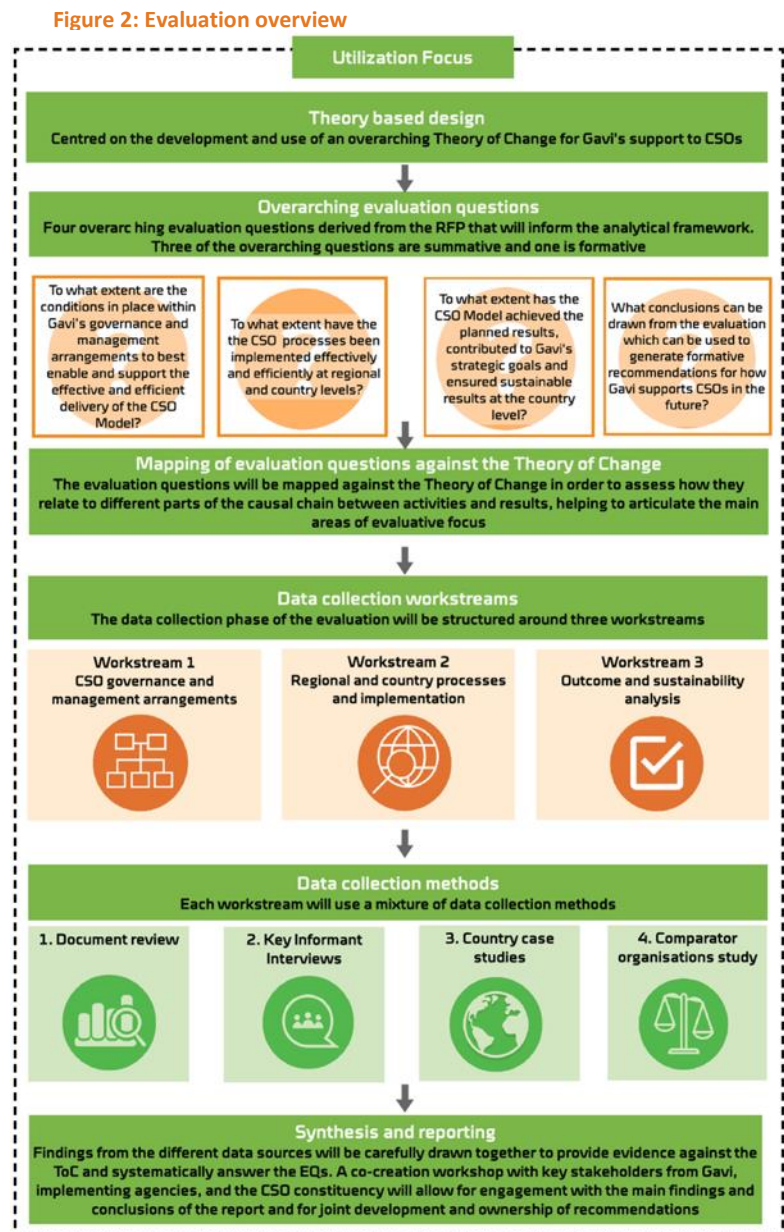
Figure 2 provides an overview of the utilisation-focused evaluation approach, which is designed to create engagement and a sense of ownership among intended users such that the evaluation findings and recommendations will be more meaningful and likely to be acted upon.<sup>30</sup>

The evaluation is theory-based, meaning that the design is built around testing a ToC that lays out and unpacks the relationships between the expected activities, outputs, outcomes and impact of the CSO Model, and clarifies the underlying assumptions. The ToC (see Annex C) which we designed for this evaluation, which was designed during the Inception Phase with inputs from various stakeholders, has guided the evaluation and covers both the Gavi CSO Platform support and support to CSOs through HSS grants.

As noted above, we have defined four overarching EQs (three summative and one formative), which inform our analytical framework, and which are informed by a systematic mapping of EQs against the ToC. This is designed to allow us to investigate what Gavi support to CSOs 2011–2017 has achieved, as well as how and why this has (or has not) happened.

Data collection to inform the EQs is structured around three workstreams, which cover governance and management arrangements (workstream 1), regional and country processes and implementation (workstream 2) and outcome and sustainability analysis (workstream 3).

Finally, the synthesis and reporting phase has been focused on systematically validating findings and developing conclusions. Building on stakeholder feedback on this report, we will then move to co-creating recommendations to address the final summative overarching EQ.



<sup>30</sup> Patton, M.Q., Utilization-focused evaluation, 4th Edition, Patton, 2008

### 3.1 Evaluation questions

After careful consideration of the EQs posed in the RfP, including a mapping of the EQs in relation to the ToC (see Annex C), we felt that these questions reflected the evaluation scope well and allowed us to meet the evaluation objectives. As such, the questions were retained, with only some refinement, as clarified with Gavi during the Inception Phase. We have also defined a series of sub-questions for each EQ that support our line of questioning and our testing and validation of the ToC.

The EQs and sub-questions are presented in the evaluation framework in Annex D, including the approaches used for data collection and analysis for each EQ and sub-question. The evaluation framework also specifies the evaluation criteria that are pertinent to each EQ (i.e. relevance, efficiency, effectiveness, results and sustainability, as per the RfP) as well as criteria against which judgements have been made. The evaluation framework thus illustrates how data collection and analysis methods have allowed for systematic extraction and synthesis of evidence against elements of the ToC to generate findings and recommendations. Structuring it in this way will ultimately allow users of the Final Report to trace back from recommendations to the data upon which they are based. Table 2 provides a summary of the EQs by workstream.

**Table 2: EQs by workstream**

Key evaluation questions	
<b>Workstream 1: Governance and management arrangements</b>	
1	To what extent was the design of the overall governance and management structure of the Gavi CSO Platform model relevant (in terms of meeting country needs and Gavi strategic and Platform objectives)?
2	To what extent was the governance and management structure well defined in terms of roles and responsibilities, specifically lines of accountability, monitoring and reporting (including financial) and communication?
3	To what extent were the overall governance and management decision-making processes performed in an efficient, effective, transparent and accountable way, including at the global, regional and country level?
4	To what extent does the overall governance and management structure of the Gavi CSO Platform model compare with other organisations and GHIs? What are the strengths and weaknesses of the existing structure?
<b>Workstream 2: Regional and country processes and implementation</b>	
5	To what extent was the process of selecting and engaging CSOs and Gavi-supported CSO Constituency providers (CRS/REPAOC) efficient, effective and transparent?
6	To what extent were the funding mechanisms and processes of the Gavi CSO Platform model efficient, effective and transparent?
7	To what extent were key stakeholders satisfied with the support received through the Gavi CSO Platform model?
13	To what extent were the processes of planning and implementing CSO activities conducted in an efficient and effective way?
<b>Workstream 3: Outcome and sustainability analysis</b>	
8	To what extent did the CSO Platform model achieve its objectives as planned?
9	To what extent did the CSO Platform model contribute to Gavi's Strategic Goals (including SG2, Objective C)?
10	What are the main factors contributing to these results?
11	What have been the unintended positive and negative consequences of this support?
12	To what extent are the country-level results achieved through the CSO Platform model programmatically and financially sustainable beyond Gavi support? What are the main factors explaining these findings?
14	To what extent did Gavi support to CSOs through HSS achieve its objectives as planned, with specific reference to coverage and equity goals?
15	To what extent did the Gavi support to CSOs through HSS contribute to Gavi's Strategic Goals (including SG2, Objective C)?
16	What are the main factors contributing to these results?
17	What have been the unintended positive and negative consequences of this type of support?
18	To what extent are the results achieved through Gavi support to CSOs through HSS programmatically and financially sustainable beyond Gavi support? What are the main factors explaining these findings?
<b>Summative questions</b>	
19	If, and how, should Gavi (re)structure its mechanisms for support to CSOs to be relevant, effective and efficient in achieving its Strategic Goals?
20	Which role could the Gavi Secretariat play in the future, <i>vis-à-vis</i> other global and/or regional initiatives to support CSOs to improve immunisation systems and outcomes (such as PMNCH and UHC2030)?



## 3.2 Data collection methods

To answer the EQs, the Evaluation Team applied six distinct data collection methods, as follows:

- **Review of existing secondary data:** We have completed a comprehensive and structured document review of Gavi documents and various external secondary data sources to (i) refine the overarching ToC; (ii) establish what has happened in relation to Gavi support to CSOs through the two mechanisms in the period 2011–2017; and (iii) systematically extract evidence against the EQs. Annex F provides a full list of the documents reviewed.
- **Key informant interviews (KIIs):** We have conducted 130 KIIs with stakeholders at the global, regional and country level, generating rich insights into all three evaluation workstreams. This has included Gavi internal stakeholders, CRS and REPAOC, CSO Constituency and OAG stakeholders, country-level stakeholders in case study countries and stakeholders representing comparator organisations. A full list of the stakeholders interviewed is provided in Annex G.
- **Meeting observation:** We have observed two stakeholder meetings:
  - The 2018 Gavi CSO ConneXions event held in Nairobi between 12 and 14 September, attended by over 100 CSO and Gavi stakeholders, representing a wide range of countries, including the 24 CSO Platform countries.
  - A meeting between the Gavi Secretariat and members of the CSO Constituency to discuss a proposal put forward by the CSO Constituency on the design and structure of Gavi's future support to CSOs.
- **Focus group discussions:** We conducted two focus group discussions with a total of 10 stakeholders, all of which represented country-level CSOs, attending the 2018 Gavi CSO ConneXions event held in Nairobi between 12 and 14 September.
- **Country case studies:** Case studies have been employed to generate evidence about how Gavi's support to CSOs has played out in practice at the country level. As above, we have undertaken field visits in five countries (Burkina Faso, Ghana, Guinea, Kenya and Pakistan) and remote case studies in three countries (Chad, Liberia and Mali).<sup>31</sup>
- **Comparator organisations study:** We have completed a study of four comparator organisations (the Global Fund, the Partnership for Maternal, Newborn and Child Health (PMNCH)/Global Financing Facility (GFF), the International Health Partnership (IHP) for Universal Health Care 2030 (UHC2030) and Unitaid), building on the comparator analysis conducted as part of the previous evaluation of Gavi support to CSOs as well as a recent comparison among global initiatives carried out to inform CSO engagement mechanism in UHC2030 in order to draw lessons from comparative contexts.<sup>32,33</sup>

## 3.3 Data analysis and triangulation

For all data collected through the methods described above, we have employed a range of analytical approaches. The following bullets provide a progress update on the data collection process by method, and a summary of the work left to complete:

- **Analysis of secondary data and data from interviews:** All raw data collected has been systematically extracted into an evidence matrix, such that all data relevant to a particular EQ and sub-EQ is one place. This has helped ensure the analysis process comprehensively considers all relevant secondary data collected by the evaluation, thereby reducing the risk of evaluation bias and improving the robustness of findings.
- **Timeline analysis:** We have employed timeline analysis to visually display programme developments, contextual factors/events and critical decision points in a logical sequence. In

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<sup>31</sup> As noted previously, Chad was initially intended as an in-depth country visit but the study was subsequently conducted by means of face-to-face interviews with Chad stakeholders at the CSO ConneXions meeting and telephone interviews with other country-level stakeholders.

<sup>32</sup> CEPA LPP, Evaluation of Gavi support to CSOs, 2012

<sup>33</sup> UHC2030, Assessment of CSO Mechanism in Global Initiatives: Informing the CSO engagement in UHC2030, Briefing Note, 2016

particular, we have used timeline analysis to understand in detail: how the governance model has evolved over the evaluation period; the distinct phases of CSO Platform support; the key actors at the global and country level; and the evolution of key processes (e.g. policies, guidelines, requirements, technical and/or financial support).

- **Capability, culture and practice mapping and assessment:** This has been used for workstream 1 to enable a better understanding of the way accountability works in the relationship between key stakeholders at different levels.
- **RACI (responsible, accountable, consulted, informed) analysis:** This has been employed to describe the participation of the various stakeholders in completing the various activities and processes involved in the governance and management arrangements. This has been used in tandem with the capability, culture and practice mapping/assessment, allowing us to dig down and understand the reasons behind some of the issues observed.
- **Forcefield analysis:** Building on the capability, culture and practice mapping/assessment as well as the RACI analysis, this has been employed to identify and understand the factors that have enabled and/or constrained the ability of the OAG to effectively serve the objectives of the CSO Model.
- **Process mapping:** We have used process mapping under workstream 2, notably to trace the processes CSOs use to engage in key Gavi-related and national health sector processes (e.g. in relation to country HSS funding application development) to provide a framework to assess how successful this engagement has been.
- **Quantitative analysis:** We have conducted some limited quantitative analysis for the available financial data on CSO budgets and HSS grant disbursements, but have not been able to obtain programmatic data that warrants quantitative analysis.
- **Contribution analysis and analysis of added value:** We have analysed the available data collected from the country case studies on the added value of CSO support and its contribution to observed outcomes.
- **Cross-country analysis:** All data collected from the country case studies has been incorporated into an evidence matrix containing all relevant data against each EQ, and then systematically analysed.
- **Triangulation:** To generate the findings contained in this report, we have cross-compared all the information obtained via each data collection method in order to generate findings.

Our Preliminary Findings Report, which was based on incomplete data, included an approach to rank the strength of evidence. Feedback on this report indicated that this was helpful. Although data collection is now complete, despite our best efforts, in some areas we have not managed to collect sufficient good quality data to consider the evidence base against all EQs as very strong. As such, we have used the same approach to assessing the strength of evidence in a systematic way to convey to readers what sort of evidence has been used to generate the findings, and how robust these are. Table 3 presents our approach to ranking the strength of evidence. This ranking is used throughout this report.

**Table 3: Approach to ranking the strength of evidence**

Ranking	Strength of evidence
1	Evidence comprises multiple data sources (good triangulation), which are generally of decent quality. Where fewer data sources exist, the supporting evidence is more factual than subjective.
2	Evidence comprises multiple data sources (good triangulation) of lesser quality, or the finding is supported by fewer data sources (limited triangulation) of decent quality but that are perhaps more perception-based than factual.
3	Evidence comprises few data sources (limited triangulation) and is perception-based, or generally based on data sources that are viewed as being of lesser quality.
4	Evidence comprises very limited evidence (single source) or incomplete or unreliable evidence.

### 3.4 Limitations

**The number of interviews conducted had to be balanced with resources available as well as stakeholder availability.** Good practice when using a snowball approach would be to continue identifying new key informants until the point where no new data, categories or relationships seem to be emerging. Unfortunately, time and resources have meant that we have not been able to reach this point and it must be acknowledged as a limitation. Moreover, the team has been unable to interview a couple of stakeholders (e.g. Board member Richard Sezibera and Noni MacDonald of the Strategic Advisory Group of Experts on Immunisation (SAGE) Decade of Vaccines Working Group), owing to scheduling difficulties. More resources or greater stakeholder availability would have meant, again, a wider evidence base to support findings and recommendations. The team is, however, confident that the evidence collected and analysed is sufficient to formulate sound conclusions and actionable recommendations.

**Data availability has been another challenge to the evaluation.** There has been very little centrally aggregated monitoring and evaluation (M&E) data available for the Evaluation Team to analyse. This is mentioned throughout the report for both the aspects of HSS grants implemented/supported by CSOs (where there is virtually no data at all) and CSO Platform support (where there is qualitative data but this is not aggregated centrally and is very descriptive). This has proven to be a limitation for workstream 3 in particular, but also workstream 2. The effect is that our analysis of results relies almost solely on the data generated through the country case studies, with some additional data from the CRS Platform reporting where relevant and credible.

**The limited representativeness of countries analysed has restricted our ability to draw conclusions on how findings may apply to other settings.** Given the highly variable contextual factors present and the different nature of Gavi's support across countries (including the different activities supported and progress in implementation), it is clear there is no 'typical' country for case study. As well as the limited number of country case studies, which was maximised within the overall resource envelope, it was agreed with the Evaluation Unit that we would seek to study countries where there had been a mix of experiences – i.e. countries have been sampled in a purposive rather than random way. While this has restricted our ability to draw conclusions on how some findings may apply to other settings, we have sought to expand the breadth of country experiences analysed where possible, such as by attending and conducting some focus group discussions at the CSO ConneXions meeting where stakeholders from a wider range of countries were present.

**Furthermore, the limited scale of implementation of CSO activities in a number of the country case studies has limited the availability of data for analysis.** Unfortunately, in a number of cases, Gavi-supported activities have not been implemented to the extent expected. Notably, in five of the seven country case studies where CSO activities had been budgeted in HSS grants, the HSS grants had been so delayed that activities had not yet started. Given the reliance on data generated through the country case studies to answer some EQs for workstreams 2 and 3, this has limited the evidence base against those EQs and restricted our ability to draw conclusions on how some findings may apply to other settings.



## Section 4. Evaluation findings

This section presents our findings and supporting evidence against the EQs. These are structured by the three evaluation workstreams.

### Workstream 1: CSO governance and management arrangements

#### 4.1.1 Introduction

In this section, we reflect on our findings on the governance and management arrangements and to what extent they have supported the efficient and effective functioning of the CSO Platform model and CSO-supported components of HSS grants at global, regional and country levels (the ‘CSO Model’). As agreed during the Inception Phase, the ‘overall governance structure for the Gavi CSO Platform’ is taken to include functions that may ordinarily be characterised as operational management functions.<sup>34</sup> Furthermore, when describing ‘structures’ or ‘arrangements’ (as per the original EQs), these are taken to include the structures, mechanisms, policies and systems required to fulfil good governance and management (the capabilities we refer to below). We also clarified that our scope of enquiry into ‘governance and management arrangements’ would encompass the extent to which they are integral to the proper functioning of the HSS grants as well as the CSO Platform model.<sup>35</sup>

On this basis, as part of the Inception Phase we refined the four EQs of relevance to this workstream (EQs 1–4), as shown above in Table 2, and referred to in the rest of this section and in the evaluation framework (see Annex D). The findings presented in the section below respond to each EQ and are based on a range of data sources and use the data collection and analytical approaches described above and in the evaluation framework.

#### 4.1.2 Findings

EQ1	To what extent was the design of the overall governance and management structure of the Gavi CSO Platform model relevant (in terms of meeting country needs and Gavi strategic and Platform objectives)?	Strength of evidence
High-level finding	<p>The CSO Model design is relevant and aligned with Gavi’s strategic sub-objective related to strengthening civil society engagement. However, this design has not taken into consideration and/or articulated a clear vision of how the CSO Platforms can support country needs or Gavi’s other Strategic Goals, particularly in relation to coverage, equity (SG1) and sustainability (SG3).</p> <p>The overall governance and management structure for the CSO Model is very complex, posing some issues in terms of lines of accountability and for the achievement of Platform objectives. The objectives of the CSO Platform support have also shifted significantly over time, demonstrating a lack of clear focus on what the Platforms were actually being supported to do.</p>	Evidence is strong, comprising multiple data sources at the global level, including country-level data sources, thereby allowing for full triangulation.

#### Alignment and relevance of the Gavi CSO Model with Gavi’s Strategic Goals and country needs

The overall design of the CSO Model is relevant and aligned with Gavi’s strategic sub-objectives related to ‘strengthening civil society engagement’ although the overall purpose of this engagement is unclear. Two Gavi strategies cover the period of the evaluation and both include reference to CSOs under Gavi’s health systems goal (SG2).<sup>36</sup>

- **Gavi’s 2011–2015 Strategy** included CSOs under the health systems strategic objective through the sub-objective of ‘*strengthening civil society engagement in the health sector*’, but there was no a goal-level indicator associated with it.

<sup>34</sup> Gavi RfP-ECSO122017, Section 6.1, page 12

<sup>35</sup> Feedback from Gavi to draft ToC narrative in email dated 14 May 2018

<sup>36</sup> Gavi Alliance Strategy 2011–2015 and Business Plan

- **Gavi's 2016–2020 Strategy** included civil society under objective 2.C of the health systems goal, with the sub-objective to '*strengthen engagement of civil society, private sector and other partners in immunisation*'. A goal-level indicator on civil society was included – '*percentage of countries meeting benchmark for civil society engagement for improved coverage and equity*'.

We do, however, note that the term '*engagement*' has not been suitably defined, and the overall purpose of this engagement is unclear.<sup>37</sup> For instance, the initial Board approval for CSO support in 2006 referenced the role of CSOs in supporting the planning and delivery of immunisation, child and other health services. However, CSOs are referenced in the current strategy under the health systems goal (SG2), and stakeholders often cite the role of CSOs in relation to service delivery (SG1) and sustainability (SG3).<sup>38,39</sup> Our analysis suggests that, instead of defining CSO engagement as an end in itself, comparator organisations (e.g. the Global Fund) tend to be more specific about the barriers and gaps being faced, and identify CSOs as a key partner in addressing those gaps. As such, the purposes of CSO engagement in relation to the organisational strategy are more clearly defined.

**The design of the CSO Platform model has not taken into consideration and/or articulated a clear vision of how the Platforms can support Gavi's other Strategic Goals and country needs.** In particular, there is no articulated ToC or evidence to suggest that Platform support has been designed to support countries to meet coverage or equity goals (SG1) and/or sustainability objectives (SG3).<sup>40</sup> Indeed, the selection of countries for Platform support over the successive phases has been based largely on the perceived ease of setting up platforms, and not on immunisation needs or the presence of identified issues where it was felt CSO Platforms could contribute.<sup>41,42,43</sup>

**This lack of clarity on the programme theory and vision has contributed to observed differences in stakeholder expectations for CSO Platform support.** A range of stakeholders at the global level have commented on how the lack of a long-term vision for CSO support had created confusion as to the objectives for CSO Platform support (see below) and on how they should be reached. Our analysis has also highlighted the absence of a ToC; detailed analysis of the issues to be addressed either globally or by country; a detailed approach to guide implementers on how to achieve the intended results; and/or a structured and well-defined results framework. Evidence from our country case studies supports this view. For example, in Ghana and Kenya stakeholders (notably from government) reported a lack of transparency and awareness on the objectives of Platform support. In Pakistan also, Platform stakeholders and others noted the absence of a long-term strategic approach, leading to workplans being developed only to access annual funding tranches.

<sup>37</sup> Gavi's 2016-2020 Strategy Indicators Definitions document does provide a definition of the CSO sub-objective as '*Percentage of Gavi-supported countries meeting benchmarks for civil society engagement in national immunisation programmes to improve coverage and equity*', but the methods of measurements proposed are general and we have found no evidence that they are properly measured.

<sup>38</sup> The initial Board approval of CSO support in 2006 was '*[to] build sustainability at a country level by involving local civil society organisations in the planning and delivery of immunisation, child and other health services, and encouraging cooperation and coordination of efforts between public sector and civil society*' (Gavi Alliance, Guidelines for Gavi Alliance CSO Support: Support to strengthen the involvement of civil society organisations in immunisation and related health services, 2007).

<sup>39</sup> A further Board decision regarding Gavi's support to CSOs was taken in 2012, when the Gavi Board decided that '*the Government remains the default approach but direct funding for CSO activities can be requested as part of a country Health Systems Funding Platform (HSFP) application (Option 3). While provision of funds to CSOs through the HSFP is the recommended option, it should not limit GAVI's flexibility to engage CSOs directly where rare and exceptional circumstances require different approaches*' (Gavi Alliance Board Minutes, 12–13 June 2012, Decision Ten).

<sup>40</sup> The 2012 CEPA Evaluation recommended '*GAVI should clearly define and prioritise the objectives of CSO support and define a 'theory of change' linked to the results framework of the broader HSS/ HSFP.*' CEPA, Recommendations Paper, 2012, page 17

<sup>41</sup> The selection of countries for Phase 1 of Platform support was based on (i) perceived ease of entry, (ii) the country applying for HSFP in 2011/12, (iii) point of cycle in HSFP, (iv) presence of a Steering Committee member in the country and (v) undergoing aid harmonisation processes (CRS, Gavi SG2.1.1.2 Quarterly Report, Sept–Dec 2011, 2011, page 2).

<sup>42</sup> Countries for Phase 2 and Phase 3 were chosen based on whether a country was expected to apply for new HSS funding, although we understand the OAG also proposed '*criteria for choice of countries from [the] list of those due to apply for HSS funding*', which included immunisation coverage as the first criteria (DPT3 coverage below 85%). Fifteen countries were shortlisted and agreed upon by the OAG and the selection of the nine Phase 3 countries was then done by CRS based on (i) interest from their in-country programmes, (ii) a proposal review matrix developed by the OAG and (iii) a financial assessment to make a final selection (OAG, minutes of face-to-face meeting in Geneva, 11–12 September 2013, page 8).

<sup>43</sup> We also understand that the Gavi Secretariat and the OAG proposed some countries, but again it is unclear whether this was based on an assessment of immunisation needs.

## Evolution and implications of the CSO Model governance and management arrangements

**The current design of the CSO Model was based on the prior experience of Type A and B funding, as detailed in the 2012 evaluation of this funding, but not all recommendations were implemented.** An evaluation of Type A and B support in 2011–2012 concluded that, although ‘GAVI’s support to CSOs is, in principle, important to achieve the country’s and its own immunization objectives...there have been a number of issues with the programme design and implementation, warranting a ‘significant re-think’ of the support going forward.’<sup>44</sup> One of the recommendations from this evaluation was that ‘Gavi should integrate its CSO support with HSS/HSFP.’<sup>45</sup> This recommendation was agreed by the Gavi Board, whereby ‘Government remains the default approach but direct funding for CSO activities can be requested as part of a country Health System Funding Platform (HSFP) application.’<sup>46</sup>

Another recommendation was to restructure Gavi’s support to CSOs as ‘a single funding stream rather than two separate types of support’; this was because the relevance of Type A had varied considerably across countries and because having ‘two separate streams of funding for Type A and Type B support – with distinct proposal, approval and disbursement processes – has been considered inefficient and expensive for all partners involved’.<sup>47</sup> The management response to these recommendations indicated that the Gavi Board agreed.<sup>48</sup> However, given the dual-pronged approach of Platform and HSS/CSO support (and that it could be argued that the objectives of Type A support are broadly similar to Platform support, and the same for Type B and HSS/CSO support), we conclude that this recommendation was not implemented, and the proposed ‘significant rethink’ did not occur.

**The overall governance and management structure for the CSO Model poses some potential issues in terms of governance and management.** Gavi’s governance model involves a clear delineation of responsibility between the Secretariat and the Board, whereby the Secretariat is responsible for executive management of day-to-day operations and Gavi business (including programme design, delivery, M&E, legal and financial management), and is accountable to the Board – Gavi’s supreme governing body – which oversees Secretariat performance and has decision-making authority.<sup>49,50</sup>

The governance and management arrangements for CSO Platform support do not maintain the usual division of responsibility between the Secretariat and the Board, as the CSO Steering Committee and the OAG (bodies that include members of the Board and Board committees, such as the PPC) assume significant responsibility for the design and direct oversight of grant implementation. In our view, this entails the members of the Board and its committees assuming more of an executive role than usual. In fact, we understand that this is the only instance within Gavi where Board or Board committee members assume such a role, and also lies in contrast with the approaches of other comparator organisations that provide financial programme support, where the secretariat maintains responsibility for design, implementation and oversight.

This poses several potential risks, which are explored in the sections below, including:

- a potential conflict of interest and/or loss of independence of those individuals dually involved in operational and Board decision-making<sup>51</sup>; and

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<sup>44</sup> CEPA, Evaluation, 2012, page iv

<sup>45</sup> CEPA, Recommendations Paper, 2012

<sup>46</sup> June 2012 Board decision agenda item 17. Report to the Gavi Alliance Board, 12–13 June 2012, Gavi Support to CSOs, page 1, para. 2.1

<sup>47</sup> CEPA, Recommendations Paper, 2012, page 3

<sup>48</sup> Gavi, Evaluation of Gavi support to CSOs: management response, September 2012

<sup>49</sup> Gavi Alliance Statutes, approved on 29–30 October 2008, revised in November 2011 and June 2017

<sup>50</sup> Gavi Alliance By-Laws, approved on 29–30 October 2008, last revised 29–30 November 2017

<sup>51</sup> For instance, where the same individual could make an operational decision via the OAG; update the Board/CSO Steering Committee on progress; make a recommendation from the Board/CSO Steering Committee in relation to that operational decision; and then vote to accept/reject the recommendation in their position on the Board.

- creation of moral hazard, whereby the Gavi Secretariat does not have full information on the actions of implementing agencies, and therefore lacks control over implementation.<sup>52</sup>

### Relevance of governance and management arrangements to meeting Platform objectives

**The objectives of CSO Platform support, and the interpretation of these objectives, have shifted over time, suggesting a lack of clarity and focus on what the Platforms were actually supported to do.** Gavi agreements with CRS indicate that the purpose of the grants/service contracts evolved over time from simply supporting CSOs to engage in health systems (2011-12); to establishing Platforms facilitate this engagement in immunisation and HSS (2013-15); and then on to strengthening the Platforms to take part in HSS implementation and immunisation delivery services, as well as to become sustainable. The specific language in used in the agreements/contracts is as follows:

- 2011-12: “Country-level CSO supported for implementation as part of the HSFP”.<sup>53</sup>
- 2013-15: “Supporting Country-Level Civil Society To Establish Functional National CSO Platforms for Effective Engagement in Immunisation and Health Systems Strengthening”.<sup>54</sup>
- 2016-17: “Strengthen the platforms to be sustainable and able to take part in HSS implementation and immunisation delivery services”.<sup>55</sup>

In addition, the way in which the CSO Constituency and CRS, as the Fund Manager, have interpreted the objectives of CSO Platform support has shifted significantly over time. Table 4 presents a mapping of the sub-objectives for Platform support, as taken from successive CRS progress reports. In particular, we note that:

- While a clear focus on CSO participation in national health sector processes has been retained, the objective related to using the Platforms to support Gavi-related processes (notably HSS applications) was dropped from 2013 onwards. This does, however, contradict the opinion of some stakeholders that this linkage became stronger from 2013 onwards and Gavi’s introduction in 2016 of a requirement for country Interagency Coordinating Committees (ICCs) to include CSOs in these processes.
- Platform objectives have become more insular – whereas the initial objectives related to strengthening effective CSO engagement in country and Gavi processes, objectives for 2016–2018, relate only to strengthening the capacity of and functionality of the Platforms themselves.<sup>56</sup>
- Another notable shift is the inclusion and then removal of objectives related to the role of CSOs in supporting immunisation service delivery, which were included only between 2013 and 2015.

Other documents and KIIs with stakeholders further revealed a wide range of expectations of CSO Platform support, notably including an expectation for Platforms to make a direct contribution to improvements in immunisation coverage.<sup>57</sup> This suggests, in a view a number of stakeholders echoed, that there has been a lack of clarity and focus on what the Platforms were actually being supported to do, which has created some confusion among stakeholders, particularly at the country level, and is noted as a key frustration of Platform support in general.

<sup>52</sup> Moral hazard arises where parties to an agreement have different information about the actions of the other party and the outcomes. The results of moral hazard are an increased probability of undesired outcomes for one party after the transaction or agreement is signed (Jones, T., Business economics and managerial decision making, 2004).

<sup>53</sup> Purpose of the Gavi-CRS 2011 Grant Agreement.

<sup>54</sup> Purpose of the Gavi-CRS 2013, 2014 and 2015 Grant Agreements.

<sup>55</sup> Objective of the Gavi-CRS 2016 and 2017 Service Agreement.

<sup>56</sup> This point is further supported by a CRS ToC developed for 2016–2018, which stated that ‘If [Platform] members... are mobilised around a common vision for civil society engagement in HSS, and they establish strong, member-validated organisational structures and procedures... the CSO platforms will have increased financial, organisational, and programmatic functionality and sustainability and contribute to Objective 2.3 of Gavi’s Phase IV Strategic Plan (Strengthen engagement of civil society, private sector and other partners in immunisation).’ As such, the objective is clearly to strengthen Platform functionality (CRS narrative and budget details, 2015, page 2).

<sup>57</sup> Gavi, CSO Implementation and Results Framework, March 2013

**The governance and management arrangements for the CSO Model have evolved to become very complex, which could hamper the achievement of Platform objectives.** Annex E provides an overview of the evolution of the governance and management arrangements for the CSO Model, which involve the CSO Constituency, CSO Constituency Steering Committee, OAG, Fund Managers (CRS and REPAOC) and multiple teams within the Gavi Secretariat. The creation of these bodies at different points in time and the delineation of their roles and responsibilities have created a complex governance and management structure that sits outside of Gavi's main mechanisms for doing business. In our view, the complexity of these arrangements and the lack of clarity over evolving roles and responsibilities could reasonably be expected to hamper the achievement of Platform objectives. This is explored further in the sections below.

Table 4: CRS stated CSO Platform objectives by issue over time<sup>58</sup>

Area of focus	2011–2012	2013–2014	Bridge year: 2015	2016–2018
<b>CSO participation in national health sector processes</b>	<p><b>Obj 1:</b> Strengthen effective civil society participation in national health planning</p> <p><b>Obj 2:</b> Strengthen effective CSO engagement in Joint Assessment of National Strategies (JANS)</p>	<p><b>Main goal:</b> Promote involvement of CSOs in health sectors</p> <p><b>Obj 2:</b> CSO Platforms apply new knowledge and skills to engage in discussions around HSS for immunisation</p> <p><b>Obj 3:</b> CSO Platforms work closely with governments and development partners on immunisation issues</p>	<p><b>Main goal:</b> Promote involvement of CSOs in health sectors</p> <p><b>Obj 3:</b> Target country governments and development partners recognise and engage with established CSO Platforms</p>	<p><b>Obj 3:</b> CSO Platforms have improved capacity to contribute to national health sector planning and coordination</p>
<b>CSO participation in Gavi-related processes</b>	<p><b>Obj 3:</b> Strengthen effective CSO participation in harmonisation of existing grants</p> <p><b>Obj 4:</b> Strengthen effective CSO engagement in proposal development</p>			
<b>Functioning and capacity of Platforms</b>		<p><b>Obj 1:</b> FOs have established fully functioning civil society Platforms to engage in immunisation and HSS processes</p>	<p><b>Obj 1:</b> Target countries have established fully functioning civil society Platforms to engage in immunisation and HSS processes</p> <p><b>Obj 2:</b> Capacity of country-level CSO Platforms to engage in discussions around HSS activities for immunisation is strengthened</p>	<p><b>Main goal:</b> Strengthening national civil society Platforms for immunisation and HSS</p> <p><b>Obj 1:</b> CSO Platforms have improved functionality</p> <p><b>Obj 2:</b> CSO Platforms have improved financial sustainability</p>
<b>CSO Platform role in support of immunisation service delivery</b>		<p><b>Obj 4:</b> CSO Platforms mobilise communities to participate in immunisation activities through education and communication to create demand for vaccines</p>	<p><b>Obj 4:</b> Country-level CSO Platforms are empowered to link communities with immunisation and health systems</p>	

Source: 2011–2012: CRS Gavi SG2112 Final Report, 2012; 2013–2014: CRS Gavi SG2.3.1 Annual Report, 2015; 2014: CRS CSO Final 15 January 2015; 2015: CRS, Gavi SG2.3.1. Quarter 3 2015 Report Final, 15 Oct 2015; 2016–2018: CRS, Gavi CSO Const Platform Project Biannual Report, 30 Nov 2017

<sup>58</sup> The numbering of objectives is listed as per CRS progress reports.



EQ2	To what extent was the governance and management structure well defined in terms of roles and responsibilities, specifically lines of accountability, monitoring and reporting (including financial) and communication?	Strength of evidence
High-level finding	Governance and management structures have not been well defined, with some confusion on roles and responsibilities between structures and stakeholder groups, and a number of changes to these roles and responsibilities from what was originally intended. This has contributed to confusion around the lines of accountability for certain functions. Further, there are some notable issues in terms of the capabilities of stakeholders/bodies to fulfil these roles and responsibilities as well as concerns with potential conflicts of interest between the CSO Steering Committee/OAG and the CSO Platforms project.	Evidence is strong, comprising multiple data sources at the global level, including country-level data sources, thereby allowing for full triangulation.

**There are some substantial deviations from the proposed roles and responsibilities of key stakeholders in the governance and management of CSO Platform support, and a number of issues have been raised in relation to its functioning.** Our RACI analysis in relation to different processes (as presented in Annex H) suggests that: there is a lack of clarity on where responsibility and accountability lies between the Fund Managers, the OAG and the Secretariat for the design of CSO Platform support; Fund Managers have been responsible for implementation but no stakeholder group has been held accountable; and Fund Managers have conducted M&E functions but with a lack of supervision and oversight by the OAG, although this has improved over time.

**There is mixed evidence on the capabilities of the key stakeholders/bodies responsible for the governance and management of CSO support.** More specifically:

- Gavi Secretariat: There is a lack of capacity within the Secretariat to manage and engage in CSO support centrally, and prioritisation/capacity among Senior Country Managers (SCMs) varies greatly by country.** At the country level, SCMs are responsible for overall delivery of Gavi support, which includes CSO support, in the countries they manage. However, a number of stakeholders reflected that CSO support was a low priority for SCMs, given the wide range of other issues in countries and the comparatively small size of investments in CSO support relative to other Gavi support. We observed, however, that SCM engagement in CSO support varied considerably by country. This may be a function of the needs for this type of support, but also likely owes to CSO support not being specifically mentioned in the ToR/job descriptions of SCMs, meaning that engagement is at the SCM’s personal discretion. Stakeholders also pointed to a mix of capacity and expertise among SCMs on how to facilitate, promote and encourage civil society engagement, especially given the fact that immunisation (where many SCMs have core expertise) has traditionally been a government led response.

The cross-country management of CSO support is split between the Country Support Team (with the CSO Focal Point being within this team) and the PPE team, with overarching support from the PEF team for contracting, finance tracking, etc. However, even for the CSO Focal Point within the Secretariat, we understand there is no dedicated staff time for this role; as such, CSO support is not prioritised alongside other competing demands on time. Our analysis of some comparator organisations suggests most other global health initiatives (GHIs) do have dedicated staff time to manage CSO engagement.

- IFRC: IFRC plays an integral role in the functioning of governance and management arrangements and has capacity to fulfil these functions.** IFRC’s technical immunisation capacity is **centred** around one Senior Immunisation Officer (on secondment from the US Centers for Disease Control and Prevention, CDC) and one Immunisation Officer. The Senior Immunisation Officer represents IFRC as a member of the Board and the CSO Steering Committee, which requires around 30–40% of time on a FTE basis. Gavi also funds an OAG Coordinator (100% FTE since 2016/17) to coordinate/host the OAG, whose role also includes operational functions,

including around 30% FTE on evaluations/reviews of CSO Platforms in countries.<sup>59,60</sup> Stakeholders reflected that these functions had improved over time and were now generally working well, although Gavi has indicated that more senior engagement at IFRC is required for contractual and performance management issues.<sup>61,62</sup>

- **OAG: Our analysis suggests that a range of factors have constrained the OAG's ability to fulfil its roles and responsibilities.** We have used forcefield analysis to assess the functionality and capability of the OAG. As Figure 3 shows, this has involved identifying the factors that have **enabled** and/or **constrained** the ability of the OAG to adequately fulfil its roles and responsibilities, where the **blue** number denotes the strength and breadth of available evidence collected<sup>63</sup> and the **red** number denotes the strength of the enabler or constraint on the functionality/capability of the OAG.<sup>64</sup> Of particular importance:
  - **Human resource capacity:** The OAG comprises five current and former members of the CSO Steering Committee, who provide their time (or that of their employers) on a voluntary basis, but that the time commitment of members far exceeds what was originally envisaged. In 2016, it was agreed that, in addition to the support provided to the OAG from the CSO Steering Committee CFP, a full-time OAG Coordinator hosted by IRFC would be recruited with Gavi funding.<sup>65</sup> Stakeholders reflected that, despite this, it had been a real challenge to get sufficient time for the OAG members to engage in detailed M&E and oversight functions. We understand that OAG members are asked to devote 10% of their time on a voluntary basis, although, anecdotally, it is estimated that actual time provided has been between 30% and 40% on a FTE basis. However, with the arrival of the new OAG Chair and a full-time OAG Coordinator, OAG functionality is reported to have improved.
  - **Legal accountability:** The OAG's oversight and advisory role, which should hold it accountable for Platform performance, is critical to the governance and management of CSO Platform support. However, as the OAG is not a legal entity, contracts are held between the Gavi Secretariat and Fund Managers, with only a mention of the OAG in some contracts. This highlights a critical gap in the line of accountability – i.e. where the body accountable cannot legally be held to account – and represents a key constraint to the OAG's functionality. This has also caused considerable confusion between stakeholders on where roles, responsibilities and accountabilities lie.
  - **OAG communication and collaboration:** Communication between the OAG and the Gavi Secretariat has been fragmented and the limited engagement/collaboration by some parts of the Secretariat (notably by SCMs in some countries), particularly during the earlier years, has been identified as a clear constraint to governance and management and the OAG's role. Although there are still issues, there is some evidence of improvement with a joint planning process undertaken for the CRS contract extension in 2017. OAG collaboration and communication with CRS has also been variable but has improved over time, notably since the recruitment of the OAG Coordinator.
  - **OAG monitoring:** One of the OAG's roles is to monitor Platform activities through monitoring visits. Although in the early project years it was not clear if or how the OAG undertook this function (which was a constraint), this role has become better defined over time (in terms of

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<sup>59</sup> Gavi also funds the following positions at IFRC to facilitate the CSO engagement in Gavi's overall governance model: a CFP via the CSO Constituency Steering Committee (100% FTE since June 2011), which coordinates/hosts the Steering Committee, and communicates/coordinates with the broader CSO Constituency; and an Administrative Assistant (30% FTE) to support the CSO Constituency Steering Committee, e.g. with travel arrangements.

<sup>60</sup> IFRC, Evaluation of IFRC coordination and management of Gavi Civil Society Organisations Steering Committee and Oversight Advisory Group, October 2017

<sup>61</sup> Putnam, E., Engagement of CSOs in supporting and expanding the work of Gavi, 2015

<sup>62</sup> IFRC, Evaluation of IFRC coordination and management of Gavi Civil Society Organisations Steering Committee and Oversight Advisory Group, October

<sup>63</sup> Strength of evidence is presented on a scale from 1 to 5, with 5 being significant evidence and 1 not being very significant. If an enabler/constraint was repeatedly mentioned (i) by a varied group of stakeholders, (ii) in OAG meeting minutes and (iii) in other documents, it was scored higher than those that were not.

<sup>64</sup> The strength of the enabler or constraint is presented on a scale from 1 to 5, with 5 being a powerful enabler/constraint and 1 not being very powerful.

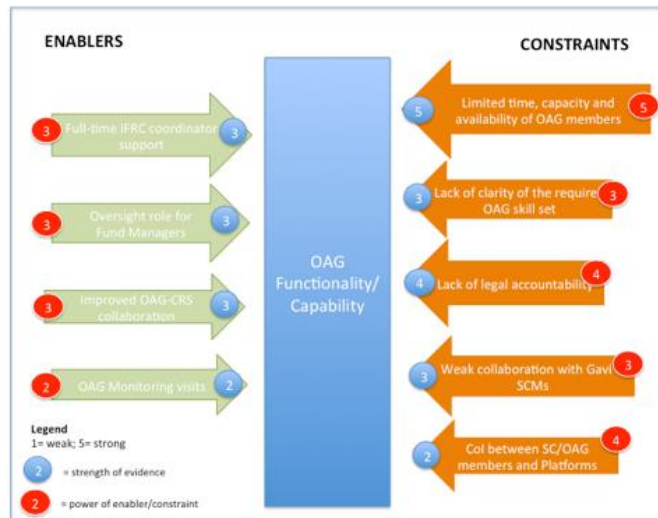
<sup>65</sup> IFRC, Evaluation of IFRC coordination and management of Gavi Civil Society Organisations Steering Committee and Oversight Advisory Group, October 2017



clarity of objectives, format, planning, etc.) and can overall be considered as an enabler for better project management.

- **Concerns related to perceived conflict of interest:** As highlighted in the finding below, stakeholders have reported concerns that members of the OAG may have had a conflict of interest in some of their decision-making, which may have affected the OAG’s reputation.

Figure 3: Forcefield analysis



**Stakeholder concerns related to bodies/stakeholders involved in the governance and management of CSO Platform support having a conflict of interest may have damaged the reputation of these bodies, and in some instances appear to have been justified.** A number of stakeholders expressed the perception that bodies/stakeholders involved in the governance and management of CSO Platform support were also supported to implement the support, and as such have a conflict of interest that has affected the reputation of Gavi, the CSO Constituency and the CSO Platform FOs. Gavi has a clear conflict of interest policy that applies to all members of the Gavi Board and its committees, including the CSO representative, whereby any individual that ‘*may benefit financially from a decision he or she would vote on*’ should ‘*take appropriate action to ensure disclosure of any actual, perceived or potential conflict of interest*’.<sup>66</sup> Findings from our analysis indicate that:

- **Actual or potential conflicts of interest at the Board level have been managed appropriately.** In the one instance where a potential conflict of interest may have occurred on a decision to fund an organisation, the Board member concerned was recused from the vote. In all other instances, CSO Board members have followed Gavi practices by recusing themselves from voting on matters related to CSOs budgets and workplans.
- **There is a lack of clarity as to whether actual or potential conflicts of interest in the Steering Committee’s decisions to select implementing partners have been managed appropriately.** Our review of the CSO Steering Committee membership and the list of organisations engaged operationally to manage and implement CSO Platform support found significant overlap – in 11 instances, organisations represented on the CSO Steering Committee were also recipients of Gavi funding, including as FOs, Fund Managers (CRS and REPAOC) and Gavi communications support (IFRC). In several instances, members of the CSO Steering Committee individually held senior positions (e.g. President) of FOs (Ethiopia, Kenya, Nigeria). We have seen no evidence that conflicts of interest were discussed in an appropriate way in these 11 cases (e.g. there is no mention in the Steering Committee minutes of people recusing themselves from relevant discussions). Similarly for the OAG, there is only one reference made to conflict of interest in the OAG meeting minutes we have had access to, as follows: ‘*the existing Conflict of Interest between SC members that sit on a CSO platform should not be reproduced: Lesson for the future.*’<sup>67</sup> While this may indicate the OAG’s acknowledgement that there has been an issue in

<sup>66</sup> Final Gavi CSO Charter, June 2016, page 6

<sup>67</sup> OAG (2018), OAG Spring 2018 Meeting Agenda Final Minutes, 2018, page .2

the past, in our view, and as noted in Gavi’s policy on conflict of interest, this conflict of interest ‘in and of itself is not wrong and may not be unethical’.<sup>68</sup> However, the lack of transparency on how these actual or potential conflicts of interest have been managed is felt to have damaged the reputation of the CSO Steering Committee and the OAG in impartially governing and managing Platform support.

EQ3	To what extent were the overall governance and management decision-making processes performed in an effective and efficient way, including in ways that were transparent and accountable, at global, regional and country level?	Strength of evidence
High-level finding	A number of factors and issues observed indicate that governance and management decision-making processes have not been performed in a particularly efficient and/or effective manner. This is intrinsically linked to the findings under EQ2 – i.e. that there is confusion on roles, responsibilities and accountabilities, and a mismatch of capabilities to those roles and responsibilities. In addition, our findings suggest there is a lack of culture within the Secretariat to promote and champion CSO support, all resulting in stakeholders not fulfilling their roles and responsibilities as envisaged. This is thought to have contributed to a number of observed issues – e.g. a lack of M&E data collected and shared/ disseminated to key stakeholders and a general lack of accountability for programme performance.	Evidence is strong, comprising multiple data sources at the global level, including country-level data sources, thereby allowing for full triangulation.

**The culture of support for CSO engagement within the Gavi Secretariat has not always been conducive to effective and efficient governance and management functions.** Alongside appropriate capabilities for CSO support, a culture that is supportive of CSO engagement is critical to ensuring that practices are implemented as envisaged. Culture is embodied by the attitudes, values and beliefs of staff, especially senior staff, within the Gavi Secretariat with respect to CSO engagement and the specific ways in which CSOs can contribute to Gavi’s aims. Our assessment has observed that:

- The potential role of CSOs to support Gavi’s mission is acknowledged by the Secretariat. However, among Secretariat staff, attitudes towards CSO support vary considerably. While some are relatively engaged in CSO support (notably the CSO Focal Point and a few others), there have been very few consistent ‘champions’ of CSO support to promote and share the benefits and lessons learnt of CSO engagement and to encourage others to learn and do more.
- In general, there is considerable uncertainty within the Secretariat on what has been implemented and achieved through CSO support. The Secretariat attributes this largely to inadequate data collection and sharing of M&E data by others, although other stakeholders suggested it had owed to a lack of proactive data collection/analysis by the Secretariat. There is also some disgruntlement with the complexity of the current governance and management arrangements; the difficult working relationships with other stakeholders involved in these arrangements (although this is improving); and the role and legitimacy of the OAG to oversee CSO Platform support. This could be interpreted as a general scepticism on the current modality and the purpose of providing CSO support among Gavi Secretariat staff.
- There is little evidence of internal prioritisation of CSO support, with the one exception being around the CRS contract extension in 2017, when there was a concerted effort to understand what had been achieved in each country and how the CRS contract could be restructured to better meet Gavi’s needs.

A range of stakeholders cited the relative lack of engagement of the Secretariat in CSO support as hindering progress. As the OAG explained in the covering note for the CRS Annual Report 2015, for instance, ‘more active support from Gavi SCMs and the HSS team in the Gavi Secretariat is needed to ensure that CSO country Platforms continue to grow and thrive, and to ensure they’re connected to Gavi’s institutional resources, including access to information resources’.<sup>69</sup> Similarly at country level, the unclear and limited role of SCMs was highlighted: in Ghana there was some uncertainty as to whether Platform support fell under the remit of the SCM, and whether the SCM had any role in relation to M&E. In Liberia, limited communication with the SCM was noted as a challenge in the

<sup>68</sup> Ibid.

<sup>69</sup> Covering note for CRS Annual Report 2015

context of fostering Platform sustainability. In Pakistan, Gavi SCM support has varied over the years, with a greater focus happening with the change of SCM in 2015.

**In practice, there have been several issues with overall governance and management decision-making processes that have hampered efficiency, effectiveness and transparency.** Our findings above identify a complex governance and management structure with some confusion on roles, responsibilities and accountabilities, a mismatch of capabilities to those roles and responsibilities and a weak culture within the Secretariat to promote and champion CSO support (although there is some recent evidence of improvement). These issues have resulted in stakeholders not always fulfilling their roles and responsibilities as envisaged, which is demonstrated by governance and management decision-making processes not being performed in an effective and/or efficient manner. For example:

- A lack of detailed guidance on the design of CSO Platforms at the global level, as evidenced by the notable shift in objectives, as well as at the country level, has created uncertainty and mixed expectations on what the Platforms are designed to achieve and how.
- There has been rather weak M&E and oversight of the Platforms, with responsibility spread over several entities. Notably, the OAG's limited capacity and the SCMs' lack of engagement in many countries has meant that CRS reporting is the only reporting available, and, where issues have been raised, these have not always been acted upon.
- The nature of the contracting process has been highly time-consuming. Further, owing to the CSO Steering Committee and OAG's lack of legal status, contracts with Fund Managers have had to be with the Secretariat, in spite of its limited role in implementation and/or oversight. This has created a critical gap in the line of accountability, whereby the OAG cannot legally be held to account, as well blurring of the lines of the Secretariat's contractual responsibilities.
- The separation of performance management from contracting functions has created difficulties in aligning the Platforms with Gavi's objectives. For instance, we found that the Fund Manager contracts (especially the initial grant agreements) had very broad objectives, with a poor description of how CSOs were envisioned to contribute to Gavi objectives, as well as limited information on the expected deliverables and performance criteria. The contracts from 2016 onwards are more detailed and fit for purpose.
- The persuasive intervention by the CSO Steering Committee and OAG to ensure that Fund Managers accepted certain design features may have compromised the functioning of the Fund Manager role – for instance where both CRS and REPAOC were not aware of what the role would entail; did not have capacity to implement the contracts; and were not fully motivated to meet the CSO Steering Committee and OAG's expectations (see workstream 2).
- The design of the management arrangements at the country level, where FOs were contracted by CRS, was not always felt to have been transparent. In fact, government stakeholders in a majority of our country case studies (Burkina Faso, Ghana, Kenya, Liberia and Pakistan) expressed concern that CSO Platforms were more accountable to CRS than to the government. This has created some tension in countries, notably in Ghana, where the Platform's role in implementing HSS grant activities (something the government did have control over) was suspended until a memorandum of understanding (MoU) was developed to clarify the overall role of the Platform. In our view, which a range of stakeholders in countries shared, this could have been avoided by more transparently sharing information on the grant budgets, workplans and objectives (this is explored further in workstream 2).

EQ4	To what extent does the overall governance and management structure of the Gavi CSO Platform model compare with other organisations and GHIs? What are the strengths and weaknesses of the existing structure?	Strength of evidence
High-level finding	<p>Each of the organisations analysed – Gavi, GFF, the Global Fund, PMNCH, UHC2030 and Unitaid – has different goals, a different focus and approach and a different starting point for civil society engagement. However, by way of comparison to Gavi, other organisations studied have:</p> <ul style="list-style-type: none"> <li>• more clearly recognised and committed to the wide range of roles and contributions that CSOs can play in support of their organisational mandates;</li> <li>• defined clearer expectations of their partnerships with CSOs, including in some cases differentiating their support to CSOs depending on different outcomes envisaged; and</li> <li>• built greater in-house capacity to directly manage and oversee implementation of CSO support, while drawing on standing and <i>ad hoc</i> advisory groups for additional support.</li> </ul>	Evidence is strong, comprising multiple data sources of decent quality, allowing for full triangulation.

**Our comparator organisation analysis recognises that each organisation has different goals, a different focus and approach and a different starting point for civil society engagement.** The analysis therefore aims not to compare effectiveness of structures but rather to understand how each organisation came to adopt the approach it has, and how this can inform the overall evaluation of Gavi’s approach. The comparator study of GHIs has included the Global Fund, GFF (in support of Every Woman Every Child), PMNCH, UHC2030 and Unitaid. We note that our analysis of Gavi is limited to CSO Platform support and HSS grants only, and, because other GHIs frame their engagement with CSOs in different ways, the comparison is not always ‘like for like’. As such, some of the gaps or weaknesses identified might be resolved through Gavi’s other engagement mechanisms. Annex J presents the background analysis to our findings.

Some overall considerations inform our findings:

**For other GHIs involved in providing large-scale funding to countries, efforts to engage CSOs are closely tied to their missions and grant processes. In a number of instances, this includes defining roles and providing specific channels of support for CSOs to fill critical gaps in their operating models.** While all of these GHIs include civil society representation in their global governance structures, there is an important difference in the ways funding partnerships (such as Gavi, the Global Fund, GFF and Unitaid) and non-funding or advocacy-focused partnerships (PMNCH, UHC2030) engage CSOs in their day-to-day work, including at country or grant level.<sup>70</sup> In the case of funding partnerships, efforts to engage CSOs are to a great extent tied in with their missions and grant processes. This is often expressed through recommendations or requirements related to CSO participation in the design, oversight and even implementation of grants at country level. On the other hand, the CSO engagement efforts of non-funding partnerships are focused on advocacy and accountability functions rather than service delivery or results, or, in Unitaid’s case, technology development and introduction.

**The Global Fund and Unitaid financially support CSO engagement in grant oversight and development processes at country level. Some Global Fund donors have even earmarked funding to support these functions directly and independently of the Global Fund.** Because the Global Fund and Unitaid require CSO engagement in grant oversight and development processes, they have from the outset ensured that funding is available for these functions. For instance, the Global Fund has always provided funding to Country Coordinating Mechanisms (CCMs) – which are the multi-stakeholder committees responsible for grant submission and oversight (analogous to Gavi’s ICCs). Moreover, the Global Fund considers funding to support effective community and CSO representation on CCMs to be a core part of its business model and therefore does not have expectations that they should be sustained through external financing. Gavi differs in this respect since its strategy for national CSO engagement – the Platform model – was from the outset conceived as short-term support with the expectation that alternative funding sources would be found. Another unique characteristic of the Global Fund is that, in addition to the direct support to CSO engagement at country level, a number of bilateral donors (France, Germany and the US) have held back some of their Global Fund allocations to support specialist third party technical assistance

<sup>70</sup> The ‘grant level’ nuance is made here since Unitaid, uniquely, funds multi-country rather than single-country grants.

to countries receiving Global Fund grants, focused on CCM/CSO representation and independent CSO-led advocacy and accountability.

**CSOs are engaged by all GHIs as a mechanism to enhance country ownership.** Civil society engagement in GHIs is often informed by their unique focus/mandate, with CSOs engaged to fill critical gaps. It is well known that the movement of communities affected by HIV has been central to the global response to AIDS and to the creation of the Global Fund. CSOs are also inherently relevant to Unitaid's work making medical technology available and affordable in low-income countries. As advocacy-focused partnerships, both PMNCH and UHC2030 have from the outset cast the net very wide to support their mission of mobilising country and global action. By contrast, when discussing Gavi, a number of key informants stated that the case for civil society engagement in immunisation was not as clear. However, interviews also recognised that there were a number of areas where CSO contributions could make a big difference, such as in demand creation, delivery of vaccines in fragile contexts, holding governments to account and domestic and global resource mobilisation. These are also recognised in a number of Gavi's strategic documents.

**GHIs generally emphasise the importance of 'country ownership' to their efforts.** KIIIs with Gavi stakeholders conducted as part of this evaluation revealed a general assumption that country ownership meant government ownership. However, other GHIs have shown that stronger CSO engagement is not incompatible with country ownership, and indeed that it is central to the concept. Unitaid is slightly different in this respect, since it rarely funds projects in a single country. This does not mean Unitaid opposes country ownership, but rather that country ownership is less directly relevant to how project funding is configured.

**For some GHIs (PMNCH, UHC2030, Gavi, Unitaid), there is a headline commitment or objective for 'CSO engagement'. The Global Fund takes a different approach.** While the Global Fund supports CSO engagement in a range of ways, this is done not as an end in itself, but in relation to specific aims. CSO engagement in national decision-making processes (CCMs) is done to achieve broad country ownership; efforts to strengthen attention to gender, human rights and community responses include CSO engagement efforts recognising the specific roles they can play; and the 'dual track financing' approach is premised on the recognition that CSOs are often strong implementers that can play a complementary role to governments. Working with CSOs is also one of the Global Fund's strategies for delivering on its commitment to community engagement. Unitaid also recognises the nuance between 'civil society' and 'community' engagement and, like the Global Fund, has separate seats representing these perspectives on its governing Board. The key insight here is that different types of CSO engagement efforts are primarily adopted by these organisations in order to achieve different aims, rather than as an aim in themselves.

**In contrast to Gavi, other funding partnerships differentiate between the support they provide to CSO engagement in strategy, oversight and accountability, and CSO engagement in programme delivery.** While CSOs are often involved in both of these functions, the assumptions and accountability lines are quite different, and it is therefore appropriate to separate the mechanisms for funding them. When CSOs are involved in strategy, oversight or accountability roles – which include 'watchdog' functions – they are holding governments or other programme implementers to account. However, when they are involved in delivery – as grantees or sub-grantees – they are among the organisations that are accountable. And where organisations are involved to an extent in both roles, there is a potential conflict of interest that should be managed. As an example, most CCMs have a conflict of interest policy to ensure CCM members that stand to receive implementation funding recuse themselves from relevant decisions. (In many countries, CSO and community representatives on the CCM commit to not taking on implementation roles throughout their term.) In Gavi's model, Platforms might be expected to play the strategy, oversight and accountability role. However, as this evaluation has discerned, platforms have increasingly been expected to show results at community level and there is an expectation among many stakeholders that Platforms should eventually become implementers of HSS grants.

**Strategies for CSO engagement have evolved over time, reflecting a willingness of GHIs to learn from their efforts, adapt and improve.** This is also linked to organisational changes and a shift

towards considering CSOs in the context of UHC. Across GHIs there is increasing recognition of the role CSOs can play beyond the confines of the GHI's own programmes but consistent with its objectives – for instance involvement in domestic resource mobilisation for health and in strengthening national accountability.

This summary of starting points and rationales for CSO engagement in GHIs suggests there are enough parallels to make the comparator study relevant to discussions of Gavi's future support to CSO engagement. Based on this summary, we have identified the following strengths and weaknesses of Gavi's approach in comparison with other GHIs:

- **CSO 'engagement' can encapsulate a wide range of roles and contributions, which other organisations have more clearly recognised and committed to.** Our review has highlighted that other GHIs are explicit in recognising the various roles CSOs can play and have clearer expectations of partnerships with CSOs than Gavi and differentiate their support to these different functions. Most GHIs have clear statements of commitment to either community or CSO engagement and articulate the purpose (or multiple purposes) of this engagement. In the case of PMNCH and UHC2030, this is clearly on supporting national-level advocacy and accountability and broad health movements. The Global Fund recognises many different roles for CSOs but provides specific support for each and delineates and identifies the different objectives and support it provides. Importantly, it recognises and addresses some of the tension between CSO accountability and CSO delivery roles. In contrast, as discussed above, Gavi's approach is under-theorised and not well communicated.
- **The level of in-house capacity and support for CSO engagement is markedly low in Gavi compared with other GHIs.** As compared with Gavi, other GHIs have dedicated staff time to manage CSO engagement. For instance, the Global Fund has departments and staff members with responsibility for each of the aspects of CSO engagement. In Unitaid, there are two Programme Managers in the Operations Team, who act as the focal points for CSO engagement and have this task specifically included in their ToR, as well as a staff member responsible for supporting CSO engagement in governance, which is recognised as a different function.
- **While some GHIs outsource management and delivery of CSO support in countries, the secretariats for all GHIs retain ownership and responsibility for implementation while drawing on standing and *ad hoc* advisory groups. Gavi's arrangements are unique.** All GHIs studied either plan to or already provide funding to support CSO engagement at country level (although note that in Unitaid's case this tends to be through a multi-country funding mechanism). While in some cases the management and delivery of this funding is outsourced to a third party (similar to Gavi's approach of providing funding for platforms via Fund Managers), the secretariats for these GHIs retain ownership and responsibility for implementation. As such, Gavi's arrangement, whereby the OAG is responsible for oversight and management, is unique. Other GHIs do often have standing and *ad hoc* advisory groups that advise the secretariats on issues related to CSO engagement – for instance in relation to specific campaigns, innovation projects or key issues like transition and sustainability. One key example of this is the Global Fund's Community, Rights and Gender Advisory Group, which advises the Secretariat on issues related to the Global Fund Strategy and its management but stops short of direct involvement in implementation.



## Workstream 2: Regional and country processes and implementation

### 4.2.1 Introduction

This workstream is concerned with whether and how the two modalities for CSO support of interest to this evaluation (i.e. CSO Platforms and support to CSOs via HSS grants) have enabled efficient and effective implementation of CSO support at the regional and country levels. As such, it is primarily interested in assessing the processes and actual implementation of CSO support.

As with workstream 1, the findings presented in the section below are based on a range of data sources and the data collection and analytical approaches described above and in the evaluation framework. Our rating of the strength of evidence is presented next to the high-level finding in response to each evaluation question.

### 4.2.2 Findings

EQ5	To what extent was the process of selecting and engaging CSOs and Gavi-supported CSO Constituency providers (CRS/REPAOC) efficient, effective and transparent?	Strength of evidence
High-level finding	The selection and engagement of Fund Managers CRS and REPAOC was not conducted in a transparent manner but did improve over time through open tender processes. There were significant inefficiencies in the selection/engagement processes, with substantial delays in contracting, and there is mixed evidence on how effective these processes were, given some notable performance issues observed.	Strong evidence with multiple data sources of decent quality allowing for good triangulation.
High-level finding	There is mixed evidence on the effectiveness, efficiency and transparency of selecting FOs. The selection process does not appear to have initially been transparent, with some of these organisations pre-selected by the CSO Steering Committee, although it is reported to have improved over time. The process was also not efficient, with substantial delays in contracting. There is mixed evidence on how effective these processes were, with examples of both high and low performance.	

**The selection and engagement of Fund Managers CRS and REPAOC was not conducted in a fully transparent manner.** In 2011, the CSO Steering Committee directly appointed CRS to act as Fund Manager for Phase 1 of Platform support in the initially proposed eight countries, without a competitive process. A number of stakeholders suggested that the appointment of CRS was a result of the CSO Steering Committee's desire to appoint one of its members as Fund Manager, and because CRS already had in-country staff in the countries where CSO Platforms were being proposed (and in some cases had already been created through the previous Type A and B support). We understand that CRS agreed to the role in the absence of any other organisations willing to do so but was somewhat reluctant even from the outset.

In 2015, prior to the initial CRS contract expiring and to ensure continuity of services, a competitive tender process, conceptualised by the Steering Committee, was launched by the Gavi Secretariat, for Fund Managers, with a host of selection criteria.<sup>71</sup> The open tender reflected the OAG's reported dissatisfaction with CRS's management of the CSO Platform project at that time. The RfP specified that applicants had to meet 'all or most' of the tender criteria. While it is unclear which criteria were prioritised, only two organisations out of the twelve applicants were deemed eligible/suitable:<sup>72</sup>

<sup>71</sup> The criteria used were (i) registered CSO in the countries proposed to receive Platform support; (ii) participating in the Health Sector Coordinating Committee (HSCC) or equivalent body; (iii) experience in mobilising CSO networks and coordinating CSO feedback into national health sector planning and policy dialogue; (iv) experience in advocacy with collective CSO partners at various levels; (v) focus on immunisation; (vi) engaging in social mobilisation activities to increase demand and address immunisation inequity issues; (vii) demonstrated experience and capacity in project oversight and financial management; (viii) experience in developing and monitoring a corresponding work plan and implementing activities as sub-grantees; (ix) familiar with HSS grants and country application history; and (x) awareness of new vaccine introduction in the country and ideas for how CSOs can support this process (Gavi SG 231 Project Call for Proposals, 1 November 2013).

<sup>72</sup> The other 10 proposals received were deemed ineligible by Gavi as the organisations were: too small to have the capacity to act as Fund Managers across a set of countries; unable to demonstrate a good understanding of Gavi's purpose and mechanisms; and/or not able to demonstrate appropriate documentation to prove their legal status (e.g. the names of some organisations that submitted a proposal did not match the name on the incorporation certificates they submitted).

- **CRS** was selected to continue working with 21 existing countries (see Table 1 above) and to shift three countries to REPAOC.<sup>73</sup>
- **REPAOC** initially suggested working in two countries (CAR and Niger) but following discussion was selected to work in five countries (CAR, Niger and three countries previously managed by CRS: Cameroon, Côte d'Ivoire and DRC). The OAG further suggested that REPAOC increase its portfolio by adding Haiti and Madagascar, two more CRS-managed countries, with stakeholders reflecting that it was the OAG's intention to shift even more countries managed by CRS to REPAOC over time given CRS performance issues. REPAOC did not agree to this and was selected to work with the five suggested countries, although this was later reduced to just two countries (CAR and Niger, as initially proposed) owing to performance issues (as discussed below).<sup>74</sup>

**The process of engaging Fund Managers was quite inefficient, as evidenced by the substantial delays to contracting processes.** CRS was expected to start work in May 2011 but delays in contracting meant it started activities only in September 2011 and first received Gavi funds in November 2011.<sup>75</sup> There were also significant delays to subsequent contracts (both extensions and new contracts). For instance, the Phase 3 contract Exhibit A-1 was signed five months into the project implementation period and Exhibit A-2 was signed four months into the implementation period.<sup>76</sup> Similarly, REPAOC was initially selected as a Fund Manager in January 2016 but the contract was not signed until October 2016. There were also delays in contracting IFRC – the 2017 contract for the OAG Coordinator role was signed only in mid-March 2017, meaning very few activities were completed between January and March 2017.<sup>77</sup>

These delays are attributed primarily to Gavi's in-house procurement and legal processes, which have been extremely time-consuming and have been required every one to two years throughout the lifespan of CSO Platform support.<sup>78</sup> The delays are also related to the Gavi Secretariat's uncertainty over the procurement process and the eventual selection of CRS and REPAOC; and there being uncertainty on how to structure the responsibilities and accountabilities between the Gavi Secretariat, Fund Managers and the CSO Steering Committee/OAG, given the latter's lack of legal status. As one interviewee put it, *'The whole contracting mechanism was just a disaster, and so I would say that's been, from my perspective, the biggest impediment [to implementation].'*

The delays are also partly attributable to:

- the Fund Managers' lack of knowledge, awareness and capacity related to Gavi's contracting processes and requirements, which stakeholders have reflected are highly rigorous; and
- the OAG acting as the intermediary between the Gavi Secretariat and Fund Managers, as well as some reluctance on the part of the OAG to: (i) quality assure design documents (e.g. budgets and workplans) prepared by the Fund Managers in advance of sending them to the Secretariat; and (ii) address Secretariat feedback on the technical content of the design documents. In both cases, this meant multiple revisions were required until they were satisfactory.

These issues are reported to have improved in recent years, with greater dialogue between Gavi and CRS and greater experience of going through these contracting processes.

**CRS overhead and programme management costs are contentious and opinions are mixed as to whether they have been appropriate in relation to the overall budget.** Our analysis of the budget information from the grant and service agreements is shown in Figure 4 and presented in more detail, including with limitations, in Annex I. A number of observations are drawn from this analysis:

- The total budget for CSO Platform support equates to \$18.4 million.
- The annual budget grew from \$1.2 million in 2011/12 to \$3.3 million in 2015, as the number of countries under CRS's management grew from seven in 2011/12 to 24 in 2015 – see Table 5. The

<sup>73</sup> Seven additional countries were added in 2013, a further nine countries in 2014 and one further country in 2015 (Grant Agreement between the Gavi Alliance and CRS – United States Conference of Catholic Bishops, 2012).

<sup>74</sup> CRS, Gavi SG 2.1.1.2 Quarterly Report Final, 2012 page 2

<sup>75</sup> Ibid.

<sup>76</sup> CRS, Biannual Report July, 2017, page 2

<sup>77</sup> OAG, Activity Report, 2017

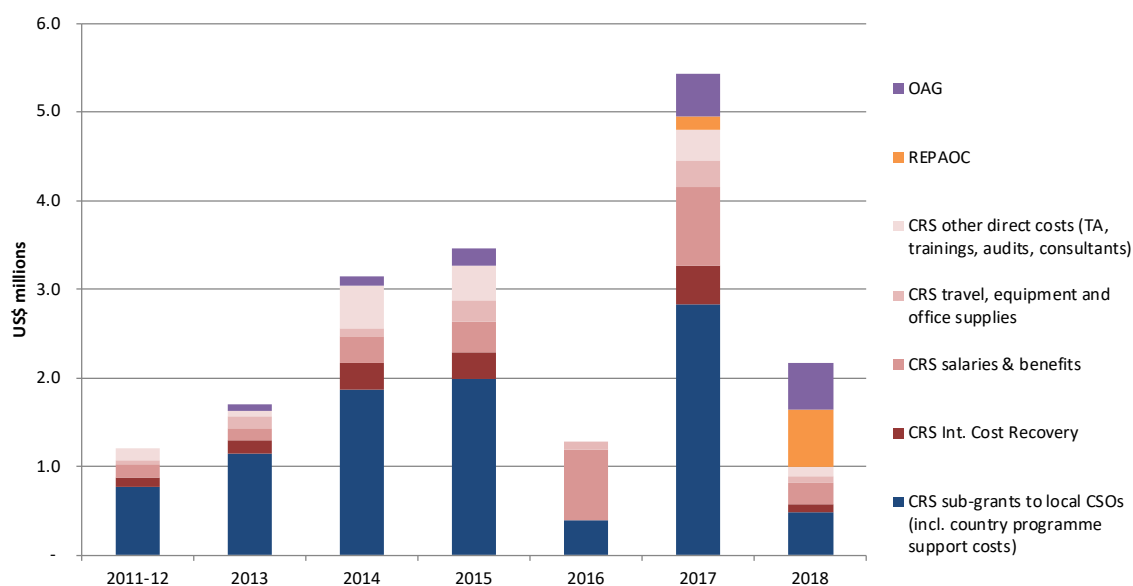
<sup>78</sup> Ibid.



amounts presented in 2016 and 2017 reflected the contracted budgets but do not represent the nature of programming, where budgets are thought to have remained at around \$3 million in each year. There was a significant reduction in the budget in 2018 to \$1 million, reflecting that CRS had not fully absorbed the budget from previous contract and as only a handful of countries received cost extensions.

- CRS has accounted for 88% of the total budget (\$16.2 million).
- REPAOC has accounted for 4% of the total budget (\$0.8 million).
- The cost of facilitating the OAG (mainly IFRC-related costs) has accounted for 8% of the total budget (\$1.4 million).
- The total value of grants to countries is \$10.3 million (56% of the total CSO Platform budget), including CRS sub-grants (which also include country programme support costs) and budgeted REPAOC grants to the CAR and Niger Platforms, and OAFRESS.

**Figure 4: Total CSO Platform budget 2011–2018 by entity**



Source: Gavi CRS grant agreements 2011–2018

Our analysis shows that without OAG-related costs, 59% (\$9.5 million) of CRS’s total budget has been allocated for sub-grants to local CSOs over the period 2011–2018. This does, however, still include country programme support (i.e. CRS country office) costs: while these have varied by country, our country case studies suggest this has accounted for around 25% of the total sub-grant value.<sup>79</sup> As such, we would expect the value of grants to be actually received by CSO Platforms to be in the order of 44% (\$7.1 million) of CRS’s total budget.

The remainder of the budget has been allocated to travel, equipment and office supplies (\$0.9 million; 6% of total budget), CRS’s internal cost recovery charge (\$1.4 million; 9% of total budget), other direct costs (\$1.5 million; 9% of total budget) and staff salaries and benefits (\$2.9 million; 18% of total budget). Of note, staff costs rose substantially from \$158,000 in 2011/12 to \$892,000 in 2017 as the number of FTE staff rose – see Table 5. These costs and CRS country office costs have supported a wide range of functions undertaken by CRS for the Fund Manager role, including:

- programme design;
- oversight of implementation, M&E and performance management;
- selection of Fund Managers;
- provision of technical assistance and trainings, including hiring of consultants;
- conducting financial audits, of both CRS accounts and Platforms;
- contracting, with both Gavi and Fund Managers; and

<sup>79</sup> For instance, in Ghana, of a total annual country budget of \$110,000, \$30,000 covered the country office costs and \$80,000 was provided to the CSO Platform.

- other administrative functions.

Stakeholders from the Secretariat have raised concerns that CRS overhead and/or project management costs have been unreasonably high, diminishing the amount being made available to the Platforms. Other stakeholders did not share these views – indeed, our interviews and country cases studies found widespread support for the role CRS has played among the CSOs engaged in Platform support – although these groups are unlikely to have seen the detailed CRS budgets. CRS also reported that its role as Fund Manager was charged to Gavi at cost and, as reported elsewhere, the role is felt to have been under-resourced.

Given the highly complex nature of the grant agreements and the inconsistent nature of structuring the budgets, it has not been possible to determine a precise figure for overheads or programme management, which is split between budget lines and functions. In our view, the only overhead costs (i.e. indirect cost charged to Gavi for running CRS’s wider business) are likely to be the internal cost recovery charge (9% of total budget), as well as some costs loaded into staff salaries and benefits. The charges for programme management relate to a large proportion of staff salaries and benefits (18% of total budget), a smaller proportion of travel, equipment and office supplies costs (6% of total budget) and possibly a small proportion of CRS country office costs. As such, overhead and programme management costs are likely to have accounted for around 30% of CRS’s total budget, which in absolute terms equates to an average of \$700,000 per year over the period.

We would, however, expect these costs to form a higher proportion of the total budget, as, say, compared with other areas of Gavi activity, owing to a number of Platform design features:

- CSO Platform support is a relatively low dollar value development project that operates across a large number of countries, including a number of fragile and difficult operating environments.
- CRS has been required to invest substantial time and resources at the global level to ensure the Platforms function properly and to engage with the OAG and Gavi Secretariat, particularly in the absence of well-functioning governance and management arrangements.
- The weak capacity of CSOs has also required substantial time of CRS country office staff and global staff in a number of countries, particularly where substantial issues and allegations of fraud have had to be investigated and resolved.

**Table 5: Number of countries under CRS management and CRS staff on project**

	2011/12	2013	2014	2015	2016	2017
Number of countries under CRS management	7	14	23	24	21	24
Number of CRS staff (FTE)	1.5	2.5	5	5.1	Unknown	7 + 4 <sup>80</sup>

*Source: Gavi CRS grant agreements 2011–2017*

**There is mixed evidence on the effectiveness of selection and engagement processes for Fund Managers, with some evidence that issues raised relating to capacity and appropriateness to fulfil these roles were overlooked.** First, the processes did result in the identification and selection of two Fund Managers – CRS and REPAOC. However, there were concerns with the capacity of both organisations at the selection/engagement stage – see Box 1.<sup>81,82</sup> On balance, our view, which stakeholders largely shared, is that CRS was an appropriate candidate to fulfil the Fund Manager role at the time, whereas the selection of REPAOC was made in spite of various warnings and evidence that it did not have the capacity to fulfil the Fund Manager role, which is considered to have compromised the overall implementation of CSO Platform support.

<sup>80</sup> These four are country focal point staff who had not been included in previous grant agreements or budgets. They are CRS country programme staff who dedicate part of their FTE to the Platforms project.

<sup>81</sup> <http://www.repaoc.org/en/repaoc/objectif-et-mission>

<sup>82</sup> REPAOC was a network of 10 national CSO Platforms in Benin, Burkina Faso, Cape Verde, Guinea, Mali, Niger, Nigeria, Senegal, The Gambia and Togo – not including Haiti and Madagascar. <http://www.repaoc.org/en/membres>.

### Box 1: Issues raised in relation to the capacity of Fund Managers

**CRS:** While CRS is now generally regarded as having the ability to assume the Fund Manager role, various stakeholders (notably among the Secretariat) reported that they raised the issue of CRS having ‘sub-optimal’ capacity at the time of initial contracting. This was felt to be a particular issue at the country level, where CRS country offices often had limited capacity to provide the required support, and limited technical capacity in some countries in health and immunisation. In CRS’s view, country-level support was variable owing to poor resourcing and competing priorities – this was largely validated through the country case studies, for instance in Ghana, where the CRS country office comprises a small team managing an annual budget of around \$6 million, with the CSO Platform support equating to around \$100,000 annually, of which around \$30,000 covers CRS country costs. In effect, the Fund Manager role at country level has often stretched to only a small proportion of one CRS staff member’s time (e.g. 25% in Burkina Faso and less in Ghana), with the exception of Guinea, where three CRS staff are managing the CSO platform, given the need for closer oversight following a confirmed case of fraud, which adds a burden to CRS. These staff reportedly mostly have partner capacity-building skills, which is appropriate for the role, rather than technical capacity in immunisation.

**REPAOC:** There were major concerns related to the capacity of REPAOC from the outset, which we understand the Secretariat raised to the OAG at the time of initial contracting. Based on our understanding of REPAOC, it is also unclear to us how the organisation was deemed to meet some of the criteria for selection, particularly those relating to expertise in implementation and fund management – areas where the organisation clearly had weak capacity and that were not part of its original mandate as a network of Francophone CSOs. Furthermore, unlike CRS, REPAOC did not have a geographical representation in several countries it was expected to work in. Nonetheless, REPAOC was selected, in part as the OAG wished to pursue greater presence in Francophone Africa and to learn from the experiences of more than just one Fund Manager.

**There is some evidence that the CSO Steering Committee and OAG persuaded both Fund Managers to accept certain design features that may have compromised the functioning of the role.** As mentioned above, both CRS and REPAOC were members of the CSO Steering Committee, and a number of stakeholders reported that both felt ‘pushed’ to initially take on the Fund Manager role, and then to expand the country portfolios beyond their proposals. In both cases, it is justifiable to conclude that this persuasive intervention by the CSO Steering Committee and OAG may have compromised the functioning of the Fund Manager role – for instance where both CRS and REPAOC were not aware of what the role would entail; did not have capacity to implement the contracts; and were not fully motivated to meet the CSO Steering Committee and OAG’s expectations.

Further, the OAG shifted its guidance on the initiation of Platforms from Phase 2 onwards with the requirement for Platforms to be immunisation-specific and separate entities to the FO.<sup>83</sup> One stakeholder from CRS noted that the subsequent process of engaging the FOs ‘*required advocacy at the country level and it was time consuming for the grant manager to contact the lead CSO to ensure that they understood the project and their role*’.

To this end, CRS, REPAOC and a number of observers commented that the Fund Manager role ended up being under-resourced relative to the requirement to meet the scope of work and stakeholder expectations.

**The selection of FOs has evolved over time to become more transparent and was considered overall a reasonably efficient and effective process.** More specifically:

- **Transparency:** In 2011, CRS proposed a set of criteria for selecting FOs; however, Phase 1 countries were pre-selected by the OAG, including a number of organisations that were represented on the CSO Steering Committee, without clarity on the selection criteria.<sup>84</sup> In 2012 for Phase 2, CRS released an open call for proposals for FOs, demonstrating greater transparency.<sup>85,86</sup>

<sup>83</sup> CRS, Q4 Progress Report, 2011

<sup>84</sup> Of the case study countries, this applied to both Ghana and Kenya (CRS, Q4 Progress Report, 2011).

<sup>85</sup> Of the case study countries, this applied to Burkina Faso, Guinea, Liberia, Mali and Pakistan, where FOs were selected based on the following criteria: (i) participation in the national HSCC or equivalent body; (ii) participation in the CCM of the Global Fund; (iii) experience in mobilising NGO networks and coordinating CSO feedback into national health sector planning and policy dialogue; (iv) experience with advocacy with collective NGO partners at various levels; (v) focus on maternal, newborn and child health and/or immunisation; and (vi) demonstrated experience and capacity in project oversight and financial management (CRS, Annual Report, 2012).

<sup>86</sup> CRS Proposal 2011

- **Efficiency:** The selection and engagement of FOs appears overall to have been efficient, with time taken for contracting usually between two and three months (e.g. Burkina Faso, Ghana, Guinea and Kenya). This was not the case in all countries, however, owing to some unforeseen circumstances – e.g. Liberia experienced a six-month delay because of staff changes in the FO.
- **Effectiveness:** The selection and engagement of FOs were also considered effective in most countries. For instance, in Burkina Faso, Ghana, Kenya, Liberia and Mali, the selected organisations were well-established networks that country stakeholders felt to be good candidates to fulfil this role. In Liberia, the absence of an existing CSO network meant that creating a new platform was the appropriate choice. However, in Guinea and Haiti new platforms were created despite the existence of functioning CSO networks that could have been leveraged – we understand that this was in line with guidance from the OAG to set up separate immunisation-specific platforms – which may have compromised effectiveness. We understand that this was also because existing platforms did not respond to the CRS call for proposals and were not interested in participating – for instance, in Haiti and Bangladesh only one organization per country applied to CRS and were thus selected. There are also instances in a few countries where country stakeholders have questioned the selection of the FO, which has hampered implementation.
- For instance, in Malawi the FO was appointed based on guidance from the CSO Constituency Steering Committee and without a competitive process, but was found to have misused funds meaning that the FO had to be replaced. In South Sudan, the first FO selected was also found to have misused funds and in the absence of a suitable replacement that would be approved by MoH and other stakeholders, it was agreed that Platform support would be terminated.

**The selection and inclusion of CSO Platform members appears to have been a relatively effective and open process, as demonstrated by the Platform’s expanded memberships.** Pre-existing and newly established CSO Platforms have demonstrated an openness to engage CSOs that are not part of the original structure. For instance, in Burkina Faso, the FO/Platform originally identified 25 CSOs within its existing network and has since included a further 23 (48 CSOs in total); in Guinea, membership has extended from 20 original members to 390 CSOs (330 of which are reported to be active); in Kenya, the FO/Platform has evolved from 50 CSO members working in health to nearly 100 CSOs; in Liberia, the FO/Platform has evolved from 14 to 41 CSOs; and in Mali, the Platform originally comprised 1,203 members, with an additional 10 joining to date.

EQ6	To what extent were the funding mechanisms and processes of the Gavi CSO Platform model efficient, effective and transparent?	Strength of evidence
High-level finding	<p>There were substantial initial delays in the disbursement of funds from Gavi to Fund Managers, although there is some evidence that CRS mitigated the impact of this on implementation by providing short-term funding to Platforms in advance of receiving the funds from Gavi. The disbursement of funds from Gavi to Fund Managers has, however, improved dramatically over time. Separately, disbursements from CRS to CSO Platforms have been subject to continuous delays, attributed largely to their untimely and inadequate reporting, notably to meet audit requirements.</p> <p>In terms of the appropriateness of the size and duration of budgets, it became clear after the initial two years of implementation that continued support was required in order to meet Platform objectives, which suggests the proposed duration for Platform support was inadequate. The size of budgets has been sufficient to meet the CSO Platform objectives, with some evidence that it may even have been more than was required.</p>	Evidence is strong, comprising multiple data sources at the global and country-level data sources, thereby allowing for full triangulation.

**As highlighted above, there were substantial delays in contracting between Gavi and Fund Managers, as well as substantial delays to the initial and subsequent grant disbursements.** The contracting delays noted above had a knock-on effect, with the first disbursements from Gavi to Fund Managers delayed by between six and nine months (May to November 2011 for CRS; and January to October 2016 for REPAOC).<sup>87</sup> Global and regional stakeholders understood that these delays owed to Fund Managers not meeting Gavi’s planning and audit requirements on time.

<sup>87</sup> CRS, Gavi SG 2.1.1.2 Quarterly Report Final, 2012, page 2

**There is mixed evidence on whether disbursements from CRS to CSO Platforms have been made in an efficient and effective manner.** CSO Platforms in Burkina Faso, Ghana, Guinea, Liberia and Mali all reported substantial delays in receiving disbursements from CRS. These were caused partly by the delays noted above from Gavi to CRS, but CSO Platforms not meeting the desired financial and reporting requirements on time caused some additional delays. For example, for this reason, CRS made disbursements in Burkina Faso and Mali two months after receiving funds from Gavi. We understand that delayed funding from Gavi meant that, in the early years of support, CRS funded short-term requests from FO/Platform members for travel and subsistence cost reimbursement to facilitate Platform functions (e.g. presence at HSS proposal development workshops). This was no longer feasible as the project scope widened and the number of countries CRS was supporting increased, but in our view still demonstrates the added value of engaging an agile Fund Manager.

**Delays in the receipt of funding by CSO Platforms have severely hampered the implementation of Platform activities.** The experience from our country case studies suggests that the combined effect of the delays noted above has had a substantial impact on the capacity of Platforms to deliver planned activities, in terms of (i) delaying implementation; (ii) creating uncertainty on whether funding was reliable and would continue, to the detriment of staff morale; (iii) creating pressure on Platforms to deliver the planned results in a shorter timeframe; and (iv) hindering the ability of the Platforms to gain momentum at the outset of the project. In some cases, such as in Burkina Faso, Liberia and Kenya, the funding delays led to CSO Platforms facing significant financial shortfalls, with reports of this causing some CSOs to near bankruptcy (e.g. in Burkina Faso) and to lose staff because of the uncertainty of the funding situation (e.g. Kenya).

**Lack of capacity in financial management among CSO Platforms and FOs has been evident, with multiple cases of suspected fraud, requiring significant CRS time and effort to resolve.** In terms of financial oversight, CRS has employed its standardised procedures across countries, and has identified multiple cases of suspected fraud by Platforms – for instance in Ghana, Guinea, Liberia and Malawi. In Guinea, a one-year enquiry led by CRS confirmed the misuse of US\$13,000 by the Platform from a Gavi Ebola grant.<sup>88</sup> In each case, CRS has been required to invest significant time and resources to clarify and resolve the issue. In our view, having CRS as a diligent Fund Manager (with capacity to identify, investigate and confirm misuse of funds) act as the intermediary between Gavi and the supported FOs to resolve these issues is a critical added value of the role.

**The proposed two-year duration of CSO Platform support was not adequate to meet the objectives of Platform support.** CRS has monitored the progress of FOs on an ongoing basis to assess the extent to which the Platforms have achieved the objective of becoming financially sustainable, and sought to graduate countries (i.e. cease funding) when this has been achieved. This monitoring process was evidenced and tracked through CRS's Holistic Organisational Capacity Assessment Instrument (HOCAI) performance assessments. However, as shown in Table 1, support to CSO Platforms has been required for much longer in all countries, and, as discussed in workstream 3, still has not resulted in Platforms becoming financially sustainable.

**The size of budgets has been sufficient to meet the CSO Platform objectives, with some evidence that it may even have been more than required.** Stakeholders mostly felt the support amount (around \$80,000 per year) was reasonably appropriate to achieve the CSO Platform objectives relating to (i) strengthening the capacity and functionality of the Platforms; (ii) engaging in national health sector and immunisation planning and decision-making processes; and (iii) preparing for financial sustainability. This is evidenced by activities under each of these objectives mostly being implemented as planned in the majority of country case studies.

While we note that in some instances stakeholders claimed that the level of funding was insufficient (e.g. to attract large/international CSOs to become FOs; and, perhaps more importantly, to ensure wide local and sub-national CSO engagement in the platforms), we also refer to the multiple

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<sup>88</sup> This was an additional US\$500,000 grant from Gavi to the three Platforms in Ebola-affected countries, channelled through CRS to finance 'the implementation of Gavi-supported Ebola-recovery proposals from CSOs country platforms in Guinea, Liberia and Sierra Leone in order to support the national immunisation programs of these countries by providing awareness for targeted populations and conducting activities to reduce vaccine hesitancy and refusals among communities' (Ebola Recovery Grant Agreement, signed November 2015).

instances (e.g. in Ghana, Liberia and Mali) where Platform funds were used to support activities to generate demand for immunisation services – activities beyond the scope of the three Platform objectives and that would typically be associated with the role CSOs play through HSS grants. While the amounts of funding are fairly small (and certainly too small to achieve impact at the community level at scale), this nonetheless demonstrates that there was excess funding available to deploy for purposes other than achieving the Platform objectives.

EQ7	To what extent were key stakeholders satisfied with the support received through the Gavi CSO Platform model?	Strength of evidence
High-level finding	<p>There is some disparity in how CSO support through the Platform model has been perceived by stakeholders at the global and country level. At the global level, stakeholder opinions are mixed, with some pointing to high levels of inefficiency and ineffectiveness and others to examples of the good work conducted.</p> <p>At the country level, opinions on Platform support are mostly positive, particularly among stakeholders engaged in Platform support, with some reservations among government stakeholders.</p>	<p>The finding is supported by multiple data sources of a reasonable quality, allowing for good triangulation</p>

**There is mixed evidence at the global level in terms of satisfaction with the support received through the Gavi CSO Platform model.** Stakeholder opinions are mixed, with some pointing to examples of the good work conducted and others to high levels of inefficiency and ineffectiveness, as explored in the sections above.

**CSO Platform stakeholders are highly satisfied with Platform support.** In our country case studies and KILs, the CSO Platforms and Platform members widely expressed deep satisfaction with the support provided by Gavi, notably as it has served to strengthen their capacity and legitimacy as an engaged stakeholder in the immunisation space. Our observation of the ConneXions meeting in September 2018 held in Nairobi further reinforced this finding and the strong energy and commitment of participants across Platform countries. Stakeholders at this meeting also commented that the focus of Platform support and the ability to use it for capacity-building and policy engagement purposes was often more appropriate to meeting the immediate needs of CSOs than HSS support and other support typically provided by other donors. A range of stakeholders also reflected that Platform support could be used as a stepping stone for CSOs to better access and make use of these other forms of funding once capacity was in place.

**Opinions on Platform support among other country stakeholders are also positive.** Our view, based on the balance of qualitative evidence collected, is that, in spite the various issues encountered, the majority of other country stakeholders are broadly positive about the CSO Platform model. Government stakeholders and representatives of partners based at country level (e.g. the World Health Organization, WHO, and the United Nations Children’s Fund, UNICEF) have also expressed broad satisfaction with the Platform model, particularly where this has led to deeper engagement of a credible partner for planning and policy-making. Notably, these stakeholders feel Platform support has created a more legitimate focal point for them to engage with, thereby streamlining the process of CSO engagement (which would otherwise be with a large number of individual CSOs). However, of particular concern was the feedback from government stakeholders in a majority of our case study countries (Burkina Faso, Ghana, Kenya, Liberia and Pakistan) that the nature of the governance and management arrangements, and lack of transparency over the budgets and objectives for Platform support, meant CSO Platforms were perceived to be accountable to CRS rather than to government.



EQ13	To what extent were the processes of planning and implementing CSO activities in HSS grants conducted in an efficient and effective way?	Strength of evidence
High-level finding	<p>CSOs have meaningfully participated in HSS country funding application and M&amp;E processes in a majority of the countries reviewed, although this has varied substantially over time and across countries.</p> <p>There is evidence of a wide range of countries, mostly African countries, including substantial budget for CSO activities in HSS funding applications (notably in relation to empowerment of community and other local actors, and improvements to service delivery), although the available evidence suggests these activities have been severely delayed and actual implementation has been restricted to a few countries only.</p>	Evidence is strong, comprising multiple data sources at the global and country level, allowing for full triangulation.

**CSOs have meaningfully participated in HSS country funding application and M&E processes in a majority of the countries reviewed, although this has varied substantially over time and across countries.** Gavi guidelines suggest CSO participation should be well integrated within the planning and application processes for HSS support. Evidence from Gavi M&E tools and CRS reporting suggests that, of the 48 HSS grants that included CSO activities between 2012 and 2017 (see below), CSOs were involved in the funding application development process in 40 instances and were represented in the ICC/ Health Sector Coordinating Committee (HSCC) or equivalent in 32 instances.<sup>89</sup> Our country case studies highlight differing levels of engagement across countries. For instance, in Chad and Ghana, CSOs have been strongly and meaningfully engaged in the development of successive HSS country funding applications (although Chad’s proposals have not yet been successful). In Burkina Faso, Kenya, Liberia, Mali, Pakistan, Uganda<sup>90</sup> and Zambia,<sup>91</sup> this engagement was initiated only for the most recent HSS funding application. While this engagement was not felt to be as strong or meaningful as in Ghana or Chad, this does represent progress.

However, there is significant variability over time and across countries: findings from the Learning Agenda of Gavi’s Country Engagement Framework (CEF) process highlighted that, although *‘there has been an increase in multi-stakeholder engagement’* in the CEF process, there have also been cases of poor CSO engagement during the planning stages, including in proposal development. For example, in both Comoros and Haiti, stakeholders such as CSOs *‘were invited to participate but not adequately supported to engage due to lack of political will or insufficient planning (e.g. late invitations to workshops)’*.<sup>92</sup> A meta-review of Gavi HSS grants similarly found that *‘The proposal development process has been somewhat participatory, although often lacking CSOs, and concerns have been raised on representation and adequate guidance from the Gavi Secretariat and Alliance Partners.’*<sup>93</sup>

While some stakeholders questioned the value of CSO participation in the HSS funding application and Joint Appraisal processes (notably where CSOs were not felt to be making a meaningful contribution), the country case study data collected suggests this can work well, such as in Chad and Ghana, where the FO/Platform is a permanent member of the ICC and is reported to be actively engaged in ICC meetings with a reasonably strong voice.

**Our analysis suggests that a wide range of countries, mostly African countries, have included substantial budget for CSO activities in HSS funding applications, suggesting reasonably strong engagement of CSOs.** As Figure 5 shows, CSO activities were included in 48 separate HSS grants from 46 countries between 2012 and 2017, with the number of grants made being concentrated between 2013 and 2016 – dates are based on the IRC’s review date. Grants with CSO activities included were mostly (32 out of 48) made to countries in the AFRO region, with 7 also from SEARO, 3 from EMRO and 2 each from AMRO, EURO and WPRO.

<sup>89</sup> Data sourced from Gavi’s internal database on the CSO components of HSS grants, as shared with the Evaluation Team on 17 July 2018

<sup>90</sup> Uganda HSS proposal 2017–2021, October 2015

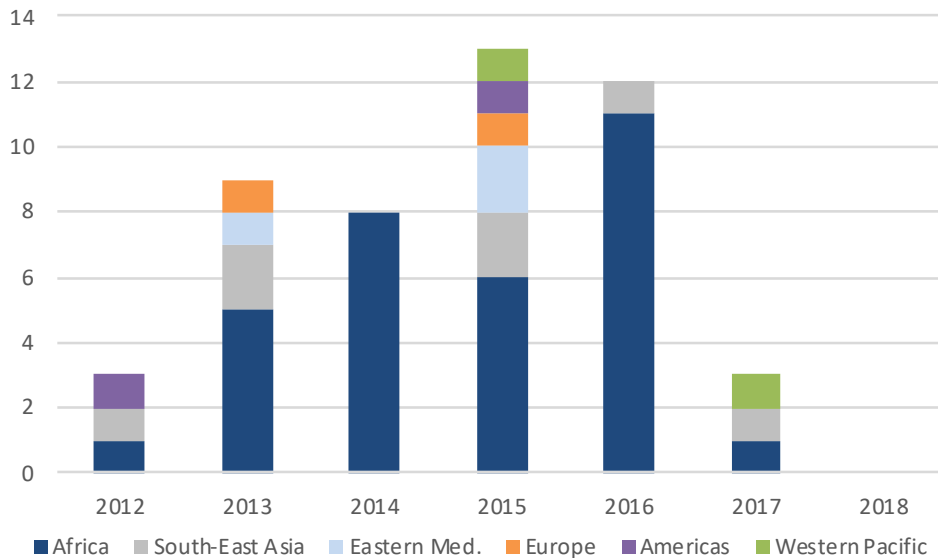
<sup>91</sup> Zambia HSS2 Proposal, November 2014

<sup>92</sup> CEPA, Gavi, Learning Agenda – Country Engagement Framework, 2018, page 5

<sup>93</sup> CEPA, (2016) Meta-review of country evaluations of Gavi’s Health System Strengthening support, March 2016, page .12.



Figure 5: Number of HSS grants including CSO activities by year and region



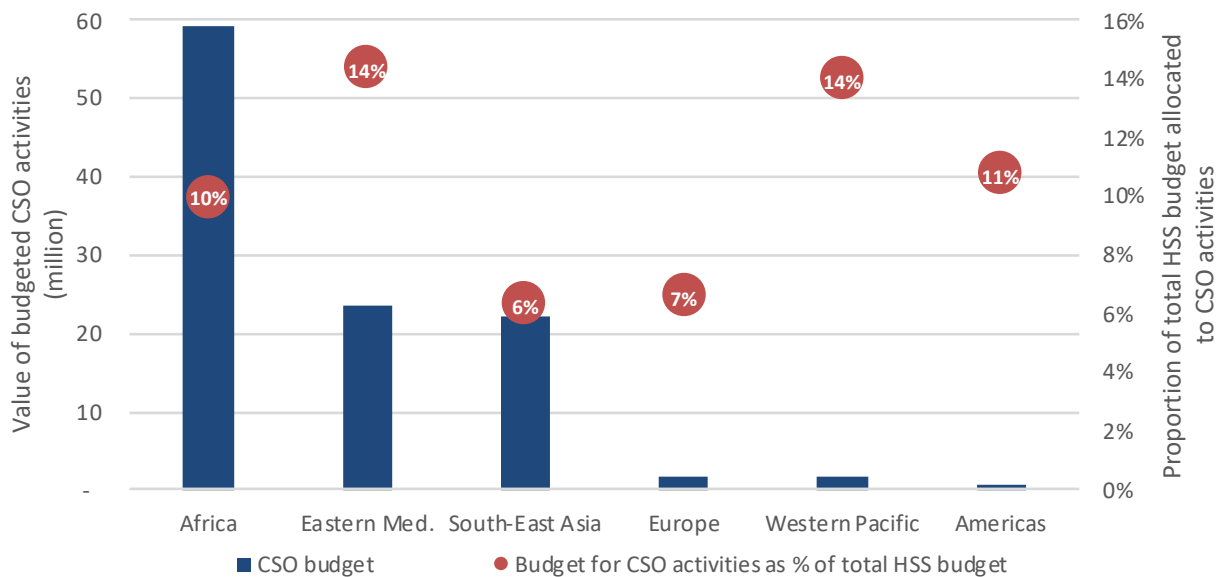
Source: Gavi internal database

The total value of budgeted CSO activities over the period is \$109 million, which is 9.5% of the total value of the HSS grants (which in absolute terms equates to \$1.2 billion). As Figure 6 shows, 54% of budgeted CSO activities are in the AFRO region, 22% in EMRO, 20% in SEARO, 2% each in EURO and WPRO and 1% in AMRO. We do, however, note that the facilitating environment for CSO engagement varies significantly between regions, such as in EURO and AMRO, where there are fewer CSOs working in the immunisation space. As such, the general differences in allocations between regions are in line with our expectations.

Figure 6 also shows that the proportion of HSS grants allocated to CSO activities varies considerably by region, from 6% in SEARO to 14% in EMRO and WPRO. More in-depth analysis at the country level shows that this ranges from 0.5% in The Gambia (\$25,000 of a \$5.5 million HSS grant) to 44% in Benin (\$390,000 of a \$890,000 HSS grant). The data is, however, skewed somewhat by very large grants in a few countries, notably:

- India, with two grants of \$107 million (of which \$12 million was allocated to CSOs) and \$100 million (of which \$1 million was allocated to CSOs);
- DRC with a grant of \$145 million (of which \$19 million was allocated to CSOs); and
- Pakistan with a grant of \$100 million (of which \$7 million was allocated to CSOs).

Figure 6: Budget for CSO activities (total and as a proportion of total HSS funding application budgets)



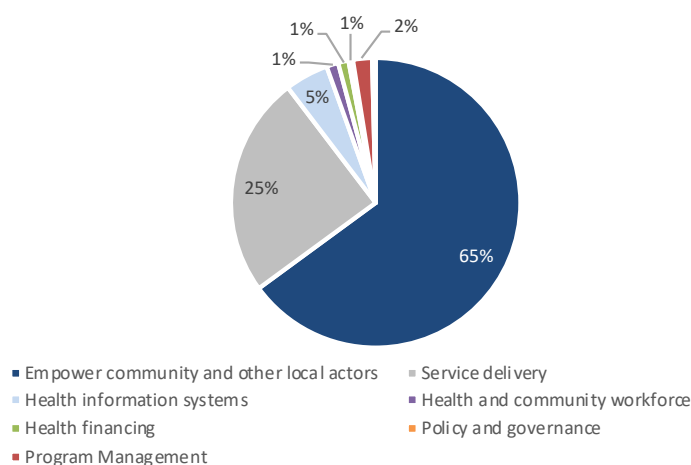
Source: Gavi internal database

**CSO activities funded through HSS grants are focused heavily on empowerment of community and other local actors, and improvements to service delivery.** As Figure 7 shows, the majority (65%) of CSO support is focused on community and other local actors' empowerment. This comprises social mobilisation for demand generation; strengthening the capacity of CSOs, community groups and networks; and some other activities. The other major area is support to service delivery (25%), which is heavily focused on improving organisation, management and quality of services/care, and also supporting immunisation service operating costs. Other areas of support include:

- health information systems (HIS; 5%) – primarily includes strengthening the routine HIS and studies, operational research and surveys;
- health and community workforce (1%) – includes activities to manage and build the capacity of the workforce in general and for some specific issues (e.g. supply chain, routine data reporting);
- health financing (1%) – related to improving financial sustainability, with some budget for activities related to ensuring adequate financing of the health and community system;
- policy and governance (1%) – includes activities to strengthen the governance system and coordination of immunisation programmes; and
- programme management (2%) – includes management costs technical assistance to support HSS grant implementation.

Interestingly, our analysis of the budgets for the HSS grants that include CSO activities shows that overall HSS budgets are more heavily skewed towards community and other local actor empowerment (74% of the value of all grants) and less towards service delivery (9%) than as compared to the CSO components. This suggests that CSOs are seen as an important mechanism to support improvements in the organisation, management and quality of services/care. Again, this is in line with our expectation given that, in the vast majority of settings, CSOs play a supportive role to government, which assumes responsibility for immunisation service delivery.

**Figure 7: Breakdown of CSO activities by HSS budget code**



Source: Gavi internal database

**However, the scale of meaningful CSO engagement in HSS grant implementation is much smaller than these figures would suggest.** For instance:<sup>94</sup>

- According to Gavi's own distinction, CSOs are thought to lead only around 50% of budgeted CSO activities, with the other 50% being only 'related' to CSOs. In practice, this means governments and/or Gavi partners implement activities where the description mentions CSOs, where activities partly involve CSOs and/or where they are related to the role that CSOs may play.<sup>95</sup>
- Similarly, 21 out of 48 HSS grants that include CSO activities specifically name CSOs as implementers, with the budget for those activities equating to \$36 million (from the total budget for CSO activities of \$109 million).

<sup>94</sup> Derived from the Gavi internal database

<sup>95</sup> For instance, in India, one \$6 million activity coded as related to CSOs is 'Strengthen systems for effective inter personal communication and social mobilization using Polio social mobilization network, CSOs, school teachers.'

- Only eight HSS grants have a specific grant objective that is focused on CSOs – these are in Bolivia, Cameroon, Mauritania, Nicaragua, Pakistan, The Gambia, Timor Leste and Zambia.

**The implementation of CSO activities through HSS grants has also been severely delayed in many countries.** As previously highlighted, monitoring data availability issues make it difficult to assess what CSOs have implemented, since CSO reports to HSS implementers (generally ministries of health) are consolidated into an overall report to be submitted to Gavi. Data is not disaggregated in a way that shows what activities have been implemented and what outputs have been achieved; what CSO expenditure has been; and the contribution of CSOs to observed outcomes. The best sense we can get on how well CSO activities could have been implemented at an aggregated level is by using the extent to which overall HSS grants have been implemented as a proxy.

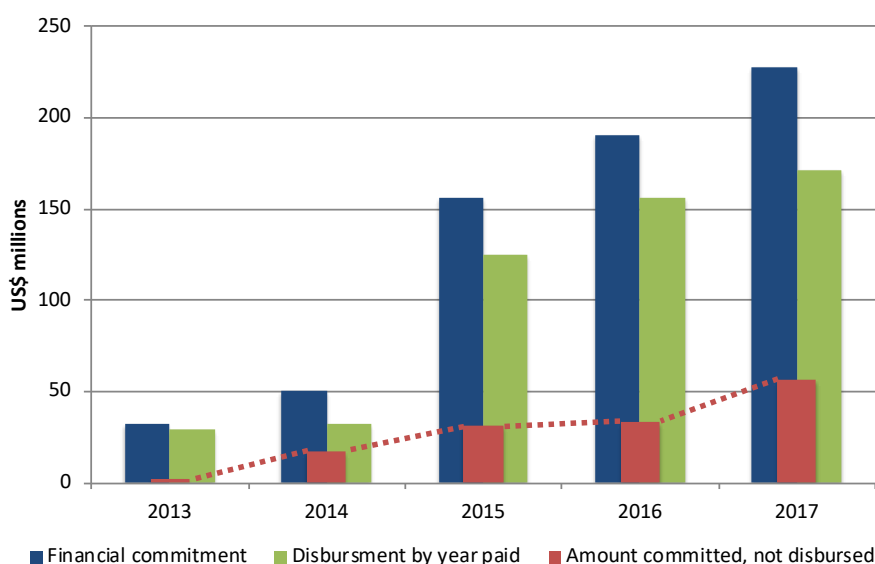
Our review of Secretariat data tracking the timeliness of funding application and grant approval processes suggests that for the 48 HSS grants with CSO activities there was an average delay of 15 months between the grant being recommended by IRC for approval and disbursement.<sup>96</sup> Further, our analysis of financial commitments versus disbursements suggests that there are also significant delays to subsequent disbursements – as shown in Table 6 and Figure 8, 22% of the total funding committed under the 48 HSS grants that included CSO activities between 2013 and 2017 was not disbursed. This does not include any no-cost extensions made to grants, the frequent use of which also reflects the extent to which HSS grants are delayed. This analysis corresponds with the indicator reported to the Board in June 2018 showing that, as at November 2017, HSS grants were experiencing moderate delays/ challenges, with a 64% fund utilisation rate.<sup>97</sup>

**Table 6: Financial commitments and disbursements by year for the 48 HSS grants including CSO activities**

Year	Financial commitments	Disbursements	Amount committed but not disbursed (%)
2013	\$31,873,789	\$29,748,813	\$2,124,976 (7%)
2014	\$50,124,635	\$32,434,921	\$17,689,714 (35%)
2015	\$155,748,689	\$124,723,700	\$31,024,989 (20%)
2016	\$190,090,289	\$156,464,686	\$33,625,603 (18%)
2017	\$227,402,738	\$170,844,673	\$56,558,065 (25%)
<b>Total</b>	<b>\$655,240,140</b>	<b>\$514,216,793</b>	<b>\$141,023,346 (22%)</b>

Source: Analysis of Gavi’s “Consolidated Approvals and Disbursements (31 July 2018), HSS1, HSS2 and HSS3”

**Figure 8: Financial commitments and disbursements by year for the 48 HSS grants including CSO activities**



Source: Analysis of Gavi’s “Consolidated Approvals and Disbursements (31 July 2018), HSS1, HSS2 and HSS3”

<sup>96</sup> The data provided by Gavi included the quarter of first disbursement and not the month, so we have assumed the month to be the first month of each quarter. In the few cases where no quarter was provided, we have assumed the month to be the first month of that year. Because of this assumption, the delay may be slightly underestimated.

<sup>97</sup> Gavi 2016–2020 Strategy: implementation and progress, June 2018; Gavi Board Meeting, 6–7 June 2018

**Implementation of HSS grants in our country case studies has been significantly delayed.** As Table 7 shows, in five of our seven country case studies with recently approved HSS grants, implementation has not yet started.<sup>98</sup> In our eighth country case study, Chad, we understand that repeated HSS funding requests were refused, with the IRC making recommendations for resubmission on several occasions. At the time of writing, a further revision to the application had been submitted and is under review. In Ghana and Mali, the two countries where there has been some implementation, there have also been substantial delays which has had a significant impact on the implementation of CSO activities in both countries. In Ghana, implementation of the HSS2 grant was delayed by a year, and subsequent disbursements to cover 2017 and 2018 activities have not yet been made. Similarly, in Mali, the HSS2 grant has been subject to substantial disbursement delays between UNICEF, MoH and CSOs, which have prevented CSOs accessing grant funding.

**Table 7: Status of most recent HSS grants by case study country**

Country	Expected HSS implementation period	Implementation status of HSS grants
Burkina Faso	2017–2021 (HSS3)	Not started (1.5 year delay)
Ghana	2014–2016 (HSS2)	Started implementation in 2016 (1-year delay) but with further delays to subsequent disbursements
Guinea	2017–2021 (HSS2)	Not started (1.5 year delay) <sup>99</sup>
Kenya	2017–2019 (HSS2)	Not started (1.5 year delay)
Liberia	2017–2021 (HSS3)	Not started (1.5 year delay)
Mali	2016–2020 (HSS2)	Started implementation in 2017 (1-year delay) but with further delays to subsequent disbursements
Pakistan	2016–2018 (HSS2)	Not started (2.5 year delay)

**HSS-CSO activities have also been delayed for other reasons.** In Kenya, the proposal for HENNET (the Platform Facilitating Organisation) to act as contracting entity with Gavi for the HSS grant triggered a Programme Capacity Assessment (PCA), which identified capacity issues and led to an alternative CSO (KANCO) assuming this role. This process delayed the contracting process by several months. We understand from the Secretariat that similar delays have been experienced in other countries where a PCA has been required. In addition, evidence from other country case studies suggests that CSOs have not always been engaged in the implementation of HSS grants in the manner envisaged. For example, in Burkina Faso, the government is not thought to have made the planned and budgeted disbursement to the CSO partners, and it is unclear if, how and whether these funds were reprogrammed. Other country examples have however been more positive. For example, in Niger, we understand that the CSO Platform contributed to the successful reprogramming of unspent HSS funds to CSO activities. Unfortunately, Gavi does not routinely collect data to allow for a more robust analysis on the extent of the delays to HSS-CSO activities across countries.

**Despite the significant delays to the implementation of HSS-CSO activities, some demand generation activities have been implemented.** While we have not been able to determine a comprehensive measure of CSO implementation from Gavi’s M&E data, CRS’s reporting has captured some outputs achieved across all CSO Platforms, which includes outputs achieved using HSS support, Platform support and, in some instances (e.g. in Chad), the Platform’s own resources (although the scale of Platform funds and Platforms’ own resources have been minor). Notably, this reporting indicates that, over the period February 2016 to May 2018, a total of 6.7 million individual beneficiaries were reached by CSO Platforms through a mix of demand generation activities (e.g. community mobilisation and sensitisation, other advocacy and behaviour change communication).<sup>100</sup> This data is focused on the outputs of all donor support, and while Gavi is expected to have been largest, and in many countries the only, donor in this space, we cannot verify that these results are attributable to Gavi alone. As such, the information should be interpreted with caution.

<sup>98</sup> Analysis of HSS CSO funding, updated December 2017

<sup>99</sup> In Guinea, UNICEF as grant recipient has nearly completed its planned activities (mostly procurement), although the MoH (as a sub-grant recipient) has not started implementation.

<sup>100</sup> CRS, Biannual Report October 2016–May 2017, page 12; CRS, Biannual Report, June–November 2017, page 17; CRS, Biannual Report December 2017–May 2018, page 13

## Workstream 3: Outcome and sustainability analysis

### 4.3.1 Introduction

This workstream focuses on outcomes and sustainability. It seeks to assess the extent to which the two mechanisms Gavi used to support CSOs during the period 2011–2017 have achieved their planned results, contributed to Gavi’s Strategic Goals and ensured sustainable results at the country level.

As with workstreams 1 and 2, the findings presented in this section are based on a range of data sources and use the data collection and analytical approaches described above and in the evaluation framework. Our rating of the strength of evidence is presented next to the high-level finding in response to each EQ/group of EQs.

In assessing the results of CSO Platforms and CSO components of HSS support, it is important to understand that each country is different and rooted in its country context. An effective Platform should be understood as an entity that is able to contribute to the specific needs of its context. Platforms should therefore not be expected to produce a common or standard set of outputs. Rather, an effective Platform should be seen as one that is able to identify opportunities and critical junctures where it can contribute. Consequently, there are few standard Platform outcome indicators that can be aggregated. It is therefore necessary to present the findings country by country (although we do try to generalise the results where possible).

### 4.3.2 Findings

EQ8	To what extent did the CSO Platform model achieve its objectives as planned?	
EQ9	To what extent did the CSO Platform model contribute to Gavi’s Strategic Goals (including SG2, Obj C)?	
EQ12	To what extent are the country-level results achieved through the CSO Platform programmatically and financially sustainable?	Strength of evidence
High-level finding	<p>The available evidence suggests CSO Platform objectives related to improving Platform functionality and increasing engagement of platforms in national health sector and immunisation planning and decision-making processes have been achieved in many but not all countries provided with Platform support. However, very few, if any, Platforms have reached a point of financial sustainability (although we are inclined to view this objective as having been unrealistic given the nature of the organisations and activities supported).</p> <p>We are unable to validate the link in the ToC from the implementation of Platform activities to the achievement of Gavi’s Strategic Goals (e.g. related to improvements in equity/coverage and sustainability). This is not surprising given the upstream nature of activities and lack of clarity in the programme theory on whether and how Platform activities were intended to make this contribution.</p>	Evidence comprises a reasonable number of data sources of decent quality but that are often more perception-based than factual, thereby allowing for limited triangulation only.

**Our analysis suggests the objective of improving the functionality of CSO Platforms has been achieved in most countries.** The main goal of CSO Platform support, as stated in the most recent grant documentation for 2016–2018, was to strengthen CSO Platforms for immunisation and HSS, with the first objective being that CSO Platforms improve functionality. CRS reporting as at June 2018 suggests 95% (18 of 19) CSO Platforms had a strategic plan in place and 79% (15 of 19) had a functioning monitoring, evaluation and learning system.<sup>101</sup> Evidence from country case studies largely corroborated this progress and highlighted other instances of improved functionality, including:<sup>102</sup>

- development of an organisational constitution and governance structure (Burkina Faso, Chad, Kenya, Liberia, Pakistan);
- establishment of a coordinating office with dedicated staff in place (Chad, Liberia);

<sup>101</sup> CRS, Biannual Report, June 2018, pages 26–27; data is for the whole period February 2016 to May 2018

<sup>102</sup> We do, however, note that some of these factors were already in place in some countries, particularly where the Platform support has been used to strengthen an existing Platform/organisation.

- regular member engagement, such as through annual general meetings and sub-national/regional meetings (Burkina Faso, Ghana, Liberia, Mali);
- strengthened capacity within the Platform and its members on a range of project management, financial and technical issues (Burkina Faso, Chad, Ghana, Kenya, Liberia, Pakistan); and
- dissemination of implementation progress and immunisation best practices among Platform members (Ghana, Mali, Pakistan).

However, there are instances of countries where this objective has not been achieved. For instance, in Guinea, the Platform still has significant capacity gaps that have prevented achievement of the objective of improved functionality.

**CSO Platform support has also contributed to increased participation and engagement of CSOs in national health sector planning and policy-making in many country settings.** CRS reporting as at June 2018 suggests over 70% (upwards of 13 from 19) of Platforms have engaged in national-level health sector planning and policy-making fora, including:<sup>103</sup>

- 79% (15 of 19) of Platforms engaged through the Expanded Programme on Immunization (EPI) in the joint review of the national immunisation programme – an important function that informs planning and policy-making;<sup>104</sup> and
- 74% (14 of 19) of Platforms currently holding seats on the ICC<sup>105</sup> and 53% (10 of 19) with seats on the wider HSCC – bodies that play a crucial role in immunisation programme oversight, setting strategic direction, planning and policy-making.<sup>106,107,108,109</sup>

A 2016 evaluation of IFRC’s coordination and management of the CSO Steering Committee and OAG also concluded that CSO Platforms contributed to policy and programme management, including proposal writing for HSS funding applications, development of national health plans/grants and participation in decision-making committees.<sup>110</sup>

Evidence from country case studies again largely corroborates this progress. For instance, Platforms in Burkina Faso, Chad, Ghana, Kenya, Liberia, Mali and Pakistan are all members of the ICC bodies and have made various contributions to the related technical working groups on immunisation-related issues. The case studies have also highlighted that, in almost all cases, Platform support is felt to have strengthened the extent to which CSOs have been able to engage meaningfully in these fora, as opposed to merely participating. As one stakeholder put it, CSO Platform support has ‘*catalysed a new dynamic in the relationship between CSOs and the public sector*’. Contiguously, we observed (as highlighted by CRS in various reports, as well as the 2015 Putnam assessment) a trend towards greater willingness on the part of governments to work with CSOs and engage them in planning and policy-making fora as a legitimate stakeholder. Guinea is again the exception, where a breakdown in the relationship between the Platform and the MoH/EPI has led to very limited engagement of the Platform in health/immunisation planning and policy-making.

It is, however, important to mention that not all progress can be solely attributed to CSO Platform support. While there do not appear to have been other donor-provided funding sources for the same activities, CSOs in six countries had already received Type A and B support (e.g. in Ghana, where this had already promoted strong engagement between CSOs and government and led to the creation of a CSO Platform that had membership in the ICC and HSCC). There are also some limited examples of CSOs being engaged in health sector and immunisation planning and policy-making without ever

<sup>103</sup> CRS, Biannual Report, June 2018

<sup>104</sup> Over the period February 2016–May 2018, 15 of 19 platforms (CRS, Biannual Report, June 2018, page 28).

<sup>105</sup> 14 of 19 Platforms (CRS, Biannual Report, June 2018, pages 12 and p.28).

<sup>106</sup> 10 of 19 Platforms (CRS, Biannual Report, June 2018, page 12).

<sup>107</sup> <https://www.gavi.org/support/hss/leadership-management-coordination/>.

<sup>108</sup> Over the period November 2017–May 2018, six platforms contributed (with documented inputs) to the development of 13 national health policies, all of which were finished and approved (CRS, Biannual Report, June 2018, page 13).

<sup>109</sup> Similarly, over the period June–November 2017, eight CSO platforms contributed to the development of ten national health policies, seven of which are finished and five approved (CRS, Biannual Report, November 2017, page 17).

<sup>110</sup> IFRC, Evaluation of IFRC coordination and management of GAVI Civil Society Organisations Steering Committee and Oversight Advisory Group, 2017, page 21



having received Gavi support, such as in Rwanda, where CSOs have been strongly engaged in HSS funding application and other processes.<sup>111</sup>

**Very few, if any, Platforms have reached a point of financial sustainability.** Another objective of CSO Platform support. CRS has trained Platforms in the fundamentals of resource mobilisation and has worked with Platforms to develop resource mobilisation and sustainability plans.<sup>112</sup> Evidence from the country case studies suggests that these training activities have been completed and were felt to be useful. Platforms have also subsequently self-reported greater capacity in resource mobilisation, alongside improvements in other areas critical to resource mobilisation – for instance as noted above in relation to CSO Platform functionality, as well as specifically in relation to financial management/planning, proposal writing, etc. CRS has also encouraged Platforms to submit proposals to non-Gavi donors to diversify their funding base, and has reported that ‘Gavi-supported CSO Platforms have made significant progress in accessing both Gavi and non-Gavi funds.’<sup>113</sup> However, we found relatively few examples of where this has occurred:<sup>114,115</sup>

- In Ghana, the Platform has been able to attract other financial support from US CDC and Pfizer for immunisation-related activities, although this is short-term funding and of a small scale.
- The Platform in Pakistan (the Pakistan CSOs Coalition for Health and Immunization) submitted proposals to Global One and UHC2030, both of which were successful.

In Liberia also, the Platform has submitted a concept note and then a proposal to UNICEF, although it is as yet unclear whether this will be approved. While some other countries have submitted funding applications, these have not been successful, such as in India and Uganda.<sup>116,117</sup> There are also examples of Platforms receiving funding for non-immunisation-related health issues, such in Chad, where the Platform has become a sub-recipient of a Global Fund malaria grant.

However, as a general observation, we note that all of these proposals submitted by Platforms are for activities related to supporting immunisation service delivery, rather than to service the Platform’s functions and ensure that achievement of the first two Platform objectives are sustained. This is consistent with a view held by country stakeholders that Platform sustainability will be achieved through an active role in implementation, most likely supported through Gavi’s HSS grants.

**Despite these advances, as at mid-2018, CRS considers only four countries (DRC, Ethiopia, Ghana and Malawi) as having met the criteria to ‘graduate’ from CSO Platform support.** This constitutes only 18% of CRS-managed platforms at the end of the project. According to CRS, graduation has been achieved on the basis of (i) having sufficient organisational capacity (i.e. systems and governance) and (ii) being able to sustain their activities once Platform support ceases.<sup>118</sup> This is in spite of several attempts by CRS to facilitate this transition process over the course of the project. For instance, in 2013 CRS tried to phase out support to country Platforms in Burkina Faso, DRC, Ethiopia, Ghana and Kenya. However, in quarters 3 and 4 of 2014, CRS had to re-engage these Platforms as their post-transition performance indicated that the Platforms were beginning to lose momentum.<sup>119</sup>

Evidence from four of the countries studied in detail also through this evaluation (Burkina Faso, Chad, Ghana and Kenya) suggests that financial sustainability has still not been achieved, with many Platforms noting that continued support is required to maintain even basic functions. Across all countries, the main prospects for accessing short- and medium-term funding is felt to be through Gavi HSS grants. However, there is evidence that the desire of Platforms to become HSS grant

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<sup>111</sup> Rwanda HSS Proposal, 2013

<sup>112</sup> CRS, Annual Report, 2015, page 9

<sup>113</sup> CRS, Biannual Report, July 2017

<sup>114</sup> Ibid.

<sup>115</sup> In Kenya, the Health NGOs Network (HENNET) also received UK Department for International Development funding but this ceased because of a financial issue.

<sup>116</sup> The India Platform submitted a proposal to the Commonwealth Foundation but this was not successful (CRS, Biannual Report, July 2017).

<sup>117</sup> The Platform in Uganda (the Uganda Civil Society Immunisation Platform) submitted a proposal to Bull City Learning and also approached private businesses to request financial support for its 2017 World Immunization Week activities; however, this was not successful (CRS, Biannual Report, July 2017).

<sup>118</sup> CRS anticipates adding Cameroon, Côte d’Ivoire, Madagascar, Mali, Pakistan, Sierra Leone and Zambia to this list at the end of 2018.

<sup>119</sup> CRS, Annual Report, 2014, page 3



implementers (also explored below) may not be sufficient to ensure financial sustainability, for the following reasons:

- We understand that, in several countries, the MoH has prevented CSO Platforms from including operational expenses within the HSS grants. As such, even if they are funded to implement activities, this may not be sufficient to sustain Platform activities.
- The substantial time required to apply, be approved and then start implementing HSS grants means Platforms face considerable uncertainty and long periods without funding.
- For some Platforms, such as in Chad and Ghana, there is some indication that Platform activities could be continued in the short term through the use of member subscription fees, but it is clear that this income would not be sufficient to represent a long-term solution.

Evidence from the other country case studies suggests that resource mobilisation efforts are further behind and that the objective of financial sustainability is even further from being achieved. For instance, in Chad, Guinea and Liberia, Platforms have not been able to attract external funding and there is evidence of activities already slowing down. In Liberia, a strategic and resource mobilisation plan is in place, although the end of Gavi's support means that the Platform does not have the human resource capacity to act on the plan and support its resource mobilisation efforts.

In our view, however, given the nature of the role expected of Platforms, an expectation to reach a point of financial sustainability is unrealistic in many countries and at odds with the approaches of other GHIs. The comparator study reveals, for instance, that other major funding partnerships such as the Global Fund and Unitaid have funded the function of CSO engagement and community representation in proposal/grant development, implementation and oversight since their creation, and they intend to continue to do so, since they consider these forms of engagement to be core to their business models.

**An unclear objective of CSO Platform support relates to Platforms and their members becoming engaged as implementers for HSS grants – this has taken place in a small number of countries receiving Platform support.** The majority of key informants expressed that an objective of CSO Platform support was to lead to strengthened capacity among FOs, Platforms and/or members such that they could be considered able/well placed to implement components of HSS grants. However, some senior members of the Gavi Secretariat disputed that and claimed that this linkage was not part of the programme theory. This is despite it being included as a main purpose of the Platform model in contracts between CRS and Gavi and also as an intermediate indicator in the CRS results framework for CSO platforms having improved financial sustainability.<sup>120</sup> Platform support has also been used to support activities to generate demand for immunisation services (e.g. through advocacy and behaviour change communication, such as in Chad, Ghana, Liberia, Mali and Pakistan) that would typically be associated with HSS grant funding.

As noted above, this linkage between Platform and HSS support has certainly been an objective for many country-level stakeholders, and in at least seven instances CSO Platforms or their members have been engaged as a HSS implementer.<sup>121</sup> A further seven HSS funding applications have been submitted to Gavi with CSO Platforms or their members proposed as HSS implementers, but implementation has not yet started.<sup>122</sup> There are also a number of examples of where CSO Platforms have sought to become HSS grant implementers but this has been blocked (e.g. in Kenya, where the CSO Platform was not deemed to have adequate financial management capacity) – with some Platform stakeholders noting that this inability to become an HSS implementer indicated a failure of the Platform support itself.<sup>123</sup> Feedback from countries suggests that government's willingness to

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<sup>120</sup> CRS Grant Agreement signed on 17 October 2011; CRS Grant Agreement 2013–2014; CRS Grant Agreement signed March 2015; CRS Exhibit A-1 signed August 2016; and CRS Exhibit A-2 signed 3 June 2017

<sup>121</sup> 'Facilitating Organisations engaged as implementers for HSS grants': Ghana (GCNH), Madagascar (COMARESS) and Zambia (ZCSIP). Platform members engaged as implementers for HSS grants: Ethiopia (CORE Group), DRC (COMAMA), Kenya (KANCO) and Mali (FENASCOM) (CRS, Biannual Report, June 2018)

<sup>122</sup> CRS, Biannual Report, June 2018, page 27

<sup>123</sup> For example in Burkina Faso and Liberia (owing to challenging working relationships with government) and in Kenya (owing to a perceived lack of capacity, where an alternative CSO was selected as the CSO partner).

engage with CSOs has somewhat depended on how much money they bring to support the EPI, which partly explains CSOs' motivation for seeking funding to support implementation.

**CSO Platform support has contributed to strengthened CSO engagement in immunisation – Gavi's Strategic Goal 2, Objective C.** As noted above, CSO Platform support has improved the capacity and functionality of CSO Platforms and also contributed to increased participation and engagement of CSOs in national health sector planning and policy-making in many country settings. There is also considerable evidence that Platform stakeholders have leveraged their strengthened capacity and representation in national policy/decision-making fora to also further engage in immunisation service delivery, primarily through demand generation activities. A wide range of countries have also included substantial budget for CSO activities in HSS funding applications, suggesting reasonably strong engagement of CSOs. There are also specific examples, such as in Chad and Ghana, of CSO Platform support being used to engage and educate a range of grassroots CSOs in immunisation issues for the first time, where it has been possible to integrate some of these activities into their existing development activities (as was the case in Zambia).<sup>124</sup> The vast majority of stakeholders interviewed through this evaluation have reflected this progress, although it has not been possible to quantify – notably as Gavi has not reported on the related indicator since the 2016 baseline.<sup>125</sup>

**The contribution of the CSO Platform model to Gavi's wider Strategic Goals, including improvements in equity/coverage and sustainability, cannot be established.** Our ToC depicts a link between the CSO Platform support and the long-term outcome and impacts of increased and more equitable and sustainable immunisation coverage. However, the evidence, in particular from the country case studies, has not proved sufficient to validate this linkage. This is not surprising, given that the nature of CSO Platform activities has been mainly upstream (i.e. in terms of training, capacity-building, etc.). The focus on more downstream activities (i.e. demand generation) has been in place only since 2016, and activities have been of a limited scale, without a clear articulation of how this would contribute to the achievement of Gavi's Strategic Goals (e.g. related to improvements in equity/coverage and sustainability).

EQ10	What are the main factors contributing to these results?	Strength of evidence
EQ11	What have been the unintended positive and negative consequences of Gavi's CSO Platform support to CSOs?	
High-level finding	<p>The majority of issues constraining the achievement of CSO Platform results have emerged because of the complex governance structure put in place and implementation challenges relating to budget disbursements and project timelines. A general reluctance on the part of some government agencies to engage CSOs to support immunisation-related activities has also constrained achievement of CSO Platform results. The critical determinants of success have been the leadership, capacity and credibility of the FO and the role CRS has played as Fund Manager.</p> <p>Stakeholders reported few unintended consequences: on the positive side, the CSO Platform project allowed the creation of a CSO focal point, which has streamlined the process of CSO engagement for country stakeholders. On the negative side, government stakeholders raised some issues with accountability and transparency of the overall Platform project.</p>	The finding is supported by multiple data sources, but that are largely perception-based.

**Stemming from underlying issues with the governance and management arrangements for CSO Platform support, a range of issues have severely hampered implementation and negatively affected results.** As highlighted above, a severe impediment to the overall results of CSO Platform support has been the underlying issues with governance and management arrangements, which have not facilitated an environment conducive to the efficient and effective implementation of CSO support. The deficiencies in these arrangements have at least in part contributed to a wide set of issues that have hampered implementation and affected results. These are detailed in Table 8 alongside an assessment – which reflects our judgement based on the balance of evidence – on the extent to which these have ultimately constrained results.

<sup>124</sup> <https://www.gavi.org/results/measuring/2016-2020-indicators/health-systems-goal/>.

<sup>125</sup> In an effort to improve the reporting of CSOs achievements, in 2016 the Steering Committee of the CSO Constituency developed a CSO Results Framework to better demonstrate how their work aligns with, and contributes to, the Global Vaccine Action Plan. This framework is currently being piloted in two Gavi-eligible countries. The indicator is 'the percentage of countries we support meeting our benchmarks for civil society engagement in national immunisation programmes to improve coverage and equity', which has not been reported on since.

**Table 8: Issues related to CSO Platform governance and management arrangements affecting the achievement of results**

Issue	Impact on results
Delays in the contracting of IFRC and Fund Managers	<b>Strong</b> – The substantial delays to contracting and making the initial and subsequent disbursements have had a substantial impact on implementation timelines and created considerable uncertainty for all implementing stakeholders involved in the project. This has led to delayed disbursement between the Fund Managers and the FOs/Platforms, which has been further hampered by lack of readiness/availability of documentation in certain cases.
Delays to disbursements to FOs	
Limited OAG capacity for detailed engagement and monitoring	<b>Moderate</b> – Limited OAG engagement in the initial years and lack of a structured OAG monitoring approach until recently have limited the depth and breadth of oversight and guidance provided to the Platform project.
Considerable shift in the objectives of Platform support over time, and highly variable stakeholder expectations	<b>Moderate</b> – The objectives of Platform support have significantly changed over time, and do not represent Platform stakeholders’ ambitions for the support (which is more in terms of supporting service delivery). This has created considerable uncertainty for all stakeholders, which has for instance led to unexpected activities being implemented
Size and duration of budgets to achieve ambitious objectives	<b>Moderate</b> – The multi-country short-term (i.e. with annual budget approvals) approach of the Platform project has led to challenges at country level in terms of short timelines for implementation of activities (especially when coupled with the disbursement delays) and limited budget available.
Lack of engagement from the Gavi Secretariat to engage with and promote CSO participation at the country level	<b>Moderate</b> – This has varied substantially between countries and has improved over time, but in some countries a more supportive role played by the SCM to guide the Platform and promote its benefits to country stakeholders could have been highly beneficial.

**A range of exogenous factors have also constrained results.** Of particular note has been the general reluctance on the part of some country government agencies to engage CSOs. Stakeholders brought this up regularly in interviews. For instance, one stakeholder noted that the government in their country ‘*would sooner return unused HSS funds to Gavi than allocate them to CSOs*’. This is also cited as a recurrent challenge in CRS’s quarterly, biannual and annual reports.<sup>126,127,128</sup> This challenge is not a new one, but there is some evidence to suggest that governments’ perception of a lack of transparency in CSO Platform support has damaged relationships with the Platforms, which could have been avoided. Allegations of fraud raised in multiple countries have more seriously damaged CSO–government relations, although CRS’s work to resolve these issues has gone a long way to helping restore these relationships in most cases where fraud had not taken place. More generally, it is clear that the potential role of CSOs in immunisation and in HSS, which is traditionally government-led, is not well acknowledged, understood and/or valued by many stakeholders.

**The single most important determinant of success has been the capacity of FOs at the time of initiation of CSO Platform support.** Stakeholders consistently raised the importance of having the right FO, with strong capacity, leadership and convening skills, as a strong enabling factor for CSO Platform support.<sup>129</sup> This was corroborated through our country case studies, where it became clear that, for Platforms to contribute meaningfully to national health sector planning and policy-making, they must be a credible partner with sufficient capacity to engage in detailed technical discussions (and possibly also funding to support the EPI). Platform capacity has been contingent on the FO, and where there has been this capacity our country case studies suggest there has generally been a willingness by government to accept the Platform onto the ICC and other similar fora – for instance in Burkina Faso, Ghana, Liberia, Mali, Pakistan and Kenya. One notable exception to this is in Chad, where an early evaluation deemed the FO to be adding limited value and the Platform transitioned to a direct relationship with CRS.

Similarly, where a FO has been selected that the government has perceived to be weak or inappropriate, the Platform has often not been able to participate in national health sector planning

<sup>126</sup> CRS, Annual Report, 2013, page 9

<sup>127</sup> CRS, Annual Report, 2014, page 1

<sup>128</sup> Ibid.

<sup>129</sup> Putnam, E., Engagement of CSOs in supporting and expanding the work of Gavi, 2015

and policy-making – for instance in Guinea (mentioned elsewhere); Malawi (where the FO had to be replaced); and South Sudan (where the agreement with the FO was terminated and there was resistance to the creation of a Platform).

**CRS has also played a critical role in supporting FOs and Platforms to achieve the objectives.** CSO Platforms have widely praised the role of CRS in building their capacity to implement Platform support and there are numerous instances of their added value noted throughout this report, for instance in terms of providing advanced funds to CSOs to facilitate implementation while waiting for the disbursement from Gavi, and in terms of resolving the myriad issues encountered during the implementation of CSO Platform support, and even in directly supporting implementation of Platform activities (such as training for CSOs in Chad).

**Stakeholders reported few unintended consequences of the Platform project.** The most positive unintended consequence is that stakeholders, particularly governments and partners in country, have viewed the creation of country Platforms comprising a range of CSOs working in immunisation, often country-wide, positively, as it has resulted in the establishment of a single CSO focal point for them to engage with, thereby streamlining the process of CSO engagement. On the negative side, some country stakeholders indicated that the creation and management of CSO platforms by an external Fund Manager had raised accountability issues. Some government stakeholders felt that CSOs were being made accountable to CRS rather than the government and that there was a lack of transparency with regard to Platform support (e.g. in Ghana) and how it fits in with Gavi’s broader flows of funds to a country (e.g. in Liberia).

EQ14	To what extent did Gavi’s support to CSOs through HSS achieve its objectives as planned, with specific reference to coverage and equity goals?	
EQ15	To what extent did the Gavi support to CSOs through HSS contribute to Gavi’s Strategic Goals (including SG2, Objective C)?	
EQ16	What are the main factors contributing to these results?	
EQ17	What have been the unintended positive and negative consequences of Gavi’s HSS support to CSOs?	
EQ18	To what extent are the country-level results achieved through HSS support programmatically and financially sustainable?	Strength of evidence
High-level finding	Despite substantial delays to HSS grant implementation, and there being very few countries where results are likely to have been achieved, there is some limited evidence to suggest that Gavi’s support to CSOs through HSS grants has contributed to improvements to the EPI and, more indirectly, to Gavi’s Strategic Goals. However, this contribution has been minor and insufficient on its own to have an impact on immunisation outcomes. The prospects for programmatic and/or financial sustainability of CSO activities are also extremely limited.	Evidence comprises few data sources that are largely perception-based, allowing for only partial triangulation.

**The substantive delays to HSS grant implementation mean that very few results of CSO activities (positive or negative) have been achieved, and in very few countries.** As noted elsewhere, Gavi’s internal M&E systems have not provided any substantive evidence to support our analysis of HSS results, and the findings in this section are based on data collected through the country case studies only – i.e. through document review, stakeholder interviews and data analysis.<sup>130</sup> Our analysis presented under workstream 2 nonetheless shows that HSS grants have been drastically delayed across countries. Our country case studies found that, in five of our seven country case studies due to receive a HSS grant (Burkina Faso, Guinea, Liberia, Kenya and Pakistan), no/extremely limited CSO activities had been implemented by the end of 2017. In Ghana and Mali also, substantial delays to the initial and subsequent HSS grant disbursements (and subsequent disbursements to the CSO partner) limited the results achieved within the desired timeframe. We are not aware of any evidence to suggest that overall HSS grant delays have been attributable to the actions of individual CSOs or CSO Platforms, although there are some isolated instances of CSO activities being delayed

<sup>130</sup> We note that the proposed new data collection tool – the CSO Results Framework, whose development is being led by the CSO Constituency – promises to improve the evidence base in this regard, which will help better demonstrate the results of CSO activities. However, it will not provide solid evidence on the contribution of these activities to national-level outcomes and impact indicators, which would require full impact evaluation.

beyond those delays attributable to funding – for instance in Ghana, where activities were suspended while a fraud investigation was carried out in relation to Platform support.

**In the few countries where activities have been implemented, there is some evidence to suggest CSO activities have made some positive contribution to the EPI.** Evidence from the two country case studies (Ghana and Mali) where we were able to analyse the results of CSO activities supported through HSS grants generated the following findings:

- **CSO activities at the community level are thought to have contributed to strengthened demand for immunisation services.** In both countries, CSOs worked to sensitise and educate communities on the benefits of immunisation through a range of activities. Stakeholders noted that the added value of engaging CSOs to implement these activities had been in terms of their local knowledge of various religious and cultural barriers to demanding and accessing immunisation services, and their ability to convene large groups of people at the community level, as well as targeting more localised groups, to disseminate sensitised messaging to overcome these barriers. Stakeholders viewed these activities as absolutely necessary in order to improve immunisation coverage rates, particularly given that they are being implemented in low-performing and hard-to-reach and/or unsafe areas.
- **To a more limited extent, CSO activities through HSS support may also have led to some minor improvements in the quality of immunisation service delivery.** CSO activities have also been targeted at addressing some supply-side issues, such as training vaccinators and community health workers in Mali, and providing some cold chain equipment in Ghana. However, government and other country stakeholders were quick to note that the scale of these activities was very limited and that the added value of CSOs undertaking these activities, as opposed to the relevant government agency or a technical partner, was not clear.

**The contribution of CSO activities through HSS grants has, however, been minor and insufficient on its own to have an impact on immunisation outcomes.** Anecdotal evidence provided by stakeholders in both Ghana and Mali attributed some gains in immunisation coverage in the areas where CSOs had been working to the activities implemented by CSOs. However, our analysis of the contribution of CSO activities to observed improvements in immunisation coverage as part of the Ghana country case study found that the real drivers of change were the strong commitment from the MoH and partners to improving and sustaining immunisation service delivery and coverage, and focused efforts to improve immunisation coverage with technical and financial support. While CSO activities were recognised to have made some positive contribution to improved immunisation coverage, the limited reach of these activities to only a small number of communities leads to our assessment that the contribution has been minor and insufficient on its own to increase immunisation coverage rates. In Mali, it was not possible to determine the factors responsible for the observed improvements in immunisation coverage, although the limited scale and reach of CSO activities would again support the case that any contribution would have been minor and insufficient on its own to increase immunisation coverage. The lack of evidence from a wider set of countries means we cannot build a stronger evidence base; however, this level of information is in line with our expectation on what would be possible to measure and collect data on, given the size and scale of the activities implemented, and without full impact evaluation. It is also worth highlighting that any results achieved reflect a joint effort between government, partners and CSOs, and seeking to measure CSO performance in isolation against such metrics is likely to be misleading.

**The contribution of CSO activities through HSS support to Gavi's Strategic Goals 1, 2 and 3 (as well as specifically Strategic Goal 2, Objective C) has been very limited, largely because so few activities have been implemented.** In both Ghana and Mali, the engagement of the Platforms as an implementer of HSS support has served to legitimise and strengthen the position of the Platforms in the ICC and as a stakeholder in the immunisation space. In these two instances, Strategic Goal 2 Objective C has been achieved. The nature of CSO activities implemented in Ghana and Mali is very much targeted towards demand generation activities through the empowerment of community and other local actors. Thus, these activities seek to make a joint contribution towards Gavi's Strategic Goals 1 (the vaccine goal, to accelerate equitable uptake and coverage of vaccines) and 2 (the health

systems goal, to increase effectiveness and efficiency of immunisation delivery as an integrated part of strengthened health systems). However, the nature of this support is not targeted at making gains towards Strategic Goal 3 (the sustainability goal, to improve sustainability of national immunisation programmes). Moreover, even where CSOs have implemented some supply-side activities (e.g. training vaccinators and community health workers, providing cold chain equipment), the added value of CSOs undertaking these activities as opposed to the relevant government agency or a technical partner is thought by stakeholders to have been less clear.

**The prospects for programmatic and financial sustainability of CSO activities are extremely limited.**

In terms of programmatic sustainability, while theoretically we would expect some ongoing benefits from demand generation activities (e.g. from sensitised parents having subsequent children vaccinated and sharing knowledge among peers on an ongoing basis), it is also realistic to expect these benefits to dissipate quickly over time (e.g. as knowledge is lost and new generations enter in parenthood). While there have also been some supply-side interventions where the benefits are more likely to be sustained, these have been very limited in scale.

In terms of financial sustainability, without ongoing HSS funding, CSO stakeholders noted that it would not be feasible for them to continue implementation of the activities at the same scale, if at all. The Platform in Ghana has received some funding from other donors to implement demand generation activities, although these are much smaller in scale than the HSS grant activities implemented. While government stakeholders in Ghana noted that demand generation was a component of the Comprehensive Multi-Year Plan (cMYP) and they would be willing to continue to fund CSOs to implement these activities if the cMYP were fully funded, this is unfortunately a highly unlikely scenario. In Mali, although the CSOs do undertake resource mobilisation efforts and have received other funding for activities in some geographic areas, these funds are again smaller in scale than the HSS grant activities implemented. Thus, financial sustainability seems to be dependent on CSOs' inclusion in, and approval of, future Gavi HSS grants.



## Section 5. Conclusions

### 5.1 Introduction

This section presents two sets of conclusions:

- The first set of conclusions are framed around the validation of the ToC and the assumptions that underpin it.
- We then present a series of conclusions in relation to the evaluation criteria – i.e. relevance, efficiency, effectiveness, results and sustainability.

The first set of conclusions are based on our assessment of the data collected as part of the evaluation as to whether the individual components of the ToC have been validated and are working well to facilitate the achievement of results, and those that are not. Figure 9 visualises this assessment, which is based on a five-point colour coding scheme described in Table 9. The analysis is supported by Annex K, where we present a summary of the extent to which the ToC assumptions have been validated based on the available evidence.

**Table 9: Approach to ranking the extent to which components of the ToC have been validated and are working to facilitate the achievement of results**

Ranking	Strength of evidence
1	There is strong evidence to validate this link in the ToC and the link is working well to facilitate the achievement of results.
2	There is some evidence to validate this link in the ToC and the link is working reasonably well to facilitate the achievement of results.
3	There is no or very limited evidence to suggest the link in the ToC exists in the manner depicted, and is working to facilitate the achievement of results in the manner envisaged.
4	There is some evidence to suggest the link in the ToC does not exist in the manner depicted, and/or is not working to facilitate the achievement of results in the manner envisaged.
5	There is strong evidence to suggest the link in the ToC does not exist in the manner depicted, and/or is not working to facilitate the achievement of results in the manner envisaged.

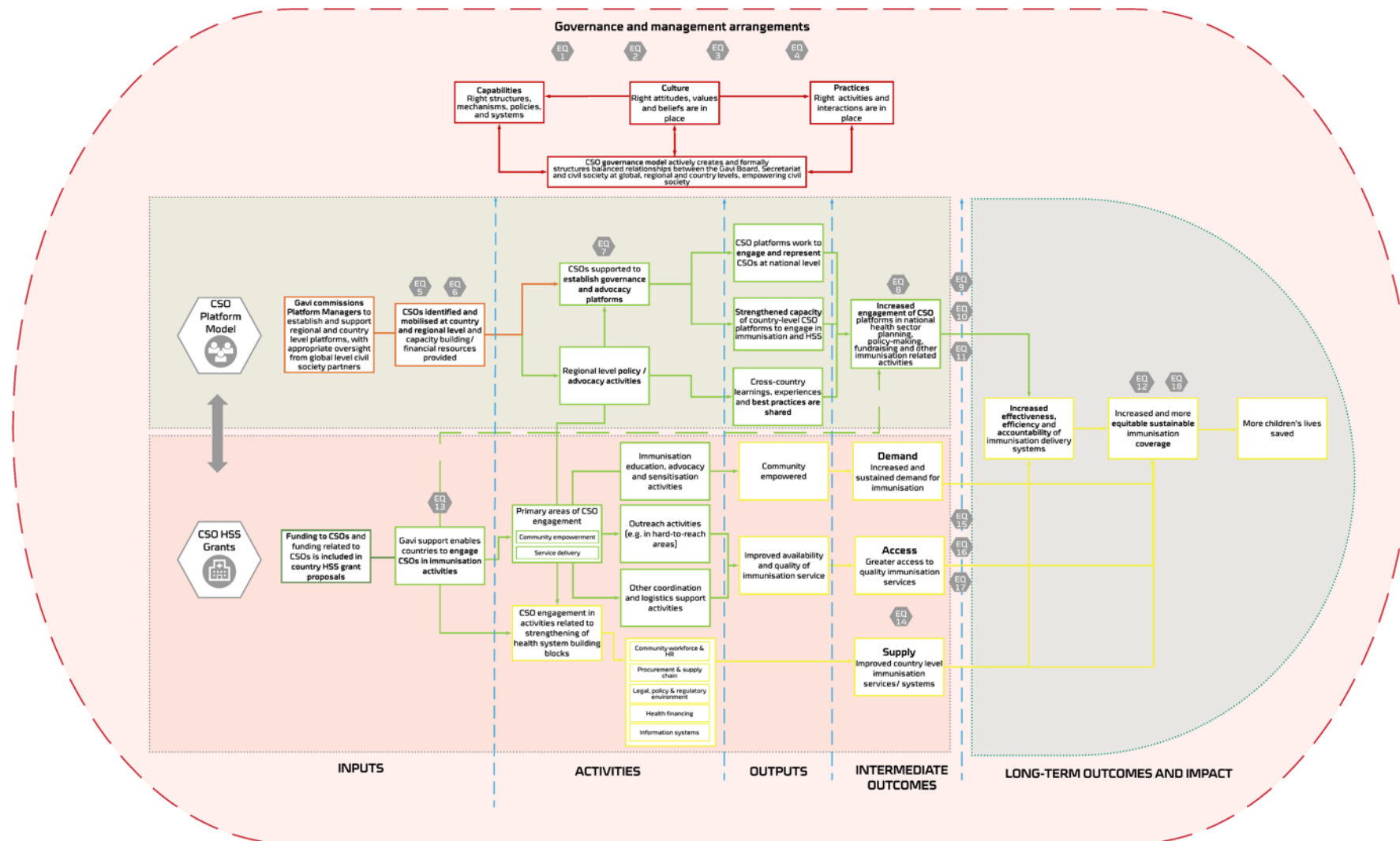
### 5.2 Conclusions in relation to the validation of the ToC

**Our overall conclusion is that, despite governance and management arrangements not facilitating an environment conducive to efficient and effective implementation of CSO support, other aspects of the programme theory have largely been validated. However, there is insufficient evidence to demonstrate a tangible link along the ToC from inputs to impact.** More specifically:

- *Governance and management arrangements:* There have been substantial issues with the governance and management arrangements for CSO support, which have not facilitated balanced relationships between the various stakeholders engaged in the CSO Model and have not enabled an environment conducive to the efficient and effective implementation of CSO support. In particular:
  - The design has lacked a clear focus on what should be achieved and a vision of how the CSO Platforms can support Gavi's other Strategic Goals.
  - Governance and management structures have also not been well defined, with confusion around roles and responsibilities, and a weak culture within the Secretariat for promoting and championing CSO support.
- *Country CSO Platform inputs to intermediate outcomes:* Despite issues with the transparency, efficiency and effectiveness of the selection process for CRS, REPAOC and FOs, as well as with the funding mechanisms and processes for Platform support, there is some evidence to validate the subsequent links in the ToC that CSO Platform support is leading to greater engagement of CSOs in national health sector and immunisation planning, policy- and decision-making. Platforms stakeholders reported a strong level of satisfaction with the Platform model. Governments and partners in-country were also relatively satisfied, particularly with the creation of a focal point for them to engage with, thereby streamlining CSO engagement.

- *Regional CSO Platform activities to intermediate outcomes:* There is some evidence that regional policy and advocacy activities are leading to cross-country learnings and sharing of experiences and best practices. This was mainly found through the Evaluation Team's attendance of the ConneXions event.
- *Linkage between strengthened CSO engagement in national health sector and immunisation planning, policy- and decision-making and increased engagement in immunisation activities through HSS support:* There is some evidence that this linkage exists, with a general desire of FOs and Platform members to use Platform support to engage with national stakeholders on immunisation issues (i.e. through the ICC) and then subsequently to be engaged as implementers for HSS support, and some instances where this has occurred.
- *HSS inputs to activities:* There is strong evidence that countries have included allocations to CSOs within the HSS budget envelope through the funding application process. This has mainly been to support community empowerment, with some activities to support service delivery, and limited allocation to support the development of other health system building blocks. However, there is less evidence of CSOs actually being engaged to implement these activities, with only a few examples of activities being implemented and many examples of implementation for HSS grants as a whole as well as additional delays to CSO activities being delayed or cancelled.
- *HSS outputs to intermediate outcomes:* In the few countries where activities have been implemented, there is some evidence to suggest that CSO activities have made some positive contribution to the EPI, notably in terms of demand creation. However, the evidence to support this finding is limited because there are very few data sources.
- *Long-term outcomes and impact:* There is very limited evidence to link the intermediate outcomes of CSO Platform and HSS support to the increased efficiency, effectiveness and accountability of immunisation delivery systems; increased and more sustainable immunisation coverage; and more children's lives saved. Stakeholders have been clear to note that the objectives of CSO Platform support did not relate to the achievement of these long-term outcomes and impact. However, our view is that, while there is most likely some contribution of CSO Platform and HSS support to CSOs to these long-term outcomes and impact, the contribution is small and not sufficient on its own to make any measurable difference. This in line with our expectations on what would be measurable given the upstream nature of Platform activities and the limited scale of CSO activities implemented using HSS support.

Figure 9: Validation of ToC components



## 5.3 Conclusions in relation to the evaluation criteria

As noted above, this section presents our conclusions in relation to the evaluation criteria of relevance, efficiency, effectiveness, results and sustainability.

### 5.3.1 Relevance of CSO support in relation to Gavi's Strategic Goals

While the CSO Platform model design is relevant and aligned with Gavi's strategic sub-objective related to 'strengthening civil society engagement', there has been a distinct lack of a clear vision on how this support should contribute to Gavi's wider Strategic Goals (e.g. in relation to coverage, equity and/or sustainability). This represents a missed opportunity to have guided the nature of Platform activities to better meet Gavi and country needs.

More specifically, the design of Gavi's support to CSOs via the Platform project and HSS support has sought to facilitate some of the roles CSOs can play in support of Gavi's mission in relation to influencing public policy and playing a supportive role in immunisation service delivery. This has been a somewhat siloed approach that has not facilitated the potential role of CSOs in other areas, such as strengthening the accountability of governments on the use of Gavi funds in country or supporting resource mobilisation through advocacy work, both of which could make a meaningful contribution to Gavi's Strategic Goals.

### 5.3.2 Efficiency and effectiveness of Gavi's support to CSOs

We conclude that a range of factors have significantly hampered the overall implementation of Gavi's support to CSOs, reducing the efficient and effective utilisation of resources. These include:

- **Governance and management arrangements:** Governance and management decision-making processes have not conducted efficiently or effectively, with stakeholders not fulfilling their roles and responsibilities as envisaged. This owes at least in part to the complexity of the overall governance and management arrangements for CSO Platform support; confusion on roles, responsibilities, expectations and accountabilities (with a critical gap in the OAG's line of accountability); a mismatch of capabilities and resources to those roles and responsibilities; and limited culture and dedicated staff capacity within the Gavi Secretariat to promote and champion CSO support.
- **Strategic vision for CSO Platform support:** The lack of a long-term vision for CSO Platform support created confusion on its objectives and on how they should be reached – that is, without a ToC; analysis of the issues to be addressed; a detailed approach to guide implementers on how to achieve the intended results; and/or a structured and well-defined results framework.
- **Design features for CSO Platform support:** The selection of countries for CSO Platform support over the successive phases has been based largely on the perceived ease of setting up platforms, and not on immunisation needs and/or the presence of identified issues where it was felt CSO Platforms could contribute. This may have compromised allocative efficiency. The short duration of grant agreements and the significant shifts in the objectives of CSO Platform support between grant agreements have further contributed to uncertainty and mixed expectations on what the Platforms are designed to achieve and how. The dollar value of CSO Platform support was, however, felt to be broadly appropriate to achieve the objectives.
- **Selection and engagement of Fund Managers:** These processes were heavily delayed and highly time-consuming. Further, the persuasive intervention by the OAG to accept certain design features (e.g. in relation to the number of countries to be managed by each Fund Manager) is likely to have compromised the functioning of the Fund Manager role. It is also clear that issues raised relating to the capacity and appropriateness of CRS and REPAOC to fulfil the Fund Manager role were not considered or were overlooked, which further compromised effectiveness. While it is clear that CRS now has the capacity to fulfil its role as Fund Manager and is doing a good job, the same cannot be said for REPAOC, which has provided only recent and limited effective Platform support at country level despite being selected in 2015.

- **Funding mechanisms and processes:** There have been substantial delays in disbursements – caused largely by difficulties in meeting financial management requirements – from:
  - *Gavi to Fund Managers* – this owed to contracting delays caused by Gavi’s internal processes, as well as the inability of Fund Managers to meet Gavi’s planning and audit requirements on time. At the outset of the project, the impact of these delays on implementation was partly mitigated by CRS providing short-term funds to FOs prior to receipt of funds from Gavi.
  - *Fund Managers to Platforms/FOs* – this was caused by CSO Platforms not meeting the desired financial and reporting requirements on time.
- **Transparency of CSO Platform support at country level:** The nature of the contracting relationship between Gavi, Fund Managers and CSO Platforms has led to issues in many countries where CSO Platforms are felt to be more accountable to CRS than to the government. This has created some tension in countries, with the government not engaging the CSO Platform as willingly as it may have done if information on the grant budgets, workplans and objectives had been shared transparently. Conversely, in countries where Platforms set out to build strong ownership of the government from the outset, there is some evidence of a greater willingness to engage CSOs.
- **M&E and oversight:** Our review of the Fund Manager grant agreements found them to be an ineffective mechanism to manage Fund Manager and CSO Platform performance, although this has improved since 2016. We also observed a lack of coordination and clarity on roles and responsibility in relation to M&E and oversight functions for CSO Platform support, as well as a general lack of these functions for CSO-supported components of HSS grants. This has meant that, as issues have been encountered, these have not always been acted upon, which represents a missed opportunity on the part of the OAG, CSO Steering Committee and Gavi Secretariat to ensure that the available resources are utilised at the country level in the most efficient and effective manner.
- **Delays to the implementation of HSS grants:** While a wide range of (mostly African) countries have included a substantial budget for CSO activities in HSS funding applications, implementation of many approved HSS grants has been severely delayed and often only recently initiated, meaning CSO activities have not yet started or have only just begun in many countries.

These substantial issues have fundamentally impeded the ability of CSOs to implement activities and achieve results through both CSO Platform support and HSS grants.

### 5.3.3 Results and sustainability of Gavi’s support to CSOs

**Results of CSO Platform support:** CSO Platform support has strengthened the functions and organisational capacity of CSOs, which has led to greater participation and meaningful engagement of CSOs in national health sector planning and policy-making in many but not all countries provided with Platform support. As such, these objectives for CSO Platform support have largely been achieved. The two most important determinants of success in this regard have been the capacity of the FO at the time of initiation of CSO Platform support and the critical supporting role CRS has played.

We are, however, unable to validate the link in the ToC from the achievement of these objectives to measurable improvements in achieving Gavi’s Strategic Goals (e.g. related to equity, coverage and sustainability). This is not surprising given the upstream nature of activities and lack of clarity in the programme theory on whether and how Platform activities were intended to make this contribution.

**Sustainability of CSO Platform support:** Despite investments in building the capacity of CSO Platforms in resource mobilisation and sustainability planning, very few, if any, Platforms have reached a point of financial sustainability (the other Platform objective). There are a few examples of CSO Platforms receiving small-scale funding from other donors to support immunisation service delivery, but none of the government committing its own resources and none of the objective of funds being specifically to sustain the Platform’s functions and engagement in health sector planning and policy-making. Across all countries, it was felt that the main prospects for accessing short- and medium-term funding to sustain activities were through the CSO Platform’s inclusion as an implementer for Gavi’s HSS grants. However, the unwillingness of a number of governments to allow CSO operational expenses within the HSS grants,

the substantial barriers to CSOs accessing HSS grant resources and the unsound assumption that CSO funding in HSS grants would automatically be channelled via the Platforms all lead to considerable doubt as to whether such an arrangement would be sufficient to ensure the financial sustainability of Platform functions. We are, however, inclined to view this objective as having been unrealistic, given the nature of the organisations and activities supported, and also as having been out of sync with the approaches taken by other GHIs.

**Results of CSO support via HSS grants:** In the two country case studies where activities have been implemented, there is some evidence to suggest that CSO activities have made some positive contribution to the EPI, mainly in terms of strengthening demand for immunisation services at the community level. However, these activities have been implemented at a very limited scale and the contribution to the EPI has been minor and insufficient on its own to have an impact on immunisation outcomes. By extension, their contribution to the achievement of Gavi's Strategic Goals 1, 2 and 3 has been very limited. This in line with our expectations on what would be measurable given the limited scale of CSO activities implemented using HSS support and the very nature of CSO engagement in HSS implementation, the results of which are reliant on a joint effort between government, partners and CSOs, and not CSOs in isolation.

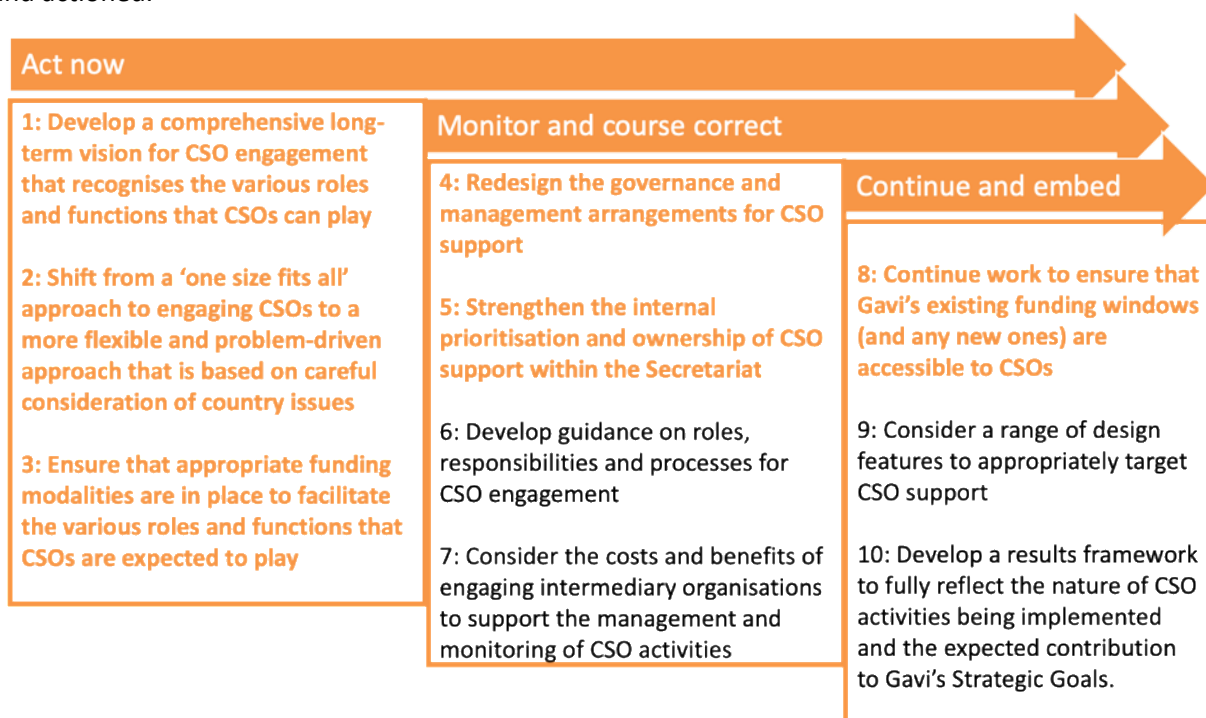
**Sustainability of CSO support via HSS grants:** The prospects for programmatic and financial sustainability of CSO activities are also extremely limited, with any programmatic benefits expected to dissipate quickly over time (as would be expected given the nature of the activities implemented); and very few funding opportunities outside of further Gavi HSS support available to financially sustain the implementation of CSO activities at the same scale, if at all.



## Section 6. Recommendations

This section presents the evaluation recommendations, which have been co-created by the Evaluation Team and primary evaluation users. Specifically, following submission of the Draft Final Report the Gavi Evaluation Unit and Evaluation Team facilitated a co-creation workshop involving discussion of the evaluation priority findings and conclusions, and discussion on the feasibility and utility of potential options for moving forward. These options have been used by the Evaluation Team to frame the recommendations presented below. As such, while the recommendations are those of the Evaluation Team, it is intended that these reflect the views and priorities of the evaluation users.

The recommendations can be grouped into three categories, as summarized in the diagram below. The orange recommendations are, in our view, the most critical recommendations to address. It is worth noting that other recommendations are contingent on these priority recommendations being accepted and actioned.



### 6.1 Overall design of Gavi's approach to engaging with CSOs

**Recommendation 1: Develop a comprehensive long-term vision for CSO engagement that recognises the various roles and functions that CSOs can play.** CSO 'engagement' should be viewed as a means to an end rather than an end in and of itself, and there is a need to develop, articulate and agree with the CSO Constituency a clear vision of where CSOs could be expected to make a contribution in support of Gavi's mission and Strategic Goals – although not expressed in the current Gavi strategy, the vision for CSO engagement could also articulate a wider objective related to universal health coverage. The recent Fragility, Emergencies and Refugees Policy as well as the Demand Generation Programming Guidance are steps in the right direction to recognising the potential role of CSOs in meeting some of Gavi's key challenges, but the vision for CSO engagement should more broadly recognise the many roles and functions that CSOs can play across different settings and contexts, thereby allowing Gavi to clearly identify the range of purposes for CSO engagement.<sup>131</sup> In our view, this would be best achieved through the development of a ToC that comprehensively covers Gavi's entire model and articulates the areas for CSO to engage, either as a standalone effort or working alongside others. It will also be important for the long-term vision to align with the current strategy as well as the future strategy for 2021-25 – 'Gavi 5.0'. If it is felt that a long-term vision for CSO engagement cannot be developed before the Gavi 5.0 strategy is developed, transitional measures for CSO support should be initiated.

<sup>131</sup> Gavi (2018): Achieving immunisation outcomes through Gavi investments.

**Recommendation 2: Shift from a ‘one size fits all’ approach to engaging CSOs to a more flexible and problem-driven approach that is based on careful consideration of country issues.** Building on and aligned to the long-term vision for CSO engagement, there is a need to consider and analyse the set of issues being encountered at the country level and how CSOs can support Gavi’s mission on a country by country basis. This could be determined in a similar manner to TCA needs through the joint appraisal process, which would include CSO inputs, although additional flexibilities may be built in to allow for changing circumstances in fragile settings and/or in response to emergency situations. The objective of this would be to define a tailored approach to CSO engagement by country that is appropriate to the country context, targeted at addressing identified issues, and aligned with the efforts of other donors/ partners/ CSOs. In our view, such an approach could help to ensure that the potential role of CSOs is better leveraged to make a meaningful contribution to Gavi’s Strategic Goals and country immunisation and wider health efforts.

**Recommendation 3: Ensure that appropriate funding modalities are in place to facilitate the various roles and functions that CSOs are expected to play.** There is a need to develop a framework setting out the various roles and functions described in the long-term vision for CSO engagement, and a corresponding list of appropriate funding modalities/mechanisms to engage CSOs and facilitate them to play each role. In our view, many roles/functions could be facilitated through Gavi’s existing funding windows (assuming that these are accessible to CSOs – see Recommendation 8) – for instance:

- HSS support will likely remain appropriate to support CSOs to play a leading or supporting role in immunisation service delivery.
- Dedicated emergency funds may still be relevant for CSOs, such as the Ebola recovery grant funds provided to CSOs in Guinea, Liberia and Sierra Leone.
- PEF TCA support will also likely remain appropriate to facilitate the role of CSOs in building country capacity. PEF TCA support could also be leveraged to build the capacity of the CSOs themselves in a similar manner to the way that support is provided for ICCs and NITAGs.
- PEF support to strategic focus areas (SFA) could be used to facilitate the role of CSOs in testing/trialling innovative approaches in particular areas of strategic importance to Gavi (e.g. immunisation supply chains, demand promotion, in-country political will).
- Platform support would also likely remain appropriate to coordinate and represent CSOs working in immunisation and to facilitate the role of CSOs in influencing public policy and engagement in national health sector and/or Gavi-related processes at the country level (e.g. development of funding applications, joint appraisals, planning, etc.). PEF Foundational support may provide an alternative solution.

Some other roles may require separate funding modalities/mechanisms, for instance in relation to supporting an enabling environment for engagement between governments and CSOs and resource mobilisation through advocacy, and in encouraging transparency and accountability by playing a watchdog role. For the latter, governments may be unwilling to engage CSOs (especially those that may be critical) to play this role and it may also be politically difficult for Gavi to openly do so. In this instance, Gavi might consider engaging an alliance of donors/partners across a wider set of health issues where CSO support could be coordinated. A more collaborative approach with other donors/partners may also allow CSOs to implement a more integrated package of services or activities across a wider set of health issues which could yield efficiencies and a more coordinated response.

## 6.2 Governance and management arrangements

**Recommendation 4: Redesign the governance and management arrangements for CSO support.** There is a need to ensure that roles, responsibilities and lines of accountability in relation to the governance and management of CSO support are simplified and clearly defined. In our view, the Secretariat (accountable to the Board) should assume direct responsibility for the design, implementation and management of all CSO support, and the CSO Constituency should be engaged in an advisory capacity to the Secretariat. This could be formalised through some form of advisory committee which supports the Secretariat’s oversight of CSO support and meets periodically with the Secretariat to discuss and advise

on identified issues. Although out of scope for this evaluation, the CSO Constituency should remain engaged in Gavi's governance (i.e. through the Board and Board committees, such as the PPC) and would also need to ensure that decisions taken by the Secretariat are well communicated among the Constituency, as part of a broader effort to continue its ongoing coordination of members. The reduced role of the CSO Constituency in the design and direct oversight of grant implementation calls into question whether the OAG would any longer be required – it is likely that the CSO Constituency Steering Committee could fulfil this lighter-touch function.

**Recommendation 5: Strengthen the internal prioritisation and ownership of CSO support within the Secretariat.** There is an important need to nurture a culture within the Secretariat that is supportive of the roles that CSOs can play in support of different aspects of Gavi's mission. Firstly, there is a need to build awareness and buy-in among the Secretariat at all levels on how to facilitate, promote and encourage CSO engagement based on and aligned with Gavi's long-term vision of CSO engagement, so that CSO support is prioritised alongside other competing demands. Secondly, the Secretariat requires greater capacity to design, manage, monitor and evaluate CSO support, including expertise of CSO engagement and dedicated staff time. This could be through a central unit responsible for all components of CSO support as well as by including mandates for CSO engagement, as relevant, in the job descriptions and KPIs of staff across Secretariat teams.

### 6.3 Implementation arrangements

**Recommendation 6: Develop guidance on roles, responsibilities and processes for CSO engagement.** Clear standalone guidance is required on the roles and responsibilities of key stakeholders (including the Secretariat, Alliance Partners, country governments, CSOs) and the processes that should be followed to ensure CSO engagement and their access to funding, so as to facilitate CSOs to fulfil their agreed roles and functions – for instance, this could follow the example of the GFF Civil Society Engagement Strategy.<sup>132</sup> This should also include guidance on how and whether the same CSO(s) should be engaged to play multiple roles simultaneously such that the independence and functioning of the CSO is not compromised (for instance, many CSOs implementing service provision type activities through HSS support may also be engaged in playing a watchdog role and there is a need to recognise and manage the tension and different accountability lines between these roles). It should also provide guidance on ensuring that all forms of CSO support are transparently communicated to government and other stakeholders, and that the most appropriate CSO(s) for each role should be selected (and how to conduct a competitive and transparent selection process), making clear that receipt of funds by one CSO for a specific type of CSO support does not prequalify them for other forms of CSO support.

**Recommendation 7: Consider the costs and benefits of engaging intermediary organisations to support the management and monitoring of CSO activities.** As per recommendation 5, the Secretariat requires greater capacity to design, manage, monitor and evaluate CSO support, including expertise of CSO engagement and dedicated staff time. The Secretariat's capacity could also be supplemented by one or more intermediary organisations to support the management, monitoring and operationalisation of CSO activities, akin to the Fund Manager role for CSO Platform support. This evaluation has raised a number of positive and negative issues related to the functioning of the Fund Manager role, which Gavi should use in its assessment of whether additional support is required to manage future CSO support. In our view, the Secretariat should take greater ownership and responsibility for the management of CSO support going forward, but there is particular value in enlisting supplementary support in some circumstances – for instance, where a new CSO partner is engaged and where there is an identified lack of capacity, poor performance, issues with misuse of funds, etc. There may also be an opportunity to engage Alliance partners to support with some processes (e.g. the selection of CSOs, management and oversight of CSO activities) at the country level. In particular, UNICEF's support to CSOs in a number of countries would mean they are well placed to advise the Secretariat on issues related to CSO engagement. The Fund Manager role has also been useful in getting relatively small amounts of funding

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<sup>132</sup> Global Financing Facility (2017) Civil Society Engagement Strategy. Accessed at: [http://www.who.int/pmnch/media/news/2017/GFFCS\\_Engagement\\_Strategy\\_Englis.pdf](http://www.who.int/pmnch/media/news/2017/GFFCS_Engagement_Strategy_Englis.pdf).

to CSOs without going through individual contracting processes, which local CSOs may not be able to meet the requirements for (see Recommendation 8).

**Recommendation 8: Continue work to ensure that Gavi's existing funding windows (and any new ones) are accessible to CSOs.** Recommendation 3 suggests that many CSO roles could be facilitated through Gavi's existing funding windows, although there is evidence that funds through these mechanisms are not flowing to CSOs optimally. As such, it is critical that Gavi works to ensure that:

- CSOs continue to be included in country funding applications, joint appraisals and capacity building needs assessments as partners capable of contributing to country needs. The current guidelines on CSO engagement in key mechanisms (e.g. ICC) and processes (e.g. HSS funding applications) appear to be working, but others could be strengthened. Where governments remain reluctant to engage CSOs, the SCMs could advocate for their inclusion in grant budgets, not least by quoting the commitments made in The Addis Declaration on Immunization to push towards universal access to immunisation and to work with CSOs.<sup>133</sup>
- Selection and engagement processes work efficiently, with minimal delays to implementation caused by contracting and disbursement issues.<sup>134</sup>
- Funds allocated to CSOs in funding application budgets are actually provided to CSOs. This relates to circumstances where CSOs are sub-recipients for case support, such as for HSS support, which require overall grant disbursements being made by Gavi to countries, but also requiring governments to make subsequent disbursements to the CSOs, which may require active follow-up by the Secretariat.
- Requirements for demonstrating organisational capacity, monitoring and reporting are not overly burdensome or unachievable to meet for CSOs, particularly small CSOs, that are nonetheless capable of implementing activities to a high standard.

The latter may require specific selection criteria and/or assessments of CSO capacity in relation to project and financial management, and in the areas where they are proposed to implement activities (which could be used as the basis for capacity building efforts). It will also likely require Gavi to consider whether it is striking the right balance between managing the financial risk associated with providing support to CSOs with often weak financial management capacity (which is likely to be quite minor in most instances given the quantum of funding provided) and the programmatic risk of not implementing potentially impactful activities.

**Recommendation 9: Consider a range of design features to appropriately target CSO support.** There is a need to ensure that the design of CSO support is appropriate for the nature of activities being implemented and the proposed objectives. This should include:

- **Geographical scope:** In our view, CSO support should be accessible to all Gavi-eligible countries (not just a subset) but targeted at addressing identified issues in each country. Some components of CSO support may necessarily be targeted at a few countries – for instance, in line with the Secretariat's approach to prioritise resources through the PEF to countries most in need.
- **Duration of support:** Some aspects of CSO support (e.g. for influencing public policy and engagement in health sector processes at the country level) should be considered as core part of Gavi's business model that requires an ongoing (rather than time-limited) package of

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<sup>133</sup> The Addis Declaration on Immunization. Accessed at: [http://www.who.int/pmnch/media/events/2017/addis\\_ababa\\_declaration.pdf](http://www.who.int/pmnch/media/events/2017/addis_ababa_declaration.pdf).

<sup>134</sup> In the context of sustainability and funding transitions, it is important for Gavi to give consideration not only to its own mechanisms for supporting CSOs, but also to what those mechanisms might look like in a post-funder context. This is particularly important given the evidence gleaned from this evaluation around the challenges faced by CSOs in accessing funding from governments, and the challenges ministries and government agencies face in commissioning from the very diverse non-state sector. A number of funding and other development partner organisations have begun working with governments and civil society organisations at country level to identify these challenges and to start building country owned and sustainable systems for engaging CSOs in a range of health and development areas. These include ongoing work by Results for Development to explore new models for supporting country level organisations, and the work of the Global Fund and Open Society Foundations to support countries to develop so called 'social contracting' mechanisms. There are also some progressive steps being taken by country governments to establish systems to engage local CSOs in health, such as in Namibia where there is high level political leadership on the issue. The Gavi Secretariat should consider engaging with these discussions as a starting point for its support to its own partner countries in envisioning the future of national immunisation programmes.

support. As such, like Gavi's HSS support for example, efforts should be made to improve the prospects for financial and programmatic sustainability of CSO support over time, and without the impending threat of support ending in the next few years.

- **Quantum of funding:** The value of resources provided by Gavi should be tailored to the specific role and function that CSOs are being engaged for. This should be informed by the findings in this evaluation on what has been appropriate to meet the objectives of Platform support, but more generally Gavi could use competitive tender processes to ensure services procured represent value for money and/or conduct cross-country comparisons to determine appropriate cost ranges for different services.

**Recommendation 10: Develop a results framework to fully reflect the nature of CSO activities being implemented and the expected contribution to Gavi's Strategic Goals.** This is important to instil a model of mutual accountability for results, as a risk management mechanism for the Secretariat to ensure resources have been used to achieve the intended results, and to provide an evidence base on the results achieved through CSO support which will be important to justify future funding to CSOs. This should be aligned with the long-term vision and ToC for CSO engagement and include definition of inputs, activities, outputs, intermediate outcomes and long-term outcomes of Gavi's CSO engagement, with measurable indicators, baselines and means of verification. This should also be realistic on what can be expected to be implemented in the desired timeframe and measured quantitatively following the implementation of some activities, particularly in relation to upstream activities such as advocacy and political will. Where possible, this should use already collected data, such as through the SAGE CSO Core Reporting Framework when this is operational. Additional data requirements should be collected through existing mechanisms (as opposed to the creation of new ones), such as the Joint Appraisal process and the Grant Performance Framework, which may require some minor modifications.

## Annex A Terms of reference

### Purpose

Gavi, The Vaccine Alliance ('Gavi') is commissioning this independent, external evaluation with the objective to assess the overall relevance, effectiveness, efficiency, results and sustainability of the Gavi Civil Society Organisations ('CSO') Platform model, and the effectiveness, outcomes, results and sustainability of Gavi direct support to CSOs through country Health Systems Strengthening ('HSS') grants from 2011-2017.

The evaluation findings and recommendations are intended to inform the decisions related to improving the way in which Gavi provides support to CSOs through the CSO Platform model and through HSS grants as part of its current Gavi's 2016-2020 strategy, as well as in future strategies. Key target audiences for this evaluation include the Gavi Board, the Gavi Secretariat and Gavi-supported CSO Constituency.

### RfP instructions

#### RfP rules

Gavi invites you as a Service Provider to submit a competitive bid by responding to this Request for Proposal ('RFP') for the evaluation of Gavi's support to Civil Society Organizations (RFP-ECSO122017). Please follow these instructions in completing your bid.

- i. This entire RFP and all related discussions, meetings, exchanges of information, and subsequent negotiations that may occur are confidential and are subject to the confidentiality terms and conditions of the Intent to Participate letter attached as Annex 1. All bidders are required to complete and return the Intent to Participate letter.
- ii. The issuance of this RFP in no way commits Gavi to make an award. Gavi is under no obligation to justify the reasons for its supplier(s) choices as a result of this RFP. Gavi may choose not to justify its business rewarding decision to the participants to this tender.
- iii. Gavi reserves the right to:
  - reject any proposal without obligation or liability to the potential Service Provider;
  - withdraw this RFP at any time before or after submission of bids, without prior notice, explanation or reason;
  - modify the evaluation procedure described in this RFP;
  - accept other than the lowest price offer;
  - award a contract on the basis of initial offers received, without discussions or requests for best and final offers;
  - decide not to award any contract to any Service Provider responding to this RFP,
  - award its total requirements to one Service Provider or apportion those requirements among two or more Service Providers as Gavi may deem necessary.
- iv. All bids must indicate that they are valid for no less than sixty (60) days from the quotation due date.
- v. Faxed copies will not be accepted. Late quotations are subject to rejection.
- vi. Gavi reserves the right to request additional data, information, discussions or presentations to support part of, or your entire bid proposal. Service Providers or their representatives must be available to discuss the details of their proposal during the evaluation process.
- vii. All responses should be submitted in electronic version.
- viii. The proposed time plan set out below indicates the process Gavi intends to follow. If there are any changes to this time plan, Gavi will notify you in writing.
- ix. If the applicant is a US Citizen or resident (Green Card holder) or a non-US person living or working in the US, they should be aware of OFAC regulations.



## Time plan

Event	Responsible Party	Time Line
Launch RFP	Gavi	20 December 2017
Gavi Offices Closed - Christmas	<b>Gavi</b>	<b>23 December 2017 to 2 January 2018</b>
Send Intent to Participate letter	Service Provider	15 January 2018
Q&A sent to Gavi	Service Provider	15 January 2018
Conflict of Interest sent to Gavi	Service Provider	15 January 2018
Gavi response to Q&A	Gavi	19 January 2018
Proposals received by Gavi	Service Provider	12 February 2018
Service Provider Selection	Gavi & Service Provider	02 March 2018
Contract issued – Project start	Gavi & Service Provider	23 March 2018

## RfP process and contact information

### Instructions to service providers

Any Service Provider may request further clarification on matters pertaining to this RFP by submitting its question(s) in writing to the individual identified below. Due date for Q&A submission is stated in Section 2, para 2.2 Time Plan. In order to keep the RFP competition fair, questions on the substance of the RFP will only be answered in a public document released as stated in Section 2, para 2.2 Time Plan. Please do not contact other Gavi staff to discuss the RFP. To address your questions, please use the form attached as Annex 2.

### Confirmation of intent/confidentiality

Please transmit your intent to participate using and signing the document in Annex 1. This RFP contains information that is confidential and proprietary as stated by the 'Intent to Participate' document. Each Service Provider is required to transmit a written confirmation of intent or decline as stated in Section 2, para 2.2 Time Plan. Confirmations of intent should be submitted by email to the below mentioned contacts.

Acceptable means of transmission include computer file with digital signature.

Gavi RFP Contact Information			
Question Type	Contact Person	Contact Role/Title	Contact Information
<b>Contractual</b>	Manfred	Senior Manager	Phone: +41 22 909 29 18
RFP & Contract Terms & Conditions, Proposal Format, etc.	Wattinger	Procurement	Email: <a href="mailto:mwattinger@gavi.org">mwattinger@gavi.org</a>
<b>Technical</b>	Abdallah Bchir	Head	Phone: +41 22 909 65 42
RFP Deliverable Specifications & Requirements		Evaluations	Email: <a href="mailto:abchir@gavi.org">abchir@gavi.org</a>

### Required proposal format & proposal content

Responses to this RFP must consist of the following:

1. Cover letter, which includes:

- ✓ Name and address of the Service Provider
- ✓ Name, title, telephone number, and e-mail address of the person authorized to commit the Service Provider to a contract
- ✓ Name, title, telephone number, and e-mail address of the person to be contacted regarding the content of the proposal, if different from above
- ✓ A signature of this letter done by a duly authorized representative of your company

2. Electronic copy

- ✓ Documents and spreadsheets in **Office 2010 format**.
- ✓ Diagrams and drawings in **Visio 2010 or PowerPoint Office 2010 format**.

Please do not submit generic marketing materials, broadly descriptive attachments, or other general literature.

## Conflict of interest

No members of the team may have been involved in the design, implementation, supervision or coordination of any intervention to be assessed. Please complete, sign and send this conflict of interest as stated in Section 2, para 2.2 Time Plan.

## Gavi overview

### Our mission

To save children's lives and protect people's health by increasing access to immunisation in developing countries.

The Gavi Alliance is a unique organisation that aligns public and private resources in a global effort to create greater access to the benefits of immunisation. It does this with precision and in creative, innovative ways to ensure that donor contributions efficiently save lives and help build self-sufficiency in the world's poorest communities and regions. It brings together all the main actors in immunisation including developing country and donor governments, the World Health Organization, UNICEF, the World Bank, the vaccine industry in both industrial and developing countries, research and technical agencies, civil society organisations, the Bill & Melinda Gates Foundation and other private philanthropists.

For more information please visit the Gavi website: <http://www.Gavi.org/about/mission>

## Background and context for this evaluation

### Gavi's overall approach to support CSOs

CSOs comprise one of the Gavi Alliance's most diverse partner constituencies, and are committed to working with governments and Alliance partners to achieve the Gavi Alliance strategic goals. Strengthening civil society engagement in the health sector was an objective under Strategic Goal 2 of Gavi's 2011-2015 Strategy, and has been carried forward as part of the systems goal in Gavi's 2016-2020 Strategy.<sup>135</sup>

Gavi's theory of change for support to CSOs suggests that the provision of programmatic grants to Gavi-eligible countries for civil society engagement leads to increased CSO representation and strengthened engagement in health sector planning, and an increased capacity to engage in immunisation systems strengthening, immunisation service delivery and country-level advocacy, depending on the specific context.<sup>136</sup> This increased representation and capacity aims to contribute to improved government-civil society collaboration and a more harmonised, country-driven approach to increase community demand for immunisation, access to immunisation services and improved immunisation delivery. The central premise of this theory of change, that civil society plays a major role in immunisation around the world and in the health systems strengthening activities of Gavi, rests on the assumption that civil society and governments should be, and are, willing to work together.

While the function of civil society may vary by country, and along the various entry points of health system strengthening, effective and efficient civil society engagement aims to support and strengthen Ministries of Health and partners to identify and resolve barriers and bottlenecks within health systems. This can lead to improved immunisation outcomes. CSOs have a particularly important role to play in marginalised and hard-to-reach communities and therefore can play a key role in overcoming inequitable access within countries for these groups. In many countries, a strong and vibrant civil society is necessary and indispensable for achieving equitable progress toward achieving improved immunisation.

### Gavi's primary mechanisms for support to CSOs

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<sup>135</sup> <http://www.gavi.org/about/strategy/phase-iv-2016-20/systems-goal/>

<sup>136</sup> CSO Implementation and Results Framework (March 2013): <http://www.gavi.org/library/gavi-documents/guidelines-and-forms/cso-implementation-and-results-framework/>

Gavi currently has two main mechanisms through which support is provided to CSOs (see Figure 1 below). The first mechanism is through the current Partners' Engagement Framework (PEF)<sup>137</sup>, formerly the Business Plan (up to 2015), whereby support is provided to increase capacity and strengthen civil society engagement for immunization through the Gavi CSO Platform model (see Figure 2). The second is through the country Health Systems Strengthening (HSS) grant. The allocation of funds for CSOs is determined at the country level based on the national health strategy and scope of identified CSO activities and implementation. Funds are channelled through the government (or core partner<sup>138</sup>) to identified civil society partners. It is possible for countries with on-going HSS support to consider reprogramming to allow CSOs to have a more active role in programme delivery, including requesting Gavi to channel funds directly to CSO recipients. Gavi has provided support to CSOs through HSS grants since 2012<sup>139</sup> with approved funding totalling just under 10% of the overall HSS budget for countries with CSO activities.<sup>140</sup>

**Figure 1 Summary of Gavi funding mechanisms of support to CSOs (CSO Platform model and HSS grants), post 2016**

Level of support	Funding Mechanism: CSO Platform model → Activity Type	Funding Mechanism: HSS grant → Activity Type
Global level	PEF – foundational support → Management, oversight and support	N/A
Regional level	PEF – TCA → Management, oversight	N/A
Country level	PEF - TCA → Systems activities (advocacy, demand generation...)	HSS grant → Implementation activities (service provision...)

### Gavi support to CSOs: 2006–2010

In 2006 the Board of Gavi (then known as the Gavi Alliance) launched a major initiative to engage CSOs in expanding access to vaccination and immunization services in Gavi-eligible countries, as a key component of its financial support for health system strengthening (HSS). In 2007, formal Guidelines for *Gavi Alliance CSO Support* were issued, and \$30 million allocated for two types of financial assistance to CSOs.<sup>141</sup> One (Type A) provided one time, lump sum grants to countries to help them 'strengthen coordination and representation of CSOs' in national efforts to expand access to vaccinations.<sup>142</sup> Although a \$7.2 million budget was approved for Type A, less than \$1 million was disbursed. The second (Type B) supported implementation of the Gavi Health Systems Strengthening (HSS) proposal or comprehensive Multi-Year Plans (cMYPs) initially in seven pilot countries, building CSO capacity through a range of financial and technical inputs.<sup>143</sup> Although a \$22 million budget was approved for Type B, only \$19 million was disbursed. While the CSO program pilot of \$30 million was approved by the Gavi Board for a two-year window of 2007-09, its delayed implementation and poor uptake of the Type A support led to the Board decision to extend the program into 2010.<sup>144</sup>

<sup>137</sup> Through PEF Gavi provides funding to its Partners to support technical assistance, dedicating about 51% of the PEF funding directly to country-level support through TCA. Gavi is commissioning a prospective evaluation (2016 – 2020) to independently assess the technical assistance provided through the TCA in the 20 Gavi Tier 1 and 2137 countries both by core partners, including CSOs, and expanded partners. Evaluation results are intended to promote learning, and provide insights to help the Alliance improve the TCA model and better prepare for future Gavi strategies.

<sup>138</sup> WHO, UNICEF, World Bank, CDC, and CSOs.

<sup>139</sup> CSO Engagement in Gavi's HSS Mechanism, Report to the Programme and Policy Committee, 4-6 May 2015

<sup>140</sup> Based on approved budgets for HSS for both the 2011-2015 and 2016-2020 periods. Detailed budget information to be provided to the selected Service Provider.

<sup>141</sup> CSOs are defined by Gavi as 'community and faith-based organizations (FBOs), non-governmental organizations (NGOs), professional associations, academic and research institutions and organizations representing key affected population groups.' Essentially this means all communities that are neither government nor profit-making enterprises.

<sup>142</sup> Initial ten countries that received Type A funding : Afghanistan, DRC, Ethiopia, Ghana, Georgia, Pakistan, Indonesia, Burundi, Togo, Cameroon

<sup>143</sup> Initial seven countries that received Type B funding: Afghanistan, DRC, Ethiopia, Ghana, Pakistan, Indonesia and Burundi.

<sup>144</sup> The Second Gavi Evaluation in 2010 noted that 'the CSO program has been slow to take off amongst Gavi's programs on account of some fundamental design and implementation issues'. It also concluded that 'a variety of issues have been raised regarding the structure of the CSO program that inhibit increased CSO engagement as originally envisioned.' The full evaluation report can be found here : [http://www.gavi.org/library/gavi-documents/evaluations/gavi-cso-evaluation\\_cepa-evaluation-main-report/](http://www.gavi.org/library/gavi-documents/evaluations/gavi-cso-evaluation_cepa-evaluation-main-report/)

Prior to 2011, Gavi support to CSOs was managed by the Gavi Secretariat, supported by a CSO task team (comprised of between approximately 12-15 people) and a CSO Board member. The task team, in collaboration with the Gavi Secretariat, provided overall guidance and acted as a decision-making body in respect to Gavi Type A and B support to CSOs, with direct engagement and support of the Board member.

## Gavi support to CSOs: 2011–2017

### Support through the CSO Platform model

Gavi’s 2011-2015 Strategy and Business Plan reiterated the call for increased civil society involvement in strengthening health systems. This led the organization to adjust its approach to enhance the involvement of CSOs in general health systems strengthening and in expanding access to vaccinations. With the launch of the Gavi 2011-2015 strategy, Gavi initiated a new model of support for CSOs, through a revised CSO Platform model, and transitioned out of the previous Type A and Type B mechanism of support. This model has been carried into the current 2016-2020 Gavi strategy, and is in its third phase of funding as explained below.

With the new CSO Platform model, the governance structure was revised as outlined in Figure 2 below (Annex 5 also provides an overview of the key stakeholder roles and responsibilities for the CSO Platform model). There are three key stakeholder levels that make up the overall governance structure for the Gavi CSO Platform model: global, regional and country. The Gavi-supported CSO Constituency, led by a 20-member Steering Committee that includes the CSO representative and alternate representative on the Gavi Board, currently represents a diverse constituency of over 2,000 CSOs supporting the Alliance’s mission in Gavi-eligible countries as well as Gavi donor countries. The Oversight Advisory Group (OAG) reports to the Steering Committee and serves as a monitoring and oversight mechanism for the activities of CRS and REPAOC that pertain to the CSO country Platforms project and Regional Francophone Platform project, Organisations d’Afrique francophone pour le Renforcement des Systèmes de Santé et de la Vaccination (OAFRESS).<sup>145</sup>

Figure 2 Gavi CSO Platform Key Stakeholders and Levels



From 2011 to 2017, Gavi support to CSOs through the CSO Platform model has been implemented in three core phases and introduced in 26 countries.

**Phase I (2011-2012):** In 2011 a proposal from the Gavi CSO Steering Committee to the Gavi Secretariat outlined a new model for engaging CSOs in Gavi-eligible countries, namely the CSO Platform model. To

<sup>145</sup> Activities have largely focused on the creation and maintenance of a blog page for communication support (<http://www.oafress.blogspot.fr/>) and coordinating joint activities in the North and South for during World Pneumonia Day and World Immunisation Week in 2012 and 2013.

implement the CSO Platform model, Gavi signed a two year contract for \$1.2 million with Catholic Relief Services (CRS), an international NGO, to manage an initiative to bring together health-related CSOs at country level to form national CSO 'Platforms'. Funding from Gavi was provided to CRS for budgetary support to build the capacity of these Platforms to contribute to the achievement of national health goals, especially for immunization. Funding through the CSO Platform did not (and currently does not) fund any direct implementation activities.

**Phase II (2013-2014):** In 2013 a new two year, \$3.4 million agreement was signed for the next phase of implementation with CRS, with 23 countries supported by 2014.<sup>146</sup> A CSO results and implementation framework was also developed to guide Gavi's programmatic support to CSOs and to define CSO engagement more strategically at the country levels.<sup>147</sup> In line with Gavi's business plan and budget cycles, funding for an additional 'bridge year' was approved by Gavi in late 2014 to carry the project through 2015. This was done in order to give newer CSO Platforms a chance to mature and complete initial two-year work plans, and to await finalization of Gavi's decisions regarding implementation of its 2016-2020 Strategy.

**Phase III (2015-2017):** In 2015, a third new agreement was signed with CRS prior to the new Gavi Strategic period covering only one year of implementation in 26 countries (including the 23 countries from previous phases) for another US\$3.4 million.<sup>148</sup> Overall funding approved by Gavi in support of CRS in its role as management agency for the CSO project through the end of 2015 came to \$9.5 million. In 2016-17 period, the contract and implementation of Gavi support to CSOs was divided between two organizations as part of the Gavi-supported CSO constituency: CRS and le Réseau des Plates-Formes d'ONG d'Afrique de l'Ouest et du Centre (REPAOC). It should be noted that activity plans by REPAOC had to be revisited in late 2017 and it was decided that REPAOC will implement planned activities in two countries (Central African Republic and Niger) in 2018.<sup>149</sup> In addition, while no regional Platform for Asia was established as part of the Gavi-supported CSO Constituency, the international organisation Bangladesh Rural Advancement Committee (BRAC) was contracted to organise an Asia Regional CSO meeting whereby nine countries participated.<sup>150,151</sup> The total approved funding for this period was \$8.8 million.

In addition, in 2017 the Gavi-supported CSO constituency developed a common monitoring and evaluation framework. The CSO Reporting framework aims to strengthen measurement and dissemination of the Gavi-supported CSO constituency's collective impact and contribution to immunisation. The CSO Reporting framework was developed in response to a recommendation by the Strategic Advisory Group of Experts (SAGE) for CSOs to demonstrate how their work aligns with Global Vaccine Action Plan (GVAP) goals and to better demonstrate how their investments contribute to GVAP goals. A pilot to test this framework in a select number of countries is currently being planned.

### Direct support to CSOs through HSS

In addition to Gavi CSO support provided through the CSO Platform model, Gavi also provides direct support to CSOs to implement activities through HSS grants. Countries applying for Gavi HSS grants can

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<sup>146</sup> Burkina Faso, DRC, Ethiopia, Ghana, Kenya, Pakistan, Chad, Guinea, Haiti, India, Liberia, Malawi, Nigeria, Uganda, Bangladesh, Benin, Cameroon, Madagascar, Mali, Sierra Leone, South Sudan, Togo and Zambia.

<sup>147</sup> CSO Implementation and Results Framework (March 2013): <http://www.gavi.org/library/gavi-documents/guidelines-and-forms/cso-implementation-and-results-framework/>

<sup>148</sup> The three additional countries were Cote d'Ivoire, Niger and Central African Republic.

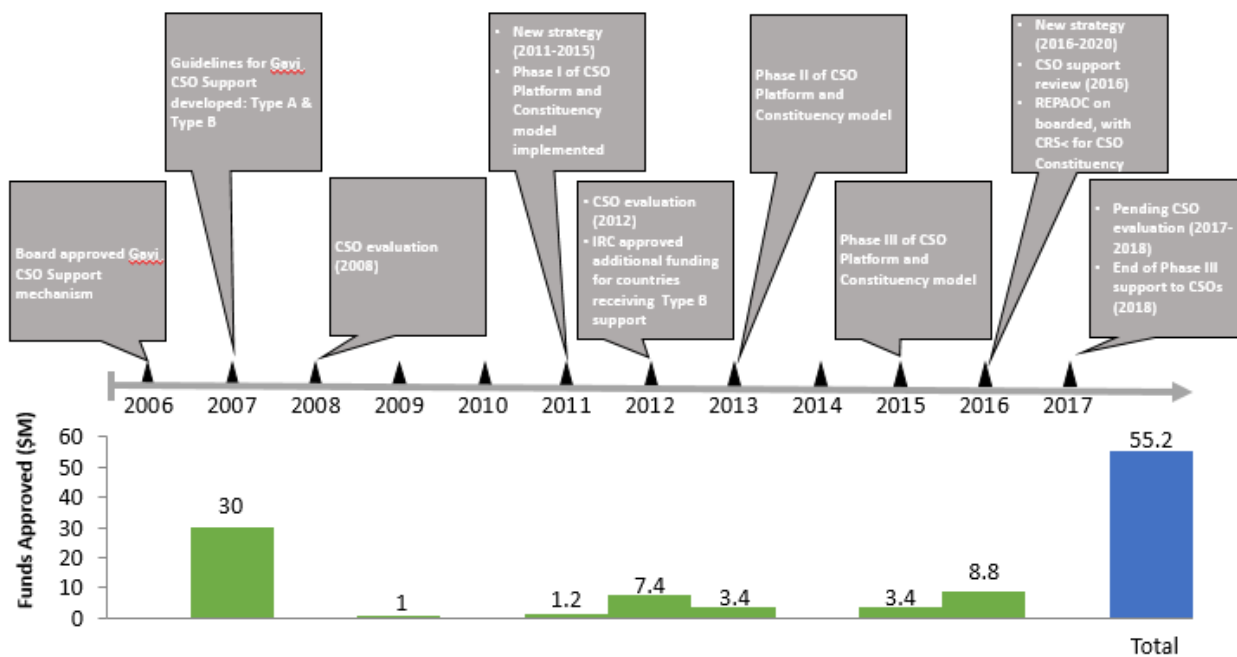
<sup>149</sup> In 2016-17 REPAOC worked on development of country plans for 5 Francophone countries (Cameroon, Cote d'Ivoire, Central African Republic, DRC and Niger). Due to non-performance of REPAOC throughout the contracted period, in late 2017, it was agreed with the OAG that only Central African Republic and Niger should be managed by REPAOC in 2018. The remaining three Francophone countries will be managed by CRS in 2018.

<sup>150</sup> Bangladesh, Bhutan, India, Indonesia, Myanmar, Nepal, PNG, Sri Lanka, and Pakistan.

<sup>151</sup> The meeting provided an opportunity for CSOs and Partners to discuss immunisation-related challenges and how best to contribute to strengthening access and uptake through the broader health systems, as well as to learn more about the Gavi-supported CSO Constituency and opportunities to collaborate with other organizations in the region.

engage CSOs as relevant and receive ongoing financial support from these grants.<sup>152</sup> This was based on a 2012 Gavi Board decision that direct funding for CSO activities could be requested as part of a country Health Systems Strengthening (formerly Health Systems Funding Platform (HSFP)) application.<sup>153</sup> Support to CSOs through Gavi these grants has continued throughout these two strategic periods in parallel to the revised CSO Platform model. The inclusion of CSO-led activities in HSS grant proposals continues to vary widely across countries, including engagement in proposal development and, where relevant, to leverage the capabilities of CSOs to contribute to HSS activity implementation.<sup>154</sup>

**Figure 3 Summary of Gavi support to CSOs through the CSO Platform - Timeline and Approved Funds**



The current phase (Phase III) of Gavi support to CSOs through the CSO Platform model is scheduled to end in mid-2018 and discussions are on-going about ways in which this support should be managed and implemented for the remainder of the current, and the next, Gavi five-year strategy. The outcome of this evaluation will assist the Alliance with evidence to inform these discussions and decisions.

### Objectives and scope of the evaluation

#### Objectives

The main objectives of this evaluation are:

- In relation to the CSO Platform model:
  - To assess the strengths and weaknesses of the global level governance structure of Gavi's support to CSOs through the CSO Platform model
  - To assess the effectiveness and efficiency of the processes (including accountability) related to implementation, management and funding flow at the global, regional and country levels
  - To assess the achievement of its intended results<sup>155</sup> from 2011-2017

<sup>152</sup> In 2012, through the independent review committee process, a further US\$ 7.4 million was allocated to pilot countries already receiving Type B support. These extensions were intended to support the continuation of CSO activities, until a country initiated an application through the Health Systems Strengthening (HSS) mechanism.

<sup>153</sup> Gavi Alliance Board Meeting, 12-13 June 2012, Washington, DC, USA, Final Minutes.

<sup>154</sup> Report to the Programme and Policy Committee, CSO Engagement in Gavi's HSS Mechanism, Agenda Item 16, 4-6 May 2015.

<sup>155</sup> Per the Gavi support to CSOs results framework, CRS/REPAOC and CSO monitoring plans, and, as relevant, TCA milestones reporting from mid-term assessment (relevant documents will be shared with the selected Service Provider).



- To assess the added value of the CSO Platform model in the context of Gavi's 2016-2020 Strategic Goals
- In relation to Gavi support to CSOs through HSS grants:
  - To assess the contribution of Gavi direct support to CSOs through HSS grants to the achievement of intended results<sup>156</sup> from 2011-2017
  - To assess the added value of direct Gavi support to CSOs through HSS in the context of Gavi's 2016-2020 Strategic Goals
- In relation to Gavi's support CSOs (both for the CSO Platform model and through the HSS)
  - To develop actionable recommendations to inform if, and how, Gavi should with and/or redesign its approach to support CSOs<sup>157</sup>
  - To provide recommendations for the role(s) the Gavi Secretariat could play in the future, vis-à-vis other global and/or regional initiatives, to support CSOs to improve immunisation systems and outcomes

## Scope

This evaluation will be retrospective, covering the period from September 2011 to December 2017,<sup>158</sup> and is intended to assess 'Gavi support to CSOs (support through the CSO Platform model and the direct support to CSOs through HSS)' across two Gavi strategic periods (2011-2015 and 2016-2020). It is out of the scope of this evaluation to assess CSOs receiving support to implement country technical assistance through the PEF TCA funds, evaluation or research activities (per Gavi's definition of CSOs, footnote 9).

As outlined in the methodology, the bidder should propose a list of criteria to be used to select the countries to be considered for field visits, for those receiving support as part of both the CSO Platform model and direct support to CSOs through HSS grants.

## Evaluation questions

There are three main groups of evaluation questions that should guide the evaluation: those related to the CSO Platform model, those related to the direct support to CSOs through HSS, and those related to the potential future role for Gavi to support CSOs. Each includes a limited number of sub-questions. Bidders may propose additional evaluation questions to the list below of evaluation questions as part of their proposals, with justification.

### CSO Platform model

#### Governance structure

*As per Figure 2, there are three key stakeholder levels that make up the overall governance structure for the Gavi CSO Platform model. This section refers to the **overall governance structure (all three levels)**, and the mutual accountabilities and coordination between these three levels (global, regional and country).*

#### To what extent did the overall **governance structure** of the CSO Platform model support its effective and efficient functioning?

1. To what extent was the design of the **overall governance structure of the Gavi CSO Platform relevant** (in terms of meeting country needs and Gavi strategic and Platform objectives)?
  - Are these structures in alignment with Gavi's Strategic Plans<sup>159</sup>, and other Gavi/Partner/government support?

<sup>156</sup> Per the Gavi's HSS Grant Performance Frameworks (2016 onward), HSS M&E framework per Country Applications, and as reported in the Annual Performance Reports.

<sup>157</sup> Evaluators may want to consider benchmarking Gavi's CSO support against other organizations as part of the proposed evaluation approach.

<sup>158</sup> Covering two Gavi strategic periods (Gavi 3.0: Strategic Period 2011 – 2015 and Gavi 4.0: Strategic Period 2016-2020).

<sup>159</sup> Gavi Strategic Plan 2011-2015: <http://www.gavi.org/library/publications/pledging-conference-for-immunisation/4--gavi-strategy---business-plan/> and Gavi Strategic Plan 2016-2020: <http://www.gavi.org/library/publications/gavi/gavi-the-vaccine-alliance-2016-2020-strategy/>

- How did the design of the governance structures evolve from Gavi 3.0 to Gavi 4.0, and to what extent did any changes during and/or between these periods affect the relevance of the CSO Platform model to meet its intended objectives?
2. To what extent was the **governance structure well defined** in terms of roles and responsibilities, specifically lines of accountability, monitoring and reporting (including financial) and communication?
- Are stakeholders adhering to their roles and responsibilities (for the Gavi-supported CSO Constituency include Special Advisor, Focal Point, OAG, OAG coordinator role)?
  - How have these changed over time, if at all?
  - What factors have facilitated and inhibited CSO stakeholders from fulfilling their roles and responsibilities?
3. To what extent were the overall **governance decision making processes performed in an effective and efficient way**, including in ways that were transparent and accountable, at global, regional and country level?<sup>160</sup>
- How have these changed over time, if at all?
  - What were the main factors contributing to these results (considering relevance of the processes - application, selection, work planning, communication, monitoring and financial reporting...)
4. To what extent does the overall governance structure of the Gavi CSO Platform model compare with other organizations and global health initiatives? What are the strengths and weaknesses of the existing structure?
- Are there alternative governance models to consider to enable more effective and efficient support to CSOs?

### Process and Implementation

*This section refers primarily to the processes and implementation of the Gavi CSO Platform at the **regional and country level**, unless stated otherwise.*

5. To what extent was the **process of selecting and engaging** CSOs and Gavi-supported CSO constituency providers (CRS/REPAOC) efficient, effective and transparent?
- What are the main factors explaining these findings?
6. To what extent were the **funding mechanisms and processes** of the Gavi CSO Platform model efficient, effective and transparent, and considering:
- budget and funding allocation (per stakeholder and per objective),
  - flow of funding disbursements, and
  - financial oversight and accountability
7. To what extent were key stakeholders satisfied with the support received through the Gavi CSO Platform model?
- Considering country, regional and global level stakeholders, government, Partners...

### Outcomes/results

*This section refers to the outcomes and results<sup>161</sup> of the Gavi support to CSOs through the CSO Platform model.*

8. To what extent did the CSO Platform model **achieve its objectives** as planned?

<sup>160</sup> PEF – TCA Evaluation (2016 – 2020); as part of the midterm assessment to be implemented in 2018, the evaluation will assess the efficiency and effectiveness of TCA planning processes as well TA delivery provided by core and expanded partners (which include CSOs). The TCA mid-term assessment may be leveraged, as relevant.

<sup>161</sup> Per the Gavi support to CSOs results framework, CRS/REPAOC and CSO monitoring plans, and, as relevant, TCA milestones reporting from mid-term assessment (relevant documents will be shared with the selected Service Provider).

9. To what extent did the CSO Platform model contribute to Gavi's Strategic Goals (including SG2, Objective C)?

10. What are the main factors contributing to these results?

11. What have been the unintended positive and negative consequences of this support?

### Sustainability

12. To what extent are the country level results achieved through the CSO Platform model **programmatically and financially sustainable**<sup>162</sup> beyond Gavi support?

- What are the main factors explaining these findings?

### Direct support to CSOs through HSS grants

#### Process and implementation

*This section refers primarily to the processes and implementation of the Gavi direct support to CSOs through HSS at the **country level**, unless stated otherwise.*

13. To what extent were the processes of planning and implementing CSO activities conducted in an effective and efficient way?

- Particular attention should be paid to the processes between Government/Partners receiving funds to share with CSOs, and CSOs receiving these funds
- Considering both programmatic and financial aspects

#### Outcomes/results

*This section refers primarily to the outcomes and results of the Gavi support to CSOs through the Gavi direct support to CSOs through HSS at the **country level**, unless stated otherwise.*

14. To what extent did Gavi direct support to CSOs through HSS **achieve its objectives** as planned,<sup>163</sup> with specific reference to coverage and equity goals?

15. To what extent did the Gavi direct support to CSOs through HSS contribute to Gavi's Strategic Goals (including SG2, Objective C)?

16. What are the main factors contributing to these results?

17. What have been the unintended positive and negative consequences of this type of support?

### Sustainability

18. To what extent are the results achieved through Gavi direct support to CSOs through HSS **programmatically and financially sustainable** beyond Gavi support?

- What are the main factors explaining these findings?
- What changes should be introduced to ensure sustainability?

### Potential future role for Gavi to support CSOs

19. If, and how, should Gavi (re)structure its mechanisms for support to CSOs to be relevant, effective and efficient in achieving its Strategic Goals?

20. What role could the Gavi Secretariat play in the future, vis-à-vis other global and/or regional initiatives to support CSOs to improve immunisation systems and outcomes (such as the Partnership for Maternal, Newborn & Child Health (PMNCH), Universal Health Coverage (UHC)...)?

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<sup>162</sup> See Gavi-supported CSO Constituency Proposal Supporting Civil Society Participation in the Health Systems Funding Platform, With a View to Resolving Major Constraints to Delivering Immunisation (2011).

<sup>163</sup> Per the Gavi's HSS Grant Performance Frameworks (2016 onward), HSS M&E framework per Country Applications, and as reported in the Annual Performance Reports.

## Methodology

In order to respond to the above questions and provide a high-quality report, bidders are expected to employ a range of evaluation methods and to pursue innovation where suitable. Bidders should develop as part of their proposals an evaluation framework with fit-for-purpose methods and approaches. Bidders should also consider how best to maximise efficiencies in their approach for the global, regional and country levels and stakeholders.

The evaluation should be conducted in accordance with the principles described in Gavi's Evaluation Policy<sup>164</sup> and consider the DAC criteria for Evaluating Development Assistance.

The evaluation will be retrospective and assess 'Gavi support to CSOs' from September 2011 - to December 2017. It should capture changes over time, including within each strategic period, and between each strategic period, as applicable.

While Gavi currently provides support for CSO Platforms in 26 countries, and 28 countries received/currently receive funding for CSOs through HSS (see Annex 6), the bidder is requested to propose a list of criteria to be used to inform the selection of countries to be considered for field visits.<sup>165</sup>

The bidders should utilize a range of data sources, including but not limited to the following

- Review and use of secondary data sources:
  - Key Gavi documents (e.g. relevant Gavi Board and PPC papers, Independent Review Committee reports and minutes, Terms of Reference for key stakeholders, Gavi support to CSOs implementation framework and results framework, HSS Grant Performance Frameworks- 2016 onwards, Steering Committee minutes)
  - Gavi commissioned *Evaluation of Gavi support to CSOs* (2012; main report and country reports) and assessment of the *Engagement of CSOs in Supporting and Expanding the Work of Gavi, The Vaccine Alliance* (2015)
  - Relevant information for countries and Gavi-supported CSO constituency (e.g. Gavi-supported CSO constituency annual reports, country level CSO quarterly reports, Gavi-supported CSO constituency project proposals, signed contracts, programme reports etc.)
  - Relevant information for CSOs engagement through HSS (e.g. HSS proposals, Annual Progress Reports)
  - Other relevant documents at global, regional and country level
- Generation and use of primary data sources:
  - A mix of key Informant Interviews, focus group discussions and self-administrated questionnaires (as per consideration of the bidder) with, but not limited to, the following stakeholders:
    - Global level stakeholders: Gavi Board CSO members, the Gavi Secretariat staff, including Senior Country Managers (SCMs) and CSO Focal Point, CSO steering committee members and Gavi-supported CSO Constituency Focal Point, OAG members and OAG Coordinator. Key stakeholders also include previous CSO Steering Committee members, previous CSO representatives on the Gavi Board and previous Special Advisers to the CSO board member.
    - Regional and country level: CRS and REPAOC (both regional HQ and country offices), CSO Platform members and facilitating organisations
    - MoH and EPI officials, other relevant stakeholders such as UNICEF, WHO

## Deliverables and timelines

All reports should be provided in English, and reports should also be provided in French for francophone countries, where relevant.

Deliverable	Date
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<sup>164</sup> Gavi Evaluation Policy (2012). Available at <http://www.gavi.org/about/governance/corporate-policies/evaluation>

<sup>165</sup> As part of the budget bidders are requested to submit an estimated budget for the travel and associated costs for the country visits, based on the proposed selection criteria.

<b>Draft inception report</b>	Six weeks following signature of contract (Mid-May 2018)
<b>Final inception report</b>	Mid-June 2018
<b>Preliminary findings report</b>	23 July 2018
<b>Draft Final Report</b>	10 September 2018
<b>Final Report</b>	22 October 2018
<b>Presentation (slides) of evaluation results</b>	22 October 2018
<b>Presentations of evaluation results at regional and global (Secretariat) level(s)</b>	Q4 2018 (TBD)

## Evaluation criteria

The decision to award any contract as a result of this RFP process will be based on Service Provider's responses to this RFP, quality of recommended expert resources and any subsequent negotiations or discussions.

The decision-making process will consider the ability of Service Provider(s) to fulfil Gavi requirements as outlined within this RFP, and cost of the review proposals will be evaluated as appropriate against the following criteria:

Technical criteria:

- Evaluation framework and design;
- Demonstrated understanding and operationalization of the evaluation questions;
- Appropriate and sufficiently detailed methods proposed for undertaking the work;
- Ability of the bidder to carry out scope of work (based on qualifications of the team, including CVs of key experts);
- Understanding of, and ability to meet, Gavi's requirements and deliverables; Preference will be given to local / regional institutions or those partnering with local / regional institutions of Gavi countries;
- Service Provider's qualifications, reputation and backstop support;
- Experience with similar projects; and
- Track record of conducting high quality evaluations.

Pricing:

- Overall cost; and
- Realistic costing of the proposal, based on the knowledge, skills and experience of the team, and relative to the expected deliverables.

If a Service Provider would like Gavi to consider any other criteria during the decision-making process, it should notify Gavi in writing when confirming intent to participate (see intent to participate letter attached in Annex 1).

## Proposal requirements

### Requirements for technical proposal

Following the issuance of the RFP, all interested bidders are invited to submit a proposal not exceeding 25 pages including:

- Understanding and background of the topic under review;
- Evaluation framework with the evaluation questions to be addressed;
- Detailed description of the evaluation methods and approaches, and acknowledgement of potential limitations;
- Detailed work plan and timeline to conduct evaluation;
- Proposed team composition, responsibilities and structure;
- Detailed communication plan for dissemination of results at global and regional/country levels; and
- Quality assurance plan that covers all key steps of the evaluation process.

The following documents should be attached to the proposal:

- CV (resumes), not exceeding five pages for each team member;
- Vendor Questionnaire (see template in Section 10.3);
- Supplier past performance information, not exceeding five pages; and
- Other document that may be relevant to clarify expertise in conducting the work.

The evaluation team should demonstrate qualification, experience and competencies in the following areas:

- a) Professional background and competency in complex analyses and public health;
- b) Experience conducting evaluations, including extensive experience with appropriate evaluation design and mixed methods evaluation skills;
- c) Familiarity with multi stakeholder decision-making models and civil society engagement in public health;
- d) Excellent communication skills, including writing and presentation skills;
- e) Experience working in the region and preferable in the selected countries (as noted above, preference will be given to local / regional institutions or those partnering with local / regional institutions); and
- f) Ability to meet tight deadlines with high quality products.

Bidders are encouraged to include links to any similar previous work products available on-line that demonstrate their relevant experience and expertise.

#### **Requirements for financial proposal**

The financial proposal should be a standalone document (using Excel). This should:

- i. Provide full details of your financial offer. This should include fixed costs and any variable costs.
- ii. Indicate the components of your financial offer, including any fixed costs or overheads. NB: Gavi does not pay overheads to government agencies, other private foundations, or for-profit organisations.
- iii. We recommend using the template inserted as Annex 3.
- iv. Provide the past 3 years' Financial Statements, namely: Auditor's page, Income/P&L, Balance Sheet & Cash Flow.

In addition, bidders need to submit official documentation of the firm's rules for applying indirect costs. It should be clear in the submitted financial proposal how indirect costs are applied, as per the firm's rules.

Please note that in accordance with Gavi's Headquarters Agreement with the Swiss Government Gavi is exempt from VAT, as well as customs taxes and duties in Switzerland. Consequently, your prices will have to be submitted to us net of any tax and in USD. The necessary documents will be sent to the selected provider(s) upon the ordering procedure.



## Provider information

All interested bidders are requested to submit the completed Vendor Questionnaire as part of the final proposal submission.

## Management and oversight

This evaluation will be outsourced in its entirety to external Service Providers. The Gavi Secretariat will conduct a procurement exercise to recruit the Service Providers and assume responsibility for day-to-day management of the evaluation.

## Annexes

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## Annex B Overview of the evaluation team

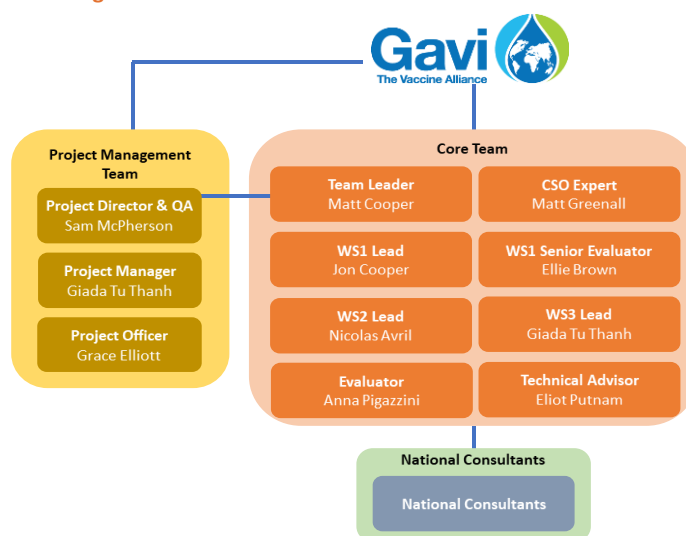
Itad has compiled a small team of highly skilled and experienced consultants chosen primarily for their evaluation and sector expertise (in civil society, governance and management structures, organisational effectiveness, HSS and immunisation) and prior knowledge of Gavi.

We have structured our team and management arrangements to meet the requirements of the TORs and in such a way that it ensures clear lines of responsibility and communication with Gavi. These arrangements follow Itad's standard structure for evaluation teams in presenting a core team of senior experts, separate from additional supporting resources, Itad backstopping, project management and QA.

The core team is composed of:

- **Matt Cooper**, the Team Leader of this evaluation, responsible for the overall technical delivery of the evaluation, including development of the final design and methodology, for the overall management and supervision of the evaluation team, including all technical issues and for carrying out the evaluation according to the Terms of Reference
- **Jon Cooper**, Workstream 1 Lead, responsible for developing the analytical approach of and overseeing data collection and analysis under this workstream
- **Ellie Brown**, Workstream 1 Senior Evaluator, responsible for supporting the Workstream 1 lead in the overall technical delivery, data collection and analysis.
- **Nicolas Avril**, Workstream 2 Lead, responsible for developing the analytical approach of and overseeing data collection and analysis under such workstream
- **Giada Tu Thanh**, Workstream 3 Lead, responsible for developing the analytical approach of and overseeing data collection and analysis under such workstream
- **Matt Greenall**, CSO Expert, responsible for providing technical expertise related to CSOs across all workstreams
- **Anna Pigazzini**, Evaluator, responsible for supporting the Team Leader and the other team members in the overall technical delivery of the evaluation
- **Eliot Putnam**, Technical Advisor, responsible for providing guidance and insights to the team as well as reviewing deliverables.

Figure B1: Team structure



All other core team members have been assigned clear technical roles based on their respective areas of expertise (see following section for details).

The core team is supported and guided by the Project Management Team, composed by:

- **Sam McPherson**, Project Director and QA, accountable for overall technical delivery of the evaluation and responsible for quality assuring all deliverables prior to their submission and assuring the robustness of the methodologies used.
- **Giada Tu Thanh**, Project Manager, responsible for liaison with Gavi on contractual and scheduling matters, for liaising with the evaluation team on contractual, work planning and scheduling issues; and for submitting finalised and quality-assured deliverables.
- **Grace Elliott**, Project Officer, responsible for all contract administration and logistical tasks (including sub-contracting experts, workplan tracking and invoicing).

In most study countries, we will be supported by a national consultant, who will support data collection at the country level, liaise with key stakeholders and other entities and bring valuable knowledge of the local context to the evaluation. In the case of Pakistan, the national consultant will lead data collection in country under the remote supervision and guidance of one core team member.

An Evaluation Steering Committee will oversee the evaluation. This Committee is chaired by Magda Robert (Bill & Melinda Gates Foundation) and comprises Lize Aloo (The Global Fund), Moustapha Dabo (MoH, Guinea), Nasir Yusuf (UNICEF Regional Office for Eastern & Southern Africa), Rafael Vilasanjuan (Barcelona Institute for Global Health), Kadidiatou Touré (WHO).

#### Roles and responsibilities of the core team

	Responsibilities
<b>Matt Cooper</b> <b>Team Leader</b>	<ul style="list-style-type: none"> <li>Overall technical delivery of evaluation, including development of final design and methodology</li> <li>Main point of contact with Gavi on high level technical issues related to the evaluation</li> <li>Manage and review inputs of the core team</li> <li>Lead ToC refinement</li> <li>Develop evaluation framework and tools to be inputted on by others</li> <li>Carry out secondary data analysis</li> <li>Lead on one in depth case study</li> <li>Conduct KIIs</li> <li>Maintain oversight of country study and other data collection and analysis processes, ensuring methodological rigor and undertaking internal QA</li> <li>Lead the production of all deliverables, including the Inception Report, the Preliminary Findings Report and the Final Report</li> </ul>
<b>Matthew Greenall</b> <b>CSO Expert</b>	<ul style="list-style-type: none"> <li>Support the TL in the overall technical delivery of the evaluation, including development of the final design and methodology</li> <li>Provision of technical expertise related to CSOs across all workstreams</li> <li>Contribute to ToC refinement</li> <li>Carry out secondary data analysis</li> <li>Lead on comparator organisation study</li> <li>Lead on one in depth case study</li> <li>Conduct KIIs</li> <li>Contribute to the drafting of all deliverables, as requested by the TL</li> </ul>
<b>Jon Cooper</b> <b>Workstream 1 Lead</b>	<ul style="list-style-type: none"> <li>Support the TL in the overall technical delivery of the evaluation, including development of the final design and methodology</li> <li>Lead on Workstream 1</li> <li>Liaise with Gavi on technical matters related to Workstream 1</li> <li>Carry out secondary data analysis</li> <li>Take part in the inception visit to Geneva</li> <li>Conduct KIIs</li> <li>Lead on Workstream 1 analysis</li> <li>Contribute to the drafting of all deliverables, as requested by the TL</li> </ul>
<b>Nicolas Avril</b> <b>Workstream 2 Lead</b>	<ul style="list-style-type: none"> <li>Support the TL in the overall technical delivery of the evaluation, including development of the final design and methodology</li> <li>Lead on workstream 2</li> <li>Liaise with Gavi on technical matters related to Workstream 2</li> <li>Develop country case study approach</li> <li>Contribute to ToC refinement</li> <li>Carry out secondary data analysis</li> <li>Take part in the inception visit to Geneva</li> <li>Lead on two in-depth case studies</li> <li>Lead one remote case study</li> <li>Conduct KIIs</li> <li>Lead on Workstream 2 analysis</li> <li>Contribute to the drafting of all deliverables, as requested by the TL</li> </ul>

Responsibilities	
<b>Giada Tu Thanh</b> <b>Workstream 3</b> <b>Lead (and Project Manager)</b>	<ul style="list-style-type: none"> <li>• Support the TL in the overall technical delivery of the evaluation, including development of the final design and methodology</li> <li>• Lead on workstream 3</li> <li>• Liaise with Gavi on technical matters related to Workstream 3</li> <li>• Project manage the job, including, among other tasks: 1) liaising with her counterpart in Gavi on documents, interviews, meetings and deliverables; 2) working with the TL on work planning and task allocation; 3) help the TL coordinating the inputs of the core team</li> <li>• Develop, together with the TL, evaluation framework and tools to be inputted on by others</li> <li>• Carry out secondary data analysis</li> <li>• Conduct stakeholder analysis</li> <li>• Contribute to ToC refinement</li> <li>• Take part in calls with Gavi as required</li> <li>• Take part in the inception visit to Geneva</li> <li>• Conduct KIIs</li> <li>• Lead on Workstream 2 analysis</li> <li>• Contribute to the drafting of all deliverables, as requested by the TL</li> </ul>
<b>Ellie Brown</b> <b>Workstream 1</b> <b>Senior Evaluator</b>	<ul style="list-style-type: none"> <li>• Support Workstream 1 Lead in the overall technical delivery of Workstream 1 data collection and analysis</li> <li>• Lead on one in depth case study</li> <li>• Carry out secondary data analysis</li> <li>• Conduct KIIs</li> <li>• Contribute to the drafting of all deliverables, as requested by the TL</li> </ul>
<b>Anna Pigazzini</b> <b>Evaluator</b>	<ul style="list-style-type: none"> <li>• Support the TL in the overall technical delivery of the evaluation, including development of the final design and methodology</li> <li>• Carry out secondary data analysis</li> <li>• Background research on direct HSS support</li> <li>• Recommendations audit</li> <li>• Timeline development</li> <li>• Contribute to ToC refinement</li> <li>• Lead one remote case study</li> <li>• Conduct KIIs</li> <li>• Support analysis across all workstreams</li> <li>• Contribute to the drafting of all deliverables, as requested by the TL</li> </ul>
<b>Eliot Putnam</b> <b>Technical Advisor</b>	<ul style="list-style-type: none"> <li>• Provide insights and guidance</li> <li>• Revise deliverables</li> </ul>

## Annex C Theory of change for Gavi's support to CSOs

### Theory of Change for Gavi's support to CSOs

Our theory-based evaluation design is centred on the refinement and use of an overarching ToC. Figure C1 presents our ToC for this evaluation which covers both the Gavi CSO Platform support and support to CSOs through HSS grants, elaborating the expected causal pathways through which Gavi support to CSOs is / should ultimately contribute to increased and more equitable immunisation coverage and saving more children's lives.<sup>166</sup>

The ToC was developed by the evaluation team based on a comprehensive review of Gavi and other documents and was revised following feedback from stakeholders during the ToC focused discussion held in Geneva on 15-16 May 2018, as well as other inputs during the inception and data collection phases.

As articulated in the diagram, we see the two mechanisms as separate but highly interconnected and contributing to the same overarching goal of increased and more equitable and sustainable immunisation coverage. More specifically:

- Under the **first mechanism** (the 'CSO Platform support'), CSOs are supported to form Platforms at country level, and the capacity of such Platforms is strengthened so that they can better engage in policy, coordination and advocacy on immunisation.
- Under the **second mechanism** ('Gavi support to CSOs through HSS'), CSOs receive funds to engage in immunisation activities. In line with the Gavi CSO reporting framework, this should lead to i) increased mobilisation of the immunisation system by CSOs; ii) increased advocacy for accountability by CSOs and iii) increased advocacy and mobilization to increase demand for immunisation by CSOs.

The ToC is underpinned by a series of assumptions about the conditions that need to be in place for Gavi's support to CSOs to deliver the expected results – see Table C1. Specifically, these assumptions relate to:

- the causal nature of relationships between steps in the ToC (i.e. how and why does A lead to B?);
- the context in which the programme is operating (i.e. what has to happen or not happen in the programme context for each anticipated change to emerge, other than the intervention?); and
- the programme design and delivery (i.e. what does the programme have to do to make each anticipated change happen?).

Through the data collection and analysis conducted, we have sought to verify these assumptions in making judgments about the performance of Gavi's support to CSOs.

The ToC provides a systematic approach to examining causality, laying out a detailed hierarchy of intended results for the entire evaluation period against which we can judge performance in each area of interest. Notably, we took care to map the EQs against the ToC, to identify where key evaluation components / questions 'sit' and therefore provide foci for the evaluation enquiry, and to demonstrate a clear line of sight between the ToC and the EQs (this mapping is provided below). As such, the ToC has guided the entire evaluation process.

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<sup>166</sup> Gavi Programmatic Support to Civil Society Organisations. Implementation Framework. March 2013. Page 4

Figure C1: ToC for Gavi's support to CSOs

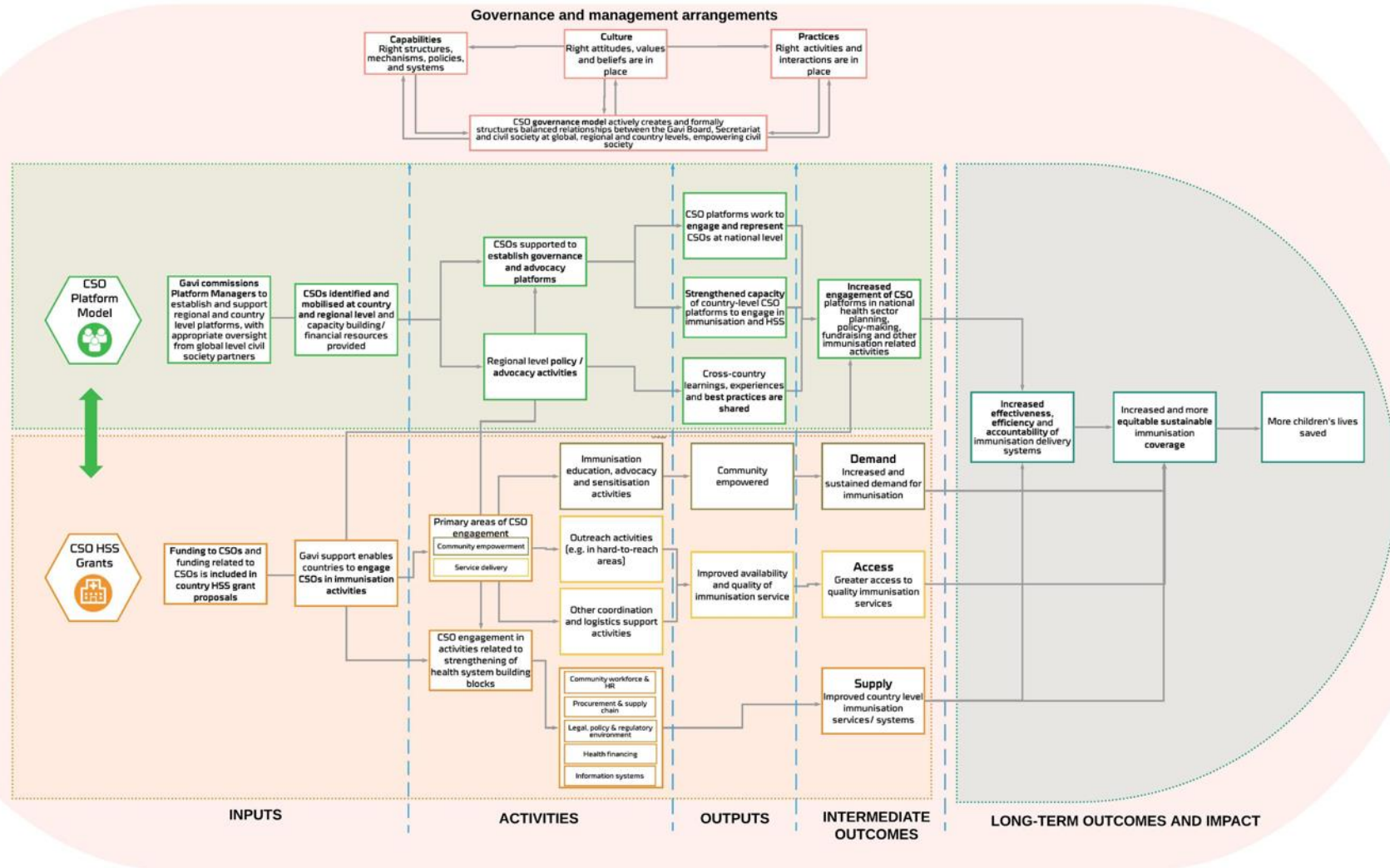




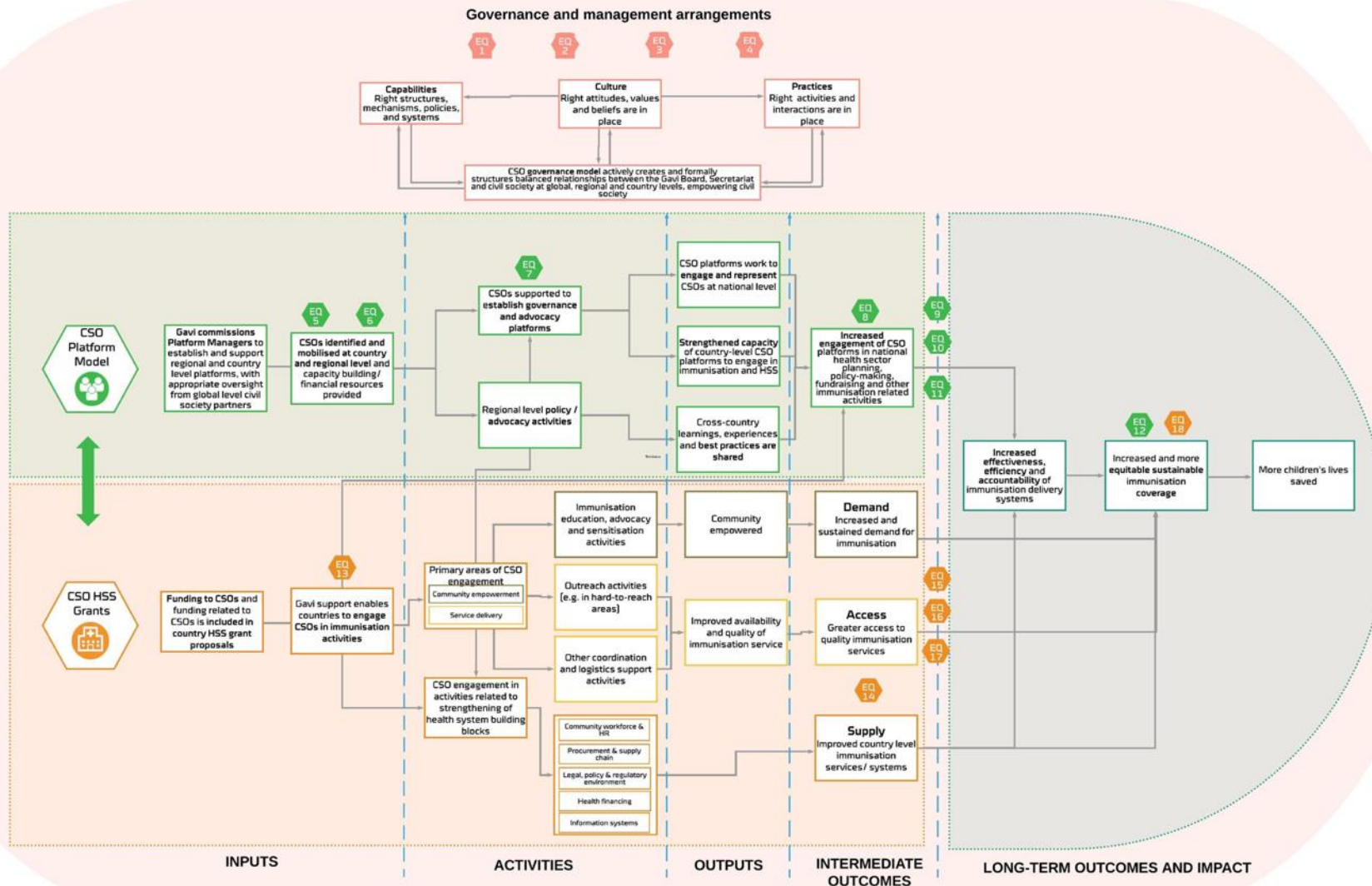
Table C1: Key assumptions underlying the ToC

Key assumptions
<b>Governance and management arrangements (related to workstream 1)</b>
<p><b>Assumptions related to capabilities</b></p> <ul style="list-style-type: none"> <li>• <b>Strategy:</b> there is a clear aligned strategy (for delivering the CSO Model through its governance and management arrangements) which describe key processes and mechanisms, a monitoring plan and a resourced action plan</li> <li>• <b>Systems:</b> There are the relevant structures, systems and mechanisms in place to enable and support the CSO Model</li> <li>• <b>Policies:</b> Strong and high-quality policies are in place to enable effective governance and management</li> </ul> <p><b>Assumptions related to culture</b></p> <ul style="list-style-type: none"> <li>• <b>Culture:</b> Stakeholders engaged in CSO Model governance and management have the right competencies and behaviours to enable and support the CSO Model. Appropriate incentives and sanctions are also in place to encourage appropriate behaviour in line with clear roles and responsibilities.</li> </ul> <p><b>Assumptions related to practices</b></p> <ul style="list-style-type: none"> <li>• <b>Leadership:</b> Senior stakeholders and leaders engaged in CSO support actively champion accountability</li> <li>• <b>Transparency:</b> Gavi and other stakeholders engaged in CSO support are open in their communications and transparent about activities and decisions</li> </ul>
<b>CSO Platform support (related to workstream 2)</b>
<p><b>Assumptions related to funding modality</b></p> <ul style="list-style-type: none"> <li>• Clear Gavi guidelines and/or terms of reference ensure roles and responsibilities of Platform stakeholders are well understood</li> <li>• Funds for CSO Platforms are disbursed by Gavi in a transparent and timely manner</li> <li>• CSO Platform stakeholders have the capacity and are able to comply with Gavi and/or government requirements to avail of funding (e.g. by being registered as a legal entity with bank account to receive funds)</li> </ul> <p><b>Assumptions related to implementation</b></p> <ul style="list-style-type: none"> <li>• CSOs are aware, willing and able to engage in regional and country Platforms, and Platform members' commitment and participation is maintained over time</li> <li>• Platform FOs are seen as credible representatives in the CSO community and act as a suitable conduit to represent the views of broad-based civil society constituents/Platform members</li> <li>• Focused training efforts in a short time-frame are successful in building capacity among CSOs</li> <li>• Regional Platforms are a useful and appropriate mechanism for advocacy and sharing lessons learned and best practices between countries</li> <li>• Country Platforms are recognised by governments and relevant stakeholders in country, and are a useful and appropriate mechanism for facilitating CSO engagement with government and other stakeholders in immunisation related activities</li> </ul>
<b>Support to CSOs through HSS (related to workstream 2)</b>
<p><b>Assumptions related to funding modality</b></p> <ul style="list-style-type: none"> <li>• Clear Gavi HSS guidelines facilitate participation of CSOs in HSS grant activities, with corresponding budget allocation</li> <li>• Gavi HSS support is valued by countries, CSOs are engaged in the HSS proposal development and sufficient resources are available to allocate some funds to CSO-related/CSO-led activities</li> <li>• Funds for HSS (and by extension for CSOs) are disbursed by Gavi and made available to CSOs by government or other conduit in a timely manner</li> <li>• CSOs are able to comply with Gavi and/or government requirements to avail of funding (e.g. by being registered as a legal entity with bank account to receive funds)</li> </ul> <p><b>Assumptions related to activities being implemented by CSOs</b></p> <ul style="list-style-type: none"> <li>• <b>Community empowerment:</b> Communities are willing to engage with CSOs, and CSOs are able to mobilise and engage populations to stimulate demand</li> <li>• <b>Service delivery:</b> CSOs are able to add value to existing immunisation services (e.g. by providing outreach services in remote/ hard to reach areas not otherwise reached, and/or providing logistical support where this is needed)</li> <li>• <b>Other health system building blocks:</b> Political leaders are willing and able to cooperate in HSS activities to create a supportive and enabling environment for immunisation services. CSOs are able to add value and make a meaningful contribution to HSS activities</li> </ul>
<b>Linkage of CSO Platform and CSO/HSS support to achievement of long-term outcomes/impact (workstream 3)</b>
<ul style="list-style-type: none"> <li>• <b>Accountability:</b> Information generated and advocated by CSOs to government and Gavi is understood and acted on, and vice versa</li> <li>• <b>Improved immunisation service delivery:</b> CSO engagement in immunisation planning, resources and services is meaningful and supports decision making processes (i.e. to improve efficiency, effectiveness and equity)</li> </ul>

## Mapping of EQs against the ToC

As above, the ToC is intended to guide the entire evaluation process, and care has been taken to map the EQs against the ToC, to identify where key evaluation components / questions 'sit' and therefore provide foci for the evaluation enquiry, and to demonstrate a clear line of sight between the ToC and the EQs. Figure C2 shows this mapping.

Figure C2: Mapping of EQs against the ToC



EQ 1	To what extent was the design of the overall governance structure of the Gavi CSO Platform relevant (in terms of meeting country needs and Gavi strategic and Platform objectives)?	EQ 11	What have been the unintended positive and negative consequences of this support?
EQ 2	To what extent was the governance structure well defined in terms of roles and responsibilities, specifically lines of accountability, monitoring and reporting (including financial) and communication?	EQ 12	To what extent are the country level results achieved through the CSO Platform model programmatically and financially sustainable beyond Gavi support?
EQ 3	To what extent were the overall governance decision making processes performed in an effective and efficient way, including in ways that were transparent and accountable, at global, regional and country level?	EQ 13	To what extent were the processes of planning and implementing CSO activities conducted in an effective and efficient way?
EQ 4	To what extent does the overall governance structure of the Gavi CSO Platform model compare with other organizations and global health initiatives? What are the strengths and weaknesses of the existing structure?	EQ 14	To what extent did Gavi direct support to CSOs through HSS achieve its objectives as planned, with specific reference to coverage and equity goals?
EQ 5	To what extent was the process of selecting and engaging CSOs and Gavi-supported CSO constituency providers (CRS/REPAOC) efficient, effective and transparent?	EQ 15	To what extent did the Gavi direct support to CSOs through HSS contribute to Gavi's Strategic Goals (including SG2, Objective C)?
EQ 6	To what extent were the funding mechanisms and processes of the Gavi CSO Platform model efficient, effective and transparent	EQ 16	What are the main factors contributing to these results?
EQ 7	To what extent were key stakeholders satisfied with the support received through the Gavi CSO Platform model?	EQ 17	What have been the unintended positive and negative consequences of this type of support?
EQ 8	To what extent did the CSO Platform model achieve its objectives as planned?	EQ 18	To what extent are the results achieved through Gavi direct support to CSOs through HSS programmatically and financially sustainable beyond Gavi support?
EQ 9	To what extent did the CSO Platform model contribute to Gavi's Strategic Goals (including SG2, Objective C)?	EQ 19	If, and how, should Gavi (re)structure its mechanisms for support to CSOs to be relevant, effective and efficient in achieving its Strategic Goals?
EQ 10	What are the main factors contributing to these results?	EQ 20	What role could the Gavi Secretariat play in the future, vis-à-vis other global and/or regional initiatives to support CSOs to improve immunisation systems and outcomes (such as the Partnership for Maternal, Newborn & Child Health (PMNCH), Universal Health Coverage (UHC)...)?

## Annex D Evaluation framework

### Workstream 1: Governance and management arrangements

This section sets out the evaluation framework for workstream 1, which seeks to respond to the high level question:

*To what extent are the conditions in place within Gavi's governance and management arrangements to best enable and support the effective and efficient delivery of the CSO Model?*

Evaluation Question (Evaluation criteria)	Sub-questions	Criteria for judging performance	Data collection approaches	Analytical approaches
1 To what extent was the design of the overall governance and management arrangements of the Gavi CSO Model relevant (in terms of meeting: (i) country needs; (ii) Gavi strategic objectives; and (iii) the CSO Model objectives)?  (Relevance)	1.1 Are the governance and management arrangements in alignment with Gavi's Strategic Plans, the CSO Model program and other Gavi/ Partner/ government support? 1.2 How has Gavi support for CSO engagement evolved since its creation and how did the design of the governance and management arrangements evolve from Gavi 3.0 to Gavi 4.0, and to what extent did any changes during and/or between these periods affect the relevance of the CSO Model to meet its intended objectives?	<ul style="list-style-type: none"> <li>Structures well aligned with Gavi's Strategic Plans and CSO Model objectives, and other Gavi/ Partner/ government support (and the effect of changes over time to that alignment)</li> <li>An appropriate framework/ plan/ strategy is in place to guide delivery of the CSO Model</li> <li>Country stakeholders clearly articulate the purpose and added value of the CSO Model in meeting country needs</li> <li>Comparison of governance and management arrangements to other relevant organisations</li> </ul>	<ul style="list-style-type: none"> <li>KIIs</li> <li>Document review</li> <li>Comparator study</li> <li>Country case studies</li> </ul>	<ul style="list-style-type: none"> <li>Qualitative analysis of interview data</li> <li>Analysis of secondary data</li> <li>Timeline analysis</li> <li>Forcefield analysis</li> <li>RACI analysis</li> <li>Capability, culture and practice mapping and assessment</li> <li>Cross-comparator analysis</li> <li>Cross-country analysis</li> </ul>
2 To what extent were the governance and management arrangements well defined in terms of roles and responsibilities, specifically lines of accountability, monitoring and reporting (including financial) and communication?  (Efficiency; Effectiveness)	2.1 Are these arrangements well defined in terms of roles and responsibilities, specifically lines of accountability, monitoring and reporting (including financial) and communication? 2.2 Are stakeholders adhering to their roles and responsibilities (for the Gavi-supported CSO Constituency include Special Advisor, Focal Point, OAG, OAG coordinator role)? 2.3 What factors have facilitated and inhibited CSO stakeholders from fulfilling their roles and responsibilities?	<ul style="list-style-type: none"> <li>The right capabilities, are in place to enable and support the CSO Model (e.g. roles and responsibilities are clear and well defined)</li> <li>The right culture is in place to enable and support the CSO Model (e.g. stakeholders adhere to their roles and responsibilities)</li> <li>The right practices are in place to enable and support the CSO Model.</li> <li>Comparison to other relevant organisations</li> </ul>	<ul style="list-style-type: none"> <li>KIIs</li> <li>Document review</li> <li>Comparator study</li> <li>Country case studies</li> </ul>	<ul style="list-style-type: none"> <li>Qualitative analysis of interview data</li> <li>Analysis of secondary data</li> <li>RACI analysis</li> <li>Timeline analysis</li> <li>Capability, culture and practice mapping and assessment</li> <li>Forcefield analysis</li> <li>Cross-comparator analysis</li> <li>Cross-country analysis</li> </ul>

Evaluation Question (Evaluation criteria)	Sub-questions	Criteria for judging performance	Data collection approaches	Analytical approaches
3 To what extent were the overall governance and management decision making processes performed in an effective and efficient way, including in ways that were transparent and accountable, at global, regional and country level?  (Efficiency; Effectiveness)	3.1 How have these changed over time, if at all? 3.2 What were the main factors contributing to effective and efficient decision-making processes (considering relevance of the processes - application, selection, work planning, communication, monitoring and financial reporting...)?	<ul style="list-style-type: none"> <li>The efficiency and effectiveness of decision making processes within the governance and management arrangements</li> <li>The extent to which those processes incorporated principles of accountability including transparency, participation and feedback</li> <li>Comparison to other relevant organisations</li> </ul>	<ul style="list-style-type: none"> <li>KIIs</li> <li>Document review</li> <li>Comparator study</li> <li>Country case studies</li> </ul>	<ul style="list-style-type: none"> <li>Qualitative analysis of interview</li> <li>Analysis of secondary data</li> <li>Timeline analysis</li> <li>Forcefield analysis</li> <li>RACI analysis</li> <li>Capability, culture and practice mapping and assessment</li> <li>Cross-comparator analysis</li> <li>Cross-country analysis</li> </ul>
To what extent do the overall governance and management arrangements of the Gavi CSO Model compare with other organisations and global health initiatives?  (Relevance; Efficiency; Effectiveness)	4.1 What are the strengths and weaknesses of the existing arrangements? 4.2 Are there alternative governance and management models to consider to enable more effective and efficient CSO engagement?	<p>Compared to other similar organisations:</p> <ul style="list-style-type: none"> <li>How governance and management arrangements support the participation and engagement of CSOs in Gavi's work, and how that is measured</li> <li>The way CSO engagement is managed at an operational level, globally and in country</li> </ul>	<ul style="list-style-type: none"> <li>KIIs</li> <li>Document review</li> <li>Comparator study</li> <li>Country case studies</li> </ul>	<ul style="list-style-type: none"> <li>Qualitative analysis of interview</li> <li>Analysis of secondary data</li> <li>Cross-comparator analysis</li> <li>RACI analysis</li> <li>Capability, culture and practice mapping and assessment</li> <li>Cross-country analysis</li> </ul>



## Workstream 2: Regional and country processes and implementation

This section sets out the evaluation framework for workstream 2, which seeks to respond to the high level question:

*To what extent have the CSO Model processes been implemented effectively and efficiency at regional and country levels?*

Evaluation Question (Evaluation criteria)	Sub-questions	Criteria for judging performance	Data collection approaches	Analytical approaches
5 To what extent was the process of selecting and engaging CSOs and Gavi-supported CSO Platform Managers (i.e. CRS/REPAOC) efficient, effective and transparent? (Efficiency; Effectiveness)	5.1 What are the main factors which influenced the process of selection and engagement of CSOs and the Platform Managers? 5.2 How representative are the CSO Platforms and CSO Platform Managers?	<ul style="list-style-type: none"> <li>Processes are clear and well defined and applied consistently and based on country needs.</li> <li>Evidence of clear coordination and communication between the CSO Platforms and the CSO Platform Managers</li> <li>CSOs are satisfied with the process by which they are being engaged and supported</li> </ul>	<ul style="list-style-type: none"> <li>KIIs</li> <li>Document and data review</li> <li>Comparator study</li> <li>Country studies</li> </ul>	<ul style="list-style-type: none"> <li>Qualitative analysis of interview data</li> <li>Analysis of secondary data, including quantitative analysis of financial and programmatic M&amp;E data</li> <li>Process mapping</li> <li>RACI analysis</li> <li>Cross-comparator analysis</li> <li>Cross-country analysis</li> </ul>
6 To what extent were the funding mechanisms and processes of the Gavi CSO Platform model efficient, effective and transparent? (Efficiency; Effectiveness)	6.1 Was the size and duration of budgets and funding allocations to each CSO Platform sufficient and appropriate to achieve the objectives? Was the size and duration of funding for the CSO Platform Managers sufficient and appropriate to achieve the objectives? 6.2 Were the disbursement and funding flow processes timely and adequately managed? 6.3 Was adequate financial oversight provided?	<ul style="list-style-type: none"> <li>Review of budget and funding allocation (per stakeholder and per objective)</li> <li>Timely flow of funding disbursements</li> <li>Evidence of timely and appropriate financial oversight and accountability measures</li> <li>Stakeholder perceptions on appropriateness of financial oversight mechanisms/ processes</li> </ul>	<ul style="list-style-type: none"> <li>KIIs</li> <li>Document and data review</li> <li>Comparator study</li> <li>Country studies</li> </ul>	<ul style="list-style-type: none"> <li>Qualitative analysis of interview data</li> <li>Analysis of secondary data, including quantitative analysis of financial (budgets, disbursements, expenditures)</li> <li>Cross-comparator study</li> <li>Cross-country analysis</li> </ul>

Evaluation Question (Evaluation criteria)	Sub-questions	Criteria for judging performance	Data collection approaches	Analytical approaches
7 To what extent were key stakeholders satisfied with the support received through the Gavi CSO Platform model?  (Effectiveness)	7.1 What were the main strengths and weaknesses of the support provided? considering country, regional and global level stakeholders, government, Partners...	<ul style="list-style-type: none"> <li>Stakeholder perceptions on the extent to which CSO support is felt to have been timely, relevant/ sufficient and transparent</li> </ul>	<ul style="list-style-type: none"> <li>KIIs</li> <li>Country studies</li> </ul>	<ul style="list-style-type: none"> <li>Qualitative analysis of interview data</li> <li>Cross-country analysis</li> </ul>
13 To what extent were the processes of planning and implementing CSO activities conducted in an effective and efficient way?  (Efficiency; Effectiveness)	13.1 Was there adequate planning and coordination between governments/ partners and CSOs on HSS grant application and subsequent work planning? Was this conducted efficiently and effectively? 13.3 Were HSS grant activities implemented in a timely manner? 13.4 Were M&E and other reporting requirements completed in an efficient and effective manner?	<ul style="list-style-type: none"> <li>Evidence of issues related to stakeholder engagement, planning and application processes</li> <li>Evidence of implementation being completed in a timely manner</li> <li>Evidence of other key processes being completed in a timely manner</li> </ul>	<ul style="list-style-type: none"> <li>KIIs</li> <li>Document and data review</li> <li>Country studies</li> </ul>	<ul style="list-style-type: none"> <li>Qualitative analysis of interview data</li> <li>Analysis of secondary data, including quantitative analysis of financial and programmatic M&amp;E data</li> <li>Process mapping</li> <li>RACI analysis</li> </ul>

### Workstream 3: Outcomes and sustainability analysis

This section sets out the evaluation framework for workstream 3, which seeks to respond to the high level question:

*To what extent has the CSO Model achieved the planned results, contributed to Gavi's strategic goals and ensured sustainable results at the country level?*

Evaluation Question (Evaluation criteria)	Sub-questions	Criteria for judging performance	Data collection approaches	Analytical approaches
8 To what extent did the CSO Platform model achieve its objectives as planned? 14 To what extent did Gavi's direct support to CSOs through HSS achieve its objectives as planned, with specific reference to coverage and equity goals?  (Effectiveness; Results)	8.1 and 14.1 What were the main results achieved through the CSO Model? 8.2 and 14.2 Were there any gaps in the results achieved? 8.3 and 14.3 Were suitable M&E systems in place to adequately capture results?	<ul style="list-style-type: none"> <li>Evidence of results</li> <li>Gaps in results identified</li> <li>Clarity and adequacy of the M&amp;E framework and reporting systems in capturing results of CSO support</li> </ul>	<ul style="list-style-type: none"> <li>KIIs</li> <li>Document and data review</li> <li>Country case studies</li> </ul>	<ul style="list-style-type: none"> <li>Qualitative analysis of interview</li> <li>Analysis of secondary data, including quantitative analysis of financial and programmatic M&amp;E data</li> <li>Contribution analysis</li> <li>Cross-country analysis</li> </ul>
9 To what extent did the CSO Platform model contribute to Gavi's Strategic Goals (including SG2, Objective C)? 15 To what extent did the Gavi direct support to CSOs through HSS contribute to Gavi's Strategic Goals (including SG2, Objective C)?  (Effectiveness; Results)	9.1 and 15.1 What evidence is available to suggest that Gavi's support to CSOs contributed to Gavi's Strategic Goals? 9.2 and 15.2 How and why did Gavi's support to CSOs contribute to Gavi's Strategic Goals, and what was the added value of Gavi's CSO support vis-à-vis Gavi's Strategic Goals?	<ul style="list-style-type: none"> <li>Evidence on the contribution of CSO support to Strategic Goals based on results in countries</li> <li>Unique contribution and added value of areas of contribution</li> </ul>	<ul style="list-style-type: none"> <li>KIIs</li> <li>Document and data review</li> <li>Country case studies</li> </ul>	<ul style="list-style-type: none"> <li>Qualitative analysis of interview</li> <li>Analysis of secondary data, including quantitative analysis of financial and programmatic M&amp;E data</li> <li>Contribution analysis</li> <li>Value-added analysis</li> <li>Cross-country analysis</li> </ul>
10 & 16 What are the main factors contributing to these results?  (Effectiveness; Results)	10.1 and 16.1 What were the main success factors contributing to the observed results? 10.2 and 16.2 What were the main factors constraining the achievement of results?	<ul style="list-style-type: none"> <li>Evidence of success/ constraining factors in countries</li> </ul>	<ul style="list-style-type: none"> <li>KIIs</li> <li>Document and data review</li> <li>Country case studies</li> </ul>	<ul style="list-style-type: none"> <li>Qualitative analysis of interview</li> <li>Analysis of secondary data</li> <li>Contribution analysis</li> <li>Cross-country analysis</li> </ul>

Evaluation Question (Evaluation criteria)	Sub-questions	Criteria for judging performance	Data collection approaches	Analytical approaches
11 & 17 What have been the unintended positive and negative consequences of Gavi's support to CSOs?  (Results)	11.1 and 17.1 What results/consequences were not initially planned for under Gavi's support to CSOs? 11.2 and 17.2 What were the triggers/ influencing factors that led to these unintended consequences?	<ul style="list-style-type: none"> <li>Evidence of unintended results in countries</li> </ul>	<ul style="list-style-type: none"> <li>KIIs</li> <li>Document and data review</li> <li>Country case studies</li> </ul>	<ul style="list-style-type: none"> <li>Qualitative analysis of interview</li> <li>Analysis of secondary data</li> <li>Contribution analysis</li> <li>Cross-country analysis</li> </ul>
12 & 18 To what extent are the country level results achieved through the CSO Platform and direct HSS support programmatically and financially sustainable?  (Sustainability)	12.1 & 18.1 Were clear sustainability aspects and timely exit strategies and transition plans developed and implemented from the outset of CSO support? 12.2 and 18.2 To what extent will activities supported by CSOs with Gavi funds be continued without further support from Gavi, and will the benefits of these activities will last beyond Gavi's support? 12.3 and 18.3 Will governments/ other stakeholders implement, or financially support CSOs to implement, these activities after Gavi-support ends? 12.4 and 18.4 What were the main factors/ conditions that are driving and/or constraining these sustainability considerations?	<ul style="list-style-type: none"> <li>Evidence of exit strategies and/or transition plans in place</li> <li>Evidence of activities being continued by same CSOs after Gavi-support ceases</li> <li>Evidence of activities being initiated by other stakeholders after Gavi-support ceases or alongside Gavi support</li> <li>Stakeholder perceptions on factors impacting on sustainability considerations</li> </ul>	<ul style="list-style-type: none"> <li>KIIs</li> <li>Document and data review</li> <li>Country case studies</li> </ul>	<ul style="list-style-type: none"> <li>Qualitative analysis of interview</li> <li>Analysis of secondary data</li> <li>Sustainability analysis</li> <li>Cross-country analysis</li> </ul>

## Annex E Timeline of Gavi’s support to CSOs

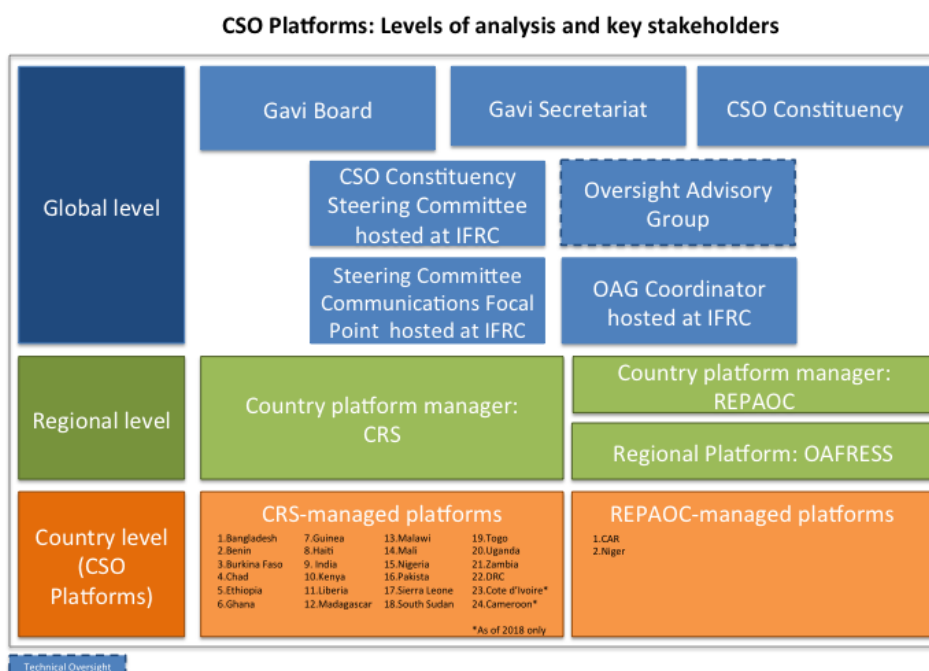
Gavi has committed to engaging CSOs since its inception. In 2006, the Gavi Board approved a pilot programme for CSO support ‘[to] build sustainability at a country level by involving local civil society organisations in the planning and delivery of immunisation, child and other health services, and encouraging cooperation and coordination of efforts between public sector and civil society’.<sup>167</sup> A total of \$29 million was approved, comprising:<sup>168</sup>

- **Type A support** – designed to strengthen the coordination and representation of CSOs, by providing lump sum grants of between \$10,000 and \$100,000 to conduct a mapping exercise of CSOs operating in the country and to support their nomination on country coordination and planning bodies. The support was made available to all 72 countries eligible for Gavi support at the time.
- **Type B support** – made available to 10 pilot countries to help implement the Gavi HSS proposal or comprehensive Multi-Year Plans (cMYPs). Examples of activities supported include provision of technical assistance, community mobilisation, HSS activities and immunisation service delivery.

In 2009, the Board further emphasised the importance of strengthening engagement with CSOs and developed the Civil Society Call to Action at the Gavi Partners’ Forum in Hanoi.<sup>169,170</sup> For the last two strategic periods (Gavi 3.0: Strategic Period 2011–2015 and Gavi 4.0: Strategic Period 2016–2020) strengthening civil society engagement in the health sector (with an emphasis on immunisation) has been a specific strategic objective under the HSS goal.<sup>171</sup>

Over the 2011–2015 and 2016–2020 strategic periods, the two main mechanisms through which Gavi has attempted to deliver this strategic objective have been (i) **CSO Platform support**, involving the establishment of CSO Platforms in countries; and (ii) **support to CSOs through Gavi’s HSS grants**. As discussed in the report, the governance and management arrangements of CSO Platform support are quite complete. Figure E1 (below) illustrates the various stakeholder groups involved in the Gavi CSO Model.

Figure E1: Stakeholders of the Gavi CSO Model



<sup>167</sup> Guidelines for Gavi Alliance CSO Support: Support to strengthen the involvement of civil society organisations in immunisation and related health services, Gavi Alliance, 2007

<sup>168</sup> Evaluation of Gavi Support to CSOs, Gavi/CEPA, 2012

<sup>169</sup> Gavi Alliance Board Meeting, 1617 June 2010, Doc 20 – CSO Representation on the Board, page 5

<sup>170</sup> <http://www.gavi-cso.org/About/history>

<sup>171</sup> Gavi’s 2011–2015 Strategy, Gavi’s 2016–2020 Strategy

The timeline presented in Figure E2 aims to capture the evolution of Gavi's support to CSOs over the evaluation period and highlight where the key changes in the governance and management arrangements have taken place. We have identified four distinct periods of CSO support, in which the following key events took place:

#### **Preparation phase:**

The Gavi CSO Constituency was formed and the Steering Committee of the CSO Constituency was established and its charter adopted. The Steering Committee has been hosted at IFRC ever since.

#### **Period one 2011–2012:**

- Gavi initiated financial support for the Steering Committee CFP position, hosted at IFRC.
- The Gavi CSO Constituency responded to the Gavi Secretariat RfP for 'Supporting Civil Society Participation in the Health Systems Funding Platform' by submitting the proposal titled 'Supporting Civil Society Participation in the Health System Funding Platform, with a view to resolving major constraints to delivering immunisation'.<sup>172</sup> It proposed CRS as the Fund Manager from September 2011 to December 2012 to support activities in eight countries: Afghanistan, Burkina Faso, DRC, Ethiopia, Ghana, Kenya, Malawi and Pakistan.<sup>173</sup> In September 2011, a grant agreement was signed between Gavi and CRS to implement the proposal.
- The proposal included the establishment of an OAG 'to offer ready assistance and guidance to CRS while also providing a level of accountability'.<sup>174</sup> The proposal included draft ToR for the OAG.
- The Gavi Board passed the decision that the 'Government remains the default approach but direct funding for CSO activities can be requested as part of a country HSFP application'. This was based on the recommendations of 2012 evaluation of Gavi's support to CSOs.<sup>175</sup>

#### **Period two 2013–2015:**

- The CSO Constituency submitted a new proposal for 'Supporting Country-Level Civil Society to Establish Functional National CSO Platforms for Effective Engagement in Immunisation and Health System Strengthening' to support Business Plan activity 2.3.1.<sup>176</sup> The number of country Platforms was expanded to an additional seven countries in 2013: Chad, Guinea, Haiti, India, Liberia, Nigeria and Uganda, and a further nine in 2014: Bangladesh, Benin, Mali, Madagascar, Niger, Sierra Leone, South Sudan, Zambia and Togo.<sup>177, 178</sup> A grant agreement was signed between Gavi and CRS in 2013.
- In March 2013 the Gavi Secretariat drafted the Gavi Programmatic Support to CSO Implementation Framework detailing why and how Gavi provides support to CSOs.<sup>179</sup>
- In 2015, the CSO Constituency submitted a 'bridge proposal' to the Gavi Secretariat to continue support to the 24 CSO Platforms.<sup>180, 181</sup> A grant agreement was then signed between Gavi and CRS in support of this proposal.
- In 2015, Gavi commissioned an independent assessment of the 'Engagement of CSOs in Supporting and Expanding the Work of Gavi, the Vaccine Alliance', to take stock of findings and lessons from Gavi's support to the Platform project. This was completed by Eliot Putnam.

#### **Period three 2016–2018:**

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<sup>172</sup> Proposal to the Gavi Alliance, Supporting Civil Society Participation in the Health Systems Funding Platform, with a view to resolving major constraints to delivering immunization, CSO Constituency, 5 August 2011, page 3

<sup>173</sup> Although proposed as one of the eight initial countries, Afghanistan was later dropped owing to security concerns.

<sup>174</sup> Proposal to the Gavi Alliance, Supporting Civil Society Participation in the Health Systems Funding Platform, with a view to resolving major constraints to delivering immunization, CSO Constituency, 5 August 2011, page 7

<sup>175</sup> Gavi (2012) Report to the Gavi Alliance Board, 12-13 June 2012, Gavi support to Civil Society Organizations, p.1, para 2.1.

<sup>176</sup> The CSO Constituency Proposal for Activity 2.3.1: Supporting country-level civil society to establish functional national CSO Platforms for effective engagement in immunisation and health system strengthening, CSO Constituency, 1 August 2012

<sup>177</sup> Call for Proposal, Gavi Civil Society Strengthening project 2013–2014, Gavi and CRS, 2012

<sup>178</sup> Call for Proposal, Gavi Civil Society Strengthening project 2014–2015, Gavi and CRS, 2013 [Initially Cambodia was also included but it was changed for Bangladesh]

<sup>179</sup> Gavi Programmatic Support to Civil Society Organisations Implementation Framework, 2013

<sup>180</sup> Gavi CSO Constituency Proposal for SG 2.3.1 – 2015 'bridge year' support to 24 country-level CSO Platforms, CSO Constituency, 2015

<sup>181</sup> 23 from the previous phases, plus Côte d'Ivoire (requested via Gavi Secretariat)

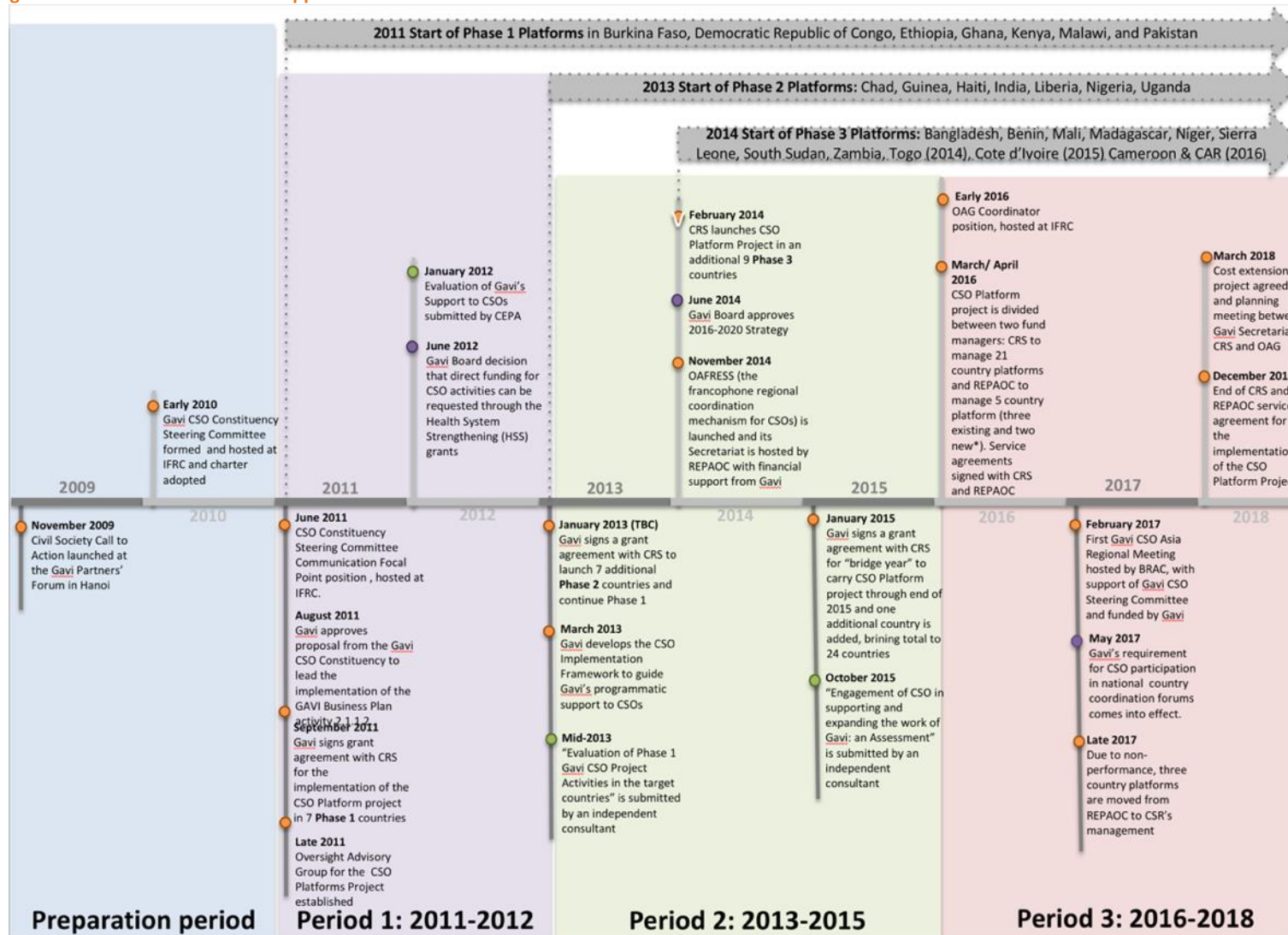


- In 2016, Gavi issued a public call for proposals for '*Strengthening Civil Society Engagement in Immunisation and Health Systems Strengthening 2016-2017*'. CRS and REPAOC were contracted as the Fund Managers for the Platforms: 21 Platforms were allocated to CRS and 5 francophone Platforms to REPAOC. Service agreements (divided in two phases) were signed with each.
- To support the OAG in its role, the OAG Coordinator position was set up in early 2016; the position is hosted at IFRC and financially supported by Gavi.
- In 2017, the first CSO Asia Regional Meeting was held in Bangladesh, hosted by BRAC and with the participation of eight Asian countries.
- In May 2017, the Gavi requirement for the participation of '*civil society most active in immunisation and representing voices of constituencies*' in national coordination forums (such as Interagency Coordinating Committees (ICCs), Health Sector Coordinating Committees (HSCCs) or equivalent) came into effect.<sup>182</sup>
- At the end of 2017, owing to non-performance, three Platforms were shifted from REPAOC's to CRS's management.
- At the beginning of 2018, Gavi agreed to a cost extension of the CRS grant agreement until December 2018 for nine Platforms.

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<sup>182</sup> Gavi Alliance Guidance on Country Coordination Forums, Version 1.0, November 2016, available at [www.gavi.org/library/gavi-documents/guidelines-forms/](http://www.gavi.org/library/gavi-documents/guidelines-forms/)

Figure E2: Timeline for Gavi CSO support



- Legend**
- Governance and management arrangements
  - Gavi Strategies, policies and Board Decisions
  - Evaluations

## Annex F Documents reviewed

- 2008. Pakistan. CSO Proposal
- 2009. Development of an effective Civil Society Constituency that will further GAVI Alliance objectives: Recommendations from the GAVI Civil Society Task Team. Draft for discussion
- 2011. Health Systems Funding Platform. Concept Note - Civil Society Technical Working Session on the Joint HSS Application Materials
- 2012. Burkina Faso. Formulaire du résumé du budget du pays
- 2012. Evaluation of Gavi Support to CSOs. Management response
- 2012. Platform Annual Workplan Burkina Faso
- 2012. Platform Annual Workplan DRC
- 2012. Platform Annual Workplan Ethiopia
- 2012. Platform Annual Workplan Ghana
- 2012. Platform Annual Workplan Kenya
- 2012. Platform Annual Workplan Malawi
- 2012. Platform Annual Workplan Pakistan
- 2012. Summary of Lead in Country CSO Strategic Activities and Progress to Date
- 2013. Assessment of CSO mechanism in Global Initiatives: how to draw lessons learned for the CSO engagement in IHP for UHC 2030
- 2013. Budget INHSAC, Project Gavi Haiti, Jul-Dec 2013
- 2013. Gavi Programmatic Support to Civil Society Organizations Implementation Framework
- 2013. Independent review committee report (IRC)
- 2013. Platform Annual Workplan Burkina Faso
- 2013. Report of the Independent Review Committee to the Gavi alliance secretariat on the review of health systems strengthening applications June 2013
- 2013. Report of the independent review committee to the Gavi alliance secretariat on the review of Health Systems Strengthening applications April 2013
- 2013. SG 2.3.1 Revised Indicators and Monitoring and Evaluation Framework. Spreadsheet
- 2013. Terms of Reference - Oversight and Advisory Group In support of the GAVI CSO Constituency Project – Supporting Civil Society Participation in the Health Systems Funding Platform
- 2014. Gavi Independent Review Committee report new proposals June – July 2014
- 2014. Ghana. GAVI HSS PROPOSAL FINAL VERSION SUBMITTED TO Gavi
- 2014. Independent review committee. Report for the GAVI Board
- 2014. Indicator Progress Trackers, 2013-14
- 2014. Platform Annual Workplan Bangladesh
- 2014. Platform Annual Workplan Benin
- 2014. Platform Annual Workplan Burkina Faso
- 2014. Platform Annual Workplan Cameroon
- 2014. Platform Annual Workplan Chad
- 2014. Platform Annual Workplan Guinea
- 2014. Platform Annual Workplan Haiti
- 2014. Platform Annual Workplan India
- 2014. Platform Annual Workplan Liberia
- 2014. Platform Annual Workplan Madagascar

2014. Platform Annual Workplan Malawi  
2014. Platform Annual Workplan Mali  
2014. Platform Annual Workplan Mali  
2014. Platform Annual Workplan Nigeria  
2014. Platform Annual Workplan Pakistan  
2014. Platform Annual Workplan Sierra Leone  
2014. Platform Annual Workplan South Sudan  
2014. Platform Annual Workplan Togo  
2014. Platform Annual Workplan Uganda  
2014. Platform Annual Workplan Zambia  
2014. SG2.3.1. CRS Grants Management Team Monitoring Schedule and Trainings per Country  
2015. CRS/Sierra Leone and Guinea Estimated Gavi Ebola Budget Jan-Jul 2016  
2015. Definitions of new indicators for 2015. Spreadsheet  
2015. Gavi CRM Risk Taxonomy  
2015. Gavi Independent Review Committee (IRC) report, new proposals - November 2014  
2015. Gavi Independent Review Committee report new proposals march 2015 April 17  
2015. Guinea Updated Grant  
2015. Pakistan. Draft Minutes CSO Consultation on HSS Jan 15, 2015  
2015. Platform Annual Workplan Bangladesh  
2015. Platform Annual Workplan Benin  
2015. Platform Annual Workplan Burkina Faso  
2015. Platform Annual Workplan Cameroon  
2015. Platform Annual Workplan Chad  
2015. Platform Annual Workplan Cote d'Ivoire  
2015. Platform Annual Workplan DRC  
2015. Platform Annual Workplan Guinea  
2015. Platform Annual Workplan Haiti  
2015. Platform Annual Workplan India  
2015. Platform Annual Workplan Kenya  
2015. Platform Annual Workplan Liberia  
2015. Platform Annual Workplan Madagascar  
2015. Platform Annual Workplan Malawi  
2015. Platform Annual Workplan Mali  
2015. Platform Annual Workplan Nigeria  
2015. Platform Annual Workplan Pakistan  
2015. Platform Annual Workplan Sierra Leone  
2015. Platform Annual Workplan South Sudan  
2015. Platform Annual Workplan Togo  
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2015. Report of the new proposal Independent Review Committee to the Gavi Alliance Secretariat on the review of applications  
2015. Report of the new proposal Independent Review Committee to the Gavi Alliance Secretariat on the review of applications – November 2015  
2016. Budget Overview. Spreadsheet

2016. Civil Society engagement for every woman every child: a common frame of action January 14, 2016, Washington, DC Workshop Report

2016. Communications Plan. Diagram

2016. Country Briefs Summary. Spreadsheet

2016. CRS Narrative and Budget Details

2016. Empowerment of Civil Society in Asia: Boosting Collaboration and Involvement in Immunisation and Health Programmes. Concept note

2016. Empowerment of Civil Society in Asia: Boosting Collaboration and Involvement in Immunisation and Health Programmes. Concept note

2016. Gavi Civil Society Constituency Oversight Advisory Group (OAG) Meeting Abidjan 1-2 December, 2016 Theme: From workplans to implementation

2016. Gavi CSO Country Platforms Project: Strategic Approach 2016-2017

2016. Guinea. Guinea and CRS overall updated budgets

2016. Guinea. Updated Gant

2016. Guinea. Updated proposal

2016. Join CRS REPAOC ME Plan. Spreadsheet

2016. Kenya. Kenya HENNET Budget 2016-2018

2016. Mali. FENASCOM Mali budget

2016. Pakistan. CHIP Budget 2016

2016. Pakistan. Desk Research CSOs in Pakistan July 22, 2016

2016. Pakistan. Detailed Implementation Plan by PCCHI - Pakistan Feb 12 2016

2016. Pakistan. HSS Proposal

2016. Pakistan. M&E Plan

2016. PCA Tool - Programme Management Capacity (PMC)

2016. Piloting the CSO Reporting Framework in two Gavi-eligible countries

2016. Plan d'Action 2016 de lat FENOS-CI

2016. Platform Annual Workplan Benin

2016. Platform Annual Workplan Burkina Faso

2016. Platform Annual Workplan Chad

2016. Platform Annual Workplan Ethiopia

2016. Platform Annual Workplan Ghana

2016. Platform Annual Workplan Guinea

2016. Platform Annual Workplan Haiti

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## Annex G Stakeholders interviewed

Name	Title	Department / Organisation
<b>GLOBAL LEVEL</b>		
Aaban Butt	Policy – (Fragility Policy-related)	Gavi
Adrien de Chaisemartin	Director	Strategy, Funding & Performance
Antonia Pannell	Kenya SCM	Gavi
Anuradha Gupta	Deputy CEO	Gavi
Awinja Wameyo	Director, Programme Capacity Assessment team	Finance & Operations
Bruno Rivalan	(used to run the UHC Civil Society Engagement Mechanism)	UHC 2030
Caroline du Bois		Strategy, Funding & Performance
Chimwemwe Chitsulo	Programme officer M&E	Gavi
Craig Burgess	(SC and Board member)	JSI, USA
Cyril Nogier	Ghana SCM	Gavi
Eelco Szabo	Director	Legal
Erin Ferenchick	Consultant/HSS	Global Fund (was involved with Gavi on CSO design)
Eya Dzinyefa Awaga	Chad SCM	Gavi
Frank Mahoney		IFRC
Frederic Martel		UHC 2030
Hamzah Zekrya		Public Policy Engagement
Jacob van der Blij	Head	Risk
Jason Peat	Team Leader Health in Complex Settings, Health and Care	IFRC
Jonna Jeurlink	Liberia SCM	Gavi
Kadidiatou Toure		PMNCH
Kate Thomson	Head of Community Rights and Gender department	Global Fund
Komi Ahawo	Burkina Faso SCM	Gavi
Kristine Brusletto		HSIS
Linda Mafu	External Relations	Global Fund
Manjari Shankar	External Consultant, HSIS	Gavi
Marion (Amy) Dietterich	Director, Global Challenges Division (formerly Gavi CSO Constituency Focal Point)	WIPO (formerly IFRC)
Marjolaine Nicod	director	UHC 2030
Mireille Buanga		
Nilgun Aydogan	Senior Programme Manager	Country Programmes
Pascal Rigaldies	Mali SCM	Gavi
Pascal Bijleveld	Director	Country Support
Philip Armstrong	Director	Governance
Rafael Vilasanjuan	Director of Policy and Global Development (SC/OAG chair)	IS Global – Barcelona Institute for Global Health, Spain
Raquel Fernandes		IFRC
Reina Buijs	Dep Director intl Cooperation	Netherlands MFA
Rene-Frederic Plain	CCM Manager	Global Fund
Richard L. Santos	President and Chief Executive Officer (SC member and OAG chair)	IMA World Health, USA
Robin Nandy	Member, SAGE DoV Working group	UNICEF
Simon Wright	Director of International Development/UHC2030 steer co	UHC 2030 / Save the Children UK
Susan Brown	Director	Public Policy Engagement
Susannah E. Canfield Hurd		PMNCH (CSO rep)

<b>BURKINA FASO CASE STUDY</b>		
Ouédraogo Omer	In charge of programmes and resource	Secrétariat Permanent des Organisations Non Gouvernementales (SPONG)
Tiemtoré Sylvestre	SPONG Coordinator	Secrétariat Permanent des Organisations Non Gouvernementales (SPONG)
Dr Pitroipa Xavier	Health officer	UNICEF
Dr Ouédraogo Issa	Director	Direction de la Prévention par la vaccination (DPV)
Yaméogo Zacharie	Project officer	CRS Burkina Faso
Dr Nitiema P. Abdoulaye	Director	Direction Générale des Etudes et des Statistiques Sectorielles (DGESS)
Dr Drabo Sali		WHO
Bakouan	Facilitator	GAVI CSO Platform
Diarra Harouna		Programme d'Appui au Développement Sanitaire
Sanogo Mounouni	Communication Manager	UNICEF
<b>CHAD CASE STUDY</b>		
Souley Kalilou		OMS
Aleksandra Roulet Cimpric	Deputy Director for Programmes	IRC Chad
Armel Jonas KANGA	Technical advisor	PEV/MSP
Youssef Annadif	Director	PEV/MSP
<b>GHANA CASE STUDY</b>		
Bright Amissah-Nyarko	VICE CHAIR OF THE BOARD	Ghana coalition of NGO in health
Mr. Justice K. Baah	Monitoring, Evaluation, Accountability and Learning Officer	Ghana coalition of NGO in health
Dr. Emmanuel Ankrah Odame	Director, Policy, Planning, Monitoring & Evaluation	Ministry of Health-Policy, Planning, Monitoring & Evaluation Division
Kris Ozar	Country Director	Catholic Relief Service/CRS Ghana
Eric K. Agbozo	Executive Director	Defence Against AIDS poverty and Underdevelopment (DAAPU)
Dr. George Bonsu	Programme Manager	Ghana Health Service - Expanded Programme on Immunization
Mr. Ebo Dadzie	Deputy Programme Manager	Ghana Health Service - Expanded Programme on Immunization
Mr. Sylvester Ziniel	Coordinator - External Aid	Ministry of Health-Policy, Planning, Monitoring & Evaluation Division
Josephine Agbo-Nettey	Executive Director	Integrated Development in Focus
Isaac Amponsah	Chief Executive Officer	Concern Health Education Project
Dr. Koku Awoonor	Director, Policy, Planning, Monitoring & Evaluation	Ghana Health Service - Policy, Planning, Monitoring & Evaluation Division
Peter Yeboah	Executive Director	The Christian Health Association of Ghana (CHAG)
Jasper Adeku	Executive Director	People & Development (PAD) Associates
Prof. Kate Adeku	Board Chairperson	People & Development (PAD) Associates
Felicia Sosu	Executive Director	Rural Project Support Network (RPSN)
Nicholas Doho	Executive Director	Community Outreach Alliance
Geeta Sharma	Head, Communication for Development Specialist (C4D)	UNICEF Ghana
Oluwatosin Kuti	Health Specialist	UNICEF Ghana
Iddi Iddrisu	National Consultant - Communication	UNICEF Ghana
Dr. Peter Baffoe	Health Specialist	UNICEF Ghana
Maame Esi Amekudzi	Planning Officer	Ghana Health Service - Policy, Planning, Monitoring & Evaluation Division
Sophia Kesewa Ampofo Kusi	Planning Officer	Ghana Health Service - Policy, Planning, Monitoring & Evaluation Division
Dr. Bempah	Deputy Director, Planning & Budget	Ghana Health Service - Policy, Planning, Monitoring & Evaluation Division
Lucy Addade	Executive Director	Rural Aid Alliance Foundation
Joyce Kusi	Executive Director	Every Home Care

KENYA CASE STUDY		
Dr Collins Tabu	Head NVIP	MOH – National Vaccine & Immunisations Programme
Dr Samson Thuo	Community Health focal point	MOH – National Vaccine & Immunisations Programme
Dr Peter Oketh	Child Health/Immunisation focal point	UNICEF
Dr Kibet Sergon	Immunisation focal point	WHO
Monica Njoroge		CRS
Maureen Capps		CRS
Brenda Shuster		CRS
Jack Ndegwa	GAVI focal point	KANCO
Johnpaul Omollo	GAVI focal point	HENNET
Erick Gikaria	Focal point -M&E	KANCO
Francis Muriu	Conducted PCA of HENNET	HENNET
Joseph Kagiri	Conducted PCA of HENNET	HENNET
Lynda Achieng	Mentor to HENNET	CRS
George Okoth	Oversight to the programme	CRS
Gerald Marcharia		CHAI
Jackson Hungu		CHAI
Allie Eleveld	Executive Director	SWAP
Alex Mwaki	Deputy Country Director	SWAP
Angela Ngetich	Programme coordinator	Aga Khan Foundation
Ibrahim Alubala	Head of Advocacy	Save the children
Corazon Ayoma		Family Health org kenya
Marienga		Family Health org kenya
Cyprian Kamau		CHAK
Rosemarie Muganda		PATH
Pauline Irungu		PATH
Angela Nguku		White Ribbon Alliance
Mamaye		Options/E4A
LIBERIA CASE STUDY		
Jonna jeurlink	Gavi SCM Liberia	Gavi
Dr Francis N Kateh	Chief Medical Officer	MOH
Dr Adolphus Clarke	EPI Manager	MOH
Dr Gasasira Alex	WHO Rep	WHO
Dr Suleiman Braimoh	UNICEF Rep	UNICEF
Dr Samuel Ayamba	CRS Project Officer	CRS
Dr Bill Rastetter	CRS Country Director	CRS
Joice Kilipo Jarwolo	Board Chair	Public Health Initiative Liberia
Michael Coomber	Acting Head of Secretariat	Liberia Immunization Platform
James Ballah	Former National Coordinator	Cuttington University Graduate School- Public Health Program
Keifala F.Kroma	Co-Chair LIP Board	Restoring Our Children's Hope
Jallah Korma	Platform Member	Pentecostal Mission Unlimited
Logan S.Stewart	Platform Member	Total Dignity Institute
Anthony Boakai	Platform Member	Fore Runners of Children Universal
Monica Monroo	Former National Coordinator	
MALI CASE STUDY		
Dr Famoussa KONATE	Immunisation Section Responsible (EPI)	MOH
Dr KAMISSOKO Moussa	CPS Director	Cellule de Planification et de Statistique/Unité Planification Secteur Santé -Développement Social et Promotion de la Famille
Dr Eric BOLOGO	Technical Advisor AEDES	AT/AEDES détaché à la SI (travaillant dans la section immunisation depuis plus d'un an en soutien direct au Responsable de la section)
MARIAM SIDIBE	Immunization Specialist	Unicef Bamako_ Mali
Dr Abdoul Karim SIDIBE	Point Focal Immunisation	OMS
Jorie Larson		CRS Mali
Yaya Zan Konaré		FENASCOM

## Annex H RACI analysis on the stakeholder roles and responsibilities

We have employed a RACI analysis to map who is ‘*Responsible, Accountable, Consulted and Informed*’ in relation to the proposed roles and responsibilities of key stakeholders in the governance and management of CSO Platform support. We focus on four key components – design, implementation, M&E and oversight. The analysis considers how actual roles and responsibilities (based on KIIs and other documents) compared with what was initially proposed (as outlined in proposals, contracts and ToR, etc.). Our findings and observations (summarised in Section [x]) are presented below:

- **Design:** In general, there is a lack of clarity on where responsibility and accountability lies for the design of CSO Platform support. Notably, the process of designing CSO Platform support at the global level and selecting Fund Managers was the responsibility of the OAG and CSO Steering Committee. However, at the country level, these bodies do not appear to have provided guidance on how to operationalise CSO Platform support and design the individual Platforms (e.g. in terms of how to select Facilitating Organisations, define workplans, develop results frameworks), and the Fund Managers assumed this responsibility. The Secretariat is theoretically accountable for the design of the CSO Platforms, although in practice it has had little involvement and we have seen no evidence of any group being held accountable for issues encountered with the design. As such, this has not reflected the proposed ‘new level of partnership’ between the Secretariat and CSO Constituency Steering Committee for the design and implementation of CSO support.<sup>183</sup> At the request of senior leadership, there has however been a recent effort within the Secretariat to align CSO Platform support more closely with country HSS efforts. Evidence from country case studies also indicates that there has been a general lack of knowledge on the project’s governance and management arrangements (e.g. in reference to the roles of the CSO Constituency, CSO Steering Committee and the OAG).
- **Implementation:** This is the clear responsibility of the Fund Managers, which includes developing the capacity and sustainability of the CSO Platforms (although there is little documentation on what this should entail). For instance, we understand that Fund Managers were given directions on how to work with Facilitating Organisations to promote engagement of CSO members (although again we can find no clear evidence of these guidelines). The Fund Managers are accountable to the OAG, whose role includes providing technical assistance to improve the effectiveness of the CSO Platforms, although in practice this role does not appear to have been performed on a frequent basis. Rather, the OAG has served more of a troubleshooting role. At the global level, the CSO Steering Committee has been consulted and the Gavi Secretariat has been informed. As such, no stakeholder group has truly been held accountable for implementation. At the country level, the country case studies have highlighted issues with the transparency and accountability of Platform support, which is partly a function of implementation progress not being openly communicated with government/MoH/EPI stakeholders.
- **M&E:** Fund Managers are responsible for routine M&E functions, with reporting channelled via IFRC to the OAG. The OAG is accountable for M&E functions being completed and has also conducted M&E visits in some countries. IFRC’s ToR stipulates that it should develop the monitoring and results framework (although KIIs confirmed that in practice this has not happened) and documenting lessons learnt and best practices (which has happened to some extent). The Gavi Secretariat is informed of M&E reporting, although there have been some issues reported by the Secretariat with the lack of M&E data collected and shared – this is reported to have improved recently.
- **Oversight:** Responsibility and accountability for oversight and ‘ownership’ of CSO Platform support technically sits with the OAG (even if the contracts sit between the Fund Managers and the Gavi Secretariat; and IFRC and the Gavi Secretariat), which then reports on progress via the CSO Steering Committee to the Gavi Board. In practice, the Fund Manager assumes this responsibility, while the OAG is accountable. The CSO Steering Committee is consulted and the Gavi Secretariat is informed.

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<sup>183</sup> Gavi (2011) Grant Agreement with CRS for implementation of Gavi Business Plan, Strategic Goal 2, Internal Note, p.1

## Annex I CSO Platform budget and expenditure analysis

In relation to CSO Platform support, Gavi has signed grant and service agreements with the following organizations:

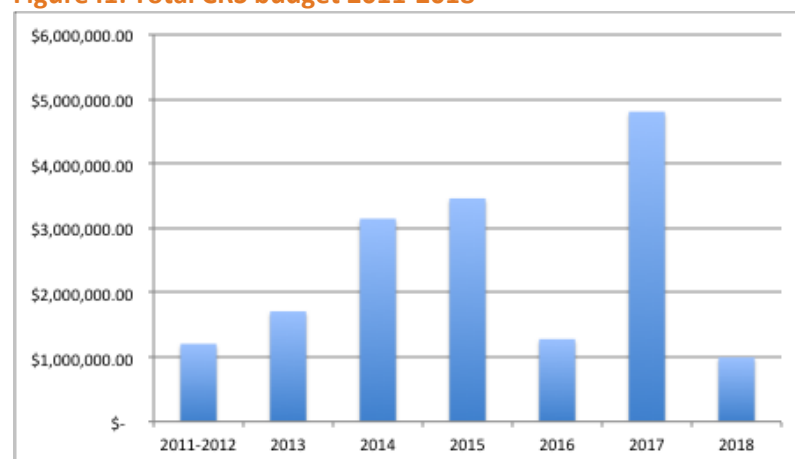
- **CRS** for the Platform project support from 2011 to 2018;
- **IFRC** for hosting of the OAG Coordinator, as well as the CSO Constituency Focal Point and Administrative Assistant positions from 2011 until 2018;
- **REPAOC** from the Platform project support from 2016 to 2018; and
- **BRAC** for organization and hosting of the CSO Asia Regional Meeting in 2017.

This Annex presents and analyses the budgets (and where possible expenditures) related to these agreements.

### CRS budget and expenditure

The evaluation team reviewed the grant and service agreements from 2011 to 2018 to analyze the budgets provided to the main fund manager, CRS, to manage the CSO Platforms. The total CRS budget from 2011 to 2018 amounts to US\$16,605,030 as illustrated in Figure I1.

**Figure I1: Total CRS budget 2011-2018**



Source: Gavi CRS Grant agreements 2011 to 2018

When analysed, the budget is composed of five main budget categories:

1. CRS salaries and benefits, includes all the costs of CRS personnel allocated to the project (on full-time or part-time basis) and the relative fringe benefits;
2. CRS travel and transportation, equipment and office supplies;
3. CRS other direct costs, including TA to FOs/CSOs, travel for CSOs, liaise meetings, external audits, trainings, professional fees for consultants, annual CSO survey, some M&E and OAG (budget for biannual meetings and for monitoring visits only up to the 2015 budget)<sup>184</sup>.
4. Sub-grants to local CSOs, including country programme support.
5. CRS indirect cost rate (ICR) equal to 10% on all grant agreements.

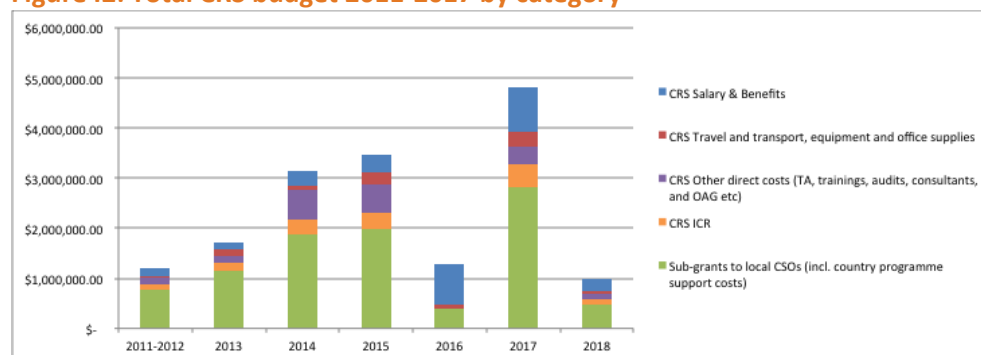
Total CRS budget as per the five categories is presented in Figure I2. This budget breakdown illustrates that although sub-grants constituted the majority of budget across the whole period (average 57% of total budget over the years), CRS direct and indirect costs<sup>185</sup> account for a significant and growing percentage of the total budget over the years, from 36% in 2011-12 to 51% in 2018.

<sup>184</sup> We understand that only in 2016, with the start of the PEF, the OAG budget was directly transferred from Gavi to IFRC through a service agreement.

<sup>185</sup> CRS direct and indirect costs include all costs that are not sub-grants.



**Figure I2: Total CRS budget 2011-2017 by category**



Source: Gavi CRS Grant agreements 2011 to 2018

Importantly, although the number of Platforms supported did not change between 2015 and 2018 (CRS supported 24 countries<sup>186</sup>), costs increased by almost 40%. There were costs increases across all budget categories (except direct costs), but in particular there was a significant increase in the costs for CRS salary and staff (160% increase).

This was in account of fact that the staff/ personnel allocated by CRS to the project increased substantially between 2015 and 2017 with both additional full-time staff being added as well as country office CRS staff on a partial basis. Table I1 shows CRS staff increases over the lifetime of the project.

**Table I1: Number of CRS staff on project**

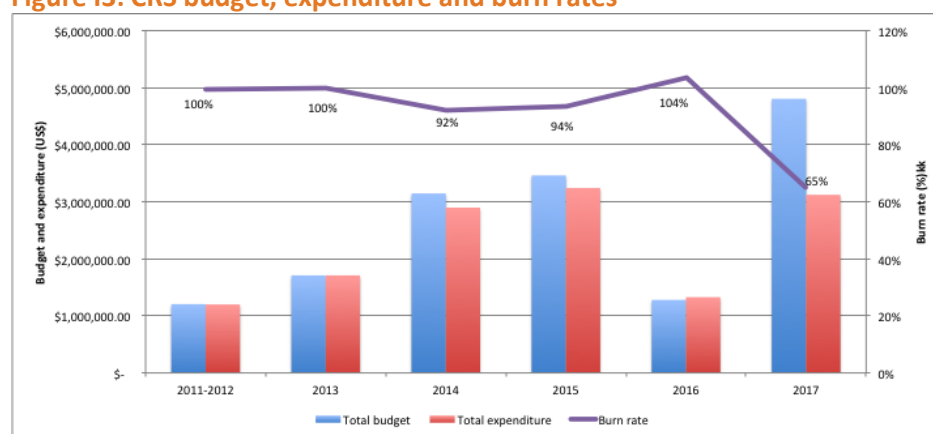
	2011-2012	2013	2014	2015	2017
N. of staff (FTE)	1.5	2.5	5	5.1	7 + 4 <sup>187</sup>

Source: Gavi CRS Grant agreements 2011 to 2017

Interestingly between 2015 and 2017 there was a decrease in the direct cost category (-40%); this can be attributed to the fact that as of 2016-2017, the budget for the OAG was no longer being channelled through CRS but given directly to IFRC. However, it is important to note that CRS staff also undertook monitoring functions and that CRS direct costs included funding for monitoring visits and M&E support.

In terms of expenditure (Figure I3), the financial reports from CRS indicate that there has been almost a full burn rate of the budget throughout the project period.

**Figure I3: CRS budget, expenditure and burn rates**



Source: CRS Financial Reports 2011-2017.

<sup>186</sup> The number of Platforms managed by CRS initially decreased in 2016 when three were allocated to REPAOC but then were returned under CRS management in 2017.

<sup>187</sup> These 4 are country focal point staff which had never been included in previous grant agreements or budgets. There are CRS country programme staff who dedicate **part** of their FTE to the Platforms project.

Note: the burn rate for 2017 is only for Jan to Dec 2017, whilst the funding goes up to June 2018, hence the lower burn rate.

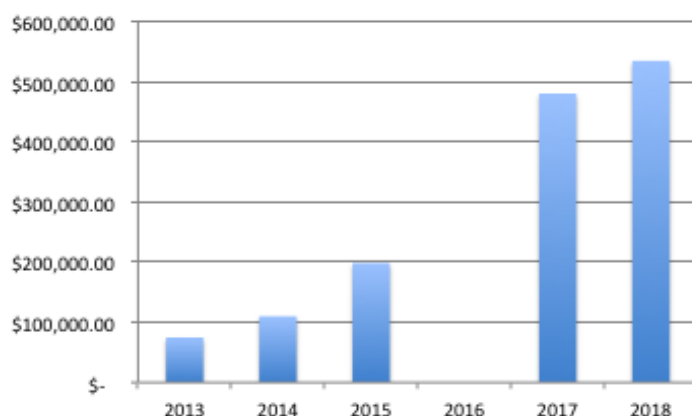
### IFRC budget

IFRC is the host agency of the CSO Constituency Steering Committee and of the Oversight Advisory Group (OAG). To support the committee and OAG functions, Gavi funds three positions to facilitate the governance and management of CSO support:

- **CSO Constituency Focal Point** of the CSO Constituency Steering Committee (100% FTE since June 2011), which coordinates/ hosts the Steering Committee, and communicates/ coordinates with the broader CSO Constituency.
- **Administrative Assistant** (30% FTE) to support the CSO Constituency Steering Committee, e.g. with travel arrangements.
- **OAG Coordinator** (100% FTE since 2016/17), which coordinates/ hosts the OAG, but also includes operational functions, including around 30% of time on an FTE basis on evaluations/reviews of CSO Platforms in countries.<sup>188</sup>

Prior to the establishment of the PEF, the budget for the OAG was being channeled to IFRC through a sub-grant of CRS’s funding. In 2013 and 2014 funding was provided for: two face-to-face meetings and support visits to countries to build capacity. In 2015 the OAG budget expanded to include: two face-to-face meeting, 10 monitoring visits, overhead costs at IFRC, support for SC representatives in project meetings and consultants fees. Starting in 2016, Gavi started to fund the OAG directly through a service agreement with IFRC that is under the PEF. From the documentation available it is unclear whether OAG received a budget in 2016 and how that budget was channelled. In 2017 the budget for OAG support was channelled to IFRC under the same contract as that for the CSO Steering Committee Support. The substantial increase in budget was due to the funding of the position of OAG Coordinator. However, since 2018, given that the CSO Steering Committee Support and OAG support are drawn from two separate pots of funding at Gavi (CSO Steering Committee Support is under Foundational Support of the PEF, whilst OAG support is part of TCA), Gavi split the contracts into two for clearer accounting. Figure I4 provides an overview of the OAG budget from 2013 to 2018.

**Figure I4: OAG Budget from 2013-2018 (US\$)**



Sources: CRS budgets and Exhibits of IFRC Service agreements

### REPAOC budget

REPAOC was contracted as a second Fund Manager of the Platforms project starting in 2016. Firstly it was assigned to manage five Platforms in francophone countries; this was reduced to 2 Platforms (Niger and CAR) in 2017. REPAOC is also the host of the OAFRESS regional Platform which is financially supported by Gavi. REPAOC’s budget for managing the Platforms project was split into two contracts as

<sup>188</sup> IFRC (2017): Evaluation of IFRC Coordination and Management of Gavi Civil Society Organisations Steering Committee and Oversight Advisory Group. Oct 2017.

per Table I2. The implementation budget included funding for OAFRESS (staff, activities and expenses) in the amount of US\$344,682, and two sub-grants for Niger (US\$147,786) and CAR (US\$150,000).

**Table I2: REPAOC's budget**

<b>Phase</b>	<b>Budget</b>
Inception Phase (Exhibit A1)	\$149,800
Implementation Phase (Exhibit A2)	\$642,468
<b>Total</b>	<b>\$792,268</b>

*Source: Gavi service agreements with REPAOC, Exhibit A1 and Exhibit A2*

### **BRAC budget**

In October 2016, Gavi signed a service agreement with BRAC for the organization and delivery of the CSO Asia Regional Meeting. The budget was for a total of US\$82,171 to cover consultant fees and meeting expenses and was fully delivered in February 2017 when the meeting was held.

## Annex J Comparator organisation study

### Background

- The study was prompted in particular by two evaluation questions:
  - EQ4: To what extent does the overall governance structure of the Gavi CSO Platform compare with other organizations and global health initiatives? What are the strengths and weaknesses of the existing structure?
  - EQ20: What role could the Gavi Secretariat play in the future, vis-à-vis other global and/or regional initiatives to support CSOs to improve immunisation systems and outcomes (such as PMNCH, UHC...)?
- Interviews and document reviews have been conducted in relation to PMNCH, GFF, the Global Fund to fight AIDS, TB and Malaria, UHC 2030 and UNITAID.
- The focus of the comparator interviews was not to evaluate different mechanisms or models of engagement but rather to understand the aims of the different partnerships and to use this to better understand Gavi’s approach and achievements and guide decisions on future efforts.

### Findings

- Each of the Global health initiatives (GHIs) included in the analysis has different goals and focus. These of course inform their approach. Table J1 below summarises some of the differences in their starting points for civil society engagement.

**Table J1: Key starting points for civil society engagement in GHIs**

GHI	Key starting points for civil society engagement
The Global Fund to fight AIDS, TB and Malaria	<ul style="list-style-type: none"> <li>- Civil society groups, and in particular movements of people living with and affected by HIV, were central to the creation of the Global Fund.</li> <li>- Communities have a long history of transforming the HIV response; this is less so for TB and malaria.</li> <li>- The intersection of HIV with stigma, human rights abuses and gender inequality has given particular impetus to the need to support community responses.</li> <li>- As a major funder, the Global Fund has a particular interest in the role civil society organisations can play in increasing its impact, either through involvement in the design of grants, the delivery of programmes, or through creating greater accountability at local, national and global levels. Civil society groups have also played a major role in supporting Global Fund resource mobilisation, since its inception.</li> <li>- The Global Fund rarely talks about “CSO engagement” but rather “community engagement”. It does engage CSOs in many ways but normally in relation to specific aims and agendas rather than as an overarching aim in and of itself.</li> </ul>
Partnership for Maternal, Newborn and Child Health and Global Financing Facility	<ul style="list-style-type: none"> <li>- PMNCH exists to bring together different constituencies as partners in support of the Every Woman Every Child strategy. Civil society is one of these constituencies. The focus of PMNCH’s support to civil society engagement is on supporting national level accountability efforts.</li> <li>- Because PMNCH is not a funding organisation, its support to civil society engagement is not concerned with enhancing country level investment.</li> <li>- However PMNCH works closely with the Global Financing Facility, the fund in support of Every Woman Every Child. So where PMNCH supports CSO engagement in GFF eligible countries, this includes supporting direct involvement in GFF grants (in terms of design, implementation and accountability).</li> <li>- GFF itself recognises the importance of civil society engagement in its grants and provides guidelines to countries to ensure this engagement; PMNCH provides support to ensure these guidelines are adhered to.</li> </ul>
UHC 2030	<ul style="list-style-type: none"> <li>- Although UHC 2030 is a recent partnership it emerged from the IHP+, a partnership in which CSOs were already engaged.</li> <li>- CSOs played an important role in advocating for the UHC goal in the SDGs and were therefore seen as important to the new UHC partnership; to the extent that CSO actors were provided with resources and space to develop an appropriate engagement model for the new UHC 2030 partnership.</li> <li>- Because UHC 2030’s focus is on health in general, a particular focus of CSO engagement is to bridge and bring together groups working on different health issues.</li> <li>- UHC 2030 is not a funder so as with PMNCH its CSO engagement work is not linked to the functioning of grants or country level investments.</li> </ul>

GHI	Key starting points for civil society engagement
Gavi	<ul style="list-style-type: none"> <li>- While CSO membership on the board has existed since Gavi’s establishment, recognition of and investment in the role of CSOs in Gavi’s mission has evolved over time.</li> <li>- The different rationales for CSO engagement or different roles of CSOs have not been well defined and so it is often the case that expectations of CSOs vary from one stakeholder to another, or evolve over time.</li> <li>- To a great extent Gavi’s investments in CSO engagement have been tied to efforts to make its overall country level funding more effective, with a particular interest in the role of CSOs in demand creation and community mobilisation. However the mainstay of this effort, the Platform support, has been largely conducted at arm’s length through the OAG and Fund Managers, and there has therefore been relatively little development of in-house ownership, responsibility and technical expertise in this area in the Secretariat.</li> </ul>
UNITAID	<ul style="list-style-type: none"> <li>- CSO membership on the board from the outset in recognition of pivotal role CSOs play in campaigning for access, challenging IP laws, and recognising community needs. Subsequently expanded to also include a “communities affected” representative, recognising that this is different from NGOs. These representatives participate in strategy design and prioritisation.</li> <li>- CSO involvement in projects is almost systematic since projects are consortium-led and tend to require delivery expertise. However UNITAID also requires project consortia to go beyond inclusion of implementation NGOs to also include community organisations at country level.</li> <li>- Because acceptability is key to introduction of new products, community advisory boards are also required for projects/</li> </ul>

This overview is supplemented in Table J2 by a more detailed evidence matrix. As well as the documents mentioned in the table other key global references were:

1. [Assessment-of-CSO-engagement-mechanisms-in-Global-Initiatives – Briefing Note Sept 2016, UHC2030](#)
2. [Global Health Initiatives CSO support presentation \(PMNCH/UHC2030\)](#)

**Table J2: Evidence matrix - summary of interviews with key stakeholders of international partnerships and key documents**

	Gavi	Global Fund	PMNCH (GFF)	UHC 2030	UNITAID
<b>Persons interviewed (roles)</b>	Referring to all Gavi KIIs conducted as part of main evaluation	Kate Thomson (Head, community, rights and gender) Linda Mafu (External relations – Civil society) René-Frédéric Plain (CCM Manager)	Kadiatou Toure (PMNCH manager) Susannah Hurd (Consultant involved in inception of CS engagement approach)	Marjolaine Nicod (Executive Director) Frédéric Martel (CS liaison) Bruno Rivalan (Consultant involved in development of engagement mechanism) Simon Wright (CS representative on Board)	Eva Nathanson (Senior programme manager, Operations team and Focal Point for CSOs) Oksana Koval (Governance Officer, External Relations team)
<b>Comments on interviews</b>	These questions were central to all KIIs so no specific interviews were conducted with Gavi stakeholders for the Comparator Study.	Cross-section of different parts of the GF involved in work related to CS engagement.	PMNCH mechanism is closely linked to GFF and serves a dual purpose, hence in some respects we received answers about both.	Nascent but draws on lessons of Gavi and many others. UHC 2030 plans to take an integrated approach to health bringing together different perspectives.	CS reps on board were not responsive to requests for interviews.
<b>Additional documents reviewed</b>	Exhaustive document review as part of the evaluation (see general bibliography)	<a href="#">The Global Fund Strategy 2017-2022: Investing to End Epidemics Focus on The Crucial Role of Communities: Strengthening Responses to HIV, Tuberculosis and Malaria</a> <a href="#">Country Coordinating Mechanisms Guidelines and Requirements</a> <a href="#">Reaching vulnerable populations: lessons from the Global Fund to Fight AIDS, Tuberculosis and Malaria</a>	<a href="#">Concept Note for Small Grants Program (PMNCH)</a> <a href="#">GFF Civil Society Engagement Strategy Implementation plan for the GFF Civil Society Engagement Strategy</a> <a href="#">Civil Society Guide to the GFF</a> <a href="#">Global Civil Society Coordinating Group on the GFF Terms of Reference</a> <a href="#">Progress Report, Budget Advocacy for improved women’s and children’s health. Experiences from national civil society coalitions (PMNCH)</a> <a href="#">PMNCH RFP: Implementing a small grants programme to support civil society engagement, alignment and coordinated action for improved women’s,</a>	<a href="#">Civil Society Engagement Mechanism Declaration On the Road to UHC: Leave no one behind A civil society organisation (CSO) perspective on how Universal Health Coverage (UHC) can be reached by 2030</a> <a href="#">Survey Report for CSO Engagement Mechanisms in UHC2030</a> <a href="#">Proposal for a Civil Society Organisation Engagement Mechanisms in UHC2030</a> <a href="#">UHC2030 and Civil Society Engagement mechanism (CSEM)</a>	<a href="#">UNITAID strategy 2017-2021</a> <a href="#">Civil Society Engagement Plan with UNITAID</a>

	Gavi	Global Fund	PMNCH (GFF)	UHC 2030	UNITAID
			<a href="#">children's and adolescents' health, particularly in relation to the Global Financing Facility GFF Country Platform Guidance Note (PMNCH)</a>		
<b>Organisation overview</b>	The Vaccine Alliance. Primarily funds immunisation roll-outs in eligible countries through key partners (WHO, UNICEF), with additional supportive funding streams direct to countries for immunisation-related health systems strengthening and targeted country assistance.	The Global Fund is the major funder of AIDS, TB and Malaria efforts. The majority of funding is allocated directly to countries for national level implementation.	PMNCH is the advocacy partnership for MNCH, Platform for the Every Woman Every Child Strategy. It does not fund programmes however has close links with GFF which is the major funding partnership for MNCH.	Partnership for the health related SDGs; not a funder of programmes or HSS. Advocacy and policy focused.	Funds programmes to make new technologies for AIDS, TB and malaria available, affordable, accessible and of good quality. Projects are multi-country so less emphasis on country process. Does not fund scaled up implementation.
<b>What is the role of civil society organisations in achieving the aims?</b>	Headline description on website describes broad range of contributions they can make. From demand creation and community mobilisation, to provision of HSS support; vaccine delivery in some circumstances; governance, oversight and accountability at country and global levels; and resource mobilisation. In addition current strategy includes an objective on CS engagement at country level and global monitoring includes a key performance indicator on participation of CSO in country processes. KIs point out that there is less of a tradition or history of CS engagement and activism on immunisation, particularly at country level.	Civil society, and broader communities affected sector were central to the creation of TGF. Actively participate in global level resource mobilisation (replenishment campaigns); in strategy and policy development; in determining and overseeing grants at country level; and in implementation.	Multisectoral partnership focused on national advocacy; CS constituency central to these efforts. CS also involved in oversight and delivery of GFF grants.	Multisectoral partnership focused on national advocacy; CS constituency central to these efforts.	Civil society role clearly acknowledged as critical to success; involved in UNITAID governance and priority setting as well as in project implementation. At a practical level UNITAID differentiates between different CS actors such as INGOs vs communities/people affected by the diseases.
<b>How do civil society organisations participate in the governance and strategy development of the organisation?</b>	Civil society represented by one seat on Gavi board, alternating northern and southern CSO representation. They are selected and backed up by a CS	Northern NGOs, Southern NGOs and communities affected are all represented on the board by one seat each (three in total). Participate in strategy and policy committees. Ad	Represented on the governance body and in the key working groups, with support of broader steering /	Represented on the governance body (steering committee) by 3 seats, one northern and one southern and one communities. With	Civil society was originally represented on governing body by one seat and later on the case was successfully made to also include representative of people affected,



	Gavi	Global Fund	PMNCH (GFF)	UHC 2030	UNITAID
	<p>constituency Steering Committee. Also participate in standing board committees.</p> <p>With just one seat on the governing body Gavi stands out as having comparatively less CS representation at the governance level. It does not differentiate between representation of different types of civil society / community interest except for the fact that the CS board member and alternate are usually one from a northern org and one from a southern org.</p>	<p>hoc secretariat advisory groups and consultations also involve these constituencies.</p> <p>Uniquely GF can draw on strong history of community HIV activism.</p>	<p>constituency group and involved in strategy development processes. NGOs are the largest constituency on PMNCH board.</p> <p>Of late recognised need to strengthen CS engagement in these areas.</p> <p>PMNCH nominates CS and youth representatives to the GFF Investors Group.</p>	<p>support of broader steering / constituency group and involved in strategy development processes.</p> <p>Played significant role in defining UHC 2030 during the transition from IHP+ partnership, making substantial changes to CS engagement model. Steering committee meets (virtually) very regularly; CS engagement mechanism participates in core UHC staff meetings.</p>	<p>so there are now two seats. Through these members CSO participate in strategy and governance.</p>
<p><b>What does the organisation do to enable and support civil society engagement at global and country levels?</b></p>	<p>Global: funds secretariat support for the CSO Steering Committee.</p> <p>Country: Platform model, funded via CRS and REPAOC until recently. Additional supervisory support provided through a small contract to IFRC to enable coordination of the OAG supervision of Platforms. HSS grants at country level can include funding for CS involvement; however this is an option rather than a requirement. Gavi recently introduced a requirement that CS should participate in ICCs (country decision making bodies).</p>	<p>Multiple and differentiated approach; however not always through the starting point of “CS engagement”.</p> <p>For instance GF chooses to engage CS in thematic efforts related to gender inequality, human rights, key populations, sustainability and transition. Specific funding in these areas often goes to CS.</p> <p>Funds constituency support processes for CS and community board members.</p> <p>Earmarks a portion of CCM funding to ensure NGO and key population/community representation – active participation is an eligibility requirement for countries. This is very much seen as a core cost of doing business so GF has always and will continue to fund the CCM function and earmark support to representation of CS and excluded groups where necessary. There is no expectation of sustainability of CCMs as long as a country is eligible for GF funding.</p> <p>Community, Rights and Gender dept provides specific support for development of areas where CS involvement is key. External relations</p>	<p>Country: launching small grants mechanism which will also serve to strengthen CS participation in GFF grant development. Primarily to support advocacy, coordination and capacity building.</p>	<p>Aim to support UHC Platforms at country level through grants and capacity building.</p>	<p>Not directly working at country level as most projects are multi-country. CS are involved in defining priorities for CFPs and INGOs almost always in the consortiums that are funded to implement projects. In addition UNITAID requires “community” representative civil society to be involved in grant implementation and requires Community Advisory Boards to be established for projects.</p>

	Gavi	Global Fund	PMNCH (GFF)	UHC 2030	UNITAID
<p><b>How is this effort governed and managed at global and country levels?</b></p> <ul style="list-style-type: none"> <li>• <b>How is the strategy defined?</b></li> <li>• <b>How are budgets decided?</b></li> <li>• <b>How is support provided/channelled?</b></li> </ul>	<p>Gavi approach to Platforms is unusual in that the concept design and oversight of Platforms is essentially conducted at arm's length by the OAG, a subgroup of the steering committee. This causes challenges with ownership and accountability. For Platforms funding is channelled through managers (CRS and REPAOC). Platforms have some scope to define funding needs but within constraints of the funds available to the managers. HSS support is channelled through country mechanisms, designed by ICC and implemented by MOHs. It is assumed that CSO subgrants are accurately costed since Gavi's budget review for HSS grants is rigorous. However budgeted/approved amounts are not always the same as the amounts subsequently allocated to CSOs.</p>	<p>department supports CS involvement in global resource mobilisation.</p> <p>Support to CSO engagement in CCMs is provided from the Global Secretariat through a mixture of policy requirements and funding. Some additional support coming from funding set-asides held back by the French, German and US governments, whereby country level actors (especially CSOs) can obtain direct support for engagement. Funding for implementation comes primarily through country grants that are defined by CCMs. However Global Fund eligibility conditions, "catalytic funding" and guidelines emphasising the role of CSO implementation also help encourage their inclusion in grants.</p>	<p>Establishing a small grants mechanism for country support. Management of this is outsourced.</p>	<p>Management of the CS secretariat function is outsourced. Other processes are still being defined.</p>	<p>CS participate in strategic decision making of new projects/products to launch. As noted above CSOs (both as INGOs and community groups) are expected if not required to be included in consortia bidding for projects. Budgets are not earmarked for these groups but are rather included within the financial offer of consortia.</p>
<p><b>Who is responsible for this area of programming?</b></p> <ul style="list-style-type: none"> <li>• <b>Management</b></li> <li>• <b>Delivery</b></li> <li>• <b>Oversight</b></li> </ul>	<p>Gavi Secretariat has staff working on contracts and backstopping Platform work, and SCMs are responsible for management and oversight of country HSS grants. However the Platform work as noted above also has an intermediary oversight function (OAG) and CRS/REPAOC provide another layer of management. This distances Gavi somewhat from the work and many Gavi staff claim to be uninformed. While SCMs do manage HSS grants there is little evidence that they probe into the CSS parts of these grants – rather they work directly with the main contractor, normally the MOH,</p>	<p>A CCM hub manages the CCM work. CRG department provides technical input in all programmatic areas. Country teams/portfolio managers manage main country grants. The level to which they engage directly with CSO subcomponents varies. However where grants are split so that contracts are signed with both government and CSO recipients, the country teams manage the CSO relationship directly. CCMs (which include CSO representatives) play the oversight role at country level.</p>	<p>CSOs are represented on the steering committee. As the small grants programme is only now being launched the precise arrangements for management and oversight have not yet been defined. A staff member within PMNCH has specific responsibility.</p>	<p>CSOs are involved in oversight by dint of being represented in governance; however country level arrangements are still being defined. A staff member within UHC 2030 has specific responsibility.</p>	<p>UNITAID has dedicated staff in the operations department responsible for ensuring CSO engagement in projects. They work across all projects. However direct project management staff are also managing his area and are on the whole committed to oversight. Funding is largely defined at a project by project level. There are no country mechanisms as such given the approach of UNITAID, although community advisory boards for each project also provide oversight.</p> <p>In terms of funds specifically for CSO / community engagement these come through the external</p>

	Gavi	Global Fund	PMNCH (GFF)	UHC 2030	UNITAID
	which aggregates all data (including CSO).				relations team (also with dedicated staffing) to ensure communications, travel and functionality of the two represented constituencies.
<b>What evidence is there of the impact or effectiveness of the role played by civil society and the support provided by the organisation?</b>	Currently being assessed by Gavi CSO support evaluation.	A number of assessments are underway. Critically these focus on specific thematic areas rather than the contribution of CSO engagement as a whole since it is recognised that CSO engagement encapsulates a very broad range of actions. At the very granular (e.g. intervention) level the role of CS is well proven; however attempts to aggregate this to overall impact have not been successful. Recent CRG led evaluations of its strategic initiative and malaria work have shown how support has increased engagement of the community sector in key decision making and that this has led to changes in country level programme design. Currently underway human rights assessments will form a baseline for evaluating impact of human rights investments many of which go through CS.	Too early in the process to comment.	Too early in the process to comment.	No evidence provided. However based on KII, the impact at project level is proven and therefore the commitment to engagement remains in place.
<b>What are perceived to be the strengths and weaknesses of the approach?</b>	Currently being assessed by Gavi CSO support evaluation. Initial findings suggest in particular that management and accountability framing is problematic. Platforms intervention has only benefited a small proportion of countries whereas other funding partnerships (Global Fund, GFF and UNITAID) all provide at least a basic level of support to CSO engagement in all projects/countries, both via funding and requirements. The design of monitoring processes has made it difficult to assess contributions of CSOs to	The requirements for engagement apply across the board. Dedicated staffing and funding for outlier/neglected areas makes it possible to ensure they are addressed. Because implementation grants can go direct to CSOs there is direct management responsibility for these in the secretariat, where they occur. However there is a general sense that more needs to be done and that engagement in different aspects is not optimal. GF has shown commitment to evaluating and revising these approaches. A lot of key decisions are still left to government. While this embeds country ownership it does mean that	Too early in the process to comment.  Very country focused but the understanding of civil society as part of country ownership (rather than just government) is a strength.	Too early in the process to comment. However the emergence of UHC2030 from IHP+ was an opportunity to evaluate and rebuild to address weaknesses in the IHP+ model. Most of these weaknesses related to insufficient attention to engagement. Very country focused but the understanding of civil society as part of country ownership (rather than just government) is a strength.	Because it is primarily project-based it is more likely that engagement will be contextual and needs based. UNITAID does not set arbitrary thresholds for funding or engagement of CSOs. This can help ensure that projects are contextualised although there may be a risk that some areas remain neglected if they are not prioritised by consortium partners. The consortium approach may mean that there are fewer barriers related to government objections to CSO engagement. Engagement is seen as core business and so there is no expectation that CS Platforms or constituencies at global level should

	Gavi	Global Fund	PMNCH (GFF)	UHC 2030	UNITAID
	HSS grants since data is aggregated across implementers. The country ownership approach is critical since success is determined by local ownership. However there is a suggestion that Gavi's approach to country ownership may be too focused on government ownership, whereas other GHIs include civil society in their concepts.	criminalised / stigmatised groups can continue to be left behind. Strong history of HIV activism means that there is strong demand from the community side and strong interest in these mechanisms working effectively. Engagement is seen as core business and so there is no expectation that CS Platforms or constituencies at country level should be self-funding. GF acknowledges the need to support these given that it requires them to be functional for its model to work.			be self-funding. UNITAID acknowledges the need to support these given that it requires them to be functional for its model to work.
<b>How does the organisation see the model evolving in the context of the SDGs and UHC agenda? What evolution is currently underway?</b>	This is the subject of EQ20 in the main body of the report. The evaluation also allows for co-creation of recommendations on this issue. During KII Gavi Secretariat stakeholders did not expand a lot on this question although acknowledged the potential value of greater coordination.	Evolution is primarily focused on the internal model, and indeed a CCM evolution project has recently been unveiled. Key stakeholders are committed to contextualising GF engagement efforts within broader movements, with some discussions underway on the role of CCMs in countries transitioning from Global Fund funding, and some countries already leading on expanding CCM mandates (the fact that many CCMs are legally constituted is helpful in this respect). Key GF staff are particularly interested in investigating ways to collaborate with others on engagement work that benefits vulnerable or excluded communities. GF work on defining the roles of communities within health systems generally has been highly innovative. GF staff expressed a strong interest in seeing the results of this study and participating in discussions with other GHIs on these issues.	PMNCH covers a broad span of health concerns and aims to support existing mechanisms rather than create new ones. Currently works closely with UHC 2030 although not yet clear how this impacts strategies. Also links with a movement within WHO to get greater CS engagement in WHO's work. PMNCH staff expressed a strong interest in seeing the results of this study and participating in discussions with other GHIs on these issues.	UHC 2030 aims to capture health movements more broadly – to create common ground within which different movements can act. It sees itself as the potential unifying body. Currently works closely with PMNCH although not yet clear how this impacts strategies. UHC 2030 staff expressed a strong interest in seeing the results of this study and participating in discussions with other GHIs on these issues.	Very much focused on product introduction and on engagement within projects. UNITAID staff expressed a strong interest in seeing the results of this study and participating in discussions with other GHIs on these issues.
<b>Other points to note</b>	Gavi is unique in its expectation that country level convening / Platforms should eventually be financially sustainable independent of Gavi funding; even though they play a core role in the functioning of Gavi's model at country level.	GF model can be described as highly differentiated and tailored to different aspects, with strategies addressing multiple angles. The challenges that GF tries to address in partnership with CSOs are perhaps unique. GF strategies are informed by	The PMNCH and GFF effort is noteworthy for the volume of technical resources it provides to support CSO engagement, as well as resources	UHC 2030 aims to ensure policy and resources back up the UHC movement. While it recognises that these are political decisions, it also recognises that decisions are determined at country level	UNITAID is an outlier in that it does not support countries directly. However this also presents unique opportunities to ensure resources engage communities since UNITAID has a much greater say over the content of projects. Given the

	Gavi	Global Fund	PMNCH (GFF)	UHC 2030	UNITAID
	<p>Compared to other partnerships Gavi's documentation and reports place little emphasis on learning from community/CS engagement (although CRS does do this).</p>	<p>and benefit from the strong history of CS and community engagement in HIV.</p> <p>For the GF although it is committed to engagement it is not solely an end in itself, and often has a specific programmatic purpose.</p> <p>The existence of third party support for engagement through the French, German and US governments provides an additional backstop to the Global Fund efforts and enables some aspects to be addressed independently or at arms length. This may be particularly appropriate for accountability efforts since there is some tension involved where a funder is funding efforts to hold itself to account.</p>	<p>sharing lessons of impact.</p>	<p>and that civil society and communities are central to mobilising demand for this at country level.</p>	<p>timebound nature of UNITAID's efforts (supporting an innovation until such point as it becomes adopted at scale by a country or other funders), this avoids the risk of a global institution overriding country decisions. The lesson for Gavi is not that it should change its overall focus on countries, but rather that there may be opportunities to support engagement through similar "challenge funding" or innovation approaches.</p>

## Annex K Validation of ToC assumptions

Key assumptions	Evidence to validate the assumption	Assumption holds/ doesn't hold
<b>Governance and management arrangements (related to workstream 1)</b>		
<b>Assumptions related to capabilities</b>		Strong evidence indicates that the assumptions relating to the capabilities, culture and practices of the governance and management arrangements <b>do not hold</b> , suggesting that a facilitative environment has not been put in place for Gavi's support to CSO to achieve its intended outputs and outcomes.
<b>Strategy:</b> there is a clear aligned strategy (for delivering the CSO Model through its governance and management arrangements) which describe key processes and mechanisms, a monitoring plan and a resourced action plan	Strong evidence against EQs 1, 2 and 3, as well as against other EQs, suggests that governance and management arrangements, systems and policies were not clearly defined and did not facilitate efficient and effective governance and management functions.	
<b>Systems:</b> There are the relevant structures, systems and mechanisms in place to enable and support the CSO Model		
<b>Policies:</b> Strong and high-quality policies are in place to enable effective governance and management		
<b>Assumptions related to culture</b>		
<b>Culture:</b> Stakeholders engaged in CSO Model governance and management have the right competencies and behaviours to enable and support the CSO Model. Appropriate incentives and sanctions are also in place to encourage appropriate behaviour in line with clear roles and responsibilities.	Strong evidence against EQ2 and 3 suggests that key stakeholders engaged in CSO Model governance and management did not harbour an appropriate culture to enable and support the CSO Model, and roles and responsibilities were not clearly abided by.	
<b>Assumptions related to practices</b>		
<b>Leadership:</b> Senior stakeholders and leaders engaged in CSO support actively champion accountability	There is good evidence against EQ3 demonstrates that there was a lack of senior engagement and leadership over CSO support.	
<b>Transparency:</b> Gavi and other stakeholders engaged in CSO support are open in their communications and transparent about activities and decisions	Strong evidence against EQs 2, 3, 5 and 6 indicates that there has been a critical lack of transparency in the sharing of key documents and progress among stakeholders as well as poor communication modalities/ channels amongst stakeholders, although there is some evidence that this has improved over time.	
<b>CSO Platform support (related to workstream 2)</b>		
<b>Assumptions related to funding modality</b>		There is good evidence to suggest that the assumptions related to the funding modality of the CSO Platform model <b>partially holds</b> (guidance not fully clear, disbursements delayed, capacity to be independent Platforms is a challenge).
<ul style="list-style-type: none"> <li>Clear Gavi guidelines and/or terms of reference ensure roles and responsibilities of Platform stakeholders are well understood</li> <li>Funds for CSO Platforms are disbursed by Gavi in a transparent and timely manner</li> <li>CSO Platform stakeholders have the capacity and are able to comply with Gavi and/or government requirements to avail of funding (e.g. by being</li> </ul>	<ul style="list-style-type: none"> <li>There is limited evidence from EQ1 suggesting that there has been a lack of guidance on how CSO Platforms should achieve the project's objectives.</li> <li>There is strong evidence against EQ 6 highlights that there have been substantial delays in the disbursement of funds from Gavi to Fund Managers and onto the CSO Platforms over the course of the project delaying implementation of activities on the ground.</li> </ul>	

<p>registered as a legal entity with bank account to receive funds)</p>	<ul style="list-style-type: none"> <li>• There is good evidence against EQ 8 indicates that Platform have achieved improved functionality (i.e. majority of Platforms are registered as legal entities and able to receive funds). However, the capacity of Platforms to stand on their own and avail of future funding varies substantially across countries and many are still dependent on FO support (EQ 12).</li> </ul>	
<p><b>Assumptions related to implementation</b></p> <ul style="list-style-type: none"> <li>• CSOs are aware, willing and able to engage in regional and country Platforms, and Platform members' commitment and participation is maintained over time</li> <li>• Platform FOs are seen as credible representatives in the CSO community and act as a suitable conduit to represent the views of broad based civil society constituents/Platform members</li> <li>• Focused training efforts in a short time-frame are successful in building capacity among CSOs</li> <li>• Regional Platforms are a useful and appropriate mechanism for advocacy and sharing lessons learned and best practices between countries</li> <li>• Country Platforms are recognised by governments and relevant stakeholders in country, and are a useful and appropriate mechanism for facilitating CSO engagement with government and other stakeholders in immunisation related activities</li> </ul>	<ul style="list-style-type: none"> <li>• Good evidence indicates that CSO Platforms have been set up and become operational in majority of countries envisioned (24 out of 26). Most Platforms mapped CSOs and expanded pre-existing CSO networks to engage a broader range of CSOs (EQ 5)</li> <li>• Good evidence from EQ 5 also demonstrates that the majority of FOs were found to be the appropriate choices to be the host of the platform, despite the selection processes not having been very transparent or efficient.</li> <li>• Limited evidence that short-term training efforts have successfully built the capacity of CSOs.</li> <li>• Some evidence that cross-country and regional learning activities (e.g. ConneXions) are leading to sharing of experiences and best practices.</li> <li>• Good evidence from EQ8 highlights that the CSO Platform model has contributed to increased participation of CSOs in national health sector planning and policy-making in a majority of case study countries: CSO Platforms are recognised by Governments, are members of ICCs/HSCCs and are involved in national processes on immunization.</li> </ul>	<p>There is good evidence to suggest that the assumption related to implementation of the CSO Platform model at the country level <b>holds</b> (Platforms are aware, willing and able to engage, FOs are seen as credible representatives although short-term training efforts not always successful in building the capacity) and has led to increased participation of CSOs in national health sector planning and decision-making.</p> <p>There is limited evidence on the assumption that regional activities and cross-country learnings are useful and appropriate to lead to increased engagement of CSOs, so the assumption <b>partially holds</b>.</p>
<p><b>Support to CSOs through HSS (related to workstream 2)</b></p>		
<p><b>Assumptions related to funding modality</b></p> <ul style="list-style-type: none"> <li>• Clear Gavi HSS guidelines facilitate participation of CSOs in HSS grant activities, with corresponding budget allocation</li> <li>• Gavi HSS support is valued by countries, CSOs are engaged in the HSS proposal development and sufficient resources are available to allocate some funds to CSO-related/CSO-led activities</li> <li>• Funds for HSS (and by extension for CSOs) are disbursed by Gavi and made available to CSOs by government or other conduit in a timely manner</li> </ul>	<ul style="list-style-type: none"> <li>• Limited evidence from EQ13 (only one case of confusion regarding the HSS guidelines on CSO participation) suggesting that guidelines are clear and generally understood.</li> <li>• Good evidence from EQ13 demonstrates that CSO Platforms are involved in the proposal development process and have been allocated budget.</li> <li>• However, good evidence from EQ 14-15 shows that although CSO Platforms may have been involved in the proposal development process and have all the requirements to avail of funding, for various reasons,</li> </ul>	<p>There is some evidence to indicate that the assumptions related to the HSS funding modality <b>partially holds</b> – CSOs are included in HSS grant proposal but are not able to avail of funding (which is cancelled, delayed or postponed).</p>



<ul style="list-style-type: none"> <li>CSOs are able to comply with Gavi and/or government requirements to avail of funding (e.g. by being registered as a legal entity with bank account to receive funds)</li> </ul>	<p>their allocation has been delayed, postponed or cancelled. In the few cases where CSOs do receive their HSS allocation, fund disbursement has generally been delayed.</p>	
<p><b>Assumptions related to activities being implemented by CSOs</b></p> <ul style="list-style-type: none"> <li><b>Community empowerment:</b> Communities are willing to engage with CSOs, and CSOs are able to mobilise and engage populations to stimulate demand</li> <li><b>Service delivery:</b> CSOs are able to add value to existing immunisation services (e.g. by providing outreach services in remote/ hard to reach areas not otherwise reached, and/or providing logistical support where this is needed)</li> <li><b>Other health system building blocks:</b> Political leaders are willing and able to cooperate in HSS activities to create a supportive and enabling environment for immunisation services. CSOs are able to add value and make a meaningful contribution to HSS activities</li> </ul>	<ul style="list-style-type: none"> <li>Limited evidence from EQ 14-15 that in the very few countries where demand creation, outreach and other logistics/coordination activities have been implemented by CSOs, this has led to the empowerment of communities and improved availability and quality of immunisation services, which in turn has led to greater demand, access and supply of immunisation services. However, this evidence is felt to be too limited for us to fully validate the links in the ToC.</li> <li>There has been very limited allocation for CSOs to support the development of other health system building blocks, which was not seen in any of the countries studied in depth through this evaluation.</li> </ul>	<p>There is very limited evidence related to these assumptions, so <b>we are not able to determine</b> whether the assumptions hold.</p>
<p><b>Linkage of CSO Platform and CSO/HSS support to achievement of long-term outcomes/impact (workstream 3)</b></p>		
<ul style="list-style-type: none"> <li><b>Accountability:</b> Information generated and advocated by CSOs to government and Gavi is understood and acted on, and vice versa</li> <li><b>Improved immunisation service delivery:</b> CSO engagement in immunisation planning, resources and services is meaningful and supports decision making processes (i.e. to improve efficiency, effectiveness and equity)</li> </ul>	<ul style="list-style-type: none"> <li>There is no evidence on this assumption.</li> <li>There is very limited evidence that the engagement of CSOs is meaningful and has helped to support decision making processes, including support to policy development. However, there is no evidence to systematically link this to the increased efficiency, effectiveness and accountability of immunisation delivery systems.</li> </ul>	<p>There is no or very limited evidence related to these assumptions, so <b>we are not able to determine</b> whether the assumptions hold.</p>