



**FRAGILITY, EMERGENCIES AND
REFUGEES (FER) POLICY – EVALUATION**

042-2020-GAVI-RFP

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EXECUTIVE SUMMARY

INTRODUCTION

Gavi, the Vaccine Alliance's (Gavi's) Fragility, Emergencies and Refugees (FER) policy has been in effect since June 2017. The purpose of the FER policy is the following: 1) to articulate clear criteria for identifying a subset of Gavi countries that are affected by fragility, as per international standards; 2) to provide guidance on adapting certain Gavi policies and processes to tailor them to the local context, in order to increase the effectiveness of the support that is provided; and 3) to detail flexibilities that can be extended in the case of an emergency and for Gavi-supported countries hosting refugees.

Given the strategic importance of this policy, and in the context of the planning and operationalisation of Gavi's new Strategic Period 5.0 (2021–25), the Gavi Alliance Board has requested an external evaluation of the FER policy. The main purpose of the evaluation is to assess the overall design, implementation and results of the FER policy. The evaluation findings and recommendations are intended to inform the future direction and revision of the policy. As per the request for proposals, the key target audience for the evaluation is the Gavi Secretariat and the Gavi Alliance Board.

The evaluation objectives are:

1. to assess the extent to which the design of the FER policy is relevant and appropriate as regards achieving its intended purpose and objectives;
2. to assess the effectiveness and efficiency of the implementation and management of the FER policy by the Gavi Secretariat;
3. to assess the extent to which the FER policy has achieved its desired result(s) and to provide evidence-based findings regarding the main successes and challenges; and
4. to provide conclusions, lessons learned and recommendations to assist in the review and updating of the FER policy, and to inform the fragility segment of the policy.

METHODOLOGY AND LIMITATIONS

The evaluation applied a mixed method approach, with an evidence-based, comparative and learning focus. The evaluation included four key discrete but overlapping qualitative and quantitative data collection processes: (1) desk-based documentation review; (2) quantitative data analysis; (3) key informant interviews (KIIs), held virtually, including with the Gavi Secretariat, with Alliance partners, and with other global-level stakeholders, as well as with country-level stakeholders; and (4) three deep-dive country case studies in Afghanistan, Bangladesh and South Sudan, representing FER contexts. The development of the report involved content analysis, synthesis and triangulation. Preliminary findings and recommendations were discussed in an online co-creation workshop.

Limitations of the methodology included the timely and limited availability of documentation directly related to the FER policy, issues with the identification and availability of key informants (due to the COVID-19 pandemic), and the limited monitoring and tracking of the FER policy's implementation by Gavi. A costed extension was deemed necessary to supply the evaluation team with additional documentation. The evaluation team acknowledges the fact that a full representation across all possible stakeholders, in particular government representatives in the case studies, could not be achieved and the possible influence this may have had on the findings. However, in presenting the findings of the evaluation, extensive efforts were made to triangulate and validate the quantitative and qualitative data, support the results with evidence, and ensure the rigour of the conclusions.

CONCLUSIONS

The following seven conclusions respond to the above evaluation objectives and the 11 evaluation questions (EQs) set out in the evaluation framework. Taking into consideration the limitations referred to above, the conclusions relate to the high-level findings presented in Volume 1, and to the case studies presented in Volume 2.

FER POLICY DESIGN, STRATEGY AND ALIGNMENT

EQ1: To what extent does the FER policy fulfil its original premise regarding allowing rapid adaptation of programmatic, administrative and financial approaches and processes in different exceptional settings, and rapidly changing contextual and programmatic realities?

EQ2: To what extent does the FER policy clearly articulate the eligibility criteria, identify different situations and allow for an appropriate response?

Conclusion 1:

The FER policy has been designed as an instrument to allow flexibility in applying Gavi policies and operations in countries that face fragility, emergencies, or a refugee situation, and in facilitating Gavi's approach towards more targeted and tailor-made interventions. The evaluation finds that the policy is robust enough to serve this adaptation function and is relevant for Gavi's direct and indirect beneficiaries. However, the relevance of the policy also faces challenges due to applied eligibility criteria and operational consequences:

- a) The FER policy clearly articulates the eligibility criteria by making use of internationally published lists for defining fragile countries, and drawing on the classification used by the World Health Organization (WHO) and the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) for emergency situations. However, the relevance of the policy is challenged in Gavi-eligible countries that face localised fragility but which are not eligible for support according to the criteria of the FER policy, and in non-Gavi-eligible countries that face fragility or an influx of refugees (including internally displaced persons (IDPs) and migrants) with similar health needs. The World Bank and the Global Fund also make use of international classifications for eligibility but these agencies also invoke their respective policies at subnational level (e.g. in fragile areas in non-fragile countries).
- b) The relevance of the policy is challenged in FER situations that require immediate agile responses and rapid adaptation of programmatic, financial and administrative approaches. While the design of the policy in itself is robust in terms of operationalisation of the policy, Gavi's processes are not fully suitable for a rapid response and operational constraints hamper immediate application of the FER policy, thus reducing the potential of added effectiveness (immunisation coverage) of Gavi's programme.

EQ3: To what extent does the FER policy align with and link to global guidance and responses to humanitarian situations, and reflect broader best practices and approaches (e.g. in the categorisation of the three elements of the policy – fragility, emergencies and refugees)?

Conclusion 2:

The FER policy aligns well with global guidance and immediate responses to humanitarian situations:

- a) The implementation of FER flexibilities at country level is mainly guided by the WHO Framework for Vaccination in Acute Humanitarian Emergencies. Gavi may wish to consider emphasizing its

advocacy efforts for using the broader potential of the WHO framework as guidance for the local implementation of the FER policy.

- b) The FER policy aligns with the concept of the humanitarian-development-peace nexus (HDP nexus) as flexibilities under the FER policy provide opportunities to coordinate between development and humanitarian actions at country and subnational levels. By maintaining its development lens but increasingly combining this with a fragility/humanitarian focus (also in the context of Gavi 5.0 with particular focus on zero-dose children, often in fragile and conflict-affected settings), Gavi is well-positioned to influence the global discussion on the HDP nexus.
- c) The FER policy is largely aligned with similar policies of other agencies like the Global Fund and the World Bank.

Conclusion 3:

The FER policy is aligned with other Gavi policies, as is stated in the policy, and it also includes references to principles related to gender, equity, transparency and accountability. However, the FER policy features are not prominently referred to in Gavi's new Strategic Period 5.0, although Gavi is increasingly moving towards contextualised adaptation in FER settings, due to its strategic push towards equitable immunisation access. The particular focus on fragile contexts in the Gavi Strategic Period 5.0, including an updated country classification, warrants the pertinence of flexibilities for emergency and refugees in the FER policy.

FER POLICY IMPLEMENTATION, PROCESS AND PARTNERSHIPS

EQ4: To what extent is there consistency in the application of the FER policy, and to what extent does the policy facilitate operationalisation in an effective manner to support fragile settings (including annual fragility classification), emergency situations and refugee populations? To what extent are processes streamlined in regard to determining the best approaches to country requests and disbursing funds (where applicable)?

EQ5: To what extent is there an appropriate understanding and communication of the policy, Operational Guidelines and tools within the Secretariat and external stakeholders (partners, countries, etc.)?

EQ6: What are the key challenges in implementing the policy (including the reasons for any exceptions to the policy), and what processes are there for addressing these challenges?

Conclusion 4:

The Operational Guidelines (3.16) are clear and provide a sufficient basis for ensuring consistency in the application of the FER policy but this has not prevented differing levels of understanding and varying interpretations of the policy, both internally and externally, in part because the guidelines are only an internal document for Secretariat staff, and cannot be accessed externally. This has led in practice to a lack of consistency across countries in the application and operationalisation of the policy, although precedent-setting and learning by doing have balanced this to a certain extent. In responding to the agile needs of countries, requests for and operationalisation of flexibilities have been hampered for several reasons:

- a) Although awareness of the existence of the FER policy is high, limited internal and external communication around the policy has contributed to a lack of uniformity in understanding of the FER policy and guidelines, which has impeded efficient and consistent operationalisation of the policy.
- b) There is an ambivalent attitude within the Secretariat, whereby promotion of the FER policy is balanced with a reluctance to deviate from strong standardised internal procedures.

- c) There is no ‘custodian’ of the policy within the Gavi Secretariat to ensure efficient and effective scale-up of the policy’s implementation, to increase accountability of FER policy implementation, and to increase knowledge within Gavi and its partners on these topics.

EQ7: What is the nature of partnerships with humanitarian actors/engagement of civil society organisations (CSOs), on the one hand, and humanitarian response coordination mechanisms, on the other, and to what extent has the FER policy led to partnerships and collaborations with other actors that positively influence performance and results?

Conclusion 5:

The nature and extent of engagement with Alliance partners and CSOs have varied over time. Engagement has been more intensive since 2019, inter alia due to pooled arrangements, but lengthy partnership negotiations, Gavi’s limited country presence, and different perceptions of partnerships remain important barriers to establishing partnerships with CSOs and humanitarian agencies.

- a) The limited implementation absorption rate of traditional Alliance partners warrants extending collaboration with other partners with track records in FER settings. The country case studies show recent promising developments in partnering. These provide key entrance points for localised and tailored solutions that would otherwise not be in reach by Gavi, either through governments or Alliance partners.
- b) Gavi has been increasingly successful in joining country-level humanitarian coordination platforms. Pooled funding mechanisms that resource joint programmes provide Gavi with access to key non-government partners that can cover hard-to-reach, conflict-affected, and opposition-controlled areas. The FER policy has enabled Gavi to seek this coherence and effectiveness in its programmatic approach.
- c) Lessons learned are currently being used to establish global memoranda of understanding (MoUs) with humanitarian actors in the context of the Gavi Strategic Period 5.0. The evaluation encountered different perceptions about these new partnerships: Gavi considers them generally to be effective and efficient, while some of the humanitarian organisations raised concerns about the lengthy processes at Gavi, not only for establishing these partnerships, but also for supporting governments and partners in getting FER flexibilities approved.

FER POLICY RESULTS

EQ8: To what extent does the draft FER monitoring and evaluation (M&E) framework capture intended results?

EQ9: To what extent has the FER policy contributed to appropriate targeting and coverage, and achieved the results (linked to the FER M&E framework)?

EQ10: To what extent have flexibilities been operationalised that were foreseen in the policy, including for countries hosting refugees?

Conclusion 6:

The intended result of the FER policy, increasing the effectiveness of support towards equitable access to immunisation, was achieved, according to a large majority of informants, but this could be not fully assessed by the evaluation team, for the following reasons:

- a) The M&E framework for the FER policy is adequately designed but data are not captured and centrally consolidated and analysed by Gavi for decision-making, due to flexibility outcome data being either unavailable or barely available.

- b) National annual routine immunisation data available through country Grant Performance Frameworks (GPF) do not allow for the analysis of specific populations, targeted areas, refugees, migrants, IDPs, or emergencies. We found mixed evidence on the progress of the coverage of selected indicators (Penta, IPV, MCV, etc.) at national level. Some GPFs have integrated a small subset of outcome indicators specific to FER target areas of populations. Despite the significant support and efforts in programme implementation by Alliance partners and others, it remains challenging to come to a conclusion on the extent of the FER policy’s influence on immunisation outcomes.
- c) The country case studies show that the requirement for using quality data and analysis (which are often not readily available) hampers quick responses and decision-making, and leads to lengthy negotiation and approval processes. This is a balancing act, where a higher risk appetite is required – a key principle that is included in the FER policy.
- d) The FER Tracker tool that keeps track of the FER flexibilities that are granted is not used by Gavi in a systematic way, which makes monitoring of the implementation of the policy challenging. This also inhibits the evaluation team’s ability to be conclusive about the effectiveness and the efficiency of the policy.

EQ11: To what extent has the policy facilitated more strategic linkages with longer-term interventions (capacity building in-country)?

Conclusion 7:

The strategic linkage of the FER policy with longer-term interventions has mainly been found in the additional HSS grants provided, which contributes to the response capacity of governments and partners, and the fundamental pillars of the health system, including integrated services at lower tiers or Expanded Programme on Immunization (EPI) necessities and administration.

RECOMMENDATIONS

Recommendation	Target user/ responsible party	Timeframe (short-, medium-, long-term)	Priority (high, medium, low)	Estimated cost level (high, medium, low)
<p>1. Review and revise the application mechanism for eligibility criteria to allow prompt decision-making on eligibility where immediate action is required, in particular in emergency and refugee influx situations, and consider allowing subnational targeting/eligibility.</p> <ul style="list-style-type: none"> a) Adjustments should be made in alignment with the Gavi Strategic Period 5.0., including application in non-eligible or no longer eligible countries. b) As part of the planned update of the FER policy, liaise with other international agents (incl. Global Fund, World Bank) on timely adapting and applying the eligibility criteria. 	<p>Gavi Alliance Board, Gavi Secretariat</p>	<p>Short-term</p>	<p>High</p>	<p>Low</p>

Recommendation	Target user/ responsible party	Timeframe (short-, medium-, long-term)	Priority (high, medium, low)	Estimated cost level (high, medium, low)
2. Align the FER policy with the approach to fragile settings outlined in the Gavi Strategic Period 5.0 and position an updated FER policy more prominently in the Gavi Strategic Period 5.0, underscoring the need to address pockets of low coverage and focusing on emergencies and refugees.	Gavi Alliance Board, Gavi Secretariat	Medium-term	Medium	Low
3. Identify or create a ‘custodian’ or a specific FER team within the Secretariat that ‘owns’ the policy and that has experience and understanding of FER settings. This team should be mandated to ensure efficient and effective scale-up and consistent application of FER policy implementation, to improve monitoring (M&E framework, FER Tracker) and accountability, and to capacitate Gavi staff. Prepare a communication strategy on these topics and effectively communicate this internally.	Gavi Secretariat	Short-term	High	Medium
4. Increase common understanding of the FER policy among Gavi Secretariat and field staff Alliance partners, governments (MoH) and other grant receivers involved in FER settings. This includes recognition of the WHO Framework as core resource for immunisation implementation in FER settings.	Gavi Secretariat	Short-term	High	Low
5. In line with the focus on fragile settings as foreseen in the Gavi Strategic Period 5.0, consider contracting liaison officers in FER settings, based on positive experiences in some countries. Presence of liaison officers is expected to facilitate the coordination and preparation of requests for flexibilities under the FER policy, including responding to requests for clarifications.	Gavi Alliance Board	Medium-term	High	High
6. Strengthen the capturing and analysis of tailored data that provide decision makers with results from the FER M&E framework. To that end, develop a FER M&E plan that is managed and coordinated by the Secretariat and supported by sufficient human resource capacity at headquarter and country level (e.g., “custodian” at the Secretariat, and liaison officers in the countries).	Gavi Secretariat	Medium-term	Medium	Medium

ACKNOWLEDGMENTS

The evaluation team acknowledges with appreciation the guidance and inputs of the staff and consultants of the Gavi Secretariat who accompanied this evaluation process. We are grateful to the members of the Evaluation Steering Committee who provided us with feedback on the draft report, as well as with particular insights, and with some of whom we have held key informant interviews.

We thank all key informants, who responded patiently to our questions during interviews. We also thank the staff at the Gavi Secretariat across different departments who guided us through the specificities of Gavi's operations and reporting mechanisms. Their collaboration made it possible for us to collect the information presented in this report.

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TABLE OF CONTENTS

Executive summary.....	iii
Acknowledgments	ix
Introduction	1
1.1 Background.....	1
1.1.1 Gavi, the Vaccine Alliance	1
1.1.2 Gavi’s FER policy	1
1.2 Evaluation	3
1.2.1 Objectives.....	3
1.2.1 Methodology.....	4
1.2.2 Limitations and mitigation	8
1.2.3 Timelines and deliverables.....	10
2 FER Policy Design, Strategy and Alignment.....	11
2.1 Relevance of the FER policy	11
2.1.1 Development of the FER policy.....	11
2.1.2 Relevance – Original premise.....	13
2.2 FER policy eligibility criteria	15
2.2.1 Fragility.....	16
2.2.2 Emergencies.....	17
2.2.3 Refugees and population displacement	18
2.3 Alignment of the FER policy.....	19
2.3.1 Global guidance and responses to humanitarian situations	19
2.3.2 Alignment with Other Gavi policies and programmatic guidance	22
3 FER policy Implementation, Process and Partnerships.....	25
3.1 Operationalisation of the policy	25
3.1.1 Understanding and communication	26
3.1.2 Implementation efficiency – challenges.....	29
3.2 Partnerships.....	32
4 FER policy Results	36
4.1 FER Policy M&E framework	36
4.2 Targeting, coverage and results	38
4.3 Operationalised flexibilities	42
4.4 Linkages with resilience and longer-term interventions.....	43
5 Lessons learned, Conclusions and Recommendations	44
5.1 Lessons learned	44
5.2 Conclusions.....	45
5.3 Recommendations	48

Annexes..... 49

LIST OF TABLES

Table 1. Overview of type of documents consulted, by assessment purposes	5
Table 2. Ranking of the strength of evidence.....	10
Table 3. Milestones and deliverables	10
Table 4. Types of partners engaged in country dialogue during FER flexibility requests	28
Table 5. Tracking time from request to approval	30
Table 6. Gavi’s FER policy M&E framework	36
Table 7. Recommendations*	48

LIST OF FIGURES

Figure 1. Alliance partners	1
Figure 2. Gavi FER policy – process of application.....	2
Figure 3. Evaluation objectives and OECD-DAC evaluation criteria.....	5
Figure 4. Steps in assessing efficiency in FER policy implementation	25
Figure 5. Financial and non-financial approval processes.....	26
Figure 6. Afghanistan outcome indicators	40
Figure 7. Bangladesh outcome indicators	41
Figure 8. South Sudan outcome indicators	41

ABBREVIATIONS

CAR	Central African Republic
CEO	Chief executive officer
CSO	Civil society organisation
DAC	Development Assistance Committee
DL	Decision Letter
EPI	Expanded Programme on Immunization
EQ	Evaluation question
FCV	Fragility, conflict and violence
FER	Fragility, emergencies and refugees
Gavi	Gavi, the Vaccine Alliance
GNI	Gross national income
GPF	Grant Performance Framework
HDP nexus	Humanitarian-development-peace nexus
HPF3	Health Pool Fund
HSIS	Health systems and immunisation strengthening
HSS	Health systems strengthening
IASC	Inter-Agency Standing Committee
ICG	International Coordination Group on Vaccine Provision
IDPs	Internally displaced persons
IFRC	International Federation of Red Cross and Red Crescent Societies
IOM	International Organization for Migration
KII	Key informant interview
M&E	Monitoring and evaluation
MoU	Memorandum of understanding
MSF	Médecins sans Frontières/Doctors without Borders
NGO	Non-governmental organisation
OCHA	Office for the Coordination of Humanitarian Affairs
OECD	Organisation for Economic Co-operation and Development
OG	Operational Guidelines
PO	Programme Officer
SCM	Senior Country Manager
TCA	Targeted Country Assistance
TEC	Technical Expert Committee
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development
WHO	World Health Organization

INTRODUCTION

1.1 BACKGROUND

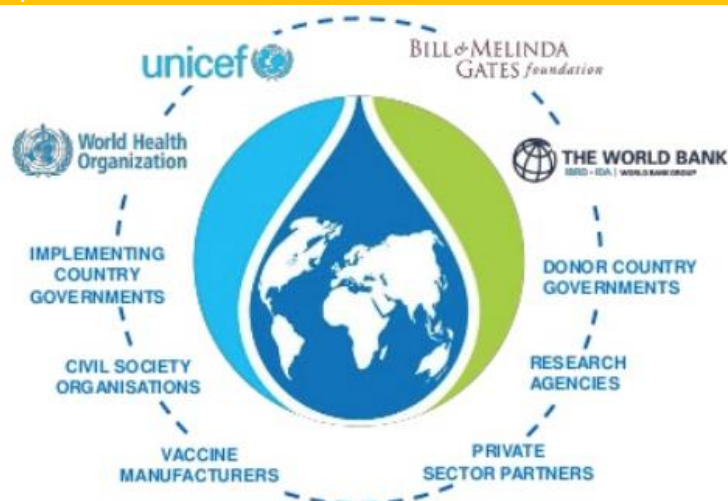
1.1.1 GAVI, THE VACCINE ALLIANCE

Gavi was formally launched at the World Economic Forum in January 2000. As an international public-private partnership, it brings together key United Nations agencies, governments, the vaccine industry, the private sector, research agents and civil society in the shared goal of creating equal access to new and under-used vaccines for children living in the world's poorest countries. Gavi plays a critical role in strengthening primary healthcare and ensuring no one is left behind. Gavi's mission is '*saving children's lives and protecting people's health by increasing equitable use of vaccines in lower-income countries.*'¹

Rather than duplicating the services of the many players in the field of health and vaccines, Gavi relies on country-based systems and works with partners with widespread country presence to deliver its programmes. Gavi provides support to countries to introduce new vaccines and to conduct supplementary immunisation campaigns for specific vaccinations, as well as support for health system and immunisation strengthening (HSIS).

Partners contribute to Gavi through participation in strategy- and policy-setting, advocacy, fundraising, vaccine development and procurement, country support and immunisation delivery.

Figure 1. Alliance partners



Source: <https://www.gavi.org/our-alliance/about>

1.1.2 GAVI'S FER POLICY

Gavi's FER policy² has been in effect since June 2017. It replaced the 'Fragility and Immunisation Policy' that was approved by the Gavi Alliance Board in December 2012.³ The purpose of the FER policy is:

- to articulate clear criteria for identifying a subset of Gavi countries that are affected by fragility, as per international standards;

¹ <https://www.gavi.org/our-alliance/strategy>

² FER Policy. Version 3.0. Approved by the Gavi Alliance Board on 7 June 2018.

³ Gavi Alliance Fragility and Immunisation Policy. Approved by the Gavi Alliance Board in 2012.

- to provide guidance on adapting certain Gavi Alliance Board-approved policies and processes that are tailored to the local context, in order to increase the effectiveness of support towards equitable access to immunisation; and
- to detail flexibilities that can be extended in the case of an emergency and for Gavi-supported countries hosting refugees.

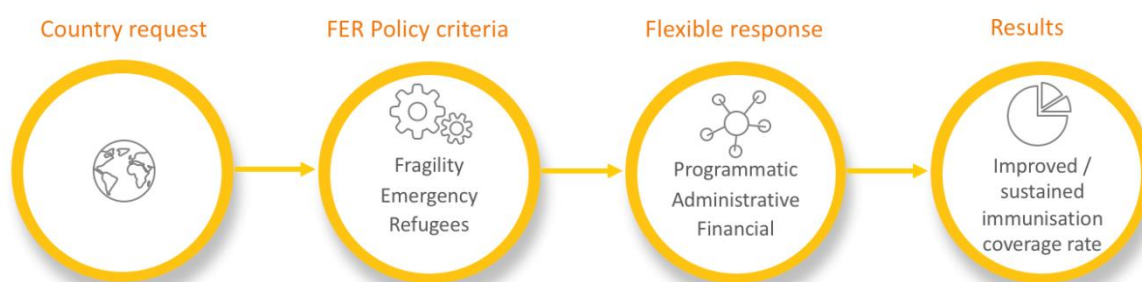
The scope of the FER policy concerns Gavi-supported countries (low-income, Phase 1 and Phase 2, as per Gavi’s Eligibility and Transition Policy)⁴ that are faced with fragility, emergencies and/or a refugees situation, described in the 2018 policy document as follows:

- **Fragility:** Countries facing fragility based on three international classifications⁵ that consider political, economic, environmental and social instability, as well as public sector management and social inclusion.
- **Emergencies:** WHO and United Nations classifications serve as reference points and early warning signs to help identify Gavi-supported countries that are facing emergencies – natural or man-made.
- **Refugees:** Gavi encourages governments of Gavi-supported countries to include refugees in their planning for routine immunisation services. To facilitate this, the policy includes several potential flexibilities for Gavi-supported countries that host refugees.

A set of nine key principles guide the application of Gavi’s FER policy: transparency, prioritisation, flexibility, reliance, complementarity, coordination, a higher risk appetite, humanitarian principles and application of a gender lens.⁶

Figure 2 summarises the process of applying the FER policy. The FER policy allows for a flexible and tailored approach towards programmatic, administrative and/or financial arrangements and processes. As such it is meant to increase a country’s ability to effectively use Gavi support. Circumstances that could make countries eligible for application of the policy include fragility, conflict, natural disaster, health emergencies or refugee crises. The first flexibilities under the FER policy were requested and approved in October 2017.

Figure 2. Gavi FER policy – process of application



⁴ Gavi Alliance Eligibility and Transition Policy. Version 3.0. Approved by the Gavi Alliance Board on 7 June 2018.

⁵ Each year, Gavi reviews the fragility of states based on: (1) the Fund for Peace Fragile States Index; (2) Organisation for Economic Co-operation and Development (OECD) States of Fragility; and (3) the World Bank harmonised list of fragile situations.

⁶ Gavi Alliance FER Policy. Version 3.0. Approved by the Gavi Alliance Board on 7 June 2018.

Countries in which fragility has been identified based on the three officially published lists mentioned above⁷ (see also [Section 2.3](#)) can benefit from flexibilities under the policy. Flexibilities can be granted in regard to the following: Gavi’s application, monitoring and reporting requirements and processes; and implementation of HSIS support (e.g. eligibility criteria for performance-based funding, provision of funds to non-state actors, and additional HSS support of up to 50% beyond the country allocation).⁸ Additional flexibilities in the case of an emergency that are mentioned in the FER policy include additional vaccine support, HSS support, additional operational cost support and technical assistance. In refugee situations, flexibilities include additional vaccine quantities, including for a broader age and/or antigen range for refugee populations.

1.2 EVALUATION

Given the strategic importance of the FER policy, and in the context of the planning and operationalisation of Gavi’s new Strategic Period 5.0 (2021–25), the Gavi Alliance Board has requested an external evaluation of the FER policy. hera has been commissioned to conduct this evaluation.

The main purpose of the assessment is to assess the overall design, implementation and results of the FER policy. The evaluation findings and recommendations are intended to inform the future direction and revision of the policy. The key target audience for the evaluation is the Gavi Secretariat and the Gavi Alliance Board.⁹

1.2.1 OBJECTIVES

The evaluation objectives¹⁰ are:

1. to assess the extent to which the design of the FER policy is relevant and appropriate in regard to achieving its intended purpose and objectives;
2. to assess the effectiveness and efficiency of the implementation and management of the FER policy by the Gavi Secretariat;
3. to assess the extent to which the FER policy has achieved its desired result(s) and to provide evidence-based findings regarding the main successes and challenges; and
4. to provide conclusions, lessons learned and recommendations to assist in the review and updating of the FER policy and to inform its fragility segment.

The evaluation covers the application of the FER policy in all Gavi-eligible countries that accessed any kind of flexibility under the FER policy in the period from June 2017 until March 2020.

⁷ Fund for Peace Fragile States Index, OECD States of Fragility, World Bank harmonised list of fragile situations.

⁸ Gavi Alliance FER Policy. Version 3.0. Approved by the Gavi Alliance Board on 7 June 2018.

⁹ Request for Proposal: Fragility, Emergency and Refugee (FER) Policy – Evaluation. Dated 08 September 2020. 042-2020-GAVI-RFP.

¹⁰ Slight modifications to the original Objectives 3 and 4 in the RfP were approved during inception by the Secretariat to ensure mutual exclusive objectives. They were applied in the Evaluation Framework (See 1.2.1.2 and Annex 3). Original RfP [Objective 3](#): Assess the extent to which the policy has achieved its desired result(s). Evaluators should describe the main successes, challenges and lessons learned. [Original RfP Objective 4](#): Provide evidence-based findings and recommendations to assist in the review and update of the Policy and inform the fragility segment.

The evaluation does not cover Gavi's approach and response to the COVID-19 pandemic. Nonetheless, it was expected that the evaluation would use COVID-19-related information to the extent that it informs the future course of action on the FER policy.

1.2.1 METHODOLOGY

1.2.1.1 Overall approach

The evaluation used the methods suggested in the request for proposals and applied a mixed method approach with a strong evidence-based, comparative and learning focus. To collect evidence on the design, implementation and results of the FER policy, a desk review and virtual interviews with key stakeholders were conducted. In addition, three deep-dive country case studies in Afghanistan, Bangladesh and South Sudan (see **Volume 2**) complemented the findings at the global level. These countries were selected in consultation with the Gavi Secretariat.

The mixed method approach made it possible to triangulate and synthesise the findings generated by the different methods, thus increasing the credibility of the results and strengthening the conclusions. As part of the comparative focus, the FER policy was assessed and benchmarked within the context of other global policies and guiding principles relating to humanitarian aid, flexibilities, fragility, emergencies, and refugees, and within the context of international standards and frameworks.¹¹ The inductive and formative approach of the evaluation provided opportunities for learning through consultations with Gavi's direct counterparts.¹² The learning aspect was further reinforced by an online co-creation workshop in which relevant Gavi and external stakeholders participated¹³ and which contributed to ensuring that the evaluation was utility-driven and to increasing engagement across different stakeholder groups. The preliminary evaluation findings and recommendations were discussed in a collaborative approach.

The evaluation has been conducted in accordance with the principles described in Gavi's Evaluation Policy¹⁴ and considers the latest OECD-Development Assistance Committee (DAC) (2019) criteria.¹⁵

The evaluation process included four phases: (1) inception; (2) data collection; (3) data analysis, co-creation workshop and reporting; and (4) dissemination. The phases were in line with the identified milestones and deliverables for the evaluation.

Figure 3 shows the link between the evaluation objectives (in terms of the design of the FER policy, its implementation, evidence-based results and lessons learned) and the relevant OECD-DAC evaluation criteria.¹⁶

¹¹ E.g. WHO Framework for Decision-Making on Immunisation in Acute Humanitarian Emergencies, Global Fund Challenging Operating Environments Policy, World Bank Strategy for Fragility, Conflict, and Violence, HDP nexus, New Ways of Working, OECD DAC guidance on being fit for fragility, the Sustainable Development Goals (SDGs), and leaving no one behind.

¹² These include the Alliance partners (WHO, UNICEF) and other partners (e.g. humanitarian agencies, CSOs).

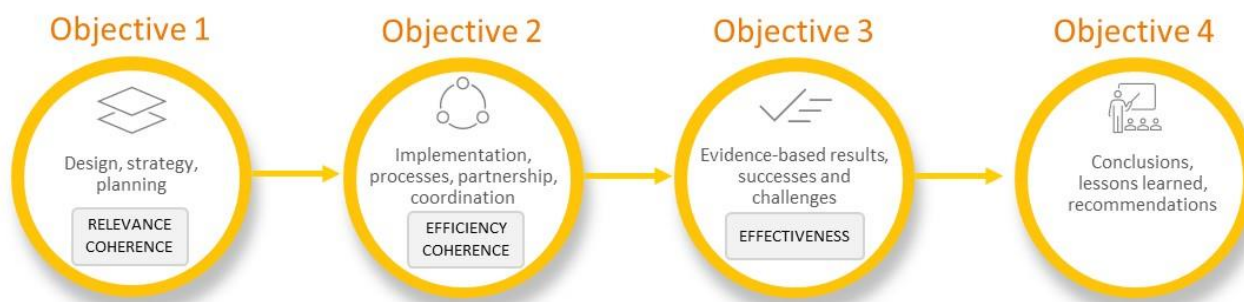
¹³ A three-hour virtual co-creation workshop was organised by hera on 26 May 2021 to discuss the findings and recommendations from the evaluation of the Gavi FER policy. The list of invitees was created in close collaboration with the Gavi Secretariat.

¹⁴ Gavi Evaluation Policy (2012), <http://www.gavi.org/about/governance/corporate-policies/evaluation>.

¹⁵ OECD/DAC Revised Evaluation Criteria (2019), <http://www.oecd.org/dac/evaluation/revised-evaluation-criteria-dec-2019.pdf>.

¹⁶ The OECD/DAC 'sustainability' and 'impact' evaluation criteria were not considered to be relevant, given the agreed evaluation questions.

Figure 3. Evaluation objectives and OECD-DAC evaluation criteria



1.2.1.2 Evaluation framework

An evaluation framework for the FER policy evaluation was created by the evaluation team for guidance, and is considered to form the backbone of the evaluation (see [Annex 3](#)). The framework relates the evaluation objectives to sets of evaluation questions, sub-questions and indicators. These are linked to methods of data collection and analysis, as well as to sources of evidence. The overarching evaluation questions stated in the request for proposals remained unchanged, although the evaluation team agreed with the Gavi Secretariat to slightly modify the order. Furthermore, a number of sub-questions were added. The evaluation framework was shared with and approved by the Gavi Secretariat during the inception phase of the evaluation.

1.2.1.3 Document review and content analysis

A document library was assembled during the inception phase, and this was expanded throughout the evaluation. Documents were obtained from the Gavi Secretariat and from external stakeholders. The evaluation team further complemented the documentation with other sources through online searches. A list of the documents reviewed is attached in [Annex 4](#).

Table 1 provides a short overview of the documents and the related assessment purpose.

Table 1. Overview of type of documents consulted, by assessment purposes

Type of document	Assessment purpose
Gavi policy documents, strategies, operational plans, manuals, process documents, and implementation tools, covering a range of areas, including HSIS support, immunisation campaigns, technical support, etc.	Assessing the original aspirations of Gavi and mechanisms put in place for advancing these aspirations.
Global literature and documentation on FER and humanitarian policies, approaches and best practices	Assessing and benchmarking Gavi's FER policy and comparing it with global trends and practices.
Programmatic and financial documents, monitoring reports, annual reports, etc.	Assessing the nature and extent of implementation of the FER policy.

1.2.1.4 Stakeholder mapping and KIIs (remote)

Stakeholder mapping was initiated in consultation with the Gavi Secretariat to identify key stakeholders at the Secretariat level and in countries where Gavi has been active in the period under review. As Gavi pointed out initially that it would not be in a position to support the identification of external stakeholders to be interviewed, it requested the hera team mobilise its global network to identify relevant external informants. This allowed for a wider scope of stakeholders to be interviewed than would otherwise have been the case.

As such, a wide range of views were captured, in order to validate the findings and to reinforce the conclusions.

To identify informants, purposeful sampling was used, applying a strategy that emphasised similarity i.e. criterion sampling¹⁷; thus using the following selection criteria: selection of informants from different types of agencies; selection of informants with different backgrounds or functions within agencies; geographic spread; awareness of the FER policy; and availability for interview. Through a joint effort, in total 122 stakeholders were identified and contacted. A detailed list of stakeholders by location, organisation type and organisation is included in **Annex 5**. The list was reviewed together with Gavi to ensure representativity and completeness.

About half (64) of the contacted stakeholders (122) were interviewed. One of the main reasons for the gap was non-response or refusal to take part, despite several attempts to reach out and plan interviews. This was most apparent at country level (in the country case studies), but also among the multilateral organisations. Refusals mainly related to lack of awareness or knowledge about the Gavi FER policy, which may be partially caused by the fact that there is generally a high staff rotation in multilateral and bilateral organisations in fragile countries. A considerable number of interviews were conducted with internal Gavi stakeholders at the level of the Secretariat (17) and at regional level (2). In total, 27 interviews were conducted with country-level informants. Of the three case study countries, South Sudan was the most accessible in regard to interviews (16).¹⁸ In all case studies, government stakeholders were difficult to identify and interview (see also **Section 1.2.2 Limitations and mitigation**).

The main purpose of the semi-structured KIIs was to collect information, views and perceptions on the FER policy and its implementation, as well as lessons learned for future FER policies and operations. The scripts for the interviews were based on the evaluation framework, with emphasis on the first three evaluation objectives :

- design, strategy and planning – relevance/coherence;
- implementation, processes and partnerships – efficiency/effectiveness; and
- results of the FER policy.

The scripts made it possible to explore the appropriateness of the policy design, how efficiently and effectively it had been implemented, and its results. The script for the KIIs is included in **Annex 6**. Separate scripts were developed for each main stakeholder group, as identified by the stakeholder mapping. The scripts were not pre-tested, but the semi-structured interviews allowed for additional questions where deemed necessary. All interviews were virtually conducted by telephone, Zoom, Skype, WhatsApp, MS Teams, and other means. Interviews were recorded only with the full consent of the interviewees. Recordings were transcribed, and were anonymised and categorised by stakeholder group at the time of the analysis.

¹⁷ Palinkas et al. (2015) describe purposeful sampling as ‘a technique that is widely used in qualitative research for the identification and selection of information-rich cases for the most effective use of limited resources. This involves identifying and selecting individuals or groups of individuals that are especially knowledgeable about or experienced with a phenomenon of interest.’ They furthermore note ‘the importance of availability and willingness to participate, and the ability to communicate experiences and opinions in an articulate, expressive and reflective manner’.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4012002/pdf/nihms-538401.pdf>

¹⁸ For Afghanistan, five informants (out of 16 persons contacted), for Bangladesh (Cox’s Bazaar), six informants (out of 19 persons contacted) and for South Sudan 16 (out of 31 persons contacted) could be interviewed. See Annex 5.

1.2.1.5 Country case studies

In collaboration with the Gavi Secretariat, three countries were selected for a deep-dive case study. Case studies facilitate an understanding of the way in which context mediates the influence of programmes or interventions. They reveal programme processes and bring out detail about the mechanisms that are responsible for programme outcomes.

Afghanistan, Bangladesh and South Sudan were selected for the case studies, based on the following selection criteria:

- Gavi eligibility, and low routine immunisation coverage;
- a fragility, emergency or refugee situation;
- countries with a fragile or sub-optimally functioning health system; and
- easy access to valuable key informants.

The narrative of the country case studies can be found in **Volume 2** of this report; references to the case studies are made throughout the present report (Volume 1).

1.2.1.6 Data analysis and synthesis

Qualitative data from interviews and the desk review were analysed using the software MAXQDA,¹⁹ which the evaluation team used to structure review of documentation, link data, identify coherent and conflicting data/trends, and compare types/groups of informants, sources and countries. For this purpose a system of codes and sub-codes was developed based on the evaluation questions and geographical criteria. These data were triangulated with quantitative datasets to the extent that those were available (provided by Gavi, as well as data from grey literature).²⁰

The evaluation team was not mandated to collect primary quantitative data. Rather, the quantitative component of the evaluation involved secondary data analysis of existing data collected by Gavi using the FER M&E Framework and the FER Tracker tool. In addition, the evaluation team had access to some data pertaining to the three case studies from the country comprehensive multi-year plans and the Joint Appraisal reports, as well as data shared by the countries (as was the case for South Sudan) and the Gavi measles focal point. WHO and UNICEF National Immunization Coverage (WUENIC) estimates per country, year, and antigen were also accessed from the UNICEF website. During the cost extension period of the evaluation these data were complemented with additional data by Gavi, as it was realised upon reading the first drafts of the evaluation report that more data were available but were scattered across many documents. Over 500 documents were then shared with the evaluation team.

The evaluation team synthesised the qualitative information and quantitative data and triangulated these where possible. Synthesis was done through identifying common patterns and trends across the documents reviewed and stakeholders interviewed, which made it possible to focus on topics that came up repeatedly.

1.2.1.7 Ethical considerations

Key informants were given a general introduction to the evaluation, and were informed that the data collected would remain anonymous. Participation in the KIIs was voluntary and participants had the right to withdraw. After obtaining consent from key informants, the KIIs were recorded. The records and documents

¹⁹ MAXQDA is data analysis software that allows for the analysis and comparison of qualitative data (<https://www.maxqda.com>).

²⁰ Grey literature included, for example, reports, advocacy documents, press articles, etc. available in the public domain.

reviewed were kept on a password-protected server and were only accessible by the evaluation team members. The records and transcripts will be destroyed after completion of the evaluation.

1.2.2 LIMITATIONS AND MITIGATION

The evaluation assessed the methods suggested in the request for proposals on their ability to achieve the objectives of the evaluation, and they were found to be appropriate. However, some limitations were faced in implementing the methods. These were mitigated by the evaluation team to the extent possible, as indicated below.

- The guidance provided by Gavi on identifying key informants was limited, particularly for key informants outside of the Gavi Secretariat. External informants were initially largely sourced through hera's own network but the participation of the evaluation team in the Alliance Coordination Team meeting of 6 April made the evaluation team aware that some important external stakeholders (e.g. Alliance members) could not be identified through hera's network. Finally, as a measure of mitigation and relatively late in the evaluation process, the number of KIIs and the identification of informants was jointly coordinated and decided upon with relevant staff of the Gavi Secretariat.
- The availability of key informants proved challenging, both within the Gavi Secretariat and among external stakeholders – in particular, country-level stakeholders. The global COVID-19 pandemic impeded the evaluation team's ability to hold physical meetings with relevant staff of the Gavi Secretariat and at country level. Virtual interviews and meetings were feasible but the evaluation team is of the opinion that a visit to the Gavi Secretariat could have contributed to a more efficient and effective evaluation process. Furthermore, the COVID-19 response in which many informants are involved resulted in delays in many communications and tasks, and cancellation of interviews. As measures of mitigation in some cases other informants could be interviewed and the evaluation timeline was adapted.
- The deep-dive country case studies vary in depth and size due to the varying availability of documentation and data, and the ability to access informants for key interviews. None of the case studies include informant data from government representatives. In each country, several government staff were contacted up to three times, including with support from Gavi country teams, but without success (see also the previous bullet on the limitation relating to the COVID-19 response). Initially, only limited country-specific documentation was made available to the evaluation team. Gradually, upon sharing of first evaluation results with the Secretariat, additional data sources were added by Gavi throughout the evaluation. Due to the still existing data gaps the Secretariat availed a large number of documents that contained scattered data. This was done at the point at which the evaluation contract timeline was ending. To the extent possible the evaluation team analysed the data and triangulated these with existing findings.
- Because there were no concrete boundaries between the application of the FER policy and regular Gavi programming the time scope of the case studies probably varied but this could not be verified. Despite some general knowledge on the FER policy and its objectives, many interviewees were unable to attribute flexibilities to a specific grant proposal. For example, the FER flexibility request from South Sudan was only approved in October 2019 and the evaluation covers 2017–March 2020. As a measure of mitigation the evaluation of these flexibilities in South Sudan only cover the first six months of implementation.
- The FER M&E framework data are not easily accessible; the data are not consolidated and are not maintained in a manner that allows efficient evaluation. Mitigating this lapse, a substantial effort

and further data mining of Gavi's (additional) documentation, including several rounds of communication, was required in order to develop an appropriate quantitative analysis to inform the evaluation findings. **Section 4** provides a detailed account of the available data and analyses of those data, although there are still gaps in regard to data related to additional Targeted Country Assistance (TCA) utilisation and the time lapse between disbursement tranches.

- The same constraints of time and the availability of the information were faced in obtaining data from the FER Tracker, which limited the analysis of the operationalisation of the policy. The evaluation team received at different moments two versions of the Tracker with different information. At a later stage, the Gavi Secretariat staff developed another separate tool particularly for the evaluation, in which the FER flexibilities were listed. This required the evaluation team to mitigate the presentation of various tools and repeat part of the analysis several times.
- The provision of relevant documents by Gavi for the desk review was done in a phased manner and some key documents were only shared at a later stage of the evaluation (e.g. the FER Tracker tool, Gavi Alliance Board and Programme and Policy Committee reports, etc.).
- Recognising the fact that the FER policy is part of integrated HSS, the set of documents initially received from Gavi had only a few references that had a direct relationship with the FER policy. The evaluation team tried to mitigate the gap and attempted to complement this set of documents with information collected online, but a large part of this information also did not directly relate to the FER policy.

In sum, the above-mentioned limitations contributed to the limited evidence available to sustain the initial evaluation findings presented in the first draft report. Based on the comments received on the second draft version of the evaluation report, Gavi acknowledged the limited data sources that were provided to the evaluation team during the evaluation process. Consequently, a substantial number of additional documents (more than 500) was made available to the evaluation team, with a particular request to support evaluation findings with quantitative data, and this resulted in the need for a costed extension of the evaluation contract. As mentioned above, it took the evaluation team significant time to collect and consolidate relevant data.

The process of triangulation was influenced by the data that was gradually made available throughout the evaluation. As far as possible new information was triangulated with existing findings. Low response rates, in particular at country and government levels, were mitigated to the extent possible by the many attempts of the evaluation team to reach informants, and the triangulation with new data. The strength of the evidence was assessed based on the level of triangulation that was possible.

Feedback from government representatives for the country case studies would have been pertinent to increase the utility of the evaluation findings. The evaluation team acknowledges the fact that a full representation across all possible stakeholders could not be achieved and the possible bias this may have caused. However, in presenting the findings of the evaluation, extensive efforts were made to validate the quantitative and qualitative data, support the results with evidence, and ensure the rigour of the conclusions.

Table 2 presents the ranking of the strength of evidence, which is used throughout the findings section of this report.

Table 2. Ranking of the strength of evidence

Rank	Justification
1	Findings are based on multiple data sources (good triangulation), which are generally considered to be of appropriate quality. Where fewer data sources exist, the supporting evidence is more factual than subjective.
2	Findings are based on data sources (some triangulation), which are generally considered to be of lesser quality, or the findings are supported by fewer data sources (limited triangulation) of appropriate quality, which may be more perception-based than factual.
3	Findings are based on few data sources across limited stakeholder groups (limited triangulation). Findings are generally based on perceptions or on data sources that are viewed as being of lesser quality.
4	Findings are based on very limited evidence (single source) or incomplete or unreliable evidence.

1.2.3 TIMELINES AND DELIVERABLES

Based on the information provided in the request for proposals, and based on the agreements made during the inception phase of this evaluation, the following timelines and deliverables were initially foreseen:

Table 3. Milestones and deliverables

Deliverable	Due date
Milestone 1	
Deliverable 1: Progress update (slide deck)	19 February 2021
Milestone 2	
Deliverable 1: Preliminary findings (slide deck and relevant annexes)	26 March 2021
Deliverable 2: Recommendation co-creation meeting	30 April 2021
Deliverable 3: Draft report	7 May 2021
Deliverable 4: PowerPoint slide deck summarising the first draft report, including draft recommendations	7 May 2021
Deliverable 5: Final report, with an executive summary	14 May 2021
Milestone 3	
Deliverable 1: Presentations of final report to Gavi Secretariat (including slides)	June 2021
Deliverable 2: Policy brief summarising the main findings, lessons learned and final recommendations	June 2021

The first deliverables under Milestones 1 and 2 were submitted as planned. Upon submission of the second draft report, the hera team received a considerable number of comments pointing to the limited available evidence to support the findings. As explained, a substantial number of additional documents was then made available to the team, and the consequent need for a costed extension of the evaluation contract was identified. The work plan that supported the costed extension envisaged 30 August 2021 for the submission of the final report.

2 FER POLICY DESIGN, STRATEGY AND ALIGNMENT

2.1 RELEVANCE OF THE FER POLICY

Evaluation Question: To what extent does the FER policy fulfil its original premise of allowing rapid adaptation of programmatic, administrative and financial approaches and processes in different exceptional settings, and rapidly changing contextual and programmatic realities?

High-level findings	<ul style="list-style-type: none"> • The FER policy is highly relevant and fulfils its original premise of allowing – at least potentially – rapid adaptation of programmatic, administrative and financial approaches and processes. However, the application of the policy appears to encounter several operational constraints, including relating to administrative procedures and clarity around processes and mechanisms. Therefore, the intention of rapid adaptation could in certain applications not be met. • The flexibilities in the FER policy have supported the initial intention of the policy of adapting Gavi’s implementation of its policies and processes in different exceptional settings, and due to rapidly changing contextual and programmatic realities. Key informants confirmed that the FER policy has contributed to Gavi supporting tailor-made, coordinated and complementary responses in FER settings.
Strength of evidence	Level 2 (1–4): Findings are based on data sources (some triangulation), which are generally considered to be of lesser quality, or the findings are supported by fewer data sources (limited triangulation) of appropriate quality that may be more perception-based than factual.

In this section we first elaborate on the development of the FER policy; thereafter, we detail how far it fulfils its original premise, as indicated in the following wording from the policy: *‘this policy contains prioritisation criteria for identifying a subset of Gavi countries affected by fragility as per international standards. It provides guidance on flexibilities in applying certain Gavi Alliance Board-approved policies and processes to adapt to the local context, in order to increase the effectiveness of support towards equitable access to immunisation. This policy also details flexibilities that can be extended in the case of an emergency and for Gavi-supported countries hosting refugees.’*²¹

2.1.1 DEVELOPMENT OF THE FER POLICY

Context The number of civil wars has doubled since 2001.²² The number of people killed in these armed conflicts has increased tenfold since 2005.²³ And there are more refugees and internally displaced people around the world than at any time since the Second World War.²⁴ Fragile countries, but also cities, are often unable to make any progress and are faced with persistent fragility. If current trends persist, there is an expectation that more than 80% of the world’s poorest populations will live in fragile contexts by 2030. Fragility will then constitute a major obstacle to achieving the Sustainable Development Goals (SDGs). The Organization of Economic Cooperation and Development (OECD) distinguishes between political, economic, environmental, security and societal fragility, which in fact not only covers for the F (fragility) but also for the E (emergencies) and R (refugees). Within this context the FER policy was developed.

²¹ FER Policy. Version 3.0. Approved by the Gavi Alliance Board 7 June 2018.

²² <https://www.icrc.org/en/document/icrc-more-conflicts-more-sides-conflict-equal-greater-danger-study>

²³ UN Secretary-General, 2018

²⁴ <https://www.unhcr.org/news/stories/2018/6/5b222c494/forced-displacement-record-685-million.html>

Gavi’s regular support to countries consists of a development approach. Average gross national income (GNI) per capita is an important threshold for being eligible for Gavi support, which relates to funding and facilitating the introduction and delivery of vaccines, including support to HSS.

With the evolution of Gavi’s operating business model, Gavi has further expanded its capacity to respond in a tailored and flexible manner to contextual challenges related to fragility, emergencies and refugee situations. Since 2012, with the introduction of the predecessor of the FER policy (called the Fragility and Immunisation Policy), Gavi has increasingly moved towards a more contextualised response in fragile and emergency settings. As such, the 2012 policy introduced the CTA.²⁵ Under Gavi’s 4.0 strategy²⁶ there was increased recognition of the need to move away from a ‘one size fits all’ approach, and to tailor Gavi support even more to effectively respond to individual country contexts. Gavi’s Alliance Board approved the principle of ‘differentiation’ and tiering of countries depending upon the scale and severity of immunisation-related challenges. The ‘tailored approach’, initially designed for fragile countries, was mainstreamed into Gavi’s operating model.

In December 2016, Gavi’s Alliance Board approved principles for a new policy guiding Gavi’s approach in fragile settings, emergencies and situations involving displaced people.²⁷ These key principles include the following:

- Moving away from a Gavi-centric composite indicator for the identification of fragility towards a more transparent and objective assessment based on internationally accepted criteria.
- Considering direct engagement with CSOs, with full disclosure to the national government, allowing the recognition of specific situations when governments and Alliance partners are unable to deliver immunisation services in certain areas and for certain populations.
- In the case of emergencies, considering the following: individual requests from countries (based on WHO and United Nations classifications) based on special needs; complementarity of funding between Gavi and humanitarian response actors; coordination of Gavi’s programmatic response with other actors through the appropriate mechanisms, in alignment with existing guidelines; and support to initiatives of CSOs wishing to procure vaccines in emergency situations.
- Encouraging governments to include refugee populations in their annual vaccine requests, and continuing to encourage co-financing of all doses (although this requirement could be waived for a limited initial period).²⁸

Several of the above-mentioned principles that fed into the FER policy led to concerns from members of the Technical Expert Committee (TEC) at the design stage of the policy. The Gavi background document on the consultative meeting (August 2016), a joint letter from Médecins sans Frontières (MSF) and Save the Children, and KIIs with humanitarian agencies confirm that, in particular, it was felt that:

- 1) the policy insufficiently addressed the support to vulnerable populations in need in Gavi-eligible and also in non-Gavi-eligible countries;
- 2) the policy should facilitate extending Gavi prices to CSOs operating in humanitarian situations; and

²⁵ Report to Gavi Alliance Board, 7–8 December 2016.

²⁶ Gavi Strategic Phase 4 (2016–20).

²⁷ Report to Gavi Alliance Board, 7–8 December 2016.

²⁸ Report to the Programme and Policy Committee, October 2016.

- 3) the policy should be clearer about the role of other partners beyond WHO and UNICEF, particularly humanitarian agencies and CSOs.

Gavi reviewed the practices of partner organisations and consulted with countries, partners, donors and experts to collect and analyse experiences, to assess gaps in existing Gavi policies and approaches.²⁹

During the consultative meeting in August 2016 the participants suggested that flexibilities should continue to be open and non-prescriptive but that a menu of options could be helpful in certain circumstances.³⁰ Members of the TEC consulted during the design of the FER policy also highlighted the limited clarity on the concrete flexibilities proposed in the FER policy. With the implementation of the policy, the Gavi Secretariat staff were encouraged to come up with other innovative flexibilities, but Gavi informants reported that this only happened to a very limited extent and a 2019 Gavi internal review document also confirms that *'in practice evidence does not suggest that the Secretariat has exceeded the scope of the examples'*.³¹ The possibility of increasing the HSS ceiling by 50% remains the most prominent flexibility granted under the FER.

2.1.2 RELEVANCE – ORIGINAL PREMISE

Gavi and external informants recognise that its engagement in fragile settings, emergencies and situations involving refugees exposes the Alliance to higher levels of risk, and this is aligned to the OECD-DAC policy on being fit for fragility.³² This includes fiduciary risk, operational risk (e.g. security of personnel) and programmatic risk. Examples of risks include engaging with non-state actors, as demonstrated in Afghanistan and South Sudan, repurposing and the provision of additional funds (including for human resource costs), waiving co-financing requirements, and making decisions on adjusting support rapidly in often complex and unpredictable settings. Gavi has a well-developed Risk Policy Operational Framework³³ and it also recognises that there is a risk that if many countries are granted flexibilities, this could make the exceptions in the FER policy common across the portfolio, and thereby limit or divert the implementation of Gavi's standard policies.³⁴ This was also confirmed by Gavi informants, pointing at reluctance to deviate from strong standard procedures or eligibility criteria.

By its nature, the FER policy allows Gavi to shift between different priorities and needs, and to adapt to new circumstances in order to remain relevant. Inherent in this are the trade-offs involved, which need careful consideration. The South Sudan and Afghanistan case studies demonstrate increased risk appetite, as shown by the expansion to other partners, the pooling of funding and M&E, and the reduced reliability of reporting, all of which increased the organisation's risk exposure in these cases. The South Sudan case study demonstrates appropriate risk mitigation. The start of the civil war in 2015 resulted in a disruption of the

²⁹ PPC October 2016, Annex 4 background document. Report from Consultative Meeting of 22 August 2016 (page 25) lists participants from: Ministry of Health of Central African Republic (CAR), Ministry of Health of Haiti, Ministry of Health of Solomon Islands, Ministry of Health of Sudan, Permanent United Nations Mission Australia and Canada, UNICEF, WHO, United Nations High Commissioner for Refugees (UNHCR), United Nations Office for the Coordination of Humanitarian Affairs, United States Agency for international Development (USAID), Panacea Biotec Ltd, MSF, ICRC, Save the Children, Norad, International Federation of Red Cross and Red Crescent Societies (IFRC), GSK, and an independent expert.

³⁰ PPC October 2016, Annex 4 background document, and report from Consultative Meeting of 22 August 2016 (page 20).

³¹ Review of Gavi's approach to flexibility of support for fragile contexts – Implications for the Funding Policy Review, 2019.

³² https://www.oecd-ilibrary.org/sites/ba7c22e7-en/1/3/3/index.html?itemId=/content/publication/ba7c22e7-en&_csp_=89578a182071559ff79c670c40753038&itemIGO=oecd&itemContentType=book#chapter-d1e11197

³³ <https://www.gavi.org/programmes-impact/programmatic-policies/risk-policy>.

³⁴ Report to the Gavi Alliance Board, Board-2020-Mtg-3-Doc 03-Annex F.

Gavi programme, the evacuation of staff, and low budget execution rates. The programme was rebooted in 2017 and Gavi scaled up its efforts in 2018. In 2019, the Independent Review Committee approved additional HSS FER funds. Mapping studies were done by the implementing partners and these identified 55 priority counties with the largest number of unvaccinated children. The Joint Appraisal was well-coordinated and engaged multiple humanitarian actors. The FER policy added value in bringing new partnerships (the Health Pool Fund (HPF3), Crown Agents, International Organization for Migration (IOM)). Vaccinators were recruited and were provided with incentives, and routine immunisation was intensified. This demonstrates good analysis, adaptability, and risk mitigation through collective action, mutual accountability and risk sharing, which are all considered necessary to support operations in fragile settings.³⁵

Approved flexibilities under the policy during the period under review were largely in line with the design of the FER policy, despite limited consistent monitoring and tracking of the implemented FER flexibilities (see also [Section 4](#)). The flexibilities granted under the FER policy are programmatic, administrative and financial in nature. It is important to note that the FER requests are not a separate grant application but in many cases a variation of existing or potential grants. The majority of the programmatic flexibilities granted, however, have financial implications. As an illustration, when asked what kind of flexibilities can be granted under the FER policy, internal and external informants referred mainly to the possibility of increasing the HSS grants by 50%. All flexibilities with financial implications are subject to approval by Gavi’s Chief Executive Officer (CEO), taking into account recommendations from the Independent Review Committee, High-Level Review Panel or the appropriate Alliance coordination body. Analysis of quantitative data collected as part of the evaluation confirms the reports by informants that administrative flexibilities that do not have financial implications tend to be more adapted to a rapid turnaround since approvals for disbursing funds generally take time.

Informants from humanitarian agencies (e.g. international and national non-governmental organisations (NGOs)) stated that Gavi’s processes are not fully suitable for a rapid response. While the operationalisation of the FER policy is more extensively addressed in [Section 3](#), generally speaking, this view is shared among informants both from within and outside the Secretariat, although they recognise that the ability to respond rapidly depends on whether it concerns an emergency context or additional HSS support in a fragile setting (for instance). Gavi’s country presence being limited, reference was made to the need for greater input and efforts from other country stakeholders, mainly in the preparatory phase of FER flexibility requests. This is perceived to be an unintended effect of the application of the policy.

Synthesis of KII data indicates that a number of principles that served as the foundation for the FER policy and concerns raised by TEC members remain relevant, and have spurred continued deliberations, including during the design of Gavi’s Strategic Period 5.0.³⁶ With Gavi’s new Strategic Period 5.0, the model for covering FER contexts is further expanding, which is consistent with the focus on zero-dose children, tailored approaches, equity, sustainability, and catalytic support for former/non-Gavi-eligible countries. Based on the evaluation’s review of relevant documents and consultations with key informants, these remaining issues generally include:

- country classification and eligibility criteria (including contextualised response at the subnational level) (see also [Section 2.2](#));

³⁵ https://www.oecd-ilibrary.org/sites/ba7c22e7-en/1/3/3/index.html?itemId=/content/publication/ba7c22e7-en&_csp_=89578a182071559ff79c670c40753038&itemIGO=oecd&itemContentType=book#chapter-d1e11197

³⁶ <https://www.gavi.org/our-alliance/strategy/phase-5-2021-2025>

- support to non-eligible countries or no longer eligible countries, considering that vulnerable populations are now living in a range of countries with variable levels of income (see also [Section 2.2](#));
- cross-border refugees in non-Gavi-eligible countries (see also [Section 2.2](#) and [4.2](#));
- coverage of IDPs (see also [Section 2.2.3](#));
- working through governments, and partnerships with humanitarian actors, including CSOs (see also [Section 3.2](#));
- application of a development lens versus a humanitarian lens (including the more recent global attention of the HDP nexus), and responsiveness of an organisation like Gavi (see also [Section 2.3.1](#)); and
- the integration of refugees into national planning processes, and co-financing for refugee populations (see also [Section 4.2](#)).

While some discussions on FER principles remain, the country case studies demonstrate strong evidence of Gavi’s intent to target FER settings, by supporting tailor-made, coordinated and complementary response, and applying an increased risk appetite. In South Sudan, Gavi proactively reached out to existing partners and partner networks. The development of a comprehensive Joint Appraisal involving multiple partners, demonstrated a well-coordinated effort to complement different pillars of health system immunisation strengthening with varying geographical reach. This resulted in Gavi engaging with humanitarian partners: for example, working with IOM in the targeting of displaced populations. The FER policy enabled the country to map the subnational counties with the largest number of unvaccinated children and to re-organise its partners as a result. In Afghanistan, Gavi has started reaching out to extended partners and CSOs to identify more effective models for targeting hard-to-reach children in areas controlled by non-state armed groups.

2.2 FER POLICY ELIGIBILITY CRITERIA

Evaluation Question: To what extent does the FER policy clearly articulate the eligibility criteria, identify different situations and allow for appropriate responses?	
High-level findings	<ul style="list-style-type: none"> • The FER policy clearly articulates the eligibility criteria, making use of internationally published lists for defining fragile countries and drawing on the classification used by the WHO and OCHA for emergency situations. • Concerns were raised about the identification of different situations so as to allow for an appropriate response. The suitability of the income-level threshold for general Gavi eligibility, and consequently also FER eligibility, was questioned. The non-eligibility of countries that face a significant FER burden due to localised fragility and emergency (rarely country-wide) or refugees crossing borders has been raised as a serious concern requiring an appropriate response. Similarly, IDPs or migrants with similar health needs/risks as refugees cannot appropriately be covered by the policy.
Strength of evidence	Level 1 (2–4). Findings are based on multiple data sources, allowing sufficient triangulation.

At the design stage of the FER policy there was a need to clearly distinguish between fragility, emergencies and refugee situations. The aim was for the criteria for the classification of countries to be objective and transparent. Gavi informants confirmed that the use of international lists for fragility and emergencies are

considered an improvement compared with the previous Gavi policy, and contribute to greater objectivity and transparency regarding the eligibility criteria. Despite the suitability of these lists, informants stated that the FER contexts sometimes require greater flexibility in regard to country eligibility criteria, including timely updating of the lists. These views were consistent across stakeholder groups, including the World Bank and Global Fund informants, who face similar challenges.

Informants were generally very aware of the methodology used for FER eligibility, in part because the country classification for general Gavi support is an important element in Gavi’s new Strategic Period 5.0. The evaluation team is aware that discussions around most of these topics were held at the design stage of the policy (e.g. support to non-Gavi-eligible countries) as well as during the design of Gavi Strategic Period 5.0 (classification of countries), but these elements are among the more prominent topics brought up by informants across different stakeholder groups.

Beyond the FER policy, Gavi Strategic Period 5.0 considers a different set of indicators for defining and segmenting how Gavi approaches engagement in Gavi-supported countries:

1. high-impact countries;
2. fragile and conflict-affected countries; and
3. standard and priority countries.

Under this differentiated model, fragile and conflict-affected countries benefit from a differentiated approach that includes simplified and more flexible processes, and strengthened engagement with a broad range of partners, including international NGOs and local CSOs.

2.2.1 FRAGILITY

There is no universal agreed definition of fragility, which is an issue that has provoked continuous deliberations, as confirmed by the majority of informants from within and outside of the Gavi Secretariat. The previous policy (2012) identified ‘fragile’ countries based on a set of criteria with a strong immunisation lens.³⁷ When Gavi developed the FER policy, the criterion for identifying fragility was replaced by a reference to more objective, multi-dimensional and internationally accepted assessments. In the FER policy, the fragility classification is based on three officially published lists:

1. Fund for Peace Fragile States Index:³⁸ the top two categories (‘very high alert’ and ‘high alert’).
2. OECD States of Fragility:³⁹ the top category (‘extremely fragile’).
3. World Bank harmonised list of fragile situations.⁴⁰

Countries are eligible for general Gavi support if their average GNI per capita over the past three years falls below the Gavi threshold, and they are classified as either initial self-financing countries or as in the preparatory transition phase. When a country’s average GNI per capita over the past three years exceeds the threshold, it will enter accelerated transition towards self-financing. For fragility eligibility under the FER policy, Gavi initial self-financing and preparatory transition countries must feature on at least two of the three lists, and countries in accelerated transition must feature on at least one of the three lists.

The challenges in relation to FER eligibility that are encountered include the following:

³⁷ Report to Gavi Alliance Board, 7–8 December 2016.

³⁸ <https://fundforpeace.org/2020/05/11/fragile-states-index-2020/>

³⁹ <https://www.oecd.org/dac/states-of-fragility-fa5a6770-en.htm>

⁴⁰ <https://pubdocs.worldbank.org/en/709631582764857310/FCSListFY06toFY19.pdf>

- Because of the annual updating of the lists, countries may drop off a list one year and get back on it the next year. The FER policy states, for example, that the threshold for determining fragility according to the Fund for Peace index is ‘high alert’ or higher, corresponding to a score of 100 or higher. In 2018, Zimbabwe scored 102.3 in the index,⁴¹ and in 2019, Zimbabwe scored 99.5, dropping its categorisation below the threshold by 0.5 points.⁴² Given the fact that there were no updates to the other lists, and that it was not in accelerated transition, Zimbabwe was therefore no longer classified as fragile and could not be offered any new flexibilities. A similar situation occurred in Nigeria, which scored 99.9 on the Fund for Peace index in 2018.⁴³ An increase of 0.1 would have led to it crossing Gavi’s required threshold and being classified as fragile, while context-specific circumstances may have suggested otherwise.
- The fact that some countries that are classified as fragile are performing relatively well from an immunisation perspective, while some countries that are not classified as fragile are experiencing challenges in immunisation coverage, including middle-income countries.
- The criteria for identifying countries experiencing fragility challenges do not recognise fragile geographical areas in a non-fragile country, creating obstacles to access FER flexibilities for response at a subnational level.
- The external fragility lists are updated only infrequently. When the FER policy was developed, the three lists were updated annually, and Gavi accordingly reviewed its classification in July of each year. While this is a relatively long period between reviews, and while country challenges can deteriorate quickly, only the Fund for Peace updated its index in 2019, with the OECD currently updating every two years. The World Bank recently developed its new Fragility, Conflict and Violence (FCV) Strategy and continues to publish annual updates. In principle, the emergency component of the FER policy covers quickly deteriorating situations, but only those relating to emergencies, not to quickly deteriorating situations due to fragility.

2.2.2 EMERGENCIES

Emergencies can be natural or man-made and some emergencies have rapid onset (e.g. an earthquake), sometimes leading to disease outbreaks.

For emergencies, Gavi does not use definitive inclusion criteria; rather, it uses WHO and OCHA classifications as reference points and early warning signs. **Consultations with external experts during design stage revealed diverging views on whether Gavi was to extend support to countries with a WHO Grade 3 or 2 classified emergency, regardless of their eligibility status.** No consensus was reached in discussions in the TEC on this question at the design stage for the FER policy. However, the Programme and Policy Committee recommended no Gavi engagement as it was outside the mandate of the FER policy update to reopen Gavi eligibility.⁴⁴

The FER policy was not designed for outbreak response per se, since other mechanisms exist for this, like the International Coordination Group (ICG) and the Measles and Rubella Initiative Outbreak Response Fund. Those are not part of the FER policy, but the policy may be invoked to support countries with additional flexibilities. The Gavi-funded ICG is a separate mechanism hosted by the WHO and consists of UNICEF, MSF and IFRC deciding jointly – in a very short timeframe – about the release of vaccines from global stockpiles

⁴¹ <https://fragilestatesindex.org/2018/04/24/fragile-states-index-2018-annual-report/>

⁴² <https://fragilestatesindex.org/2019/04/07/fragile-states-index-2019-annual-report/>

⁴³ <https://fragilestatesindex.org/2018/04/24/fragile-states-index-2018-annual-report/>

⁴⁴ Report to Gavi Alliance Board, 7–8 December 2016.

for outbreaks of cholera, meningitis, Yellow Fever and Ebola. If eligible under the FER policy, countries benefitting from a release from an ICG-managed stockpile may request Gavi flexibilities under the FER policy – for example, to widen the eligible age range or request additional support for operational costs. Under the Measles and Rubella Initiative Outbreak Response Fund, Gavi-eligible countries that have a significant measles outbreak and cannot respond to the outbreak fast enough with in-country funding are eligible to request funding for outbreak response.

2.2.3 REFUGEES AND POPULATION DISPLACEMENT

While the eligibility criteria for refugees under the FER policy are straightforward (*'people fleeing conflict or persecution across an international border, hosted by a Gavi-supported country'*)⁴⁵, discussions in the TEC at design stage took place around supporting refugee populations that cross borders into non-Gavi-supported countries. There continue to be mixed views about the provision of support to non-Gavi-eligible countries facing a substantial refugee burden. Similarly, IDPs are also covered under the FER policy as long as this concerns a Gavi-eligible country. As a principle, Gavi does not provide support to countries above the GNI threshold, as these are expected to have the ability to pay for these populations. Stakeholders from humanitarian agencies and CSOs raised this as an important issue at the FER policy design stage, and KIIs from this stakeholder group confirmed that this remains a concern. Moreover, some Gavi informants also questioned the rigidity of the eligibility criteria from an equity perspective, while others agreed with the current eligibility criteria.

IDPs are mentioned in the FER policy under fragility as a needs group. Migrants⁴⁶ are not mentioned. Informants were concerned that the policy is not explicit enough on addressing the barriers to service delivery and the flexibilities permitted to address such populations. Together with migrants, the issue of IDPs is anticipated to be a growing global concern.⁴⁷ While IDPs are included under the national immunisation support, they are often reported to come at an additional operational cost and to be at increased risk of not accessing healthcare due to discrimination, security issues and issues of health registration. Examples of concern are eastern Democratic Republic of Congo (currently hosting 6 million IDPs) and Ethiopia (with recent large movements of populations). Although each country and geographical context is specific, questions have been raised around how Gavi can ensure the implementation of the current FER policy specific to IDPs and migrants.⁴⁸

⁴⁵ Gavi Alliance FER Policy. Version 3.0. Approved by the Gavi Alliance Board 7 June 2018.

⁴⁶ UNHCR definition: the term is increasingly used as an umbrella term to refer to any person who moves away from their usual place of residence, whether internally or across a border, and regardless of whether the movement is 'forced' or voluntary.

⁴⁷ <https://www.internal-displacement.org/publications/internal-displacement-index-2020-report>

⁴⁸ UNHCR estimates 79.5 million people have been forcibly displaced globally (UNHCR, 2019).

2.3 ALIGNMENT OF THE FER POLICY

2.3.1 GLOBAL GUIDANCE AND RESPONSES TO HUMANITARIAN SITUATIONS

2.3.1.1 Global guidance

Evaluation Question: To what extent does the FER policy align with and link to global guidance and responses to humanitarian situations, and to what extent does it reflect broader best practices and approaches (e.g. in the categorisation of the three elements of the policy – fragility, emergencies and refugees)?

High-level findings	<ul style="list-style-type: none"> • The FER policy aligns well with global guidance and response in humanitarian situations, and specifically with the WHO Framework for Vaccination in Acute Humanitarian Emergencies, which was found to be the most relevant global guidance for the Gavi FER policy. However, in some contexts the much broader framework is underutilised in the application of the FER policy. • The flexibilities under the FER policy clearly provide opportunities to coordinate between development and humanitarian actions and the policy seems therefore well-aligned with the HDP nexus concept. • The Gavi FER policy is largely aligned with similar policies of other agencies like the Global Fund and the World Bank (e.g. invoking policy in fragile areas in non-fragile countries, referring to ‘environments’ rather than to countries).
Strength of evidence	Level 1 (2–4). Findings are based on multiple data sources, allowing sufficient triangulation.

The FER policy is well-aligned with the current humanitarian global guidance concepts and documents: for example, the HDP nexus, New Ways of Working, OECD-DAC guidance on being fit for fragility, the Sustainable Development Goals, and ‘leaving no one behind’. Gavi was part of the Immunisation Agenda 2030 working group on outbreaks and emergencies, and the FER policy was used by the working group as best practice, and was part of the Global Action Plan accelerator on innovative programming in fragile and vulnerable contexts. However, some of these global ambitions and concepts remain difficult to implement, such as the ‘localisation’ narrative under the Grand Bargain or the Agenda for Humanity (e.g. reducing earmarking of donor contributions).⁴⁹

The main technical reference document remains the WHO Framework for Vaccination in Acute Humanitarian Emergencies.⁵⁰ WHO informants stated that a stricter adherence to the Framework through enhanced advocacy should apply in particular in countries where results are not obtained through working solely with the government, which was also highlighted by informants in the Bangladesh case study.

At the design stage of the FER policy, extensive discussions with external stakeholders were held on the operationalisation of the WHO Framework, and the advocacy role that Gavi could play. The WHO recommends greater flexibility on antigens and age groups in specific high-risk populations. Evidence from the case studies (see **Volume 2**) demonstrates variation in applying the WHO Framework. While in South Sudan a broader age range was applied for displaced and refugee populations through UNHCR, this was not the case in Cox’s Bazar (Bangladesh) at the onset of the emergency, despite the heightened risk experienced by the zero-dose Rohingya population.

The Bangladesh case study demonstrates that the immunisation strategies for the Rohingya refugees were not sufficiently adapted to the WHO Framework for vaccination in humanitarian settings at the outset. Alliance partners and CSOs reported that immunisation strategies were limited by mandatory alignment to the national strategy and

⁴⁹ The Grand Bargain Goal 8: Reduce earmarking of donor contributions.

⁵⁰ <https://apps.who.int/iris/bitstream/handle/10665/255575/WHO-IVB-17.03-eng.pdf?sequence=1>

policy. While the risks (large influx, overcrowding, near zero immunised population, and malnutrition) were clear, there was strong agreement that the WHO Framework did not sufficiently influence the immunisation strategy. Age expansion was disputed several times, was not rapidly applied and reactive, and catch-up campaigns were delayed. Strong community engagement activities were not sufficiently tailored and implemented from the outset. Together with awareness and vaccine hesitancy issues in the Rohingya population, this likely contributed to ongoing vaccine-preventable disease outbreaks and immunisation coverage of DTP and measles remain significantly below global refugee health standards.

The WHO Framework is much broader than what has been used by the FER policy and there is an under-utilisation of this WHO guidance. According to WHO stakeholders, this under-utilisation by implementers of Gavi grants and FER flexibilities may be caused by the perceived complexity of the guidance documents, even though WHO states that there was a thorough base for the guidance, using the Strategic Advisory Group of Experts on Immunisation (SAGE).

Country stakeholders also largely agreed that the FER is aligned with global guidance, referring particularly to WHO guidance, but they also highlighted that practical obstacles to implementation remain. In particular, reference was made to working through government, and the inability to engage with local NGOs.

In the case of Cox’s Bazar (Bangladesh), at the outset of the crisis, vaccination strategies followed a mandatory alignment with country policy, with a preference for implementing routine EPI services. Informants stated that this was not a tailored approach that matched the risk of the refugees at the outset. There were regular discussions around broadening age groups and antigens, and while age was expanded this only happened later in the response and not at the outset. In other settings, like South Sudan, broader age groups for measles vaccination were applied to the entire population, including IDP and refugee populations, supported by the WHO Framework.

In line with the WHO framework, the FER policy commits Gavi to advocating for mechanisms that facilitate the procurement of vaccines by CSOs.⁵¹ In order to support equitable access in areas that cannot be reached through government institutions it was found to be important to ensure that Gavi’s non-governmental partners are well positioned to respond effectively and efficiently to the needs of target populations. However, the extent to which the commitment on advocating for procurement by CSOs has been implemented remains unclear. Gavi’s principles regarding working through governments may in certain circumstances make it not possible to do this.

Gavi’s FER investment pulls it into closer alignment with the HDP nexus, recognising the need to focus and working differently when intervening in fragile settings. The concept of the HDP nexus has become more influential since the release of the FER policy in 2017. The HDP nexus was formally adopted by the DAC in February 2019⁵² and has received increased recognition across development, humanitarian and peace actors. The HDP nexus concept is also aligned to the Immunisation Agenda 2030⁵³ and the Sustainable Development Goals, which aim not just to meet specific needs, but to reduce risk, vulnerability and overall needs, and to ensure development and humanitarian actors work towards a common vision and common goals, where no one is left behind. The flexibilities under the FER policy clearly provide opportunities to coordinate between development and humanitarian actions, and the policy seems therefore well-aligned with the HDP nexus concept. Gavi informants generally emphasised that Gavi is not a humanitarian agency. Through the FER policy, Gavi mainstreams support to fragile, emergency and refugee contexts within its core development agenda. As such, Gavi reaches out to humanitarian and United Nations agencies and CSOs

⁵¹ In the large majority of countries, UNICEF procures vaccines on behalf of Gavi, and these are then stored and distributed at national and subnational level by governments and CSOs.

⁵² <https://legalinstruments.oecd.org/public/doc/643/643.en.pdf>

⁵³ <https://www.who.int/teams/immunisation-vaccines-and-biologicals/strategies/ia2030>

beyond its core Alliance partners, and the HSS extension (in addition to the HSS core grants) aims to strengthen response capacity with governments.

The FER policy presents an opportunity for better and joint engagement in fragile contexts by enhancing operational coherence between bilateral and multilateral actors. However, the HDP nexus remains an often ambiguous ambition to operationalise, and there is significant interpretative space. Thus, greater explanation may be required in a new FER policy.

Going forward, the FER policy will feed into the work carried out by the working group on the Immunisation Agenda 2030 with regard to outbreaks and emergencies, and reaching the most marginalised and the most vulnerable in fragile, conflict-torn settings (in which UNICEF, the WHO and the IFRC are also represented).

None of the informants referred to guidance provided by the New Deal for Effective Engagement in Fragile States of OECD-DAC,⁵⁴ even though this international agreement,⁵⁴ is explicitly referred to in the FER policy.

2.3.1.2 Alignment with similar policies of other agencies

As part of the evaluation, the FER policy was benchmarked against the policies of other agencies by analysing similar policies of the Global Fund and the World Bank since these agencies are similar to Gavi: they provide funding to countries within the context of a development agenda, rather than from a humanitarian perspective.

The Global Fund

With regard to other funding agencies, the Global Fund also uses predetermined lists for its 2016 Challenging Operating Environment Policy,⁵⁵ but bases its classification on a Global Fund-specific External Risk Index. This index captures countries' complex and multi-dimensional reality and is derived from 10 published indices highlighting economic, governance, operational and political risks in a country. The Challenging Operating Environment Policy refers to countries as a whole, but also to the subnational level, i.e. to unstable parts of countries or regions characterised by weak governance, poor access to health services, and man-made or natural crises.

The Challenging Operating Environment Policy recognises the centrality of partnerships in these complex environments, and the need to optimise the types of partners the Fund works with in order to strengthen in-country governance, enhance service delivery and improve technical assistance. According to Global Fund informants, the Global Fund is cognisant of the difference in working with humanitarian actors as opposed to governments, and aligns strongly with the key humanitarian principles in its engagements.

During emergencies the scope of the Global Fund investments may be more limited, aiming to provide continuity of treatment and essential services for people affected by HIV/Aids, malaria and Tuberculosis, as well as to prevent and contain outbreaks. To do this, there is an emergency fund to support a response to the crisis, including refugee influxes, outbreaks and natural disasters, which provides funding where existing grants cannot be reprogrammed.

The Global Fund has a specific support team that facilitates operationalisation of the Challenging Operating Environment Policy. This team provides guidance to country teams, ensuring a coordinated, consistent and aligned approach across these settings.

⁵⁴ <https://www.pbsdialogue.org/en/>

⁵⁵ https://www.theglobalfund.org/media/4220/bm35_03-challengingoperatingenvironments_policy_en.pdf

Gavi and the Global Fund engage closely on the development of some of their policies, to learn from each other, and the Global Fund was consulted during the development of the FER policy. Other examples of engagement with the Global Fund during policy and strategy development include Gavi’s gender policy and the civil society engagement strategy.

World Bank

In April 2019, the World Bank launched worldwide consultations on its first FCV strategy 2020–25,⁵⁶ which aimed to identify a conceptual and operating framework and a set of priority actions to develop a more systematic approach to strengthening its support to countries and vulnerable populations.

The FCV strategy offers additional windows for providing additional financial resources, accompanied by operational flexibilities.⁵⁷ The main objective of the World Bank’s FCV strategy is the provision of additional financial resources for countries to transition out of fragility, conflict and violence contexts. Similarly, the World Bank also provides additional financial resources for countries hosting refugees. **The strategy reconfirms that the Bank is a development institution,** but that if there is fragility, conflict and violence, it seeks to remain engaged as much as possible. In some cases, the World Bank works with United Nations agencies (which are sometimes contracted by governments). **Recently, funding was also provided to the IFRC in an FCV context.**

The World Bank works with a Classification of Fragility and Conflict Situations list, which is also part of the basis for the Gavi FER classification. The list is updated every year, but there is constant monitoring and if a new conflict has an impact on its projects, special measures can be taken even if the country is not on the Classification of Fragility and Conflict Situations list.

Although not part of the FCV strategy, the World Bank informant stated that the World Bank also recognises ‘fragility in a non-fragile country’, for which flexibilities can be applied, such as contracting with United Nations agencies and preparing projects in a fast-track manner.

There is a specific World Bank policy for emergency recovery. This allows the World Bank to provide funding to United Nations agencies and to provide support to activities considered as relief, always within the context of the country’s recovery, and always linked to longer-term sustainability.

2.3.2 ALIGNMENT WITH OTHER GAVI POLICIES AND PROGRAMMATIC GUIDANCE

Evaluation Question: To what extent does the FER policy align, complements and link with other Gavi policies and programmatic guidance in a coherent manner, including Gavi’s new Strategic Period (5.0) and relevant principles related to gender, equity, transparency and accountability?

High-level findings

- The FER policy is largely aligned with and complementary to existing Gavi policies, and this is explicitly stated in the policy. Informants stated that the policy complements the HSIS framework very well.
- The policy refers to equity, transparency and accountability. Gender is also an explicit principle of the FER policy, and the policy recognises that gender inequities can be exacerbated in fragile and emergency settings. Informants pointed out that in emergency situations, the gender lens becomes overshadowed by the need to respond quickly and to focus on the all-inclusive immunisation of target groups.
- Gavi’s new Strategic Period 5.0 has a particular focus on fragile contexts, including an updated country classification and the establishment of partnerships with

⁵⁶ <https://www.worldbank.org/en/topic/fragilityconflictviolence/publication/world-bank-group-strategy-for-fragility-conflict-and-violence-2020-2025>

⁵⁷ <http://documents1.worldbank.org/curated/en/844591582815510521/pdf/World-Bank-Group-Strategy-for-Fragility-Conflict-and-Violence-2020-2025.pdf>

	humanitarian actors. However, from KIIs with Gavi informants, it appears that this is done essentially in the context of Gavi’s Strategic Period 5.0, and the features of the FER policy do not seem to play a prominent role in this process.
Strength of evidence	Level 2 (1–4). Findings are based on data sources (some triangulation), which are generally considered to be of lesser quality, or the findings are supported by fewer data sources (limited triangulation) of appropriate quality that may be more perception-based than factual.

The FER policy itself is clear about the alignment with other Gavi policies: *‘Gavi recognises that its standard policies and processes may need adaptation to effectively and swiftly respond to special needs in these settings. Such flexibilities are adapted to the local context and may sometimes involve a temporary departure from the principles underpinning Gavi’s general approach.’*⁵⁸

The FER policy is largely aligned with and complementary to existing Gavi policies. Gavi informants stated that the policy complements the HSIS framework very well. The FER policy is also clear regarding the Eligibility and Transition policy, and the Co-Financing policy: *‘Unless explicitly stated in this policy, it does not cover flexibilities in the Eligibility & Transition and Co-Financing Policies, which remain subject to Board approval’*. Under the FER policy, co-financing waivers were applied to Afghanistan and South Sudan (for 2019 and 2020).

Gavi’s Gender policy does not refer explicitly to FER, but it acknowledges migrant and refugee status and the ability of caregivers to get their children vaccinated. It also recognises that gender is an important factor in the barriers to accessing immunisation. The Gender policy is embedded in Gavi’s wider commitment to ensuring equity in all areas of engagement, including missed populations residing in conflict-affected areas. It is grounded in existing international human rights and political commitments.

Gender is an explicit principle of the FER policy, and the policy recognises that gender inequities can be exacerbated in fragile and emergency settings. Gavi informants pointed out that in emergency situations, the gender lens becomes overshadowed by the need to respond quickly. Gender-sensitive approaches are expected to increase the effectiveness of programmes implemented in these settings. According to the FER policy, guidance on gender-sensitive approaches in these settings will be sought from Alliance partners with expertise in this area.

The Risk policy is well developed overall, albeit it is out of date, but it does not make reference to the FER policy. The policy documentation is more linked to ‘Leaving no one behind’ and confirms an increased risk appetite. Gavi publishes an annual Risk & Assurance report,⁵⁹ which discusses the most critical risks that could affect its ability to achieve Gavi’s mission and strategic goals. Gavi’s risk appetite statement on its website⁶⁰ was recently updated and defines the level of risk the Alliance is willing to take, accept or tolerate to achieve its goals. The desk review and informant interviews conducted for the evaluation highlighted that Gavi takes risks and has accountability mechanisms in place for these risks.⁶¹

Gavi’s work in FER contexts like Afghanistan and South Sudan demonstrates its increased fiduciary and operational risk appetite, with a lower guarantee of achieving the targeted outcomes. Both settings are highly volatile and unpredictable. Gavi has expanded its network in these settings to allow for greater and more novel support to improve coverage in areas controlled by non-state armed groups. Gavi’s acceptance of participating in South Sudan’s HPF3 with several other partners could entail a risk of losing direct oversight. However, Gavi has monthly oversight meetings

⁵⁸ Gavi Alliance FER Policy. Version 3.0. Approved by the Gavi Alliance Board 7 June 2018.

⁵⁹ <https://www.gavi.org/sites/default/files/document/strategy/Risk-and-Assurance-Report-2020.pdf>

⁶⁰ <https://www.gavi.org/sites/default/files/about/Gavi-Risk-Appetite-Statement.pdf>

⁶¹ <https://www.gavi.org/sites/default/files/document/strategy/Risk-and-Assurance-Report-2020.pdf>

with HPF3 and Crown Agents, and is a member of the government committee. In South Sudan, the Performance Framework Agreement is signed directly with partners and not the government, and all funding is channelled through partners. This was seen as a good use of managing risk to achieving higher impact. The application of the FER policy in Afghanistan allowed for the targeting of opposition-controlled areas through the development of direct partnerships with IFRC in 2018. Gavi's commitment to undertaking bilateral MoUs with implementing partners offers a tailored approach to improving access to hard-to-reach areas. For example, Gavi brought on board IFRC to improve access to immunisation in non-government-controlled districts, with no guarantee of improved immunisation in this unpredictable environment.

With regard to Gavi's new Strategic Period 5.0, it appears that the new strategy has an increased focus on fragile contexts. This is in line with the focus on zero-dose children, tailored approaches and catalytic support for former-/non-Gavi-eligible countries.⁶² In the context of Gavi's Strategic Period 5.0, particular attention is being given to the classification of countries, although this focuses primarily on fragility and less so on emergencies and refugees. In addition, there is particular attention for establishing (global) partnerships with humanitarian agencies. However, the country classification and the establishment of partnerships with humanitarian agencies appears to be done essentially in the context of Gavi's Strategic Period 5.0, and there is almost no documented evidence that the FER policy itself plays a prominent role in this process, which was also confirmed by Gavi informants.

⁶² <https://www.gavi.org/our-alliance/strategy/phase-5-2021-2025>

3 FER POLICY IMPLEMENTATION, PROCESS AND PARTNERSHIPS

3.1 OPERATIONALISATION OF THE POLICY

Evaluation Question: To what extent is there consistency in the application of the FER policy, and to what extent does the policy facilitate operationalisation in an effective manner to support fragile settings (including annual fragility classification), emergency situations and refugee populations?

To what extent are processes streamlined in regard to determining the best approaches to country requests and to disbursing funds (where applicable)?

High-level findings

- Gavi’s well-documented and clear Operational Guideline 3.16 (OG 3.16), which accompanies the FER policy, provides a step-based approach to implementation of the FER policy. The decision processes for financial and non-financial flexibility requests are well explained in OG 3.16.
- Despite the existence of OG 3.16, there have been varying levels of understanding and interpretation of the policy, which has led to inconsistencies in applying for flexibilities across countries. The application and operationalisation of the policy have to a large extent been characterised by precedent-setting and learning by doing, but with time the processes have been streamlined.

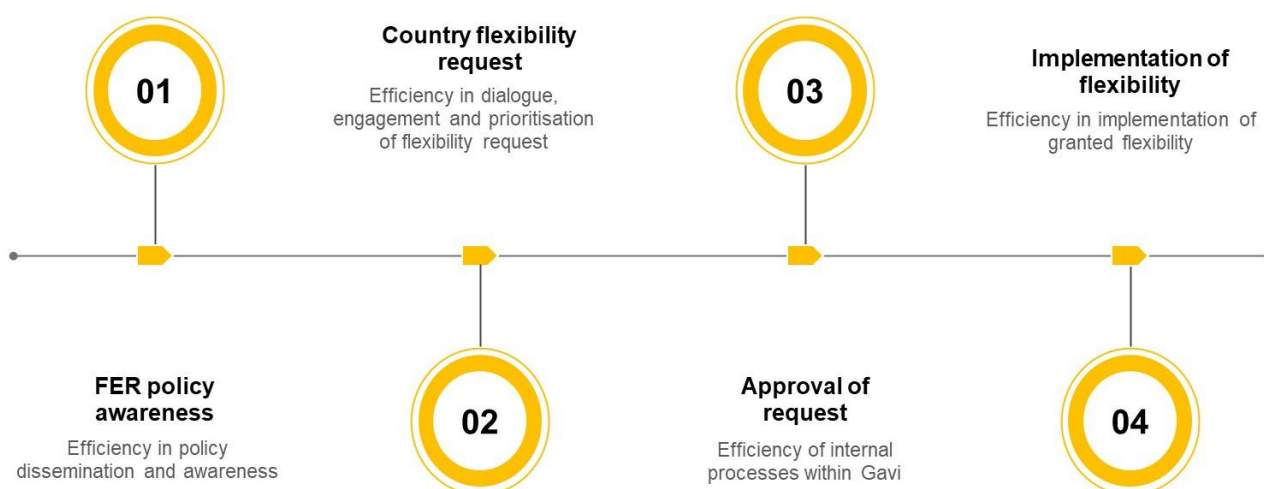
Strength of evidence

Level 1 (1–4). Findings are based on multiple data sources, allowing good triangulation.

‘We are great in developing policies but we are not great at how to operationalise them.’ (Internal Gavi staff member, reflecting the majority view of Gavi key informants for this evaluation).

The Operational Guidelines⁶³ provide for interpretation in, and a step-based approach to, the implementation of the FER policy. They also provide examples of flexibilities in the case of fragility, emergencies and situations involving refugees. Implementation is expected to be done by way of a series of context-driven adaptive processes through engagements with Gavi priority countries in identifying strategic funding, implementation and reporting. **Figure 4** below shows the steps for assessing efficiency in the operationalisation of the FER policy.

Figure 4. Steps in assessing efficiency in FER policy implementation

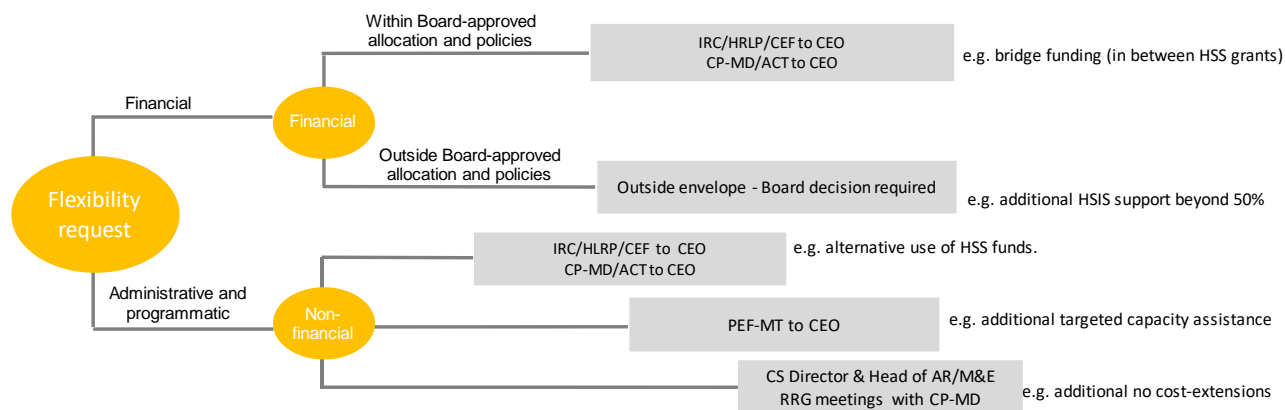


The decision processes for financial and non-financial flexibility requests are well-documented in Operational Guideline 3.16. In general, the guidelines are clear on the decentralised approach to the

⁶³ Operational Guideline: 3.16 Implementation of the Fragility, Emergencies and Refugees Policy.

approval of non-financial requests and the absence of any need to engage the Gavi Alliance Board for financial requests within Board-approved allocations for a defined period. Approval of financial requests within Board-approved allocations for that period do not require further Board approval, but they do require CEO approval. **Figure 5** below shows how well-defined the approval processes are.

Figure 5. Financial and non-financial approval processes



The subsequent subsections provide an assessment of the efficiency and effectiveness of the FER policy implementation, processes and partnerships during the period under review.

3.1.1 UNDERSTANDING AND COMMUNICATION

Evaluation Question: To what extent is there an appropriate understanding and communication of the FER policy, Operational Guidelines and tools within the Secretariat and external stakeholders (partners, countries, etc.)?

High-level findings

- There is generally a high level of awareness⁶⁴ of the FER policy within the Gavi Secretariat. However, there is no systematic approach to communicating the policy (internally and externally). There is also variation in the extent of understanding of the FER policy, both internally and externally. However, awareness and understanding of the policy have increased with time.
- There is significant country-level stakeholder engagement in the implementation of the policy, but eligible countries might not be aware of the full extent of the flexibilities that can be applied, because there is limited external guidance regarding interpretation of the policy.

Strength of evidence

Level 2 (1–4). Findings are based on data sources (some triangulation), which are generally considered to be of lesser quality, or the findings are supported by fewer data sources (limited triangulation) of appropriate quality that may be more perception-based than factual.

Most Gavi internal informants engaged during the evaluation stated that they were aware of the existence of the FER policy. Regarding factors that led to awareness of the policy, the following points can be made:

- Individuals’ interest in the policy was mainly driven by the need to support the countries they manage. This was mainly reported in the case of Senior Country Managers (SCMs) and Programme Officers (POs). **(Indirect communication.)**
- Individuals found out about the policy through limited but direct engagement with the policy team in order to understand how to address a specific situation. Some individuals within Gavi got to

⁶⁴ Awareness was measured as the extent to which an individual had knowledge about the existence of the policy.

know about the policy and the guidelines through direct communication from the Policy Unit.

(Direct communication from the Policy Unit.)

- There was limited direct communication on the policy during various platforms and team engagements. This was not as systematic as necessary. During routine or ad hoc internal meetings, the FER policy was referenced in discussions. **(Ad hoc indirect communication.)**
- Accidental/coincidence awareness of the policy came about through routine reading reports and through internal dialogue. **(Accidental indirect communication.)**

There is also variation in the extent of understanding of the policy. The level of understanding varies depending on the extent of exposure to the policy. SCMs and POs working with fragile countries, emergency settings and refugee settings expressed a greater degree of understanding. This lack of a shared interpretation and understanding of the policy and related guidelines has led to numerous back-and-forths and bilateral engagements between various teams and individuals within the Secretariat. This has contributed to some delays, and has reduced efficiency in implementation and reporting (see the discussion of request turnaround times in Section 3.1.2).

There has been limited systematic communication to raise awareness and understanding among internal staff and external partners on the FER policy. The communication team at the Gavi Secretariat stated that regular newsletters were sent out internally that communicated the policy, that an intranet page was dedicated to the policy and that SCMs and POs were informed actively, and some documentary evidence for this was received and reviewed. However, during KIIs, Gavi informants from the Secretariat highlighted that awareness was achieved by several individuals within the Gavi Secretariat in an unstructured and ad hoc way. Although there is an Operational Guideline on HSS support that refers to the application of the FER policy, the current approaches to increasing internal awareness of the FER policy can be made more effective. This has created a number of challenges, as highlighted in later sections of this report.

External partners, such as country stakeholders, expressed that they gained some awareness of the FER policy through dialogue and communication with SCMs and POs in their own countries, but this was not systematic. One country stakeholder mentioned that they got to know about the policy over a coffee meeting with the SCM during a country visit.

‘Outside of the country support team there isn’t such a thorough understanding, for the same reason. It can be applied to different scenarios and different people will have different experiences with different challenges and modalities.’ (Internal Gavi staff member.)

‘The country teams appear to know the policy [awareness], but they don’t seem to know exactly how to use it [understanding].’ (Internal Gavi staff member.)

It is also important to note Gavi’s efforts in improving awareness and understanding of the policy. For a general audience, Gavi has communicated actively on issues related to its FER policy. A press release was sent out announcing the initial Gavi Alliance Board decision on the FER policy, and consequent references in each of the annual progress reports were included. While not explicitly referring to the FER policy, Gavi’s Communication Team reported to the evaluation team that it communicated about the impact of the policy considerably in digital media. As indicated before, Gavi was also part of the Immunisation Agenda 2030⁶⁵ working group on outbreaks and emergencies, and the FER policy was used as ‘best practice’ by the group,

⁶⁵ <https://www.immunizationagenda2030.org>

and Gavi was also part of the Global Action Plan accelerator on innovative programming in fragile and vulnerable contexts.⁶⁶

In summary, the level of awareness of the FER policy is relatively high, yet this awareness is skewed towards those who deal directly with or work in fragile, emergency and refugee settings. The extent of understanding of the policy is low but has been increasing over time among those who are aware of the policy, especially those who interact more frequently with the policy. In Yemen, for example, understanding of the policy has increased over time, and there is increased engagement and dialogue with other partners in the region on the policy. Limited effective systematic approaches to communicating the policy have affected both awareness and understanding of the policy.

Implementation of the policy has involved significant country-level stakeholder engagement. Since the development of the FER policy, country-level dialogue has improved in terms of both the number and extent of stakeholder engagements. There is evidence of SCM/PO engagements through routine visits, Joint Appraisals and remote meetings to support and encourage countries to apply for flexibilities under the FER policy. Some SCMs have used the policy to engage countries on developing approaches to address country-specific bottlenecks (e.g. increased cost of immunisation programmes, increased number of doses required due to IDPs or that would otherwise have not been possible without the policy). **Table 4** shows the type of partners engaged during applications for flexibility.

Table 4. Types of partners engaged in country dialogue during FER flexibility requests⁶⁷

Request consultation

Government counterparts – Ministries of health, national expanded immunisation programmes, ministries of finance, etc.

Gavi and its Alliance partners – UNICEF and WHO regional and country offices, Bill and Melinda Gates Foundation, Gavi country programme staff, UK Foreign, Commonwealth and Development Office

Other country-level EPI stakeholders – US Centres for Disease Control, Clinton Health Access Initiative, John Snow International, USAID, etc.

Humanitarian actors and CSOs – UNHCR, MSF, ICRC, IOM, Save the Children, World Vision, IFRC, local NGOs, local CSOs, etc.

The country case studies (see **Volume 2**) provide more information about country-level perceptions of the FER policy and the extent of partner engagement. **Overall, eligible countries might not be aware of the full extent of the flexibilities that can be applied for under the FER policy, because there is limited external guidance regarding application and interpretation of the policy.** For example, additional HSS funds are just one of the flexibilities that can be provided under the policy. Gavi informants stated that some countries believe they are entitled to receive the maximum additional funds available because of their fragility classification. The lower awareness of the possibilities of the FER policy has led to limited implementation of the policy according to some informants. Informants from humanitarian agencies also referred to lengthy processes for application, requiring considerable efforts at the country level from a range of government and non-government stakeholders, and often facing issues with regard to the reliability of data and the need to clarify the data.

⁶⁶ https://www.who.int/docs/default-source/global-action-plan/accelerator-paper-7.pdf?sfvrsn=30405e53_4

⁶⁷ Source: FER Tracker 1.

3.1.2 IMPLEMENTATION EFFICIENCY – CHALLENGES

Evaluation Question: What are the key challenges in implementing the FER policy (including the reasons for any exceptions to the policy) and what processes are there for addressing these?	
High-level findings	<ul style="list-style-type: none"> • Application of the FER policy has been hampered by the lack of a shared interpretation of the policy and the guidelines. • There have been delays in turnaround times from application to actual implementation. No data were provided to estimate the time from the point at which a country makes a request to the release of funds. • There has been limited innovation in the application of the policy as only the examples given in the Operational Guidelines have been applied. • The absence of a ‘custodian’ of the policy within the Gavi Secretariat, as well as an ambivalent attitude towards the promotion of the FER policy in terms of the policy’s operationalisation (which affects routine processes), are considered to be challenges for the implementation of the policy.
Strength of evidence	Level 2 (1–4). Findings are based on data sources (some triangulation) which are generally considered to be of lesser quality, or the findings are supported by fewer data sources (limited triangulation) of appropriate quality that may be more perception-based than factual.

The lack of a systematic understanding and interpretation of the FER policy (as discussed in Section 3.1.1 above) has created a lot of implementation challenges for SCMs, but this has improved over time.

The scope of flexibilities applied under the policy mirror those highlighted as examples in both the policy and the Operational Guidelines. Data from KIIs and from the FER Tracker show, to a large extent, that the **scope** of the flexibilities applied has been **limited to those that given as examples in the Operational Guidelines 3.16**. This could be interpreted as a sign of reduced innovation in operationalising the policy, or rigidity in the actual processes of implementation.

‘...for the balance of flexibilities, it is unclear whether there is latent demand as evidence only indicates approved requests. Examples of flexibilities listed in the FER policy were to provide guidance but were not intended to be exhaustive. In practice, evidence does not suggest that the Secretariat has exceeded the scope of the examples, with the policy generally applied reactively in response to a particular request from a country or partners. There is little documentary evidence of ‘proactively exploring’ how to best engage as part of the ‘start of a dialogue’. This may be a result of either a lack of sufficient guidance for Gavi staff on how to consider and identify appropriate flexibilities for country circumstances, or too much guidance by providing a relatively long list of exemplar flexibilities which may create the impression of exhaustiveness.’ (Gavi internal staff member.)

A similar phenomenon was noted by the Global Fund when it designed and implemented its Challenging Operating Environment Policy: it provided some examples and encouraged users to look for innovative approaches but there was not really an alternative model – the policy was merely a window and a room for adaptation (which is also a key characteristic of the Gavi FER policy).

Efficient implementation of the FER policy has been hampered by a number of challenges. Factors noted to have affected efficiency in implementation of the policy include the following:

- **Lack of a shared interpretation of the policy and its guidelines.** Informants stated that there has been a lot of back and forth between different departments and individuals within Gavi, which emanates from a lack of consistency in understanding the policy and the Operational Guidelines. This is time-consuming and leads to inefficiencies.

- **The absence of a ‘custodian’ of the FER policy within the Secretariat**, to ensure a coordinated approach across teams. This has contributed to limited awareness, tracking (see also [Section 4](#)) and a shared understanding of the FER policy, and has likely increased the compartmentalised handling of the policy within the Secretariat. For example, staff use the policy within their area of expertise but are not aware of all other specifics of the policy, hence efficient implementation and ownership of the policy may be reduced.
- **The time taken from requests to implementation has varied depending on the type of request and the context.** Some flexibility requests have received expedited reviews through remote review (e.g. less than one month for a measles campaign request) but in some cases the nature of a request (e.g. additional HSS for improving equity) was not treated as an emergency and instead went through routine approval channels. [Table 5](#) shows the time taken for approvals of selected flexibilities. The Operational Guidelines make provision for fast-track approvals where necessary. However, it is clear that in some cases there is a significant delay between internal approval and communication to the countries through the Decision Letter (DL). This is considered by country stakeholders to be a bottleneck.

Despite these factors hindering efficiency in the implementation of the FER policy, a number of countries have benefited from its implementation. The case study countries in [Volume 2](#) provide a deep-dive into the activities enabled through implementation of the FER policy.

Evidence of operationalisation of the FER policy exists, albeit this has involved some delays in approval processes. As originally envisaged, the implementation of the FER policy is to be driven by the country context and within the guidelines. The data recorded in the shared FER Trackers has provided some meaningful estimates of the various timeframes for implementation of the policy (see [Table 5](#) below). The quality and completeness of the data sources (the FER Tracker) is discussed in [Section 4](#). The current data show cases of significant time lapse from the time a request is submitted to the time internal approval is granted. Additional time lapse is noted from internal approval to DL communication to the country. These delays were also confirmed by the key informants, across stakeholder groups. [Table 5](#) below provides a summary of the time from request to approval in different cases; it shows that significant time elapses between approval by Gavi and signature of the DL. The data show that this can be as long as >100 days. It is not fully clear what the reasons are for these delays.

Table 5. Tracking time from request to approval

COUNTRY	FLEXIBILITY REQUESTED	APPROXIMATE REQUEST DATE	DATE FOR INTERNAL APPROVAL (AS TRACKED BY FER TRACKER)	APPROVAL DATE (AS PER DECISION LETTERS)	NUMBER OF DAYS BETWEEN APPLICATION SUBMISSION AND INTERNAL APPROVAL	NUMBER OF DAYS BETWEEN APPLICATION AND DL SIGNING / COMMUNICATING TO THE COUNTRIES	NUMBER OF DAYS BETWEEN APPROVAL AND DL SIGNATURE
Bangladesh	Vaccines support	31-Oct-17	11-Dec-17	21-Dec-17	41	51	10
Bangladesh	Additional operational costs	31-Oct-17	11-Dec-17	21-Dec-17	41	51	10
Bangladesh	Additional HSS funding	02-Dec-18	05-Apr-19	29-May-19	124	178	54

COUNTRY	FLEXIBILITY REQUESTED	APPROXIMATE REQUEST DATE	DATE FOR INTERNAL APPROVAL (AS TRACKED BY FER TRACKER)	APPROVAL DATE (AS PER DECISION LETTERS)	NUMBER OF DAYS BETWEEN APPLICATION SUBMISSION AND INTERNAL APPROVAL	NUMBER OF DAYS BETWEEN APPLICATION AND DL SIGNING / COMMUNICATING TO THE COUNTRIES	NUMBER OF DAYS BETWEEN APPROVAL AND DL SIGNATURE
Bangladesh	Co-financing waiver ⁶⁸	24-Oct-18	12-Nov-18	20-Nov-18	19	27	8
Bangladesh	Vaccines support	19-Dec-17	NA	09-Apr-18	N/A	111	N/A
CAR	Additional operational costs	22-Feb-19	19-Mar-19	19-Apr-19	25	56	31
CAR	Co-financing waiver ⁶⁹	N/A	15-Nov-18	29-Jan-19	N/A	N/A	75
Rwanda	Vaccines support	15-Aug-17	24-Nov-17	28-Feb-18	101	197	96
South Sudan	Additional operational costs	25-Oct-18	29-Oct-18	21-Jan-19	4	88	84
Yemen	Vaccines support	20-Dec-17	20-Dec-17	21-Feb-18	0	63	63
Uganda	Vaccines support	10-May-17	10-Jan-18	06-Mar-18	245	300	55
Uganda	Additional operational costs	10-May-17	10-Jan-18	06-Mar-18	245 ⁷⁰	300	55
Uganda	Vaccine support	N/A	12-Oct-17	09-Jan-18	N/A	N/A	89
Zimbabwe	Vaccines support	10-Jul-18	16-Jul-18	31-Oct-18	6	113	107
Zimbabwe	Operational costs support	10-Jul-18	16-Jul-18	31-Oct-18	6	113	107

From KIIs with Gavi informants it appears that there are **varying levels of interpretation of the Operational Guideline (3.16)**, and in some cases lack of awareness of the documented processes. Not all departments within Gavi are fully engaged with the FER policy. **The interest in, and receptiveness towards, the policy varies even within the Gavi Secretariat**, with some departments highlighting the increased workload arising from the policy. It is perceived that the implementation of the FER policy affects the routine processes within

⁶⁸ Co-financing for refugee doses.

⁶⁹ Co-financing obligations for measles follow-up campaign.

⁷⁰ This support was requested before the policy was approved by the Gavi Alliance Board, hence the delay in providing the requested support.

some departments – especially vaccine forecasting. An internal 2019 review of the policy⁷¹ pointed to anecdotal evidence from within the Secretariat that countries are selectively made aware of available flexibilities in order not to displace domestic resources, in line with Gavi’s broader stated objective to promote domestic public resources for immunisation. However, this could not be confirmed in the present evaluation.

There are also a **number of policy exclusions in the current FER policy and guidelines**. These include guidance on dealing with outbreaks; dealing with countries transitioning out of fragility based on existing classifications but that in reality remain fragile; dealing with displaced groups beyond Gavi priority countries; and continuity of approved flexibilities beyond approved periods.

There are no quantitative benchmarks within the Operational Guideline (3.16) to compare the current progress summarised in Table 5 above; however, informants across stakeholders groups suggested that there are delays compared with the policy aspirations and intent (e.g. 107 days between application and Decision Letter for Zimbabwe, and 63 days for Yemen). It is important to recall that the FER requests are not a separate grant application but in many cases a variation (administratively, programmatically and financially) of existing or potential grants. However, a comparison of efficiency and effectiveness, in terms of the timeliness of FER- and non-FER-related processes, remains key. In principle, the Operational Guidelines for the FER policy aspire to be more time-sensitive in delivery compared to non-FER-related processes; in reality, the picture is not clear. Similarly, some departments within the Gavi Secretariat highlighted an increased workload arising from the policy.

3.2 PARTNERSHIPS

<p>Evaluation Question: What is the nature of partnerships with humanitarian actors/the engagement of CSOs, on the one hand, and humanitarian response coordination mechanisms, on the other, and to what extent has the FER policy led to partnerships and collaborations with other actors that positively influence performance and results?</p>	
<p>High-level findings</p>	<ul style="list-style-type: none"> • Several Alliance and CSO partners were consulted during the design stage of the FER policy, which was perceived to be a constructive exercise. The nature and extent of engagement has varied over time, but engagement has been more intensive from 2019 onwards. • The mechanisms of engagement have varied depending on the context, the organisation and those involved. However, most current models are ad hoc and context-specific, which is suitable for FER settings. • Established partnerships and collaboration with humanitarian agencies and CSO have increasingly provided Gavi with entrance points for localised and tailored responses.
<p>Strength of evidence</p>	<p>Level 3 (1–4). Findings are based on few data sources across limited stakeholder groups, allowing for limited triangulation.</p>

During the design stage of the FER policy, several Alliance and CSO partners (e.g. MSF, Save the Children) were consulted, which was perceived to be a constructive exercise for Gavi in regard to gathering knowledge around humanitarian settings and operating in fragile environments. Partners were also represented in the

⁷¹ Review of Gavi’s approach to flexibility of support for fragile contexts – Implications for the Funding Policy Review, 2019

TEC, and they raised the issue of the work modalities between Gavi and non-Alliance partners beyond the WHO and UNICEF. They stressed that these modalities were unclear to them. Informants stated that at times an increased technical engagement with its Alliance partners, as well as CSOs, would be preferred.

The nature and extent of engagement has varied over time, but engagement has been more intensive from 2019 onwards. It is clear that Alliance partners, the WHO and UNICEF, and national governments remain Gavi's core and preferred implementers, including in FER settings. Country-level partnerships with CSOs, as per 5.7.d of the FER policy, seem to have been established not much earlier than 2019. The desk review and informant interviews conducted as part of the evaluation did not provide evidence of country-level partnerships beyond Gavi's core partners at the outset of the FER policy in 2017. It therefore seems premature to provide any conclusions on the effectiveness and efficiencies of those new partnerships.

The Afghanistan and South Sudan case studies show that in fragile settings, where the government and Alliance partners are not best placed to effectively provide services across the whole country, the FER policy has allowed Gavi to reach out and increase capacity through its Alliance partners, as well as through an extended network of non-state actors, including CSOs, to provide more and novel approaches to improve results for hard-to-reach populations.

Where there is engagement with non-state actors or humanitarian actors, various models are at play. The mechanisms of engagement have varied depending on the context, organisation and those involved. **Joint partner programme delivery** approaches are sometimes applied (e.g. in South Sudan and Afghanistan). In some cases, UNICEF procures commodities effectively and provides vaccines to CSOs or humanitarian agencies to deliver programmes in otherwise hard-to-reach settings or contexts. In other cases, humanitarian agencies have **accessed the vaccines at Gavi-negotiated prices** (e.g. MSF in areas of focus, such as CAR). In most cases the engagement remains focused on dialogue during the planning, preparation and coordination of funding requests.

Gavi's initial support to the government of South Sudan was initially mostly through its Alliance partners, WHO and UNICEF, but due to the volatile and complex environment there was a need to go beyond these partners and to tailor and innovate Gavi support. In 2019 the in-country partners mapped subnational data and the country submitted an FER application with tailored strategies. Allocation was based on geographical presence, primary healthcare and health facility coverage, and absorption and operational capacity. The new partners selected were through the multi-donor HPF3 (UK Foreign, Commonwealth and Development Office, USAID, Sweden, and Canada), with technical assistance provided by Crown Agents and IOM.

Gavi is channelling its cash grants – including HSS funds – through several partners, like UNICEF, WHO, IOM and HPF3. To complement specific skills, the key implementing partners are receiving strategic support from John Snow International, AFENET and others. CSOs are also supporting the immunisation programme using their own sources of funding.

Health service delivery in the 10 states in South Sudan is supported through two main funding mechanisms: eight states are supported by the multi-donor HPF3, including Gavi contributions working through 12 implementing partners; and two states are funded by the World Bank and a UNICEF-Gavi partnership.

The FER policy proposal process was perceived as an effective way of coordinating partner roles and funding allocations in a transparent manner.

There is increased recognition of, and attention to, working through humanitarian agencies. Partnerships with these agencies are more active and visible in Gavi's Strategic Period 5.0. Partnership agreements have recently been signed with Save the Children, IOM, International Rescue Committee, IFRC and UNHCR. These stakeholders report that there has been regional engagement as well, including planning and prioritising for specific countries. Bilateral discussions with Gavi have taken place to identify 15 countries in Africa (called the Engagement Countries) for prioritisation by IFRC and Gavi. This is in line with Gavi's prioritisation, and IFRC will focus on these locations while rolling out its network. There is now greater awareness of the process of establishing an MoU, according to various informants; however, concerns persist in this area, mainly

expressed by informants from humanitarian agencies, since this process seems to be taking a lot of time and there are doubts about the outcomes. Moreover, MoUs are established in the context of Gavi’s Strategic Period 5.0, but there appeared to be limited consideration of the existing FER policy when that new Gavi strategy was developed, despite the fact that fragility is an important element in Gavi’s Strategic Period 5.0.

All countries are eligible for TCA provided by Gavi to partners. Evidence provided by Gavi demonstrates that in 2017 and 2018, approximately US\$ 10.5 million was provided to a range of different partners in fragile countries, and approximately US\$ 8.3 million was provided in 2019. However, it was very challenging for the evaluation team to quantify the extent of this additional TCA utilisation, and its effects on the results achieved. (See also [Section 4](#) for more details on TCA).

Despite the existence of MoUs at the global level, a number of gaps in partnership engagements have been identified, though it must be noted that these MoUs are quite new and have not been established in the context of the FER policy. The MoUs are generally considered to be a good and welcome start, but there is a need to define their operationalisation. Some partners raised concerns about the challenges experienced in working together with Gavi. Particular challenges that were referred to include the reliance on in-country partners to support the development of FER requests, and the subsequent support needed for responses and clarifications before approvals are granted, which can be a lengthy process. In addition, reference was made to the time needed to agree on the MoUs, and Gavi’s sometimes limited responsiveness. Also, respondents pointed to the need for Gavi staff to familiarise themselves more with FER contexts.

In general, informants across different stakeholder groups stated that inherent in Gavi’s model of working with and through governments and its core Alliance partners are concerns about lost opportunities in areas the government and these partners have difficulty reaching, including increasingly in urban contexts, even though evidence from the country case studies demonstrates that Gavi has successfully partnered with other humanitarian agencies. In summary, reaching out to the most vulnerable children remains challenging due to:

- i) Gavi’s operationalisation challenges;
- ii) Gavi’s lack of a presence in certain countries;
- iii) the sometimes limited in-country absorption capacity; and
- iv) local political choices that need to be made.

At the design stage of the FER policy, in 2016, many external stakeholders emphasised that Gavi could utilise its strong relationships with governments to advocate for increased involvement of non-state actors in immunisation efforts. In practice, engagement has remained somewhat superficial and Gavi remains too removed from field activity to advocate effectively. **While most current ad hoc and context-specific models of partner engagement at the local level seem suitable for FER settings, an overall strategy and approach to partner engagement in these settings should be considered.**

It is not clear how much Gavi engages within the Inter-Agency Standing Committee (IASC),⁷² the Humanitarian Country Teams and relevant country coordination mechanisms, such as the humanitarian cluster system, as acknowledged in the FER policy. While its Alliance partners (WHO, UNICEF) lead the in-country clusters, informants stated that Gavi could make better use of the knowledge generated by the cluster system, including from joint assessments, appeals and response plans. This would provide an

⁷² Gavi does engage with the IASC specifically on the Covax humanitarian buffer.

opportunity to appraise the performance of its implementing partners, and the likelihood of reaching the humanitarian standards of immunisation in these settings.⁷³

Gavi’s engagement in humanitarian coordination clusters could facilitate timely, agile and localised outbreak responses. When a humanitarian cluster system is activated under the United Nations IASC system-wide scale-up protocols, and also under internal scale-up protocols from Alliance partners, Gavi could recognise this as a sign to shifting or scaling up implementation from government to a larger pool of implementing partners. In such a case, the related Article 6.2 of the FER policy would need reconsideration, to make it more proactively prescriptive on the IASC scaling up and the use of non-state partners for implementation.

⁷³ IASC and Sphere Standards.

4 FER POLICY RESULTS

4.1 FER POLICY M&E FRAMEWORK

Evaluation Question: To what extent does the draft FER M&E framework capture the intended results?

High-level findings	<ul style="list-style-type: none"> • Gavi has an FER policy M&E framework, consisting of clear outcomes, outputs and process indicators. Data come from a variety of different sources but are not centrally organised, consolidated and analysed for decision-making. • National annual routine immunisation data available through GPFs do not allow for the analysis of specific targeted populations under the FER policy, which means limited insights are provided into the contribution of the FER policy. • There is mixed evidence regarding the progress of the coverage of selected indicators (Penta, IPV, MCV, etc.) at national level. In South Sudan, for example, all national-level coverage indicators show a declining trend; yet in Bangladesh the same indicators are consistently high, while the situation in Gavi-supported refugee camps in the country shows a coverage range of around 50%. • HSS utilisation rates remain consistently low for UNICEF and WHO, and data are not available for assessing disbursement efficiency (time between HSS tranches). Similarly, TCA absorption could not be analysed.
Strength of evidence	Level 1 (1–4). Findings are based on multiple data sources, allowing good triangulation.

Gavi has a FER policy M&E framework, which consists of clear outcomes, outputs and process indicators. Overall, the design of the framework is found to be appropriate. The M&E framework has three process indicators, two output indicators and four outcome indicators as shown in the table below.

Table 6. Gavi's FER policy M&E framework

Level	Statement	Indicator
Outcome	Gavi's policy contributes to sustaining gains in emergency settings and improving results in countries affected by fragility vis-à-vis immunisation coverage and equity outcomes for the 2016–2020 Strategic Period	<ol style="list-style-type: none"> 1. National Penta 3 coverage disaggregated by (1) countries affected by fragility; (2) countries in an emergency situation; and (3) all Gavi-supported countries. 2. National Measles 1 coverage disaggregated by (1) countries affected by fragility; (2) countries in an emergency situation; and (3) all Gavi-supported countries. 3. Penta 1 – Penta 3 drop-out disaggregated by (1) countries affected by fragility; (2) countries in an emergency situation; and (3) all Gavi-supported countries. 4. Number of countries, disaggregated by countries affected by fragility, in an emergency situation and all Gavi-supported countries, that have at least 80% of districts with a pentavalent 3 coverage $\geq 80\%$.
Output	HSS support is disbursed in a timely manner	1. Number of months between disbursing each tranche of HSS funds following approval disaggregated by (1) countries affected by fragility; (2) countries in an emergency situation; and (3) all Gavi-supported countries.
	HSS grants are implemented in a timely manner	2. Annual HSS cash utilisation rate disaggregated by (1) countries affected by fragility; (2) countries in an

Level	Statement	Indicator
		emergency situation; and (3) all Gavi-supported countries.
Process	<p>Flexibilities are reviewed and – if granted – fully documented in a timely manner</p> <p>Timely technical assistance is provided to ensure activity implementation</p>	<ol style="list-style-type: none"> 1. Number of flexibilities requested by countries facing fragility or an emergency in the last year. 2. Flexibilities that have been granted disaggregated by country. 3. TCA absorption rate for the last year disaggregated by (1) countries affected by fragility; (2) countries in an emergency situation; and (3) all Gavi-supported countries.

Despite the clearly defined M&E framework for the FER policy, the absence of a designated coordinator makes it challenging to find consolidated data. Gavi collects substantial data to track the policy as per the M&E framework; however, these data are not systematically organised to enable an efficient review. It took significant efforts, in terms of a document review, data mining and intensive communication with relevant staff of the Gavi Secretariat, to understand the extent of the data available. Many of the data points are aggregated by different teams within the Gavi Secretariat but these are not compiled to allow for understanding of the progress made against the FER policy.

M&E framework indicators are measurable and their interpretation provides insights into the contribution of the FER policy to general immunisation outcomes. The outcome-level statement demonstrates an intention to align with Gavi’s broader goals to ensure improved coverage in otherwise difficult to reach areas, inherently embracing the equity concept (leave no one behind).

Due to the challenging operating environments in which the FER policy is implemented, Gavi’s intention was to look at trends rather than having specific targets to work towards. Indeed, the framework does not provide targets or milestones with which to compare progress to date. For example, the timeliness of the approval process has no benchmark, but data are available to measure this. Based on our judgement of the numbers, there have been delays in the application of the FER policy, but no benchmarks or targets exist against which the results can be assessed. The assessment of some of the results of the FER policy relies therefore more on qualitative views and the judgement of absolute numbers stated in the FER Tracker. A trend analysis could be considered for some indicators (e.g. DL communication speed as a measure of internal efficiency).

Data sources for tracking progress on the implementation of the policy are available but are not easily accessible. The M&E framework was designed based on the resources available to support the monitoring of the policy. According to Gavi informants, the data to be captured by the framework were purposefully selected as these data are tracked systematically by Gavi (albeit they are not consolidated). The outcome indicators refer to UNICEF and WHO databases. These are found to be adequate and an attempt by the evaluation team to use these data to report progress at the outcome level is found in [Section 4.2](#). However, for the output and process level, significant challenges remain.

Despite the clarity in the Operational Guidelines (3.16) on documentation and reporting through the FER Tracker, the Tracker appears inadequate as a source of information for output and process tracking, both in terms of adequacy and quality. Different versions of the FER Tracker were shared with the evaluation team and none provides a complete picture. After an in-depth review of various additional documents provided by the Gavi Secretariat at second instance (see [Section 1.2.3](#)), the evaluation team was able to conclude that the Gavi Secretariat measures national immunisation outcomes through the GPF reports.

While most data are measured and reported at national level, there are limited subsets of targeted outcome indicators measuring results in the specific FER settings, as demonstrated in the Bangladesh, Afghanistan and South Sudan GPF reports. However, it is not clear how far these granular data have been used to adapt Gavi's support and programming (though the scope of the evaluation might have been too short to observe this).

The absence of a clear segregation of FER-specific data can be explained by the challenging operating environment, and also due to security reasons; in situations of ethnic conflict these types of data cannot be collected separately at the implementation level. **Section 4.3** provides an attempt by the evaluation team to use existing evidence to estimate the progress made at the output and process level.

4.2 TARGETING, COVERAGE AND RESULTS

Evaluation Question: To what extent has the FER policy contributed to appropriate targeting and coverage, and to what extent has it achieved the intended results (linked to the FER policy M&E framework)?

High-level findings	<ul style="list-style-type: none"> It is not evident to what extent the FER policy has contributed to appropriate targeting and coverage in FER settings. Large parts of the data that are supposed to be monitored through the M&E framework are essentially annual routine data that are mostly collected by the countries themselves, and not necessarily specific to the flexibility requested. The data collected at national level may also not adequately capture refugee contexts, as these are often outside of the national administrative system (including IDPs). The country case studies demonstrate that the FER policy has enabled Gavi to ensure coherence and effectiveness in its programmatic approach towards covering hard-to-reach areas and population groups that are most in need of vaccination. New partnerships have allowed Gavi to access key non-government partners that can cover hard-to-reach, conflict-affected and opposition-controlled areas.
Strength of evidence	Level 2 (1–4). Findings are based on data sources (some triangulation) which are generally considered to be of lesser quality, or the findings are supported by fewer data sources (limited triangulation) of appropriate quality that may be more perception-based than factual.

The country case studies indicate that the FER policy has made it possible for support to target vulnerable and hard-to-reach populations. The country proposals to request FER flexibilities specifically indicate the targeting of underperforming immunisation areas, whether urban or rural, in an attempt to improve equity of access. Clearly, the FER policy has allowed for extra funding and a variety of flexibilities in eligible countries. While significant gains specific to FER-targeted areas or populations are reported in some countries, sometimes even exceeding the national average, other targeted FER coverage has decreased or stagnated across the period under review. Due to some of the delays in programme implementation, and the complex environment of FER settings, it also might be too early to observe the desired changes. In addition, due to non-systematic reporting against the M&E framework, the data available to the evaluation team do not provide a sufficient basis to be conclusive about the extent to which the policy has contributed to appropriate targeting and coverage.

In South Sudan, Penta 3 coverage in the targeted HSS areas increased significantly – from 45% to 60% – from 2019 to 2020. In Bangladesh, refugee Penta 3 coverage increased from the outset to 60% in 2019 and then decreased to 55% in 2020. MCV1 increased from the outset to 72% in 2019 and then decreased to 69% in 2020. In Afghanistan, the Penta 3 coverage specific to the HSS target areas decreased from 87% in 2019 to 85% in 2020. However, coverage in the six target cities under the FER policed increased significantly, from 36% in 2019 to 78% in 2020. Beyond the

case studies, in the Democratic Republic of Congo, the targeted HSS Penta 3 decreased from 95% in 2019 to 89% in 2020 (there were no data before 2019). In the CAR, the national Penta 3 increased significantly, from 54% in 2016 to 81% in 2019, and the HSS-specific Penta 3 coverage in 2019 was above the national average, at 87%.

While the data intended to be captured by the M&E framework are essentially annual routine data that are mostly collected by the countries themselves, and not necessarily specific to the flexibilities requested, the country GPFs allow for a more comprehensive interpretation of performance and results at national level, but also targeted to HSS target populations, and at times to specific FER populations (e.g. the Bangladesh GPF included several indicators specific to the refugee population and the Afghanistan GPF included indicators specific to targeted urban settings). However, there were no data specific to the FER policy before 2019.

Within the current FER policy, data about DTP3 coverage, for instance, may be difficult to interpret when countries are classified as fragile in one year but not the next. This is observed, for example, for countries such as Nigeria (a fragile country in 2017 but not an FER target from 2018 onwards), Zimbabwe (only classified as a fragile country in 2018 and not in other years), Tanzania (requested flexibilities for refugees in 2017) and Uganda (also requested flexibilities for refugees in 2017 and 2018). As such, any changes in coverage in these countries in one year can be attributed to the FER policy, while in another year they are no longer under the FER policy.

The data collected at national level may also not adequately capture refugee contexts, as these are often outside of the national administrative system. Capturing accurate coverage per county in the case of people moving in and out of areas is also challenging, and this often leads to coverage estimates over 100%. (As per the WHO bulletin,⁷⁴ estimates based on administrative data can also be biased by an inaccurate denominator, especially when outdated census and poor population projections are used.) Also, if people are immunised elsewhere, this decreases the estimates for the region where they are registered.⁷⁵ This was also confirmed by informants across different stakeholder groups.

The 2019 internal policy review⁷⁶ also highlighted that the provision in the FER policy regarding co-financing for refugee populations might produce undesirable effects. Gavi's intended approach is to encourage governments to co-finance all doses for their refugee population, with the possibility to waive this requirement only in exceptional circumstances and where other partners are unable to provide co-financing. As such, the policy indicates that partner co-financing should first be explored before a waiver is considered. Countries may therefore be insufficiently incentivised to take on financing responsibilities for their refugee cohort. UNICEF has reportedly stepped in several times to provide the co-financing, and it is therefore unclear how partner co-financing would promote the objective of domestic financing compared to the simplicity of Gavi waiving the requirement. Seeking partners to undertake the co-financing merely shifts the costs from the Alliance as a whole to a particular Alliance partner like UNICEF.

Other funding mechanisms, like those applied by the Global Fund, experience similar challenges. Informants stated that in complex emergencies like South Sudan and Afghanistan there are hardly any control mechanisms and the Global Fund's usual external verification is not in place. Consequently, there are no supporting documents to demonstrate increased or sustained coverage, and the Global Fund is now encouraging being softer on the requirements in terms of the inputs, and to focus more on the outcomes.

⁷⁴ WHO (2009) *Bulletin of the World Health Organization* 87, 535–541. doi: 10.2471/BLT.08.053819

⁷⁵ Measles control and elimination program in Afghanistan, Report on Nationwide Measles Supplementary Immunization Activities (MSIAs), 2018.

⁷⁶ Review of Gavi's approach to flexibility of support for fragile contexts – Implications for the Funding Policy Review, 2019.

The evaluation team attempted to provide a summary of the progress on outcome indicators for the case study countries (Figures 6, 7 and 8). Additional quantitative data were also consolidated, particularly on the number and types of flexibilities granted under the FER policy by country, financial data (including co-financing waivers), and a more in-depth analysis of M&E framework indicators, although data could not be fully validated (see Annex 7). **In terms of outcome indicators, there is mixed evidence of success.** In South Sudan, apart from the drop-out rates, all outcome indicators show a general decline in all indicators in the period 2017–19. National Penta coverage declined from 59% (2017) to 45% in 2019; IPV coverage declined from 54% to 41%; MCV1 coverage declined from 75% to 42%; and the drop-out rate for Penta 1 and Penta 3 declined from 24% to 21%. Similarly, the percentage of districts or equivalent administrative areas with Penta 3 coverage greater than 80% declined from 30% to 18% between 2017 and 2019. The situation in Bangladesh is somewhat different. All national-level indicators in Bangladesh are very high, averaging above 100%; however, figures in the focus refugee camps remain low, at around 50%. In Afghanistan the situation demonstrates mixed success: some indicators have increased over time, while others fluctuate across the years under review.

Figure 6. Afghanistan outcome indicators

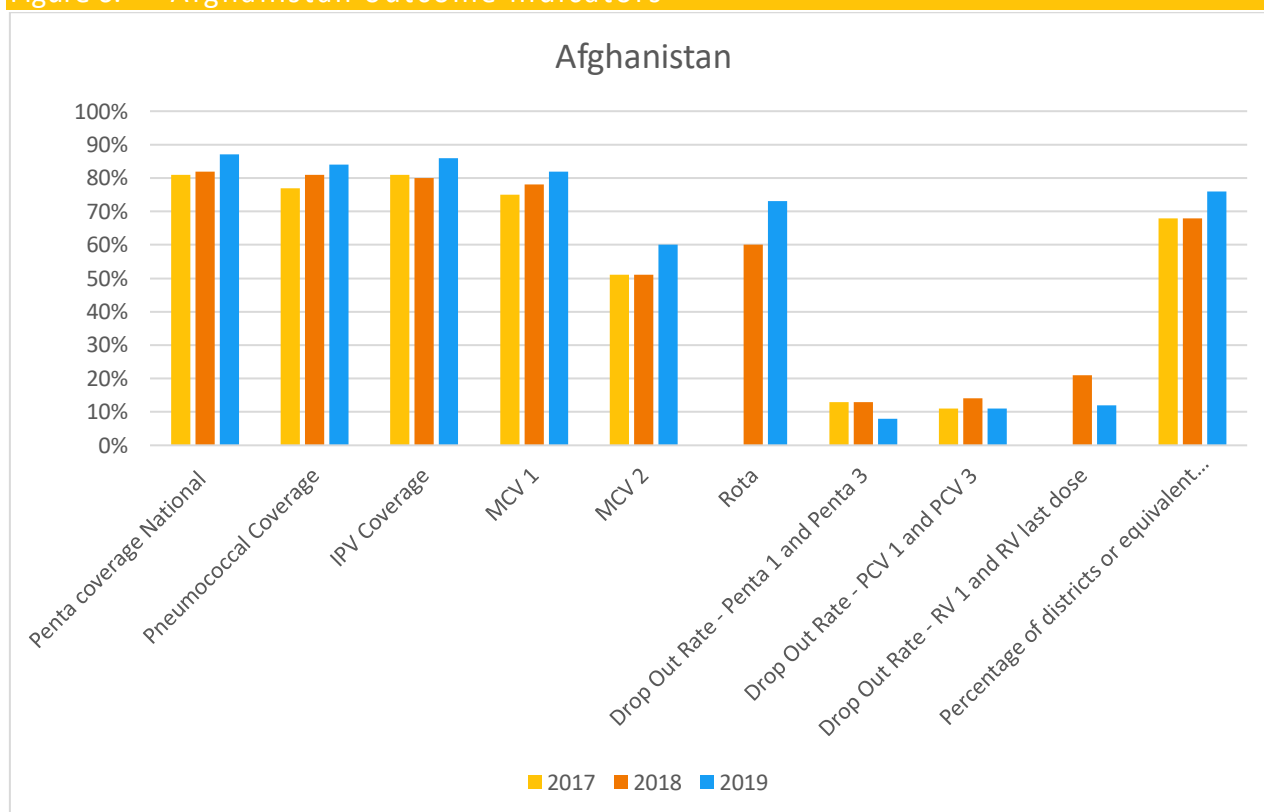


Figure 7. Bangladesh outcome indicators

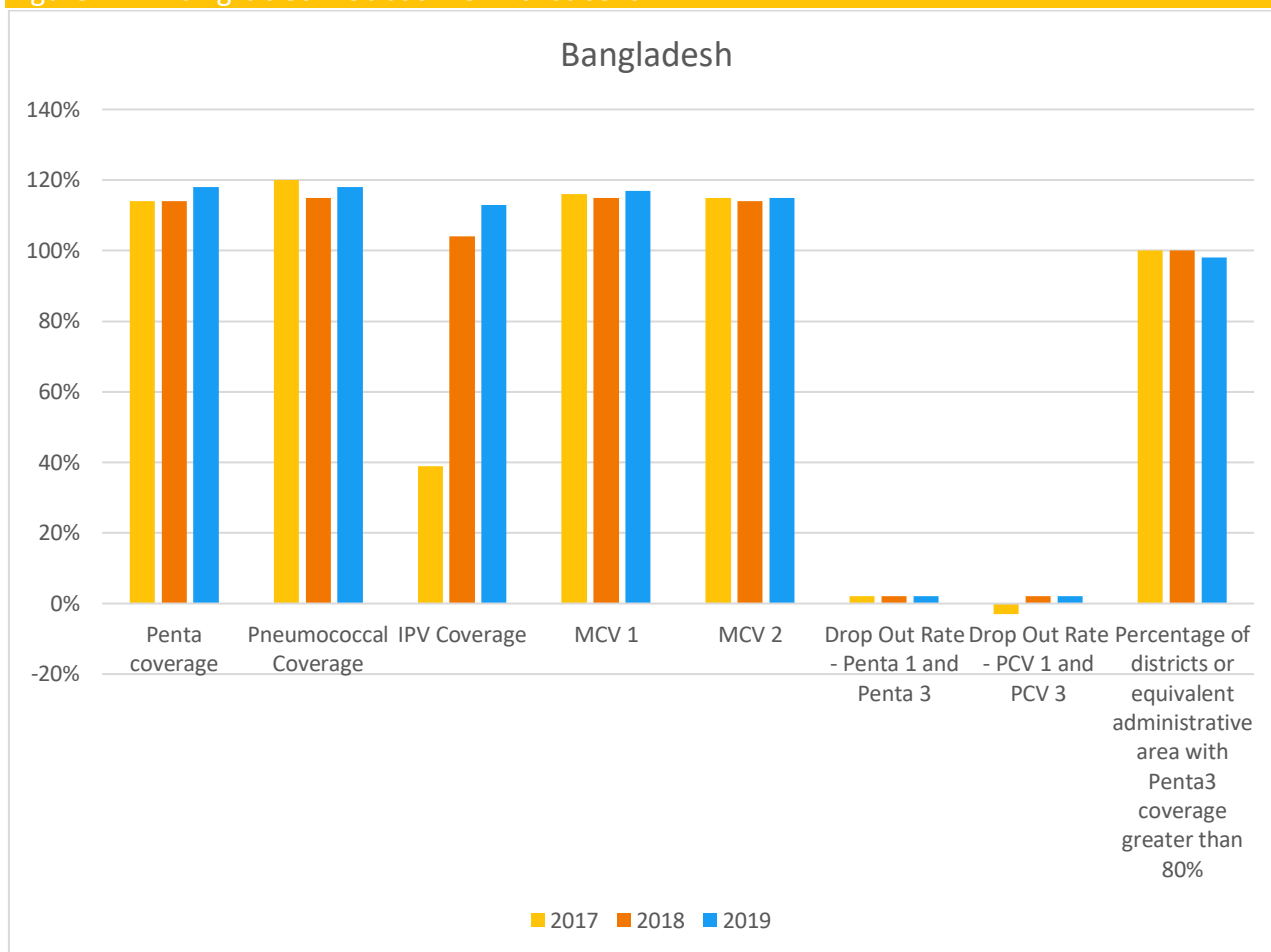
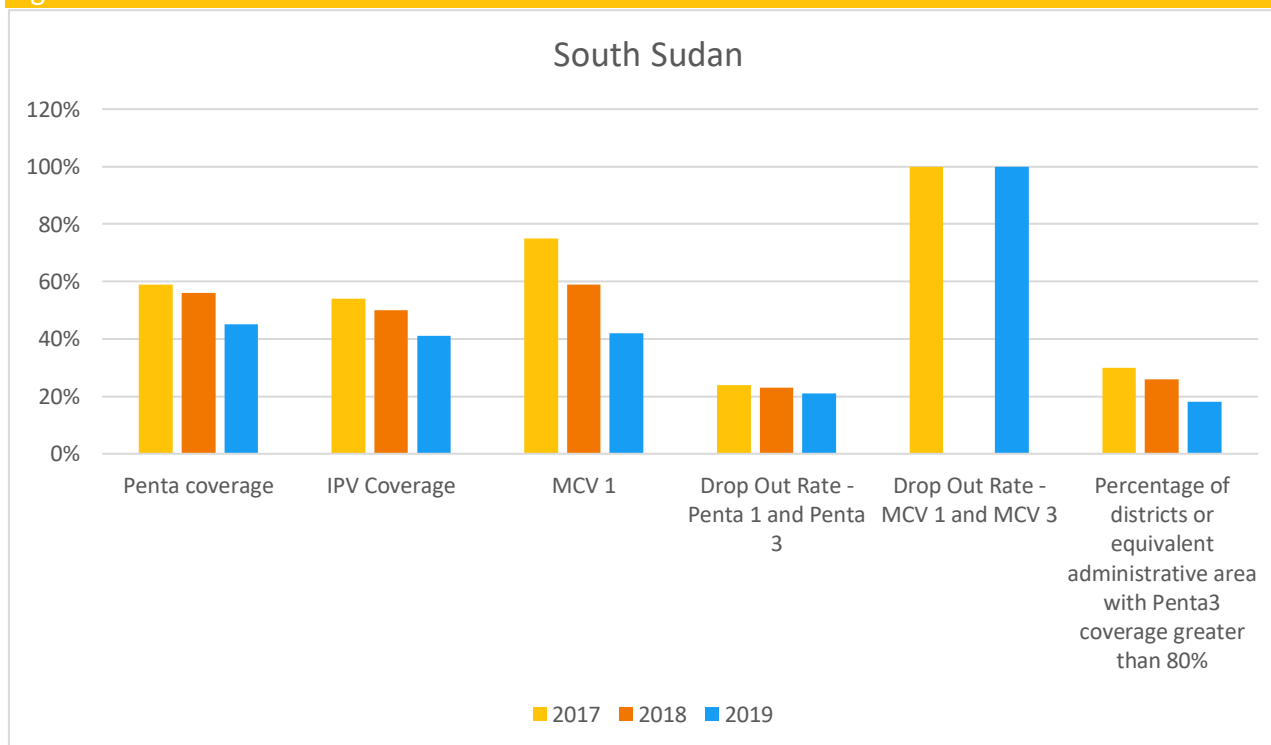


Figure 8. South Sudan outcome indicators



4.3 OPERATIONALISED FLEXIBILITIES

Evaluation Question: To what extent have flexibilities been operationalised that were foreseen in the FER policy, including for countries hosting refugees?

High-level finding

- The FER Tracker tool has not been consistently used and updated, limiting the ability to have a clear overview of the exact application of the policy. Although the different trackers provided to the evaluation team allowed for an assessment of the number and types of requests per country per year, the processing time, financial information and outcomes are incomplete and sometimes inconsistent, and stop at the implementation phase, with no tracking of the results of implementation.

Strength of evidence

Level 2 (1–4). Findings are based on data sources (some triangulation) which are generally considered to be of lesser quality, or the findings are supported by fewer data sources (limited triangulation) of appropriate quality that may be more perception-based than factual.

Similar to the M&E framework the FER Tracker has not been consistently used and updated, limiting the ability to have a clear overview of the exact application of the policy. The FER policy OG 3.16 describes how to track flexibilities at the Secretariat level for monitoring on a quarterly basis through the FER Tracker. The evaluation team was provided with different versions of the FER policy Tracker; these had different datasets (with some overlap) and were not fully up to date. Although the Tracker allows for an assessment of the number and types of requests per country per year, the processing time, financial information and outcomes are incomplete and sometimes inconsistent, and stop at the implementation phase, with no tracking of the results of implementation. Similarly to the data intended to be captured by the M&E framework, it took the evaluation team considerable efforts, in terms of data mining from different sources, to consolidate the number and types of flexibilities operationalised. It appeared to be demanding to appreciate and validate relevant data with regard to programmatic and financial performance. The data sources included various versions of the Tracker, DLs, Joint Appraisal reports, ad hoc analysis conducted by Gavi, and KIIs.

In the period under review, an average of 17 countries were categorised as fragile, about five countries were regarded as refugee settings and four were emergency settings. There is some overlap between the years, as some countries may or may not be included every year, depending on the annual classification of fragility. Countries that have benefited from the FER policy include Bangladesh, the CAR, Chad, Mali, Somalia, Afghanistan, Rwanda, Sudan, South Sudan, Zimbabwe, Yemen and Uganda. A total of 20 flexibilities have been granted to these countries and these include:

- additional vaccine support;
- additional operational costs;
- additional HSS support; and
- co-financing waivers (including replenishments in some cases).

In terms of financial resources, a total estimate of US\$ 117,029,870 has been channelled to the countries under the FER policy. This is in addition to the routine resources that the countries have received. The main support came through additional HSS support (85%, US\$ 99 million) to support countries to manage the additional costs associated with working in difficult circumstances. The second highest support was for additional vaccine doses (11%, US\$ 11 million).

In terms of resource utilisation, several FER policy eligible countries faced challenges in the absorption of HSS funding. No trend can be observed in this regard: the situation depends on local factors. For Alliance

partner WHO, the average was 50% HSS utilisation for the period under review, and for Alliance partner UNICEF it was 48%. In general, HSS utilisation was lower in 2018 compared to 2017 and 2019 (37% in 2018, compared to 60% and 50% in 2017 and 2019, respectively).

Co-financing waivers have been granted to a limited number of countries. The available evidence shows that only Bangladesh (US\$ 850,000 for refugee doses) and the CAR (US\$ 330,000 for measles campaigns) benefited from co-financing waivers in the period under review (2017–19). However, it is anticipated that several countries will benefit from co-financing waivers in the coming period, with estimated waivers expected to amount to US\$ 20,355,702 in the period 2020 to 2021.

4.4 LINKAGES WITH RESILIENCE AND LONGER-TERM INTERVENTIONS

Evaluation Question: To what extent has the FER policy facilitated more strategic linkages with longer-term interventions (capacity building in country)?	
High-level finding	<ul style="list-style-type: none"> The strategic linkages of the FER policy with resilience and longer-term interventions are not very obvious but a link has been traced in additional HSS grants provided.
Strength of evidence	Level 3 (1–4). Findings are based on few data sources across limited stakeholder groups, allowing for limited triangulation.

The strategic linkage of the FER policy with resilience and longer-term interventions is not obvious; resilience and capacity building are understandably less of a priority than getting the target population vaccinated as soon as possible. The Gavi model is characterised by a development approach and the different types of regular support are focused on supporting longer-term interventions and sustainability. The reliance on working through governments is exemplary in this regard. Maintaining the focus on the government and strengthening government systems also contributes to avoid setting up parallel systems. The strategic linkage of the FER policy with longer-term interventions is therefore mainly catalysed by the 50% additional HSS grants provided under the policy. These grants aim to contribute to the response capacity of governments and partners, and the fundamental pillars of the health system, including integrated services at lower tiers or EPI necessities and administration. They also are intended to support recovery/rebuilding of systems after an emergency. Measurement of any impact of these financial allocations is difficult as they administratively blend into the HSS grants that are already provided.

In FER contexts, there is often a need to offer a comprehensive package of services beyond the immunisation services supported by Gavi. In Afghanistan, for example, it is hardly possible to enter areas outside of government control just for immunisation. The leaders in such areas only accept this if a fully integrated health service package is offered. While this forces Gavi to make these more strategic linkages, it also creates obstacles for humanitarian actors in regard to raising additional funds to provide a fully integrated package, since Gavi only supports immunisation. Recognising this barrier, Gavi is also in a position to leverage other partners' support and to create a broader platform. The recently established partnership with UNHCR, for example, provides opportunities with regard to protection, child-related health support and communication and advocacy.

5 LESSONS LEARNED, CONCLUSIONS AND RECOMMENDATIONS

5.1 LESSONS LEARNED

1. One of the unintended effects of the FER policy is that countries may be insufficiently incentivised to take on financing responsibilities for its refugee cohort. The policy indicates that partner co-financing should first be explored before a waiver by Gavi is considered. Neither a waiver nor co-financing encourage countries to take on financial responsibility.
2. Data collection, storage and analysis for key FER policy performance indicators, whether these are in the M&E framework, in the Tracker, or serving other purposes of the FER policy, should be systematically and centrally organised and reported on. This will support internal M&E functions that are necessary for accountability and transparency in respect of policy implementation.
3. Different perceptions will likely continue to colour the debate on the usefulness of the FER policy in the field. While some humanitarian organisations report that Gavi's rules are too strict and (approval) processes too lengthy for operational agility, the Gavi Secretariat emphasises that it is a development agency and not a humanitarian agency. The lesson learned here is to bring these agencies together to identify and complement each other's needs and to find common grounds for agile responses to low vaccination coverage in localised fragile, emergency and refugee situations.
4. Humanitarian agencies and CSOs with a local presence are key in supporting governments during the process of requesting, approving and implementing the flexibilities granted under the FER policy. Gavi's limited country presence is considered to be an obstacle and therefore partnerships with these humanitarian agencies and CSOs provide important future opportunities to streamline these processes. Similarly, the experience with Gavi-contracted 'liaison officers' in some countries appears to be a promising way to address the perceived limited country presence.
5. Gavi's engagement in humanitarian coordination clusters could facilitate timely, agile and localised outbreak responses. In case of emergencies, it would require Gavi to take part in and react on measures taken by the humanitarian cluster system (e.g. United Nations IASC system-wide scale-up protocols or internal scale-up protocols from Alliance partners). Operational options for Gavi include shifting or scaling up implementation from government to a larger pool of implementing partners. The FER policy would need reconsideration, to make it more proactively prescriptive on the IASC scaling up and the use of non-state partners for implementation.
6. National Disaster Management Plans of at-risk countries that explicitly reference the use of the WHO Framework, rather than matching the national immunisation schedule, like in Bangladesh, provide for more accurate and immediate response to humanitarian crises. Gavi's advocacy in the broader use of the WHO framework therefore remains important.
7. A preliminary evaluability assessment of the HDP nexus indicated that contextualising the FER policy with the ongoing discussions on the HDP nexus would require a broader approach since operationalising the HDP nexus remains an ambiguous ambition, and there is significant interpretative space, which may call for greater explanation in a new FER policy.

5.2 CONCLUSIONS

The following seven conclusions respond to the evaluation objectives and the 11 evaluation questions (EQs) set out in the evaluation framework.

The evaluation team acknowledges the fact that a full representation across all possible stakeholders, in particular government representatives in the case studies, could not be achieved (due to the COVID-19 pandemic) and the possible influence this may have had on the findings. Other limitations included the timely and limited availability of documentation directly related to the FER policy, and the limited monitoring and tracking of the FER policy's implementation by Gavi. A costed extension was deemed necessary to supply the evaluation team with additional evidence. However in terms of mitigation, extensive efforts were made to triangulate and validate the quantitative and qualitative data, support the results with evidence, and ensure the rigour of the conclusions.

The conclusions relate to the high-level findings rated according to the strength of evidence and to the case studies presented in Volume 2. Reference to evaluation findings is provided through the relevant Section number between brackets.

C1:

The FER policy has been designed as an instrument to allow flexibility in applying Gavi policies and operations in countries that face fragility, emergencies, or a refugee situation, and in facilitating Gavi's approach towards more targeted and tailor-made interventions. The evaluation finds that the policy is robust enough to serve this adaptation function and is relevant for Gavi's direct and indirect beneficiaries. [2.1] However, the relevance of the policy also faces challenges due to applied eligibility criteria and operational consequences:

- a) The FER policy clearly articulates the eligibility criteria by making use of internationally published lists for defining fragile countries, and drawing on the classification used by the World Health Organization (WHO) and the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) for emergency situations. However, the relevance of the policy is challenged in Gavi-eligible countries that face localised fragility but which are not eligible for support according to the criteria of the FER policy, and in non-Gavi-eligible countries that face fragility or an influx of refugees (including internally displaced persons (IDPs) and migrants) with similar health needs. [2.2] The World Bank and the Global Fund also make use of international classifications for eligibility but these agencies also invoke their respective policies at subnational level (e.g. in fragile areas in non-fragile countries). [2.3.1]
- b) The relevance of the policy is challenged in FER situations that require immediate agile responses and rapid adaptation of programmatic, financial and administrative approaches. While the design of the policy in itself is robust, in terms of operationalisation of the policy, Gavi's processes are not fully suitable for a rapid response and operational constraints hamper immediate application of the FER policy, thus reducing the potential of added effectiveness (immunisation coverage) of Gavi's programme. [2.1, 3.1]

C2:

The FER policy aligns well with global guidance and immediate responses to humanitarian situations:

- a) The implementation of FER flexibilities at country level is mainly guided by the WHO Framework for Vaccination in Acute Humanitarian Emergencies. Gavi may wish to consider emphasizing its

advocacy efforts for using the broader potential of the WHO framework as guidance for the local implementation of the FER policy. [2.3.1]

- b) The FER policy aligns with the concept of the humanitarian-development-peace nexus (HDP nexus) as flexibilities under the FER policy provide opportunities to coordinate between development and humanitarian actions at country and subnational levels. By maintaining its development lens but increasingly combining this with a fragility/humanitarian focus (also in the context of Gavi 5.0 with particular focus on zero-dose children, often in fragile and conflict-affected settings), Gavi is well-positioned to influence the global discussion on the HDP nexus. [2.3.1, 2.3.2]
- c) The FER policy is largely aligned with similar policies of other agencies like the Global Fund and the World Bank. [2.3.1]

C3:

The FER policy is aligned with other Gavi policies, as is stated in the policy, and it also includes references to principles related to gender, equity, transparency and accountability. [2.3.2] However, the FER policy features are not prominently referred to in Gavi’s new Strategic Period 5.0, although Gavi is increasingly moving towards contextualised adaptation in FER settings, due to its strategic push towards equitable immunisation access. The particular focus on fragile contexts in the Gavi Strategic Period 5.0, including an updated country classification, warrants the pertinence of flexibilities for emergency and refugees in the FER policy. [2.3.2]

C4:

The Operational Guidelines (3.16) are clear and provide a sufficient basis for ensuring consistency in the application of the FER policy but this has not prevented differing levels of understanding and varying interpretations of the policy, both internally and externally, in part because the guidelines are only an internal document for Secretariat staff, and cannot be accessed externally. This has led in practice to a lack of consistency across countries in the application and operationalisation of the policy, although precedent-setting and learning by doing have balanced this to a certain extent. In responding to the agile needs of countries, requests for and operationalisation of flexibilities have been hampered for several reasons:

- a) Although awareness of the existence of the FER policy is high, limited internal and external communication around the policy has contributed to a lack of uniformity in understanding of the FER policy and guidelines, which has impeded efficient and consistent operationalisation of the policy. [3.1, 3.1.1]
- b) There is an ambivalent attitude within the Secretariat, whereby promotion of the FER policy is balanced with a reluctance to deviate from strong standardised internal procedures. [3.1.2]
- c) There is no ‘custodian’ of the policy within the Gavi Secretariat to ensure efficient and effective scale-up of the policy’s implementation, to increase accountability of FER policy implementation, and to increase knowledge within Gavi and its partners on these topics. [3.1.2]

C5:

The nature and extent of engagement with Alliance partners and CSOs have varied over time. Engagement has been more intensive since 2019, inter alia due to pooled arrangements, but lengthy partnership

negotiations, Gavi's limited country presence, and different perceptions of partnerships remain important barriers to establishing partnerships with CSOs and humanitarian agencies. [3.2]

- a) The limited implementation absorption rate of traditional Alliance partners warrants extending collaboration with other partners with track records in FER settings. [4.1] The country case studies show recent promising developments in partnering. These provide key entrance points for localised and tailored solutions that would otherwise not be in reach by Gavi, either through governments or Alliance partners. [3.2, Vol 2]
- b) Gavi has been increasingly successful in joining country-level humanitarian coordination platforms. Pooled funding mechanisms that resource joint programmes provide Gavi with access to key non-government partners that can cover hard-to-reach, conflict-affected, and opposition-controlled areas. The FER policy has enabled Gavi to seek this coherence and effectiveness in its programmatic approach. [3.2, Vol 2]
- c) Lessons learned are currently being used to establish global memoranda of understanding (MoUs) with humanitarian actors in the context of the Gavi Strategic Period 5.0. The evaluation encountered different perceptions about these new partnerships: Gavi considers them generally to be effective and efficient, while some of the humanitarian organisations raised concerns about the lengthy processes at Gavi, not only for establishing these partnerships, but also for supporting governments and partners in getting FER flexibilities approved. [3.2]

C6:

The intended result of the FER policy, increasing the effectiveness of support towards equitable access to immunisation, was achieved, according to a large majority of informants, but this could be not fully assessed by the evaluation team, for the following reasons:

- a) The M&E framework for the FER policy is adequately designed but data are not captured and centrally consolidated and analysed by Gavi for decision-making, due to flexibility outcome data being either unavailable or barely available. [4.1]
- b) National annual routine immunisation data available through country Grant Performance Frameworks (GPF) do not allow for the analysis of specific populations, targeted areas, refugees, migrants, IDPs, or emergencies. We found mixed evidence on the progress of the coverage of selected indicators (Penta, IPV, MCV, etc.) at national level. Some GPFs have integrated a small subset of outcome indicators specific to FER target areas of populations. Despite the significant support and efforts in programme implementation by Alliance partners and others, it remains challenging to come to a conclusion on the extent of the FER policy's influence on immunisation outcomes. [4.1, [4.2], Vol 2]
- c) The country case studies show that the requirement for using quality data and analysis (which are often not readily available) hampers quick responses and decision-making, and leads to lengthy negotiation and approval processes. This is a balancing act, where a higher risk appetite is required – a key principle that is included in the FER policy. [4.1, Vol 2]
- d) The FER Tracker tool that keeps track of the FER flexibilities that are granted is not used by Gavi in a systematic way, which makes monitoring of the implementation of the policy challenging. This also inhibits the evaluation team's ability to be conclusive about the effectiveness and the efficiency of the policy. [4.3]

C7:

The strategic linkage of the FER policy with longer-term interventions has mainly been found in the additional HSS grants provided, which contributes to the response capacity of governments and partners, and the fundamental pillars of the health system, including integrated services at lower tiers or Expanded Programme on Immunization (EPI) necessities and administration. [4.4, Vol 2]

5.3 RECOMMENDATIONS

Table 7. Recommendations*

Recommendation	Target user/ responsible party	Timeframe (short-, medium-, long-term)	Priority (high, medium, low)	Estimated cost level (high, medium, low)
<p>1. Review and revise the application mechanism for eligibility criteria to allow prompt decision-making on eligibility where immediate action is required, in particular in emergency and refugee influx situations, and consider allowing subnational targeting/eligibility.</p> <p>a) Adjustments should be made in alignment with the Gavi Strategic Period 5.0., including application in non-eligible or no longer eligible countries. [C1a]</p> <p>b) As part of the planned update of the FER policy, liaise with other international agents (incl. Global Fund, World Bank) on timely adapting and applying the eligibility criteria. [C1a, C2c]</p>	Gavi Alliance Board, Gavi Secretariat	Short-term	High	Low
<p>2. Align the FER policy with the approach to fragile settings outlined in the Gavi Strategic Period 5.0 and position an updated FER policy more prominently in the Gavi Strategic Period 5.0, underscoring the need to address pockets of low coverage and focusing on emergencies and refugees. [C3]</p>	Gavi Alliance Board, Gavi Secretariat	Medium-term	Medium	Low
<p>3. Identify or create a ‘custodian’ or a specific FER team within the Secretariat that ‘owns’ the policy and that has experience and understanding of FER settings. This team should be mandated to ensure efficient and effective scale-up and consistent application of FER policy implementation, to improve monitoring (M&E framework, FER Tracker) and accountability, and to capacitate Gavi staff. Prepare a communication strategy on these topics and effectively communicate this internally. [C4]</p>	Gavi Secretariat	Short-term	High	Medium
<p>4. Increase common understanding of the FER policy among Gavi Secretariat and field staff Alliance partners, governments (MoH) and other grant receivers involved in FER settings. This includes recognition of the WHO Framework as core resource for immunisation implementation in FER settings. [C4]</p>	Gavi Secretariat	Short-term	High	Low
<p>5. In line with the focus on fragile settings as foreseen in the Gavi Strategic Period 5.0, consider contracting liaison officers in FER settings, based on positive</p>	Gavi Alliance Board	Medium-term	High	High

Recommendation	Target user/ responsible party	Timeframe (short-, medium-, long-term)	Priority (high, medium, low)	Estimated cost level (high, medium, low)
experiences in other countries. Presence of liaison officers is expected to facilitate the coordination and preparation of requests for flexibilities under the FER policy, including responding to requests for clarifications. [C4, C5, C6]				
6. Strengthen the capturing and analysis of tailored data that provide decision makers with results from the FER M&E framework. To that end, develop a FER M&E plan that is managed and coordinated by the Secretariat and supported by sufficient human resource capacity at headquarter and country level (e.g. “custodian” at the Secretariat, and liaison officers in the countries). [C4, C5, C6]	Gavi Secretariat	Medium- term	Medium	Medium

* Reference to the evaluation conclusions is provided in brackets.

ANNEXES

The following annexes are submitted in a separate document (Volume 3 of the report):

- Annex 1 – Request for proposal
- Annex 2 – Evaluation timeline and deliverables
- Annex 3 – Evaluation framework
- Annex 4 – Documents list
- Annex 5 – Stakeholders list – KIIs
- Annex 6 – Data collection tools – KIIs
- Annex 7 – Quantitative analysis