



Report to the GAVI Alliance Board

12-13 June 2012

Subject:	GAVI Support to Civil Society Organisations
Report of:	Paul Kelly, Director Country Support, Country programme
Authored by:	Paul Kelly
Agenda item:	17
Category:	For Decision
Strategic goal:	SG2 - Health systems to deliver immunisation

Section A: Overview

1. Purpose of the report

- 1.1 In July 2011 the GAVI Board 'requested the Secretariat, concurrently with the evaluation of CSO support in 2011, to review options for direct support to CSOs for service delivery and advocacy and submit to the PPC for its recommendation to the Board'. This paper presents the PPC recommendation for decision.

2. Recommendations

- 2.1 The Programme and Policy Committee recommends that the GAVI Alliance Board:

- **Decide** that Government remains the default approach but direct funding for CSO activities can be requested as part of a country Health Systems Funding Platform (HSFP) application (Option 3).

While provision of funds to CSOs through the HSFP is the recommended option, it should not limit GAVI's flexibility to engage CSOs directly where rare and exceptional circumstances require different approaches. Approaches should be developed in response to country-specific analysis.

- **Request** the Secretariat to prepare an implementation framework recognising an increased risk in procurement and financial management and potential resource implications for the Secretariat and which draws on the findings of the Evaluation of GAVI support to CSOs and presents why and how GAVI works with and supports CSOs.

3. Executive summary

- 3.1 At the July 2011 Board meeting, GAVI's Civil Society Constituency expressed concern that slow disbursement of GAVI funds for CSO Type B activities was causing disruption to program implementation and undermining effectiveness.

The Constituency requested that GAVI agree to provide funds directly to civil society recipients rather than through Government. The Board *'requested the Secretariat, concurrently with the evaluation of CSO support in 2011, to review options for direct support to CSOs for service delivery and advocacy and submit to the PPC for its recommendation to the Board'*.

- 3.2 The Secretariat received the final Evaluation of GAVI Support to CSOs (the Evaluation) in January 2012. The Evaluation was shared with Board members in March. The Secretariat is preparing a management response.
- 3.3 The Evaluation assessed that *'GAVI's support to CSOs is important to achieve the country's and its own immunisation objectives, particularly in countries where CSOs play a key role in immunisation service delivery and supporting activities. However, there have been a number of issues with the programme design and implementation, warranting a 'significant re-think' of the support going forward' (pg.iv)*. One conclusion from the evaluation was that *'GAVI should continue to channel funds via government as its 'default approach' but allow flexibility for routing funds through alternative approaches where appropriate' (pg. v)*.
- 3.4 In light of the findings of the Evaluation, six options for direct support to CSOs were considered by the PPC in April 2012. The PPC recommended that GAVI allow countries to request funds directly to CSOs as part of a country HSFP application (option 3), as opposed to development of a separate window for civil society. This position is consistent with previous Board decisions relating to consolidation of cash support; it addresses the key issues identified by the Evaluation; and it provides the possibility of direct funding sought by CSOs but retains payment through government as the default approach.
- 3.5 An increase in the number and type of organisations receiving direct cash payments will increase GAVI's risk profile overall and will have resource implications for Secretariat management. It is not assured that provision of support directly to CSOs will significantly reduce implementation delays experienced in current CSO programs. It will however deepen GAVI engagement with civil society.
- 3.6 While provision of funds to CSOs through the HSFP is the recommended option, it should not limit GAVI's flexibility to engage CSOs directly where rare and exceptional circumstances require different approaches. This could include some countries with weak governments or fragile environments. Approaches should be developed in response to country-specific analysis.

4. Context

- 4.1 In November 2006, the GAVI Alliance Board endorsed an investment of \$30m to support civil society to better participate in GAVI governance and implementation. GAVI introduced two CSO support programmes: Type A - \$7.2m to strengthen coordination and civil society representation in all GAVI eligible countries and within the GAVI governance structures; and Type B - US\$ 22 million in 10 pilot countries for civil society organisations to help the countries deliver the cMYPs or implement health systems strengthening.

The 2011 Evaluation of GAVI Support to CSOs

- 4.2 The Secretariat received the final Evaluation of GAVI Support to CSOs (the Evaluation) in January 2012. The Evaluation was shared with Board members in March. The Secretariat is preparing a management response.
- 4.3 The Evaluation concluded that *‘GAVI’s support to CSOs is, in principle, important to achieve the country’s and its own immunisation objectives, particularly in countries where CSOs play a key role in immunisation service delivery and supporting activities. However, there have been a number of issues with the programme design and implementation, warranting a ‘significant re-think’ of the support going forward’.*
- 4.4 Delays with the channeling of GAVI CSO funds were only one issue raised in the Evaluation. Other issues related to GAVI’s support to CSOs overall were examined. These issues are summarised in the Evaluation recommendations. They include:
- a) *‘GAVI CSO support should be restructured as a ‘single funding stream’ rather than two separate types of support’.*
 - b) *‘GAVI should integrate its CSO support with HSS/ HSFP with appropriate measures/ incentives to ensure that the support to CSOs is not diluted’.*
 - c) *‘GAVI should clearly define and prioritise the objectives of CSO support and define a ‘theory of change’ linked to the results framework of the broader HSS/ HSFP programme’.*
 - d) *‘GAVI should make every effort to reduce delays in fund disbursement and communicate in a timely manner with countries who are experiencing delays’.*
 - e) *‘In countries where the HSCC/ ICC are functional, it would be useful to work closely with these bodies. This would help ensure effective inclusion of CSOs in country HSS/ HSFP proposals as well as monitor government interaction with CSOs’.*
- 4.5 Findings of the Evaluation that are relevant to CSO funding options include:
- a) *“Direct funding has involved additional efforts and costs for GAVI to undertake fiduciary and financial management checks of the beneficiary CSOs, etc. This departure from GAVI’s model of working through governments and the implications for changes in its systems/ management overheads need to be justified vis-a-vis the additional benefit of funding CSOs directly.” (pg. 21)*
 - b) *“GAVI should continue to channel funds via government as its ‘default approach’ but allow flexibility for routing funds through alternative approaches where appropriate.” (pg.21)*

- c) *“Providing funding directly to CSOs improves GAVI’s flexibility and is likely to be a central factor in GAVI programming in fragile environments. The type and level of activities that GAVI can support would be informed by individual country analysis.” (pg. 55)*
- d) *“In general, CSOs were more concerned with receiving funds on time than how the funds were routed by GAVI.” (pg. 55)*

4.6 GAVI has considered its future engagement with civil society in the context of the Evaluation and in consultation with key stakeholders (TORs at Attachment 1). Key issues include:

- a) The GAVI 2011-15 Strategic Plan provides the strategic framework for GAVI support for CSOs (ie. why GAVI funds CSOs). Links to strategic objectives were not clear when GAVI commenced support for CSOs in 2006.
- b) Provision of funds directly to CSOs will increase GAVI’s risk profile overall, although the introduction of FMAs for some CSOs may improve GAVI visibility in some areas. (See paragraph 10.)
- c) There would be substantial additional administrative impact on the Secretariat to different extents depending on the preferred option. (See paragraph 14.)
- d) While GAVI could indicate what it considers a reasonable proportion of HSFP funds that could be allocated for CSO activities (say 10-15%) it should not earmark funds. The purpose for doing this is to encourage a sufficient level of funding is made available to CSOs but to allow in-country partners to make decisions that are appropriate to the country context. A country would need to justify if it submits an HSFP application without identifying a role, or allocating funding, for CSOs.
- e) CSOs should be accountable for results and GAVI’s performance-based funding (PBF) under HSFP can be applied to CSOs. The Board decision on PBF recognised that some countries will require flexibility in how GAVI cash support is designed and applied.

Options

4.7 CSO recipients were concerned that channeling funds through governments slows the release of funds and disrupts activity implementation. However, the Evaluation concluded that *‘delays in disbursement are mostly on account of GAVI’s internal processes, including the Transparency and Accountability Policy (TAP)/ Financial Management and Accountability (FMA) processes, approval of APRs, etc. but also due to country-specific factors’(pg.27)*. Direct funding for CSOs may be an option to respond to slow disbursement of funds, but it is not the only response. Six options were considered:

- a) *Continue to fund through Government but reduce average time for disbursement of funds.* Continue to provide funds in accordance with current HSFP arrangements but review application of the TAP policy to improve

average time for disbursement of GAVI cash payments to countries. (For example aim to reduce by 50% the average time to disburse funds.)

- b) *Provide funds through WHO and UNICEF.*
- c) *Government remains the default approach but direct funding for CSO activities can be requested as part of a country HSFP application. Provide funds through government as the default. Funds for the CSO activities are identified in the HSFP application and, if requested, are provided directly to a nominated CSO recipient(s) (responsible for disbursing the funds to secondary recipients if required).*
- d) *CSOs apply directly to GAVI via a country focal point. CSOs submit applications for funds directly to GAVI via a country focal point nominated by GAVI. The country focal points would be contracted to GAVI to disburse and account for all GAVI funding for CSOs. The activities would not be part of a country HSFP application.*
- e) *Establish a single global contract (or several regional contracts) that would manage all GAVI funding for CSOs. CSOs submit applications for funds directly to GAVI via a single global focal point. The global focal point would be contracted to GAVI to disburse and account for all GAVI funding for CSOs. The activities would not be part of a country HSFP application.*
- f) *Provide funding for CSOs to support service delivery in rare and exceptional circumstances. Approaches should be developed in response to country-specific analysis.*

4.8 More detail on each option is at Attachment 2. A summary assessment of the options against the recommendations of the Evaluation is at Attachment 3.

5. Next steps

5.1 Subject to the Board decision, the Secretariat will prepare an implementation framework recognising an increased risk in procurement and financial management and potential resource implications for the Secretariat. It will draw on the findings of the evaluation of GAVI support to CSOs and present why and how GAVI works with and supports CSOs.

6. Conclusions

6.1 It is not assured that provision of support directly to CSOs will significantly reduce implementation delays experienced in current CSO programs. GAVI is improving the application of the TAP Policy to reduce delays but it can not compromise on fiduciary risk management and accountability for government or CSO recipients. The increased resource demands on the Secretariat with potentially no significant change to implementation delays may be seen as the cost of GAVI deepening its engagement with its CSO constituency.

- 6.2 Option 3 is the recommended approach. It is consistent with previous Board decisions; it addresses the key issues identified by the Evaluation; and it ensures that funding for CSOs is integrated with country-led health and immunisation strategies. Option 3 allows country partners (through HSCC/ICC) the option to decide if funding should be directly to CSOs. Payment through government remains the GAVI default approach.
- 6.3 While provision of funds to CSOs through the HSFP is the recommended option, it should not limit GAVI's flexibility to engage CSOs directly where rare and exceptional circumstances require different approaches. Approaches should be developed in response to country-specific analysis.
- 6.4 GAVI should continue efforts to improve the time for disbursement of funds without undermining the objectives of the TAP Policy. It should be recognised however that slow disbursement is not solely attributable to TAP processes

Section B: Implications

7. Impact on countries

- 7.1 Most government and CSO representatives consulted consider it important that GAVI funding facilitate collaboration between government and CSOs. To reinforce this objective GAVI will promote CSO engagement in development and implementation of HSFP proposals.
- 7.2 Principal recipients of GAVI funding will bear responsibility for the actions of secondary recipients. For example where it is determined that funds have been misused, the principal recipient is responsible for reimbursement of funds to GAVI. This would apply equally to any CSOs that became a principal recipient.

8. Impact on GAVI Stakeholders

- 8.1 Option 3 is expected to support CSO engagement in HSFP, and in some instances, give implementing CSOs more control over the disbursement of funds. Direct funding to CSOs will result in a higher level of accountability for management of funds and for reporting from CSOs than GAVI has required in the past. This may result in new demands for some CSOs to build their capacity in these areas. (See also Section 10 - Risks.)
- 8.2 The CSO Constituency has highlighted the importance of advocacy for CSOs if the default approach to GAVI funding is through governments. The Secretariat is providing funds through the business plan to support CSO engagement in HSFP at country level. The HSFP application form specifically asks what role CSOs have in the development of a country application and what role CSOs will play in programme implementation. GAVI will work with partners to strengthen ICC/HSCC scrutiny of country HSFP applications, including encouraging effective engagement by CSOs.

9. Impact on the Business Plan / Budget / Programme Financing

- 9.1 The overall expenditure threshold for all of GAVI's cash support will remain the same regardless of which CSO funding option is recommended, as the Board previously mandated that 15-25% of overall GAVI resources should be spent on cash support.
- 9.2 For Options 1 and 3, CSO funding would be streamlined under HSFP, maintaining current HSS financial allocations. Options 2, 4, 5 and 6 would require a specific percentage of cash support dedicated to CSOs. For example, dedicating 10%-15% of uncommitted cash support would make \$11 million to \$17 million available to CSOs annually, through the period 2012-2015. This would need to be deducted from the current total HSFP country allocations.
- 9.3 Providing CSO funds through WHO or UNICEF (option 2) may require changes to the GAVI Business Plan partner funding allocations. Provision would also need to be made for WHO/UNICEF management fees.

10. Risk implications and mitigations

- 10.1 A risk assessment is at Attachment 4. An approach that provides for one additional principal recipient in each eligible country will double the number and type of organisations receiving direct cash payments. Where GAVI assesses that recipients do not have adequate financial systems, it is possible that release of funds will be delayed resulting in disruption to activity implementation. GFATM experience is that secondary recipients have the highest risk profile.
- 10.2 Provision of direct funding to CSOs may however improve visibility regarding utilisation of GAVI funds. For example, GAVI currently undertakes FMAs of Government partner financial systems, it does not assess the capacity of the CSOs that Government transfers funds to (that is the responsibility of the government agency receiving GAVI funding). GAVI's TAP team considers there will be a need for assurance services in the appropriate form to be designed, both for principal and secondary recipient CSOs. This should be done on a case-by-case basis, depending on the size of the programme, the country risk profile as well as CSO profile.
- 10.3 There could be political implications for GAVI's relations with some recipient countries if they conclude that providing funds directly to CSOs undermines their leadership role in country or complicates their relations with civil society. GAVI programmes should promote collaboration between government and civil society.

11. Legal or governance implications

- 11.1 Options 2 to 6 may result in an increased number of legal arrangements between GAVI and partners. The Legal Team would work with other Secretariat teams to put in place such agreements.

12. Consultation

- 12.1 The development of these options has been undertaken in consultation with a group of stakeholders including country government and CSO representatives, Alliance partners and GFATM.

13. Gender implications / issues

- 13.1 GAVI works to reduce gender-related barriers to immunisation services and promote gender-sensitive health services through the HSFP. Health systems funding can be used to identify, through special studies or investigations, gender-related barriers in health services, including immunisation, and methods to address them, and to remove such barriers, through capacity building of health services and community staff and special interventions. There is a clear role for CSOs to play in these types of activities funded through the HSFP.

14. Implications for the Secretariat

- 14.1 Provision of funding directly to CSOs has the potential to have a significant impact on a small organisation like the Secretariat. One additional principal recipient in each eligible country doubles the number of FMAs that GAVI will need to undertake. Other potential impacts include: increased financial monitoring and reporting; increased number of contractual arrangements to be developed between GAVI and CSO primary recipients; and more complicated performance monitoring and reporting, particularly if CSO activities are outside the HSFP.

Attachment 1

TOR - Review options for direct support to CSOs

At its July 2011 meeting, the GAVI Board requested the Secretariat, concurrently with the evaluation of CSO support in 2011, to review options for direct support to CSOs for service delivery and advocacy and submit to the PPC for its recommendation to the Board.

Approach

The Programme Delivery Department will lead the review of options for direct support to CSOs, including consultation, identifying possible options, drafting option papers. This work will be guided by a reference group that includes representatives of recipient governments, GAVI's civil society constituency, Alliance partners and Secretariat staff. The Secretariat will periodically update the PPC Chair on issues and progress of the review.

Scope

The review reference group will:

- Discuss issues and ideas raised in the attached issues paper.
- Analyse strengths and weaknesses in GAVI's current approach to providing funding support for CSOs.
- Consider alternative options to GAVI's current approach of providing funding to CSOs.
- Consider how GAVI can support CSOs to provide immunisation services in under-performing and fragile countries.
- Test possible options for direct support to CSOs to ensure that proposed options for direct support to CSOs: contribute to achieving the objectives of the GAVI Alliance Strategy 2011-2015; are consistent with GAVI's commitment to the Paris Principles for aid effectiveness; and are simple to administer and involve a level of transaction costs that are acceptable to all partners.
- Ensure that options take into account and are consistent with the CSO Evaluation and the work of the IRIS Task Team (as far as is practicable).

Timing

It is proposed that the review would be submitted for PPC consideration in May 2012 and, if appropriate, for Board approval in June 2012.

Membership

3 Country government representatives, 3 country CSO representatives; GFATM; WHO; UNICEF.

GAVI CSO Constituency communications focal point.

GAVI Secretariat (Programme Delivery, External Relations, Policy and Performance, Governance and Legal, TAP, Finance).

Attachment 2

Options for GAVI Funding to CSOs

Option	Implementation	Strengths	Weakness
1. Continue to fund through Government but reduce average time for disbursement of funds	Activities for implementation through CSOs would be identified in a country HSFP application. Funds would continue to be channeled to CSOs via governments, but GAVI would review the application of TAP policy to reduce average time for disbursement of funds.	Minimal new administrative impact on the Secretariat. Utilises existing HSFP processes and systems. Consistent with Board decision in July 2011 HSFP is the comprehensive vehicle for future cash based grants.	May not result in sufficient improvement in average disbursement times. Does not satisfy CSO Constituency request for dual-track approach.
2. Provide funds through UNICEF and WHO	Activities for implementation through CSOs would be identified in a country HSFP application. GAVI would transfer funds to WHO and UNICEF to disburse and account for transfer of funds to CSOs.	Simple to introduce. Utilises existing HSFP processes and systems. Consistent with Board decision in July 2011 HSFP is the comprehensive vehicle for future cash based grants. Minimal administrative impact on the Secretariat. Secretariat able to rely on WHO/UNICEF accounting procedures.	Additional cost. Secretariat would pay 7-13% for UNICEF/WHO management fee. Fee would be drawn from country HSFP allocations, reducing the amount of funds available for CSO activities. Subject to UNICEF/WHO agreement at HQ and capacity at country level.
3. Government remains the default approach but direct funding for CSO activities can be requested as part of a country HSFP application	Country HSFP application would need to specify activities to be implemented through CSOs and total funds required. While it will be possible to have multiple secondary recipients of funds it is likely that GAVI will have an agreement with a single primary recipient in each country that would receive, manage and account for GAVI funds, including those funds transferred to secondary recipients.	Simple to introduce. Utilises existing HSFP processes and systems. Consistent with Board decision in July 2011 HSFP is the comprehensive vehicle for future cash based grants. Does not require additional allocation – current country HSFP allocations are sufficient. Promotes collaboration between government and civil society. Would be part of a country application endorsed by the ICC/HSCC. Clear link between funding for CSO activities and priorities and gaps identified in a national health strategy and incorporated as part of country M&E.	Assumes a constructive environment exists in all countries between government and civil society. Significant additional FMA and contracting for Secretariat.

<p>4. CSOs apply directly to GAVI via a country focal point.</p>	<p>A primary recipient is established in each country that would be responsible for receiving and assessing CSO applications against an agreed criteria before submitting recommended activities to GAVI.</p> <p>The primary recipient would receive, manage and account for GAVI funds, including those funds transferred to secondary recipients.</p>	<p>Provides a direct and responsive mechanism for GAVI to support civil society.</p> <p>Allows CSO to undertake a wider range of activities than might otherwise be supported by government.</p> <p>Provides a mechanism that could become a component of GAVI's response for fragile countries.</p>	<p>Activities proposed by CSOs may be at odds with country health strategy and may lead to reduced collaboration between CSOs and government.</p> <p>Opening a new and separate GAVI 'window' is not consistent with July 2011 Board decision. Requires M&E outside country (HSFP) framework.</p> <p>Would require new allocation of funds for CSO activities (ie. in addition to country HSFP allocations).</p> <p>May create tensions between in-country CSOs if one organisation is given priority in its relationship with GAVI (ie. as the focal point).</p> <p>Requires multiple FMAs and new contracts and is more resource-intensive for the Secretariat to manage than through HSFP.</p>
<p>5. Establish a single global contract (or several regional contracts) that would manage all GAVI funding for CSOs.</p>	<p>CSOs in GAVI-eligible countries would submit applications directly to a GAVI CSO contractor.</p> <p>The contractor would be responsible for all aspects of programme management – assessing country applications, financial management and accountability, performance management of grants and progress and financial reporting to GAVI.</p>	<p>Single contract for the Secretariat to administer.</p> <p>Provides a direct and responsive mechanism for GAVI to support civil society.</p> <p>Allows CSO to undertake a wider range of activities than might otherwise be supported by government.</p> <p>Provides a mechanism that could become a component of GAVI's response for fragile countries.</p>	<p>Would be a complex arrangement to design and demanding contract to administer, requiring significant risk mitigation.</p> <p>Limited market for contracting purposes - few organisations with the capacity to manage a global programme.</p> <p>Opening a new and separate GAVI 'window' is not consistent with July 2011 Board decision. Requires M&E outside country (HSFP) framework.</p> <p>Would require new allocation of funds for CSO activities (ie. in addition to country HSFP allocations).</p> <p>May lead to reduced collaboration between CSOs and government.</p>
<p>6. Provide funding for CSOs to support service delivery in rare and exceptional circumstances.</p>	<p>Subject to a Board decision on a fragile states policy and agreement on the definition of a GAVI-eligible fragile state, GAVI could provide funding directly to CSOs operating in an approved set of countries which require tailored assistance.</p> <p>This approach could operate in addition to, or in place of, the above options.</p>	<p>Targets GAVI assistance for fragile states.</p> <p>Allows GAVI to support immunisation services in environments where there is no government or no government capacity.</p> <p>Potentially less resource-intensive for the Secretariat if fragile countries are the only countries that receive funding directly from GAVI.</p>	<p>Usual M&E frameworks are unlikely to apply.</p> <p>Would require new allocation of funds for CSO activities (ie. in addition to country HSFP allocations).</p> <p>May result in multiple contracts for the Secretariat to manage.</p>

Attachment 3

Evaluation of GAVI Support for CSOs – Summary Recommendations

Theme	Recommendation	Options					
		1	2	3	4	5	6
Structure of GAVI CSO Support							
Focus of the support	GAVI CSO support should be restructured as a ‘single funding stream’ rather than two separate types of support. The focus should predominantly be on Type B activities aimed at supporting GAVI’s and country immunisation objectives, such as improved coverage and equity of coverage aimed at supporting GAVI’s and country immunisation objectives, such as improved coverage and equity of coverage.	✓	✓	✓	✓	✓	✓
Programme structure	GAVI should integrate its CSO support with HSS/ HSFP with appropriate measures/ incentives to ensure that the support to CSOs is not diluted.	✓	✓	✓			
Programme design							
Definition of results framework	GAVI should clearly define and prioritise the objectives of CSO support and define a ‘theory of change’ linked to the results framework of the broader HSS/ HSFP programme. The APRs should be updated in light of the results framework to ensure that data collection and reporting is consistent with the targets and objectives of the support and also collect data to aid performance management.	✓	✓	✓			
Definition of CSOs	CSO funding should focus on national and international NGOs, faith based organisations, and community groups – given that these are the most relevant types of CSOs for health systems strengthening and immunisation delivery, rather than funding academic institutions and health consultancies.	✓	✓	✓	✓	✓	✓
Channelling of funds to CSOs	GAVI should continue to channel funds via government as its ‘default’ approach, although allow for greater flexibility for routing funds through alternative approaches like direct funding to country CSOs, funding through umbrella organisations, GAVI partners or international NGO, as appropriate (e.g. when the government channel is not feasible).	✓		✓			✓
Size and use of funding	GAVI should closely review the level of funds proposed to be made available to each CSO in the HSS/ HSFP application (subject to the activities funded and the local context), to ensure that the funds are proportionate to the assigned roles.	✓	✓	✓			
	GAVI could institute a ceiling percentage for management costs, and monitor the outturn costs as part of its M&E framework.						
	Standardising the cost categories/ terminology across countries and providing more detailed explanation of the use of funds would help country comparisons and increase transparency.						



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	GAVI might consider negotiating with its Partners to reduce the 6-7% management costs charged for routing funds to CSOs.						
Flexibility in grants	GAVI should provide more guidance to countries on proposal structuring, particularly in terms of developing robust M&E frameworks.						
	GAVI should include some simple and efficient mechanisms to allow for reasonable changes to be made to programme activities – in the event that there are any major issues or course correction is required.						
Programme implementation							
Programme delivery by GAVI	GAVI should increase capacity of the Secretariat for effective delivery of funding to CSOs.						
	Clarify the role of country partners either through a signed MoUs or through greater communication efforts by the Secretariat/ global partners.						
	IRC members should have relevant expertise and background information on CSO role/ contexts in countries.						
Other programme implementation related issues	GAVI should do more to raise awareness and improve understanding on the CSO support, particularly for the identified CSO 'priority' countries where this support is more relevant.						
	GAVI should make every effort to reduce delays in fund disbursement and communicate in a timely manner with countries that are experiencing delays.						
	GAVI should closely monitor the fund disbursement from country governments (or WHO/ UNICEF/ any other organisation) to the implementing CSOs.						
Country-level implementation	Wherever possible, it will be useful and cost-effective for GAVI to engage with existing/ well-functioning CSO associations in the countries.	✓	✓	✓	✓	✓	✓
	In countries where the HSCC/ ICC are functional, it would be useful to work closely with these bodies. This would help ensure effective inclusion of CSOs in country HSS/ HSFP proposals as well as monitor government interaction with CSOs.	✓	✓	✓			
	Given multiple CSO recipients in country, GAVI should institute a focal point in the government who can respond to CSOs with GAVI-specific information as well as disbursement timelines.						
	GAVI should, as planned, appoint a lead CSO in each of the priority countries to be responsible for bringing together a wide range of civil society actors with a focus on immunisation and health to form a country-level platform to ensure their appropriate engagement in the HSS/ HSFP.	✓		✓	✓	✓	

Attachment 4

Risk Assessment

Risk Description			Mitigation and residual risk		
Risk	Likelihood of risk	Potential negative impact	Risk Mitigation	Residual risk	Comments on residual risk
Potential recipients of GAVI funds do not have adequate financial controls.	High	High	Funds not disbursed until FMA of principal and if necessary secondary recipients of GAVI funds is completed and any mitigating action agreed.	Medium	TAP consider there will be a need for assurance services in the appropriate form to be designed, both for principal and secondary recipient CSOs, but this should be done in a case by case approach, depending on the size of the programme, the country risk profile as well as CSO profile.
There are no suitable bidders for management contracts envisaged under options 4 and 5 resulting in substantial delay to program implementation.	High	Medium	Maintain current opportunities for CSO's to request funding under country HSFP processes until a management contract is in place.	Medium	
Provision of GAVI funding directly to CSOs does not result in faster disbursement of funds.	Medium	High	GAVI should continue efforts to improve the time for disbursement of funds without undermining the objectives of the TAP Policy. Country-by-country analysis is required to understand and resolve blockages.	Medium	The Secretariat has recently changed the practice of halting disbursements to a country pending the execution and completion of a Financial Management Assessment (FMA) through the signing of an Aide memoire or Memorandum of Understanding. The proposed default practice is to continue disbursements pending such completion, except in situations of heightened fiduciary risks.
In situations where an FMA/investigation confirms funds are misused there is a lower prospect of enforcing recovery from a CSO (compared to Government).	Medium	High	Increased numbers of Country Responsible Officer positions will contribute to strengthening ongoing monitoring through more frequent country contact to build relationships and in-country intelligence. FMA audits and close implementation monitoring aims to avoid a situation where funds could be misused.	Medium	TAP confirms there will be a need for assurance services in the appropriate form to be designed, both for principal and secondary recipient CSOs, but this should be done in a case by case approach, depending on the size of the programme, the country risk profile as well as CSO profile.

<p>Countries may not be eligible to apply for new HSFP support for a number of years (because of an ongoing current GAVI commitment) or may choose not to apply. There will be no alternate funding mechanism for CSOs.</p>	<p>Medium</p>	<p>Medium</p>	<p>GAVI will work closely with countries to encourage utilisation of resources offered through HSFP to strengthen immunisation systems. GAVI is already working to strengthen CSO engagement in HSFP and sector policy dialogue.</p> <p>It will be possible for countries (HSCCs) with ongoing HSS programmes to consider reprogramming to allow CSOs to have a more active role in programme delivery, including requesting GAVI to channel funds directly to CSO recipients.</p>	<p>Low</p>	<p>HSFP includes a new increased minimum annual country allocation of \$300,000. This has encouraged a number of countries that have not previously received GAVI HSS support to indicated a desire to apply under HSFP.</p>
<p>There may be political implications for GAVI's relations with recipient countries if they conclude that providing funds directly to CSOs undermines their leadership role in country or complicates their relations with civil society.</p>	<p>Medium</p>	<p>Medium</p>	<p>GAVI programmes should promote collaboration between government and civil society.</p>	<p>Low</p>	
<p>GAVI requirement for strong programme management capacity may marginalize indigenous CSOs with weaker capacity (ie. to international CSOs).</p>	<p>Medium</p>	<p>Medium</p>	<p>Require that any proposal for funding from large/international CSOs be part of a consortium bid with one or more indigenous CSOs (for example the international CSO would provide management support and capacity development for the indigenous NGOs</p>	<p>Low</p>	
<p>Secretariat does not have the capacity to meet the increased demands for FMA, preparation of grant agreements and ongoing monitoring.</p>	<p>Medium</p>	<p>Medium</p>	<p>Review the impact of the Board decision on the work program of TAP and Legal.</p>	<p>Low</p>	<p>Increased monitoring demands on Country Programmes Team will need to be monitored.</p>