



GAVI ALLIANCE

EVALUATION OF GAVI SUPPORT TO CSOs

17 January 2012

EVALUATION REPORT (ANNEXES)

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ANNEX 1: GLOSSARY

- *Annual Progress Report (APR)*. A progress report submitted by countries to GAVI providing information on performance, utilisation of funds and implementation issues across all GAVI funding windows.
- *Comprehensive Multi Year Plan (cMYP)*. Country government plan for immunisation. GAVI requires countries to submit a cMYP along with the standard proposal form when applying for GAVI support.
- *Country Responsible Officer (CRO)*. GAVI Secretariat staff that support a specific set of countries (usually countries in the same WHO region) in relation to managing and implementing GAVI supported programmes.
- *CSO Constituency*: Comprises a diverse network of CSOs that are motivated to support GAVI's mission; includes the CSO Board member/ alternate and the CSO Steering Committee.
- *CSO Steering Committee*. Group of up to 15 CSO representatives (excluding the Board member, alternate and CSO representatives on GAVI Committees), which support the Board member and alternate, and actively participate in ongoing GAVI Alliance work.
- *CSO Task Team*. Created in 2005 to develop strategies to encourage the engagement of CSOs in GAVI's activities, following which the CSO support window was created. The CSO Task Team also reviewed Type A proposals from countries.
- *Expanded Programme for Immunisation (EPI)*. EPI was established in 1974 through a World Health Assembly resolution to build on the success of the global smallpox eradication programme, and to ensure that children in all countries benefited from life-saving vaccines.
- *Health Sector Coordination Committee (HSCC)*. HSCC, or equivalent, is the highest-level group that supports programmes related to the health sector in a developing country. The HSCC is responsible for the coordination and monitoring of the National Health Sector Plan. In addition to the Government, this group usually includes donor agencies (bilateral and multilateral) and civil society organisations based in the country.
- *Health System Funding Platform (HSFP)*. The Platform brings together GAVI, the Global Fund to Fight AIDS, Tuberculosis and Malaria and the World Bank, with facilitation from the WHO, linking their support for developing countries' national health plans. It aims to streamline Health System Strengthening (HSS) support and align with country budgetary and programmatic cycles by supporting one comprehensive health plan.
- *Interagency Coordination Committee (ICC)*. It is a key coordinating mechanism for immunisation services in developing countries, usually chaired by the Ministry of Health, and members include development partners such as WHO, UNICEF, civil society organisations, and donor agencies.

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ANNEX 3: LIST OF CONSULTATIONS

Table A3.1: List of consultation (global-level)

Stakeholder group	Name	Position/Organisation
GAVI Secretariat	Helen Evans	Interim CEO
	Nina Schwalbe	MD, Policy and Performance
	Mercy Ahun	MD, Programme Delivery
	Geoff Adlide	Director, Advocacy and Public Policy
	Bernardin Assiene	Head of Transparency & Accountability
	Ranjana Kumar	CRO - SEARO
	Raj Kumar	CRO - Afghanistan, Pakistan
	Marthe Essengue	CRO - Burundi, DRC, Togo
	Nilgun Aydogan	CRO - Euro countries (Georgia, Indonesia)
	Par Eriksson	CRO - Ghana
	Paul Kelly	Director of country programs, CRO Cameroon
Board member/Committee member	Alan Hinman	CSO Board Representative, Governance Committee Member
	Joan Awunyo-Akaba	Ghana Coalition of NGOs in Health (Also, CSO Board Member Alternative)
	Gustavo Gonzalez-Canali	PPC Chair
	Rajeev Venkayya	Bill and Melinda Gates Foundation
GAVI IRC members	Elsie Le Franc	IRC member
	John Grundy	
	Beatriz Ayala-Ostrom	
GAVI RWG members	Alexis Satoulou	AFRO
	Dr. Claudia Castillo	PAHO
	Dr Nihal Abeysinghe	SEARO
Previous GAVI evaluators	Anne Lafond	JSI
Comparator organisations	Mick Matthews	Global Fund
	Victoria Graham	USAID
	Jo Cooke	DFID
CSO Steering Committee	Dr. Majeed Siddiqi	Vice-Chair of the CSO Steering Committee.

Stakeholder group	Name	Position/Organisation
	Amy Dietterich	CSO Constituency Communication Focal Point
	Rozina Mistry	Aga Khan Health Service in Pakistan
	Elena McEwan	Catholic Relief Services, Washington
	Faruque Ahmed	Director, BRAC Health Program
	Simon Wright	Save the Children
Others	Robert Steinglass	Member of the original CSO task team
	Mette Kjaer	Former member of the CSO Steering Committee
	Linda Patterson	Bill and Melinda Gates Foundation
	Kate Elder	Senior Immunisation Officer at the IFRC and Former Chair of the CSO Constituency Steering Committee
	Susan Mckinney	USAID
	James Droop	DFID
	Linda Patterson	Gates Foundation

Table A3.2: List of country-level consultees (by telephone interviews)¹

Country	Name	Position/Organisation
Georgia	Merab Mirtskhulava	Worked on the CSO component of APR reporting, Georgia
	Ketevan Chkhatarashvili	MD, President - Curatio International Foundation, Georgia
	Dr.Lia Javidze	Focal Point for GAVI projects, National Centre for Disease Control and Public Health in Georgia
Mozambique	Leah Hasselback	VillageReach (CSO)
	Luigi D'Aquino	Maternal and Child Health Specialist, UNICEF
Burundi	Dr Joseph W. Cabore	WHO
	Souleymane Diabaté	UNICEF

¹ The full list of informants in the five countries studied as part of this evaluation (Afghanistan, DRC, Ethiopia, Indonesia, and Pakistan) are included in the respective country evaluation report.

Country	Name	Position/Organisation
	Dr.Traoré	
Cameroon	Dr.Blanche Anya	WHO
Togo	Dr Nassoury Danladi	Government representative
	Aristide Djenda	CSO representative
	Christine Jaulmes	UNICEF
	Teresa de la Torre	

ANNEX 4: STRUCTURED INTERVIEW GUIDES²

Structured interview guide: global-level stakeholders

Introduction

This guide sets out the questions that we would like to explore with you as part of CEPA's 'Evaluation of GAVI support to Civil Society Organisations (CSOs)'.

Background to the evaluation

The evaluation focuses on a review of GAVI CSO Type A and Type B support. In particular, the three focus areas of our evaluation are:

- (i) *the policy rationale and programme design* – including an assessment of whether the CSO support is aligned with GAVI's overall objectives and the wider CSO context, as well as country needs, and merits of its programme design.
- (ii) *implementation of GAVI CSO support* – including examining the experience in implementing the CSO support, both at the global level (i.e. Secretariat/ Partner roles and performance) and country level (i.e. implementation of country proposals and activities).
- (iii) *results or impact of the programme* – including an assessment of the outputs, outcomes and impacts of the support to date, success factors, barriers, and any unintended consequences (both positive and negative).

Aim of interview

The aim of the interview is to obtain feedback from the Alliance stakeholders based on their observation of, and experience with, GAVI's support to CSOs. We intend to use the findings from different information sources to enable 'triangulation' of evidence and develop conclusions for the evaluation.³

Other points to note are:

- We understand that there are strong linkages between the three focus areas of the evaluation. We would ideally like to cover all of the questions, but recognise that you may like to focus on specific areas of interest/ specialisation.
- Some of the questions presented below will also be analysed using country-level data and information, however we would of course welcome any views / advice that you have.

² The interview guide also included the Evaluation Framework which is not presented in this Annex.

³ Structured interviews are one of the techniques being employed to evaluate GAVI's support to CSOs. Other evaluation methods include desk review of documentation, data analysis, selected country visits and an electronic survey.

I. Policy rationale and programme design

The objective is to critically examine if the overall design of the pilot and individual country programmes have been relevant in terms of GAVI's objectives and country needs.

1. Do you think that GAVI's support for CSOs fits well with its overall aim of increasing access to immunisation in poor countries?

This question assesses the rationale for GAVI's support to CSOs. We seek your views on the fit of the programme with GAVI's overall objectives and wider CSO role/ context. Are there alternatives that could have worked better?

2. Does the GAVI support tackle the gaps that CSOs face in countries to contribute to immunisation and health systems outcomes?

This question assesses whether GAVI CSO support responds to an identified need in countries, and more specifically, whether the Type A and B CSO support contribute to addressing the key gaps to achieve country immunisation and health objectives.

3. What are your views on the appropriateness of the design of Type A and B support?

We would be interested in your opinion on the CSO programme design in terms of clarity of its pilot nature/ proposed objectives, relevance of proposed activities, adequacy of size of funding, merits of the flexible nature of funding, predictability and sustainability, application and monitoring and evaluation framework, whether the CSO support complements other GAVI programmes, selection of pilot countries for Type B, etc.

II. Implementation

We are assessing 'implementation' at two levels, namely, the role of the GAVI institutions (e.g. Secretariat, Partners, etc.), and implementation in countries.

4. Have GAVI institutions contributed to effective implementation of the programme?

We would like to cover the role and performance of each of the GAVI institutions – including the Secretariat, GAVI Partners (WHO and UNICEF at global and country levels), IRC, erstwhile CSO Task Team, CSO Group/ Steering Committee.

5. What has worked well and less well in implementing the programme in countries?

This question assesses how the programme has been delivered in countries and any issues faced, in terms of planning, funds disbursement, implementation, and monitoring of the support. For example, what was the extent of engagement of local CSOs; how was their interaction with the government; etc. Are there any 'best practise' experiences in countries that would be useful to highlight?

III. Results

We are evaluating if, and to what extent, the GAVI support to CSOs has been effective in achieving immunisation/ health results at the country and global level.

6. **Could you please highlight any evidence of positive (or negative) results (outputs/outcomes) of the support at the country and global levels? What is the 'value add' of the programme, i.e. the situation in the absence of GAVI support?**

We would be interested in your views on country-level results of Type A and Type B support, as also any global impact of the programme. Have there been any unintended consequences (i.e. externalities) from the support?

7. **What factors have contributed to successful or poor performance in countries?**

What factors are/ need to be in place to make the support for CSOs work well? What factors have hampered the performance of the programme? By factors, we are referring to particular country circumstances, programme or GAVI specific features.

IV. Recommendations

We would be keen to hear any suggestions for improving GAVI's support for CSOs in the future.

8. **How would you propose GAVI structure its support to CSOs going forward? In this regard, do you have any views on the pros and cons of possible integration of CSO support with the HSFP?**

We would be keen to hear your views on alternate options for GAVI to structure its support to CSOs. What aspects of the current design or implementation of the programme need to be changed/ improved – for example, should it become more performance based support?

9. **Are there any examples from successful experience of other donor/ GHP support to CSOs?**

Structured interview guide: country-level stakeholders

Introduction

This is an interview guide for consultations with country stakeholders for the ‘Evaluation of GAVI support to Civil Society Organisations (CSOs)’. The aim of the interviews is to obtain feedback from the country stakeholders based on their experience with and knowledge of GAVI’s support to CSOs.

We plan to consult with the following country stakeholders⁴:

- Country CSOs – both those directly involved with the GAVI CSO support, and those that are not (either did not apply for funding, or applied and did not succeed);
- Government / Ministry of Health;
- GAVI partners (primarily WHO and UNICEF representatives); and
- Other donors providing CSO health sector support, for example, bilaterals, other GHP representatives, etc.

This is a general guide, and specific questions will be tailored for the particular interview context and time availability (including providing the necessary background and contextual information for consultees, where required).

Questions (and detailed sub-questions) are included below for each of three evaluation focus areas. The questions include a mix of fact-finding and evaluation questions. The main focus of the interviews will be on the questions; where time permits and/ or subject to the nature of the respondent, we shall delve into the relevant detailed sub-questions.

I. Policy rationale and programme design

1. Could you please provide a description of the landscape for CSOs in your country.

- What is the extent of CSO involvement (local and international) in your country for immunisation services and health systems strengthening? What are the various types of CSO organisations in your country?
- What do you see as the key roles for CSOs in improving access to immunisation?
- What are the main issues/ constraints that CSOs face in supporting immunisation and health systems strengthening?

2. Is GAVI’s support for CSOs relevant for your country and aligned with the health system and priorities?

- Does GAVI’s support of Type A and B (as applicable) contribute to addressing the identified gaps/ needs in countries?

⁴ There may be some additional stakeholders in particular countries e.g. the consultant appointed to conduct the mapping exercise under Type A funding. The general set of questions remain the same, and would be customised for the specific consultee and requirements.

- Are these aligned with the priorities of the national health plans? Does it add value in the context of other donor support?
- Are there other priority CSO activities that could have been funded by GAVI to increase immunisation in the country?

3. What are your views on the appropriateness of the design of Type A and B support?

- Is the size of Type A and B funding (as applicable) appropriate in relation to the needs of the country and for achieving meaningful results?
- What are your views on GAVI providing CSO funding through the government or its country partners (e.g. WHO, UNICEF), rather than directly to CSOs? What might be alternative approaches?
- What are your views on the nature of funding in terms of (i) the grant nature of both types of CSO support, (ii) the period of funding, including its predictability; (iii) use of flexible funding rather than specific funding for pre-determined activities?
- Does the CSO initiative complement other GAVI programmes in the country?
- Has your country benefitted from CSO funding from any other health donors? If so, could you share your experience (application requirements, activities funded, disbursement of funds, M&E, etc.) and any relevant lessons for GAVI?

II. Implementation

4. What support has the GAVI Secretariat and Partners provided to your country in relation to the CSO support? Has this been effective?

- What support has the Secretariat provided to you in relation to the CSO programme? Has this been adequate? What more could have been done?
- What programme support (in relation to application, implementation and monitoring) has been provided by GAVI partners – WHO and UNICEF? Has this been adequate? What more could have been done?
- Has GAVI been efficient in approving your country proposal and disbursing the funds to the country in a timely manner? How does this compare with other donors?

5. Please describe your views on the relationship between CSOs and the government in your country.

- Has the government worked closely with CSOs in delivering immunisation/ health services prior to the GAVI's support? If yes, can you give us a brief description of CSOs involvement?
- How is the relationship between government and CSOs in your country? What aspects work well and what do not?

6. How have the Type A and B support been implemented? What aspects have worked well and what have worked less well?

- Please describe the proposal development process – for example, who took the lead and which stakeholder groups contributed to developing the proposal?
- For Type A support, which organisation was given the responsibility to conduct the mapping exercise? On what basis was the organisation selected?
- What were the criteria/ mechanism of selecting CSOs for Type B support? Did the HSCC/ Technical Working Group assist CSOs in completing the application form and was this useful? How would you rate GAVI's and/ or the government's efforts to disseminate information on the availability of GAVI's CSO funds?
- Please describe how the proposed CSO activities have been implemented? Have there been any issues / hurdles in implementation? Were the activities stated in the proposal completed in time? What are your views on utilisation and management of funds?
- What M&E frameworks have been developed for the support? How are these managed/ implemented?
- What are your procedures for conducting financial audits for the funding provided to CSOs?

III. Results

7. What have been the results (i.e. the direct outputs, and where feasible, outcomes) of Type A and B support in your country?

Type A – detailed questions

- Has the mapping of CSOs been completed? How useful and up-to-date has this been?
- Were there any CSO members on the ICC/ HSCC prior to GAVI support? Have CSOs been nominated to the ICC/ HSCC as a result of Type A support – what is the balance of local and international CSOs nominated? Has this increased their role/engagement in policy debates/ decisions related to health and immunisation?
- Has GAVI's support to CSOs led to increased cooperation and coordination between the government and the civil society? For example, has there been an increase in the number of joint health/ immunisation initiatives between government and CSOs?

Type B – detailed questions

- What are the main outputs/ outcomes of the activities that have been undertaken under Type B support and could you provide us with any supporting data for these – for example⁵:
 - Number of children vaccinated by CSOs

⁵ Questions on progress/ data would be tailored based on the specific country proposals.

- Number of children vaccinated by CSOs that belong to marginalised/ hard to reach populations
 - Number of trained health workers
 - Number of community health education trainings
 - Number of research materials developed under the programme (primary data collection, surveys, reports, etc.)
 - Changes in vaccine coverage levels (or equity of coverage) for the project-specific areas. Any difference in dropout rates in DTP3 vaccination due to CSO involvement.
- Were the activities funded under Type B supported prior to GAVI's funding and if yes, by whom?
 - What has been the contribution of CSOs in achieving health system strengthening/ cMYP results? Have any problems been averted through CSO involvement?
 - Has the CSO mapping and nomination support through Type A funding helped achieve better outcomes from the Type B funding? (where relevant)
 - What are the linkages between the Type B funding and the country HSS application/ funding? (where relevant)

General questions

- Have there been any unintended consequences from the support (positive or negative)?
- What factors have contributed to and/ or hampered the success of the programme?
- What are your views on the reporting structure of the CSO activities in the Annual Progress Report? Does it capture all the activities/ results of GAVI's CSO support?

IV. Recommendations

8. How can GAVI increase the effectiveness of its support to CSOs in countries?

- Are there any aspects of GAVI's current CSO activities or processes that can be improved to achieve better results (e.g. make the CSO support more performance based)?

9. Do you have any suggestions on alternative ways that GAVI could structure its funding to CSOs going forward?

- What other forms of support could GAVI consider to facilitate CSO role in your country? Do you have any advice on the design of alternative ways to structure the support (e.g. merge it with other GAVI programmes)?⁶
- Are there useful lessons from other donors in terms of structuring the GAVI CSO support more effectively?

⁶ As a part of this, we would also seek to explain the current proposals for the HSFP and seek stakeholder feedback.

Structured interview guide: comparator organisations

1. Based on your organisation's experience, what are your views on the role of CSOs in improving access to immunisation and health systems strengthening?
2. Does your organisation engage CSOs in public health programmes? If yes, could you please describe the structure of CSO engagement? In particular, we would like to know:
 - a. What is the size of funding provided to CSOs to date (total and average by CSO)?
 - b. What are the areas in which you have engaged with CSOs - supporting service delivery, advocacy/ policy support, community mobilisation, or 'watchdog' role (aimed at improving the accountability of stakeholders)? How do you provide for different country contexts/ CSO roles in designing their support?
 - c. How did your organisation publicise the support offered to CSOs to ensure uptake?
 - d. Please briefly describe the application and approval process for CSO funding. Is there any interaction with/ approval by the country government for CSO funding?
 - e. Could you please describe the mechanism of selecting the CSOs to support? What are the various types (indigenous, international, research based organisations, etc.) of CSOs involved in your programme?
 - f. Do you provide direct funding to CSOs? If yes, what are the kinds of fiduciary checks undertaken before disbursement of funds? Also, how do you ensure sustainability after your funding ends?
 - g. What is the monitoring and evaluation framework, and specifically the results indicators used, for assessing the programmes implemented by CSOs? Is the funding to CSOs linked to performance?
 - h. What has worked well and less well in terms of your engagement with CSOs? Are there any lessons that can be offered to GAVI?
3. Have you heard about GAVI's CSO programme? What are your views about the performance of the programme in terms of the effectiveness of its design and implementation and results achieved?
4. Do you have any views on the Health Systems Funding Platform (HSFP)⁷ and if CSO funding could be integrated with the Platform?

⁷ Established in 2009, the platform brings together GAVI, the Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund), and the World Bank, with facilitation from the WHO, linking their support behind developing countries' national health plans. For more information, please visit: <http://www.gavialliance.org/support/hsfp/>

ANNEX 5: E-SURVEY QUESTIONNAIRE AND RESULTS

Questionnaire

Background information on respondents

Name (optional):

Organisation (optional):

Country (required):

Primary role:

- ☐ Civil Society Organisation that has received GAVI CSO support
- ☐ Civil Society Organisation that has not received GAVI CSO support
- ☐ GAVI Multilateral Partners (UNICEF, WHO, World Bank)
- ☐ Donor organisation/ Foundation
- ☐ Country government official
- ☐ Other - please specify:

Section 1: To be filled in by all respondents.

Please rate your views on the following statements. Additional space has been provided for comments, which would be gratefully received.

- 1.1 GAVI's support to CSOs fits well with the organisation's overall objective of increasing access to immunisation in the world's poorest countries.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Not aware

Comments:

- 1.2 The design of GAVI CSO Type A support, in principle, helps address the critical needs/ gaps in countries to better contribute to immunisation/ health systems outcomes.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Not aware

Comments:

- 1.3 The design of GAVI CSO Type B support, in principle, tackles the critical needs/ gaps in delivering immunisation in countries.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Not aware

Comments:

- 1.4 The relatively small budget of the CSO support (in relation to GAVI's total cash based support for countries) is appropriate to contribute to better immunisation outcomes.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Not aware

Comments:

- 1.5 GAVI's delivery model (with a Secretariat based in Geneva and working through Partners (WHO, UNICEF) in country) is suitable for supporting the implementation of the CSO programme.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Not aware

Comments:

- 1.6 Country level proposal and reporting requirements (Annual Progress Reports, etc.) for the CSO programme are appropriate.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Not aware

Comments:

- 1.7 GAVI's approach of providing funding through country governments (and country partners), rather than directly to CSOs, has been effective. We would appreciate any comments you may have on alternate suggestions for channelling GAVI funding to CSOs.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Not aware

Comments:

1.8 The GAVI Alliance (Secretariat and Partners) have sufficiently publicised the CSO window and encouraged eligible countries to apply.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Not aware

Comments:

1.9 Coordination between CSOs and government in countries has improved, as a result of GAVI Type A support. We would appreciate any comments you may have on ways in which government-CSO collaboration has improved in countries after Type A support, if this is indeed the case.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Not aware

Comments:

1.10 GAVI CSO Type B support has contributed to the delivery of the country's immunisation and health systems priorities.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Not aware

Comments:

Section 2: If your country has received either Type A or Type B CSO support, please answer the following questions. Please complete the sections relevant to the type of support received.

2.1 What are the key strengths of the programme/ what has worked well?

Type A support

1.
2.
3.

Type B support

1.
2.
3.

2.2 What are the main weaknesses of the programme/ what has not worked well?

Type A support

1.
2.
3.

Type B support

1.
2.
3.

2.3 Are there any lessons for GAVI from other donor support in your country for CSOs that have worked well?

- 2.4 Do you have any suggestions to improve the structure of GAVI's support to CSOs? Some examples include whether GAVI's support to CSOs could be merged with other GAVI cash-based programmes; or if GAVI's funding to CSOs could be more performance based.

Section 3: If your country did not apply for Type A or Type B CSO support, please answer the following three questions.

- 3.1 Why did your country not apply for GAVI CSO support?

- 3.2 What could GAVI do differently in terms of the programme to encourage your country to apply?

- 3.3 Although your country did not apply for CSO support, would there be interest from CSOs for this funding in the future?

E-survey results

1. Introduction

The CSO evaluation e-survey was administered by CEPA on 21 September 2011 to a range of stakeholders across GAVI eligible countries, including CSOs, country government officials, GAVI partners (UNICEF, WHO, World Bank), and donor organisations. The aim of the survey was to obtain country-level feedback on the functioning and performance of GAVI's support to CSOs, to supplement the information obtained through other evidence sources used for the evaluation.

The e-survey focused on the three key areas of our evaluation: (i) policy rationale and programme design; (ii) implementation; and (iii) results. The e-survey also requested respondents to provide recommendations on how GAVI CSO support can be improved in the future.

The survey was structured in three sections, as follows:

- The first section contained ten statements, where responses had to be selected along a rating scale and supplemented with additional comments. All respondents completed Section 1.
- The second section contained four questions and had to be completed by respondents from countries that have received one or both of Type A and Type B CSO support.
- The third section had three questions and had to be completed by respondents from countries that did not apply for GAVI CSO support.

To ensure greater robustness and clarity in our analysis, questions that were not answered and responses provided incorrectly by countries not matching the criteria for Sections 2 and 3 (for example, from a country that received Type B support and answered Section 3) were excluded. We have also sought to present comments on the question separately to any recommendations provided, where appropriate.

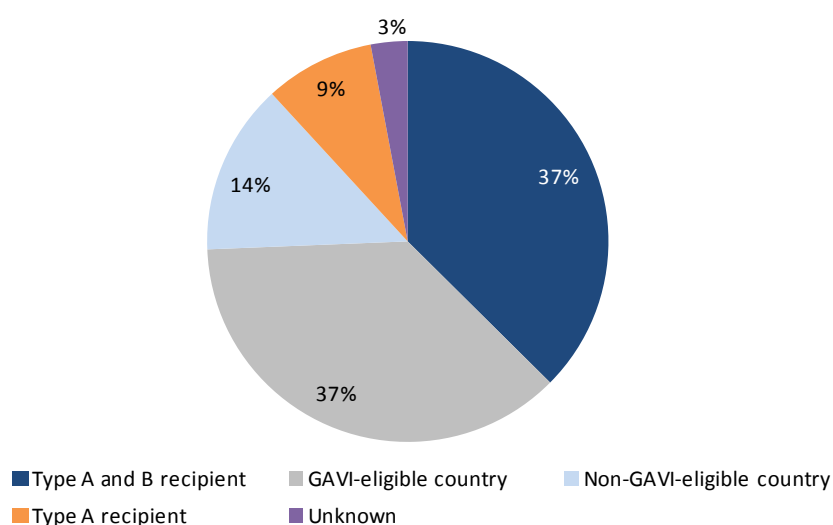
The structure of this report is as follows: Section 2 details the profile of e-survey respondents; Section 3 presents the results of the first section of the e-survey; Section 4 presents the results of the second section of the e-survey; Section 5 presents the results of the third section of the e-survey; and Section 6 presents limitations of the analysis.

2. Profile of respondents

In total, we received 203 responses, including 145 responses (71%) in English and 58 (29%) in French. 46% of responses were from countries that have applied and been approved for Type A and/or Type B support, while 14% of responses were from non-GAVI eligible countries, of which 12% were from donor countries including the UK, US, Switzerland and the Netherlands.

Figure A5.1 profiles the respondents by country of origin. As we can see, the majority of respondents are from GAVI eligible countries, although less than 50% of respondents are from countries that have received Type A and/or B support.

Figure A5.1: Description of respondents by classification of country of origin



As shown by Figure A5.2 below, half of respondents are from the AFRO region, with 20% of respondents from SEARO and 11% from EURO regions.⁸

Figure A5.2: Description of respondents by classification of region

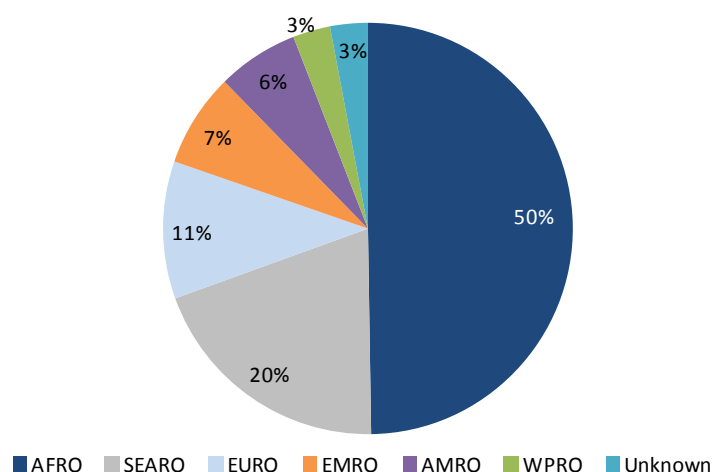
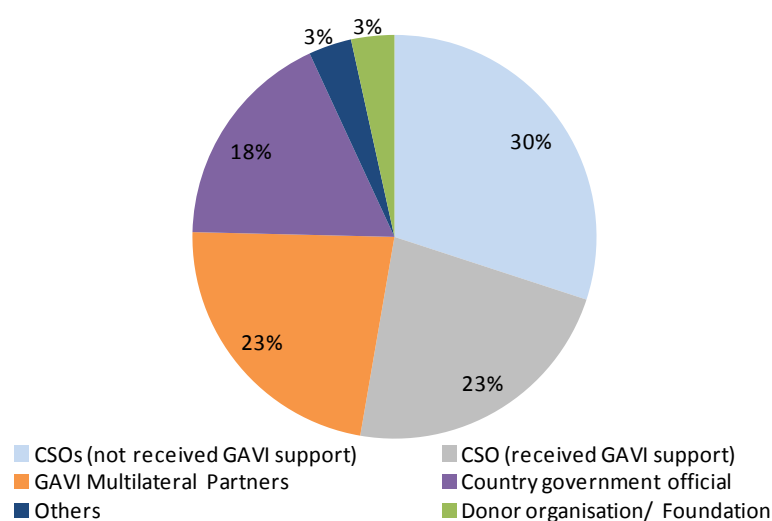


Figure A5.3 profiles the respondents, of which the three largest groups were CSOs that have not received GAVI CSO support (30%), CSOs that have received funding – Type A or B or both (23%), and GAVI multilateral partners (23%). ‘Others’ include GAVI staff, health researchers and independent consultants.

⁸ These classifications are in accordance with WHO’s regional classification, available at: <http://www.who.int/about/regions/en/index.html>

Figure A5.3: Description of respondents by primary role

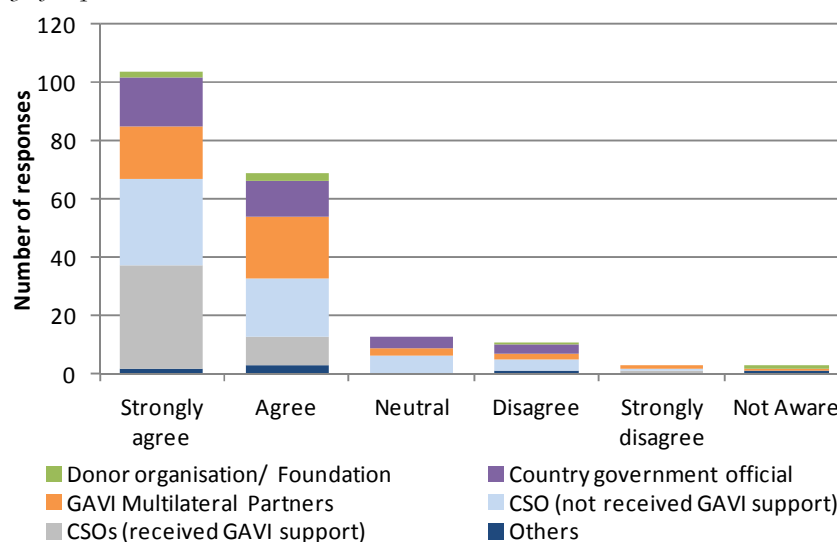


3. Analysis of responses: Section 1

Section 1 was completed by all respondents along a rating scale and supplemented with additional comments. Below we analyse the responses to the statements provided and present a summary of the comments provided by the respondents. The comments noted are those that have either been echoed by several respondents or are the most relevant to the issue at hand – they have been marked according to whether they are positive (+), negative (-) or mixed ($\pm$).

Question 1.1: GAVI's support to CSOs fits well with the organisation's overall objective of increasing access to immunisation in the world's poorest countries.

Figure A5.4: Summary of responses to Statement 1.1



The vast majority of all respondent groups, particularly CSOs that have received GAVI support, either strongly agree or agree that GAVI's support to CSOs fits well with the organisation's mandate of increasing access to immunisation in the world's poorest countries.

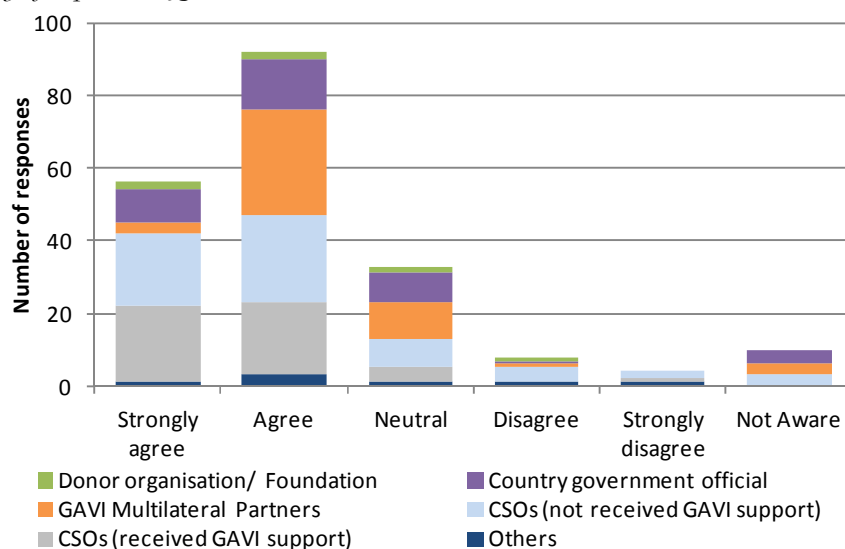
Comments provided are summarised below:

- + CSO support should not duplicate government activities – where the government leads immunisation service delivery, CSO support should focus on other activities, including community mobilisation.
- + CSOs should be carefully assessed prior to receiving support as it should not be assumed that all CSOs have sufficient capacity.
- + CSOs are key partners in immunisation and are key to increasing immunisation coverage rates and reducing dropout rates.
- The level of funding and attention devoted by GAVI to the CSO programme has been disappointing. This window is rarely brought up at GAVI meetings/ presentations.
- The programme design does not allow for country level specificities and does not holistically address the multi-faceted role of CSOs in immunisation.

Other aspects which were noted, although not widely commented on, include: the programme was set up without any evidence based on research, studies or surveys; and CSO support has not been well managed with a high percentage of financial resources being used for CSO administrative costs.

Question 1.2: The design of GAVI CSO Type A support, in principle, helps address the critical needs/ gaps in countries to better contribute to immunisation/ health systems outcomes.

Figure A5.5: Summary of responses to Question 1.2



The responses to Question 1.2 reveal that the majority of respondents either agree or strongly agree that Type A support, in principle, helps to address critical needs / gaps in countries to contribute to immunisation/ health systems outcomes. However, unlike other respondent groups, very few GAVI Partners strongly agree with this statement. Of the 10 respondents who were not aware, 7 were from GAVI eligible countries that did not receive Type A support, of which 4 were country government officials, 2 were GAVI Partners and 1 was a CSO – this indicates that in some countries, GAVI may have been able to publicise the Type A window more effectively.

Comments provided by respondents include:

- + Increasing the representation and coordination of CSOs is an important and relevant objective which may help CSOs become involved in future activities in relevant fields. This is a particular need in transition and fragile states, although may be less relevant in other settings.
- + The mapping exercise has identified many NGOs working in immunisation and relevant fields and has filled a key gap in some instances, as evidenced by its usage for other programmes. This exercise will help CSOs become more involved in future activities in relevant fields.

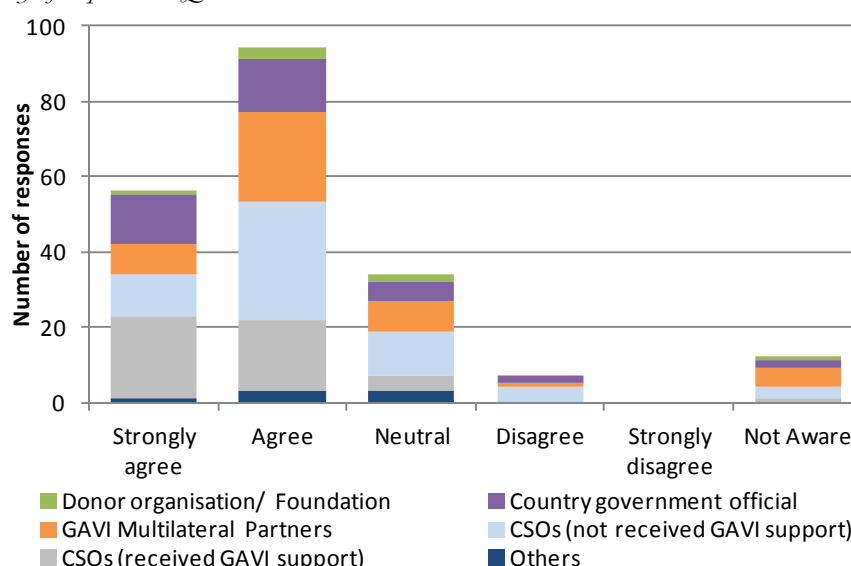
Other aspects which were noted, although not widely commented on, include: the amount of funding available was too small and not proportional to its purpose; Type A support was not used for actually implementing immunisation programmes or their component parts, therefore it did not address the gaps in countries to improve immunisation coverage.

Recommendations to GAVI include:

- To contribute to better immunisation and health systems outcomes, there should be activities to follow on from Type A support.
- ± Type A support should be expanded from just identifying CSOs to encouraging their participation in consultations and exchanges with other organisations.

Question 1.3: The design of GAVI CSO Type B support, in principle, tackles the critical needs/ gaps in delivering immunisation in countries.

Figure A5.6: Summary of responses to Question 1.3



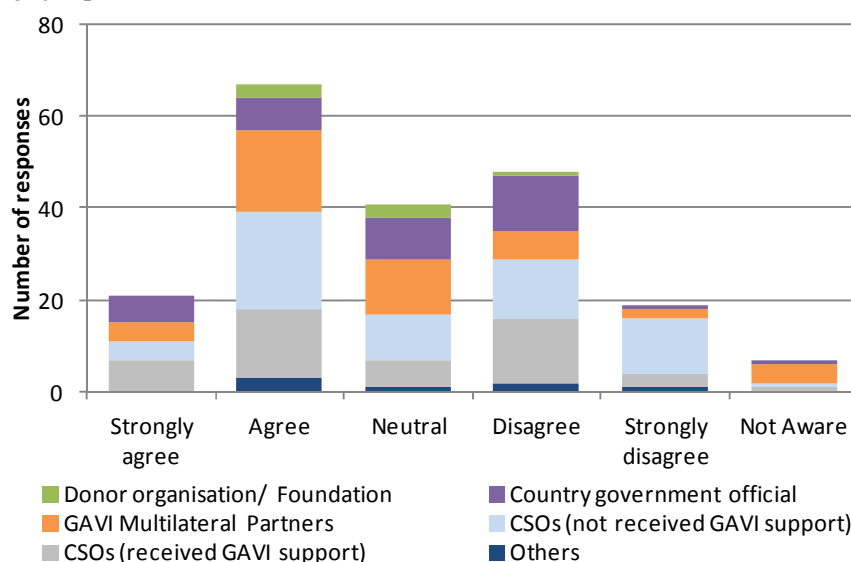
Respondents generally agree or strongly agree that the design of Type B support, in principle, tackles the critical needs/ gaps in delivering immunisation in countries. CSOs that have received GAVI support agree most strongly with this statement. The vast majority of country government officials also either strongly agree or agree with this statement. Of the 12 respondents that were not aware, only 2 were from countries that have received Type B support (Ethiopia and Ghana).

Comments provided by respondents include:

- + Type B support has helped to increase immunisation coverage through enabling CSOs undertake a range of activities.⁹
- + Working together with the government is the only way to bridge the gaps in immunisation coverage in the country.
- ± Whether Type B support has addressed country level needs can't be generalised at the global level as the situation will vary by country, and region.
- The design of Type B support does not support all of the roles that CSOs can play in immunisation. For example, funding CSOs via governments restricts the watchdog role that CSOs can play in monitoring the government.

Question 1.4: The relatively small budget of the CSO support (in relation to GAVI's total cash based support for countries) is appropriate to contribute to better immunisation outcomes.

Figure A5.7: Summary of responses to Question 1.4



As can be seen from the Figure A5.7, respondents had mixed views as to whether the relatively small budget for CSO support (in relation to GAVI's total cash based support for countries) is appropriate to contribute to better immunisation outcomes. There is more or less a balance between CSO respondents (both those that have received GAVI support and those that have not) that agree with this statement and those that disagree.

Comments and recommendations provided to GAVI include:

- ± The size of funding dedicated to CSOs should reflect their contribution to immunisation programmes, which varies by country. Where CSOs play a major role, the size of funding has been inadequate. Where CSOs do not play a big role, too much funding may distort health budgets and undermine government immunisation programmes.

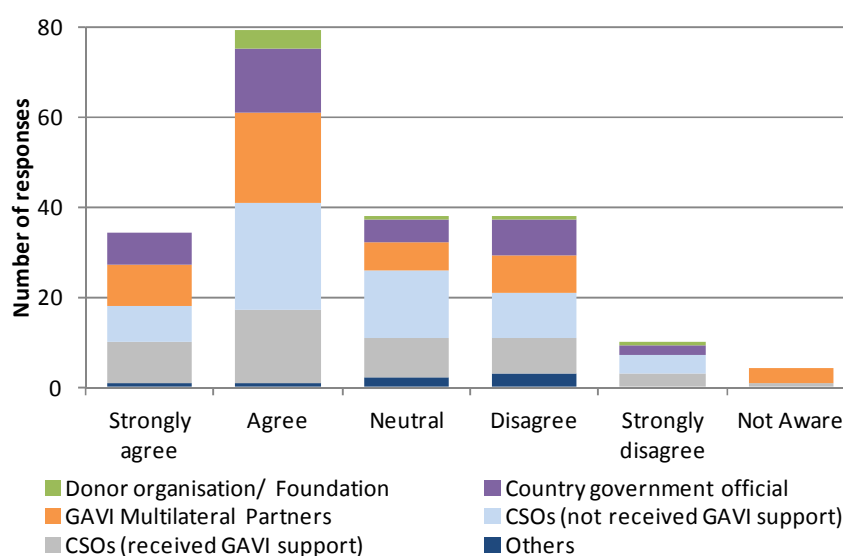
⁹ Activities noted include: providing community mobilisation and advocacy services for immunisation; providing transport for staff to reach outreach points; improving the knowledge and skills of health workers; increasing the availability of immunisation services; empowering civil society; and supporting country immunisation programmes.

- ± The level of funding available should be higher if the programme is to achieve better immunisation outcomes. In particular, increased support could be targeted at fragile states and hard-to-reach areas and used for: more frequent supervision; further capacity building at the local level; better linkage between health workers and community volunteers; increasing the type of activities undertaken by the CSOs; increasing CSOs' institutional capacity; and increasing demand for immunisation.
- ± While Type A support may be able to achieve results from a one-time support, Type B requires longer term funding in order to achieve results.
- Limited funding has resulted in problems in organising support for immunisation activities, particularly in hard-to-reach areas and limited supervision of activities.

Other feedback which was noted, although not widely commented on, include: this is a biased way to ask the question; the fund amount should be smaller, having bigger budgets does not necessarily lead to increased results – CSOs should be assessed to ensure they have capacity to deliver what they propose; reaching hard-to-reach areas is very costly and the amount of funding available is too small to address this; and funding could have been put to better use but has been delayed by a cumbersome system of proposals, approvals and disbursement delays etc.

Question 1.5: GAVI's delivery model (with a Secretariat based in Geneva and working through Partners (WHO, UNICEF) in country) is suitable for supporting the implementation of the CSO programme.

Figure A5.8: Summary of responses to Question 1.5



Responses to Question 1.5 indicate that most respondents agree that GAVI's delivery model is suitable for supporting the implementation of the CSO programme – which contradicts our interview-based findings. However a number of respondents also disagree with the statement.

Comments provided include:

- + GAVI's model is suitable as WHO and UNICEF, as GAVI Partners, can adequately support the implementation and monitoring of the programme. However, GAVI should also have regular involvement through meetings and country visits.

- GAVI's model has not been suitable in many countries where GAVI Partners, in particular WHO and UNICEF, have had little involvement in the CSO programme and the GAVI staff are too far away from the reality of the country programmes.

Other comments which were noted, although not widely commented on, include: the current model keeps transaction costs to a minimum; CSOs could deal with the GAVI Secretariat directly and communications do not need to be routed through GAVI Partners; the role that GAVI Partners can play varies by country - not all GAVI Partners are necessarily competent in their role; WHO and UNICEF are not experts in working with civil society; and GAVI Partners often have long bureaucratic procedures.

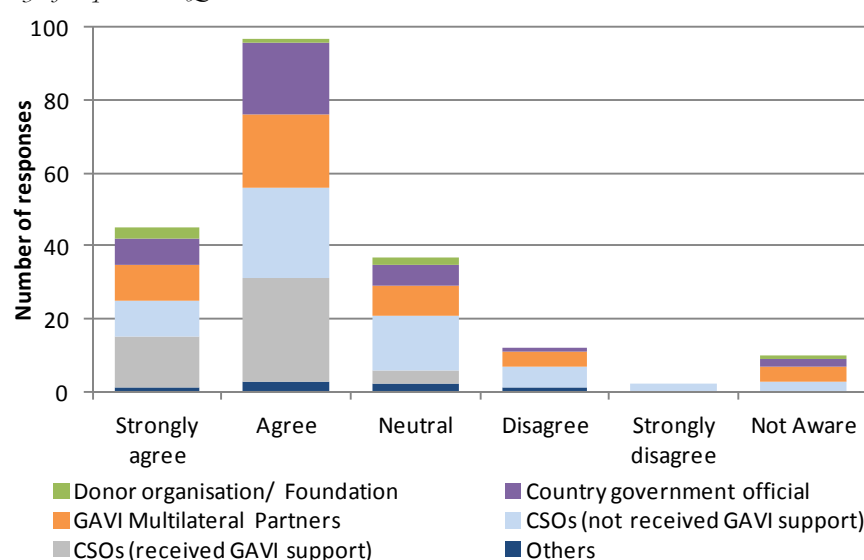
Recommendations provided include:

- ± The programme would benefit from GAVI having a focal point or technical office in country to work closely with CSOs and the government. This would help GAVI to provide advice and support to CSOs to aid understanding of the programme and increase their capacity for reporting of activities and results. This can be difficult to achieve when there are too many intermediaries involved.
- ± GAVI should create more solid agreements between themselves, ministries of health, CSOs, UNICEF and WHO in order to ensure the model works efficiently both at the country level and the global level.

Other recommendations include: GAVI staff should also contact donor organisations when visiting countries; and instead of relying on GAVI Partners, GAVI could outsource the CSO support to other organisations.

Question 1.6: Country level proposal and reporting requirements (Annual Progress Reports, etc.) for the CSO programme are appropriate.

Figure A5.9: Summary of responses to Question 1.6



The majority of respondents either strongly agreed or agreed that country level proposal and reporting requirements for the CSO programme are appropriate, while only a small percentage disagreed or strongly disagreed.

Comments provided include:

- + GAVI's reporting mechanisms are thought of as being rigorous. This is required to ensure that activities are being conducted correctly and in line with the implementation workplan, as well as creating a culture of accountability.
- More support to the CSOs is necessary if they are to report correctly and on time.
- GAVI's country level proposal and reporting requirements are cumbersome and often complicated, particularly in relation to the small size of funding available. These processes represent a significant administrative burden for countries.

Other comments which were noted, although not widely commented on, include: while GAVI's systems may have been adequate, the CSOs have often used government reporting systems which may have been complex; while APRs are appropriate, they are only useful if adequate indicators of progress are provided; and annual reporting is preferable as it is in line with most country reporting cycles.

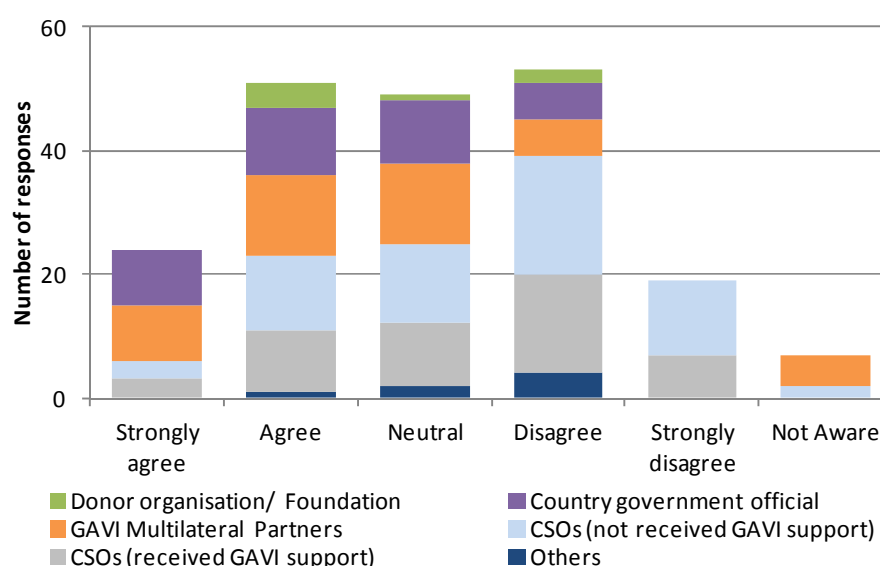
Recommendations provided include:

- ± The current proposal and APR templates could be improved in future and could be more carefully evaluated with more exchange of reports within the GAVI Secretariat.
- More support to the CSOs is necessary if they are to report correctly and on time.

Another recommendation provided suggests that the process would benefit from independent reporting, i.e. outside government.

Question 1.7: GAVI's approach of providing funding through country governments (and country partners), rather than directly to CSOs, has been effective.

Figure A5.10: Summary of responses to Question 1.7



Responses to Question 1.7 were largely mixed with similar response rates between 'agree', 'neutral' and 'disagree'. The stakeholder groups most aggrieved by routing funds via government are CSOs (both those that have received GAVI CSO support and those that have not). By

contrast (as may be expected), country government officials and GAVI Partners view GAVI's approach of providing funding through country governments as more effective.

Negative comments provided by respondents are noted below, while a summary of suggestions for alternative funding channels (with supporting reasons) are included in Table A5.1 below:

- This method of providing funding has caused delays to the programme and resulted in frustration among the implementing CSOs, government (local and national), and local communities.
- Tighter restrictions should have been put in place for governments to ensure funds were dispersed quickly.
- Funding CSOs via government compromises their independence.

A common theme in the comments was that the appropriateness of the funding channel largely depends on the country context e.g. where governance structures are strong it may be preferable to directly fund strong CSOs, however, this approach may not be appropriate for all countries.

Comments on methods of channelling funds to CSOs are noted below, and quantified by respondent group:

Table A5.1: Summary of methods of channelling funds to CSOs

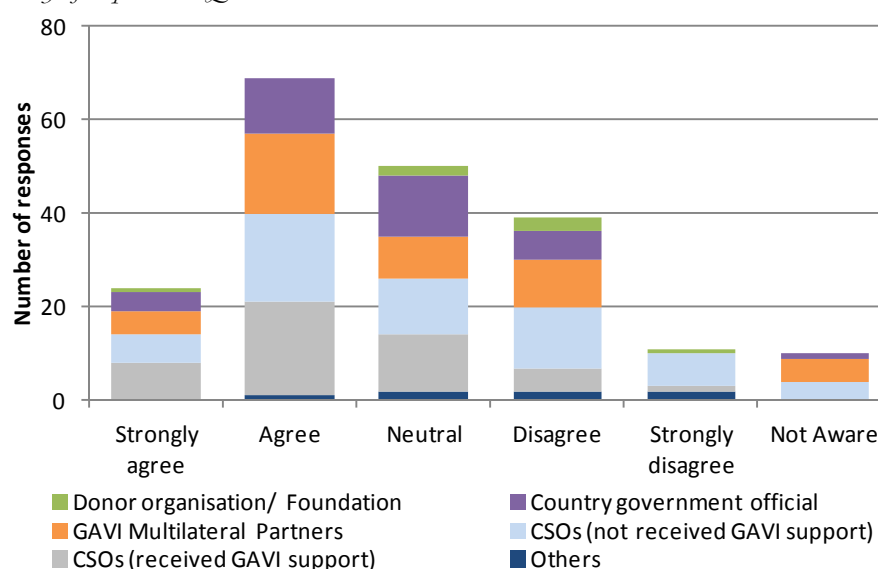
Number of responses	Reasons for advocating
Routing via government	
Total: 23 • CSOs (received CSO support): 4 • CSOs (not received CSO support): 2 • GAVI Partners: 9 • Country government official: 8	• Demonstrates good governance and consideration for sustainability. • This method creates greater government /CSO collaboration and integration and avoids duplication of activities. • This method is appropriate if the correct accounting and M&E procedures are in place. • This method helps CSOs to develop a culture of transparency through participative processes with government.
Routing via an international/ umbrella CSO who subcontracts local CSOs	
• Total: 6 • CSOs (received CSO support): 2 • CSOs (not received CSO support): 3 • Other: 1	• Umbrella organisations could effectively route funds to CSOs, rather than go through government. • Larger CSOs would help to ensure that funds reached their desired destination. • While this option is preferable, the government should still be responsible for M&E.
Direct support to beneficiary CSOs	
Total: 32 • CSOs (received CSO support): 19 • CSOs (not received CSO support): 8 • GAVI Partners: 2	• Reasons include: increase CSO capacity and programme efficiency; enable CSOs to innovatively and creatively address problems and keep up the schedules. • GAVI should, however, maintain good communications with the government to keep them informed of activities either

Number of responses	Reasons for advocating
- Country government official: 2 - Donor org./ Foundation: 1	- directly and/or through coordination mechanisms. - Direct support should be accompanied by more support to CSOs to ensure compliance with GAVI requirements. - Prior assessment of CSO's financial management capacity is essential before funding them directly.
Routing via GAVI Partners	
Total: 9 - CSOs (received CSO support): 4 - CSOs (not received CSO support): 2 - GAVI Partners: 2 - Donor org./ Foundation: 1	- Where CSO funds have been routed through GAVI Partners, as in Pakistan, this has been effective. - Structured agreements between GAVI, Partners, governments and CSOs should be in place to ensure all parties work together.

Another proposed method of channelling funds to CSOs, although not widely commented on, was via the GAVI CSO Constituency, who are well positioned to address CSO needs. Another comment recommended the Global Fund's dual-track financing approach – this response is included in the 'direct support to CSOs category.

Question 1.8: The GAVI Alliance (Secretariat and Partners) have sufficiently publicised the CSO window and encouraged eligible countries to apply.

Figure A5.11: Summary of responses to Question 1.8



While respondents generally agreed that the GAVI Secretariat and Partners have sufficiently publicised the CSO window and encouraged eligible countries to apply, a large number of respondents were either neutral or disagreed. Donor organisations/ foundations and CSOs that have not received CSO support viewed this statement more negatively than other groups.

Comments provided are summarised below:

- ± Publicity has been variable and inconsistent at the country level. Stakeholders in DRC and Togo reported that the programme was publicised adequately, whereas a stakeholder in Burundi reported that the programme was publicised but the objectives were not

adequately conveyed. By contrast, a stakeholder from Pakistan reported that many stakeholders were still unaware of the CSO window.

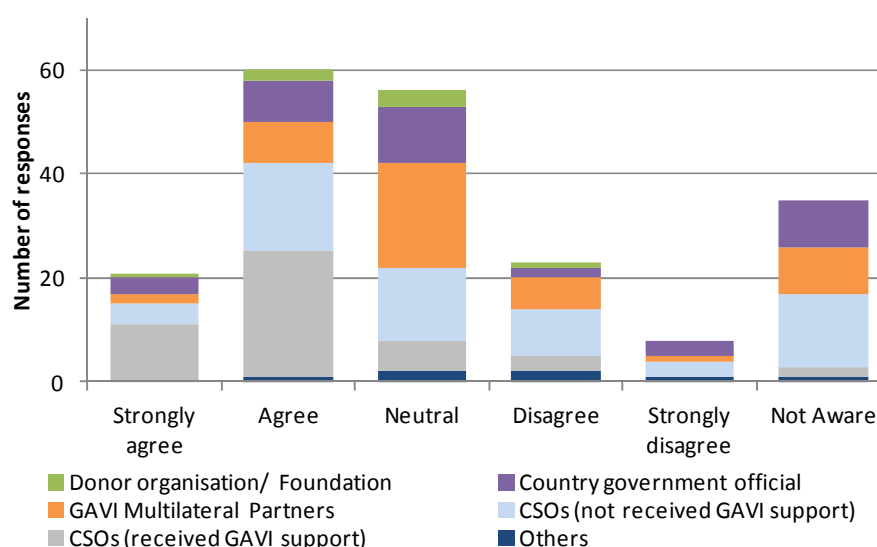
- Slow uptake of CSO support is partly due to publicity but also the complex application process and low levels of available funding.

Recommendations to GAVI include:

- Efforts could be improved to raise awareness of GAVI and the CSO programme in particular.

Question 1.9: Coordination between CSOs and government in countries has improved, as a result of GAVI Type A support.

Figure A5.12: Summary of responses to Question 1.9



The majority of respondents to this statement either agreed or expressed a neutral opinion. While the majority of CSOs that have received CSO support either agreed or strongly agreed with this statement, the largest response among country government officials and GAVI Partners was neutral, suggesting that Type A support may have not improved coordination between CSOs and government in all settings. A high proportion of respondents were also not aware, the majority of which were from CSOs that have not received GAVI CSO support, followed by GAVI Partners and country government officials from countries that have not been approved for Type A or B support.

A common theme across the comments was that there is further need for enhanced collaboration between government and CSOs, although on a country by country basis (e.g. there is already strong coordination between government and CSO in the Americas).

Specific comments provided are summarised below:

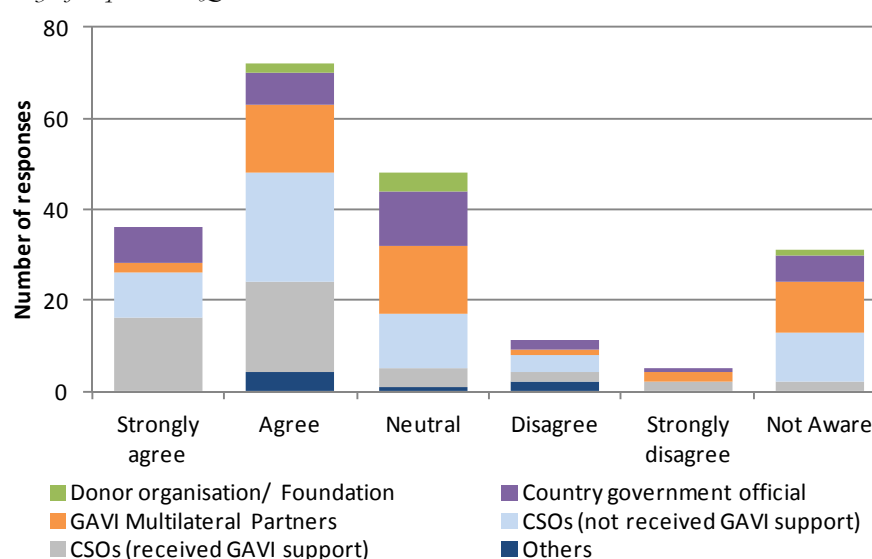
- + One stakeholder from Togo noted that Type A support has enabled them to participate in other high-level forums, such as the IHP+ and Campaign for Accelerated Reduction of Maternal and infant mortality in Africa (CARMA) discussions.
- ± While Type A support is regarded as a good idea, the implementation has had mixed results, with some countries finding that government has been increasingly willing to

involve CSOs in public health issues (e.g. Ethiopia, Afghanistan, Pakistan and Ghana) and others finding that Type A support has done little to improve coordination (e.g. DRC)

- ± Exogenous factors (such as constitutional amendments in Pakistan, the establishment of sectoral coordination committees in Togo, and decentralisation in many African countries) have also contributed to improved coordination between government and CSOs, making attribution to Type A support difficult.

Question 1.10: GAVI CSO Type B support has contributed to the delivery of the country's immunisation and health systems priorities.

Figure A5.13: Summary of responses to Question 1.10



As Figure A5.13 shows, most respondents strongly agree or agree (and very few disagree or strongly disagree) that Type B support has contributed to the delivery of the country's immunisation and health systems priorities. CSOs that have received GAVI CSO support responded most positively while a relatively high percentage of respondents were not aware: the majority of which were from CSOs that have not received GAVI CSO support, GAVI Partners and country government officials from countries that have not been approved for Type A or B support. As in Question 1.9, a large number of respondents expressed a neutral opinion to this statement, the largest groups being donors, country government officials and GAVI Partners. However, more generally, responses to this question are more positive than responses to Question 1.9.

A summary of comments is provided below:

- + Type B support has increased immunisation coverage and reduced dropout rates (e.g. in Pakistan, Ethiopia, Afghanistan and DRC).
- + Type B support has contributed towards other health systems priorities (e.g. the achievement of MDG4 in Ethiopia).
- ± It is difficult to assess the national level impact of Type B support at this early stage.

- ± The available funding for Type B support was too small to affect national immunisation systems and health systems policies, however, the programme has had an impact at local levels.
- ± The results of Type B support vary from country to country.
- The poor implementation of Type B support has hampered results (e.g. Afghanistan).

4. Analysis of responses: Section 2

Section 2 was completed by respondents from countries that have received Type A or/and Type B CSO support. In this section we draw on responses to both Questions 2.1 and 2.2 (presented as 2.1A and 2.2A for answers referring to Type A support, and 2.1B and 2.2B for answers referring to Type B support) to present the strengths and weaknesses of Type A and B support.

Question 2.1A: What are the key strengths of Type A support/ what has worked well?

A total of 43 respondents gave comments (83 comments were received in total¹⁰) to this question, of which 4 CSOs have not received GAVI CSO support (from Georgia, Ghana and Ethiopia), 22 were from CSOs that have received support (from countries including Afghanistan, Pakistan, Ghana, Ethiopia and DRC), 6 country government officials (from Afghanistan, Ethiopia, Ghana, Indonesia and Togo), 1 donor organisation (based in Ethiopia), 8 GAVI Partners (from Afghanistan, Ethiopia, Indonesia, DRC and Togo) and 2 others (from Pakistan).

Table A5.2A: Summary of responses to Question 2.1A

Number of responses	Reasons for advocating
Strengthened coordination of CSOs	
Total: 29 • CSOs (received CSO support): 14 • GAVI Partners: 5 • Country government official: 6 • Other: 4	• CSOs have strengthened their coordination between themselves and with other stakeholders including the MoH, donors and multilateral organisations.
Identification and mapping of CSOs	
Total: 23 • CSOs (received CSO support): 11 • GAVI Partners: 6 • Country government official: 1 • Other: 5	• The mapping exercise has been extremely useful and has helped CSOs coordinate between themselves as well as inform the government of their existence and strengths.
Capacity building of CSOs	
Total: 7 • CSOs (received CSO support): 4 • GAVI Partners: 2 • Country government official: 1	• CSO capacity has been improved in a number of areas, including financial management; GAVI processes; resource allocation; and grant applications.

¹⁰ Three separate comment boxes were available for each respondent to complete.

Other strengths of Type A support that were noted, include: allows CSOs to demonstrate their credibility to government; increases awareness of immunisation and MCH; and helps to develop innovative ideas for health care delivery. Type A support also provided an opportunity for CSOs to feedback to government on various health sector issues, outside of Type A/ B activities.

Question 2.2A: What are the main weaknesses of Type A support/ what has not worked well?

A total of 35 respondents provided comments to this question (55 comments were received in total¹¹), of which 19 were from CSOs that have received support (from countries including Afghanistan, Pakistan, Ethiopia, and DRC), 1 CSO that has not received support (from Burundi), 5 country government officials (from Afghanistan, Ethiopia, Ghana and Togo), 1 donor organisation (based in Ethiopia), 7 GAVI Partners (from countries including Ethiopia, Indonesia and DRC) and 2 others (from Pakistan).

The main weaknesses which were commented on are detailed below:

- *Lack of increased coordination and representation.* Some respondents indicated that there has been no increase in coordination between CSOs and representation of CSOs on the health sector coordination committees. Where there has been some increase in coordination, there have been problems sustaining this.
- *Lack of follow-on activities.* After the mapping exercise, there were no resources to further strengthen the collaboration between CSOs and government.
- *Incomprehensive mapping exercise.* In particular, more resources could have been used to effectively map CSOs; the mapping exercise did not verify CSO activities and led to some CSOs overstating their involvement, while others were neglected; and some CSOs experienced difficulties in communicating with the people conducting the mapping exercise.
- *Focused on central government.* CSO support should be more focussed on dealing with sub-national governments, particularly where countries have decentralised governance structures. Rather, the CSOs have had to deal with an often unfamiliar, and bureaucratic, central government.
- *Funding issues.* The problems noted include: the small size of funding available; delays in disbursement; a lack of an efficient monitoring system for fund management; inadequate financial management by CSOs; and a lack of operational funds for management of the programme.

Other weaknesses of Type A support that were noted but not widely commented on include: funding was directed at governments and not CSOs; there was a lack of flexibility of funding from GAVI which meant that mapping was not done; low commitment from government; activities were not conducted according to timelines; the logical framework of how activities would lead to results was not apparent; low support from CSOs in some countries; and poor management.

¹¹ Three separate comment boxes were available for each respondent to complete.

Question 2.1B: What are the key strengths of Type B support/ what has worked well?

A total of 44 respondents provided comments to this question (105 comments were received in total¹²) to this question, of which 29 were from CSOs that have received support (from countries including Afghanistan, Pakistan, Ethiopia and DRC), 3 country government officials (from Afghanistan and Ethiopia), 1 donor organisation (based in Ethiopia), 9 GAVI Partners (from countries including Afghanistan, Burundi and Togo) and 2 others (from Pakistan).

Table A5.3B: Summary of responses to Question 2.1B

Number of responses	Reasons for advocating
Increased health sector performance	
Total: 28 • CSOs (received CSO support): 13 • CSOs (not received CSO support): 1 • GAVI Partners: 7 • Country government official: 6 • Other: 1	• Type B support has increased health sector performance in a number of ways, including: increasing immunisation coverage (particularly in hard to reach areas); reducing dropout rates; and by targeting key gaps in the health sector and EPI programmes.
Increased coordination of CSOs	
Total: 16 • CSOs (received CSO support): 14 • GAVI Partners: 1 • Other: 1	• Type B support has increased the coordination of CSOs through: leading to a network of CSOs being established; and allowing CSOs to coordinate more efficiently with government health workers.
Increased community awareness of immunisation	
Total: 10 • CSOs (received CSO support): 7 • CSOs (not received CSO support): 2 • GAVI Partners: 1	• Activities undertaken as part of Type B support have focused on community mobilisation (in particular, involving community leaders) which has led to increased uptake of immunisation.
Strengthened capacity of CSOs	
Total: 7 • CSOs (received CSO support): 5 • Country government official: 1 • Other: 1	• Type B support has improved the knowledge and skills and CSOs to provide quality immunisation services and more generally empowered CSOs.

Comments also indicate that Type B support has also improved / increased: coordination between GAVI and country governments; government awareness of CSOs' capacity and the need to immunise hard to reach areas; effective monitoring systems; and efficient delivery of activities. CSOs also commented that Type B support, through its flexible nature, has allowed them to work in their specialist areas.

¹² Three separate comment boxes were available for each respondent to complete.

Question 2.2B: What are the main weaknesses of Type B support/ what has not worked well?

A total of 39 respondents provided comments to this question (76 comments were received in total¹³) to this question, of which 4 CSOs have not received GAVI CSO support (from Burundi and Georgia), 25 were from CSOs that have received support (from Afghanistan, Pakistan, Ghana, Ethiopia, and DRC), 2 country government officials (from Afghanistan and Ethiopia), 1 donor organisation (based in Ethiopia), 6 GAVI Partners (from Afghanistan, Ethiopia, DRC and Togo) and 1 others (from Pakistan).

The main weaknesses which were commented on are detailed below:

- *Funding issues.* Similarly to the weaknesses identified with Type A support, the problems noted include: the small size of funding available; delays in disbursement; a lack of an efficient monitoring system for fund management; inadequate financial management by CSOs; and a lack of operational funds for management of the programme.
- *Short programme duration.* The short programme duration makes it difficult for CSOs to be able to demonstrate results. It also undermines long-term strategic health sector planning.
- *Government bureaucracy.* This has further delayed the implementation of the programme in some settings.
- *Monitoring and evaluation.* Some respondents commented that there had been weak supervision of CSO activities and verification of coverage claims. In some cases this may have been due to insecurity in project areas.
- *Selection of CSOs.* Some respondents indicated that some CSOs were created when GAVI funds became available and were not existing, experienced CSOs. In addition, GAVI guidelines for selecting CSOs were difficult to comply with.

Other weaknesses of Type B support that were noted but not widely commented on include: lack of managerial support; some funds were provided to purchase equipment which duplicated government activities; failure to align activities with other GAVI programmes, in particular the HSS programme; some CSOs worked to mobilise communities but did not deliver immunisations which led to frustration at the community level; funds were fungible at the country level; and re-programming funds for other uses after approval was difficult.

Question 2.3: Are there any lessons for GAVI from other donor support in your country for CSOs that have worked well?

A total of 28 respondents provided comments to this question, of which 17 were from CSOs that have received support (from countries including Afghanistan, Pakistan, Ethiopia and DRC), 7 were from CSOs that have not received support (from Burundi, Georgia, Ghana and Ethiopia) and 4 GAVI Partners (from Afghanistan, Ethiopia, Indonesia, DRC and Togo).

The most common lessons provided from the experience of other donors, including USAID, the Netherlands, EC and Global Fund, are listed below:

¹³ Three separate comment boxes were available for each respondent to complete.

- *Scale up CSO support.* CSO support should be scaled up to levels that are comparable with other donors and to areas where it is required. Funding should also include an allowance for administrative expenses.
- *Support CSOs directly.* GAVI should engage and provide funding to CSOs directly to reduce delays caused by government and allow the programme to have more of an impact.
- *Increased communication with CSOs.* GAVI should dedicate more resources to dealing with CSOs directly.
- *Increased ability to re-programme funds.* This would reduce delays caused if the use of funds needs to change mid-way through the programme.
- *CSOs should be assessed in advance.* GAVI should assess the capacity of CSOs prior to providing support to ensure they are capable of managing grants.

Question 2.4: Do you have any suggestions to improve the structure of GAVI's support to CSOs? Some examples include whether GAVI's support to CSOs could be merged with other GAVI cash-based programmes; or if GAVI's funding to CSOs could be more performance based.

A total of 38 respondents provided comments to this question, of which 21 were from CSOs that have received support (from countries including Afghanistan, Pakistan, Ethiopia, Ghana and DRC), 6 were from CSOs that have not received support (from Georgia, Burundi, Ghana and Ethiopia), 3 country government officials (from Ethiopia, Ghana and DRC), 7 GAVI Partners (from Afghanistan, Ethiopia, Indonesia, DRC and Togo) and 1 other (from Pakistan).

Responses to this question were overwhelmingly in favour of GAVI providing performance based funding to CSOs. This would incentivise CSOs to undertake their activities appropriately, motivate staff and also penalise poor performers. Other suggestions are provided below:

- *Create agreements between stakeholders.* Contractual agreements should be in place between GAVI, government, GAVI Partners and CSOs to ensure that all stakeholders are aware of their role.
- *Support CSOs directly.* GAVI should engage and provide funding to CSOs directly to reduce delays caused by government and allow the programme to have more of an impact. The government should also be engaged in monitoring and auditing the CSOs.
- *Increased communication with CSOs.* GAVI should communicate directly with CSOs to identify success factors and problems, rather than relying on GAVI Partners.
- *Funding should be scaled up and provided over a longer term.* CSO support should be increased to allow CSOs to cover larger project areas (or more hard to reach areas) and provided over a longer period to create more visible results at the country level.
- *Type B support should be integrated with other GAVI programmes.* In particular, Type B support could be merged with Type A support and/ or the HSS programme (although one respondent notes that if Type B support was integrated with the HSS programme, there

should be a minimum percentage of funds dedicated to CSOs to ensure they do receive funds).

5. Analysis of responses: Section 3

Section 3 was completed by respondents from countries that did not apply for CSO support.

Question 3.1: Why did your country not apply for GAVI CSO support?

A total of 45 respondents provided comments to this question, of which 11 were from CSOs that have not received support (from countries including Benin, Malawi, Uganda, Vietnam and Senegal), 16 country government officials (from countries including Bhutan, Ivory Coast, Haiti, Honduras, Nicaragua and Zambia), 1 donor organisation (from Benin), 17 GAVI Partners (from countries including Djibouti, India, Somalia, South Sudan and Zimbabwe). Responses to Question 3.1 are summarised in the table below.

Table A5.4: Summary of responses to Question 3.1

Number of responses	Comments included
Lack of awareness	
Total: 19 - CSOs (not received CSO support): 7 - GAVI Partners: 4 - Country government official: 7 - Donor org./ Foundation: 1	CSOs were not aware of the opportunity.
Lack of relevant CSOs	
Total: 6 - GAVI Partners: 4 - Country government official: 2	Comments included: governments are unaware of relevant CSOs working in immunisation; there are no CSOs working specifically on immunisation in some countries; CSOs are not interested in immunisation; and there is no appropriate forum for the government to engage with the CSOs.
Lack of relevance	
Total: 6 - CSOs (not received CSO support): 1 - GAVI Partners: 3 - Country government official: 2	Comments included: CSOs already advocate for immunisation; governments are not convinced that this support is necessary; and many countries have well functioning immunisation programmes that do not need CSO involvement.
Lack of available funding	
Total: 3 - CSOs (not received CSO support): 1 - GAVI Partners: 1 - Country government official: 1	Funding was considered too small given the objectives of CSO support, and the effort required to apply for support.

Other reasons why countries did not apply for CSO support, which were not widely commented on, include: the heavy administrative burden of the proposal, approval and reporting processes; lack of capacity in the MoH to manage the programme; the window would have been more

appealing if government did not manage the funds; other competing priorities in the health sector; and other forms of GAVI grants are (currently) suspended.

Question 3.2: What could GAVI do differently in terms of the programme to encourage your country to apply?

A total of 37 respondents provided comments to this question of which 11 were from CSOs that have not received support (from countries including Benin, Cambodia, Central African Republic, Mali, Malawi and India), 14 country government officials (from countries including Bhutan, Ivory Coast, Haiti, Nicaragua, Nigeria, Sri Lanka and Tajikistan), 1 donor organisation (from Benin) and 11 GAVI Partners (from countries including Lesotho, Djibouti, Somalia and Zimbabwe).

The most popular suggestion was for GAVI to increase awareness of the CSO programme among CSOs and country governments. It was noted that there had been a lack of awareness among CSOs in many countries, particularly where there is tension between government and CSOs.

Other suggestions are noted below:

- *Support CSOs directly.* GAVI should engage and provide funding to CSOs directly to reduce delays caused by government, although they should be informed of CSO activities.
- *Provide guidance to CSOs.* GAVI should provide guidance to CSOs to help them apply for support to GAVI directly.
- *Advocacy.* GAVI should advocate for CSO support among GAVI Partners and government to ensure that the programme is considered important.
- *Simplification of GAVI processes.* GAVI should simplify the application and reporting processes, including the format of the APRs, to reduce administrative burden.

Other comments include: GAVI should ensure it shows commitment to the programme and ensure that the programme is transparent and accountable; GAVI should work to reduce government bureaucracy to make the process of receiving funds less cumbersome; and funding to CSOs should be performance based.

Question 3.3: Although your country did not apply for CSO support, would there be interest from CSOs for this funding in the future?

A total of 42 respondents provided comments to this question, of which 12 were from CSOs that have not received support (from countries including Benin, Cambodia, Uganda and Senegal), 15 country government officials (from countries including Haiti, Nigeria, Sudan and Tajikistan), 1 donor organisation (from Benin), 14 GAVI Partners (from countries including Djibouti, Mauritania, Timor-Leste, Uganda and Zimbabwe).

Of the 42 responses to this question, 37 stated that there would be interest from CSOs for this funding in the future. 3 stated there would possibly be interest from CSOs and 2 stated that there would not. These responses came from a range of African, Latin American, Middle-Eastern and Asian countries.

6. Limitations to the analysis

There are a number of limitations to the e-survey analysis which should be understood when interpreting its results. These are noted below:

- *Respondent profile.* The e-survey was targeted at respondents who are based in GAVI eligible countries. While the e-survey was circulated to all GAVI eligible countries, responses have only been received from 42 GAVI eligible countries. Responses have also been received from 14 non-GAVI eligible countries, including donor countries – while these country respondents were not specifically targeted, their responses are included in the analysis.
- *Number of responses.* While 203 responses from a broad range of backgrounds is useful to solicit views on the programme as a whole, we recognise that this is not a comprehensive assessment.
- *Categorisation of comments.* The extent to which the comments to questions in the e-survey were useful has varied. Where one word comments have been provided, the meaning of the comment may not always be clear. As such, we have used our judgement, based on the information provided, to categorise comments and present their meaning in the context of the question.

ANNEX 6: INFORMATION COLLATED FROM COUNTRY PROPOSALS AND APRs

This annex presents information collated on Type A support from country proposals and APRs, including: (i) implementation approaches for Type A support in countries; (ii) analysis of use of Type A funds (note that we present our methodology here and actual results in the main report); and (iii) summary of Type A extension proposals. The information has been supplemented (and corrected, where relevant), from the information collated in the country visits.

Implementation of Type A support in countries

This section provides summary information on country implementation of Type A funding.

Table A6.1 summarises the processes for carrying out the mapping exercise and nominating CSOs on country HSCC and ICC. Table A6.2 presents the key issues that countries have faced in implementing the support, drawn primarily from the country APRs.

Table A6.1: Approaches to implementing Type A support

Country	Description of mapping process	Description of nomination process
DRC	A consultant was proposed to conduct the mapping exercise under the coordination of a local NGO ¹⁴ . Mapping involved data collection through a questionnaire and interviews with CSOs.	CSOs working in relevant fields were invited to provincial and national coordination meetings where representatives were chosen. <i>However it is not clear from the country visit if Type A funds were used specifically for this process.</i>
Ethiopia	The proposal is to develop a database from existing sources and identify modalities for information sharing going forward. <i>The mapping exercise has not been completed as yet.</i>	The APRs note that: (i) CRDA ¹⁵ , were nominated to the ICC and CJSC through ‘practicality and need’, not a voting system; and (ii) CRDA and CORHA ¹⁶ have also been nominated to a new governance structure, the Joint Consultative Forum (JCF) which supports the MoH. <i>However, our understanding from the field visit was that these organisations were part of the HSCC and ICC before Type A funding was introduced.</i>
Burundi	The mapping exercise will be conducted in 3 phases by a committee nominated under the MSPLS ¹⁷ , involving: (i) press releases requesting	Identified CSOs to be invited to a workshop to elect representatives to the national level coordination mechanisms.

¹⁴ The DRC Association of Rotary Clubs (ARCC).

¹⁵ Christian Relief Development Association. CRDA is an umbrella organisation and has wide experience of being contracted by donors as well as sub-contracting implementing CSOs

¹⁶ The Consortium of Reproductive Health Associations.

¹⁷ Ministère de la Santé Publique et de la Lutte contre le Sida

Country	Description of mapping process	Description of nomination process
	CSO portfolios, (ii) processing the received portfolios (iii) portfolio analysis will exclude irrelevant CSOs. <i>The mapping exercise has not been completed as yet.</i>	
Ghana	The mapping includes: (i) a desk-based review of existing databases from previous attempts at mapping; (ii) data collection through questionnaires and interviews; and (iii) validation of information. <i>It is unclear if the mapping process has been completed.</i> ¹⁸	The nomination process planned to select one CSO from 3 umbrella CSO organisations by developing selection guidelines and staging an election process.
Georgia	Mapping includes: (i) developing data collection tools; (ii) data collection information from existing sources and questionnaires; and (iii) interviews with relevant CSOs.	CSOs identified during the mapping exercise would be invited to join the ICC according to country needs and according to pre-defined criteria.
Afghanistan	Questionnaire was developed and data was collected through Provincial Health Coordination committee meetings at the provincial level and direct interview were conducted at the central level.	CSOs invited to mapping workshop to nominate CSO representatives
Pakistan	Govt. of Pakistan issued an expression of interest for the CSOs to apply. A consultant was hired to evaluate the applications. He visited the office of each CSO to verify the information.	Each of the 3 clusters nominated one CSO as their coordinator. All are nominated to sit on NHSCC ¹⁹ on a rotational basis
Indonesia	SIMTO LESTARI was selected to conduct the mapping exercise. The mapping exercise involved data collection through internet sources/direct visits/meetings with representatives of CSOs	40 CSOs were shortlisted in accordance with their involvement in health sector. From these, CSOs were asked to submit proposals to be part of HSCC. 14 CSOs submitted the proposal and all were selected ²⁰ .
Togo	Conducted workshops, developed data collection tools for identifying the CSOs. The mapping exercise involved conducting methodological workshops, pre-testing of data collection tools, searching for CSOs and data collection and tabulation, processing and analysis of the data.	CSO proposals for nomination to the HSCC were received following an initial call for EOIs through the press. A selection commission was established which included a range of high-level stakeholders, including representatives from the MoH, WHO and UNICEF. The proposals were evaluated against pre-determined selection criteria and conditions.
Cameroon ²¹	The mapping exercise was proposed to be conducted in each of the 10	Outcome of the independent consultant's work will help them identify

¹⁸ Information presented in the APRs is unclear and we have not been able to cross-check it with any stakeholders in Ghana.

¹⁹ National Health Sector Coordinating Committee

²⁰ APR 2009 states that 11 CSOs were selected to be part of HSCC

²¹ Information for Cameroon is based on proposal and thus refers to the proposed plans of Cameroon than what was actually undertaken.

Country	Description of mapping process	Description of nomination process
	provinces under the supervision of each Provincial Delegate for Public Health (DPSP). The review/synthesis workshop and the consensus workshop, and the drafting of the report were to be moderated by the independent Consultant under the supervision of the ad hoc committee.	the expected roles of the different stakeholders

Table A6.2: Hurdles identified by countries with regards to the mapping exercise

Country	Disbursement delays from GAVI	Difficulty in sourcing required expertise	Difficulty in covering country span	Insufficient funds	Other
DRC			☑	☑	
Ethiopia	☑	☑	☑	☑	Lack of understanding how the mapping outputs would be used.
Burundi ²²	☑				
Ghana			☑	☑	High illiteracy, lack of facilities and low community cooperation.
Georgia	☑				
Afghanistan					Security issues
Pakistan					Need to create a 'comfort level' between CSOs and MOH and hence the need to carry out this exercise carefully.
Indonesia		☑	☑	☑	
Togo					No difficulties were observed.
Cameroon	☑				

²² Unable to tell in the absence of APR data, however, the 2009 APR indicated there had been delays in disbursements.

Approach to the analysis of use of Type A funds

The country proposals provide a detailed budget for the requested funding, and we have sought to analyse this by cost category. However, it is important to note that countries have not uniformly categorised costs in their proposals for Type A support, and as such, the analysis below is based on a number of assumptions made by CEPA.

Based on a review of how different countries have classified their budget items, we have developed the following standardised categories:

- **Mapping exercise and nomination process costs:** includes planning and coordination meetings and CSO workshops; consultancy fees/ technical assistance; recruitment of consultants to manage the mapping exercise and nomination process; development of questionnaires and other data collection tools; data collection and analysis; finalising and distributing reports; and publicity costs, including costs for press releases by radio and newspaper.
- **Management costs:** includes costs for monitoring and evaluation; administrative support; establishment of a management team; mechanisms for coordination/ communication²³.
- **Other expenses:** includes sundry expenses such as equipment and stationary, communications and transport; banking fees and currency exchange losses; and proposal development costs²⁴.

We were unable to identify costs for all of the above categories in each of the countries. For example, Burundi did not include any costs specifically for management or expenses, so all costs were categorised as mapping exercise and nomination process costs. In addition, DRC, Ethiopia, Indonesia and Pakistan did not separate expense costs, so costs were grouped into the mapping exercise and nomination process cost category.

In summary, for all countries, 75% of the total approved amount was allocated for costs towards the mapping exercise and nomination process. Almost 20% was allocated for management costs and 5% for other expenses. There is however significant variation by country – as presented in Section 4.2 in the Main Report.

²³ This cost was included in Pakistan's proposal for Type A support, however, it is not clear to us what this is for. It is included in the management costs section of the proposal so we have included it in this section for our analysis as well.

²⁴ We understand that some of these monies were used for the development of Type B proposals.

Summary of Type A extension proposals

Table A6.3: Summary of Type A extension proposals

Country	Objective	Activities	Budget	Comments on fund channelling and management
Successful applications				
Afghanistan	Further develop CSO network mechanisms. Enhance CSO capacity to partner with government. Document and enhance the role of CSOs in fragile states.	To establish a network of CSOs (operating as an umbrella organisation) working in the health sector with signed MoUs with the MoH. Orientate CSOs and government with each their ways of working; train CSOs on advocacy; and enhance CSO participation on the HSFP. Undertake a study on the role of CSOs in fragile states; advocate to the MoH for an increased role for CSOs in ICC/ HSCC; include CSOs in HSS and cMYP; and monitor CSOs' activities.	\$215,900	Funding to be provided directly to one CSO who was nominated as the lead organisation.
Togo	Improve CSO capacity and ability to influence policies. Increase CSO participation health and immunisation activities. Improve frameworks for collaboration with CSOs.	Establish a consortium of CSOs; organise regular regional health sector meetings with CSOs; Train CSOs; organise a trip to exchange experiences with CSOs in Mali; provide 22 CSOs with computers; Monitoring and supervise CSOs involved in the HSS programme; and publicise relevant documents and guidelines on government collaboration with CSOs.	\$245,038	Funds to be managed by a CSO, as was the case for the initial Type A programme.

ANNEX 7: ALTERNATE CSO APPROACHES OF COMPARATOR ORGANISATIONS

This annex summarises other donor approaches to supporting CSOs. The comparator organisations covered here are:

- Global Fund
- Stop TB
- USAID
- World Bank
- DFID
- SIDA
- Irish Aid
- Tides

For the purposes of a comparison with GAVI's approach, the Global Fund experience is most relevant.

Table A7.1 Global Fund (GF)

Criteria	Description
Focus of organisation	International financing institution working to attract, manage and disburse resources to fight AIDS, TB and malaria.
Definition of CSO	Associations of citizens (outside their families, friends and businesses) entered into voluntarily to advance their interests, ideas and ideologies; mass organisations (such as organisations of peasants, women or retired people); trade unions; professional associations; social movements; indigenous people's organisations; religious and spiritual organisations; and academic and public benefit non-governmental organisations.
Commencement of CSO support	GF has engaged with and supported CSOs since its inception in 2002 where some initial grants were made to Faith-Based Organisations (FBOs) acting as Principal Recipients (PRs).
Objectives/rationale of support	• Civil society plays a fundamental role in resource mobilisation by securing money that GF needs to finance its funding rounds. • Civil society is often uniquely placed to determine whether the resources which are intended for affected communities are actually reaching and benefiting them. They also play an important role in advocacy and awareness-raising. • Development of a sense of ownership whereby civil society stakeholders inform their counterparts on the work of the GF. • CSO support enables GF to reach beyond the formal infrastructure and provide services to especially vulnerable and far flung communities affected by GF's focus disease areas. • GF engagement with CSOs has traditionally not involved much focus on policy and advocacy strengthening, however, the aim is to focus more heavily on this area in future.
Structure of CSO engagement	• Community System Strengthening (CSS) funding window: proposals can include funding requests for organisational systems development, training and human resource development, mentoring younger community organisations, and systematic partnership building at the local level. This kind of funding may be requested as part of the disease-specific proposal or the HSS cross-cutting component. We understand that while in theory this support was meant to be for CSOs, in practice it has also gone to country governments. • Dual Track Financing (DTF): each proposal should provide for a government and a non-government PR for a disease component. The civil society PRs must meet the same technical, managerial and financial requirements²⁵ as the government PRs. GF is encouraging countries to adopt DTF – if this is not done, countries are asked to provide an explanation for not including CSO PRs. • Most At Risk Populations (MARPS): the GF Board created a dedicated reserve for funding HIV proposals which will focus only on the most at risk populations (MARPs).

²⁵ Further details on these minimum requirements are provided at the end of this table.

Criteria	Description
Size and areas of CSO funding to date	• 57 of a total 271 GF grants went to CSOs as of 2005.²⁶ • 40% of GF resources have to go through programmes implemented by CSOs. • 78% of 230 Round 8 proposals received included CSS activities – 84% of the 108 proposals recommended for funding included CSS. • Almost 50% of Round 8 proposals including DTF – the highest representation of CSOs is within HIV/AIDS components. The majority of proposals recommended for Round 8 funding included DTF (particularly for malaria and HIV/AIDS). For TB, 41% of recommended proposals were DTF.
CSO involvement in programme cycle	• Strengthening the role of civil society in grant overview and implementation are focal areas of GF's strategy. • CSOs receive grants equal to other entities such as private sector organisations and governments. • CSOs are represented on the Country Coordination Mechanisms (CCM) that submit grant proposals to the GF and nominate a PR. • Throughout the eight regions in which the GF has grants, CSOs are proving to be effective implementers. In 2006 83% of civil society PRs were rated A or B-1 - the largest percentage of A and B-1 ratings of all entities involved in grant implementation. • In Eastern Europe, CSOs involved in HIV programmes manage 60% of all GF grants and 50% of the financial resources. • Both the DTF model and the multiple-PR model have become effective mechanisms for utilising existing capacity in a given setting.
Funding approval procedures	• CSOs have to follow the same application process for grants as other PRs. • The GF calls for proposals following which the CCM prepares a proposal based on local needs and financial gaps. GF's partners such as Roll Back Malaria (RBM), UNAIDS, etc. provide technical assistance during proposal development and writing. The CCM nominates 1-2 PRs as part of the proposal. The Secretariat reviews proposals to ensure they meet eligibility criteria, and forwards all eligible proposals to the Technical Review Panel (TRP) for consideration. The TRP makes recommendations to the Board, which then approves grants. The Secretariat and PR negotiate the grant agreement, following which the first disbursement is made.²⁷
Funding channels	• Funds flow directly to CSOs.
CSO reporting requirements	• CSO PRs have to meet the same reporting requirements as other PRs (see notes below this table for requirements to be satisfied prior to funding). • The PR is required to submit updates on programmatic and financial progress when it makes periodic disbursement requests. Local

²⁶ United States Government Accountability Office (2005): "The Global Fund to fight AIDS, TB and Malaria is responding to challenges but needs better information and documentation for performance-based funding"

²⁷ Global Fund's application process has been outlined at <http://www.theglobalfund.org/en/rounds/applicationprocess/>; it is assumed that the same applies to CSOs.

Criteria	Description
	Fund Agents (LFA) verify the information submitted and recommend disbursements. • The PR is also required to submit fiscal year progress reports and annual audits of programme financial statements to the Secretariat through the LFA.
Monitoring and Evaluation/ Output indicators	• GF has recently added new tools, particularly in the area of M&E, such as an M&E toolkit²⁸, a strengthening tool²⁹ and top ten indicator cards.³⁰. • A CSS component has also been introduced which directly channels funds to build the capacity of CSOs working at the community level. • GF has established a team of 11 professionals to support its work with CSOs and has managed a large database of CSOs in all recipient countries. • GF is in the process of developing a CSS M&E framework. Grant Performance Ratings evaluate grant performance and form the basis of future disbursement decisions. This is calculated based on indicator ratings (Top Ten and other indicators) through a Grant Rating Tool in the Grant Management System. Following this, management issues in the four functional areas are identified, and an overall rating is derived. Finally, the Indicator Disbursement Range is determined and the disbursement amount is decided.
Governance	• CSOs participate actively in GF's decision-making and management. • Civil society members hold three seats on the GF Board, namely the Developed Country NGO, the Developing Country NGO and the Communities Affected by the Diseases delegation. Each of these constituencies have full voting rights. Civil society is also represented on the various committees of the GF (such as the GF Policy and Strategy Committee). • There is a Civil Society Team at the GF Secretariat. Each member of the team is responsible for different regions in which the GF has

²⁸ Available at: http://www.theglobalfund.org/documents/me/M_E_Toolkit.pdf

²⁹ http://www.theglobalfund.org/documents/me/ME_Systems_Strengthening_Tool.pdf

³⁰ Top ten indicators for routine Global Fund reporting: (i) Number of adults and children with advanced HIV infection currently receiving antiretroviral therapy (ii) Number of (a) new smear-positive TB patients detected, (b) new smear-TB patients who were successfully treated and (c) laboratory-confirmed MDR-TB patients enrolled in second-line anti-TB treatment (iii) Number of (a) insecticide-treated nets or re-treatment kits distributed to people and (b) households (or structures or walls) in designated target areas sprayed by indoor residual spraying in the past 12 months (iv) Number of people with fever receiving anti-malarial treatment according to national policy (specify artemisinin-based combination therapy versus other therapy) (v) Number of women and men aged 15-49 years who received an HIV test in the last 12 months and who know their results (vi) Number of HIV-positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission (vii) Number of condoms distributed (viii) Number of people benefitting from community-based programs: specify (a) care and support including orphan support, home-based management of malaria and directly observed therapy (DOT); (b) behaviour change communication outreach activities including specific target groups; and (c) disease prevention for people most at risk (except behaviour change communication) (ix) Number of TB patients who had an HIV test result recorded in the TB register (x) Number of people trained for improved service delivery in HIV, TB and malaria (specify (a) health facility or (b) outside facility). There is also a set of top ten indicators for medium-term outcome and impact in the M&E toolkit.

Criteria	Description
	grants, facilitating regular contact with civil society networks, and providing clearer channels of communication with civil society representatives at the regional and country levels. • The civil society representatives collaborate with the government and private sector on the CCM to decide crucial programmatic and policy outcomes, and work to scale up prevention and treatment programs. Civil society representatives on the CCM work to ensure that the point of view of their constituency is taken into account and applications from CSO PRs are considered seriously. This enables broader participation from civil society.
Key challenges	• While the inclusion of CSS activities is thought to strengthen country proposals, this funding window is considered underutilised. • Questions have been raised regarding the clarity of guidance, timing of support, information, outreach and knowledge regarding this type of support among community based CSOs. • Need for technical and financial assistance in the preparatory process. • Lack of critical mass of CSO advocates for malaria, reflected in the relatively low success rate for malaria proposals per round and the development of the capacity of civil society in the longer run to take on a stronger implementing role. • Civil society stakeholders continue to report the difficulty of accessing up-to-date and easily digestible information on the GF and its procedures in determining how civil society groups are represented and accountable in country processes. • GF support has been primarily to international NGOs, rather than local NGOs, implying to limited knowledge transfer. This has primarily been because the Global Fund grant sizes are large and require considerable management capacity. Some international NGOs have included local NGOs as sub-recipients. • The diversity of CSOs has been a challenge for GF, in terms of organising their engagement with CSOs.

Minimum Requirements to be satisfied by the PRs to qualify for funding:

The Global Fund has prescribed minimum requirements for PRs in four areas:

I. Financial management and systems that:

- (i) Can correctly record all transactions and balances, including those supported by GF;
- (ii) Can disburse funds to sub-recipients and suppliers in a timely, transparent and accountable manner;
- (iii) Can support the preparation of regular reliable financial statements;
- (iv) Can safeguard the PR's assets; and
- (v) Are subject to acceptable auditing arrangements.

II. Institutional and programmatic arrangements that include:

- (i) Legal statement to enter into the grant agreement with GF;
- (ii) Effective organisational leadership, management, transparent decision-making and accounting systems;
- (iii) Adequate infrastructure and information systems to support proposal implementation, including the monitoring of performance of sub-recipients and outsourced entities in a timely and accountable manner; and
- (iv) Adequate health expertise (HIV/AIDS, TB and/or malaria) and cross-functional expertise (finance, procurement, legal, M&E).

III. Procurement and supply management systems that can:

- (i) Provide a basic procurement supply and management plan which outlines how the PR will adhere to GF's procurement principles, which include, competitive and adequate purchasing, adequate quality assurance, compliance with national laws and international agreements, appropriate use of health products, mechanisms for monitoring the development of drug resistance where necessary, and accountability safeguards;
- (ii) Deliver to the end-user adequate quantities of quality products in a timely fashion (especially in the area of health products) that have been procured through a transparent and competitive process; and
- (iii) Provide adequate accountability for all procurement conducted.

IV. M&E arrangements that can:

- (i) Collect and record programmatic data with appropriate quality control measures;
- (ii) Support the preparation of regular reliable programmatic reports; and
- (iii) Make data available for the purpose of evaluations and other studies.

(Available at: www.theglobalfund.org/documents/6_pp_fiduciary_arrangements_4_en.pdf)

Table A7.2: Stop TB

Criteria	Description
Focus of Stop TB and Challenge Facility for Civil Society (CFCS)	Stop TB works to accelerate elimination of TB by promoting research and development (R&D) and increasing access to effective diagnosis, treatment and cure. CFCS assists grass-root CSOs by providing grants and supporting project implementation.
Eligibility of CSOs	To be eligible for a Challenge Facility grant, an organisation must: • have a basic management structure and processes in place; • be solvent, with current funding sources for the organisation clearly stated; • represent and serve an identifiable community, such as people living with TB, MDR-TB, TB/HIV, women, children, poor/neglected communities, or people living in remote rural areas; • have a track record of carrying out activities with tangible outputs and outcomes in the area of advocacy or social mobilisation; • have a clearly defined vision, mission and set of objectives; • have links with other development and/or health institutions; and • provide grass roots level support to communities.
Objectives/rationale of support	To provide support to community-based organisations engaged in advocacy and social mobilisation activities seeking to raise awareness and empower communities to fight against TB.
Structure of CSO engagement	• CSOs can apply directly for CFCS grants by filling out an application form. • The proposal should include project objectives, proposed activities/interventions, expected outcomes, workplan, monitoring plan, timeframe, plan for sustainability, planned collaborations and budget details.
Size and areas of CSO funding to date	• 88 grants have been awarded in four rounds. The fifth round for the fund is about to be opened. • Total amount of funds disbursed to date is almost US\$1.6m. • Individual grants range from \$5,000 to \$20,000. • Examples of project activities: capacity-building activities (such as training of own staff of the applicant, interpersonal counselling and communication training of health service providers), awareness building activities (such as developing easily understandable and locally relevant patient information pamphlets, organising community meetings, meetings with government officials, etc.).
CSO involvement in programme cycle	NGOs, affected communities etc. can also apply for other forms of support such as TB REACH (to increase case detection of infectious TB and ensure timely treatment).

Criteria	Description
Funding approval procedures	• The CFCS proposal is reviewed by an independent selection committee comprised of 10 representatives from the communities affected by TB, NGOs from developed and developing countries, National TB Programme (NTP) managers, multilateral and technical agencies. • Following review, the grant is awarded and the first disbursement is made.
Funding channels	Disbursement made directly to grantee.
CSO reporting requirements	The grantee has to submit a mid-term report following which the last disbursement is made. A final report is to be submitted at the end of the project.
M&E/Output indicators	The original proposal includes the proposed activities/interventions, expected outcomes, workplan, monitoring plan, timeframe and a plan for sustainability.
Governance	Of the 34 members on the Stop TB Coordinating Board, 2 representatives are from communities affected by TB, 3 representatives of NGOs and technical agencies.

Table A7.3: USAID

Criteria	Description
Definition of CSO	• Independent, non-governmental realm of citizen activity is termed civil society.
Objectives/rationale of support	• The Agency supports CSOs whose advocacy efforts give voice to citizens and expand their influence on the political process. • Strengthening civil society is increasingly seen as a way to counterbalance excessive authority by governments and economic and political elites, and as a way to encourage more open dialogue about public policy matters too often decided behind closed doors. • A vibrant civil society can provide recourse to justice through the work of human rights groups, especially in post-conflict situations.

Criteria	Description
Structure of CSO engagement	• USAID has employed a range of mechanisms to engage with CSOs. It provides direct funding to a number of CSOs (mostly large international CSOs) but also supports them by engaging management agents such as JSI and Jhpiego in countries. Some examples of USAID programmes with CSOs include the following: ○ USAID provides grants, training and technical support to CSOs through projects such as the Civil Society Advocacy Initiative (CSAI) to support Serbian civil society in its ability to influence public policy, serve as government watchdogs, and conduct sustained advocacy campaigns on a wide variety of reform issues. ○ Another example USAID's Initiative to Promote Afghan Civil Society (I-PACS) encourages the development and growth of a politically active civil society in Afghanistan with an emphasis on women-focused organisations. This is done through technical assistance, capacity building training and grant support to CSOs. ○ In Madagascar, JSI managed USAID's funds. JSI was involved in sub-contracting to local NGOs. ○ In Malawi, USAID has five large bilateral programmes and each has partnered with CSOs for final implementation. ○ USAID is less involved in capacity building of the CSOs. It hires local organisation for this purpose which takes about 10% of the funds as fees to maintain costs/transactions of the support. ○ PACT, a membership organisation for private and voluntary organisations (PVOs) and NGOs, is a leading facilitator of leadership and organisational development for both nascent and established NGOs, local and national governments and businesses. Over the past 10 years PACT has managed over \$100m of USAID funds. PACT also provides USAID-funded sub grant management facilities to other PVOs.³¹
Size and areas of CSO funding to date	• Five focus areas of USAID efforts to strengthen civil society include: creating a legal framework (often called an enabling environment) to protect and promote civil society; increasing citizen participation in the policy process; increasing the financial viability of CSOs; enhancing the free flow of information, especially through support for independent media; and promoting democratic political culture.
Other relevant features	• Faith-Based and Communities Initiatives (FBCI) was established by USAID in 2002 to create a level playing field for CSOs to compete for USAID programs by increasing their capacities and eliminating barriers to these organisations.

³¹ http://www.pactworld.org/cs/who_we_are/what_we_do

Table A7.4: World Bank

Criteria	Description
Definition of CSO	Wide array of non-governmental and not-for-profit organisations, based on ethical, cultural, political, scientific, religious or philanthropic considerations. CSOs therefore refer to community groups, non-governmental organisations (NGOs), labour unions, indigenous groups, charitable organisations, faith-based organisations, professional associations, and foundations.
Year of commencement	- World Bank began to interact with civil society in 1970s through dialogues with NGOs on environment concerns. - World Bank has been working to strengthen its engagement with the civil society since 1981, when its first operational policy note on relations with NGOs was approved by the Bank's Board of Directors.
Objectives/Rationale of support	- Give voice to stakeholders – particularly poor and marginalised populations – and help ensure that their views are factored into policy and program decisions. - Promote public sector transparency and accountability and contribute to the enabling environment for good governance. - Promote public consensus and local ownership for reforms, national poverty reduction, and development strategies by building common ground for understanding and encouraging public-private cooperation. - Bring innovative ideas and solutions, as well as participatory approaches to solve local problems. - Strengthen and leverage development programs by providing local knowledge, targeting assistance, and generating social capital at the community level. - Provide professional expertise and increasing capacity for effective service delivery, especially in environments with weak public sector capacity or in post-conflict contexts.
Structure of CSO engagement	- The Bank facilitates dialogue and partnership between civil society and governments by providing resources, training, technical support, and often playing a convening role. That type of engagement can be best seen in the process of formulation of the country poverty reduction strategies (PRSPs). - The Bank dialogues and consults with CSOs on issues, policies and programs, by listening to their perspectives and inviting suggestions. These interactions vary from consultations on global policies, such as social safeguards and adjustment lending, to discussions on local Bank-financed projects. - The Bank partners directly with CSOs through contracting technical assistance and training services, funding civil society initiatives, and managing joint programmes. There are many examples of active partnerships in the areas of forest conservation, AIDS vaccines, rural poverty, micro-credit, and expanding internet usage.

Criteria	Description
Size and areas of CSO funding to date	Projected CSO involvement in Bank-funded projects has risen steadily over the past decade, from 21% of the total number of projects in fiscal year 1990 to an estimated 78% in fiscal year 2009.
Funding channels	- The World Bank manages several types of funding mechanisms geared to providing funding directly to CSOs, at the global, regional and country levels in a variety of sectors. Most of these funding mechanisms are managed out of the Bank's Headquarters, and some are administered at the country offices. - The Bank also supports CSOs indirectly through governments via mechanisms such as social funds and Community-Driven Development projects. These support a variety of local development activities such as rural development, community health, water delivery, HIV/AIDS prevention, and small enterprise development. - Many of these mechanisms are funded in partnership with other donor agencies, such as the UN and bilateral agencies (e.g. DIFD, CIDA). - Some of these mechanisms only support CSOs, but other fund proposals submitted by government agencies and businesses. - Grants and staff volunteers are provided to CSOs in the Washington area through the Community Outreach Program.

Table A7.5: DFID

Criteria	Description
Definition of CSO	DFID defines civil society as 'the groups and organisations that occupy a position between the household, the state and the private sector'. This includes NGOs, think tanks, trade unions, faith and diaspora groups, social movements and community groups.
Year of commencement	DFID has been focusing on supporting CSOs more recently.
Objectives/Rationale of support	The five objectives underpinning DFID's work with civil society are to: - deliver goods and services effectively and efficiently to improve the lives of poor and marginalised people in developing countries; - empower citizens in developing countries to be more effective participants in development decisions and policies that affect their lives; - enable CSOs to influence, advocate and hold to account national, regional and international institutions and increase aid effectiveness; - work in partnership with other UK Government departments to build support for development; and - build and maintain the capacity and space for an active civil society.

Criteria	Description
Structure of CSO engagement	More than 50% of DFID's work with civil society is supported through country programmes. DFID also supports civil society through its centrally managed funds. All projects and programmes funded are selected by DFID, based on their ability to deliver results and value for money. DFID is also involved in capacity building of CSOs for M&E reporting. DFID provides a range of support to CSOs, including: • Global Poverty Action Fund: Small and medium sized UK-based not for profit organisations are funded to encourage innovative approaches to poverty reduction and to reduce poverty linked to MDGs. • UK Aid March: DFID matches public donations to appeals for projects focused on poverty reduction and pursuit of MDGs. • Common Ground Initiative: Grants are provided for small and diaspora-led organisations in the UK that are working to create real and sustainable changes to the poorest and the most disadvantaged in Africa • Responsible and Accountable Garment Sector Challenge Fund: Grants are made to companies, NGOs or trade unions who commit to demonstrating sustainable improvements in the working conditions of garment workers in countries supplying the UK market • Programme Partnership Arrangements (PPA): PPAs³² are agreements with global CSOs to contribute to the delivery of MDGs. PPAs, subject to performance, provide CSOs with funding for three years. Currently, DFID has PPAs with 39 CSOs. For example, in 2006, DFID established a PPA with the Aga Khan Foundation UK (AFK UK) which aims to ensure that there are a sufficient number of CSOs in quality, geographic distribution and spectrum of activities so that civil society has a positive impact on the life of significant segments of the population. • Civil Society Challenge Fund: With a portfolio of 136 live projects from April 2011, CSCF will close in 2015 after the completion of ongoing projects.. The CSCF supports the work of UK based CSOs in their efforts to strengthen and build the capacity of their partners in the South. The CSCF seeks to fund advocacy and empowerment projects which are aimed at building the capacity of the poor, or the groups who represent them, to have their voices heard. Management of the Fund is contracted out to Triple Line Consulting Limited • Governance and Transparency Fund: The fund has been designed to help citizens hold their governments to account through strengthening the wide range of groups that can empower and support them. More than 400 civil society, media, and other organisations from around the world expressed interest in the fund when it was announced. After an extensive appraisal process, 38 organisations were selected for funding in 2008. DFID also works in partnership with other grant-makers and donors to support civil society. This includes: • The Common Ground Initiative, managed by Comic Relief - supporting African development through UK based small and Diaspora

³² The PPAs are strategic level agreements based around mutually agreed outcomes and individual performance frameworks against which the organisations report on an annual basis.

Criteria	Description
	organisations. • The Disability Rights Fund – supporting the participation of Disabled People’s Organisations in the ratification, implementation and monitoring of the UN Convention of the Rights of Persons with Disabilities in developing countries.
Size and areas of CSO funding to date	DFID works with over 500 international and UK CSOs and has links with many more CSOs in developing countries. Range of funds for programme varies from £4 million to £36 million.
Funding channels	Funding provided through the United Nations, European Commission, World Bank and Regional Development Banks.

Table A7.6: SIDA

Criteria	Description
Focus of SIDA	The overall objective for Sweden's support for civil society in developing countries, as with the CSO strategy, is a vibrant and pluralistic civil society in developing countries that, using a rights-based approach, contributes effectively to reducing poverty in all its dimensions
Definition of CSO	Self-governing organisation characterised by voluntary efforts and which to some degree is independent of any state, municipality and market, as well as conducting its activities without a profit motive, often on the basis of common shared values.
Objectives/Rationale of support	SIDA aims to promote vibrant and democratic CSOs, based on their roles as the voice of poor and marginalised groups, and provider of services such as health and education. SIDA’s support of CSOs is focused on: • Activities that are aligned to the current development cooperation strategy. • The capacity of CSOs to be strengthened by focusing on the development of the organisation’s decision-making structures and systems, internal and external communication, and actual performance. • Organisations and networks that strengthen the role of civil society as an arena for citizens’ engagement, and promoting transparency, cooperation and networking among organisations. • Opportunities that promote CSOs role to influence the design and implementation of poverty reduction strategies, in dialogue with the governments in partner countries.

Criteria	Description
Structure of CSO engagement	SIDA provides two kinds of support: • support for civil society in partner countries: Framework organisations³³ are given certain grants which can pass grants for implementation by organisations within its own constituency. • support for communication by CSOs within Sweden About 500 Swedish NGOs and other groups were involved in development cooperation programmes in more than 100 countries together with more than 2,000 organisations and associations.
Size of CSO funding to date	\$174.5million
Funding channels	Channelled through Swedish framework organisations and their respective development partners
Monitoring and Evaluation/ Output indicators	The framework organisation is responsible for planning, monitoring and assessing the development work that is being conducted

Table A7.7: Irish Aid

Criteria	Description
Focus of organisation	Bilateral agency providing development support to countries.
Definition of CSO	Irish Aid funds non-governmental, non-profit, and civil society organisations with a legal status
Year of commencement of CSO support	Irish Aid has a long history of supporting Irish civil society organisations working to fight poverty, achieve sustainable development, promote human rights and contribute to good governance.
Structure of CSO Support	Irish Aid supports civil society organisations as partners in the attainment of the Millennium Declaration and associated goals for poverty reduction, and in the protection and promotion of human rights. Irish Aid supports CSOs through the Civil Society Fund and also involves CSOs across various other programmes, both globally and in specific countries. • The purpose of Multi-Annual Programme Scheme (MAPS) is to provide predictable funding over a number of years to support the

³³ Types of framework organisations: (i) Umbrella organisations, which prepare and pass on funding applications from their member organisations. It is the latter that sign agreements and cooperate with organisations in developing countries. (ii) Organisations that develop and run their own development cooperation programmes and projects and sign agreements directly with cooperation partners in developing countries.

Criteria	Description
	long term development programmes of the five partner agencies in many of the world's poorest countries. Irish Aid supports five large international CSOs-Concern, Trócaire, GOAL, Christian Aid and Self Help Africa, through MAP scheme since 2003 • Through the Emergency and Recovery fund, Irish Aid supports NGOs which play a valuable role in implementing Irish Aid's humanitarian programmes. The specific goal of the EHAF is to save and protect lives in acute crisis situations. It can be used to finance activities that provide protection for civilians, the delivery of clean safe water, sanitation services, food, shelter, healthcare, or other forms of assistance necessary to sustain life. This funding is through UN partners, the International Red Cross and Red Crescent Movement, and international NGOs. • Civil Society Fund seeks to strengthen the voice of communities and CSOs to influence policy and its implementation at local and international levels. Initiated in 2006, the funding round is open to Irish organisations which meet the eligibility criteria. Where possible, close working relationships with government is encouraged. Irish Aid places value on strong and sustained partnership with local civil society organisations • Development Education Funding Scheme: The Government's official development assistance programme, Irish Aid, wants the Irish public to have the opportunity to be more deeply informed about development and global issues, the role of government and civil society, and to be more critically engaged with Irish Aid programme. This scheme is to provide development education to a wide audience in Ireland by increasing provision of high-quality programmes to teachers and other stakeholders in education sector, including NGOs and civil society partners. In addition, Irish Aid also supports CSOs through specific programmes in countries. For example, in Ethiopia, Irish Aid has supported CSOs in a number of health related projects, in areas such as HIV/AIDS and food security. They have provided funding to CSOs via two channels: (i) direct funding to CSOs; and (ii) funding through Management Agents (MAs).
Size and areas of CSO funding to date	Size of the funding varies across different programmes – e.g. (i) MAPS funding: €56.7 million; (ii) Civil Society Fund: €0.2 million for each application; (iii) Emergency and Recovery: In 2008, Irish Aid provided over €108 million to over 40 countries to meet the humanitarian needs of some of the world's most vulnerable populations. There are no funding limits for this fund; (iv) Development Education Funding Scheme: Minimum grant awarded is €10,000 and the maximum grant available is €50,000
Funding approval procedures	CSOs submit expressions of interest and accounts statements followed by a detailed application.
Funding channels	Consultations with Irish Aid representatives in Ethiopia suggests that they also provide direct funding to local CSOs for their activities. This has been instituted through two different channels: (i) direct funding to CSOs; and (ii) funding through management agents.
Monitoring and Evaluation/ Output indicators	The application submitted is required to have a section on the Results Framework. Organisations receiving grants are responsible for an effective, ongoing monitoring system throughout the course of the funding. They are also subject to field monitoring visits by representatives of Irish Aid.

Table A7.8: Tides

Criteria	Description
Focus of organisation	Tides offers “donor advised funds” ³⁴ and is a ‘social change platform’ that leverages individual and institutional leadership and investment to positively impact local and global communities. Tides has partnered with some of the largest institutions in the philanthropic community including Ford Foundation, the Bill and Melinda Gates Foundation, the World Health Organisation, the William and Flora Hewlett Foundation, Open Society Institute, The California Endowment, and many more.
Year of commencement of CSO support	1976
Area of support	Tides is involved in projects related to civic engagement, community development, economic opportunity, education/training, environmental sustainability, health services/healthcare reform, housing/homelessness, human rights, human services/social services, international development, social justice, sustainable food and agriculture, violence prevention and youth development.
Structure of CSO engagement	Tides does not have discretionary grant making funds and has no open proposal submission process. Rather, it partners with individual and institutional donors who provide funding and direct their own grant making. Tides conducts due diligence on grantees, to determine if the appropriate infrastructure is in place, to ensure that funds are to be used for charitable purposes, and to fulfil government compliance requirements. Many donor programmes are housed at Tides as “fiscally sponsored projects”³⁵, where Tides administers the programmatic operations. They also provide consulting resource for funders looking to improve the efficiency of their grantees through shared non-profit spaces. The range of services offered to donors and institutions is as follows: • Fiscal sponsorship and non profit management: Tides fiscally sponsors approximately 230 projects. Because they are an integral part of Tides and not separate legal entities, projects are able to receive charitable donations and grants available only to tax-exempt organisations. Tides Centre is legally and financially responsible for all projects and activities. Tides also provides infrastructure and non-profit management services to hundreds of non-profit projects nationwide. Their services includes financial, grants, human resources, payroll, and risk management. • Shared Spaces and Services: Tides partners with institutions and individuals to create long-term solutions to the non-profit space crisis and to strengthen non-profit capacity through sharing services.

³⁴ Donor-advised funds are charitable-giving accounts offered by a sponsoring organization that are designed as an accessible, simple, and less expensive alternative to private foundations. Donor-Advised funds are often provided by community foundations and by for-profit financial services companies.

³⁵ Fiscal sponsorship refers to the practice of non-profit organisations offering their legal and tax-exempt status to groups engaged in activities related to the organisation's missions. It typically involves a fee-based contractual arrangement between a project and an established non-profit.

Criteria	Description
	• Consulting: Tides offers consulting and advisory services to ‘define giving strategies’ and to ‘structure a non-profit project’. • Mission related investing: Tides helps merge investment portfolios with philanthropic goals. Through invested donor advised funds and Mission Related Investments (MRIs), clients have supported film and media projects, private equity in green businesses, loans to non-profits, land set aside for preservation, non-profit office space, and domestic and global micro-lending. • Advocacy: Tides partners with funders to support efforts to shift the landscape on health care, immigration reform, same sex marriage, election administration, and other critical issues. • Integrated Services: Tides provides a one-stop shop for sophisticated funders and projects, offering full-service grant making capabilities bundled with back-office administrative services
Size and areas of CSO funding to date	• Since 1976, Tides has managed project and grant making activities totalling more than \$2 billion and have fiscally sponsored more than 800 non-profit projects. • In 2010, Tides received \$123 million in contributions from our individual donors and institutional partners and awarded over \$143 million in grants.
Funding approval procedures	• Tides posts open requests for proposals (RFPs) and/or calls for letters of inquiry (LOIs) related to a specific funding initiative or donor advised fund on its website. • For fiscal sponsorship, organisations/individuals are required to satisfy minimum eligibility criteria and submit a letter of enquiry which is then evaluated by Tides.
Examples of Projects	<i>Community Clinics Initiative</i> • In 1999, The California Endowment turned to Tides to start a \$10m campaign to help community clinics upgrade their computer systems. Eight years later, the ensuing project has awarded over \$80m to clinics in all of California’s counties. • The California Endowment has made only four grants to Tides, from which Tides has awarded 527 grants to clinics throughout the state—reaching 91% of the nearly 200 non-profit clinics and their associations in California. <i>The Catalyst Fund</i> • In 2007, Women of Colour Working Group of the Funders Network on Population, Reproductive Health and Rights came to Tides to launch The Catalyst Fund to address the problem of high reproductive health challenges amongst coloured women. The Ford Foundation and Public Welfare Foundation provided seed funding, and Tides Foundation has provided a home and staffing for the project. • Tides conducted field research to ensure that the Catalyst Fund’s programme are aligned with the interest and capacity of local funding institutions to support the work. As a result, Tides identified eight local funding partners across US. The Fund will provide matching grants to these local funding partners, who will in turn make grants to local women of colour-led organisations.

ANNEX 8: KEY DISCUSSIONS AT BOARD AND PPC MEETINGS ON GAVI CSO SUPPORT

This annex provides a summary of the key issues discussed and conclusions agreed by the Board and PPC with regards to GAVI's support for CSOs. Tables A8.1 and A8.2 summarise the relevant GAVI Board and PPC minutes respectively (full references are included in our bibliography section – Annex 2).

Table A8.1: Summary of GAVI Board minutes on CSO support

Meeting date	Issues discussed	Key Board decisions
Jun 2006	Updates from the Civil Society Task Team were discussed: • Proposals from the Civil Society Task Team were likely to focus on country-based organisations, who do not receive funds from local governments, to increase vaccination. • A civil society constituency needs to be defined before considering proposals to integrate this group within the GAVI governance structure. • CSOs contribution to fragile states, remote and hard-to-reach areas and financial sustainability was noted.	• Endorsed the development of a proposal for future support for civil society partnerships with governments through current and future GAVI windows of support. This proposal was to be developed by the Civil Society Task Team in close collaboration with relevant GAVI Partners and submitted at the November 2006 joint meeting of the GAVI and Alliance Boards.
Nov 2006	The Civil Society Task Team submitted its proposal for supporting civil society. Key discussion points included: • Funding for civil society groups was proposed to be integrated into an existing window such as HSS, to allow for a more harmonised, country-driven approach. • Criteria for this support should allow civil society groups to address country-specific challenges and constraints, with the ultimate goal to reach more children. • Direct consultation with countries will be needed to finalise the 10 pilot countries; inclusion of additional or alternate countries may be explored.	• Approved in principle the provision of additional financing within the HSS window for civil society groups in 10 'pilot' countries, with a two year (2007-08) financial envelope of US\$22 million. • Approved an envelope of up to US\$7.2 million for Type A support. • Requested the Secretariat and the Civil Society Task Team to work with the Working Group to finalise the pilot countries and develop the precise funding mechanisms³⁶.
Nov 2007	N/A	• Endorsed budget for multi-year programmes for CSO support: US\$5,319,000.

³⁶ Decision to approve a budget to support civil society coordination and representation activities at regional and global levels was deferred, pending finalisation of the 2007 budget

Meeting date	Issues discussed	Key Board decisions
		• Agreed for 1 seat at the Board to be held by civil society.
Jun 2008	GAVI's support for CSOs is expected to face some challenges and delays in countries as they work to build relationships with CSOs and design their proposals.	• Endorsed budgets for multi-year programmes for CSO support totalling US\$6,326,000.
Jun 2009	Support to CSOs was discussed as a part of several agenda items, as follows: • <i>Resource mobilisation strategy</i> - support from CSOs is of critical importance for GAVI's resource mobilisation efforts. In making the case for immunisation, GAVI needs to cooperate closely with this constituency. Dr Faruque Ahmed, CSO representative on the Board, expressed his commitment to help GAVI advocate for its cause. • <i>Advocacy and communication strategy</i> – GAVI's advocacy and communications strategy needs to be explicit on how it can work more extensively with civil society. CSOs can play a unique role in advocating for immunisation and creating demand at all levels. • <i>CSO update</i> – important to think of civil society as GAVI pursues innovative financing strategies in the future; GAVI needs to explore why there is low country demand for CSO 'Type A' support; need to review the CSO support in the new GAVI structure, how it can support itself and harmonise with other GAVI support, time limitations (including fund delays), CSO roles in fragile states; and harmonisation of CSOs with HSS, IHP+ and other areas of GAVI collaborations.	• Agreed on the strategic direction of the resource mobilisation strategy; but also agreed additional work needed to be carried out. • Committed to strengthening engagement of all Alliance partners in collective communications and advocacy efforts.
Nov 2009	<i>HSS Joint Platform</i> - With a few exceptions, CSOs have not played a significant role in most countries' GAVI HSS programmes. Going forward, it will be important for GAVI's efforts to ensure that CSOs are adequately included in the planning, financing and implementation activities.	Decided to work with the World Bank, GFATM and WHO to develop a joint platform for HSS, in order to support the delivery of vaccines, in consultation with partner countries, civil society, development and funding agencies.
Jun 2010	The Board acknowledged the positive contributions of CSOs within the Alliance. The Chair also highlighted the important 'watchdog' role that CSOs perform and their ability to hold aid agencies to account for performance. It was noted that there have been delays in approving CSO funding to DRC and disbursements were suspended while FMA checks were being undertaken.	N/A The CEO agreed to resolve this situation and he assured the Board that the process was nearing completion.

Meeting date	Issues discussed	Key Board decisions
Dec 2010	<i>HSS</i> - GAVI should engage more proactively with civil society in administering the HSFP.	N/A
	Presented a video which highlighted some of the challenges to provide immunisation in Ethiopia and how GAVI and other partners have helped to overcome those challenges. There was a concern that Ethiopia project's funding could be terminated.	Secretariat agreed to look into the situation.
Jul 2011	³⁷	Approved an amount of US\$7,214,100 for Type B bridge funding. Should there be a need for further extensions beyond this approved amount, a further request for bridge funding for Type B support will be submitted to the Board for consideration.

³⁷ Minutes of the meeting are not available at present, however we have access to the Board decisions.

Table A8.2: Summary of GAVI PPC minutes on the CSO support

Meeting date	Key discussions	Noted actions
Apr 2009	• Discussion was held on some issues of Type A funding. • There should be transparency in data review regarding ISS. The potential of CSO engagement in monitoring data validity should be reviewed as well as the effectiveness of the CSO support window to date.	While waiting for the evaluation of the CSO window in 2010, the Secretariat should move forward with making changes based on experience to date. The PPC should be kept informed of these changes.
Feb 2010	Summary discussion of the PPC include: • The goals of the CSO programme should be clarified in terms of the contributions made by CSOs towards the three future strategic goals of the GAVI Alliance Workplan. Appropriate Key Performance Indicators (KPIs) (particularly those related to strategy and specifically formulated for CSOs) must be articulated to measure achievements and track progress towards these goals. • The consensus of the Committee was that country GNI per capita should not be included in the criteria for eligibility for CSO funding. • A process to redesign CSO Type A funding is ongoing. However, we know that most of these funds have been used for mapping where CSOs are being used for child health interventions. This information is important from a national government point of view, and also encourages CSO representation in both the HSCC and ICC. It was acknowledged that CSOs play a vital role in community mobilisation and demand generation, which is fundamental to sustainably increasing immunisation coverage and this should be encouraged in future Type A design. • The contributions of the CSO community in terms of the time and effort expended as a development partner were recognised by the PPC. • Capturing lessons learned from the programme to date should be a priority, especially in terms of understanding the programmes that the Alliance would like to reinforce, and the most productive activities that have taken place. • A background paper³⁸ for this meeting included three recommendations from the Secretariat:	• The PPC requested that the Secretariat provide regular updates to the PPC including a verbal update at the October 2010 meeting.

³⁸ Request for decision on no cost extension of Civil Society Organisation (CSO) type A support, background document for PPC meeting, February 2010

Meeting date	Key discussions	Noted actions
	○ Revising the selection criteria to prioritise certain high-needs countries. ○ Approving a no cost extension for two years for Type A support. ○ Exploring innovative mechanisms by which CSOs could receive direct funding in HSFP. • The paper also noted specific problems including the small size of Type A funding, complicated Type A application process, lack of local resources and capacity for countries to apply, unbalanced programme design with funds being given through MoH, low priority for the support within GAVI, marginalisation of indigenous groups due to broad definition of CSOs and lack of adequate time for programme implementation.	
Mar 2010	CSO involvement in the HSFP pilot was discussed: • CSO involvement is already integrated into the Joint Assessment of National Strategies (JANS) assessment tool and CSO support is critical to platform's success. • Actual CSO involvement is very country-specific. The HSS tracking study showed good engagement of CSOs at the implementation level. The main lesson learned there is that when country plans are being developed, the HSCC benefits from the robust engagement of CSOs. • There is no reason why CSOs cannot be funded directly when they are working within the auspices of an endorsed national plan. This 'dual track' financing, will be investigated as the platform evolves over time.	The PPC accepted a number of decision points in relation to the HSFP for recommendation to the Board. The decision points did not relate to the CSO programme specifically.
May 2010	<i>From Peter Hansen's presentation on performance based funding:</i> The dimensions between the Incentives for Routine Immunisation Systems Strengthening (IRIS) and CSO divisions must be clearly defined to set appropriate management expectations for cash based support. GAVI should review the role of Performance Based Funding (PBF) and support innovation as part of the redesign of the window and should ensure that this is explicitly integrated into the joint platform. Further, it was suggested that GAVI should review lessons learned on small grants programmes. <i>Updates from the Secretariat:</i> The CSO Constituency met on 29-30 March and among other issues, discussed the re-design of the CSO window of GAVI support, broader engagement of CSO's from developing and developed countries and increased Board representation.	N/A

Meeting date	Key discussions	Noted actions
Oct 2010	The Civil Society Constituency commented on the GAVI Business Plan as follows: • The Constituency felt that there was a need to revise the plan further particularly with respect to evaluating the role of CSOs based in the south and affiliated with organisations like the African Union (for example). The Constituency recommends examining the role that CSOs can play in advocacy, in discussions with industry and in country-level planning and implementation.	N/A
	Mercy Ahun, Managing Director, Programme Delivery, provided a summary update on a number of issues including an update on the redesign of CSO Type A support.³⁹ The CSO Constituency expressed their concern on outsourcing Type A funds.	There was agreement to have further discussions to resolve the issue.
	<i>Updates from CSO Constituency representative</i> • In March, a large CSO group gathered in Geneva and adopted the structure of the GAVI Constituency. The Constituency is now composed of a broad CSO forum (over 80 organisations registered to date), and a Steering Committee. • The GAVI CSO Steering Committee was elected in June. There are 20 organisations which are members representing northern and southern CSOs. • The CSO Constituency hired a part-time Communication Focal Point (CFP) to help facilitate the work of the Constituency. The CFP is currently hosted at the IFRC headquarters in Geneva • The CSO Constituency representative requested that the PPC assist to identify a donor to financially support the GAVI CSO Constituency structure.	

³⁹ CEPA has not been able to locate the background paper detailing this update.

Meeting date	Key discussions	Noted actions
Mar 2011	• GAVI is investigating how to provide future support to civil society through the HSFP. An evaluation is planned to take place to review results of investments to date and help inform how best to utilise GAVI support moving forward. While the evaluation will not be completed until late 2011, the evaluators would be asked to provide an emerging themes document to enable design work to commence alongside development of the HSFP. • It was noted that there was a request from CSOs to ensure that Type B support is not interrupted prior to transition to HSFP and a proposal for bridge financing was made.	The PPC recommended that following decisions be taken by the Executive Committee, following review by the Audit and Finance Committee: • Extend the Type B window of support (max. US\$5 million) for currently funded CSOs for the GAVI eligible pilot countries by a period of up to 12 months. • Requested the Secretariat to put in place the necessary arrangements for the GAVI eligible Type B CSO support pilot countries to apply for funding under this extension.
May 2011	Committee members requested that WHO and UNICEF work closely with country counterparts when assessing countries with low and stagnating immunisation coverage – and that they engage civil society at the country level in their assessments.	Action items – requested WHO and UNICEF to work with civil society and other in-country partners in their analysis of countries with under 70% immunisation coverage and stagnating countries.
	Points raised/ discussed by Joan Awunyo-Akaba included: • Highlighted CSOs involvement in service delivery but also their lack of involvement in planning and advocacy in GAVI eligible countries. She proposed that GAVI should fully explore how CSOs should be engaged and funded. • Raised concerns over potential interruption of service delivery for countries which will complete their funding after the 12-months bridge funding has been exhausted, but before the HSFP is in place. • Some Committee members proposed that GAVI should investigate moving towards dual track financing for CSOs, others stated that GAVI should not open a new window at this point and advised waiting for the results of the CSO evaluation.	The PPC recommended to the Board that it: • Request the Secretariat to implement bridging mechanisms (including from CSO funding) to ensure funding is available for countries until they can access support through the HSFP. • Request the Secretariat, following the completion of 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. • In the meantime, systematically promote CSO engagement through the Platform in those countries due to receive all forms of GAVI support.

ANNEX 9: SUMMARY OF MEETINGS OF THE GAVI CIVIL SOCIETY TASK TEAM, CONSTITUENCY, STEERING COMMITTEE AND FORUM

This section summarises the issues discussed during the civil society meetings, as relevant for our evaluation. The meeting minutes reviewed are as follows:

- GAVI Alliance Civil Society meeting, Geneva, 8-9 October 2008
- GAVI Alliance CSO Task Team meeting, Geneva, 11-12 May 2009
- GAVI Alliance Civil Society meeting, Vietnam, 21 November 2009
- Civil Society Forum meeting, Geneva, 29-30 March 2010
- GAVI CSO Constituency Steering Committee meeting, Geneva, 4-5 July 2011

We present some summary issues discussed along the three themes of our evaluation – policy rationale and programme design; implementation; and results.

Policy rationale and programme design

- There is little recognition of the important role CSOs in immunisation.
- It was felt that civil society groups working in child health, maternal health or development need to be engaged, adding immunisation to their broader agenda.
- Type A support was proposed to help CSOs get organised and strengthen their voice as currently there is lack of communication and organisation among CSOs, impacting their representation in national and international bodies. In the May 2009 meeting, it was felt that Type A support requires rethinking based on experience to date, following which an evaluation of CSO Type A funding was conducted.
- There is a lower acceptance of the ICC bodies, as opposed to CCMs in countries.
- Type B is largely considered to be successful.
- CSOs should advocate for resource mobilisation to close the shortfall in funding along with advocating for the need to reduce vaccine prices. In this regard, there is a need to develop a CSO advocacy plan to chart the future plan of action.
- There was disagreement over whether civil society should serve their role as watchdogs. While some within the group felt that the role of CSOs was to be critical and to challenge the government, others said the role was to advise and support governments.
- The broad definition of ‘civil society’ posed a challenge to many countries, where such a broad range of organisations were not used to working together. The various ministries convening these groups needed time, and in some cases clarification from the GAVI Secretariat and/or Task Team through a visit, before getting the broad range of CSOs involved in developing proposals.
- Working with ministries of health is challenging for CSOs and alternate fund flow arrangements need to be considered by GAVI.

Implementation

- There have been challenges in communicating and raising awareness about GAVI's support to CSOs. A more tailored approach is required to increase awareness of the role of CSOs in immunisation and health at country level.
- Establish GAVI focal points at various levels in-country to facilitate the CSO support.
- External visits from the GAVI Task Team/Secretariat can catalyse governments into applying for the support.
- The CSO Task Team was restructured into three layers: CSO Steering Committee, CSO Forum and the CSO Constituency. Broad roles for CSOs were presented:
 - Southern CSOs shall play a key role in generating and disseminating credible evidence-based knowledge and communication products. It was felt that GAVI has not shown that CSOs in the south are a meaningful partner.
 - Northern CSOs have a key role to play in advocacy and policy/strategy development as well as ensuring active engagement by the GAVI Secretariat.
- Poor uptake of CSO support has been largely due to the high transaction costs for relatively small amounts of funding, particularly with Type A grants.
- Delays in the disbursement of funds, due to GAVI's current financial mechanisms, are impacting implementation. Unpredictability of funding has also been a barrier in programme implementation.
- Lack of government endorsement of GAVI-supported CSO programmes has the potential to cause further challenges to effective CSO engagement.
- In some countries, CSOs are extended arms of government ('GONGOs') - these organisations can raise issues which are not real concerns for communities.
- In fragile countries, collaboration may be difficult between CSOs and/or between CSOs and governments – this is in part due to historical reasons.
- There is a need to develop the Civil Society Forum. The Task Team should not be disbanded until the constituencies at the country level and the Forum are established.

Results

- Examples of programme results:
 - In Ethiopia, the Paediatric Society has been working closely with the government on training health professionals in integrated management of childhood illnesses with the help of UNICEF and WHO. This had helped the Paediatric Society to establish itself as a reputable association.
 - Similarly, in Malawi it was recognised that the participation of CSOs in the preparation of HSS proposals has resulted in increased recognition from the government on the value of CSOs, however, the limited capacities of CSOs remain a challenge.

- CSO coordination to access GAVI support has had positive spin-off effects such as strengthened CSO representation in HSCCs or equivalent.
- Suggestions on improving the M&E framework:
 - Support for conducting M&E activities by the CSOs is required in the form of capacity building and providing a core set of illustrated indicators to measure the outcome of the activities conducted by CSOs.
 - GAVI should develop typologies of organisations (e.g. service delivery CSOs, advocacy CSOs, etc.) and apply monitoring indicators by type of CSOs to ensure consistency across CSOs and countries.
 - In the May 2009 meeting, it was felt that M&E is a key component of the CSO support and an evaluation framework should be in place to capture the results of the support. Following this, an M&E study was conducted by JSI.
 - CSOs need to be engaged in developing country APRs which should require CSO signatures.
 - It was indicated that there are not sufficient human resources within the CSO Task Team or Secretariat to develop a suitable set of indicators and conduct evaluations. It was recommended by the Task Team to hire an external consultant for which the Secretariat should develop the TORs with inputs from the Task Team.

Other recommendations

- Funding options:
 - For direct funding, recipient organisations should be auditable.
 - Funding umbrella CSOs to sub-contract local CSOs could be another option.
 - Involvement of the ministry of health in the disbursement of CSO funds could strengthen the relationship between CSOs and the government.
 - The participants agreed that UNICEF and WHO should be involved if they have strong links with the national government.
 - Funding options could be included in the proposal whereby CSOs can specify which options would work best in their situation, with detailed justification.
 - Ideally, government or indigenous CSOs shall take the responsibility of funds (rather than multilaterals) in line with the principle of country ownership.
 - It was widely discussed across the various meetings that experiences from the Global Fund need to be incorporated to judge the feasibility of direct funding.
 - The 2010 meeting urged the GAVI Alliance to create an application process to provide direct funding to CSOs at national and sub-national levels.
- There is a need to present CSOs as assistants not competitors to governments in order to ensure a 'win/win' situation.

- The civil society group felt that there was a specific need to strengthen civil society involvement in HSS by involving them in national planning of the HSFP.
- It was proposed that the Board make CSO involvement in country healthcare systems a precondition for GAVI funding.
- In the 2009 meeting, it was suggested that GAVI should be appointing global ambassadors (like the international organisations) to gain visibility as many are still not aware of GAVI and its objectives.
- Parallel structures need to be avoided – the programme shall build on existing in-country systems while also evaluating the possibility of direct funding.
- In the 2010 meeting, the Type A funding window was proposed to be redesigned by including direct funding to CSOs (to be approved by the in-country MoH), focussing on fewer GAVI-eligible countries and redefining the definition of CSOs. Mapping exercises were suggested to be not solely focussed on CSOs working in immunisation but also CSOs working in other health related programmes.
- HSFP:
 - CSO involvement in the HSFP needs to be guaranteed – there could be a precondition in the application to involve CSOs in the programme.
 - The HSFP shall include a separate funding track for civil society, as funding through the MoH can lead to significant delays.
 - It should be ensured that the HSFP and IHP+ do not add another layer of bureaucracy.
 - GAVI is systematically promoting CSO engagement through the HSFP in those countries expected to apply for GAVI support in 2011.
 - GAVI should ensure the inclusion of CSOs in IHP+ JANS processes.

ANNEX 10: PROGRESS MADE ON PREVIOUS REVIEW RECOMMENDATIONS

This annex summarises the progress made on key recommendations by the Type A review study conducted by Eliot Putnam in 2009 and GAVI's second evaluation conducted by CEPA in 2010. The progress noted below is based on discussions with the Secretariat only.

Table A10.1: Review recommendations included in the Type A review and implementation progress

Focus areas	Key recommendations	Progress
Full coverage	Integrate Type A funding with GAVI HSS support.	This has not been taken up by GAVI. There is an ongoing discussion on the possibility of integrating all cash-based support under the HSFP, however, no decision has been taken at this stage on the structure of CSO support within this.
Interim measures	Simplify Type A application process.	GAVI has not revised the application process given limited country interest in Type A funding and the lack of any new applications for support, subsequent to the review. However, as part of the Type A extension, the application form was reduced in length, with a request for some summary details only.
	Enlist all GAVI personnel, including Coordinators, Board and Task Team members and other staff, in promoting Type A funding in the course of their travels in GAVI eligible countries.	Given fundamental problems in Type A design, this has not been taken up specifically, but where possible, GAVI staff have tried to promote and create awareness of the CSO programme. CSO Task Team/ Steering Committee members have worked to promote CSOs.
Direct CSO support	Move vigorously with plans for direct support for immunisation programmes of CSOs and CSO umbrella groups in the countries already selected.	GAVI has agreed to directly fund CSOs for the Type A extension programme (Togo and Afghanistan). The GAVI Board has asked the Secretariat to look at options to fund CSOs directly (GAVI Board meeting decisions, July 2011).
Other recommendations	Raise the profile of indigenous CSOs as recipients of support for strengthening immunisation outreach through civil society.	Except for the lead CSO in Afghanistan and in Ethiopia, most of the countries have engaged local CSOs as part of the GAVI CSO programme.
	Reach out to Global Fund to learn about its dual-track financing scheme.	GAVI may consider dual track financing as one of the methods to fund CSOs going forward (e.g. the Type A extension funding has been approved for routing directly to CSOs in Togo and Afghanistan). Also GAVI is working with the Global Fund to design the HSFP approach.
	Delay evaluation of CSO support programme from 2010.	This has been taken up by GAVI.
	Raise the global profile of CSOs and consider adding another CSO representative on the GAVI Board.	The GAVI CSO Constituency Steering Committee has worked informally as a CSO advocacy group. They have instituted a CSO communications focal point.

Focus areas	Key recommendations	Progress
		The suggestion of adding another CSO representative on the GAVI Board was not presented to Board as the idea was not supported by the GAVI Governance Committee, when presented by the CSOs. However, other possibilities remain, including CSO representation through the vacant Unaffiliated Board Seats.

Table A10.2: Strategic Review findings by GAVI's Second Evaluation

Focus areas	Key recommendations	Progress
Results	CSO programme needs a clear definition of outputs, and performance indicators and targets to objectively assess progress on its objective of increased CSO engagement in countries.	There have been no further developments at the programme level in terms of defining the objective, outputs and targets of the CSO support. GAVI has not developed a plan and a set of measures/ indicators to evaluate the success of the CSO programme. Countries applying for Type B support have proposed their own set of indicators/targets to measure progress. However, most of them are process indicators.
	More intensive coverage of a few selected countries to demonstrate impact.	GAVI did not consider this recommendation.
Design	Improve awareness with regard to the CSO window of GAVI funding.	There have been some attempts to improve awareness about the programme, as noted in Table A10.1 above.
	GAVI needs to identify the countries that have a reasonable CSO presence working on healthcare/ immunisation, so the programme can be targeted better to countries that can benefit from the support.	This recommendation has not been considered by GAVI. There are opposing views on the merits and demerits of this approach.
Implementation	Address constraints to implementation such as delays in review/ disbursement, cumbersome application processes, etc.	This has been taken up by the CSO Constituency and will be considered in the development of the CSO policy.
	Allow CSOs to directly apply for, and receive, funding under CSO programme (on a selective basis).	GAVI has agreed to directly fund CSOs for the Type A extension programme (Togo and Afghanistan). The Board in its July 2011 meeting has requested the Secretariat to review options for direct support to CSOs for service delivery and advocacy and submit to the PPC for its recommendation to the Board.

Legend:

	Implemented		Partially implemented/ In the process of being implemented		Not implemented
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ANNEX 11: RATIONALE FOR COUNTRY SELECTION

This annex sets out our approach to country selection. The final country shortlist was agreed with GAVI.

In selecting countries for detailed study, we have prioritised those meeting the following criteria, in the order outlined below:

- **Approved for both Type A and B funding** – seven countries are applicable: Afghanistan, Burundi, DRC, Ethiopia, Ghana, Indonesia and Pakistan.
- **Disbursed Type A and B funding** – Ghana is the only country from the above list who has not been disbursed Type B funding as of July 2011.
- **Sufficient time for implementation** – From the above shortlist, most of the countries have received their funding between 2008-10.⁴⁰ Burundi is the only country to have received its disbursements in 2011.
- **Received sizeable disbursements** – the five Type A and B funded countries remaining – DRC, Pakistan, Indonesia, Ethiopia and Afghanistan – have received relatively high amounts of both types of CSO funding.⁴¹

Therefore, our preliminary shortlist is the five countries of DRC, Pakistan, Indonesia, Ethiopia and Afghanistan for detailed review. We have not used any country-specific criteria (e.g. nature of health systems, number of immunised children, etc) in this selection as the number of countries receiving GAVI CSO support is small and our above-noted approach seeks to avoid selection bias.

⁴⁰ Indonesia and DRC received Type A and B funding in 2008. Ethiopia received Type A funding in 2008 and Type B funding in 2009. Afghanistan and Pakistan received Type A funding in 2008 and Type B funding in 2009 and 2010.

⁴¹ All five countries received the maximum amount of Type A funding available (\$100,000) and received over \$1.25m in Type B funding.