

The Evaluation Advisory Committee (EAC) Report

Quality assessment of the evaluation

Name of evaluation: Phase 2 Evaluation of Gavi's contribution to reaching zero-dose children and missed communities.

Year of report: 2025

a) The Evaluation Advisory Committee (EAC) rated this report as;

- ☒ Fully met or exceeded Gavi quality standards
- ☐ Met Gavi quality standards with only minor shortcomings
- ☐ Partially met Gavi quality standards with some shortcomings
- ☐ Did not meet Gavi quality standards with major shortcomings

b). Context

In light of delays in grant implementation and the need to provide timely inputs for Gavi 6.0 discussions scheduled for Q3/Q4 2024, we alongside the Gavi Secretariat (hereafter secretariat) and independent evaluators proposed a refinement of the scope and expectations for Phase 2, as originally outlined in the inception report.

Phase 2 adopted a pragmatic, learning-oriented lens focusing on a narrower set of key topics and questions than originally envisioned. The aim was to generate actionable insights that would be useful to the secretariat and the Board. Additionally, an emphasis was placed on specific themes (agreed to with the secretariat) that aligned with strategic priorities and where learnings can meaningfully contribute to informing 6.0

The secretariat is the primary user of these findings particularly the Health systems and immunisation strengthening and Country programme delivery teams to inform Q3/Q4 deliberations on the HSS refresh and operationalisation of the Zero-Dose approach under Gavi 6.0.

The EAC broadly supports this standalone approach (deep dives and focus topics) to evaluations in Gavi 6.0, where appropriate, as it offers a balanced model that prioritizes speed, agility, and rigour ensuring timely and relevant evidence is available to inform decision-making by the Secretariat and the Board.

c). General comments.

The evaluation identified key root causes affecting the implementation of the Zero-Dose (ZD) agenda. These insights will be instrumental for the Secretariat/Alliance in making course corrections during the current strategic period and shaping priorities for the next one. The approach of deep dives into

five focus topics enriched the technical content and provided detailed insights even if it had less breadth. The report demonstrates a strong overall structure, particularly through its five thematic briefs and detailed annexes. This structure enhances navigability and supports reader comprehension. The embedded country case studies are a valuable feature, offering transferable insights that may inform specific outcomes in other contexts. The annexes add significant depth, with the methodology section clearly outlining the evaluation approach, data collection techniques, and analytical framework. Further, the five focus topics were particularly well-executed, offering a strong critical analysis of the evaluation results. Each brief followed a coherent and consistent structure, presenting findings, conclusions, and actionable recommendations in a clear and logical sequence. Additionally, the inclusion of qualitative quotes throughout the report added depth and authenticity to the analysis, serving as compelling evidence in support of the findings. Finally, the information gathered in this evaluation phase provides important strategic input for Gavi's next strategic period (Gavi 6.0). In particular, findings related to delayed fund disbursement, bureaucratic hurdles, and challenges in integrating with primary health care (PHC) systems offer critical insights for future program design and implementation.

Observation

Despite the density of the material, the report remains largely accessible and readable. The clear language used supports broader understanding across a range of audiences.