Evaluation of Gavi's contribution to reaching zero-dose and missed communities

Year 1 Annual Report
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Dr Louisiana Lush, Will Attfield, Dr Jessica Baxendale, Yannick Vuylsteke, Sam McPherson, Spencer Rutherford, Pippa Page, Claire Weil, Dr Claire Maynard, Panayiota Kastritis, Ilya Cereso, Michael Loi Koe, Tanisha Colegate

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Disclaimer

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

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Acronyms and abbreviations

BMGF	Bill and Melinda Gates Foundation
CCEOP	Cold-chain equipment optimisation platform
CPMPM	Country programme monitoring and performance management
CSCE	Civil Society and Community Engagement
CSO	Civil society organisation
DRC	Democratic Republic of Congo
DTP	Diphtheria, tetanus and pertussis
EAF	Equity Accelerator Fund
EPI	Expanded immunisation programmes
EQ	Evaluation question
FED	Fragility, Emergencies and Displaced Populations Policy
FIC	Full immunisation coverage
FPP	Full portfolio planning
Gavi 4.0	Gavi's Strategy for 2016–2020
Gavi 5.0	Gavi's Strategy for 2021–2025
HRH	Human Resources for Health
HSS	Health system strengthening
IA2030	Immunisation Agenda 2030
IRC	Independent Review Committee
IRMMA	Identify, reach, measure, monitor and advocate
LIC	Lower-income country
MCV	Measles containing vaccine
MIC	Middle-income country
MoH	Ministry of Health
MPM	Monitoring and Performance Management
MRS	Market Research Society
NITAG	National Immunisation Technical Advisory Group
OECD	Organisation for Economic Co-operation
PEF	Partnership Engagement Framework
PHC	Primary health care
RfP	Request for proposals
SCM	Senior country managers
SDG	Sustainable development goals
StratOps	Strategic operations
TCA	Targeted country assistance
ToC	Theory of change
UHC	Universal health coverage
UNICEF	United Nations Children's Fund
WHO	World Health Organization
WUENIC	WHO/UNICEF Estimate for National Immunisation Coverage
ZD	Zero-dose
ZIP	Zero-dose Immunisation Programme

Executive summary

Purpose and background

The purpose of this evaluation is to inform the Gavi Board, Secretariat and Alliance partners on how their work is contributing to immunising children in the poorest and most marginalised communities in Gavi-eligible countries. Gavi commissioned Ipsos to provide robust and credible evidence of how funding and non-funding instruments facilitated critical interventions and global health outcomes between September 2022 and October 2025. The evaluation aims to inform programmatic improvements during Gavi 5.0/5.1 and the strategic development of Gavi 6.0. This first annual report covers Phase 1 (Year 1) of the evaluation, during which the aim is to establish an in-depth baseline in eight case study countries,[1] against which work in future years can be compared.

Since its inception in 2000, Gavi and its partners have helped vaccinate over a billion children in the world's poorest countries, preventing over 17 million future deaths. Nevertheless in 2019, there were an estimated 9 million children in Gavi eligible countries who had never received any vaccination (Zero Dose - ZD). During the COVID-19 pandemic, the number of ZD children increased by 3.4 million in Gavi countries. Since 2021, some larger countries in South and South-East Asia have made good progress in catching up but other Gavi eligible countries have been slower to recover. In 2022, numbers of ZD children remained 5% higher than in 2019, at 10 million in Gavi eligible countries, and Gavi will need a significant effort to achieve its fourth mission progress indicator of reducing ZD children by 25%.

In June 2019, the Gavi Board approved the new Gavi 5.0 Strategy, and a focus on reaching ZD children and missed communities was introduced as an explicit strategic focus of the new strategy. ZD prevalence is known to be higher in three key groups: (1) remote, rural and nomadic population groups; (2) marginalised urban communities; and (3) fragile and conflict-affected populations. Gavi recognised that this would require a focus on children and communities who are marginalised through cultural, geographic, ethnic or gender barriers, and who live in difficult conditions. The ZD approach was reaffirmed in the 5.1 strategy approved by the Gavi Board in December 2022. This also preceded the year of 'The Big Catch Up' as designated by WHO, UNICEF and Gavi, which aimed to restore immunisation services to pre-pandemic levels, catch-up missed children and accelerate efforts to reach zero-dose children.

To assist in targeting and reaching ZD communities and facilitate a coordinated approach, Gavi 5.0/5.1 both updated and introduced new levers, processes and guidelines, including Full Portfolio Planning (FPP), the Equity Accelerator Fund (EAF) and the *Identify, Reach, Monitor and Measure, and Advocate* (IRMMA) framework. The Zero-Dose Immunization Programme (ZIP) was also approved by the Board in June 2021 to reach ZD populations who are not typically reached through government services via funding to nongovernmental partners. Gavi 5.0/5.1 has a stronger focus on partnerships with non-government and civil society organisations (NGOs, CSOs), demand generation, addressing gender barriers, differentiation of Gavi support across country types and more purposeful political advocacy. Gavi undertook extensive advocacy and public engagement to put the ZD agenda higher on political and wider global health agendas. Other changes to mainstream ZD across the business model included: a revised approach to country segmentation; revised policies, including the Health Systems Strengthening (HSS) policy and the Fragility, Emergencies and Displaced Populations Policy (FED); the creation of a cross-Alliance ZD Steering Committee and a creation of a dedicated strategic focus area under the Partners Engagement Framework (PEF) for ZD. This coincided with other developments at Gavi, including the Independent Review Committee (IRC) composition and mandate has evolved to align more closely to Gavi 5.0/5.1 priorities and, during 2023, recommended a record number of applications to the CEO; grant disbursement and review processes, significantly disrupted by COVID-19, are

[1] Ethiopia, India, Pakistan (High Impact); Cambodia, Cote d'Ivoire, Djibouti (Core); and Afghanistan and South Sudan (Fragile and Conflict Affected)

beginning to recover to 2019 levels; and wider Alliance of national immunisation programmes and international agencies is involved in implementing Gavi-funded activities, including non-traditional partners.

Objectives and methods

The evaluation looks back to Gavi 4.0 for lessons learnt and forward to Gavi 6.0 to guide the design of the next phase. This report covers Phase 1 of a three-stage evaluation and provides a baseline in eight case study countries against which change will be tracked in Phase 2 and Phase 3. The evaluation has four specific objectives, of which Objective 1 was expected to have the strongest evidence in Phase 1:

- O1: **Evaluate** the relevance and coherence of ZD Agenda in terms of Gavi 5.0/5.1;
- O2: **Assess** the operationalisation of the ZD Agenda through the Gavi 5.0/5.1 funding levers and programmes;
- O3: **Estimate** the plausible contribution of pro-equity grants initiated under Gavi 4.0 with continued implementation in the Gavi 5.0/5.1 period, and grants initiated under Gavi 5.0/5.1, to achieving Gavi's targets related to reaching ZD and missed communities; and
- O4: **Generate** lessons learnt on the implementation of the ZD Agenda to inform course correction and development of the Gavi 6.0 strategy.

The evaluation uses mixed methods and is theory driven. The evaluators test causal links between Gavi funding levers, ZD outputs and vaccination outcomes, and assess the assumptions in the Theory of Change (ToC). Methods include desk review of Gavi documentation and published papers, secondary data analysis of vaccination statistics and Gavi internal information, key informant interviews with global stakeholders, country case studies including interviews with national stakeholders and an online survey with Senior Country Managers (SCMs). An agreed strength of evidence framework provides an assessment of the quality and reliability of the evidence used to support a finding, applied at the level of each evaluation question.

The ZD Evaluation adds value to the work of other complementary evaluations by generating additional insight into how Gavi's strategic operations contribute specifically to its ZD goals. The interventions under evaluation are highly complex, with a set of grant activities that exhibit multiple interacting components, many behaviours required by those delivering and receiving the interventions, and variable outcomes. The evaluation has prioritised the voices of country implementation partners, to feed back to the Secretariat, Board and Alliance partners on the alignment, utility and effectiveness of Gavi funding levers and other grant and policy instruments and processes.

Like the full report, this executive summary is structured around findings against Evaluation Objectives 1–3. Since Objective 3 (assessing the contribution of grants to ZD outcomes) focuses this year on Gavi 4.0 grants only, we present these findings first, enabling comparison with subsequent findings on Gavi 5.0/5.1. Findings on Objective 1 examine the relevance and coherence of new Gavi 5.0/5.1 ZD approach. Findings on Objective 2 assess the operationalisation of new grants to date. Finally, strategic, operational and evaluation insights and implications are presented after the findings.

Findings on Objective 3: Contribution of pro-equity grants initiated under Gavi 4.0, with continued implementation in Gavi 5.0/5.1, to reaching ZD and missed communities

Equity was already a key principle under Gavi 4.0 and the majority of Gavi supported countries included equity focused interventions in their plans. However, many Secretariat and Alliance key informants for this evaluation expressed a need for improved specificity in targeting populations and a greater emphasis on certain gaps that were identified under 4.0 such as consideration for gender-related barriers or demand generating activities through community networks and engagement.

Gavi 4.0 HSS grants included a wide range of activities aimed at identifying and reaching under immunised children (including ZD children), such as activities to strengthen supply chains, but were weaker on monitor, measure and advocate elements. Activities, with the aims to improve coverage and

equity, under the Identify element of IRMMA elaborated in Gavi 5.0/5.1 included surveys of knowledge and attitudes, micro-planning, use of GIS data to identify local ZD communities, and liaison with village and civil society organisations to access ZD communities. Activities under Reach, included demand generation (such as training health workers to deliver vaccination messages, social and behaviour change campaigns, engaging religious leaders and use of the media) and strengthening of supply chains. Whilst these activities were not specifically focused on ZD communities, they helped improve their access to services. Few activities in Gavi 4.0 grants aligned with the Monitor and Measure or Advocate elements of IRMMA and they were patchy, lacking a clear strategic focus on data collection or analysis. Success in reaching ZD communities related to government buy-in, microplanning, tailoring strategies to address specific barriers, and working through existing structures and networks.

The evaluation team concluded that, overall, evidence suggests a partial contribution of Gavi 4.0 funds for ZD outcomes. The evaluation team notes that the number of ZD children globally declined by 23% between 2015 and 2019, and that progress was greatest where Gavi provided more support. Many activities that informed the development of the IRMMA approach started under Gavi 4.0. Areas where Gavi 4.0 Funds contributed include using data to identify and target ZD children and missed communities; strengthening the cold chain to reach remote and marginalised communities; strengthening capacity of health care staff; and demand-generation and outreach activities. Gavi 4.0 funds were sometimes added to pooled funds and activities were not earmarked to specific funding levers, making contribution analysis challenging.

Findings on Objective 1: Relevance and coherence of Gavi 5.0/5.1 ZD Agenda in 2021–2023

Relevance

While case studies had diverse public health needs and priorities, the ZD Agenda is relevant to all for increasing equity in immunisation programming. The ZD agenda helped countries identify priorities for working towards full immunisation coverage, and was viewed to have the potential to improve maternal and new-born health should activities lead to strengthened primary health care systems. Linked to equity, some respondents perceived the ZD Agenda to be an opportunity to address wider social deprivation issues. Not every single shift from Gavi 4.0 to Gavi 5.0/5.1 resonates in every country but elements of the agenda speak strongly to specific country contexts.

Most countries saw falls in vaccine coverage during COVID-19, alongside increases in the number of ZD children, but some countries have since recovered more than others. Post-CovID-19, most countries are working towards reaching full vaccination coverage and UHC, and addressing ZD children and missed communities is an important but proportionately small aspect of this goal when compared to children who have not reached their full vaccination schedule. Evidence of how Gavi funds (largely HSS) were effectively reprogrammed to support the COVID-19 response is limited among these case studies, mainly due to poor institutional memory among those interviewed, and a lack of documentation. The community-led approach and the revised approach to differentiation enhanced geographic specificity of identifying ZD communities and helped address diverse community-level barriers. The ZIP programme has started to address sociopolitical and humanitarian barriers. The focus on demand generation was particularly relevant given post-COVID-19 increases in vaccine hesitancy.

Despite robust approaches to identifying ZD children proposed by the FPP guidance, countries are severely hampered by inadequate data systems and poor population data. The geographical location of ZD children and missed communities is highly contextual within each country and, while countries improved their approach to identifying ZD communities and employed different approaches to prioritise specific areas, data availability sometimes limited their effectiveness for targeting ZD communities. Similarly, drivers of ZD status are not only specific to the country but also to populations, regions and communities; countries are therefore proposing highly tailored approaches to address them.

T**he IRMMA framework had mixed reception beyond Gavi and core partners**. Evidence suggests that Identify and Reach elements continue to be used more than Monitor, Measure or Advocate elements, although this is somewhat expected given the early stages of the evaluation. This is corroborated with findings from the SCM survey, which found the former elements to be more aligned to countries than the latter, particularly the 'Advocate' element, which only 44% of respondents felt to be aligned. Country-level views on the framework mixed; some appreciated the tool's value while others described it as a 'top-down' instrument whose principles were already being applied. Country teams echoed this finding and reported that translating the tool to sub-national levels was at times challenging.

Countries generally did not distinguish between different funding levers, particularly HSS and EAF, and instead viewed them as contributing towards the same programme of work. The HSS and EAF funding levers were often presented as merged in budget sheets. Funds were directed towards similar investment areas and thought to be contributing to the same outcomes. The various levers, particularly the HSS and EAF, were reported to be needlessly complex and confusing, and served to create additional bureaucratic and administrative burden. However, interviewees saw value in other separate funding levers, particularly the TCA and CCEOP, to address priority areas. Poor documentation, including misallocated budget-lines in FPP documentation and a general lack of clarity around implementation, means the exact interventions being implemented in-country using HSS and EAF funds are not always clear.

Coherence

The ZD Agenda was coherent with the strategies of other international actors, especially Alliance partners. Globally, the Gavi 5.0/5.1 strategy is aligned with Alliance partners, including IA2030, WHO's General Work Programme 13 (GWP13) for the 2019–2025 Strategy, the Global Action Plan for Healthy Lives and Wellbeing for All (SDG3 GAP), as well as the Addis Declaration on Immunisation in Africa as well as under the health pillar of Africa's agenda 2063 of the Africa we want. The Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA)- PLUS highlights immunisation and particularly ZD children At the global level, Gavi had also actively advocated the ZD agenda across strategic political dialogues, including the World Health Assembly, UN General Assembly, UN High Level Meetings on Universal Health Coverage, Pandemic Prevention Preparedness and Response, and Tuberculosis. Some Alliance partners reported that the ZD Agenda was increasingly aligned with sectors beyond immunisation. The ZD agenda was also increasingly referenced by WHO Member States in WHO policy dialogues such as the Executive Board meetings and World Health Organization, notably when in relation to the polio agenda.

The ZD agenda was coherent with country vaccination strategies and received buy-in from sectors beyond immunisation but, overall, lacks nuance in relation to difficult resource allocation choices in highly resource-constrained settings. In high-impact and core countries, coherence of the ZD Agenda is enabled by overarching strategies such as IA2030 and national-level vaccination goals which are further facilitated by the FPP process. In fragile and conflict affected countries, the ZD agenda is less coherent with other actors, due to starker resource needs and a complex development partner landscape. While tiered funding mechanisms are coherent with government structures, particularly in more decentralised countries, disbursing funds through federated mechanisms sometimes led to absorption delays. Directing funding towards pooled funds has the potential to enhance coherence with country activities, although this comes with trade-offs in terms of uncertain resource allocation policies, the inability to closely track to understand contribution, and competing priorities from other pooled fund participants.

Some elements of the more differentiated and segmented approach are contributing to enhanced coherence with national immunisation and wider health programmes. Gavi's segmentation flexibility allows countries to address EPI and health workforce human resource capacity and its impact on immunisation coverage. Likewise, new approaches to CSO engagement are starting to enable countries to

institutionalise more coherent community-level interventions, although their engagement is not well defined or delineated among the countries included in this evaluation. In addition, the new ZIP programme targets ZD children living among nomadic, cross-border populations; in Ethiopia, the first ZIP campaign was delivered in August 2023 in targeted *woredas* which have not received other Gavi funding in the Afar region, an area currently experiencing conflict. How the ZIP programme will coordinate with existing Gavi-funded programmes in South Sudan was yet to be clarified at the time of the evaluation activities.

Findings on Objective 2: Operationalisation of the ZD Agenda through the Gavi 5.0/5.1 funding levers

Analysis of the operationalisation of the ZD approach is informed by the prior StratOps Evaluation,[2] and has collaborated with the ongoing Gavi 5.0/5.1 Strategy Mid Term Evaluation. StratOps concluded that solid improvements in the design of the Gavi 5.0/5.1 operationalisation model were made, building on lessons learned from Gavi 4.0. However, the "the overall effectiveness of operationalisation was nonetheless somewhat compromised due to several challenges coming together - pandemic related constraints, persistent systemic challenges, and operationalisation design choices". The evaluation did find (Finding 1.7) that "Greater attention was given to the operationalisation of Strategic Goal (SG) 2, particularly the zero-dose agenda, than to SGs 1, 3, and 4; initially through the workstream design and later through the recalibration of Gavi 5.0/5.1 during the COVID19 pandemic."

This evaluation found that the range of new levers and guidance has increased the placing of the ZD agenda at the centre of grant allocations and proposals. The new suite of tools and differentiation have been slow to operationalise, and is not yet delivering significant change in intervention implementation at the country level, despite evidence of an increase in zero dose strategies in grant applications. Overall, ZD is a core focus of all case study grant applications. Compared to Gavi 4.0, applications under Gavi 5.0/5.1 demonstrate a clear increase in IRMMA-associated strategies, a greater focus on demand generation, significantly increased resource allocation to non-state actors (especially local CSOs) but less progress on incorporating gender considerations. Operationalisation has been slow, largely due to Covid-19 pandemic imposed delays and the fact that country application cycles are driven by country planning cycles (and not Gavi's strategy cycle), Differentiation of Gavi processes across country types and contexts does not appear to have been fully operationalised to support countries planning their ZD support.

Data from case studies' grant applications suggest that, notwithstanding diverse contexts and drivers of their ZD populations, countries are directing funds to a common set of Gavi investment areas and costs, including vaccine delivery services, supply chain strengthening, demand generation and health workforce salaries. Despite weak M&E systems, a relatively small proportion of HSS funds (except in India) are being directed to investments in data systems or disease surveillance, although the evaluation team notes that globally this is within the 10% threshold of Gavi M&L guidelines. There are also complementary data investments being implemented via PEF TCA funds. Whether these activities will help countries to effectively monitor and measure ZD targets and are sustainable investments will be a key area of enquiry for Years 2 and 3 of the evaluation. Other specific interventions include:

- In Afghanistan, Ethiopia, Pakistan and South Sudan, significant funds target outreach campaigns for routine immunisation, including Periodic Intensification of Routine Immunisation (PIRI) campaigns. This is undoubtedly in response to the difficulties of administering vaccines in hard-to-reach geographic areas affected by drought (Ethiopia), flooding (Pakistan) and conflict (Afghanistan, Ethiopia and South Sudan).

[2] Euro Health Group (2022). Evaluation of the operationalisation of Gavi's strategy through Gavi's policies, programmatic guidance, and use of funding levers. Draft final report.

- In Afghanistan, Cambodia, Djibouti, Ethiopia and South Sudan, there is comparatively more funding being directed towards supply chains, including procurement of cold-chain equipment and strengthening vaccine management systems.
- Demand-generation activities are being funded across nearly all the country case studies, including training programmes, 'micro-planning' sessions and tailored solutions. Activities were not always clearly defined.
- In fragile and conflicted-affected countries (Afghanistan and South Sudan) and Djibouti, most funds are paying staff salaries and maintenance of EPI programmes. While this is arguably relevant to the needs of these countries, it is difficult to determine their direct relevance to the specific needs of ZD communities, although the evaluation team notes that this is likely to have 'knock-on' benefits for ZD communities.

Grant application guidance and policies

Communicating and implementing the full breadth of Gavi's guidelines and policies has proven difficult to implement. Despite efforts to simplify, simplification has its boundaries as these materials naturally mirror Gavi's inherent complexity. Communication and implementation of these guidelines and the wider package of templates and tools have been challenging due to their complexity, frequency of changes and the addition of operational layers over time. The Secretariat has identified and acted on some of these issues relatively quickly. For example, the FPP 'Step Back' in June 2022 highlighted that application materials were 'perceived to be complex and are updated frequently, leading to confusion and decreased buy-in among country partners'. In addition to efforts to consolidate guideline mentioned above, the Secretariat subsequently made efforts to improve the application kit.

Despite this, stakeholders continue to express concerns about their complexity – including the quantity of documents, their length, specialized language, and intricate templates. The addition of operational layers, such as the country segmentation approach, has added to this. It should be noted that the timeframe of observations on guidelines, templates and application kits is not always clear, and country level KII's did not explicitly distinguish between them pre and post consolidation and simplification efforts, apart from bringing up frequent changes. However, at the country level, the overarching guidelines are seldom used by country stakeholders, which may result in difficulties in applying best practices, and is a factor in leading to incomplete or staggered applications**.** Gavi's country teams communicating key aspects, and mandatory application kits (such as budget templates requiring explicit zero dose inputs), appear to be the main mechanisms for translating Gavi's ZD policies. **While policies and guidance outlining segmentation and differentiation processes were welcomed, in practice there is little evidence for differentiation of Gavi support and processes across country types and contexts.** Country teams appear under-resourced to manage the demands of the ZD Agenda and evidence from Afghanistan and South Sudan suggests that Gavi's policies and guidelines intended for segmentation and differentiation are not yet fully operationalised for fragile & conflict states.

Country performance monitoring data highlights that grant design to approval is taking over 15 months on average. Evidence from this evaluation's case studies attributes this to a lengthy FPP process and variable experiences with IRC timelines appear, The IRC is essential in applying a zero-dose lens to country plans and ensuring quality of applications. However, there is also no centralised repository of how IRC recommendations have been addressed so there is a lack of clarity internally on how systematically and comprehensively the IRC recommendations are addressed in practice in each country and across the portfolio.. Alongside a lengthy FPP process, grant design to approval is taking over 15 months on average. A lack of central record to assess IRC recommendations leaves uncertainty about the implementation of the zero dose recommendations across countries and the portfolio. The IRC process is also identified as lengthy, with substantial variations in

timeframes. On average, there is a 15.1-month period between the start of countries'[3] FPP applications and the IRC's recommendation to the CEO, suggesting that the process contains time-consuming steps. Although this thorough process ensures holistic, context-appropriate interventions, it appears to counter the speed, flexibility and innovation required in complex countries with hard-to-reach communities. Furthermore, the IRC is perceived to lack understanding of country contexts in several case studies. Most respondents agree on the need for an independent review function, but suggest streamlining it. They perceive Gavi's application, review and approval system as lengthy, bureaucratic, and, in some cases, too risk averse, indicating a possible need for reviewing Gavi's risk appetite guidelines.

The FPP and new funding levers

The FPP has fostered a comprehensive approach to ZD planning and grant design, emphasising collaboration, consultation and country leadership. However, perspectives on the collaborative nature of the FPP process vary. Robust FPP procedures are underpinned by strong local country teams but the case studies show operationalisation of FPP appears to be hindered by lengthy processes, complexity and country-level constraints. Weak data systems in countries with a high number of ZD children present significant challenges in meeting some of the IRMMA guidance and criteria in grant design.

The EAF appears to have contributed to greater targeting of strategies to reach ZD children. The evidence of ZD strategic shifts and analysis of guidance and processes suggests that, despite challenges, the key changes to traditional funding levers has been, at least to some extent, translated down to countries. 25 countries had sought allocations from the EAF up to mid-2023 and, our case studies provided some evidence of these resources contributing to targeting of sub-populations. However, countries also reported potential duplication and inefficient resource allocation in relation to existing HSS funding.

Other ZD related architecture changes

Secretariat ZD monitoring initiatives aim to track implementation of the ZD Agenda but their effectiveness remains uncertain. The evaluation identified several nascent monitoring initiatives within the Secretariat aimed at tracking the ZD Agenda. A key issue is the absence of a centralised information system providing comprehensive insights into how Gavi's strategic priorities are reflected within and across grants, particularly during disbursement, absorption and implementation. While the integrated Gavi 5.0/5.1 measurement framework serves as the primary mechanism for routine monitoring and reporting of strategy performance, understanding implementation of HSS grants – a primary mechanism for operationalising the ZD Agenda – remains a challenge due to inadequate tracking templates and an insufficient number of completed grant work plans. Data from the recently initiated CPMPM database is currently still relatively sparse and patchy, and whilst useful for a portfolio level overview (its objective is to monitor an agreed upon set of Secretariat indicators), is not a dedicated data management system to track the ZD agenda. A Partner Performance Monitoring Framework is being developed to better assess TCA in supporting the ZD Agenda, however it may be worth Gavi working on developing a dedicated system to coherently track ZD agenda priorities, or add more functions to existing efforts which have wider objectives (such as the CPMPM)

Core Alliance partners, specifically WHO and UNICEF, will continue to play a critical role in supporting countries to execute the ZD Agenda. These partners are instrumental in operationalising Gavi's strategy at a country level, however, at times capacity gaps and resource constraints pose significant difficulties, particularly around gender and community engagement. The core implementing partners have the mandate to support governments with Gavi's ZD implementation, in particular through TCA support. Under Gavi 5.0/5.1, CSOs and expanded partners will also support implementation. As implementation of

[3] Gavi CPMPM database; Average time taken from FPP kick off to IRC decision, Months; data last received 11 September 2023.

ZD agenda funded activities gathers pace in 2024, the evaluation will look in phases 2 and 3 at operationalisation of the ZD agenda through the core and expanded partners, looking at areas of work including the Joint Appraisals, Implementation Support, Monitoring, Policies & Guidelines and PEF coordination and technical support.

The ZIP, a standalone programme, has been introduced in eleven countries in the Sahel and Horn of Africa regions to reach ZD children and missed communities who are not served by National Immunisation Programmes (NIP). The programme is being implemented by two consortiums: in the Sahel region, this is being led by World Vision, whilst in the Horn of Africa, the International Rescue Committee will lead a network of partners. Activities include delivering immunization services to missed communities, testing new ways to reach populations outside of government control, and developing input to Gavi strategic priorities. As of August 2023, the programme had identified three challenges and areas of focus for the programme, which includes 1) defining and communicating the scope of the programme to governments, 2) identifying new ways to partner with governments, and 3) ensuring programming is agile and responsive to changing contexts. ZIP will be a key area of focus for Year 2 of the evaluation.

Conclusions and implications

Based on these findings, this baseline evaluation presents a set of overarching conclusions on Gavi's progress on implementing its ZD Agenda, with related strategic and operational implications for Gavi's Board and Secretariat and an assessment of the evaluability of the ZD Agenda in the evaluation Phase 2.

Insights

1. Gavi and its Alliance partners make a significant contribution to vaccination outcomes, including reaching ZD children and communities, particularly in low income and/or fragile settings, although Gavi will have to make significant effort to reach its 4th mission indicator to reduce ZD children by 25% by 2025.

2. Gavi 4.0 grants with an equity focus, including those developed through the Coverage and Equity (C&E) initiatives and associated Change 1 and 2 grants, and continued under Gavi 5.0/5.1, made a partial contribution to ZD outcomes, although they insufficiently targeted marginalised communities. In terms of IRMMA, these grants contributed more to Identify and Reach interventions than to Monitor, Measure or Advocate interventions.

3. The ZD agenda was developed in 2019, and detailed in 2021. Gavi 5.0/5.1 grants and updated processes are relevant, coherent and flexible to varied country contexts. However, opportunities remain to strengthen the case for integrating a ZD approach into wider HSS, PHC and UHC agendas and to adopt a more nuanced resource allocation framework, e.g., trade-offs between equity and efficiency.

4. A combination of prioritising the COVID-19 response and Gavi's country-led business model has meant that the operationalisation of the ZD approach proposed under Gavi 5.0/5.1 has been slow, including targeting ZD communities and the FPP process. In these eight countries, the FPP process and design/ approval of HSS/EAF grants took an average of 15 months, and 8 months before approved grants disbursed.

5. The complexity of funding levers and processes, and their associated guidance, continue to hinder Gavi's ability to deliver transformational change to reaching ZD children. The FPP enhanced consultation and situation analysis, which countries appreciated. However, post-grant application, the EAF and HSS grants are frequently combined into a single immunisation budget.

6. Updated differentiation and segmentation policies have not yet contributed to streamlining grant application processes or making them less burdensome to country partners and Secretariat staff, particularly in Core and Fragile/Conflict countries. Grant application country teams rely heavily on consultants.

7. Beyond disbursement, Gavi has relatively weak oversight of grant operationalisation, including detailed absorption at country level and implementation of related interventions, due to lack of workplans or granular financial reporting by partners, gaps in the Joint Appraisal process and significant contributions to pooled funds.

8. New programmatic elements of the ZD approach, such as IRMMA and CSO inputs, are starting to contribute to improved focus on community engagement and demand generation, although interventions targeting gender barriers have been slower to operationalise.

The ZD approach is still in a relatively early stage of implementation: while many grants have been approved in 2023, relatively few have started to disburse, including in these eight case study countries. Nevertheless, at the end of this first, baseline year, the ZD Evaluation has successfully established itself in these eight countries and the conclusions above have strategic implications for the development of the Gavi 6.0 Strategy, now in progress at the Secretariat, and operational implications for future grant design and implementation. In addition, a set of implications of this Baseline for future progress with the ZD evaluation are presented. These are set out in draft below (and in more detail in the report Section 4) and will be reviewed and agreed with the Secretariat in November 2023.

Strategic implications for Gavi 6.0 development process

- **Simplify funding levers and guidance.** From 2027, when the EAF expires, consider simplification of grant levers into one overall HSS input to deliver immunisation outcomes while adopting other means to ensure all funds contribute to ZD goals. Update guidance in light of simplified funding levers to make it less complex and more user friendly, and ensure its flexibility to different country segments. **Action Gavi Secretariat and Board.**

- **Make a stronger case for Gavi to work through broader HSS, PHC and UHC processes by leveraging pooled funding and other development harmonisation opportunities.** Use Gavi 6.0 to make a clearer case for working more closely with other global health partners to support immunisation outcomes and target ZD and marginalised communities more effectively. **Action: Gavi Secretariat and Board.**

- **Clarify relationships with and expected outcomes from non-traditional partners.** To increase contribution to demand generation, community engagement and gender, use the Gavi 6.0 strategy to develop the vision for the role of CSOs, to go beyond a set of new contractual relationships and include clear guidance on appetite for fiduciary and operational risks. **Action: Gavi Secretariat and Board.**

- **Develop a more nuanced approach to difficult resource allocation choices.** Under Gavi 6.0, develop a clearer framework for Secretariat country teams and national stakeholders on how best to make difficult resource allocation choices, including how to balance equity with public health effectiveness and resource allocative efficiency. **Action: Gavi Secretariat.**

Operational implications for ongoing grant implementation

- **Intensify focus and resource allocation to implementation, disbursement and grant absorption.** EVOLVE has highlighted multiple opportunities to streamline processes and we recommend expediting these as soon as possible in order to deliver transformational change in achieving ZD outcomes. In addition, we recommend fully reinstating the JA process as a mechanism for shared oversight of grant implementation. **Action: Gavi Secretariat country programme teams and management.**

- **Support country teams to operationalise their grants more effectively and efficiently.** Operationalise differentiation by learning from and using the extensive evidence being generated to

streamline processes and sufficiently resourcing country teams to manage grants that are flexible to local contexts, including measures of progress against specific milestones and outcomes in terms of grant differentiation. **Action: Gavi Board and Secretariat country programme teams and policy teams.**

- **Invest in internal data systems for grant oversight and accountability.** To improve data on grant disbursement, absorption or the implementation of supported interventions, and thereby permit oversight of and accountability for progress against intended goals, prioritise improvements in use of central management information systems, alongside reinstatement of the full JA process. **Action: Gavi Secretariat and Board.**

- **Clarify expectations for non-state partners' role in reducing ZD children and communities.** To improve focus on demand generation, sustained subnational advocacy, community engagement and gender, enhance operationalisation of the current CSCE policy with clearer outcomes to be delivered by non-state entities, how to contract most effectively and how to manage operational and fiduciary risks. **Action: Gavi Secretariat CSO and gender teams and country programmes.**

Implications for Year 2 of the ZD Evaluation

- **Adjust expectations for evaluation deliverables and insight according to data availability.** In the light of evidence on weak and patchy internal and country data systems, and while the ZD Evaluation teams will endeavour to maximise use of alternative sources of data at the country level (including both Gavi and external sources where available), review expectations for the Evaluation's assessment of the contribution of Gavi 5.0/5.1 to ZD outcomes. **Action: Gavi EAC and Secretariat.**

- **Enhance utilisation focus in the evaluation design to meet both Board and Secretariat needs.** For Years 1 and 2, the CET and EAF should consider complementing and supplementing global cross-country analysis with a set of integrated 'deep dives' on priority topics for Secretariat and national stakeholders, e.g., integration with PHC and UHC, leveraging the impact of pooled funds, or how best to support and work with CSOs. They would ideally be co-created with both national implementing partners and Secretariat country teams, to fill evaluation needs. This type of approach would need to be balanced with the need for global cross-country analysis. **Action: Gavi EAC and CET.**

- **Build ownership of evaluation process by Secretariat country teams and national partners.** The CET and EAC should identify ways to ensure that the evaluation delivers insights that are useful and relevant to Secretariat country teams and their national implementing partners. Country voice should demonstrably inform Board decisions and influence Secretariat grant processes. **Action: Gavi EAC, CET and Board.**

1 Background and context

1.1 Rationale and purpose for evaluating Gavi's zero-dose agenda

The purpose of this evaluation is to enable the Gavi Board, Secretariat and Alliance partners to understand better how their work is contributing to immunising children in the poorest and most marginalised communities in Gavi-eligible countries. This evaluation provides robust and credible evidence to enable programmatic improvements during Gavi 5.0/5.1 and to inform the development of Gavi 6.0. Gavi commissioned Ipsos to undertake an independent evaluation of Gavi's contribution to reaching zero-dose (ZD) children and missed communities between September 2022 and October 2025, including how Gavi's funding and non-funding instruments, and its Secretariat architecture, facilitated critical interventions, and global health outcomes, in the countries it supports. The evaluation is designed to support cross-programme learning by responding to objectives and evaluation questions agreed in the Inception Phase. This first annual report covers Phase 1 (Year 1) of the evaluation, during which the aim is to establish an in-depth baseline in eight case study countries,[4] against which work in future years can be compared.

1.2 Background

Since its inception in 2000, Gavi and its partners have helped vaccinate over a billion children in the world's poorest countries, preventing over 17 million deaths. However, significant inequities remain. In 2022 alone, Gavi reported contributing to vaccinating 68 million children and averting 1.2 million deaths.[5] Despite progress in Gavi-supported countries and rapid roll out of new vaccines, the decade prior to COVID-19 many countries saw long-term stagnation in coverage of traditional vaccines, and the growing recognition of the importance of significant inequities in access to and uptake of vaccines. Today, Gavi data show that more than 23% of children are under-immunised (i.e. have not received all three doses of the essential childhood vaccine containing diphtheria, tetanus and pertussis [DTP]) and, of this group, 72% were 'zero-dose' (i.e. have not received even a single dose of DTP-containing vaccine).[6] Around half of vaccine-preventable deaths occur among ZD children and over two thirds of children who receive one vaccine, go on to be fully vaccinated.[7]

COVID-19 is estimated to have increased the number of ZD children by 5.2 million, in addition to those already being overlooked by national health and immunisation systems.[8,9] Each year, the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) release Estimates of National Immunisation Coverage (WUENIC) data on immunisation for 195 member states. In 2020–2021, WUENIC estimates suggested that COVID-19 led to major disruptions to immunisation services including hampering polio eradication efforts and reducing and delaying other vaccinations, such as measles campaigns.[10]

Post-COVID-19, some large countries have seen relatively rapid progress back to previous immunisation coverage, particularly in South and South-East Asia, but elsewhere progress has been slower. In July 2023, WUENIC results for 2022 were published showing that, in 2022, there were 3.8 million fewer ZD children globally, with 9 million remaining ZD children in Gavi-eligible countries.[11,12] In other middle-income countries (MICs), including recent graduates from Gavi, and low-income (LICs) Gavi-eligible countries, governments have struggled to achieve similar progress and absolute numbers of ZD children remain 5% higher than in 2019, at 10

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[4] Afghanistan, Cambodia, Cote d'Ivoire, Djibouti, Ethiopia, India, Pakistan, South Sudan.
[5] Gavi (2023) *Strategy, Programmes and Partnerships: Progress, Risks and Challenges*. Report to the Programme and Policy Committee.
[6] Gavi (2023) Facts and Figures. https://www.gavi.org/programmes-impact/our-impact/facts-and-figures#:~:text=From%202000%20through%202021%2C%20Gavi,1.4%20billion%20vaccinations%20through%20campaigns. Accessed 12 September 2023.
[7] Lindstrand, A et al. (2021) The World of Immunization: Achievements, Challenges, and Strategic Vision for the Next Decade. *Journal of Infectious Diseases* 224 (Suppl 4) S452–S467.
[8] O'Brien, KL and E Lemango (2023) The big catch-up in immunisation coverage after the COVID-19 pandemic: progress and challenges to achieving equitable recovery. *The Lancet* 402 (1041) 510–12.
[9] Shet, A et al. (2022) Impact of the SARS-CoV-2 pandemic on routine immunisation services: evidence of disruption and recovery from 170 countries and territories. *The Lancet Global Health* (10) e186-e194.
[10] O'Brien, K and E Lemango (2023) Op.cit.
[11] https://cdn.who.int/media/docs/default-source/immunization/wuenic-progress-and-challenges.pdf?sfvrsn=b5eb9141_11&download=true Accessed 12 September 2023.
[12] WHO/UNICEF national immunisation coverage estimates, 2022 revision.

million in Gavi eligible countries, and Gavi will need a significant effort to achieve its fourth mission progress indicator of reducing ZD children by 25%. Other vaccines, such as measles, show similar trends, reflected in a recent global spike of measles outbreaks.[13]

To address this gap, WHO, UNICEF and Gavi designated 2023 as the year of 'The Big Catch Up', to close the gap of missed immunisations, restoring immunisation services to pre-pandemic levels. WHO and UNICEF analysis suggests that, for countries to succeed and meet their Immunisation Agenda 2030 (IA2030) targets,[14,15] they will need community-oriented health system strengthening (HSS) to deliver high quality, equitable and efficient services along with community and parental engagement to foster demand. Only by focusing simultaneously on coverage and equity, will vaccination rates improve, requiring political commitment and ownership at relatively local levels to succeed.

1.3 Zero-dose approach – building on Gavi's equity principle

In June 2019, the Gavi Board approved the new Gavi 5.0 Strategy, building on Gavi 4.0's equity focus and aiming to target the immunisation needs of ZD groups more explicitly, with the vision of 'leaving no one behind with immunisation'. As with Gavi 4.0, equity remains the core guiding principle of Gavi 5.0/5.1 but with a more explicit emphasis on working with national immunisation programmes and their local implementation partners to identify and target the hardest to reach children, who are often the most vulnerable. The approach is situated within the wider global discourse around the sustainable development goals (SDGs) and, in 2020, this commitment was affirmed in the IA2030,[16] ratified by all United Nations member states, promising to reduce the world's ZD children by half.[17] The Gavi Board subsequently updated the Alliance's Strategy in December 2022 to Gavi 5.1 to reflect lessons learnt from the COVID-19 response and to reaffirm the need to prioritise reaching ZD children and the missed communities they live in.[18,19] Gavi 5.0/5.1 also introduced the Identify, Reach, Measure, Monitor and Advocate (IRMMA) framework, which aims to assist immunisation programme managers to classify and promote pro-equity interventions. One of the Gavi 5.0/5.1 six mission progress indicators is a 25 percent reduction in ZD children from the 2019 baseline of nine million.

To deliver this promise, Gavi needs to reach children living in communities that are subject to cultural, ethnic or religious marginalisation or persecution and often live in extremely poor conditions, with multiple deprivations and competing health priorities. The 2022 WUENIC data ranked the top five countries for number of ZD children as Nigeria, Ethiopia, India, Democratic Republic of Congo (DRC) and the Philippines (listed highest first).[20] Representing both LIC and MIC categories, as well as different Gavi eligibility, within these countries, the communities these children live in face barriers to accessing health services due to poverty, gender and conflict, and other factors that drive demand, including resistance to vaccine uptake.[21] Large numbers of ZD children are concentrated in three groups: (1) remote, rural and sometimes nomadic population groups; (2) marginalised urban communities; and (3) fragile and conflict-affected populations. Addressing their needs is politically difficult and highly resource-intensive but can represent a first step towards comprehensive primary health care (PHC) and universal health coverage (UHC). According to a 2023 report to the Gavi Board Programme and Policy Committee, the mission progress indicator on reducing ZD children is off track, due to population growth, and to reach the target by 2025 will require a 34 percent reduction from 2022 levels.[22]

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[13] WHO/UNICEF ibid.
[14] WHO, Gavi, Immunisation Agenda 2030 and UNICEF. (2023) The big catch-up: an essential recovery immunisation plan for 2023 and beyond. Geneva, WHO: https://www.who.int/publications/i/item/9789240075511#.
[15] O'Brien, KL and E Lemango (2023) Op.cit.
[16] Lindstrand, A et al. (2021) Op.cit.
[17] Immunization Agenda 2030 (2020) Immunisation Agenda 2030: a global strategy to leave no one behind. https://www.immunizationagenda2030.org. Accessed 12 September 2023.
[18] Equity Reference Group for Immunisation (2020) A focus on 'ZD' children: key issues for consideration. ERG, Geneva.
[19] Lindstrand, A. et al. (2021) Op.cit.
[20] Progress and Challenges with Achieving Universal Immunization Coverage. 2022 WHO/UNICEF Estimates of National Immunization Coverage: https://cdn.who.int/media/docs/default-source/immunization/wuenic-progress-and-challenges.pdf?sfvrsn=b5eb9141_11&download=true. Accessed 12 September 2023.
[21] Shearer, JC et al. (2023) Uncovering the Drivers of Childhood Immunization Inequality with Caregivers, Community Members and Health System Stakeholders: Results from a Human-Centred Design Study in DRC, Mozambique and Nigeria. *Vaccines* 11(3) 689.
[22] Gavi (2023) *Strategy, Programmes and Partnerships: Progress, Risks and Challenges*. Report to the Programme and Policy Committee.

In this evaluation, the Gavi case study countries encompass a wide range of contexts, to shed light on the successes, challenges and barriers to operationalising the ZD approach. Table 1.1 shows the status of routine immunisation coverage in the eight case study countries for the ZD Evaluation in 2022. Organised by Gavi eligibility segment (high-impact, core and conflict/fragile), the data show the breadth of the challenge faced, including children in MICs, LICs and extremely fragile settings. Table 1.1 also highlights that simply reaching ZD children with one DTP vaccine is not sufficient – for public health impact, these children must receive all three DTP vaccines plus two measles containing vaccine (MCV) doses, along with other childhood vaccinations.

Table 1.1: Vaccine coverage indicators in 2022 in eight case study countries

Country*	DPT1 % coverage (2022)	DPT3 % coverage (2022)	Drop-out rate DPT (2022)	MCV1 % coverage (2022)	MCV2 % coverage (2022)	Drop-out rate MCV (2022)
Ethiopia	70	65	7	56	48	14
India	95	93	2	95	90	5
Pakistan	93	85	9	82	79	4
Cambodia	92	85	7	83	69	17
Côte d'Ivoire	85	76	11	65	20	69
Djibouti	70	59	16	50	48	4
Afghanistan	77	69	10	68	49	28
South Sudan	76	73	4	72	0	NA

* Countries organised by Gavi 'segment' with high-impact, core and fragile and conflict/fragile
** All data from the 2023 WUENIC release and represent 2022

1.4 Gavi's business model to deliver the ZD Agenda

1.4.1 Gavi's operating model for grant allocation, design and approval

Gavi operates a 'country-led' business model and provides multiple funding opportunities for national immunisation programmes to apply for, which they collectively term 'levers'.[23] Some levers, such as the health system strengthening grants (HSS) and the Partner Engagement Framework (PEF), existed prior to Gavi 5.0/5.1 but since 2020 have sharpened their focus from targeting coverage objectives to emphasise ZD and equity.[24] Other levers, such as the Equity Accelerator Fund (EAF), were newly introduced under the Gavi 5.0/5.1 funding period, specifically to target ZD. In the current funding period, Gavi supported 54 'Gavi-eligible' countries and a further 40 middle income countries (MICs) through three main financing streams (excluding COVAX):[25] (1) vaccine support, USD 5.3 billion; (2) HSS support, USD 2.4 billion; and (3) technical assistance, USD 1.2 billion.[26] In addition to funding levers, a cross-Alliance ZD Steering Committee was formed with a ZD focus area as a key funding lever under the PEF.

Activities are encouraged to be grouped around intervention areas under the IRMMA framework. Through these levers, Gavi funds activities at the country level, implemented by government, Alliance and non-government partners. Implementing partners are required to identify where ZD children and missed communities are and why they are missed, reach these communities sustainably with differentiated approaches, monitor and

[23] Gavi (2022). Report to the Board, 7–8 December. Document title: 11a – Annex A – Framework for Gavi Funding to Countries https://www.gavi.org/sites/default/files/board/minutes/2022/7-8-dec/11a%20-%20Annex%20A%20-%20Framework%20for%20Gavi%20Funding%20to%20Countries.pdf. Accessed 12 September 2023.
[24] Ducharme, J et al. (2023) Mapping of pro-equity interventions proposed by immunisation programs in Gavi health systems strengthening grants. *Vaccines* 11(3) 341.
[25] COVID-19 Vaccines Global Access.
[26] Gavi (2023) How our support works. https://www.gavi.org/programmes-impact/our-support#:~:text=Gavi%20works%20closely%20with%20countries,decision%2Dmaking%20 processes%20in%20place. Accessed 12 September 2023.

measure the implementation and effectiveness of programmes that aim to reach ZD children and advocate for ZD children and missed communities.[27]

Gavi has significantly expanded and updated its work with international and national NGOs and local civil society organisations (CSOs). Other new instruments introduced for Gavi 5.0/5.1 include the ZD Immunisation Programme (ZIP) and the Civil Society and Community Engagement (CSCE) approach,[28] both of which support NGOs and CSOs. Through ZIP, during 2022–25, Gavi is targeting USD 100 million to countries in Sahel and the Horn of Africa, via two large grants to NGO consortia led by World Vision and the International Rescue Committee.[29] With the CSCE approach, Gavi is mandating a 10% allocation within Gavi 5.0/5.1 HSS, EAF and Targeted Country Assistance (TCA) grant applications towards CSOs.

Under Gavi 5.0/5.1, countries have been able to apply for ZD-focused funds via two routes: through the Full Portfolio Planning (FPP) process; or directly to additional EAF funds to supplement existing ongoing grants. Countries preparing a new HSS request will undertake an FPP process to plan for a multi-year period for all Gavi support, including HSS funds, cold-chain equipment support, technical assistance, EAF and any vaccine introductions or campaigns during the same period. This requires the country to undertake a Situational Analysis, develop a theory of change and build a comprehensive multi-year support plan for Gavi's immunisation programme.

In addition to new levers, the Secretariat revised grant application tools and guidelines, to help countries to better focus their support to reach ZD children and missed communities. These revisions included: updated grant application process and programme funding guidelines; a new Theory of Change and monitoring and learning guidance; refined advocacy, political and strategic engagement with countries through Secretariat country teams; and more tailored funding application tools and processes. Gavi also undertook a substantial advocacy and communications campaign to catalyse the community beyond immunisation, including engaging with academics. They have also established the ZD LEARN agenda, including Learning Hubs, which highlights the work from four Country Learning Hubs to better understand factors influencing implementation and performance of approaches to identify and reach ZD and under-immunised children and missed communities.[30]

According to the Strategic Operationalisation Evaluation (StratOps), to support Gavi 5.0/5.1 strategic shifts, Gavi instruments were updated to ensure: more targeted partners engagement framework (PEF) including targeted country assistance (TCA) for organisations beyond traditional partners, such as international and local NGOs; mainstreaming gender focus into HSS and other support to reach under-immunised communities; flexibilities established to support FED policies and a new MICs approach; introduction of country segmentations with different flexibilities, guidelines and operational processes; and grant-making processes were streamlined through the FPP process and multi-year approvals for vaccine support and TCA.[1] To streamline grant implementation, the Secretariat also undertook a review of its organisational model and introduced enhanced measurement of Gavi 5.0's achievements through an accountability framework.

[27] https://www.gavi.org/sites/default/files/support/guidelines-2023/ApplicationProcess_Guidelines.pdf. Accessed 12 September 2023.
[28] Gavi (2023) Civil Society: Driving Increased Equity in Immunisation. https://www.gavi.org/operating-model/gavis-partnership-model/civil-society#engagement. Accessed 12 September 2023.
[29] https://www.gavi.org/vaccineswork/zip-new-way-get-vaccines-ZD-children-some-worlds-toughest-regions
[30] https://zdlh.gavi.org Accessed 12 September 2023.

Grant allocations, applications and approvals also sit within a framework defined by a range of other policies, strategic focus areas and instruments. Gavi operates a Board-approved eligibility/allocation model, through which country funding envelopes are determined for each grant.[31] Under Gavi 5.0/5.1, countries are differentiated according to three country 'segments', including high-impact, core and fragile and conflict affected countries, which includes a measure of numbers of ZD children. For ZD, related policies include the Health Systems and Immunisation Strengthening Policy[32] and the Fragility, Emergencies and Displaced Populations Policy (FED)[33]

To support Gavi 5.0/5.1 strategic shifts, Gavi instruments were updated to ensure: a more targeted partners engagement framework (PEF), including targeted country assistance (TCA) through organisations beyond traditional partners, such as international and local NGOs; mainstreaming gender focus into HSS and other support to reach under-immunised communities; flexibilities established to support FED policies and a new MICs approach; introduction of country segmentations with different flexibilities, guidelines and operational processes; and grant-making processes were streamlined through the FPP process and multi-year approvals for vaccine support and TCA.[1] These activities also included revised strategic focus areas (SFAs) for Gavi 5.0/5.1, one of which is focused specifically on Zero Dose. To streamline grant implementation, the Secretariat also undertook a review of its organisational model and introduced enhanced measurement of Gavi 5.0's achievements through an accountability framework.

The Independent Review Committee (IRC) composition and mandate has evolved to align more closely to Gavi 5.0/5.1 priorities and, during 2023, approved a record number of applications. Secretariat CEO decisions depend on the result of the IRC, which meets in regular rounds up to five times a year to review and make recommendations on issues to resolve for each grant application submitted, before recommending them to the CEO for approval.[34] The IRC also conducts ad hoc reviews in time-sensitive cases and has differentiated review processes and modalities. It now has expanded teams, more time allocated to review applications, taking a more holistic view of Gavi's support portfolio and addressing the complexity of new proposals. The IRC also assesses PEF TCA support and incorporates criteria that capture the strategic priorities of Gavi 5.0/5.1, including gender-related and other barriers. A recent evaluation of the IRC made recommendations to clarify and streamline their role to ensure they are aligned with Gavi's priorities and differentiated processes and to make the application process more efficient for countries and the Secretariat.[35] All grant applications were heavily disrupted during COVID-19 and, as a result, prior to 2023, only a few countries had 'new' grants approved, mostly for EAF funds.

1.4.2 Gavi's operating model for grant disbursement, implementation and review

Grant disbursement and review processes were significantly disrupted by reprioritisation under COVID-19 and are only beginning to recover to 2019 levels, with particular implications for ZD objectives. Prior to COVID-19, after grant approval and agreement, Gavi would allow countries to monitor grant implementation, including disbursement from Gavi to country, expenditure flows within countries and reviewing grant progress against plan and budget.[36] Countries monitored grant disbursement and progress through Joint Appraisals (JA), an annual, multi-stakeholder review of implementation and performance of Gavi support and its contribution to immunisation outcomes.[37] JAs took place in-country by a 'joint appraisal team' of stakeholders from Ministries of Health (MoH), the inter-agency or health sector coordinating committee, and staff from Alliance partner organisations and Gavi Secretariat. JAs were suspended during COVID-19 and replaced by a simpler multi-

[31] Gavi (2023) Eligibility and Transition Policy.https://www.gavi.org/sites/default/files/programmes-impact/gavi-eligibility-and-transition-policy.pdf. Accessed 12 September 2023.
[32] Gavi (2023) Health system and immunisation strengthening policy. https://www.gavi.org/programmes-impact/programmatic-policies/hsis-policy. Accessed 12 September 2023.
[33] https://www.gavi.org/programmes-impact/programmatic-policies/fragility-emergencies-and-displaced-populations-policy. Accessed 12 September 2023.
[34] Gavi (2023) Independent Review Committee. https://www.gavi.org/our-support/irc. Accessed 12 September 2023.
[35] Gavi (2023) Final Report: Evaluation of the Independent Review Committee. Independent Evaluation by the Boston Consulting Group.
[36] Gavi (2023) Evaluation of the Operationalisation of Gavi's Strategy: Final Report Volume 1. Evaluation undertaken by Euro Health Group, Geneva.
[37] Gavi (2023) Joint Appraisals. https://www.gavi.org/our-support/joint-appraisals. Accessed 12 September 2023.

stakeholder review. JAs have restarted in some countries but the template is less comprehensive than previously, according to Secretariat informants.

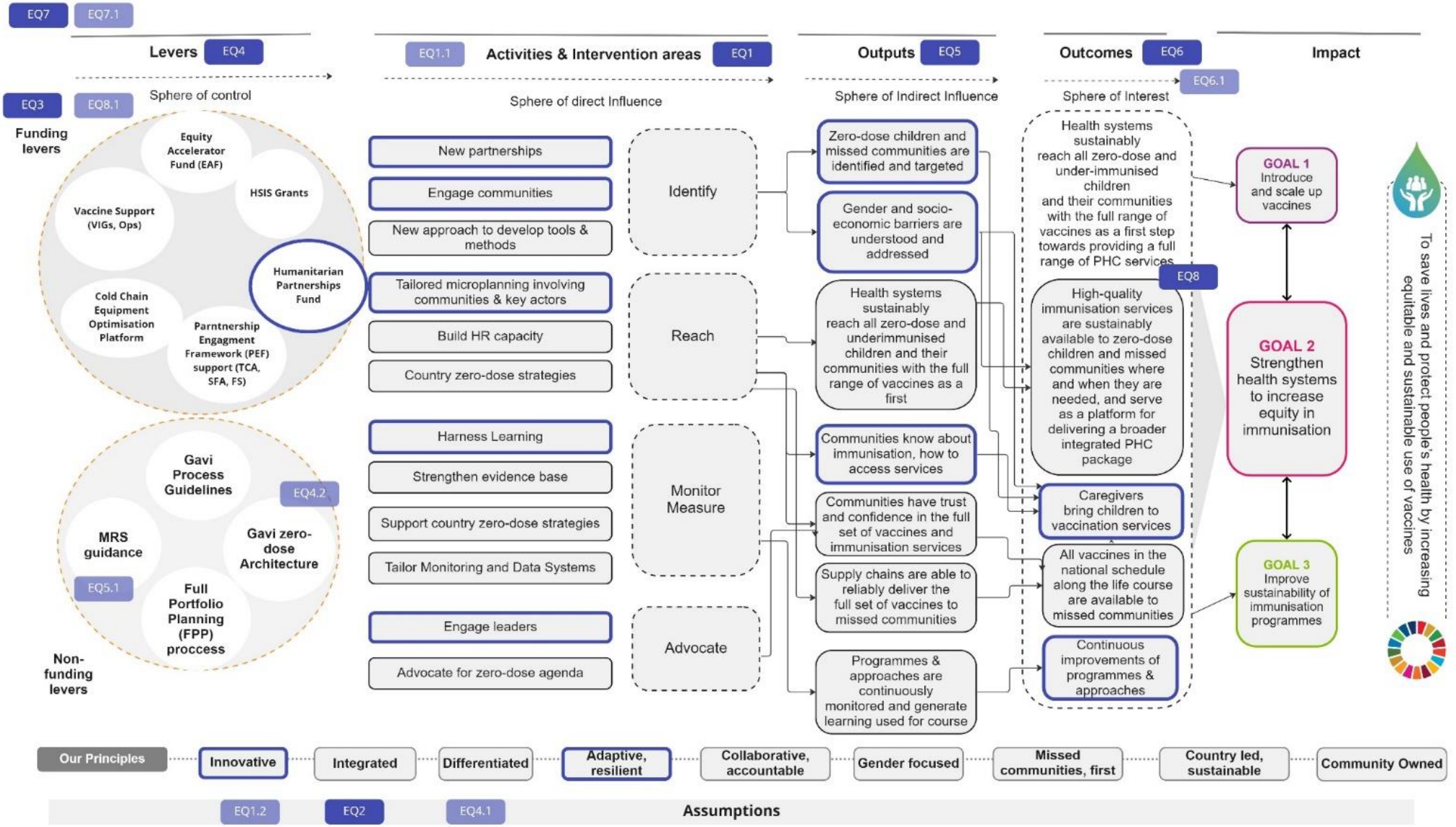
Gavi operates as an Alliance of national immunisation programmes and international agencies to implement Gavi-funded activities. Many country governments, foundations, corporations and other organisations make direct financial contributions to Gavi's operating budget. At the country level, Gavi interfaces with MoHs and expanded immunisation programmes (EPI), as well as NGOs, CSOs, research institutes and other private entities. At the global level, Alliance core partners are the WHO, UNICEF, the World Bank, including the Global Financing Facility (GFF).[38] Other partners include the Bill and Melinda Gates Foundation (BMGF), the United States Centres for Disease Control (CDC) and a range of other Alliance partners. The work of this Alliance in implementing and/or supporting national immunisation programmes is beyond the scope of this evaluation although, since they form part of Gavi's theory of change (ToC), their work will be examined where possible in country case studies.

1.4.3 Gavi's ToC for the ZD Agenda

Gavi's has developed its own ToC to describe its support to countries to implement national immunisation programmes to reach ZD children and communities. During the Inception Phase, the ZD Evaluation adopted Gavi's global ToC and, during Phase 1, adapted it for individual case study countries.[39] Figure 1 shows the ToC with the Evaluation Questions added.

[38] https://www.globalfinancingfacility.org/sites/gff_new/files/documents/GFF-IG12-5-Operational-Plan.pdf
[39] See the eight Country Case Study Reports for individual ToCs.

Figure 1.1: Gavi 5.0/5.1 ZD ToC with evaluation questions added



2 Objectives and methodology

2.1 Objectives of this evaluation

The purpose of the ZD Evaluation is to examine Gavi's efforts to reach ZD children since 2021, with four key objectives. As set out in the Request for Proposals (RfP) and ZD Evaluation Inception Report, these are:

- **O1: Evaluate** the relevance and coherence of ZD Agenda in terms of Gavi 5.0/5.1 aim to '*leave no one behind with immunisation*';
- **O2: Assess** the operationalisation of the ZD Agenda through the Gavi 5.0/5.1 funding levers;
- **O3: Estimate** the plausible contribution of pro-equity grants initiated under Gavi 4.0 with continued implementation in the Gavi 5.0/5.1 period, and grants initiated under Gavi 5.0/5.1, to achieving Gavi's targets related to reaching ZD and missed communities; and
- **O4: Generate** strategic lessons learnt on the implementation of the ZD Agenda to inform course correction and development of the Gavi 6.0 strategy.

These objectives are underpinned by eight overarching evaluation questions, finalised during the Inception Phase. The focus in Year 1 was on EQ1 – 6, with EQs 7 and 8 prioritised in Years 2 and 3.

Table 2.1: Evaluation questions

Criteria	Primary EQ	Sub-EQ
Objective O1: Evaluate the relevance and coherence of the ZD agenda in terms of the Gavi 5.0/5.1 aim of 'leave no one behind with immunisation'.		
Relevance	EQ1. How relevant is Gavi 5.0/5.1's focus on ZD children and missed communities to countries' needs?	1.1. How relevant are the IRMMA framework and each of its intervention areas to countries' needs and is the framework the right approach to deliver on the ZD agenda. 1.2. What effect did the COVID-19 disruption have on Gavi's ability to move forward with the ZD agenda?
	EQ2. How relevant are the Gavi funding levers to the needs of countries with regard to reaching ZD children and missed communities?	
Coherence	EQ3. How coherent is Gavi's ZD agenda with other international and national actors' focus?	
Objective O2: Assess the operationalisation of the ZD agenda through the Gavi 5.0/5.1 funding levers.		
Effectiveness	EQ4. To what extent have Gavi 5.0/5.1 funding levers, processes and guidance enabled countries to focus their Gavi support towards reaching zero-dose children and missed communities?	4.1. What are the main drivers and barriers in Gavi participating countries to these processes and levers being used? 4.2. To what extent are the ZD working groups and related architecture within the Secretariat coherently designed and contributing to the operationalisation of the ZD agenda?
Objective O3: Evaluate the plausible contribution of pro-equity grants initiated under Gavi 4.0, with continued implementation in Gavi 5.0/5.1, and grants initiated under Gavi 5.0/5.1, to achieving Gavi's targets related to reaching ZD and missed communities.		
Effectiveness	EQ5. How have Gavi grants initiated under Gavi 4.0 with continued implementation in 5.0/5.1 contributed to the delivery of the ZD agenda at the country level?	5.1. To what extent did Gavi's response through Maintain, Restore and Strengthen (MRS) achieve its goals of reaching ZD children and missed communities?
	EQ6. How have Gavi grants initiated in Gavi 5.0/5.1 contributed to the delivery of the ZD agenda at the country level?	6.1. What, if any, are the unintended consequences of targeting ZD and missed communities?

Objective O4: Generate strategic lessons learned on the implementation of the ZD agenda to inform course correction and development of the Gavi 6.0 strategy.		
Effectiveness	EQ7. To what extent are the theory of action and theory of change fit for purpose?	7.1. Did the implementation of the ZD agenda reflect the causal pathways and underlying assumptions in the theory of change?
Sustainability	EQ8. To what extent, and how, is sustainability addressed in Gavi's approach to achieving its strategic objective related to ZD children and missed communities?	8.1. What sustainability plans, if any, were incorporated into pro-equity and/or ZD programmes and workplans?

In addition to its overall objectives, Phase 1 of the evaluation has also established a baseline of the current realities on the ground in eight countries to feed into work during Phases 2 and 3. This includes identifying and understanding which Gavi 5.0/5.1 grants have been approved and started disbursing and what key challenges and bottlenecks occurred across different stakeholders in the system.[40] The baseline sets the stage for further work under Phases 2 and 3, which will require a different approach to go deeper into implementation, challenges, lessons learned and feedback to the countries (i.e. document and learn for countries in addition to Gavi). The work will be undertaken through a rolling programme of data collection and analysis, understanding and analysing progress as grants progress from approval to disbursement and implementation through the grant cycle. Under Objective 1, we examine the relevance and coherence of Gavi's approach in eight countries, assessing documentary evidence and country stakeholders' perspectives on how well the different levers and instruments align with priorities and programmes across different contexts. Under Objective 2, we examine early progress on operationalisation of Gavi 5.0/5.1 funding levers and other instruments, focused mainly on the process for designing and approving new grants. This will enable the evaluation to monitor changes over time, feeding back learning and improvements. For Objective 3, in this first year, the evaluation focuses only on Gavi 4.0 grants still in operation and their contribution to equity and ZD outcomes.

Currently in Phase 1, as agreed in the Inception Report, the evaluation has strongest evidence in relation to Objective 1, with less or limited evidence in relation to Objectives 2 and 3 at this stage. The ZD Evaluation Inception Report set out the methodology to be used, including: an evaluation framework; an extensive set of assumptions underlying the ToC; and a theory of action to guide analysis of operationalisation at the country level.[41] The emphasis on Objective 1 is largely because the operationalisation of Gavi 5.0/5.1 funding levers has taken longer than anticipated, in the context of COVID-19 disruption.[42] Table 2.1 shows latest information on the status of Gavi 4.0 and Gavi 5.0/5.1 grants.

Table 2.2: Status of Gavi 5.0/5.1 grant approvals and disbursements by September 2023

	Gavi 4.0			Gavi 5.0/5.1				
Country	**HSS**	**CCEOP**	**TCA**	**FPP**	**EAF**	**TCA**	**HSS**	**CCEOP**
Afghanistan	C	C	C	Complete	P	DB	DB	No data
Cambodia	C	C	C	Complete	I	I	I	I
Côte d'Ivoire	C	C	C	Not started	R	R	R	R
Djibouti	C	C	No data	Ongoing	DB	DB	DB	N/A
Ethiopia	C	C	C	Complete	A	A	A	N/A
India	C	N/A	C	Complete	N/A	A	A	N/A
Pakistan	C	C	C	Ongoing	D	D	D	D

[40] Ipsos et al. (2023) 'ibid. Volume II (Annexes).
[41] Ipsos et al. (2023) 'ibid. Volume I (Main Report).
[42] Gavi (2023) Evaluation of the Operationalisation of Gavi's strategy through Gavi's policies, programmatic guidance and use of funding levers: Final Report Volume 1. Evaluation undertaken by Euro Health Group, Geneva.

South Sudan	C	C	No data	Ongoing	DB	R	DB	DB

Planned
Designed
Reviewed
Approved
Disbursed
Implemented
Closed

2.2 Key principles

A core aim of this work is to look both 'backwards' (to Gavi 4.0) and 'forwards' (to Gavi 6.0) to generate evidence and lessons for both those implementing current Gavi 5.0/5.1 grants and those designing the future Gavi 6.0 strategy. To enable this, the evaluation is theory-based, i.e., it follows and interrogates the causal logic of the Gavi interventions and ToC over time, including grants approved in the past and following them longitudinally through their implementation cycle. Through extensive data collection, the evaluation will help Gavi move from **theory** to **evidence** of change, while highlighting any weak linkages or causal link assumptions that may no longer hold true and risk undermining their effectiveness. It is also utilisation focused, i.e. developed, implemented and validated by key Gavi Secretariat respondents to ensure that it meets their information and evidence requirements, with the principal audiences being the Gavi Board and Secretariat.[43] With both summative (accountability) and formative (learning) elements, the ZD Evaluation aims to understand: (1) what outcomes Gavi is hoping to achieve; (2) whether it has designed the right instruments for delivering these outcomes; (3) where, when and how those levers and policies are being operationalised; and (4) whether operationalisation is delivering expected outcomes. The evaluation is closely guided by the Gavi Central Evaluation Team and supported by a steering committee of global immunisation experts.[44]

The evaluation has prioritised the voices of country implementation partners, to feed back to the Secretariat and Board on the alignment, utility and effectiveness of Gavi funding levers and other grant and policy instruments and processes. The evaluation draws upon evidence from eight country case studies in Afghanistan, Cambodia, Côte d'Ivoire, Djibouti, Ethiopia, India, Pakistan and South Sudan. The evaluation also benefits from a longer timespan than many evaluations, during which the progress of grants can be examined over time (i.e., longitudinal) to identify opportunities to enhance effectiveness, efficiency and equity. Building longer-term country-level relationships, founded on trust and a mutual shared purpose, is essential to the evaluation's success. This also requires demonstrating the utility of the findings to both country and global-level stakeholders.

The evaluation adds value to the work of other complementary evaluations by generating additional insight into how Gavi's strategic operations contribute specifically to its ZD goals. During Phase 1, the evaluation collaborated closely with – feeding into and drawing on – two other related projects: the Evaluation of the operationalisation of Gavi's strategy through Gavi's policies, programmatic guidance and use of funding levers (referred to below as 'StratOps' – final report published);[45] and the Mid-term Evaluation (MTE) of Gavi 5.0/5.1 Strategy (final report currently being drafted).[46] StratOps findings are finalised so, after collaborating with their analysis, the ZD Evaluation has been able to build on rather than duplicate their findings. The MTE is due to

[43] Better Evaluation (2021). Utilisation-focused evaluation. https://www.betterevaluation.org/methods-approaches/approaches/utilisation-focused-evaluation. Accessed 12 September 2023.
[44] Mira Johri – S/C Chair (University of Montreal, TGF IEP), David Hotchkiss – EAC Secondee (Professor and Chair, Department of International Health and Sustainable Development, Tulane University), Ezzeddine Mohsni – EAC Secondee (Member of WHO SAGE), Diana Chang Blanc (Team Lead, IVB, WHO), Niklas Danielson (Senior Immunisation Specialist UNICEF), Orode Doherty (Managing Director, Founding Partner, Ingress Health Partners (IHP), Nigeria.
[45] Gavi (2023) Evaluation of the Operationalisation of Gavi's strategy through Gavi's policies, programmatic guidance and use of funding levers: Final Report Volume 1. Evaluation undertaken by Euro Health Group, Geneva.
[46] Euro Health Group (2023) *Mid Term Evaluation of Gavi's 2021–2025 Strategy: Revised Interim Report*. Evaluation undertaken by Euro Health Group for Gavi, Geneva.

report in the same timeline as the ZD Evaluation, so its final report is not available, although the two evaluations have cooperated closely throughout 2023. Their findings will feed primarily into Objectives 1 and 2 of the ZD Evaluation.

Objective 4 of the evaluation aims to generate strategic lessons to inform course correction and development of the Gavi 6.0 strategy. To achieve this, the evaluation team made significant efforts to engage the Secretariat, including visits to Geneva in April and September, regular meetings with the evaluation steering committee and the Gavi Evaluation Advisory Committee to ensure quality and utility of the analysis and findings, biweekly calls with the MTE and StratOps teams, and multiple points of contact with the Central Evaluation Team supporting communication with key Secretariat teams and other relevant activity such as ZD Learn. In addition to these routine engagements, the evaluation team joined a stakeholders workshop in December 2023, supported by the Matter Group and at which the Insights and Implications presented in Section 4 were discussed in detail with Secretariat teams closely involved in the ZD agenda.

2.3 Methodology, scope and timeline

Table 2.3: Activities during 2023 against data collection workstream

Data collection	Activities during 2023
Desk-based annual review	118 documents reviewed and included in the bibliography in Annex One (including programme documents, academic literature, evaluation reports and secondary data sources)
Review of data from ZD learn	Review of data from ZD Learn products. Regular engagement with the Gavi ZD Learning Hubs management team including sharing research and analytical tools, and communication on evidence being gathered, leveraging ZD Learn's knowledge on where evidence already exists
Secondary data analysis	Assembly and descriptive analysis of a cross-country harmonised indicator database with WHO/UNICEF Immunisation Coverage Estimates (WUENIC)/WHO Electronic Joint Report Forms (eJRF) data. Regular engagement with the Gavi team to gain access to the MPM dashboard for descriptive analysis using the MPM indicators
Key informant interviews	56 global stakeholder key informant interviews completed (inclusive of one joint interview). 70 country stakeholder key informant interviews completed in eight case study countries
Survey-based consultation	Online consultation with SCMs completed for high-impact countries, core countries and conflict and fragile countries (n=35)

Phase 1 benefited from substantial up-front evaluation and evaluability work in the Inception Phase to guide data collection and analysis. To deliver Phase 1, in the Inception Phase, we established a measurement framework to track areas of Gavi's work that are performing well or not, where assumptions in the ToC are holding true or not and what can plausibly be attributed to Gavi's contribution against that of other actors in the system. In Phase 1, this methodology was largely applied: each objective and evaluation question were critically examined, including identifying specific data sources, testing assumptions, applying agreed judgement criteria and triangulating across a wide set of information. Annex Two and Table 2.2 have more detail on data collection undertaken during 2023 that has fed into our analysis against the evaluation questions, ToC and assumptions to assess Gavi's contribution to outcomes.

Several different frameworks were used to guide analysis. The evaluation has used an approach to causation that attempts to identify whether and how Gavi's grant inputs contribute to observed results in terms of reaching more ZD children. The design relies on identifying the theory around how Gavi intends to contribute to outcomes, testing evidence around the degree to which intended activities took place, and judging whether activities resulted in anticipated outcomes. Supporting frameworks included process tracing, secondary data analysis of key indicator data provided by Gavi, contribution analysis and systematic review and triangulation of findings across different information sources.

A set of eight country case studies complemented work at the global level, focused on understanding how Gavi's ZD Agenda has been operationalised to date. Country case studies were undertaken by Ipsos global office with support from Ipsos local offices and local partners. This entailed the development of country-specific ToCs, identification and interviewing of key actors involved in immunisation and Gavi grants, and mapping grants against a timeline of approval and implementation. 70 in-depth key informant interviews were undertaken across the eight countries although, for ethical reasons, the list of those consulted has been kept confidential to the evaluation team. To fulfil ethical requirements, in all key informant interviews, informants were required to give consent for interviews to be recorded within a commitment to confidentiality.

Table 2.4: Strength of evidence justifications

1	Evidence comprises multiple data sources (good triangulation) which are of decent quality. Where fewer sources exist, supporting evidence is more factual (e.g., quantitative data from secondary sources, or objective reporting from desk review of activities undertaken than subjective)
2	Evidence comprises multiple data sources (good triangulation) of lesser quality, or the finding is supported by fewer data sources (limited triangulation) of decent quality but that are more perception-based than factual (e.g., only qualitative data)
3	Evidence comprises few data sources (limited triangulation) and is perception-based (e.g., only qualitative) or based on data sources that are viewed as being of lesser quality (e.g., quantitative data that is estimated, or qualitative data where there are concerns regarding informant bias
4	Evidence comprises very limited evidence (single source, or a limited number of informants or documents within the sources) or incomplete or unreliable evidence

The agreed strength of evidence framework provides an assessment of the quality and reliability of the evidence used to support a finding. The team held several in person and online analysis workshops during July to September 2023, at which the quality, breadth and reliability of evidence emerging across different data sources was discussed. Early analysis led to significant efforts to improve the quality of evidence through further data analysis and repeated efforts to engage stakeholders in interviews. Analysis of strength of evidence will be undertaken at the level of the evaluation question throughout the report. We will also include discussion of what research is still to be completed so that it is clear where evidence will be strengthened going forward in Phases 2 and 3. Further details on the evaluation methodology can be seen in the Evaluation Framework (Annex Two).

2.4 Limitations

The interventions under evaluation fit the Alba (2022) definition of 'highly complex',[47] with of a set of grant activities which exhibit multiple interacting components, many behaviours required by those delivering and receiving the interventions, and various and variable outcomes. As such, the evaluation design and implementation in this first, baseline year has been subject to several limitations, despite efforts by Ipsos global and country teams and the Central Evaluation Team to overcome them. Key risks and approaches to mitigating them were set out in the Inception Report, including an evaluability assessment of each evaluation

[47] Alba, S et al. (2022) Finagle's laws of information: lessons learnt evaluating a complex health intervention in Nigeria. *British Medical Journal Global Health* 8 e010938.

question for Phase 1. Based on actual implementation during 2023, below we comment on further limitations to the work undertaken in Phase 1.

Qualitative data collection at the global and national levels was delayed in all eight countries but was ultimately successful. Due to delays in commencing fieldwork, four countries were categorised as 'Wave 2', where interviews only started in late August. In addition, after meetings with the Gavi Secretariat Audit Team, two countries, Afghanistan and South Sudan, were defined as 'limited' only, due to difficulties working in those contexts, which meant that only a small number of interviews were possible and none in-country. In some countries, data collection at sub-national levels was more difficult, partly because of delays in getting started. Data analysis in Year 1 was therefore hampered by the late start of case study data collection, significant delays in access to key quantitative grant indicators (and incomplete data in the MPM system) and lack of knowledge (i.e., recall) among current stakeholders of previous (i.e., Gavi 4.0) grant implementation time period. The impact of this was to limit the degree to which quantitative analysis was possible along the ToC and to increase the degree to which analysis relied on qualitative, in-depth interviews.

Formal contribution analysis of Gavi 4.0 grants was determined to be unfeasible due to data limitations. As a result of anticipated delays to Gavi 5.0/5.1 grant implementation, in the Inception Phase, a decision was taken to scale back the contribution analysis to Gavi 4.0 grants still being implemented. However, estimation of Gavi 4.0 contribution to 2022/23 outcomes during Phase 1 has also been hampered by: limited information on grant disbursement against planned activities, with most of the data taken from proposals and plans rather than implementation reports; for most activity indicators, little data was available and, where it was available, it was often for a single data point rather than longitudinal or trends over time; most measures cover activities, rather than outcomes or effectiveness (for example, demand generation and behaviour change communications activities but not on whether the target audience's knowledge or attitudes shifted as a result); and the complexity of the Alliance and funding system that Gavi works in (e.g. contributions to pooled funds, lack of granularity on partners' activities). Data availability issues only became apparent late in 2023 and led to significant gaps in information on Gavi 4.0 grant implementation as well as relatively limited sub-national quantitative information on grant activities, targeting, outputs and outcomes. These limitations (both qualitative and quantitative) are common in large, complex evaluations of this type and mean that a formal contribution analysis has not been possible; instead O3 provides a strategic review of the achievements under Gavi 4.0 in relation to reaching ZD children through the equity approach.

2.5 How this report is structured

This report is structured around findings against Objectives 1–3 in the Terms of Reference and Inception Report. Findings are presented in Section 3 below and one objective is addressed in each sub-section; key findings are highlighted and related evaluation questions are answered. The findings correlate to our three main objectives for Phase 1. Since Objective 3 (assessing the contribution of grants to ZD outcomes) focuses this year on Gavi 4.0 grants only – and is therefore temporally backwards facing – we have presented these findings first. This enables us to compare our findings on Gavi 5.0/5.1 against this backdrop. Sub-section 3.1, focused on Objective 3, therefore presents findings on the contribution of Gavi 4.0 grants to ZD outcomes (through their equity lens). Sub-section 3.2, focused on Objective 1, examines the relevance and coherence of new Gavi 5.0/5.1 ZD approach. And sub-section 3.3, focused on Objective 2, presents findings on the operationalisation of new grants to date. Strategic, operational and evaluation insights and implications are to be found in section 4.

3 Findings and recommendations by objective

3.1 Contribution of pro-equity grants initiated under Gavi 4.0, with continued implementation in Gavi 5.0/5.1, to reaching ZD and missed communities (Objective 3)

This section addresses EQ5[48], focused on Gavi 4.0 grants' contribution to ZD outcomes: first, we examine existing evidence for grants approved under Gavi 4.0 delivering on the ZD Agenda at country level; second, we review activities programmed under Gavi 4.0 in our eight case study countries against the elements of the IRMMA framework and ZD outputs in the Gavi ToC, to explore the extent to which pro-equity grants were already supporting the ZD Agenda at the country level, although it had not been explicitly required in Gavi 4.0; third, we outline a range of factors affecting Gavi 4.0's contribution to the delivery of the ZD Agenda.

Box 1: Assessing Effectiveness using the OECD criteria

We have used OECD criteria around effectiveness: *'The extent to which the intervention achieved, or is expected to achieve, its objectives and its results, including any differential results across groups.'* This has guided four 'areas of analysis': achievement of the objectives, weighing the relative importance of what was achieved, differential results, and influencing factors.[49] Our approach to these areas of analysis is as follows:

- **Achievement of objectives** has been addressed by mapping activities programmed or implemented against the ZD outputs in the ToC, and seeking evidence of intended outcomes.
- **Weighing the relative importance of what was achieved** is addressed by exploring whether some results have been more effectively achieved than others, and the relative importance of those results. This criterion is also addressed as part of Relevance, under Objective 1.
- **Differential results** are addressed by looking for evidence of effectiveness among specific communities, including remote rural groups, those who live in urban slums, mobile populations and ethnic minority groups.
- **Influencing factors** are explored by looking for the success factors identified by stakeholders for delivering the ZD Agenda.

The review of Gavi 4.0 grants drew on stakeholder interviews and documentary sources consulted as part of the country case studies. The principal sources consulted to identify ZD interventions are the grant performance frameworks, performance reviews, joint appraisals, multi-stakeholder dialogues and grant fund proposals.

3.1.1 Existing information on Gavi 4.0 pro-equity interventions delivering on ZD outcomes

Key findings

- Equity was a key principle of Gavi's 2016–2020 strategic plan (Gavi 4.0) and countries have used Gavi grants for several years to promote equity through various interventions. However, many Secretariat and Alliance respondents recognised the need for more specific targeting of populations.

[48] How have Gavi grants initiated under Gavi 4.0 with continued implementation in 5.0/5.1 contributed to the delivery of the ZD agenda at the country level?
[49] OECD iLibrary. Understanding the six criteria: Definitions, elements for analysis and key challenges.

Equity was already a key principle of Gavi's 2016–2020 strategic plan (Gavi 4.0), and the 5.0/5.1 strategy was born out of specific initiatives within this period. The Gavi 4.0 Strategy recognised that whilst the number and variety of vaccines were getting into countries, there were issues distributing vaccines to marginalised communities within countries. Under Gavi 4.0, a coverage and equity initiative was launched within the Gavi Secretariat to help countries address this issue. This included updating grant and monitoring guidance, undertaking additional analysis and providing support to country teams, and advocacy within the organisation around equity. The C&E initiatives evolved several times throughout the 4.0 period, including Intensification of Coverage and Equity (ICE) and Acceleration of Coverage and Equity (ACE), before being disbanded in 2021. These initiatives were complemented with Gavi investments through Data SFA, which focused on coverage and equity indicators, and Change One and Two grants, which were top-ups to HSS Gavi 4.0 grants and designed to focus on C&E. While the ICE and ACE initiatives were disbanded in 2021, the work of these initiatives was described by global KIIs to have contributed on the more targeted approach of the ZD agenda and mainstreamed into all areas of Gavi support.

In addition to activities within the Gavi Secretariat, countries have been implementing interventions promoting equity using Gavi grants for several years. Gavi Secretariat has commissioned multiple mapping exercises of Gavi country grant applications and reports by FHI360 and Alliance partners, which provide evidence of programming of pro-equity interventions under Gavi 4.0.[,50,51,52,53] Across these mapping exercises, pro-equity interventions were identified in 88% of Gavi-supported countries, with 607 unique strategies identified across 61 countries.[54] Throughout Gavi 4.0, programmatic spending dedicated to improving coverage and equity in service delivery through PEF TCA increased from US$ 11,630,292 to US$ 19,425,036, nearly doubling throughout the time of strategy cycle.[55] This was in addition to embedding C&E within the HSS envelope. These paved the way forward and set strong foundations for the implementation of Gavi 5.0/5.1 Zero-Dose Strategy through IRMMA. Programme implementation support under PEF TCA focused on improving data analysis and quality, capacity building to enhance service delivery, monitoring and surveillance, supervision and planning, preparing for a more targeted and specific approach to identifying those most in need such as ZD children and missed communities.

Indeed, many Secretariat and Alliance key informants for this evaluation recognised the need for improved specificity in targeting populations. Organised by the IRMMA framework, for example, a recent mapping of pro-equity Interventions in HSS proposals[56] during Gavi 4.0 found that only 11% of proposals (6/56 mapped) identified and recorded ZD children and missed communities using DTP1 coverage, only 29% of proposals used surveillance data, and 27% used health facility data to identify ZD children and missed communities. This internal policy brief went on to make several recommendations. For example: surveillance and health facility data should be used more often to triangulate other data sources used to identify ZD children and missed communities and ensure the use of granular, sub-national data in priority areas or for priority communities for micro-planning (Identify); countries should consider better targeting of areas defined as high priority by the ERG and build off current interventions and modify them to be pro-equity for vulnerable populations (Reach); community-based monitoring and evaluation approaches should be more widely used (Monitor & Measure) and Gavi must provide a clear definition of 'advocacy' and widely socialise it so that all stakeholders are aligned (Advocate).

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[50] Dadari, I et al. (2021) Pro-equity immunization and health systems strengthening strategies in select Gavi-supported countries. *Vaccine*, *39*(17), 2434–2444. https://doi.org/10.1016/j.vaccine.2021.03.044.
[51] FHI360, 2022. Mapping of existing pro-equity interventions within Gavi-supported countries.
[52] Ducharme, J et al. (2023). Op.cit.
[53] Ivanova, V et al. (2023). Advancing Immunization Coverage and Equity: A Structured Synthesis of Pro-Equity Strategies in 61 Gavi-Supported Countries. *Vaccines*, *11*(1). https://doi.org/10.3390/vaccines11010191.
[54] FHI360, 2022. Op.cit.
[55] Gavi, Master TCA activities files 2016-2020
[56] ZD learn team reviewed HSS proposals submitted by all Gavi-supported countries between 2014 and 2021 inclusively (n=56 proposals) and listed out, or mapped, all the pro-equity interventions put forward in the proposals. One of the main objectives of this mapping was to inform programmatic guidance and support Gavi and country discussions about what is already being implemented and what may or may not need to change to better reach ZDC.

3.1.2 Gavi 4.0 contributions to IRMMA objectives in the ZD Evaluation eight case study countries

Key findings

- Gavi 4.0 HSS grants included a wide range of activities under the Identify and Reach elements of the IRMMA framework, including activities to strengthen supply chains. Grants had a stronger focus on socio-economic barriers but less on gender barriers. Improving communities' knowledge, trust and confidence in vaccines was a significant focus in half of the case study countries.
- Few activities in Gavi 4.0 grants aligned with the Monitor and Measure or Advocate elements of the IRMMA framework and they lacked a clear strategic focus on data collection or analysis. However, activities contributing to the Monitor and Measure and Advocate components were found through PEF TCA funding.

Below, we describe the activities programmed under Gavi 4 within the IRMMA framework, mapping activities to each element. Elements are further broken down into outputs, as identified by the Gavi ToC.

Identify

There is strong evidence that activities funded under Gavi 4.0 would classify as falling within the Identify element of the IRMMA framework but it is difficult to establish the contribution of Gavi 4.0 funding to these outcomes. In part, the incorporation of Gavi funding into pooled funds (see below) and a lack of a clear connection between funding streams and specific activities or outcomes limited the evaluation's visibility on contribution and attribution. For example, in Ethiopia, respondents noted that, while pooled funds may improve coherence with national government priorities, it is impossible to assess contribution of Gavi funds, especially at the activity and output level, to ZD targets and outcomes. In addition to this, programme management in Pakistan expressed concerns on inadequate transparency and accountability by partners in terms of how funds are utilised and linked to outcomes, making it difficult to assess contribution.

Output 1: ZD Children and missed communities are identified and targeted	**A wide range of activities were programmed under Gavi 4.0 HSS grants to identify and target ZD children**. These included knowledge and attitude surveys of target groups (Afghanistan); using GIS systems and micro-planning to identify urban slums and remote communities (Pakistan); developing the capacity of frontline health workers to deliver immunisation services in the target counties (South Sudan); developing networks of CSOs to reach missed communities (Côte d'Ivoire); and working with village support groups to target high-risk communities such as ethnic minorities and the remote poor (Cambodia).
Output 2: Gender and socio-economic barriers are understood and addressed	**Evidence of activities programmed to understand these barriers was weaker, with a stronger focus on socio-economic issues than on gender**. This was recognised as a gap in 4.0 and, as such, was proactively and explicitly prioritised for 5.0/5.1. No 4.0 activities were explicitly identified in this area in India, Ethiopia or South Sudan, and only limited in Afghanistan (including the training of female vaccinators). Analysis to identify economic barriers was mentioned in Djibouti; studies were conducted in Côte d'Ivoire to understand the profile of ZD children; and work was conducted in Cambodia to identify high-risk communities, although the quality of the data at sub-national level was a barrier to identifying target communities. The programmed activities addressed economic barriers (changing the timings of vaccination services to accommodate working parents in slums) and physical access (using mobile teams and working through CSOs to reach out-of-school children). No activities were identified to address gender barriers other than the stated training of female vaccinators in Afghanistan.

In addition to HSS investments, Gavi dedicated 25% of funding towards their Data SFA under PEF at the beginning of the Gavi 4.0 period in 2015. This SFA targeted PEF-eligible countries to improve data systems in immunisation delivery, coverage and equity (~50% of dedicated data SFA funding); vaccine preventable disease surveillance (~30%); and vaccine safety surveillance and response (~20%).[57,58] Investments in this area were designed to address challenges in data systems at the country-level and included supporting satellite imagery

[57] Gavi. (nd). Data SFA. https://www.gavi.org/types-support/health-system-and-immunisation-strengthening/data
[58] Gavi. (2015). Data SFA Annex 5: Financial Implications. *Programme and policy committee.* 7-8 October 2015 Gavi.

and small area estimates. Due to poor institutional memory (detailed previously in the limitations), it is difficult to attribute contribution of these investments to the Identify aspect of the IRMMA framework.

Also under PEF, TCA support implemented via core partners during the 4.0 period helped enable a better identification of communities in need and identify demand-generating opportunities. These include strategizing and implementing communication efforts for immunization uptake (developing behaviour and social change strategies, strengthening coordination, supporting rollouts of communication plans and tools, use of social media, design of specialised communication strategies, etc.), training and capacity building for health promotion officers, and better integrating services. In Cote d'Ivoire, major efforts were put into strengthening the programme management capacity of civil society organisations through the FENOS-CI, an umbrella organisation grouping all those focused on health.

Reach

Evidence showed that Gavi 4.0 grants funding contributed to planned activities in demand generation among communities and strengthening of the cold chain and supply chains. Gavi 4.0's contribution to strengthening supply chains was clearly established given the specific objectives of CCEOP funding and the supply chain SFA. For the latter, investments were targeted towards data for management, supply chain leadership and plans, and system design. However, it is not possible to establish a clear and explicit causal link between Gavi 4.0 funding and demand generation, as no data has been presented on the implementation of these activities and poor institutional memory among KIIs.

Output 3: Health systems sustainably reach all ZD and under-immunised children and their communities with the full range of vaccines as a first	**This activity was mentioned in country case studies for Djibouti, Cambodia, and Côte d'Ivoire, with no activities identified against this output in other countries**. Micro-planning was mentioned in workplans in Djibouti and Côte d'Ivoire, and training sessions for health workers to raise communities' awareness and deliver positive messages was carried out in Côte d'Ivoire. However, these training sessions did not focus on hard-to-reach or ZD children, so it is unclear to what extent health workers' capacity to deliver the ZD Agenda was increased.
Outputs 4&5: Communities know about and have trust and confidence in immunisation services and how to access them	**This was a strong focus of activity in India, Afghanistan, South Sudan and Cambodia. No activities were identified against these outputs in Ethiopia, Djibouti or Côte d'Ivoire, with a small amount of work in Pakistan.** Activities included outreach in target communities to deliver messages on vaccination; training health workers in interpersonal communications skills; developing social and behaviour change strategies, and use of the media and technology; engaging with CSOs and training religious leaders to promote demand for vaccination services. **Although these activities were reported under Output 4, which focuses on knowledge, it seems likely that they would also have addressed issues around trust and confidence which form part of Output 5.** Indeed, in Pakistan, vaccine hesitancy, fears about side effects, and mistrust were identified by stakeholders as key barriers, so it seems unlikely that they would not have addressed these in their demand generational activities. This is a question which deserves further exploration, as lack of trust and confidence may be important demand-side barriers.
Output 6: Supply chains are able to reliably deliver the full set of vaccines to missed communities	**Evidence showed that activities to strengthen supply chains were programmed and implemented with measurable contribution towards positive outcomes**. These were funded by HSS and CCEOP grants. Given that CCEOP grants were not combined into pooled funds, there is a stronger causal link between Gavi funding and the improvements resulting. Strengthening the capacity of the national supply chain and cold chain was a major activity in Ethiopia, supported by HSS3 funding; supply of cold-chain equipment and construction of health facilities in remote areas was programmed in Pakistan; a range of construction, logistics, training and facility expansion was programmed in Afghanistan; and cold-chain

	equipment was provided to new and existing health facilities in conflict-affected areas in South Sudan. Respondents assumed that these improvements would increase access for ZD and missed communities and indeed, the Evaluation of CCEOP showed that there was an increased number of immunisation session in facilities targeted by CCEOP investments.[59] However, there was no explicit equity focus in the CCEOP programming, so the extent of their contribution to the ZD Agenda remains uncertain. This was also recognised as a gap in the design of the Gavi 5.0/5.1 supply chain strategy, which now prioritises and puts a larger emphasis on ZD.

PEF TCA funding also contributed to the various relevant outputs under Reach, especially around communications. For example, an initiative was taken in India to use social media for demand generation on immunisation and Ethiopia led training on religious mainstreaming to mobilise key community leader and engage them on public health initiatives. As for expanding and strengthening supply chains, PEF TCA funding, alongside CCEOP funding, enabled Effective Vaccine Management (EVM) Trainings and Inventory Management trainings. For example, in Cote d'Ivoire, EVM plans were deployed for multi-year management and at sub-national scale to strengthen the immunisation supply chain and build SOPs across health facilities and regions.

Monitor and measure

Few activities were identified in Gavi 4.0 grants under the Monitor and Measure elements of the IRMMA framework, although the evaluation team notes the planned activities under the Data SFA. Even where they have been programmed – in India and Ethiopia – the evaluation team was not provided with data on implementation. This may explain the challenges which the evaluation team encountered in accessing data to assess Gavi 4.0's contribution to delivering the ZD Agenda. This should be a focus for Gavi's future planning if further such evaluations are planned.

Output 7: Programmes and approaches are continuously monitored and measured and generate learning for course correction	**Activities programmed against the Monitor and Measure stages were patchy, with limited evidence of a strategic focus on data collection or analysis**. Strengthening the monitoring and evaluation system was a major focus of HSS3 funding in Ethiopia, including purchasing tablets, developing mobile application software, and training health workers on data quality and systems. India programmed a range of measurement activities, such as tracking of zero-dose, defaulter and refusal children; developing criteria to identify high-risk populations based on previous campaigns, and profiling and targeting of urban slums with immunisation services. Djibouti had developed plans to record data on hard-to-reach communities, but there was little evidence of systematic learning taking place. Côte d'Ivoire reported some improvements in developing monitoring and data management systems, but little evidence of synthesising learnings. Cambodia reported improved data on immunisation coverage, but with concerns remaining that poor data quality was a significant challenge under Gavi 4.

The Data SFA included activities which were designed to strengthen in-country monitoring systems, including supporting the up-take and scale-up of next generation e-registries. PEF TCA funding across case study countries also was largely dedicated to improving data analysis and quality, which set the basis for improved outreach for ZD children and missed communities under Gavi 5.0/5.1. For example, this included the roll-out of DHIS2 and adoption of EPI-specific dashboard tools in Djibouti and Cote d'Ivoire with the help of the University of Oslo and WHO. Other activities included technical support for HMIS data review, conducting data quality assessments (DQAs), supporting the implementation of data quality improvement plans (DQIP), training of sub-national entities on better data collection and analysis for monitoring purposes as well as surveillance.

Advocate

No grant-funded activities were identified which involved advocating for the ZD Agenda to local or national leaders. Activities targeting communities and religious leaders, which were also included in the Advocate element in the ToC, have been recorded under Output 4. PEF TCA funding in case study countries,

[59] JSI Research & Training Institute. (2021). Evaluation of the Cold Chain Equipment Optimization Platform. *Retrieved from: https://www.gavi.org/our-impact/evaluation-studies/cceop-evaluation*

mainly Ethiopia and South Sudan, contributed to reinforcing communication strategies and plans at national and sub-national levels. Healthcare providers were provided interpersonal communication training skills, public relations officers and media professionals received orientation workshops in Ethiopia. In South Sudan, efforts by JSI to support MoH build partnerships with the media through journalist engagement meetings and radio shows for example demonstrated initiatives to strengthen advocacy.

3.1.3 Factors influencing the contribution of Gavi 4.0 grants to ZD outcomes

Key findings

- Gavi 4.0 funds contributed to laying the groundwork for realising ZD outcomes during the 5.0/5.1 period; however quantifying this contribution is difficult given the limited available data. These funds were sometimes integrated into pooled resources and not earmarked to specific funding levers, making contribution analysis challenging.
- Success factors to delivering on the ZD Agenda included government buy-in, local planning and collaborating with existing health structures.

The evaluation team concluded that, overall, evidence suggests a partial contribution of Gavi 4.0 funds for ZD outcomes. Areas where they contributed include identifying and targeting ZD children and missed communities; strengthening the cold chain to reach remote and marginalised communities; strengthening capacity of health care staff; and demand-generation and outreach activities.

Gavi 4.0 funds were sometimes added to pooled funds and activities were not earmarked to specific funding levers, making contribution analysis challenging. In Ethiopia, HSS3 of USD 80 million was transferred into the SDGs Performance Fund and allocated to general HSS. In principle, given HSS3 funds were aligned with the Health Sector Transformation Plan I, particularly in regard to the plans focus on equity, this should have impacted on the ZD Agenda. However, because pooled funds are unearmarked, it is not possible to demonstrate *how* exactly this may have taken place. In Pakistan, all HSS2 funds were channelled through the World Bank, to be distributed through its Multi-Donor Trust Fund as part of the National Immunisation Support Programme. In Afghanistan, Gavi 4.0 funds were managed through a pooled fund managed by the World Bank and overseen by the Ministry of Public Health, used for providing basic health care, inclusive of immunisation coverage.

Success factors to delivering on the ZD Agenda included government buy-in, local planning, and working through existing health structures. In India, government support and co-funding of activities was key to scaling up Gavi-supported activities. Bringing partners on board and engaging CSOs, such as women's trade associations and the Voluntary Health Association of India, was considered a successful strategy as per a *'Performance Review of the HSS Grant to India: 2017-21'* conducted by Gavi. Micro-planning and regional assessments, with flexibility to procure vaccines at provincial level, was mentioned as vital to meet local needs in Pakistan. Tailoring approaches to meet the needs of specific groups – such as the urban poor, remote rural communities, mobile communities or ethnic minority groups – was essential to reaching marginalised groups. For example, Cambodia planned to use of micro-planning and outreach teams to access unregistered villages, mobile communities and ethnic minority groups who did not speak Khmer.

3.1.4 Gavi support during COVID-19

During the COVID-19 pandemic, Gavi offered two types of support to countries to help respond to the acute needs of the pandemic. This included Respond and Protect (RP) and Maintain, Restore and Strengthen (MRS). RP was meant as an immediate response to the acute needs of the pandemic, and allowed countries to reprogramme existing HSS and TCA funds for the COVID-19 response; whilst MRS was meant to target the maintenance of RI services and strengthening of efforts to reach ZD children. The latter is within the scope of this evaluation.

With a few exceptions, the evaluation found limited evidence of the effectiveness of MRS. This is due to a few factors, already detailed in the limitations sections, including poor institutional memory of respondents, changes in SCMs portfolios, and a lack of documentation of reprogrammed funds and up to date JAs or MSDs (meaning that the evaluation team could not effectively document which HSS funds were reprogrammed to MRS). This mirrors findings from the *Gavi's Initial Response to COVID-19* evaluation, which also documents similar issues.

At the country-level, stakeholders were generally unaware of MRS, likely due to low uptake overall. As per findings from the aforementioned EHG Evaluation, only four countries formally accessed MRS flexibilities, although the evaluation notes that they are unable to provide a definitive figure. Pakistan and Ethiopia were the only CCS where MRS was taken up, and the evaluation team only found evidence of effectiveness in the former. In Pakistan, reprogrammed funds were used to mobilise resources for cold-chain infrastructure and logistics, human resourcing, community mobilisation and enhanced outreach activities (EOA). EOAs were specifically found to be essential to increasing coverage of ZD children. Stakeholders agreed that the country's COVID-19 response was effective due reprogramming of existing 4.0 grants, and by June 2020, national immunisation coverage returned to pre-pandemic levels.

Table 3.1: Strength of evidence for EQ5

Evaluation question	Answer	Notes	Strength of evidence
EQ5: How have Gavi grants initiated under Gavi 4.0, with continued implementation in Gavi 5.0/5.1, contributed towards reaching ZD children and missed communities?	The evidence suggests a partial contribution of Gavi 4.0 funds to ZD outcomes. Measured against IRMMA criteria, Gavi 4.0 funded more activities focused on Identify and Reach than on Monitor, Measure or Advocate. Success factors to delivering on the ZD Agenda included government buy-in, local planning, and working through existing health structures	Evidence comprises minimal data sources of mixed quality. Quantitative indicators are lacking, and findings are based on informant views and desk review activities. Despite this, there is good triangulation.	**3**
EQ5.1 To what extent did Gavi's response through Maintain, Restore and Strengthen (MRS) achieve its goals of reaching ZD children and missed communities?	The evidence suggests there is minimal contribution of MRS to reaching ZD children and missed communities due to low uptake of the flexibility overall. In the few cases where the flexibility was taken up (i.e., Pakistan) the evaluation team identified a moderate contribution of MRS.	Evidence comprises minimal data sources of mixed quality. Findings are based on two CCS, one of which lacks evidence; alongside a previous evaluation conducted by EHG which notes similar issues in data quality.	**3**

3.2 Relevance and coherence of Gavi 5.0/5.1 ZD Agenda in 2021–2023 (Objective 1)

This section presents the key findings gathered under EQ1, EQ2 and EQ3 (see Annex Two), analysing the extent to which the emerging ZD Agenda under Gavi 5.0/5.1, and its associated policies and levers, was relevant to and coherent with countries' needs and the activities of international and national actors.

This assessment of relevance and coherence of the Gavi 5.0/5.1 ZD Agenda drew on stakeholder interviews, the SCM and programme managers survey, quantitative data (including WUENIC data), and documentary sources consulted as part of the country case studies. The principal sources consulted include global-level documentation, such as MPM data, GPF, and PEF activities log; FPP documentation (including the situational analysis, ToC narrative, budgets and workplans, and IRC reviews; inclusive of HSS, EAF, TCA, and CCEOP grants), joint appraisals and multi-stakeholder dialogues; as well as country-level policy documents such as

comprehensive Multi-Year Plans (cMYP) and public health policies (for example, Health System Transformation Plans).

3.2.1 Relevance of the ZD strategy and funding levers to country context and needs

Box 2: Assessing Relevance using the OECD criteria

As per OECD criteria, relevance *'helps users to understand if an intervention is doing the right thing'* – an objectively broad goal, which is guided by the following four *"areas of analysis"*, i.e., responsiveness, contextualised sensitivity, quality of design and adaptiveness over time.[60] Our approach to these areas of analysis is as follows:

- In understanding whether the Gavi 5.0/5.1 strategy **responds to users' needs, policies and priorities**, we assessed whether the ZD Agenda is relevant and supports countries' (1) wider public health priorities; (2) vaccination needs and priorities; and (3) the needs of ZD communities.
- When evaluating **contextualised sensitivity,** we examined how the changes introduced in Gavi 5.0/5.1 and the IRMMA framework facilitate the identification of ZD communities and the design of context-appropriate solutions, which address underlying causes.
- In assessing the **quality of design,** we assessed the relevance of funding levers and specific Gavi 5.0/5.1 funded activities for addressing the needs of ZD communities identified through the FPP process.

In year one of the evaluation, we took an *ex-post* approach to assessing **adaptiveness over time,** specifically whether the ZD Agenda was adaptive to the changes brought about by the COVID-19 pandemic. In subsequent years of the evaluation there will be further emphasis on adaptiveness as the Gavi 5.0/5.1 funded projects are rolled out.

Throughout this analysis we routinely refer back to the intended shifts under Gavi 5.0/5.1 from Gavi 4.0 (namely, the IRMMA framework, country segmentation, gender, civil society organisation (CSO) involvement, and demand generation) as well as the underpinning assumptions within our ToC (see Annex Three).

Key findings:

- The Gavi 5.0/5.1 strategy is relevant to the context, needs and priorities of countries, principally through its focus on equity and contribution towards reaching countries' full immunisation coverage.
- A key barrier to operationalising the strategy is the lack of adequate data; all country case studies experienced challenges identifying ZD communities, including inadequate data systems and poor population data, although the FPP process and IRMMA framework helped to minimise this burden.
- The location and drivers of ZD communities in case studies is diverse; however, poor documentation makes it challenging to fully understand how funds will be implemented and utilised.

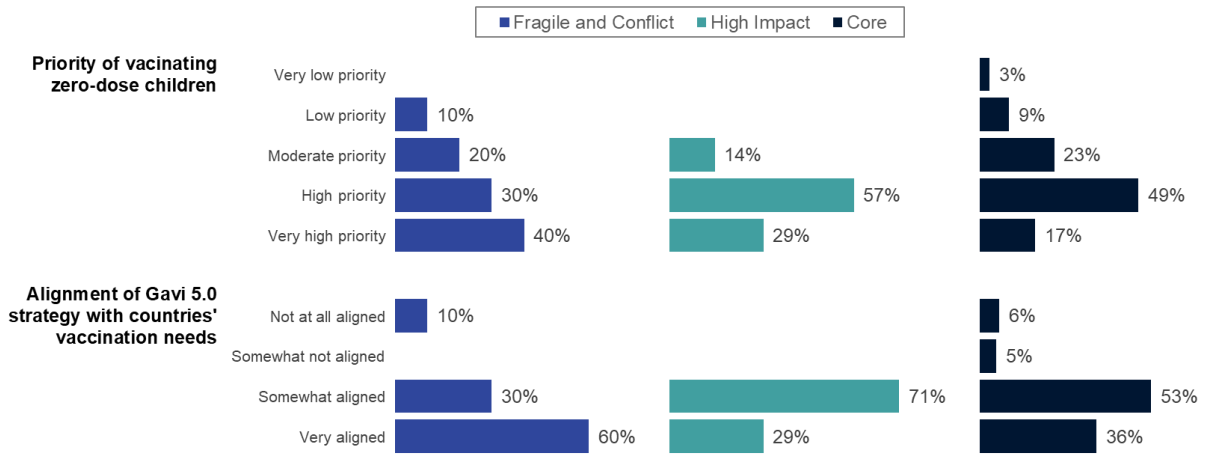
While case study countries have diverse public health needs and priorities, the ZD Agenda is highly relevant from an equity perspective. Table 3.4 at the end of this section summarises public health priorities for each case study. Conflict-affected countries, including Afghanistan and South Sudan, have barely functioning health systems which struggle to meet the most basic demands of their populations. Core countries face more specific yet deeply engrained public health issues, including poor administrative management in Djibouti and poor nutrition in Cambodia. Meanwhile, high-impact countries have large ZD populations served by highly devolved administrations, meaning challenges are diverse and contextual at the sub-national and even community levels. Despite these differences, countries tend to prioritise the following areas of public health which have varying degrees of relevance to the ZD Agenda:

[60] OECD (2021) Understanding the six criteria: Definitions, elements for analysis and key challenges. https://www.oecd-ilibrary.org/sites/543e84ed-en/1/3/4/index.html?itemId=/content/publication/543e84ed-en&_csp_=535d2f2a848b7727d35502d7f36e4885&itemIGO=oecd&itemContentType=book#chapter-d1e2438

- Importantly, all countries expressed (in FPP documentation, other documents and in interviews) a key aim to improve equity, thereby thematically tying the ZD Agenda to the public health priorities of target countries.
- Prioritising maternal and newborn healthcare is also an area where the ZD is considered relevant, particularly if identification of ZD communities leads to improved child health services.
- Countries are also prioritising strengthening their health systems, particularly primary healthcare. HSS funding should intuitively address this. However, some countries, such as Djibouti, felt 'behind' in terms of their ability to operationalise the ZD Agenda through their current health systems. The maturity of the health system and priorities of the ZD Agenda has implications for the types of interventions countries are implanting under the HSS grants (see section 3.3).

Linked to equity, a sub-set of respondents perceive the ZD Agenda to be an opportunity to address wider social deprivation issues. Table 3.4 at the end of this section summarises vaccination priorities for each case study country. ZD children were 'the most powerful symbols of societal equity' in the words of one global respondent, a sentiment that was also echoed at country level in the case studies conducted. One country-level interviewee described how reaching ZD communities necessitated establishing public health infrastructure, illustrating how this would lead to benefits beyond vaccine uptake, such as other health services. In this respect, the choice of using DTP1 coverage as an indicator for ZD is useful even though, for DTP to be effective, DTP2 and 3 need to be administered within a 3-month period, something not easily achieved through vertical programming or vaccine campaigns.

Figure 3.1: SCM and PMs views on the extent to which vaccinating ZD is a priority for country governments and alignment of the 5.0/5.1 strategy with countries' vaccination needs by Gavi segmentation[61]



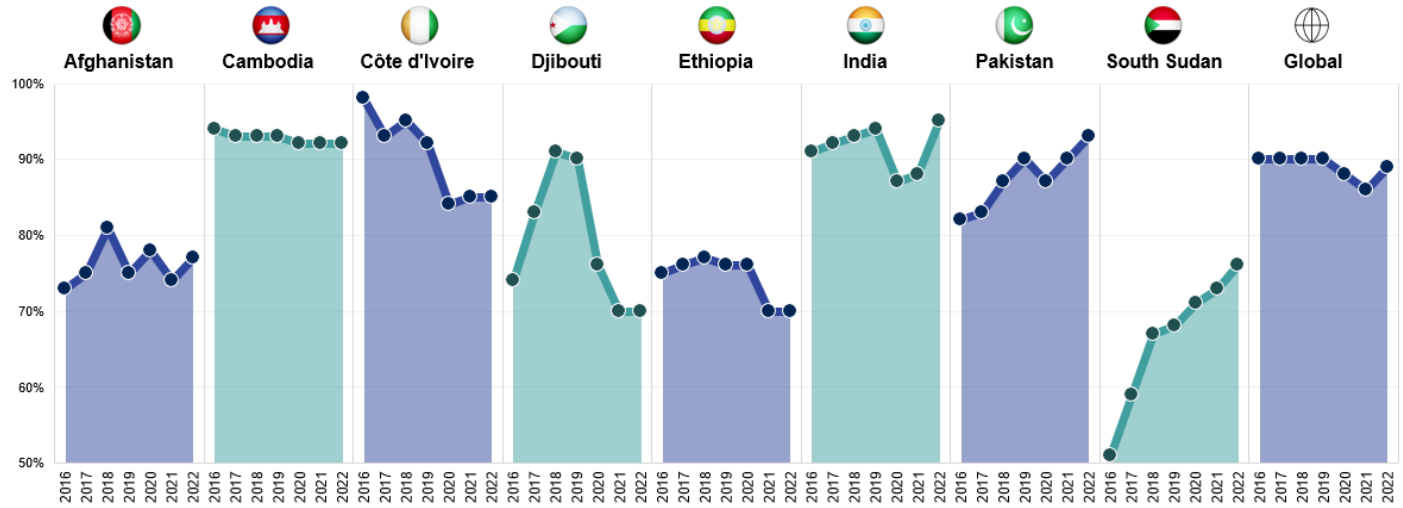
Most countries are working towards reaching full vaccination schedules, and addressing ZD children and missed communities is a proportionately small but important aspect of this goal. Achieving high coverage of the full childhood immunisation schedule is the key vaccination priority across all case studies. To attain full immunisation coverage, countries need to reach children who have not achieved the full immunisation schedule, which is inclusive of ZD children, as well as drop outs and partially immunised children.[62] Strategic stakeholders nearly always considered partially immunised children to be a 'larger number' than the ZD group. However, they also recognised ZD populations to be an important priority for achieving full immunisation coverage – describing them as the 'last mile' or 'last push'. Reaching ZD children is relevant to achieving full immunisation coverage, provided ZD activities are balanced with activities to reach the 'larger population' of under-immunised children. Figure 3.1 shows results from the online consultation with SCMs and PMs which support this finding, broken down by fragile and conflict, high-impact, and core-countries. On average, SCMs and

[61] Note the small sample sizes (n=35) meaning results should be interpreted with caution.
[62] Note: Stakeholders referred to under-immunised children as those who are missing vaccines from the FIC which is discordant with the Gavi definition of those missing DTP3.

PMs consider vaccinating ZD children either a 'high or very high priority' for their country governments; they also reported that the strategy is either somewhat or very aligned with the vaccination needs on their country.

Most countries saw a backslide in vaccine coverage during COVID-19, including ZD; some countries have since recovered more than others. In several Gavi-eligible countries, demand for routine immunisation was reported to be severely disrupted during the pandemic due to logistics (e.g., lack of transport, ban on movement) and community-level barriers (e.g., increased vaccine hesitancy due to spread of misinformation). In some countries, entire vaccination teams, health staff and facilities were reoriented towards the COVID-19 response, to the detriment of routine immunisation. Figure 3.2 below shows DTP1 coverage globally and across the eight case studies. Globally, DTP1 declined during the pandemic but has since improved. These improvements mostly took place in large MICs, whereas LIC are yet to catch-up.[63] Among the eight case studies, India, Pakistan, and South Sudan have improved, whereas all other countries have stagnated or declined.

Figure 3.2: Coverage of DTP1 globally and among country case studies, 2016–2022 (%)[64]



The COVID-19 disruption impacted on Gavi's ability to move forward with the ZD agenda, although some stakeholders felt that the pandemic helped to move vaccines up the public health agenda. The rapid response to COVID-19 delayed Gavi's ability to move forward with the 5.0/5.1 agenda, including initiating the FPP process and disbursing grants explicitly targeted at ZD children. At the time of fieldwork, country-level stakeholders were concerned that delays to the Gavi 5.0/5.1 agenda meant shorter implementation times. The agenda was initially meant to run until 2025, although the evaluation notes that timelines for the EAF grant has since been extended to 2027. Despite the delays to operationalising the 5.0/5.1 agenda, some stakeholders noted that COVID-19 was beneficial for the ZD agenda, in that it pushed vaccines up the national agenda, thereby achieving buy-in and facilitating engagement among stakeholders with the FPP process.

Not every single shift from Gavi 4.0 to Gavi 5.0/5.1 speaks to each country; however, elements of the agenda speak strongly to specific country contexts. Key shifts from Gavi 4.0 to Gavi 5.0/5.1 are outlined in Section 1.3. Respondents from high-impact countries, as well as some core countries, reported the *devolved* approach as an improvement on the previous strategy, mainly due to the geographic specificity and diverse sub-national drivers of ZD populations. This was further enabled by the *community-led* approach, which is anticipated to address diverse community-level barriers. The focus on *demand generation* was felt to be particularly relevant given the post-COVID-19 context. Despite recognition that *gender* plays a role in ZD, this was less commonly

[63] WHO and UNICEF (2023). Progress and challenges with achieving universal immunisation coverage. Retrieved from: chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://cdn.who.int/media/docs/default-source/immunization/wuenic-progress-and-challenges.pdf?sfvrsn=b5eb9141_11&download=true.

[64] As described in the WUENIC methodology paper, available at: https://www.who.int/docs/default-source/immunization/immunization-coverage/wuenic_notes.pdf?sfvrsn=88ff590d_6, 'Number of ZD Children' is calculated using WUENIC estimates of DTP1 and UN estimates of surviving infants are sourced from the United Nations, Department of Economic and Social Affairs, Population Division, World Population Prospects 2022. Estimates of the latter used 'Medium fertility variant' and so may overstate or understate actual figures.

mentioned as an important aspect across most case studies, with the exception of Afghanistan. This is discussed in more detail in section 3.3.

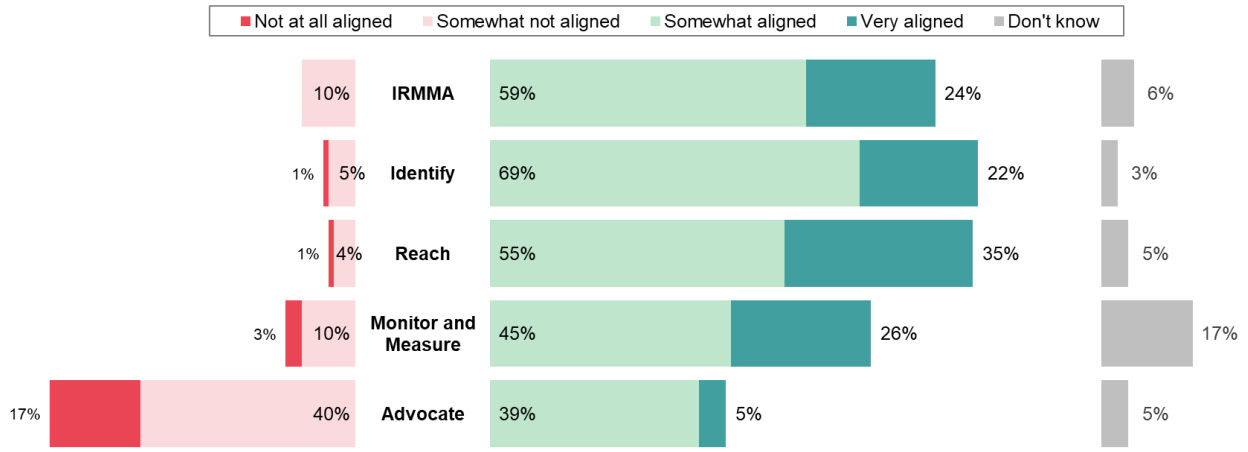
Despite robust approaches to identifying ZD children proposed in the FPP process, countries are severely hampered by inadequate data systems and poor population data. Findings from nearly all case studies reported data systems and monitoring to be a substantial barrier to identifying ZD children. This stemmed from several reasons, including denominator issues (related to outdated census numbers) and numerator issues (related to difficulties in collecting data from remote regions, poor administrative practices and outdated data collected pre-COVID-19). The FPP process and documentation was widely recognised as relevant to identifying ZD communities and applications were considered robust by the IRC. Nevertheless, a sub-set of interviewees expressed concern that the data sources which fed into this process were outdated, particularly considering the changes brought about by COVID-19. It is impossible to triangulate these concerns without further primary data collection activities, yet Gavi should note this as a risk to reaching ZD communities throughout the 5.0/5.1 period. This has further implications for the Monitor and Measure aspects of operationalising the ZD Agenda, although we note that Gavi has directed investments towards this area in through the PEF SFA Framework, specifically the programmatic areas around ZD Identify (c. USD7 million) and Measurement and Learning (c. USD27 million). Assessing the extent to which these programmatic areas are improving monitoring capacity in-country will be a key area of focus in Years 2 and 3 of this evaluation.

The IRMMA framework had mixed reception beyond Gavi and core partners; there is evidence that the Identify and Reach aspects are better utilised than the Measure and Advocate. Outside of Gavi and its core partners, most respondents lacked awareness of the IRMMA framework; some mentioned challenges in translating the framework for application at the sub-national level. Country-level views were mixed; some appreciated the tool's value while others described it as a 'top-down' instrument whose principles were already being applied. Respondents considered the 'Identify' element of the IRMMA framework to be the most useful, especially in terms of moving country teams towards data-driven tools. This is corroborated by findings from the SCM and PM survey (Figure 3.3). Overall, 91% reported the Identify element and 90% reported the Reach element to be somewhat or very aligned to their country context. A smaller proportion reported the measure (71%) and advocate (44%) concepts to be somewhat or very aligned. Internal documentation also found these concepts to be less utilised (see section 3.1 and 3.3).

Table 3.2: Relevance of the ZD Agenda across country case studies

Country	Public health priorities	Vaccination priorities	ZD location and drivers
Conflict-affected countries			
Afghanistan	Health system is near collapse and heavily reliant on external donor support. Large inequities between urban and rural communities.	Ensuring all children complete the immunisation schedule. Persistent inequities in immunisation coverage due to access.	Concentrated in southern and north-central areas in traditionally underserved areas; as well as in Kabul. Drivers are varied and rooted in the country's political, economic, and cultural fabric.
South Sudan	Detailed in the Health Sector Strategic Plan (HSSP) 2023 – 2027: Improve health service delivery; improve leadership and management of the health system and increase health system resources; and strengthen health partnerships	Ensuring immunisation is integrated with the HSSP and Gavi's 5.0/5.1 Strategy and "make significant strides toward achieving IA2030's vision of leaving no one behind in immunization efforts"	Concentrated in conflict areas. Certain populations groups have been identified as constituting a significant portion of the ZD population. Data on estimates of ZD children and their location are unreliable. Vaccination efforts are impeded by conflict and insecurity; acute health workforce shortage, a weak health system; access issues; cultural and behavioural factors
Core countries			
Cambodia	Reaching UHC, ensuring equitable distribution of health benefits, and ensuring quality of care and health system responsiveness.	Increase immunisation coverage nationwide; strengthen immunisation supply chain, quality of surveillance, and management capacity; strengthen the immunisation Supply Chain.	Concentrated in specific provinces mostly in rural non-remote areas. Drivers include migrant communities, ethnic minorities, remote rural poor communities and urban poor communities.
Côte d'Ivoire	Improve PHC; reduce morbidity and mortality from Malaria, HIV/AIDS, malnutrition, TB; improve maternal and newborn health; improve health infrastructure; overarching principles linked to equity.	Addressing vaccine challenges and inequities which were exacerbated by the COVID-19 pandemic.	Often found among nomadic, gold panning and fishing communities, as well as underserved neighbourhoods. Drivers are diverse and include both demand and supply-side barriers.
Djibouti	Reinforce PHC; reduce rates of malaria, tuberculosis, and HIV/AIDS; embed equity in strategic objectives.	Increase routine immunisation vaccination coverage to at least 90%; reduce mortality of measles by 90%, eliminate polio, and extend vaccination offer through the EPI.	Mainly concentrated in urban slums and remote rural areas; drivers include nomadic populations and internally displaced persons who have left areas due to climate change and conflict.
High-impact countries			
Ethiopia	Conflict and drought have damaged the health system in certain regions; improving maternal, newborn, and child health; UHC and equity are a core principle of Ethiopia's public health priorities.	Increase full immunisation coverage (FIC) from 44% to 90% by 2025; coverage rates vary significantly from state to state.	Mainly concentrated in conflict and drought-affected states, although there is a sizeable remote rural and internally displaced population. Drivers are diverse and overlapping.
India	Highly devolved country with state-specific priorities; overarching priorities include achieving UHC and adopting a continuum of care approach.	Increase FIC from 77% to 90%; this includes addressing those who are partially immunised (20%) and 'left out' (4%)	ZD needs are highly devolved with specific district-level needs; includes urban and rural populations, underserved populations, and vaccine hesitancy. Drivers are diverse and overlapping.
Pakistan	Multiple health issues linked to maternal and infant mortality and communicable diseases; HSS UHC, and equity are key priorities.	Strengthen immunisation coverage, eradicate polio, and address sub-national vaccine inequalities.	Largely the urban poor, rural poor, remote and mobile populations, and in security-compromised areas. Drivers are diverse and overlapping.

Figure 3.3: Extent to which the IRMMA framework and its components aligned with country needs[65]



The geographical location of ZD children and missed communities is highly contextual within each country and, while countries employed different approaches to prioritise specific areas, data availability sometimes limited their effectiveness for targeting ZD communities. There are common 'pockets' of ZD children, including remote rural areas, urban slums, ethnic minorities, migrants, internally displaced populations, conflict zones and underserved areas. ZD children and missed communities are also typically located in areas with overlapping barriers. Significant geographic diversity exists across all countries, with 'clusters' of ZD located in specific provinces and communities. All countries employed some form of prioritisation exercise or data triangulation activity for targeting ZD communities, but their approaches varied (see below Table 3.2). For example, India prioritised states based on a mix of overall numbers and the relative proportion of ZD children in each state; while Côte d'Ivoire triangulated data across multiple sources to make a decision. Whether these different approaches have been effective in identifying the relevant ZD communities will be a key area of enquiry in subsequent years of the evaluation.

Table 3.3: Country approaches to prioritising sub-national geographies

Prioritisation exercise	
Cambodia	Provinces were prioritised by (1) an initial score on quantitative variables from the Joint Report Form (eJRF) 2021 and the Health Management Information System; (2) discussions and qualitative insight from immunisation experts; and (3) a final field assessment which prioritised locations across provinces using available data sources, including demographics, whether communities were 'high risk'
Ethiopia	Woredas were prioritised using a scoring system, which were given on the basis of: (1) the number of ZD children per woreda; (2) vaccine-preventable disease outbreak situation; whether the woreda was (3) conflict-affected; (4) pastoralist; or (5) drought affected; and whether there were (6) 'significant data quality challenges'
India	States and districts were prioritised on the basis of (1) coverage perspective; (2) equity perspective; and (3) for an urban programme. Additional districts were selected as Government of India priority districts
Pakistan	Districts were prioritised based on weighted factors, including (1) the number of ZD children and (2) proportion of ZD (as per The Third-Party Verification Immunisation Coverage Survey 2022 data); (3) number of ZD received from Polio in 2022; (4) number of ZD children (admin data); and (5) measles incidence rate
South Sudan	Counties were prioritised based on (1) high numbers of ZD children and (2) low-coverage DTP1 coverage

[65] Note findings are based on a small sample size (n=36) and should be treated with caution.

Data triangulation	
Côte d'Ivoire	Data was triangulated using a ZD mapping exercise conducted by an expanded partner in 2018, two Coverage Equity Assessments conducted in 2015 and 2019, and stakeholder consultations
Not conducted	
Afghanistan	Afghanistan has not had sufficient time after the end of the conflict to fully identify underserved communities in previous conflict areas and in urban high-density areas. Reapplication is due in mid-2023 as per programme documents
Djibouti	Djibouti does not have the data to prioritise districts; instead, they are prioritising population types and are doing a mapping activity. There are only two out of six districts where most ZD children are located, so the situation is relatively unique

Similarly, drivers of ZD populations are not only specific to the country but also to particular populations, regions and communities; countries are therefore proposing highly tailored approaches to address these drivers, which speaks to the community-led approaches embedded within the Gavi 5.0/5.1 strategy. Table 3.4 at the end of this section summarises ZD priorities for each case study. Drivers on the supply side include poor health infrastructure, remoteness and high mobility of ZD populations; on the demand side, vaccine hesitancy was a common driver. Gender barriers, specifically a lack of decision-making from women, were identified as a key driver in some countries (such as Afghanistan) but not explicitly considered a barrier in others (such as Djibouti and Cambodia). Larger contextual issues beyond the scope of the ZD Agenda, including conflict and the impact of climate change, were often reported to be a key driver in fragile and conflict-affected countries. To address these diverse drivers, countries are proposing highly tailored approaches which are community-led and designed, which speaks to the relevance of community-led and driven approaches embedded within the Gavi 5.0/5.1 strategy. In most instances, the specific intervention has not yet been designed, which has implications for assessing their relevance to in-country ZD drivers (see section 3.2.2).

> "It is very difficult to differentiate between the different funding levers. What is useful is the complementarity; we use the different funds available in each lever… [For example, the EAF] is not different from HSS; they are complementary. It's about respecting the ceiling in each grant, but we do not have a differentiated approach. We bring them together and respect each ceiling."
>
> (Operational respondent, core partner, Pakistan)

With the exception of ZIP, countries generally did not distinguish between different funding levers, particularly HSS and EAF (which was conceptualised as a top-up for HSS), and instead viewed them as contributing towards the same programme of work. The total grant ceilings for each of the Gavi 5.0/5.1 funding levers is shown in Table 3.3 (India shows the total amount approved). Although different grant levers have specific allocations, the HSS and EAF funding levers were often presented in the same budget sheets in the FPP applications submitted by the countries, with funds directed towards similar investment areas. Respondents in Pakistan and Ethiopia considered these funds to be contributing towards the same overarching objectives outlined in the programme ToC (although it's noted in Ethiopia that different grants targeted different woredas). The various levers were reported to be needlessly complex and confusing, and only served to create additional bureaucratic and administrative burden.

Table 3.4: Gavi 5.0/5.1 country allocations for 2021–25, ZD evaluation case study countries, USD

Country	HSS 5.0/5.1 ceiling	EAF ceiling	CCEOP ceiling	PEF TCA ceiling	Total
Afghanistan	46,051,882	39,323,663	7,260,232	14,721,200	107,356,977
Cambodia	13,223,184	1,906,513	779,811	3,597,520	19,507,028
Côte d'Ivoire	10,389,764	4,001,236	1,637,981	5,729,177	21,758,158

Djibouti	3,000,000	1,000,000	472,960	4,665,931	9,138,891
Ethiopia	114,644,142	44,180,347	18,074,029	25,000,000	201,898,518
India[66]	122,547,564	N/A	N/A	9,079,061	131,626,625
Pakistan	118,697,088	45,686,028	18,712,989	25,000,000	208,096,105
South Sudan	19,880,000	7,827,835	3,204,302	14,678,271	45,590,408

Interviewees saw value in other separate funding levers, particularly the TCA and CCEOP, to address priority areas. Gavi 5.0/5.1 PEF TCA funds were considered useful for providing subject-matter expertise; and the yearly application cycles allowed them to be responsive to emerging needs. While the CCEOP was considered valuable in earmarking funds towards cold chains and thereby enable market shaping, these were also considered instrumental in laying the groundwork for ZD interventions during the Gavi 4.0 period (see section 3.1).

Poor documentation means the exact interventions being implemented in-country are not always clear. Despite improvements, all the IRC reviews noted budget issues, including incorrect allocation of funds, inconsistencies, and gaps between planned activities and what is in the budget. The IRC reallocated the budget to different investment areas and cost drivers during their review, further making it difficult to understand where funds are being allocated. Additionally, key interventions are sometimes 'buried' in the documentation; for example, the design and development of a vaccine registry system in India (U-WIN) accounts for 31% of the overall HSS budget but is only referenced twice in project narrative. Details on how interventions funded under Gavi 5.0/5.1 will be implemented are not always clear. The IRC reviews from the case studies notes a lack of detail related to the implementation of the intervention and a lack of alignment with the country context. The exact investment areas, cost drivers and broad interventions being funded in-country are discussed in more detail in section 3.3.

Table 3.5: Strength of evidence for EQ1 and EQ2

Evaluation question	Answer	Notes	Strength of evidence
EQ1: How relevant is Gavi 5.0/5.1's focus on ZD children and missed communities to countries' needs?	Gavi's 5.0/5.1 focus on ZD children and missed communities is relevant to countries' public health priorities, vaccination needs, and the contextual needs of ZD children and communities. In identifying ZD communities, countries are severely hindered by inadequate data systems; however, an intensive FPP process helped address this. The IRMMA framework is sensible but there's evidence of poor use beyond Gavi and core partners, especially at sub-national levels.	Evidence comprises multiple data sources of decent quality. This includes informant views, quantitative data from secondary sources and objective reporting from desk review of activities undertaken. Triangulation is good.	**1**
EQ1.1 How relevant are the IRMMA framework and each of its intervention areas to countries' needs and is the framework the right approach to deliver on the ZD agenda?	Overall, the IRMMA framework is considered relevant to country needs, although certain aspects of the framework are considered more relevant (including Identify and Reach) than others (including Measure and Monitor, and especially Advocacy). However, this may be due to where countries currently are with implementation of Gavi 5.0/5.1 grants.	Evidence comprises multiple data sources of decent quality. This includes informant views and quantitative data. Triangulation is good.	**1**

[66] HSS Ceilings for India were not calculated using the allocation formula as they have special Board-approved strategies.

EQ1.2 What effect did the COVID-19 disruption have on Gavi's ability to move forward with the ZD agenda?	The COVID-19 pandemic delayed operationalisation of the ZD agenda, and Gavi 5.0/5.1 implementation timelines have since been extended. A subset of stakeholders felt the COVID-19 pandemic helped to bring vaccines and ZD activities up the public health agenda.	Evidence comprises multiple data sources of varying quality. This includes informant views, data from secondary sources and objective reporting from desk review of activities undertaken. Triangulation for some findings is poor.	**2**
EQ2: How relevant are the Gavi funding levers to the needs of countries with regard to reaching ZD children and missed communities?	Countries have varying degrees of need for funding, and the amount is generally not sufficient for addressing ZD community needs in isolation. Different funding strands were generally not viewed as distinct. Poor documentation makes it difficult to understand what activities are being funded at the country level.	Evidence comprises multiple data sources of varying quality. This includes informant views, data from secondary sources and objective reporting from desk review of activities undertaken. Triangulation for some findings is poor.	**2**

3.2.2 Coherence of Gavi's ZD Agenda with other international and national actors' focus

Box 3: Assessing Coherence using the OECD criteria

As per OECD criteria, coherence helps to understand *'the extent to which other interventions (particularly policies) support or undermine the intervention and vice versa'.* This includes both external and internal coherence i.e., whether the intervention is coherent with other actors, and other interventions carried out by the same institution, respectively. Given the nature of the evaluation questions, we have exclusively focused on external coherence.

In line with OECD criteria, this focused on the following:

- Whether the intervention is aligned with **external policy commitments** at the international and country level, specifically looking at global, government and core partner strategies. The focus here was on immunisation and vaccine strategies, although wider public health strategies were also considered.
- Whether the intervention is **coherent with interventions being implemented by other actors.** Given the interventions under Gavi 5.0/5.1 have not yet been implemented, we focused on whether activities and Gavi support is coherent with government structures and EPI management capacities and capabilities.

Key findings:

- The ZD Agenda is coherent with international actors, which is enabled by overarching strategies, as well as national vaccine and public health strategies.
- Gavi funds and activities are generally adaptive to specific country structures and contexts; segmentation helps to facilitate this, particularly among conflict-affected countries.
- At this phase of implementation, broad Gavi 5.0/5.1 policies, including CSO involvement and ZIP, do not appear to be well coordinated at the country level.

The ZD Agenda was well aligned with the strategies of other international actors, especially Alliance partners; this was facilitated by a considerable global advocacy outreach from Gavi. Table 3.6 at the end of this section summarises the coherence of the ZD agenda with other international actors for each case study. The Gavi 5.0/5.1 strategy is aligned with Alliance partners, IA2030, WHO's General Work Programme 13 (GWP13) for the 2019–2025 Strategy, the Sustainable Development Goals focus of 'leaving no one behind', the GFF Strategy, the Global Action Plan for Health Lives and Well-being for All (SDG3 GAP), as well

as the Addis Declaration on Immunisation in Africa.[67] Alliance partners noted how the ZD concept had been 'well-socialised' among core partners by Gavi, and that the term and underpinning concept was well-understood. This was catalysed by communication and advocacy efforts by the Gavi Secretariat during the COVID-19 period to ensure the term ZD was understood and taken-up by core partners, wider partners, other development organisations, and academics. This included advocacy of the ZD agenda at the WHO-led Global Action Plan for Health Lives and Wellbeing for All[68] and in global political forums, including World Health Assembly 76, UN General Assembly 78, and the UN High Level Meetings on UHC and Pandemic Prevention, Preparedness and Response (PPPR). While some alliance partners expressed a desire to be more proactively included in the design of the strategy, they generally agreed that the ZD Agenda itself with its objectives, goals and vision were broadly aligned with the work of their organisation and the focus of other immunisation actors. Mechanisms such as coordination units, working groups and committees consult regularly with counterparts in other organisations both at global and country level. Certain Alliance partners interviewed also felt that the ZD Agenda was receiving buy-in from other sectors outside of immunisation which is a beneficial outcome that would be worth exploring in the future years of the evaluation.

Coherence of the Gavi ZD Agenda and core partners' strategies in high-impact and core countries is enabled by overarching strategies such as IA2030 and national-level vaccination goals. Interviewees in these countries reported that the ZD Agenda is coherent with their own agendas. While these are not explicitly focused on reaching ZD children, they are aligned with wider global strategies and national strategies, including IA2030 and national FIC policies. Country-level stakeholders felt coherence was further facilitated by the FPP process, which helped to ensure planned activities were complimentary to core and expanded partners. Whether this plays out in practice will be a key area of enquiry for subsequent years of the evaluation.

> "[A]ddressing the vertical equity, mainly the socio-economic, the equity that arises from socio-economic status is not easy, and Gavi's strategy will help the government to translate the strategies into actions. I think that is the most important aspect of the Gavi strategy."
>
> Operational respondent, in-depth interview, Ethiopia

There is less coherence of the Gavi ZD Agenda with other actors in fragile affected countries, which is likely due to more wide-ranging needs, including lower coverage generally, and a complex donor landscape. South Sudan, for example, is particularly hindered by an increasingly fragmented donor landscape with competing priorities in terms of indicators and needs. Multilateral donor funding has reduced since the onset of the conflict and country priorities are shifting rapidly. Exacerbating this issue is limited influence from the government due to their relatively negligible funding contribution. This further means strategies need to be aligned with competing priorities in the donor landscape, who are the main source of funds. Afghanistan is facing similar issues in relation to coherence, although there have been recent efforts to address this among health donors specifically, including a health donor group and transitional health strategy.

The ZD Agenda is coherent with national health and vaccination strategies, although there are differences in indicators used in wider national health strategies. Table 3.6 at the end of this section summarises the coherence of the ZD agenda with national health and vaccination strategies for each case study country. Comprehensive Multi-Year Plans (cMYP) and national vaccine strategies generally include ZD strategies and targets; specific approaches outlined in these plans, including demand generation and differentiation, are also coherent. There was evidence that Gavi played a role in influencing these agendas, particularly in South Sudan and Pakistan, and to a lesser degree in Ethiopia, where Gavi's influence was felt to be in translating government strategies into actions. However, some of the wider public health strategies do not include DTP1 as an indicator. For example, the Health Sector Transformation Plan (HSTP-II) in Ethiopia, which started in 2020 and is funded through a pooled fund to which Gavi is contributing to. USD 70 million

[67] How Gavi Works (June 2023).
[68]

only lists DTP3 as an indicator as well as the health plan in Djibouti. However, both plans still have similar objectives and strategic focus areas, particularly linked to equity.

While tiered funding mechanisms are coherent with government structures, particularly in more decentralised countries, there are noted delays where funds are disbursed through federated mechanisms. To take one example where the IRC noted funding delays, HSS/EAF funds in Ethiopia are directed towards the MoH, then to regions, zones and then woredas. It is difficult to know where exactly the funding delays are located without more sufficient data. However, anecdotal evidence points towards delays in finalising payments and over-inflation of budgets among fund recipients (including MoHs and core partners) and delays among implementing partner absorption rates. Similar delays were reported in Pakistan, and strategic stakeholders reported that funding structures, alongside a lack of documentation, creates additional issues linked to transparency as to where the funds are being absorbed. This will be a key area of enquiry during Year 2 of the evaluation.

Directing funding towards pooled funds is a potential mechanism that can ensure coherence with country activities, although this comes with the trade-off of not knowing what activities funding is directed towards and competitive priorities from other donors. A large proportion of the grants approved in Afghanistan, Ethiopia, Pakistan and South Sudan will be directed towards pooled funds, in which resources are combined with those from other donors, unearmarked, and funding is directed towards achieving specific outcomes within country plans. Whether Gavi funding is used to target ZD children is dependent on the coherence of these plans with the ZD Agenda; however, it does ensure that funds are being directed towards the country in a coherent manner. The main trade-off here is that it is impossible to know the specific activities contributions of pooled funds are directed towards (as is the case in Ethiopia), or that pooled fund activities are in competition with other donor priorities (as is the case in South Sudan).

EPI and health workforce human resource capacity are inconsistently impacting immunisation coverage across case studies; country segmentation flexibility allows countries to address this. As per FPP documentation, most countries have stated low EPI and health workforce capacity, although this is impacting some countries' vaccination coverage more so than others. Conflict-affected countries, specifically Afghanistan and South Sudan, are the most severely impacted, and are directing the majority of HSS funds towards maintaining their EPI programme. High-impact countries, including Ethiopia and Pakistan, have substantial inequities in EPI and workforce capacity but it is unclear at the time of the evaluation how and whether these will be addressed differentially at the sub-national level through Gavi 5.0/5.1 funds.

CSO engagement is meant to enable countries to develop more coherent community-level interventions, yet their engagement is not well defined or delineated among the countries included in this evaluation. Stakeholders largely agreed on the need for more inclusion of CSOs, NGOs or non-traditional recipients of Gavi funding to help facilitate access and reach ZD children and missed communities. However, they also commented that implementation of this new strategy warranted more thought and careful planning before roll-out. While countries have identified CSOs and stated they will direct Gavi 5.0/5.1 funding towards CSOs, key mechanisms for engaging and including them in planned activities have yet to be determined. In some cases, this is reasonable; for example, India is engaging CSOs through a competitive RfP process, which will be implemented in subsequent years. Other countries such as Djibouti and Ethiopia have not yet identified funding channels, while countries such as South Sudan and Afghanistan, despite heavy engagement, have not clearly stated how CSOs will be involved in the proposed activities. By November 2023, out of approved HSS, EAF and TCA, 194.8M (21%) were allocated to CSOs through 3 different funding mechanisms: Directly (), through the Alliance partners () and through Governments (). In addition, 2 new third-party fund managers were selected and contracted by Gavi to facilitate more the fund management processes to local CSO.

ZIP is also meant to address specific challenges among populations outside of the reach of government services, particularly in cross-border and conflict settings, but how this will be

coordinated in Ethiopia and South Sudan, which are both being targeted for ZIP funding, is not well defined in this evaluation. In Ethiopia, there is overlap between the woredas targeted by Gavi 5.0/5.1 HSS/EAF funds and ZIP funds. In these woredas, the Ethiopia MoH will play a coordinating role and ensure activities synergistically support each other and efforts are not duplicated. In Sudan there is limited evidence as to how ZIP funds will work in coherence with Gavi 5.0/5.1 activities, and this will be a key area of enquiry in Year 2 of the evaluation.

Table 3.6: Coherence of the ZD Agenda across country case studies

Country	Policies and strategies		Country infrastructure			Gavi 5.0/5.1 shifts	
	Health system strategy	*Vaccination strategy*	*Funding mechanism*	*EPI management and coordination*	*Health workforce capacity*	*CSOs*	*ZIP*
Conflict-affected countries							
Afghanistan	Government health budget does not allocate substantial funding for immunisation but is reliant on donor support	N/A – no current vaccination strategies	Distributed through UNICEF, WHO, Acasus, International Federation of Red Cross and Red Crescent and International Organization for Migration (IOM) last for 1 year	Lack of accountability framework	Current Human Resources for Health (HRH) s inadequate and there is high turnover	Involvement of CSOs not well defined	N/A
South Sudan	HSSP 2023-2027 not publicly available and lack of interviews with Government officials	National immunisation strategy in development; supported through Gavi funding.	Two funding mechanisms: the WB-UNICEF/Gavi partnership and a pooled fund; challenges balancing Gavi priorities with other donors.	Co-ordination mechanisms provide limited oversight; national EPI functions highly dependent on TA support.	Current HRH is inadequate and there is high turnover impacting vaccination coverage.	Reached goal of 10% of funds allocated to CSOs for the HSS grant (2023) and TCA grant (2022); future allocation uncertain	IRC leading a network of international and local partners, to reach vulnerable ZD populations
Core countries							
Cambodia	High coherence with the current Health Sector Plan from and equity perspective	High coherence with the National Immunisation Strategy	Funded through federated government structure; slow absorption rates	Coordination mechanisms, including NITAG, appear to be functioning	Current HRH inadequate in terms of skills and numbers	11% of funds allocated; CSO context felt to be challenging due to lack of experience	N/A
Cote d'Ivoire	High coherence with wider health plans via EPI priorities	High coherence with the cMYP	Funded through government structure (UCP-FE) dedicated to Gavi funds; Difficulties disbursing funds because of heavy government processes	Coordination mechanisms including NITAG and Committee for Inter-Agency Coordination working effectively	HRH is technically strong but low pay leading to strong turnover and low retention	CSOs well defined and structured but need capacity building for management; will be provided through TCA	N/A
Djibouti	Moderate coherence with national health	High coherence with the cMYP	Funded through the government structure (UCP)	Coordination mechanisms are present, but not	Current HRH is inadequate Low capacity	CSOs have not been well defined in	N/A

	plans; no DTP1 indicator but objectives are similar		which manages BID, WB, and Gavi funds (not pooled) Difficulties disbursing because of lack of capacity	functioning as intended		terms of utilisation and identification	
High-impact countries							
Ethiopia	Moderate coherence with HSTP-II, although not working towards the DTP1 indicator	High coherence with the cMYP	Funded through pooled fund and MoH; slow absorption rates with funds directed towards MoH	Coordination mechanisms are strong at the national level but weak at the sub-national level	Current HRH is inadequate and unequal across regions	CSOs have been identified; how they will be utilised, and the funding channel have not yet been identified	Coordination mechanism not well defined.
India	High coherence with the India National Health Policy	High coherence with cMYP and the Intensified Mission Indradhanush	Funds are designed and approved by the India MoH, and channelled directly to partners	Coordination mechanisms are functioning well; lack of data on NITAG	Noted attrition of healthcare workers, but not mentioned frequently as a challenge	CSO engagement is well defined; will be involved through a competitive RfP process	N/A
Pakistan	High coherence with the National Health Vision 2016-2025, particularly around pro-equity approaches, reaching vulnerable groups, and wider health system strengthening.	High coherence with national vaccination strategies – built on Pakistan's National Immunisation Strategy and cMYP, which have a strong equity perspective.	Funded through federated government structure and partners; slow transparency and absorption rates	Coordination mechanisms are weak or non-existent; lack of accountability mechanisms	Current HRH is inadequate, under-utilised, and under-performing; low motivation and retention	11% of funds allocated, but involvement not well defined	N/A

Table 3.7: Strength of evidence for EQ3

Evaluation question	Answer	Notes	Strength of evidence
EQ3: How coherent is Gavi's ZD Agenda with other international and national actors' focus?	The ZD Agenda is coherent with international actors as bolstered by the global policies such as IA2030. It is generally coherent with country-level policies. Gavi mechanisms are generally flexible and coherent with country capabilities and infrastructure; the segmented approach has helped to facilitate this, especially among conflict-affected countries.	Evidence comprises multiple data sources of decent quality. This includes triangulation of informant views with factual quantitative data from secondary sources and objective reporting from desk review of activities undertaken. Triangulation is good.	**1**

3.3 Assess the operationalisation of the ZD Agenda through the Gavi 5.0/5.1 funding levers (Objective 2)

This section presents the key findings gathered under EQ4, guided by the EQ4 sub-questions; 4.1 'What are the main drivers and barriers in Gavi participating countries to these processes and levers being used?' and; 4.2 'To what extent are the ZD working groups and related architecture within the Secretariat coherently designed and contributing to the operationalisation of the ZD Agenda?'

Box 4: Assessing operationalisation using OECD effectiveness criteria

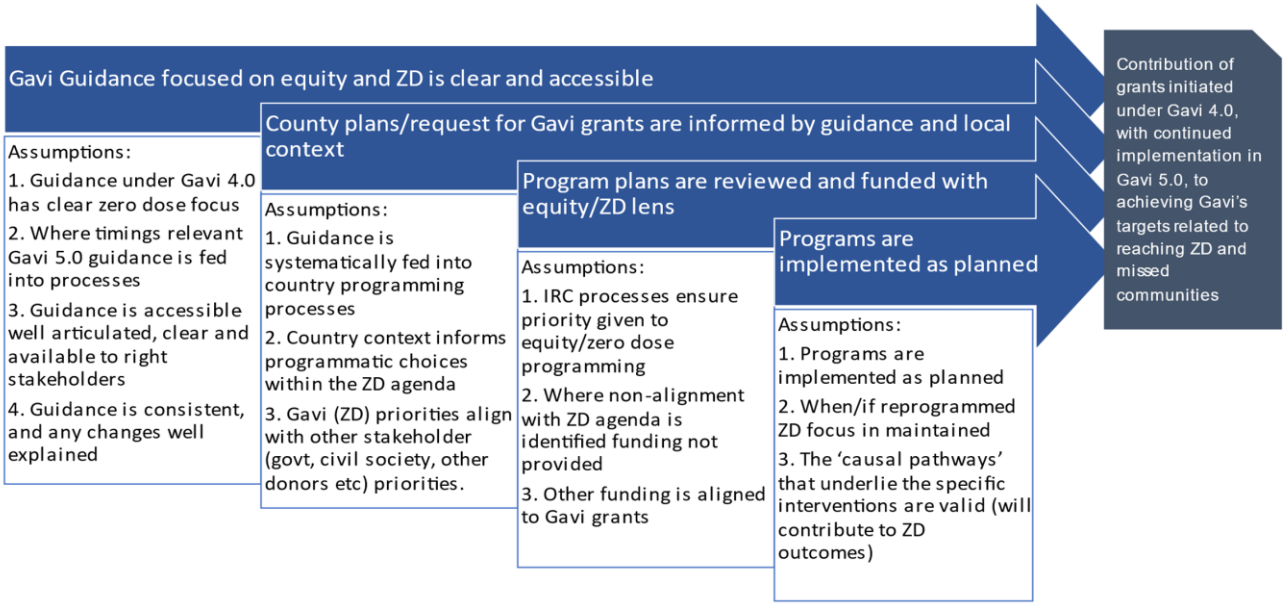
We also use OECD criteria around effectiveness as outlined in section 3.2; however, the approach to areas of analysis is slightly adapted, as follows:

- **Achievement of objectives** has been addressed by mapping activities on the left-hand side of the ToC, specifically the theory of action, looking at the processes through which Gavi programmatic guidance and approaches have been translated to funded interventions at the country level.
- **Weighing the relative importance of what was achieved** is addressed by exploring whether some guidance, policies or levers have been more effective than others, and the relative importance of those results.
- **Differential results** are addressed by discussing evidence of effectiveness across country contexts – against the Gavi country segmentations and differentiation processes.
- **Influencing factors** are explored by looking for the success factors identified by stakeholders for translating ZD priorities into grant design through processes, levers and guidance.

Figure 3.4 represents Gavi's theory of action which focuses on how much Gavi ZD-targeted guidance helps frame country-level planning activities, the extent to which these plans are translated into funded programmes (though the IRC process) and ultimately are implemented as planned. The extent to which these key theory of action stages take place in specific country contexts is informed by the validity (or not) of several assumptions, judged by specific criteria.[69] In Phase 1 of the evaluation, we focus on the first three stages. Given delays to grants to date, programme implementation has not been a focus of Phase 1.

[69] The extent to which funding levers and processes are clear, and requirements articulated to partners; whether partners are able to absorb, and implement, requirements of levers and processes; whether grant applications reflect ZD Agenda requirements and priorities; countries planned and/or current ZD interventions, align to the IRMMA framework and; whether the Secretariat ZD architecture and portfolio management processes align to ZD objectives and contribute to its operationalisation.

Figure 3.4: Theory of action stages and key assumptions for translation of ZD guidance to implemented programmes at the country level



Unpacking these stages within case studies formed the backbone of the evidence (document review of applications and country programme management material and key informant interviews). Other sources of evidence include portfolio desk review of other centralised evaluations, Gavi application guidelines and materials, policy and programme management material; interviews with the Gavi Secretariat, external partners, quantitative data from the Country Programme Monitoring and Performance Management (CPMPM), and an online survey-based consultation with SCMs. Throughout the narrative, we indicate the strength of evidence from these sources.

The section is structured as follows. first, we provide a recap of the operationalisation model and a summary of the operationalisation status of the ZD Agenda, outlining the how Gavi grants contribute to country programmes (section 3.3.1) and whether the intended strategic ZD shifts are appearing in grant designs (3.3.2). Second, we discuss drivers and barriers (3.3.3) in Gavi eligible countries (from the case studies) to using the funding levers, processes and guidance, and provide analysis of to what extent the Secretariat's ZD architecture is coherently designed and contributing to operationalisation of the ZD Agenda (3.3.4).

3.3.1 Operationalisation of the ZD Agenda

As outlined in detail in section 1.4, Gavi primarily operationalised its ZD Agenda through the introduction of a set of grant instruments, levers and policies under its strategy 5.0/5.1, including the revised FPP process and the EAF and the country segmentation and differentiation processes. These instruments provide the details for Gavi-eligible countries to apply for their country allocations which for 5.0/5.1 include specific ZD criteria (see Table 3.3 in section 3.2 for allocations).[70]

Grant allocations to Gavi investment areas and cost groupings

Key findings:

- Despite their diverse contexts and drivers of ZD populations, the eight countries are directing funds to similar Gavi investment areas and cost groupings, typically including delivery of vaccine services, supply-side infrastructure, demand-generation activities and health workforce salaries.

[70] Gavi uses the Board-approved allocation formula to calculate 5-year ceilings for every country's allocation. This allocation formula accounts for four equally weighted parameters – (a) the number of ZD children (children not receiving a first dose of DTP-containing vaccine), (b) the number of under-immunized children (children not receiving a third dose of DTP-containing vaccine), (c) the birth cohort, and (d) GNI per capita – as a proxy for countries' target population, health system strength, equity gaps and ability to pay.

- Despite significant limitations in data systems and information at the country level which can effectively monitor ZD targets, comparably less funding is being directed towards systems which could help monitor this, including health information systems and nearly none towards vaccine-preventable disease surveillance.
- Centrally, Gavi currently collects limited information on the extent to which country programmes are funded against allocations and resources are disbursed against budget.

Despite diverse contexts and drivers of their ZD populations, countries are directing funds to similar Gavi investment areas and costs, including service delivery, human resources, supply chains, and demand-generation. This finding is heavily caveated by the limitations in FPP budgets noted by the IRC reviews across all countries**.** Based on budgets made available through the FPP documentation, Gavi 5.0/5.1 grants in our case study countries are most commonly being invested towards service delivery, supply chains, and demand generation and community engagement – the highest drivers of cost are typically human resources, transport and travel-related costs, and event-related costs. There is comparably less funding directed towards vaccine-preventable disease surveillance, health financing, and grant management and indirect costs (with Djibouti being the notable exception), with the lowest cost drivers being cold chain and health products (see Table 3.8 overleaf). The latter may reflect the significant gains in cold chain equipment under Gavi 4.0, detailed previously, and that vaccines are funded through separate funding levers.

Drilling down to what is being funded under Gavi 5.0/5.1 HSS/EAF funds, this typically includes delivery of vaccine services, supply-side infrastructure, demand-generation activities and health workforce salaries. A review of country-level programme documents (including budgets and narrative ToCs) and IRC reviews identified the following broad areas of interventions being funded at the country level:

- Some countries (including Afghanistan, Ethiopia, Pakistan and South Sudan) are directing a large proportion of funding towards outreach campaigns, including mobile immunisation services and Periodic Intensification of Routine Immunisation (PIRI). This is in response to the difficulties of administering vaccines in hard-to-reach geographic areas affected by drought (Ethiopia), flooding (Pakistan) and conflict (Afghanistan, Ethiopia and South Sudan). Questions remain around the sustainability of PIRI campaigns and their long-term effectiveness but, if delivered alongside other vaccination activities, research suggests the combined results could lead to successful results in the long term.[71,72]
- Relatedly, supply chains are also being funded (in Afghanistan, Cambodia, Djibouti, Ethiopia and South Sudan), such as strengthening vaccine management systems.
- Demand-generation activities are also being heavily funded across nearly all case studies, including funding of training programmes, ‘micro-planning’ sessions and tailored solutions. These activities are not always clearly defined; for example, India is creating a Community of Practice-Demand ecosystem, which will commission CSOs through RfPs to deliver tailored demand strategies to their local communities.

[71] Summan, A, Nandi, A, Deo, S and Laxminarayan, R (2021). Improving vaccination coverage and timeliness through periodic intensification of routine immunization: evidence from Mission Indradhanush. *Annals of the New York Academy of Sciences, 1502(1).* doi: 10.111/nyas.14657.
[72] Clarke-Deelder et al. (2021). Impact of campaign-style delivery of routine vaccines: A quasi-experimental evaluation using routine health services data in India. *Health Policy and Planning, 2021. Vol 36(4).* Doi: 10/1093/heapol/czab026.

Table 3.8: Percentage of investment areas and cost drivers by country case study[73]

	AFG	CDI	CAM	DJI	ETH	IND	PKN	SS
Investment areas								
1. Service delivery	29%	23%	19%	26%	19%	12%	41%	21%
2. Human resources for health	17%	7%	5%	11%	1%	15%	0%	40%
3. Supply chain	23%	8%	18%	16%	17%	0%	6%	11%
4. Health information systems and monitoring & learning	9%	8%	9%	8%	3%	26%	9%	8%
5. Vaccine-preventable disease surveillance	0%	1%	6%	n/a	1%	0%	9%	n/a
6. Demand generation and community engagement	10%	19%	15%	2%	8%	30%	11%	12%
7. Governance, policy, strategic planning, and programme management	8%	23%	22%	9%	3%	12%	8%	0%
8. Health financing	1%	2%	6%	2%	0%	0%	0%	0%
9. Grant management and indirect costs	2%	8%		25%	0%	6%	0%	1%
10. Results-based financing	0%	0%	n/a	0%	48%	0%	16%	0%
Cost grouping								
1. Human resources	31%	24%	31%	22%	0%	18%	9%	26%
2. Transport and travel-related costs	21%	33%	21%	20%	34%	4%	28%	33%
3. External professional services (EPS)	9%	6%	9%	14%	1%	56%	11%	0%
4. Health products, consumables and equipment	1%	2%	1%	1%	1%	0%	2%	10%
5. Event related (trainings, meetings, workshops, launches)	12%	21%	12%	22%	7%	13%	18%	28%
6. Cold chain	3%	0%	3%	10%	7%	0%	1%	0%
7. Infrastructure and non-health equipment	13%	1%	13%	2%	0%	0%	10%	1%
8. Communication materials and publications	6%	7%	6%	0%	2%	2%	5%	1%
9. Programme administration (PA)	4%	6%	4%	10%	0%	7%	0%	1%
10. Results-based financing	0%	0%	0%	0%	48%	0%	16%	0%

Note: AFG Afghanistan**;** CDI Côte d'Ivoire; CAM Cambodia; DJI Djibouti; ETH Ethiopia; IND India; PKN Pakistan; SS South Sudan

[73] Data in these tables is extracted from budget templates submitted through the FPP process. There are noted limitations in these tables – principally, IRC reviews identified errors across all budgets, including misallocation of funds, inconsistencies and data gaps. The evaluation team did not have access to the reallocated IRC-reviewed budgets, and it's unclear how countries are meant to take this on board.

- In the fragile and conflicted-affected countries (Afghanistan and South Sudan) and Djibouti, the majority of Gavi 5.0/5.1 funds are being directed towards staff salaries and maintenance of their EPI programmes. While this is arguably relevant to the base needs of these countries, it is difficult to determine whether it is relevant to the contextual needs of ZD communities in-country. This also raises larger questions on the sustainability of these funds.

Despite noted challenges in data systems and information, comparably less funding is being directed towards health information systems and nearly none towards vaccine-preventable disease surveillance. India is the exception here. Monitoring, measurement and evaluation frameworks were also criticised by the IRC across all case studies; reasons being inadequate operational strategies including the presence of poor data systems, poor baseline data and unrealistic targets. Detailed data systems which can accurately measure and monitor ZD coverage at the sub-national level will be a key factor in determining the effectiveness and contribution of different Gavi-funded activities. Without this data, lessons will need to be generated from detailed case studies that identify areas of success and best practice.

Gavi 5.0/5.1 PEF TCA and SFA investments have started to be operationalised, however it is too soon to assess the impact of these funds. Under Gavi 5.0/5.1 PEF SFAs, available data indicates that most of the funds have been committed to the ZD and supply chains SFAs, with comparatively less towards the leadership and management and civil society and community engagement (CSCE) SFAs.[74] It is difficult to assess progress of PEF TCA activities, which are not mapped against SFAs or the ToC, but instead 'programmatic areas'. Despite this, a rapid assessment of TCA funds which are directed towards ZD outcomes typically focus on the 'identify' and 'reach' aspects of the IRMMA framework. This includes activities mapping of zero-dose communities, situational analyses in hard-to-reach areas, and outreach campaigns. These activities could help to address the limitations in data systems noted in the previous section, although the sustainability of these activities is questionable. This will be a key area of enquiry for year 2 of the evaluation.

Centrally at Gavi, there is limited information on the extent to which country programmes have been funded against allocations and resources are disbursed against budgets. Since 2022 (and as of July 2023), 46 HSS and EAF applications have been submitted, with 36 approved by the IRC (three received partial approval and the rest are due for re-review).[75] Gavi's CPMPM includes variables measuring *total grant value approved, committed, disbursed and utilised, by grant type, 2022 (USD millions)*; however, the start dates of funds vary between countries and do not distinguish between 4.0 and 5.0/5.1. As of October 2023, the evaluation team has therefore not been able to assess disbursed and utilised grants. There is also an indicator providing *total funds allocated towards targeted investments to reach ZD children, 2016–2023 (USD millions)*; however, there is only data for Djibouti and South Sudan.

3.3.2 Extent to which key ZD strategic shifts are reflected in grant design in case study countries

Key findings:

- The success in translating ZD strategic priorities into grant designs has been slow and inconsistent across different areas but ZD is a core focus of all country applications, showing the intention to set out holistic planning. There is a clear increase in IRMMA-associated strategies, greater focus on demand and CSOs, with less progress in gender.
- Evidence from 2022 and 2023 in the evaluation countries demonstrates significant fund allocation to CSOs, especially local ones. Secretariat analysis shows that countries are also meeting criteria for demand and CSO engagement.

[74] As of October 2023. *SFA Progress Report, Gavi internal documentation.*
[75] Portfolio analysis if Gavi ZD programming; Implementation of the ZD Agenda; Health Systems and Immunisation Strengthening, July 2023.

- There is little evidence to date of differentiation of Gavi processes across country types and contexts.

The success in translating ZD strategic priorities into grant designs has been slow and inconsistent across different areas but ZD is a core focus of all case study country applications with the intention to set out holistic planning. Gavi summarises the key ZD strategic shifts into six areas (Box 4).[76] The FPP process in particular encourages the first two and there is strong evidence from all case studies of these shifts, as demonstrated by a strong ZD focus in all country's FPP supporting narratives for the ToC for Gavi's support requests and as evidenced in the HSS shifts tracker.

Box 4: Key shifts from 4.0 to 5.0

1. ZD children and missed communities as starting point for country dialogue in planning for or reprogramming Gavi investments
2. A single theory of change at the country level for how all Gavi support aligns to identify and reach ZD children
3. Greater focus on demand, community engagement and overcoming gender barriers as key enablers of reaching ZD
4. More deliberate approach to engaging a broader set of partners including CSO and humanitarian actors
5. More differentiation of Gavi support and processes across country types and contexts
6. A more purposeful advocacy to secure political commitment to prioritise zero dose communities

There is also a clear increase in IRMMA-associated strategies compared to Gavi 4.0 (see section 3.1). Gavi's internal tracking of key shifts in HSS and EAF grant applications reviewed by the IRC as of 28 September 2018 (n=25), suggests that for ZD shifts (classified into IRMMA), on average, countries 'partially meet criteria' overall. There are some specific strengths however, for example meeting criteria for estimating ZD populations, causes and targeting approaches, and developing reach and monitoring strategies. They are, on average however, only partially meeting the suggested minimal triangulation related analyses conducted (listed on the EAF minimal requirements) for the target population estimation, and measurement and advocate activities.[77] Using this evaluation's case studies, we set out further analysis of the presence of the key shifts, and strengths and areas for improvements (see Table 3.8 below), covering key shifts 1, 2 and 6 outlined in Box 4.

Table 3.9: Extent to which key shifts have taken place in case study countries, organised into IRMMA and other

Identify	While all countries have made efforts to identify and quantify ZD children and their causes, there are common challenges related to data quality and the availability of comprehensive demographic information, impacting the degree to which triangulation of sources is possible, accurate population denominators are available, and sub-national data is present. Additionally, some countries provided more detailed assessments of availability of services and barriers to vaccination than others (such as gender metrics).
Reach	Countries have developed tailored strategies that are specific to the barriers faced by different groups or regions. This shows a comprehensive understanding of the unique challenges faced by different communities. Most countries have been successful in identifying both supply and demand-side barriers, which is an essential first step in developing effective interventions. However, while all countries have outlined Reach strategies, there are common challenges related to the specificity of interventions, consideration of past lessons, and the thoroughness of addressing both supply and demand-side barriers. For example, some proposed interventions do not thoroughly address demand and supply constraints in disadvantaged and low-coverage areas.

[76] Gavi, Programming guidance on improving equity in immunisation, Approach to reaching ZD under-immunised children and missed communities through Gavi grants, September 2022.
[77] Gavi, HSS Shifts Tracker, September 2023.

Monitor & Measure	While many countries have systems in place for monitoring and measuring their interventions (for example, around integration of digital health activities, common weaknesses include concerns about data integrity and quality (e.g. sub-par data quality checks in the Health Management Information System, and limited capacity for managing and supervising data quality within the National Immunisation Programme), lack of specific learning questions, insufficient attention to data quality improvements, and lack of clear outputs and follow-up activities.
Advocate	Countries show some level of advocacy in their strategies. For example, alignment with National Immunisation Strategies (NIS) is present although not all countries have an NIS yet. There are common gaps, particularly in the lack activities to build social accountability, engagement with CSOs, and the allocation of domestic resources for immunisation.

Compared to Gavi 4.0, evidence suggests a greater focus on gender, demand and CSOs (key shifts 3 and 4). Secretariat analysis of gender shifts in HSS and EAF applications shows countries on average only 'partially meet criteria', with the average score only 13 percentage points above 'does not meet criteria'.[78] Case study analysis shows countries identified a range of gender-related barriers and proposed interventions to address them.[79] However, there are still some gaps; Secretariat analysis shows that among criteria used to assess the presence of key Gender shifts, common among them are the lack of sex-disaggregated coverage data, specific interventions for adolescent girls and mothers, and gender transformative interventions. This finding is in line with StratOps evaluation, which concluded that less progress had been made to integrate gender-responsive and transformative interventions in Gavi grant designs across the portfolio.[80] It should be noted however that gender shifts were introduced later than the other key shifts.

Evidence from 2022 and 2023 in the evaluation countries demonstrates significant fund allocation to CSOs, especially local ones. Gavi's most recent CPMPM data shows an average of 27% of EAF funding being allocated to CSOs, 15% of HSS and 14% of TCA. However, persistent challenges remain. StratOps case studies observed government's potential de-prioritisation of CSO support owing to a cutback in HSS and TCA ceilings, scepticism about CSOs' delivery capability, and operational issues related to contracting with CSO. All case study countries have made efforts to engage CSOs in their strategies. Strengths include in-depth mapping of CSOs, with plans for local CSOs to lead community engagement and identify ZD children. Most countries also include over 10% of budgets to CSOs, meeting the Board mandate. However, funding allocations to CSOs are largely estimates, as final grant budgets are not clear on what is allocated to them. Often, no evidence is provided as to which organisations receive funds and how much, or what activities they would lead on. There are other gaps in relation to specific engagement approaches, such as allocation of funds to local CSOs and capacity building for CSOs.[81]

Secretariat analysis shows that countries are also meeting criteria for demand and CSO engagement. Analysis of the case studies shows countries have incorporated demand-generation elements in their applications. Most applications successfully identified the behavioural and social drivers of vaccination and proposed behaviourally informed interventions. However, they only partially address requirements around the engagement of influencing groups, face-to-face engagement with caregivers, and CSO engagement for demand promotion. They also differ in the extent of their focus on behaviourally informed interventions.

[78] Gavi, HSS Shifts Tracker, September 2023.
[79] Common barriers include addressing health worker and caregiver barriers, and to a lesser extent, adolescent mothers, decision autonomy and maternal literacy.
[80] Euro Health Group (2022). Evaluation of the operationalisation of Gavi's strategy through Gavi's policies, programmatic guidance, and use of funding levers. Draft final report.
[81] Gavi, HSS shifts tracker, September 2023.

Beyond policies and guidance outlining segmentation processes, evidence is weak on differentiation of Gavi support and processes across country types and contexts. Useful guidance and policies exist to support Secretariat teams in engaging country's contextual challenges to reach ZD and missed communities, although there is not yet enough evidence to support effective practical translation of these. Recognising the pressing challenges of reaching ZD children in different settings, Gavi has undertaken steps to refine its processes and improve mechanisms for its support. This includes detailed roles and responsibilities[82] guidance for operational teams for each country segmentation,[83] and updated policies. For example, in response to recommendations of an independent evaluation[84], Gavi approved an updated FED policy[85] in 2022 which specifically targets countries dealing with chronic fragility, acute emergencies, or housing displaced populations, integrating flexibility and differential, fast and agile support to maintain and enhance immunisation coverage amid these challenging environments. While the evaluation has found a few examples of differentiation being applied, the current evidence from case study countries suggests that, practically, these concepts are not fully operationalised to support countries with planning their ZD support (this is discussed further in section 3.3.4 below).

3.3.3 Drivers of and barriers to countries use of these processes and levers

The StratOps evaluation concluded that the updated Gavi 5.0/5.1 approach built upon lessons of Gavi 4.0 but that pandemic-related constraints, systemic challenges and design choices, together with misalignment of operationalisation process and organisational management responses have so far led to a less optimal operationalisation strategy.[86] The following analysis builds on this, focusing on the implications of this for the ZD Agenda.

> "The different formats were not very friendly.... That [took time] to understand and I feel that Gavi is also in the process of developing those formats, so it is evolving… so that took quite a lot of time to understand and then to fill those things and [in] some places, it felt repetitive."
>
> Operational respondent, in-depth interview

Grant application guidance and policies

Key findings:

- Gavi's ZD guidance and related policies clearly establish the ZD Agenda. However, communication and implementation of the full suite has been challenging due to their complexity. At the country level, guidance is rarely, if ever, utilised by country stakeholders themselves and weak data systems in countries present significant challenges in meeting IRMMA grant design criteria.
- Policies and guidelines intended for segmentation and differentiation are not yet fully operationalised, particularly for fragile and conflict states.

Gavi's ZD Agenda has been clearly established and communicated through an array of policies, processes and guidelines, focused on reaching ZD populations and missed communities. This is well evidenced by our review of the documentation covering Gavi's support. For example, ZD is at the core

[82] Gavi, Team roles & responsibilities across the portfolio management process, core-priority, core standard, fragile & conflict, and high impact segment handbooks.
[83] Segment Characteristics include: Level of engagement, an overall characterisation of the relative level of engagement expected for countries in the segment ranging from most intense for high impact and fragile & conflict to light for core-standard. identification of countries in the segment. Overall objective, which is a crisp, plain-language statement of the focus for Gavi's efforts for countries in the segment and the goal to be achieved. Country characteristics, which succinctly capture the distinguishing factors that are typical of countries in this segment to provide context for Gavi's efforts. Expectations, highlighting Gavi's differentiated approach to portfolio management across key areas such as Alliance engagement, new partner engagement, planning, performance monitoring, and private sector engagement and innovation.
[84] https://www.gavi.org/programmes-impact/our-impact/evaluation-studies/gavis-fragility-emergencies-and-refugees-policy
[85] Gavi Alliance Fragility, Emergencies and Displaced Populations Policy; https://www.gavi.org/sites/default/files/2022-06/Fragility-Emergencies-and-Displaced-Populations-policy.pdf
[86] Euro Health Group (2022)''. Op.cit.

of the consolidated[87] Gavi Programme Funding Guidelines,[88] which lists encouraged and discouraged investments, based on evidence and an explicit ToC. The agenda for ZD children is also highly prioritised in Gavi's FPP process,[89] including to address barriers faced by caregivers. ZD is mainstreamed into application kits with specific requirements for designing pro-equity interventions, especially for EAF.[90] Evidence from these sources highlight that the Gavi Secretariat's provision of funding guidance has well thought through information on guiding investments that contribute to reaching ZD populations. At the Secretariat and with core partners, there is consensus that the translation of the ZD Agenda into funding guidelines has been successful. Gavi's support guidelines now provide explicit instructions on how its funding should be invested, whereas informants argue that in the past, the expectations of what Gavi would or would not fund were unclear and poorly articulated. Staff and Alliance partners feel that many countries understand the ZD concept well and are conducting good initial analysis.

However, the communication and implementation of these guidelines and the wider package of templates and tools have been challenging due to their complexity, frequency of changes and the addition of operational layers over time. The Secretariat has identified and acted on some of these issues relatively quickly. For example, the FPP 'Step Back' in June 2022 highlighted that application materials were 'perceived to be complex and are updated frequently, leading to confusion and decreased buy-in among country partners'.[91] In addition to efforts to consolidate guideline mentioned above, the Secretariat subsequently made efforts to improve the application kit (e.g. simplifying monitoring & learning requirements from 28 to 4 'north star' indicators).[92] However, case study countries in 2023 still reveal varying experiences with the FPP guidance and associated documentation. In all these case studies, the process was at least once seen as tedious and time-consuming due to complex documentation and the large number of forms that needed to be completed. Stakeholders continue to express concerns about their complexity – including the quantity of documents, their length, specialized language, and intricate templates. Some (including Gavi's country facing staff), conveyed that given the complex environments they work in, stakeholders do not have time to engage with these. The addition of operational layers, such as the country segmentation approach, has added to this. It should be noted that the timeframe of observations on guidelines, templates and application kits is not always clear, and country level KII's did not explicitly distinguish between them pre and post consolidation and simplification efforts, apart from bringing up frequent changes. This also suggests a lack of opportunity to engage with, or lack of communication of, about simplification efforts. However, at the country level, the overarching guidelines are seldom used by country stakeholders, which may result in difficulties in applying best practices, and is a factor in leading to incomplete or staggered applications**.** Gavi's country teams communicating key aspects, and mandatory application kits (such as budget templates requiring explicit zero dose inputs), appear to be the main mechanisms for translating Gavi's ZD policies.

The StratOps evaluation found that "*There are limits to simplification, given these materials will inevitably be reflective of the underlying complexity of Gavi*", and that despite efforts to improve and streamline guidance documents, "*Internal and external KIIs still complain about complexity – the number of guidance*

[87] As described by StratOps: "in 2022, over ten pieces of programmatic guidance were consolidated into one 40-page programme funding guidelines document. There has been a continued effort to improve and streamline numerous guidance documents, which are now divided by investment area, clarifying what activities Gavi is looking to fund and how activities should be targeted (with supportive links). The categorization of programmatic activities and objectives has been aligned between the ToC, budget, M&E, and funding guidance, to align with Gavi 5.0 objective categories. Previously fragmented and difficult-to-locate application forms have now been consolidated with links to guidance."
[88] Gavi, Programme Funding Guidelines https://www.gavi.org/sites/default/files/support/guidelines-2023/Gavi_Programme_Funding_Guidelines_ENG.pdf
[89] Gavi, FPP Application Guidelines & Materials, https://www.gavi.org/our-support/guidelines
[90] Gavi, Standalone EAF Application Materials & Guidelines, https://www.gavi.org/our-support/guidelines
[91] Gavi (2022). FPP step back: streamlining, differentiating and ensuring strong country plans. Synthesis document.
[92] Gavi (2022). Country M&L Update: Application Kit Changes Following FPP Step Back Recommendations.

documents, number of pages, specialist language…., the complexity of templates, and inconsistencies between guidance written by different teams."

The evidence from the case studies suggests that this challenge also pertains to zero dose agenda. There are different application processes for Gavi support, and in total there are over 80 documents (guidelines, templates, checklists) available[93] with zero dose nuances throughout. In terms of guidance, the Application Process Guidelines include references to how each type of support and new 5.0/5.1 approaches can support reaching zero dose, as well as a separate section on equity & reaching zero-dose children. Programme Funding Guidelines include information on zero dose as a priority investment area, and list encouraged and discouraged activities to reach zero dose. Vaccine Funding Guidelines include zero dose specific requirements for different vaccine support, countries requesting support to conduct a campaign, zero dose specific recommendations for preventative campaigns, and guidance on how zero dose and missed communities should be considered in applications. The budget eligibility guide includes zero dose objectives in Gavi investment areas.

On top of these, there are the FPP application guidelines and materials. These include a) Application Process Roadmap & Checklist (a separate one for each country segmentation), b) Gavi ToC Instructions (two templates and one example), c) Template for Strategic Narrative, d) Gavi Support Detail Instructions, e) Gavi Budgeting & Reporting Template. The same guidelines are materials are then repeated for standalone EAF applications, and there are templates and support detail instructions for standalone vaccine application materials and guidelines, CCEOP, Innovation Top-Up, MICS, Vaccine Information, Switches and Diagnostics, Ongoing Portfolio Management, Reporting and Renewals, Financial Management and Reporting.

At the country level, guidance such as the funding guidelines is rarely used by country stakeholders themselves. This was evident in several case study countries and mentioned by Secretariat staff. Through the case studies, the evaluation found that the Gavi Secretariat country teams must simplify the guidelines before commencing grant design, citing the complexity and length of guidelines as barriers to their work, given their and the country's capacities, especially in the context of fragile states. The experiences at the country level indicate difficulties in understanding and navigating guidelines, suggesting that the interventions may not always reflect recommended best practice. This complexity and frequent alterations in Gavi's guidance have overwhelmed country-level respondents and in some cases delayed submission of documentation, as suggested by a key informant who has worked across multiple grant applications, indicating changes in application templates has resulted in necessary adaptations of application material. However, it should be noted that the timeframe of observations on guidelines, templates and application kits is not always clear, and country level KII's did not explicitly distinguish between them pre and post consolidation and simplification efforts, apart from bringing up frequent changes.

The presence of multiple funding levers each with specific ZD guidance and requirements adds to the complexity, making it challenging for countries to navigate and keep track of each lever's specific requirements, risking that interventions designed to reach ZD do not reflect the best guidance. Currently, the translation and communication of application processes and guidelines are primarily managed by Gavi SCMs and core partners, often through workshops and verbal communications. There is concern about the lack of systematic and comprehensive implementation across all countries, highlighting limitations in country capacities to fully engage with the FPP and its numerous requirements. This is exemplified by the experiences of conflict-affected countries like South Sudan and Afghanistan, which struggled to meet all requirements, leading to incomplete or staggered applications. This further

[93] https://www.gavi.org/our-support/guidelines

underscores the need for Gavi to continue improving its guidance and processes to support the effective implementation of its ZD Agenda.

Weak data systems in countries with a high number of ZD children present significant challenges in meeting some of the IRMMA guidance and criteria in grant design. Data underpins the IRMMA approach, but several countries do not have enough quality data. For example, in Djibouti, poor-quality data undermined evidence-based decision-making and application design, with weaknesses in data quality and availability, including context data, programmatic data, and financial data. Country teams have made efforts to support appropriate health data monitoring and data sharing, including the digitalisation of processes. However, implementing these systems requires substantial guidance and support on technical, financial and institutional capacities, which is currently lacking. In Afghanistan, there is a lack of robust population data. The last census was conducted in 1979 and was incomplete due to conflict. Afghanistan's HSS application tried to triangulate data from the United Nations Development Programme (UNDP) with administrative and polio data to identify ZD children. However, the percentage of ZD children is not reported, likely due to concerns with the denominator regarding the target population distribution. The lack of robust data has implications for developing IRMMA strategies. For instance, in the review of Afghanistan's HSS4, the IRC on the lack of identification of demand and supply immunisation constraints in disadvantaged and low-coverage areas and that the proposed approach was deemed unfit for specific communities. But the country is unable to respond without data systems, which rely on Gavi funding.

Current albeit limited evidence suggests that Gavi's policies and guidelines intended for segmentation and differentiation are not yet fully operationalised for fragile & conflict states. While Gavi has made strides in formulating policies (see section 3.2) for flexible, context-based approaches, the practical implementation of these strategies appears to have been delayed. This is evidenced by the experience in Afghanistan, where the country team faced administrative inefficiencies and unclear processes, pointing to issues with Gavi's risk management procedures and approval processes, which limit the56bilityy of countries to effectively tailor their applications to their unique needs.

Furthermore, the segmented approach, in its current form, is not sufficiently adaptable to the varying capacities and contexts of different countries. In Afghanistan, the internal review process took an extended period of 2.5 months, and the proposal was granted only partial approval for 18 months, contradicting an earlier full approval for 3 years granted at the first IRC deliberations. This caused confusion and frustration among country stakeholders, suggesting a lack of sensitivity and understanding of Afghanistan's unique circumstances. Following IRC approval, disbursement of funds took an additional 6 months. The lack of a fast and agile approach is also evidenced in the case of South Sudan, which currently exhibits the longest length of time taken from the start of the FPP process to IRC decision (26 months).

The Full Portfolio Planning processes

Key findings:

- FPP has shown it is able to foster a comprehensive approach to ZD planning and grant design, emphasising collaboration, consultation and country leadership.
- Perspectives on the collaborative nature of the FPP process vary. Robust FPP procedures are underpinned by strong local country teams; however, the operationalisation of FPP appears to be hindered by lengthy processes, complexity and country-level constraints. Country partners often lack capacity or resources to respond to the complexity of Gavi's guidelines and processes.
- The IRC plays a vital role in implementing Gavi's ZD strategy; however, its effectiveness is limited by a weak tracking and following-up system, recommendations, lengthy processes and lack of country contextual knowledge.

The FPP process has shown it is able to foster a comprehensive approach to ZD planning and grant design, emphasising collaboration, consultation and country leadership. Evidence from country case studies, such as Pakistan, India, Cambodia and South Sudan suggests the FPP process has led to improved dialogue at the country level, better coordination of activities, and a shared strategic vision among implementing partners. This is reinforced by the findings from the StratOps evaluation, which identified the FPP as a positive development that enables a more holistic and long-term perspective on Gavi support.[94] Across the case studies, several stakeholders specifically fed back positively on the extensive consultation and improved dialogue at the country level as supportive aspects of the FPP. The strength of this process is further seen in grant documentation. For example, all case studies have a robust situation analysis attributed to better coordination of activities, and a shared strategic vision among implementing partners. These elements potentially reduce application transaction costs and enable more efficient use of Gavi funds towards the specific objectives of ZD and missed communities as the starting point to universal primary healthcare.

However, perspectives on the collaborative nature of the FPP process vary. In some countries, core partners found the process non-consultative with limited country ownership, while government, programme management and non-core partners viewed the process as highly participatory. This is not the majority view across case studies, but some core respondents attributed this divergence to a lack of ownership of the process. For example, in South Sudan, the application was initially outsourced to a third-party rather than being led by the government with the assistance of partners. This suggests a need for improved stakeholder engagement and ownership in the FPP process.

There is also good evidence from the case studies that robust FPP procedures are underpinned by strong Secretariat and local country teams. For example, FPP in Afghanistan was helped by strong local representation, which brought in-depth understanding of the specific context of the countries 'white areas'.[95] Other reasons for strong FPP processes were Gavi's country team. In South Sudan, for example, support and guidance provided by the Gavi Secretariat was well received by core implementing partners. Open communication channels reportedly made the application process clearer. The coordination among Gavi, Alliance partners, donors and the newly established EPI working group was facilitated by the Gavi-funded embedded technical assistance in the MoH and improved the alignment of the application to country needs.

The operationalisation of the FPP process appears to be hindered by lengthy processes, complexity and country-level constraints. Some of this complexity is due to the guidance (discussed above), however the lengthy process, due to a high level of requirements (see box below) to complete the process, is argued by several key informants to be constrained by the country context. The FPP is designed to ensure a holistic application, and the inclusive approach is viewed very positively by stakeholders. However, because of this, the FPP process requires extensive consultations and workshops, significant allocation of time, specific expertise, and broader representation. In some country case studies, especially the fragile and conflict countries, the interlinkage of facilitating the process and completing the requirements is susceptible to delicate situations on the ground. For instance, in South Sudan, the high turnover of international staff hampered the continuity and availability of expertise for the process, while in Afghanistan, the regime change in 2021 and resulting 'brain drain' impacted the process. The resulting impact for the ZD agenda, is that countries are often not able to complete the full set of grant applications under the FPP, impacting the planning of how they are coordinated to reach ZD and missed communities.

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[94] Euro Health Group (2022). Op.cit. Evaluation of the operationalisation of Gavi's strategy through Gavi's policies, programmatic guidance, and use of funding levers. Final Report.

[95] The 'white areas' in Afghanistan, previously unreachable by traditional means due to conflict, remain without basic services, including health care services, guaranteed only by the presence of international NGOs.

FPP requirements
Theory of change (ToC)
Supporting Narrative of the ToC
Costed Workplan
New Vaccine Support Details (from 24 months)
Monitoring and Learning Plan
List of areas targeted with Gavi support
Gavi budget template (if applicable)
Country plans and technical reports
Vaccine support request documentation
PEF TCA activity plan
Cold chain inventory and gap analysis tool with recent inventory report and facilities segmentation
Comprehensive documentation of CCE needs
CCEOP budget template
Proof of status for CCE Tariff exemptions waiver: Import Duty Exemption Certificate Endorsements

Country partners often lack sufficient capacity or resources to respond to the complexity of Gavi's guidelines and processes. In some cases, such as in Djibouti and Afghanistan, capacity of the country staff and core partners was insufficient to complete the application process independently, necessitating external assistance. Similarly, in India, the capacity of country staff was identified as a barrier to effectively completing the application process, with Gavi's 'jargon-laden' language and the time required for engagement identified as particularly challenging. Other countries, like Ethiopia and Afghanistan, found it challenging to meet all the requirements due to complex contextual country situations, resulting in incomplete or staggered applications.

The IRC plays a vital role in implementing GavI's ZD strategy by ensuring quality of applications. However, the effectiveness of this model is limited by the lack of a systematic mechanism to follow up on recommendations, a lengthy process and a lack of country contextual knowledge. The IRC ensures country plans are reviewed and funded with a zero-dose lens and these reviews are seen as thorough in applying Gavi's zero dose guidelines. Gavi's internal monitoring of IRC reviews has highlighted strengths and gaps in countries zero dose strategies, however it is not clear that some issues they highlight are always addressed. IRC comments are tracked through an Issue Resolution Tool, and the Secretariat is responsible for ensuring that countries address the recommendations, however the tool has been described as difficult to use and lacks a process for compiling feedback into a database. There isn't a central record of how zero dose specific recommendations have been dealt with in grant design. This makes it unclear how zero dose recommendations are implemented countrywide and across the portfolio.

The IRC review is also seen as lengthy with times varying quite substantially. A 2023 IRC evaluation characterised the IRC as "a critical but only small step that takes about one week to complete"[96], however case studies showed much longer timeframes, for example in the case of Afghanistan, the IRC process took 2.5 months. Data indicates lengthy periods between the start of countries' FPP applications and decision by the IRC, with an average of 15.1 months (Figure 3.5).[97] This suggests the lengthy process required for doing FPP, then coupled with varying experiences with IRC timelines (including pre-screening, potential re-reviews and issue resolution), contains time-consuming steps. There is a trade-off to consider as the process ensures countries develop holistic, context-appropriate interventions and adhere to zero dose guidelines, but it currently appears to counter the speed, flexibility and innovation needed in complex countries hosting hard-to-reach communities.

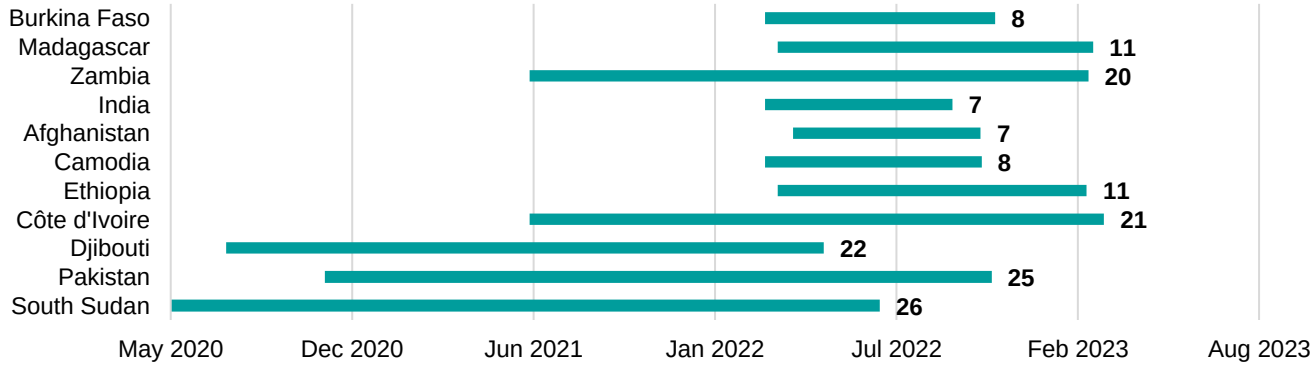
In several case studies, the IRC was also felt to lack understanding of country context, although one IRC, held in Islamabad with the country team, was cited as constructive. There are three types of IRC reviews, in-country for High Impact countries, remote for Fragile and Conflict countries, time-sensitive reviews, and standard Geneva-based review rounds, and this suggests that perhaps the approach to the segmented approach should be reviewed.

It should be noted that the majority opinion of key respondents at both global and country level leans towards retaining, albeit streamlining, the independent review function. However, most also perceive

[96] Evaluation of the Independent Review Committee, https://www.gavi.org/sites/default/files/programmes-impact/evaluations/Gavi-IRC-evaluation-Report-2023.pdf
[97] Gavi CPMPM database; Average time taken from FPP kick off to IRC decision, Months; data last received 11 September 2023.

Gavi's application, review and approval systems lengthy, bureaucratic and – in some cases – too risk averse (see finding on segmentation application of fragile & conflict states above), suggesting Gavi's risk appetite guidelines may need review for particular cases. The Gavi Secretariat has acknowledged this and is in charge of setting the risk appetite.

Figure 3.5: Average time taken from the start of the FPP process to IRC decision, all available data, months



Another concern is the lag between strategic priorities and grant designs due to Gavi's country driven application approach, leading to rolling applications throughout, and across, Gavi's fixed strategic periods. Gavi's funding model is country driven, and this ensures country's can align Gavi support to their national planning and budgeting cycles. The downside of this is that there is a complex rolling application system for the different funding levers. In addition to the delays caused by the COVID-19 pandemic, this has meant that many countries are delayed in developing ZD strategies using Gavi's updated guidance and tailored funding levers, and some have not yet begun. This has also had implications for operationalising TCA. Countries are encouraged to apply for TCA within FPP, but because of the staggered FPP process, the Secretariat undertook scenario planning to ensure bridge funding so there are no gaps/countries without TCA and this has been described as 'extremely complex'. The process is further complicated by the fact that TCA is governed by a global agreement with WHO and UNICEF. As all countries sit in one grant, this means that a contract amendment needs to be made every time one country receives new funding. Because of the high transaction costs, the Secretariat delays amending the agreement until a set of countries needs new funding.[98]

Funding levers

Key findings:

- The EAF appears to have contributed to greater targeting of strategies to reach ZD children. However, substantial evidence to further assess the impact of the introduction of new funding levers is weak, specifically the EAF and the ZIP (under the Humanitarian Partnerships Fund).
- In some case studies, the EAF stimulated conversations and conscious actions towards addressing specific challenges. But other case studies expressed concerns about the EAF providing insufficient grant design and implementation support given its complex requirements.

The evidence of ZD strategic shifts (described in section 3.3.3), and the analysis of guidance and processes suggests that despite the challenges, the key changes to traditional funding levers has been, at least to some extent, translated down to countries. Evidence from most case studies

[98] It should be noted that at the time of data collection, negotiations were under way to move to country-level agreements which key informants have indicated is the preference of the Secretariat; however, these were reported to be difficult with good reasons for doing so and not doing so.

suggests this is largely down to the country teams making efforts to communicate and simplify the ZD strategic priorities. However, there is currently little evidence on whether the introduction of new funding levers – specifically the EAF and, within the EAF, the Humanitarian Partnerships Fund (used to fund ZIP) – have made a significant difference in shifting country's overall approach and understanding of Gavi's funds. The requirements of Gavi's EAF appear to be gradually gaining traction, with 25 countries having sought allocations from the fund to date.[99] However, as discussed in section 3.2, countries are not often explicitly distinguishing between EAF and other funding levers, especially HSS. TCA support is also planned and incorporated into a country's ToC and Gavi Support Detail as part of the FPP process, so evidence to suggest that specific funding levers have increased country focus on ZD is difficult to disentangle.

From the case studies, evidence suggests that the EAF has stimulated conversations and conscious actions towards addressing specific challenges but some case studies expressed concerns about the EAF providing insufficient grant design and implementation support given its complex requirements. For example, in Cambodia, EAF activities target four key sub-populations, facilitated by EAF design. In Djibouti, the EAF focused on generating the evidence base to make more effective decisions in reaching ZD children, particularly migrant and refugee communities. Similarly, in Pakistan, the EAF supported a more explicit focus on purposive targeting and pro-equity prioritisation, helping reach marginalised communities. The EAF has also been cited as useful in designing additional targeted ZD interventions, such as covering previously limited human resources costs perceived as a priority for reaching ZD communities. The Secretariat provided dedicate technical assistance, to support ZD programming and EAF application. However, concerns expressed included external providers being required to complete EAF applications, and that this was insufficient, or feedback on assistance that was provided was mixed. Further, while Gavi's range of funding levers has facilitated the development of strategies responding to different priority areas, some respondents reported that the splitting of EAF from HSS increased the risk of duplication and ineffective use of resources.

3.3.4 Extent to which ZD working groups and related architecture within the Secretariat are coherently designed and contributing to the operationalisation of the ZD Agenda

Key findings:

- ZD working groups fulfilled their mandate, but evolving ZD initiatives appear to lack some coherence.
- Country teams appear under-resourced to manage the demands of the ZD Agenda. Data reveal a lengthy process between IRC approvals and fund disbursement, with an average time of eight months.[100]
- Core Alliance partners, specifically WHO and UNICEF, play a critical role in executing the ZD Agenda and can be instrumental in operationalising Gavi's strategy at a country level. However, capacity gaps and resource constraints pose significant difficulties in some cases.
- The evaluation also identified several monitoring initiatives within the Secretariat aimed at tracking the ZD Agenda, but their effectiveness remains uncertain. Monitoring and learning from the ZD Agenda is nascent and will be further studied in Phases 2 and 3 of the evaluation.

> "I think the fact that it had this extensive pot of funding, and this particular focus, I do think it leads, at least in Cambodia, through the FPP process and the EAF, we have already seen deliberated discussion... We do think it brings these very deliberated, targeted conversations to say, 'What are the challenges now and how do we really evolve the strategy to be very targeted in our approach?'... People think they know what the problems are, and they know what's going on, but it's not formally recorded. I think this whole process helped us to do that."
>
> *Implementing partner, interview*

[99] Implementation of the ZD Agenda: Health Systems and Immunisation Strengthening, BMFG Stock Take, Gavi, 2023.
[100] Gavi CPMPM database; time taken from IRC approval to disbursement by funding lever; data last received 11 September 2023

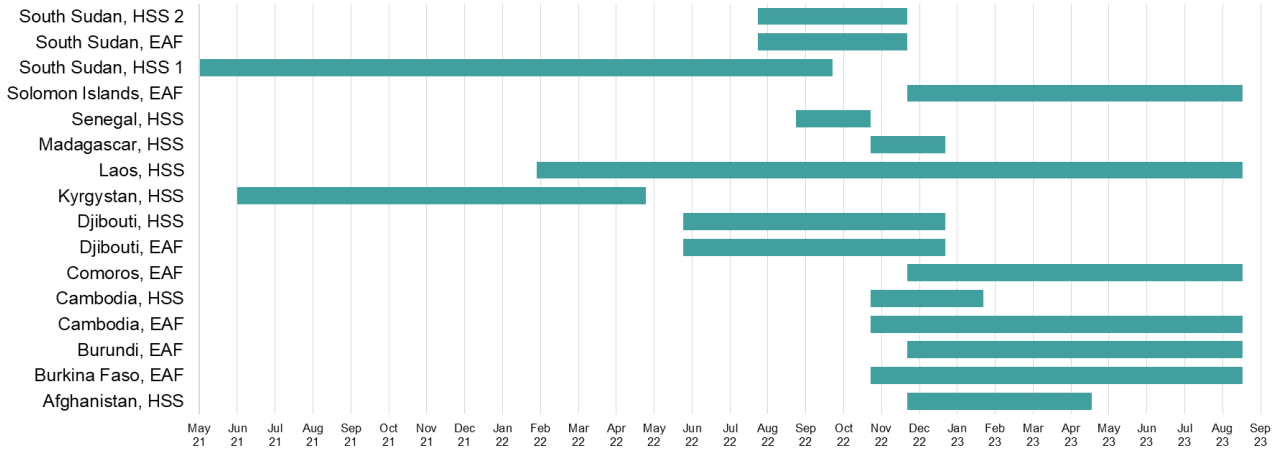
To create momentum in the Secretariat and support improved implementation and oversight of the ZD Agenda, early in Gavi 5.0/5.1, the Secretariat established structures to support its operationalisation, including the ZD Steering Committee, ZD Leadership Team and ZD Operational Team. The current ZD architecture was found to be somewhat unclear across key informants and, at the Secretariat, confusion has arisen from the multiple ZD-focused groups. One example, cited by two informants, is that the separate ZD SFA, despite ZD being a focus of all the other strategic focus areas, and there appears to lack clarity over certain ZD responsibilities and boundaries. Much of this architecture was subsequently disbanded as it had largely fulfilled its mandate. The ZD SFA is ongoing and, while early days for implementation with no disbursements to date,[101] Alliance Partners have successfully established a digital platform for bringing together a Community of Practice with 2000 members across 124 countries for sharing new evidence, learnings and success stories.[102]

Country teams appear under-resourced to manage the demands of the ZD Agenda that the Secretariat has outlined in its documentation. Country-facing respondents commonly cited that the necessity to divide time between administrative duties and country interaction, especially in countries with complex socio-political contexts, impairs effective execution due to limited resources and personnel. This is further complicated by the emerging capacity issues at the Secretariat, and remaining impact of Covid-19, that could undermine the efficient handling of the ZD Agenda. As also highlighted in StratOps, there are some fundamental issues affecting strategy operationalisation,[103], which will be exacerbated particularly with the record number of applications expected in 2023[104] and the complexity of Gavi's instruments. This has strained capacity to manage the increasing volume of applications, despite leveraging consultants to enhance this capacity. Some informants at the Secretariat felt that while the hiring of consultants increases capacity to coordinate and review applications, and support countries to design Gavi investments, their lack of technical knowledge and experience with Gavi procedures renders these processes susceptible to not being as stringent. Linked to this, some external and country respondents feel that there is an excess of requirements from the Gavi Secretariat pertaining to demonstrating ZD focus, seen by some as micromanagement. The Secretariat has invested in training these consultants

Data reveal a lengthy process between IRC approvals and fund disbursement, with an average time of eight months.[105] The data in Figure 3.6 overleaf suggest lengthy processing times at the Secretariat, corroborated by country-facing teams in some case studies that suggest the layered approval system is too complex for faster disbursements to be made to countries. The average time from IRC approval to first grant disbursement is currently around eight months.

[101] Gavi (2023) *SFA progress report*. Powerpoint presentation on commitments and disbursements for the SFAs provided by Gavi on 9 January 2024.
[102] Gavi (2023) *SFA Success Stories*. Powerpoint presentation provided by Gavi on 9 January 2024.
[103] Euro Health Group (2022). Op.cit., specifically: Insufficient capacity and prioritisation of change management; the expectation that stakeholders can interpret a significant amount of information and guidance from a range of documents and tools; Limited dissemination and onboarding/communication of policy and programmatic shifts within the Secretariat and with partners and countries; Challenges in cascading the conceptual coherence of strategic shifts; Staggered portfolio of grants and; Additional funding levers with different application guidance and flexibilities added to the
portfolio create confusion at the Secretariat and country levels.
[104] As of July 2023, 46 HSS and EAF applications had been submitted since the start of 2022 – two thirds in first six months of 2023 alone. 2023 is on course to be record year with up to 20 more applications expected.
[105] Gavi CPMPM database; time taken from IRC approval to disbursement by funding lever; data last received 11 September 2023

Figure 3.6: Time taken from IRC approval to disbursement by funding lever, all available data, months[106]



Core Alliance partners, specifically WHO and UNICEF, play a critical role in executing the ZD Agenda and can be instrumental in operationalising Gavi's strategy at a country level. However, capacity gaps and resource constraints pose significant difficulties in some cases. Notably, knowledge gaps and capacity limitations, particularly around gender and community engagement, have been cited to hinder the effective implementation of the ZD Agenda into grant designs. In one country case study, it was suggested the core partners lacked technical knowledge to support FPP. There is also some evidence from global and country informants, that information and priorities agreed at a global level sometimes fail to reach local levels, resulting in misaligned or outdated support approaches. At the Alliance level, some concerns have also been raised about resources being diverted away from core partners, potentially affecting the execution of the ZD Agenda at the country level, while others at the Secretariat argue for greater accountability of TCA funds, suggesting some tensions with the new approach.

The core implementing partners have the mandate to execute the majority of Gavi's ZD implementation, in particular through TCA support. As implementation of ZD agenda funded activities gathers pace in 2024, the evaluation will look in phases 2 and 3 at operationalisation of the ZD agenda through the core partners, looking at areas of work including the Joint Appraisals, Implementation Support, Monitoring, Policies & Guidelines and PEF coordination and technical support.

The evaluation also identified several monitoring initiatives within the Secretariat aimed at tracking the ZD Agenda, but their effectiveness remains uncertain. A key issue is the absence of a centralised information system providing comprehensive insights into how Gavi's strategic priorities are reflected within and across grants. While the integrated 5.0/5.1 measurement framework serves as the primary mechanism for routine monitoring and reporting of Gavi's 5.0/5.1 strategy performance, the understanding of HSS grants – a primary mechanism for operationalising the ZD Agenda – remains a challenge. This is due to inadequate tracking templates and an insufficient number of completed grant work plans. Data from the recently initiated CPMPM database is currently still relatively sparse and patchy, whilst useful for a portfolio level overview, is not a dedicated data management system to track the ZD agenda. A Partner Performance Monitoring Framework is being developed to better assess TCA in supporting the ZD Agenda, however it may be worth Gavi working on developing a dedicated system to coherently track ZD agenda priorities, or add more functions to existing efforts which have wider objectives (such as the CPMPM)

Finally, the Secretariat has commenced an ambitious learning agenda, commissioning extensive external research and internal learning exercises, however it is too soon to assess their impact.

[106] Gavi CPMPM database; Time taken from IRC approval to disbursement by funding lever; data last received 11 September 2023

The Secretariat has launched several learning activities that aim to gather extensive evidence on ZD and missed communities. This includes establishment of four learning hubs[107], commissioning a Global Learning Partner, and several case studies and targeted thematic research pieces, ZIP monitoring & learning agenda, as well as this evaluation. The establishment of a comprehensive ZD Learning agenda that supports effective sharing and peer-to-peer learning through a Zero-Dose Learning Hub and the Community of Practice could potentially enhance the understanding and execution of the ZD Agenda; however, this evaluation will further assess the implementation of the Learning agenda, and how it feeds into operationalisation of the ZD strategy, in Phases 2 and 3 and the learning initiatives progress[108].

Table 3.10: Strength of evidence for EQ4

Evaluation question	Answer	Notes	Strength of evidence
EQ4: To what extent have Gavi 5.0/5.1 funding levers, processes and guidance enabled countries to focus their Gavi support towards reaching ZD children and missed communities	Gavi's ZD strategy has seen significant progress with improved clarity in funding guidelines and effective implementation of full portfolio planning. However, the remaining complexity of the levers and guidelines, weak data systems, and capacity constraints pose substantial challenges to the translation of the key shifts to country level.	Evidence comprises multiple data sources of decent quality. This includes triangulation of informant views with factual quantitative data from secondary sources and objective reporting from desk review of activities undertaken.	**1**

[107] Mali, Bangladesh, Nigeria, and Uganda
[108] The evaluation will look at how learning activities help enhance the understanding of effective ZD interventions and activities. We will assess how learning supports operationalisation, by, for example, providing evidence and learning for JAs, grant reallocations, etc.

4 Conclusions and implications

In this final section, the aim is to provide a set of overarching insights into progress on implementing the ZD Agenda at Gavi, based on our findings in section 3. These insights will be used to develop related strategic and operational implications for Gavi's Board and Secretariat. They will also feed into an assessment of the evaluability of the ZD Agenda in Phase 2 of the evaluation.

4.1 Conclusions from Phase 1 of the ZD evaluation of operationalising the ZD approach

1. **Gavi and its Alliance partners make a significant contribution to vaccination outcomes, including reaching ZD children and communities, particularly in low income and/or fragile settings.**

Gavi's contribution to vaccination outcomes is clearly significant, particularly in low income or fragile settings where, in the absence of the Alliance partners, immunisation programmes would struggle to deliver routine vaccinations to children. This conclusion is well supported across all eight case study countries, with the possible exception of India, where the catalytic role of Gavi's small grant in contributing to reaching marginalised communities has yet to be fully demonstrated under 5.0/5.1. However, during COVID-19 and partly reflecting population growth, both numbers and proportion of ZD children grew globally. Three years into Gavi's flagship ZD strategy, despite progress in some large MICs (many of which are not Gavi eligible), large populations of ZD children remain in many Gavi-eligible countries and Gavi is unlikely to meet its ZD mission target of reducing ZD populations by a quarter. These global findings are largely replicated in the eight case study countries, with rapid post-COVID-19 catch up on reaching ZD children in India and Pakistan but relatively low coverage remaining in Afghanistan, Cote d'Ivoire, Djibouti, Ethiopia and South Sudan.

2. **Gavi 4.0 grants with an equity focus, including those developed through the C&E initiatives and associated Change 1 and 2 grants, and continued under Gavi 5.0/5.1, made a partial contribution to ZD outcomes, although they insufficiently targeted marginalised communities. In terms of IRMMA, these grants contributed more to Identify and Reach interventions than to Monitor, Measure or Advocate interventions.**

Looking back at grants approved under Gavi 4.0 that were still being implemented under Gavi 5.0/5.1, the link between funds and activities or outcomes was difficult to track, making assessment of Gavi's contribution to the ZD Agenda challenging. Activity indicators were in place, but data was not always collected consistently against these indicators. In the eight case study countries, available evidence suggests that Gavi's previous equity focus contributed more to some types of ZD-focused intervention than others. In terms of the IRMMA framework, interventions funded through these grants delivered relatively well on identifying and reaching children living in ZD communities. However, the grants were relatively weak in relation to interventions to monitor and measure ZD activities and funded little work on advocacy. Success factors for delivering the ZD agenda included micro-planning, tailoring interventions to the needs of target groups, engaging existing networks, CSOs and religious leaders and addressing demand-side barriers.

3. **The ZD agenda was developed in 2019 and updated in 2021. Gavi 5.0/5.1 grants and updated processes are relevant, coherent and flexible to varied country contexts. However, opportunities remain to strengthen the case for integrating a ZD approach into wider HSS, PHC and UHC agendas and to adopt a more nuanced resource allocation framework, e.g., trade-offs between equity and efficiency.**

In the eight country case studies, the ZD Agenda (including IRMMA) was considered relevant and was appreciated by national and sub-national immunisation respondents. Gavi's approach appears to have been sufficiently flexible for countries to identify their own ways to prioritise how they reach ZD

communities, primarily through the FPP. Quite different approaches were adopted among the eight countries, suggesting that the tools within the FPP could be used coherently with national programmes. However, opportunities remain to strengthen the case for integrating the ZD approach into a wider PHC, HSS and UHC agenda and to be clearer about the need to invest in systems that can deliver a full routine immunisation schedule to ZD children rather than just targeting DTP1. While there is a health financing learning agenda ongoing, Gavi currently does not employ an overarching framework (such as value-for-money analysis) for making difficult choices, including important trade-offs between equity, effectiveness and efficiency, or the relative public health costs and benefits of targeting ZD DTP1 or minimising MCV drop-outs. Furthermore, they do not always catalyse discussion of the impact of more intractable challenges to immunisation programmes, such as long-term conflict, or some of the more difficult socio-economic, gender or cultural barriers to accessing health services in general.

4. **A combination of prioritising the COVID-19 response and Gavi's country-led business model has meant that the operationalisation of the ZD approach proposed under Gavi 5.0/5.1 has been slow, including targeting of ZD communities.**

Design, approval and implementation of new Gavi 5.0/5.1 grants to target ZD outcomes more directly has been severely delayed and, in most countries, the ZD approach has only begun to be operationalised this year (2023). In the eight countries here, this was often due to COVID-19 related delays. However, it also reflected Gavi's business model, under which countries apply for grants according to their own national planning cycles rather than in line with Gavi's strategic period. Evidence from the evaluation for the eight countries suggests that Gavi's approach enhanced ownership and alignment of Gavi grants at the country level, but it reduced Gavi's ability to exert influence over grant and programmatic focus until countries were ready to complete a grant application process.

5. **The complexity of guidance on new funding levers and processes have hindered Gavi 5.0/5.1's ability to deliver transformational change in relation to reaching ZD children.**

The complexity of Gavi's grant application processes continues to hinder efficient operationalisation of the ZD approach. Across the eight case study countries, the design and approval process for FPP, HSS and EAF grants took an average of 15 months from start to finish, with a further average of eight months before approved grants started to disburse. While, the FPP did a new layer to the application process in 2016, it has contributed to rationalising applications through wider consultation processes and improved situation analyses. However, despite 2022 efforts of simplification the FPP guidance is still widely acknowledged both in the Secretariat and amongst country partners to be overly lengthy and unwieldy, with several country partners lacking the resource capacity to use it effectively (as discussed in the report it should be noted country stakeholders do not distinguish between different versions so it is not always clear which release of guidelines are referred to). The new grant lever (the EAF) is largely indistinguishable from the HSS in these eight countries, and they frequently end up combined into a single contribution to national immunisation budgets.

6. **Updated differentiation and segmentation policies have not yet contributed to streamlining grant application processes or making them less burdensome to country partners and Secretariat staff.**

Updated differentiation and segmentation policies under Gavi 5.0/5.1 do not appear to have helped streamline grant application processes or, where appropriate, make them less burdensome to country partners and Secretariat staff. Amongst these eight countries, particular resource issues emerged for Secretariat teams in core countries (such as Cambodia and Côte d'Ivoire) and in fragile and conflict countries (such as Afghanistan and South Sudan). The FED policy has yet to be practically

operationalised, partly because Secretariat risk processes make it difficult to implement in practice and existing systems do not allow sufficient flexibility. Capacity both at the Secretariat and in country is highly stretched, with extensive use of consultants for grant applications in our eight countries, with associated implications for grant ownership and integration with national programmes. At the Secretariat, key informant interviews suggest that the emphasis appears to have been more on introducing multiple new policies, processes and guidelines, with relatively fewer resources invested in country teams delivering grants, although recent efforts may be reallocating resources towards country teams. The EVOLVE project has identified pain points related to these issues but has yet to deliver improved internal resource allocation to ensure more streamlined grant implementation at country level.

7. **Gavi has relatively weak oversight of grant operationalisation, including detailed absorption at country level and implementation of related interventions.**

Beyond the grant application process, Gavi has relatively weak oversight of grant operationalisation, including grant disbursement to national partners, absorption at country level and implementation of related programmes. While country teams in these eight countries each reported using their own processes for monitoring progress, many former country-team M&E focal points have been removed and there is no centralised system into which data on grant disbursement feeds. Joint Appraisals, which took place before COVID-19, have relaunched in some countries with simplified forms. These weaknesses in internal management information systems made it difficult to evaluate progress along Gavi's ToC and, more importantly, hinder grant managers' ability to monitor grant implementation and manage grants effectively and efficiently. Beyond Gavi's own information systems, such as the CPMPM, in these eight countries, it was often hard to track what interventions the grants are supporting. Despite relatively large overall funding envelopes, including for HSS and EAF, significant contributions by these grants to health pooled funds and EPI salary support mediated Gavi's ability to ensure that interventions target specific communities.

8. **New programmatic elements of the ZD approach, such as IRMMA and CSO inputs, are starting to contribute to improved focus on community engagement, demand generation and gender issues.**

New evidence from our eight case study countries suggests that the IRMMA framework is delivering mixed results. On the one hand, the 'Identify' and 'Reach' elements of the framework are considered useful to help national planners refocus existing efforts towards reaching marginalised populations. On the other hand, the 'Monitor' and 'Measure' elements have yet to contribute to catalysing essential improvements in health information and other data systems. And the 'Advocacy' element is relatively poorly understood or operationalised to date, with a lack of activities to build social accountability or engage productively with CSOs. Internal Gavi analysis of grants approved to date by the IRC suggests that, in our eight countries, compared to Gavi 4.0, new Gavi 5.0/5.1 grants are allocating more resources to a wider range of implementation partners (including NGOs and CSOs), and are more focused on community engagement, demand generation and gender issues. However, in practice, this engagement is poorly defined and contracting has yet to be finalised. In Ethiopia and South Sudan, where the ZIP funds are in action alongside regular Gavi grants, coordination has been limited to date.

4.2 Implications of early progress for the ZD Agenda at Gavi

The ZD approach is still in a relatively early stage of implementation: while many grants have been approved in 2023, relatively few have started to disburse, including in these eight case study countries. Nevertheless, at the end of this first, baseline year, the ZD Evaluation has established itself in these eight countries and has developed a set of conclusions that have strategic implications for the development of the Gavi 6.0 Strategy, now in progress at the Secretariat, and operational

implications for future grant design and implementation. In addition, a set of implications of this Baseline for future progress with the ZD evaluation are presented. These are set out in draft below and will be reviewed and agreed with the Secretariat in November 2023.

4.2.1 Strategic implications for Gavi 6.0 development process

Gavi's focus on ZD children and missed communities remains highly relevant across a wide range of country settings, particularly in low income and fragile settings, which have yet to catch up post-COVID-19 to 2019 coverage levels. To deliver transformational change in outcomes for marginalised children and communities, Gavi 6.0 should therefore seek to retain this focus but to refine the way it uses its levers to deliver desired strategic outcomes. Some options are presented below.

- **Simplify funding levers and guidance.** Gavi has multiple funding levers that do not appear to deliver significant marginal added value. While there may be trade-offs with ability to earmark funding for particular Gavi strategic objectives, at the country level, different funds are often combined into one overall Gavi contribution to national immunisation programme budgets, yet still require separate application processes which require additional resource investments by stretched national partners. The EAF 'expires' in 2027 and Gavi should at that point consider further simplification of grant levers, including potentially the HSS, the EAF and the CCEOP, into one overall input to strengthening health systems to deliver immunisation outcomes, while adopting other means to ensure all funds contribute to ZD goals. In addition, update guidance in light of simplified funding levers to make it less complex and more user friendly and ensure its flexibility to different country segments. **Action Gavi Secretariat and Board.**

- **Make a stronger case for Gavi to work through broader HSS, PHC and UHC processes by leveraging pooled funding and other development harmonisation opportunities.** Gavi 5.0/5.1 acknowledges that its focus on ZD children encompasses communities that suffer multiple health deprivations. In these eight countries, the evidence suggests that supporting systems and interventions to meet their immunisation needs interacts with comprehensive PHC and ensuring UHC. Improving support for HSS is the focus of the 2023 Future Global Health Initiatives process, in which Gavi is a core partner. In the current strategic approach, these ideas are not fully developed and Gavi 6.0 could make a clearer case for how they propose to work more closely with other development partners at the country level, including how they can leverage opportunities offered by pooled funds to deliver immunisation outcomes and target ZD and marginalised communities more effectively and what the trade-offs are with more targeted actions and approaches. **Action: Gavi Secretariat and Board.**

- **Clarify relationships with and expected outcomes from non-traditional partners.** Despite significant changes under Gavi 5.0/5.1, demand generation, community engagement and gender remain relatively neglected areas. Early evidence on CSO funding in these eight countries suggests potentially significant shifts in direction of Gavi funds and expansion of non-traditional Alliance partners, although this has yet to be operationalised. The implications of this shift go beyond a set of new contractual relationships and the policy could be more fully developed under Gavi 6.0. Examples might include greater clarity on Board appetite for fiduciary and operational risks or identifying ways to work with other development partners (such as the Global Fund) to coordinate support to non-state implementing partners. **Action: Gavi Secretariat and Board.**

- **Develop a more nuanced approach to difficult resource allocation choices.** Targeting ZD children and missed communities is clearly the right thing to do from a justice perspective. Yet in

these eight countries, partners, from national programme managers to frontline providers, have had to make difficult choices in their efforts to maximise impact. A value for money approach is one way to develop a framework to guide such choices. Others might entail greater clarity around the public health value of targeting different population groups or focusing on un-immunised to the exclusion of under-immunised children. While balanced with minimising complexity, under Gavi 6.0, we recommend a more nuanced approach to assisting programme managers and country teams to make difficult resource allocation choices. **Action: Gavi Secretariat.**

4.2.2 Operational implications for ongoing grant implementation

- **Intensify focus and resource allocation to implementation, disbursement and grant absorption.** Gavi's grant approval processes are slow and burdensome both for the Secretariat and country partners. Likewise, Gavi has relatively weak levers with which to incentivise more rapid grant disbursement and absorption at the country level, particularly since the JA process halted under COVID. The implications of these are relatively inefficient use of Gavi resources to support immunisation interventions, including those intended to contribute to reaching ZD children and communities. Under the EVOLVE process, there are multiple opportunities to streamline these processes, but progress has been slow, and we recommend expediting these as soon as possible. In addition, we recommend fully reinstating the JA process as a mechanism for shared oversight of grant implementation. **Action: Gavi Secretariat country programme teams.**

- **Support country teams to operationalise their grants more effectively.** Policies designed to accompany and support interventions to target ZD communities, such as FED, differentiation and segmentation, are not yet fully operationalised. The implication of this is that, at the country level in different settings, there is relatively little variation in grant application and implementation processes, which is inefficient and a poor use of resources. We recommend that the Secretariat learns from and uses the extensive evidence being generated to refocus on supporting country teams to operationalise their grants more effectively, grounded in local contexts and sufficiently flexible to respond to emerging data or other relevant information. This should include specific measures of progress against intended milestones and outcomes in terms of grant differentiation. **Action: Gavi Secretariat country programme teams and policy teams.**

- **Invest in internal data systems for grant oversight and accountability.** Gavi has surprisingly weak data on grant implementation, compared to other global health initiatives, such as the Global Fund. As a result, grant managers have relatively little insight into grant disbursement, absorption or the implementation of supported interventions. Even where information is intended to be collected, such as in the CPMPM, there are significant gaps in data across countries, which does not allow either the Secretariat or the Board to exercise usual oversight of progress against intended goals. We recommend intensified focus on ensuring internal data systems are fully used, to facilitate oversight and accountability for expenditure, alongside reinstatement of the full JA process. **Action: Gavi Secretariat (who?) and Board.**

- **Clarify expectations for non-state partners' role in reaching ZD children and communities.** The new CSO focus of Gavi 5.0/5.1 is to be commended for facilitating access to marginalised communities that by definition are beyond the reach of government health systems. However, the implications of this approach have yet to be fully operationalised, particularly in relation to demand generation, community engagement and gender. We recommend that the Secretariat uses the ZIP monitoring and evaluation plan to learn from previous experience working with NGOs to set

out expectations of the kind of outcomes to be delivered by different types of non-state entity, how to contract most effectively to deliver them and how to manage the associated operational and fiduciary risks. **Action: Gavi Secretariat CSO and gender teams and country programmes.**

4.2.3 Evaluation implications for Year 2 of the ZD Evaluation

- **Adjust expectations for evaluation deliverables and insight according to data availability.** The insufficient and incomplete data in Gavi central monitoring systems has been a significant hindrance to evaluation in this Phase 1 baseline year, particularly the implementation of both Gavi 4.0 and Gavi 5.0/5.1 grants. We have been reassured that these data systems will be more fully operational from mid-2023, although the data is yet to be available to evaluators. In the absence of this data, it will remain difficult to gather strong evidence on grant implementation and contribution to national outcomes. While the ZD Evaluation teams will endeavour to maximise use of alternative sources of data at the country level (including both Gavi and external sources where available), the EAC and the Secretariat will have to adjust expectations in terms of the availability of quantitative data to inform our assessment of Gavi's contribution to ZD outcomes. **Action: Gavi EAC and Secretariat.**

- **Implement a utilisation focused evaluation design to meet Board and Secretariat needs.** The ZD Approach is broad and Gavi is undertaking significant internal analysis of progress (through ZD Learn and other commissioned work such as the analysis of HSS grants cited here). To complement this work, we recommend that for Years 1 and 2, the CET and EAF consider orienting the ZD evaluation around a series of 'deep dives' into high priority topics for the Secretariat and country partners. These might be designed to fill gaps identified in this report, e.g., integration with wider PHC and UHC, leveraging the immunisation impact of pooled funds, or how best to support and work with CSOs. They could potentially be co-created with both national implementing partners and Secretariat country teams, to fill specific evaluation needs they might have. This type of approach would need to be balanced with the need for global cross-country analysis. **Action: Gavi EAC and CET.**

- **Build ownership by Secretariat country teams and national partners.** The evaluation has experienced significant push-back from both Secretariat country teams and national partners in terms of the time required for their inputs and the lack of easily identified contribution of the evaluation to their needs. Building a sense of ownership at the country level is a high priority – subsequent years of the evaluation need to be designed carefully to feel less extractive and deliver insights that are useful and relevant to Secretariat country teams and their national implementing partners. In addition, while country voice is already a key element of the evaluation, this needs to be made more tangible in terms of the evaluation both demonstrably informing Gavi Secretariat and Board and, in turn, specific decisions and changes to Gavi grant processes being shown to have learned from these findings, including feedback to Evaluation country partners on these outcomes. **Action: Gavi EAC, CET and Board.**

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Annex Two: Original Terms of Reference

Part 1: Introduction

Gavi Alliance ("Gavi"), invites qualified bidders (herein after called "Bidder" or "Bidders") to submit offers, consisting of a technical and a financial offer, together with any supporting documents (herein after called the "Proposal" or "Proposals") for the provision of the requirements defined in this RFP document. In order to prepare a responsive Proposal, Bidders must carefully review and understand the contents of this covering letter, parts 1- 6 of this RFP and the following key dates:

Procurement Activity	Responsible Party	Due Date
RFP Issue Date	Gavi	16/06/2022
Intent to Participate due	Bidder	05/07/2022
Final date for submitting Questions	Bidder	05/07/2022
Gavi Response to Questions	Gavi	08/07/2022
Bid submission deadline	Bidder	25/07/2022 24:00 (CET)
Shortlisted Meetings	Gavi/Bidder	w/c 01/08/2022
Estimated Contract Award Date	Gavi	08/08/2022
Estimated Contract Start Date	Gavi	29/08/2022

The proposed timeline set out above indicates the process Gavi intends to follow. If there are any changes to this time plan, Gavi will notify all Bidders of this in writing.

Part 2: Gavi's Requirements

2.1 Background

Gavi Mission

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

Gavi, the Vaccine Alliance is a public-private partnership that helps vaccinate half the world's children against some of the world's deadliest diseases. The Vaccine Alliance brings together developing country and donor governments, the World Health Organization, UNICEF, the World Bank, the vaccine industry, technical agencies, civil society, the Bill & Melinda Gates Foundation and other private sector partners. Since its inception in 2000, Gavi has helped immunise a whole generation – over 888 million children – and prevented more than 15 million deaths, helping to halve child mortality in 73 developing countries. Gavi also plays a key role in improving global health security by supporting health systems as well as funding global stockpiles for Ebola, cholera, meningitis and yellow fever vaccines. After two decades of progress, Gavi is now focused on protecting the next generation and reaching the unvaccinated children still being left behind, employing innovative finance and the latest technology – from drones to biometrics – to save millions more lives, prevent outbreaks before they can spread and help countries on the road to self-sufficiency. Learn more at www.gavi.org.

Gavi Project

The Gavi 5.0 Strategy and introduction of a strategic shift to reaching zero-dose children and missed communities

Gavi's new five-year strategy 5.0 (2021-25) - Gavi 5.0 - aims to 'leave no one behind with immunisation', pursuing an ambitious equity agenda, which prioritizes zero-dose (ZD) children[109] and missed communities[110]. Gavi 5.0 is aligned with the Immunisation Agenda 2030 of the World Health Organisation, which sets out the ambitious target of reducing the number of ZD children worldwide by 25% until 2025 and by 50% until 2030.

The current Gavi strategy[111] covers the period January 2021 – December 2025 and incorporates several key shifts in Gavi's strategy to deliver on its mission, including:

- A core focus on reaching zero-dose (ZD) children and missed communities, with equity as the organising principle;
- More differentiated, tailored, and targeted approaches for Gavi-eligible countries;
- An increased focus on programmatic sustainability; and
- Providing limited and catalytic support for select former and never Gavi-eligible countries

And has four strategic goals:

- Strategy Goal 1: Introduce and Scale Up Vaccines
- Strategy Goal 2: Strengthen Health Systems to increase Equity in Immunisation
- Strategy Goal 3: Improve Sustainability of Immunisation Programmes
- Strategy Goal 4: Ensure Healthy Markets for Vaccines and Related Products

The Alliance launched the "operationalisation" phase for Gavi 5.0 following the June 2019 Board decision endorsing the Strategy. This initial operationalisation phase focused on reviewing and transforming Gavi's policies, strategic approaches, processes, and tools to align with the strategic focus of Gavi 5.0.[112]

For the strategic shift to zero dose, support to countries will be approved and programmed using Gavi's revised Application Process Guidelines and supporting Programme Funding Guidelines. All requests for Gavi support are expected to articulate clear strategies for sustainably reaching zero-dose children and missed communities with a drive to achieve equity in immunisation. Key will be implementation of the full portfolio planning (FPP) process described in these guidelines, which helps countries to map out the portfolio of support needed to achieve their ambitions. The Secretariat has re-designed the application process to simplify the process in the long-term, create efficiencies, and enable further flexibilities for countries[113]. Key shifts in the materials and application process include[114]:

i. A portfolio planning approach which integrates all types of Gavi support to best achieve national immunisation goals. Countries are expected to prepare periodically (approximately every 3-5 years) an integrated request for support comprising all support provided by Gavi, including Health System Strengthening (HSS), the Cold Chain Equipment Optimization Platform (CCEOP) targeted country assistance (TCA) provided through the partners' engagement framework (PEF), existing vaccine support, and newly planned introductions and campaigns;
ii. Development of a Theory of Change on how Gavi support will contribute to the country's goals and objectives for their national immunisation system, with emphasis on reaching zero-dose children and missed communities;
iii. Clear linkage with Gavi's 5.0 strategic objectives. Adapting Gavi's operating model to the Alliance strategic goals and objectives of the next period is critical to advancing progress towards reaching

[109] Zero-dose children are those that have not received any routine vaccine. For operational purposes, Gavi defines zero-dose children as those who lack the first dose of diphtheria-tetanus-pertussis containing vaccine (DTP1).
[110] Missed communities are home to clusters of zero-dose and under-immunised children. These communities often face multiple deprivations and vulnerabilities, including lack of services, socio-economic inequities, and gender-related barriers.
[111] The overall Gavi 5.0 strategy is summarised here - Gavi 5.0. An update of 5.0 (Gavi 5.1) is planned for December 2022
[112] Strategy Update Board June 21 and PPC Chair Report June 21
[113] There is the possibility for stand-alone applications outside FPP for specific requests (e.g., EAF, NVS) to enable further flexibility. The application process gets continuously reviewed and updated, with further flexibilities to be introduced this summer, 2022.
[114] Need to Know – 20 May 2021 https://www.gavi.org/sites/default/files/ntk/NTK-20052021.pdf

missed children and communities. To ensure Gavi processes are aligned with the new strategy, the application materials have been built around key goals, objectives, and strategic enablers included in Gavi 5.0.

iv. Establishing a funding envelope for up to five years. The country will develop a vision spanning multiple years for what support they would like to request from Gavi. This portfolio and multi-year planning approach will enable a comprehensive review by the Independent Review Committee and approval for a package of Gavi support across several years.

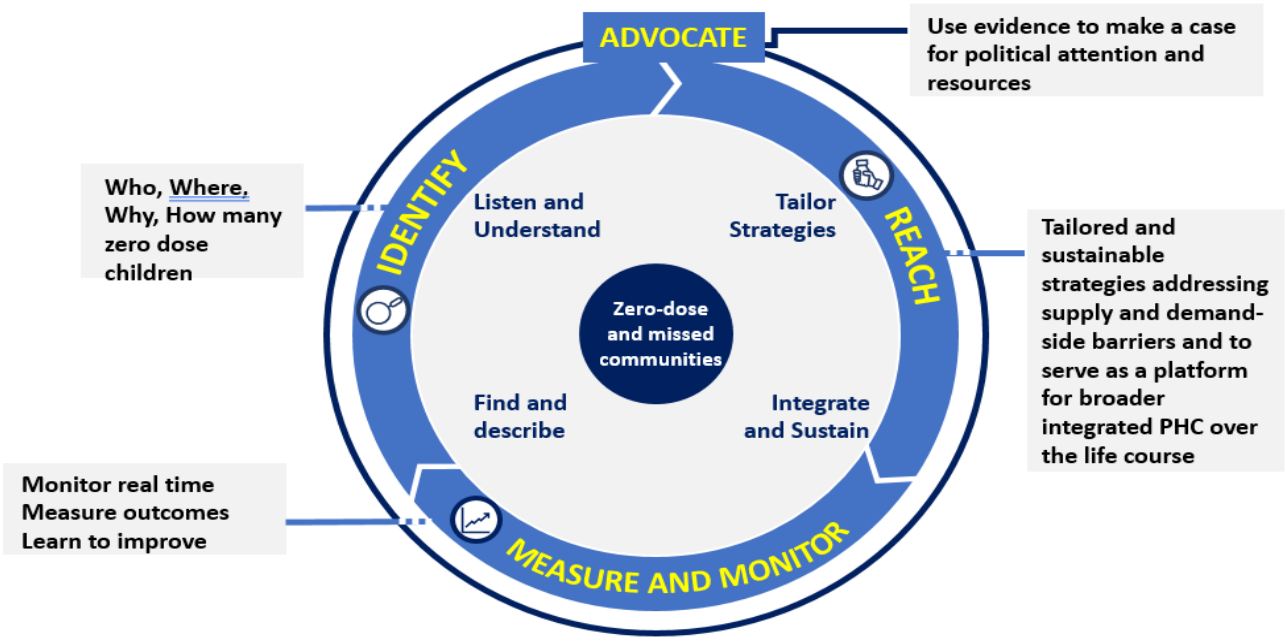
Understanding zero dose under Gavi 5.0

Key definitions
Zero-dose children are those who have not received any routine vaccines. For operational purposes, Gavi defines zero-dose children as those missing a first dose of diphtheria-tetanus-pertussis containing vaccine.
Under-immunised children are those who have not received a full course of routine vaccines. For operational purposes, Gavi defines under-immunised children as those missing a third dose of diphtheria-tetanus-pertussis containing vaccine.
Missed communities are home to clusters of zero-dose and under-immunised children. These communities often face multiple deprivations and vulnerabilities, including lack of services, socio-economic inequities and often gender related barriers.
Equity is the organising principle of the Alliance's 2021-2025 strategy, whose vision is Leaving no-one behind with Immunisation. This entails a laser focus on using all Gavi levers to reach missed communities and zero-dose children with immunisation.

Gavi 5.0 addresses an ongoing challenge that is being exacerbated by the COVID-19 pandemic. To deliver on its Gavi 5.0 vision of 'leaving no one behind with immunisation', Gavi recommends a specific approach to reaching ZD children and missed communities through Gavi grants.

This approach starts with an organising framework - Identify, Reach, Monitor, Measure, Advocate (IRMMA) - to identify challenges and potential interventions during country dialogue on Gavi investments.

Figure 2: IRMMA framework – Identify, Reach, Measure and Monitor and Advocate.



Using ZD children and missed communities as a starting point for discussion, and based on analysis of barriers at subnational areas, countries are now expected to plan or reprogramme Gavi investments, proposing specific targeted and/or tailored approaches to reach those children and bringing them to full immunisation. Interventions should build on coverage and equity gains achieved so far, but they should also include activities to recover disruptions to essential health services (e.g., due to COVID-19, conflicts and others). They should address both supply and demand barriers, through routine immunisation or supplementary immunisation activities. Countries [115]are expected to include a greater focus on demand, community engagement and overcoming gender barriers as key enablers of reaching ZD children and missed communities. Countries should also include an increased focus on programmatic sustainability, integration of Primary Health Care (PHC), a better understanding of the costs implied in reaching ZD children, and a more purposeful discussion on funding service delivery in

[115] The three segments are High Impact, Fragile/Conflict and core countries

and ensuring funding flow to missed communities. Countries should facilitate timely and regular programme monitoring, review processes, evidence generation and course correction to better reach ZD children and missed communities. Finally, countries and partners should seek to enable strengthened political leadership, enable governments to mobilise and prioritise resources towards ZD children and missed communities, and facilitate broader partner engagement such as civil society organisations (CSO) and humanitarian partners.

The Equity Reference Group for Immunisation (ERG)[116] puts emphasis on, and calls for, a greater focus on (1) urban poor, (2) conflict and (3) remote rural contexts, as well as (4) gender-related barriers as the communities where immunization inequities are most acute. The challenges characterizing each environment are highlighted below in Annex 1. This is aligned with the ZD and missed communities focus of the Gavi 5.0 strategy.

In addition, a recent analysis by WorldPop suggests that 60% of children that have not received DTP1/DTP3/MCV1 live in settings that are not in one of the settings above, (i.e., not urban, peri-urban, or remote rural). Among these, they estimate that around 40% live within 1 hour of the nearest town or city.[117] This adds other areas of focus for the Gavi 5.0 strategy.

Operationalising the ZD and missed communities agenda

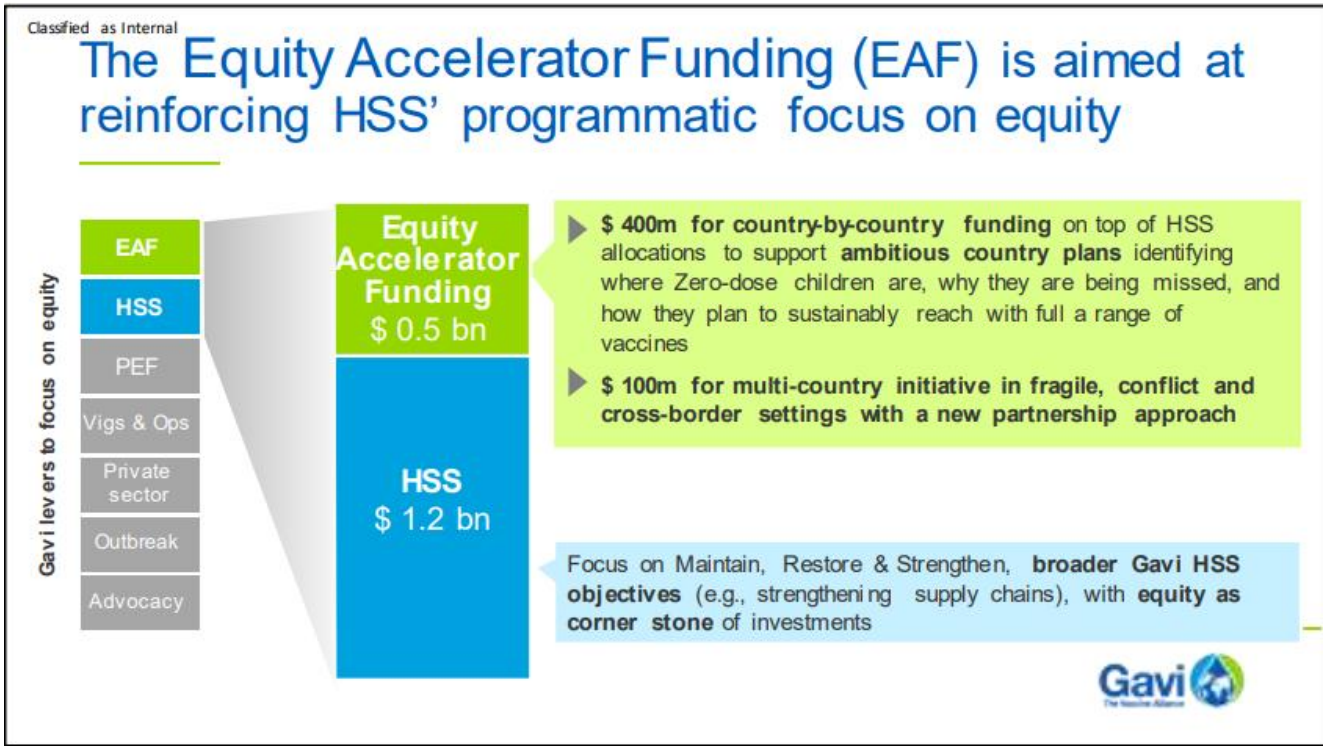
The Gavi Alliance Board reaffirmed that the Alliance's focus on equity is more important than ever in the context of the COVID-19 pandemic, which has exacerbated existing inequities and increased the number of zero-dose and under-immunised children. Gavi developed and released guidance (Oct. 2020) on the use of Gavi funding to support countries in their efforts to maintain, restore and strengthen immunisation services to reach missed children in the context of COVID-19. This follows and replaces the initial support to respond & protect (including allowing countries to use 10% of their ongoing HSS grants for the immediate response to the COVID-19 pandemic). The programming guidance is aligned to WHO's technical guidance and to Gavi's vision 2021 – 2025 strategy with equity at the heart of Gavi's mission. It lays out how Gavi funding can support activities to maintain and restore immunisation services under safe conditions to reduce the risk of COVID-19 transmission as well as approaches for catching up children missed during and before the pandemic primarily through routine immunisation (e.g., catch up in RI, intensified RI, additional PIRIs, etc.). The guidance also highlights opportunities to strengthen and build back better immunisation systems that are inclusive and resilient, especially by scaling-up integration and innovations and building new partnerships at community level 118.

In December 2019, the Gavi Board approved two policy changes that bring a stronger focus to equity in HSS: adding equity into a revised HSS allocation formula; and removing the cap of US$ 100 million for country HSS allocations while retaining the US$ 3 million floor. Country allocations in Gavi 5.0 (2021-2025) include Health Systems Strengthening (HSS), Equity Accelerator Funding (EAF), Cold Chain Equipment Optimisation Platform (CCEOP) support, and Targeted Country Assistance (TCA) reflecting the updates to the policy are available here. Gavi uses the Board-approved allocation formula to calculate 5-year ceilings for every country's allocation. This allocation formula accounts for four equally weighted parameters – the number of zero-dose children (children not receiving a first dose of DTP-containing vaccine), the number of under-immunized children (children not receiving a third dose of DTP-containing vaccine), the birth cohort and GNI per capita – as a proxy for countries' target population, health system strength, equity gaps and ability to pay. Each ceiling represents the maximum amount of funding a country is eligible to receive over a five-year period.

In December 2020, the Board approved an additional US$ 500 million in health system strengthening (HSS) for the strategic period 2021-2025 as dedicated funding for zero-dose children and missed communities known as the Equity Accelerator Funding (EAF). Further details on operationalisation available here June 2021 Board and December 2021 Board. The HSS programming has also been updated, with new zero-dose programme funding guidelines[119] to support countries to identify and reach zero-dose children (December 2021 Board).

Figure 2: Equity Accelerator Funding

[116] https://sites.google.com/view/erg4immunisation/home
[117] Two thirds of zero-dose children are in six countries: Nigeria, India, DRC, Pakistan, Ethiopia, Indonesia. See 2021 World Pop report on 'Mapping the characteristics of under/un-vaccinated children' here.
[118] Need to Know – October 2020, https://www.gavi.org/sites/default/files/ntk/NTK-08102020.pdf
[119] https://www.gavi.org/sites/default/files/support/Gavi_Zero-dose_FundingGuidelines.pdf

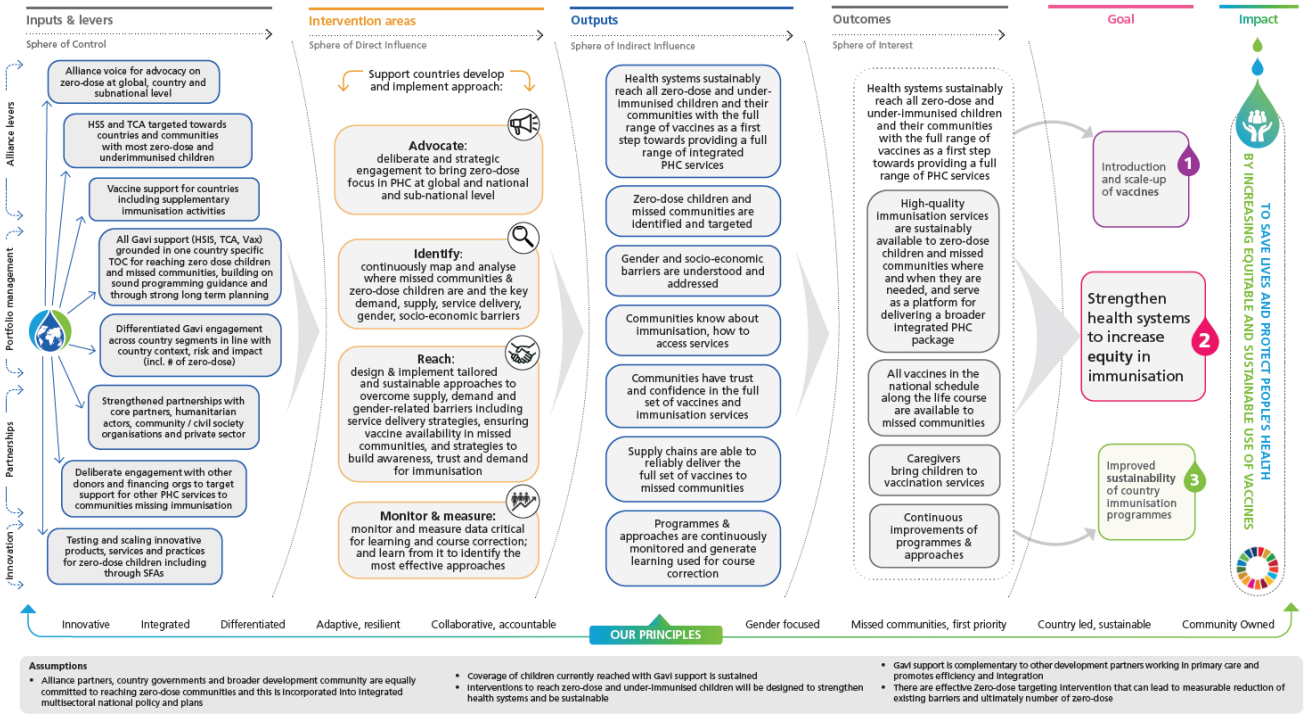


In order to implement the ZD children and missed communities' approach, Gavi 5.0 will require some important operational shifts. This includes:

- Engagement of a broader set of partners including local and global Civil Society Organisations (CSO) and humanitarian actors to reach the most marginalised children that have been consistently missed by immunisation programmes and children living in conflict areas;
- More differentiation of Gavi support and processes across country groups and contexts to ensure the approach is fit for each country context;
- Testing and scaling up innovative approaches to ZD children across different components of the IRMMA framework; and,
- A more purposeful advocacy strategy to secure political commitment to prioritise ZD children and missed communities.

The proposed ZD Theory of Change provides an overview of how the different Gavi inputs and levers described here should lead to the expected results on the ZD, under-immunised and missed communities' approach.

Figure 3: Gavi 5.0 Zero Dose Theory of Change



In order to accelerate pace of progress, coordinate and coherently operationalise the new ZD agenda across the Secretariat, Gavi has established three different ZD working groups (now the ZD operational team), a leadership team, and a steering committee with a clear engagement cadence between the three. There is also a separate cross Alliance ZD group and community of practice who provide critical insights to the ZD agenda.

Partners Engagement on the ZD agenda

Alliance partners will play a critical role in the operationalisation of the ZD agenda and Gavi is providing critical support to partners though its Partner Engagement Framework (PEF) and other levers. PEF are funding levers designed to support partners' activities aligned with Gavi's strategy. In December 2020, the Board approved an increase in PEF spending of US$128 million between 4.0 and 5.0 to support efforts to reach zero-dose children and missed communities. They are divided in three types of support, Foundational Support (FS), Strategic Focus Areas (SFA) and Targeted Country Assistance (TCA).

- Foundational Support (FS) – with an estimated increase of 19% (from USD 178m in Gavi 4.0 to USD 210m in Gavi 5.0)– refers to long term, predictable funds provided to core partners, such as WHO, UNICEF, WB, CDC, and CSO constituency to ensure global and regional coordination of Alliance activities but intended to enable country level outcomes. Among some relevant activities for the ZD agenda being funded by FS are design and adaptation of global goods and tools to make it relevant to ZD, support to countries on ZD identification analysis and design of innovative ZD interventions, tracking progress and development of lessons learned though implementation research.
- Strategic Focus Areas (SFA) – with an estimated increase of 50.4% (from USD 117m in Gavi 4.0 to USD 176m in Gavi 5.0) –designed to extend immunisation systems to reach ZD children and to increase the efficiency of immunisation systems. Those are catalytic funds for Gavi Alliance partners for new approaches to proof of concept at country level and to prepare for scale up across countries, including through select development of new global goods critical for Gavi 5.0. Their principle is to fund experimental, transformative, and sustainable approaches in a time-limited way with context appropriate partnerships, allowing for scale up through Targeted Country Assistance (TCA).
- Targeted Country Assistance (TCA) – with an estimated increase of 25% (from USD 400m in Gavi 4.0 to USD 500m in Gavi 5.0) – is designed to provide country level technical assistance with a focus on

increasing programmatic efficiency and sustainability with an increasing emphasis on engagement with local institutions and partners across multiple sectors. It currently leverages the comparative advantages of more than 60 different partner organisations across 57 countries. TCA in Gavi 5.0 will be approved on a multi-year basis (2023-2025). Identifying and reaching ZD children will be a priority activity and focus of TCA funds, and that will include, for example, targeted coverage surveys, Service Availability and Readiness Assessments (SARA) and community-centred monitoring systems.

In addition to PEF, the Humanitarian Partnerships Funds – $100m which is part of the EAF – is a dedicated multi-country funding for specific humanitarian organisations working in conflict and fragile settings. Organisations have been selected though a competitive bidding process at regional level (Sahel and Horn of Africa). Funds are dedicated to enable tailored service delivery modalities with a focus on sustainable and integrated approaches and implemented by local NGOs.

Operationalisation updates as of Q2 2022

The 5.0 strategy builds on the progress made on coverage and equity agenda under Gavi 4.0 and seeks to prioritise solutions to address the key challenges highlighted under Gavi 4.0 and the evolving context. This means that Gavi's contribution to achieving its ZD targets currently is delivered through the following channels:

1. Support programmed under Gavi 4.0 that is currently on-going or extended[120] and support programmed under 4.0 that has been reprogrammed since 2020

Under Gavi 4.0, within the coverage and equity agenda, activities related to how to address under-immunised children were being programmed within grants; some of which are highly relevant to reaching zero dose children and missed communities. A mapping of pro-equity interventions across countries eligible for Gavi support and structured around the IRMMA framework will be available by September 2022. A synthesis of evidence from the broader literature (published and grey) on the rationale for utilisation, enablers, barriers, and effectiveness of key pro-equity interventions identified in the previous analysis across the IRMMA framework should also be available. Further details are available here.

2. Support programmed using Gavi's revised Application Guidelines following the full portfolio planning (FPP) process and standalone grants since 2021

Between mid-2019, when Gavi 5.0 was approved by the Board, and now, several countries have moved to implement a stronger ZD focus with Gavi support. This has been delivered through the following:

i. Full Portfolio Planning (FPP) processes: ongoing in several countries focused on helping countries holistically programme Health Systems Strengthening (HSS), Targeted Country Assistance (TCA) and other funding envelopes to reach zero-dose children, supported by a new, integrated application kit. Progress is being monitored as COVID-19 is limiting some countries' bandwidth to complete FPP processes.
ii. Countries submitting stand-alone applications for specific support where required.
iii. Standalone applications for EAF support

Prior to grant implementation, there are several steps after approval. Currently, these steps take between 12 and 18 months. The implication for this evaluation is that initial implementation for the first grants approved under the FPP approach is unlikely before mid-2023.

At the global and regional level, PEF investments through Foundational Support (FS) and Strategic Focus Areas (SFA) have also shifted to multi-year planning with a clear focus on zero-dose children and missed communities. The Partnerships Team overseeing FS and SFA investments has recommended investments within Board approved envelopes of US$ 210 million for FS and US$ 176 million for SFA for approval. Importantly, it has also approved a new approach for performance monitoring and management of these investments to improve accountability and transparency and help keep partner performance on track for successful delivery of Gavi 5.0.

2.2 Objectives and scope of this evaluation

The principal purpose of this evaluation during 2022 - 2025 will be to assess the design, implementation, and results of Gavi's ZD agenda for the reduction of the prevalence of zero-dose children.

[120] and which includes actions addressing zero dose children and missed communities ((i.e., HSS grants, PEF TCA and Gavi support for campaigns).

The evaluation will focus on the following four key objectives:

- Evaluate the coherence and rationale of the Gavi's ZD agenda in terms of the GAVI 5.0 aim of `leave no one behind with immunization
- Evaluate the plausible contribution of grants initiated under Gavi 4.0, with continued implementation in Gavi 5.0, to achieving Gavi's targets related to reaching ZD and missed communities
- Assess the operationalisation of the ZD agenda through the Gavi 5.0 funding levers
- Generate strategic lessons learned on the implementation of the ZD agenda to inform course correction and development of the Gavi 6.0 strategy

The primary audiences for the evaluation are the Gavi Board, Gavi Secretariat, Alliance partners (PEF and specific humanitarian organisations working in conflict and fragile settings and that have been selected though the competitive bidding process at regional level) and countries supported by Gavi.

There will be three key evaluation products delivered as part of this evaluation over three phases. The 2023 product is intended to meet both learning (Gavi Secretariat, Alliance partners) and early-stage accountability (Gavi Board through the Mid Term Evaluation) needs. The 2024 and 2025 products are primarily intended to meet learning needs of the Gavi Secretariat, Alliance partners and countries and to inform development of Gavi 6.0

Evaluation questions:

To meet the purpose and objectives of the evaluation three main evaluation deliverables will be delivered in 2023, 2024 and 2025 respectively. Reflecting needs in each year and what evidence is likely to be available, individual evaluation questions answered will vary by deliverable as indicated in the table below. The evaluation supplier is expected to identify any proposed changes in evaluation questions and how they would enhance the evaluation during the inception phase.

Indicative Evaluation Questions	Cover in which deliverable?		
	2023	2024	2025
1. How have grants initiated under Gavi 4.0 with continued implementation in Gavi 5.0 contributed to the delivery of the zero-dose agenda at the country level?	✓	✓	✓
2. What effect did the COVID-19 disruption have on Gavi's ability to move forward with the zero-dose agenda?	✓	✓	
3. To what extent did Gavi's response through Maintain, Restore and Strengthen (MRS) achieve its goals of reaching zero-dose children and missed communities?	✓	✓	
4. To what extent are the zero-dose working groups and related architecture within the Secretariat coherently designed and contributing to the operationalisation of the ZD agenda?	✓		
5. To what extent is the theory of change fit for purpose? Did the implementation of the ZD agenda reflect the causal pathways and underlying assumptions in the theory of change? Is the Identify-Reach-Monitor-Measure-Advocate (IRMMA) framework the right approach to deliver on the ZD agenda?	✓	✓	✓
6. To what extent have Gavi's application processes (e.g., FPP) and guidance enabled countries to focus their Gavi support towards reaching zero-dose children and missed communities?	✓	✓	

7. To what extent has EAF support enabled countries to prioritise and deliver the ZD and missed communities agenda (IRMMA)? What are the main drivers and barriers?	✓	✓	✓
8. To what extent were Gavi 5.0 funding levers coherently designed, adopted and effective in contributing to the prioritisation and delivery of the ZD Strategic Objective? What are the main drivers and barriers?	✓	✓	✓
9. Are Gavi funding levers enabling countries to achieve their targets in reaching zero-dose children and missed communities? What are the main drivers and barriers?		✓	✓
10. To what extent, and how, is sustainability addressed in Gavi's approach to achieving its strategic objective related to zero-dose children and missed communities?		✓	✓
11. What, if any, are the unintended consequences of targeting zero-dose and missed communities?		✓	✓
12. To what extent and how effectively did Gavi 5.0 catalyse other actors/partners around the ZD agenda?		✓	✓
13. To what extent did the Gavi 5.0 focus on ZD children and missed communities -- alone or in conjunction with other actors/ partners -- contribute to strengthening universal Primary Health Care (PHC) and/ or broader integration of health services? What are the successes, failures, and lessons learned?		✓	✓
14. From the countries' perspective, how useful is the Gavi´s operationalization of zero-dose children as those missing DPT1?		✓	✓
15. How effectively are countries currently measuring/monitoring zero-dose?	✓	✓	✓

It is expected that the contracted evaluation supplier will refine and propose additional evaluation questions and sub-questions as part of their inception report, with justification. This refinement should be carried out within the context of broader evidence collection taking place and planned within Gavi's learning system investments and by partners and avoiding duplication of effort and unnecessary transaction costs.

Methodology

Bidders are expected to propose the overall evaluation design and methods. In development of the proposed design and methods, bidders should be aware of the following:

i. Relevant ZD targets in Gavi's results framework for 5.0 can be found here. Results are reported annually in the Strategy Programmes and Partnership paper to the Board. It is likely that the impact of COVID-19 on regular immunisation activities will require revision of the targets set.
ii. Further details of the current proposed ZD Theory of Change can be found here. It is anticipated that this ToC needs to be further developed by the independent evaluators. To the extent possible material from the on-going work on ZD within Gavi should be used in this process.
iii. In development of their proposed evaluation design and methods, bidders should also be aware that a mapping of pro-equity interventions across countries eligible for Gavi support (discussed above and further details here) and structured around the IRMMA framework, of current ZD support should be available by September 2022. A synthesis of evidence from the broader literature (published and grey) on the rationale for utilisation, enablers, barriers, and effectiveness of key pro-equity interventions identified in the previous analysis across the IRMMA framework should also be available.
iv. EvLU is aware that there is secondary data available in Secretariat and Alliance partner documentation that potentially will allow quantitative analysis at the portfolio level. This includes, WUENIC estimates for coverage, annual administrative data for coverage of different antigens (and monthly for selected countries). Vaccine sentiment data for few selected countries, IHME models for coverage data with 5x5

and district level estimates across multiple countries, budget, and financial data, vaccine shipment data, surveillance data across different diseases, survey results.

v. However, this portfolio level evidence will need to be supplemented by richer and more detailed evidence collected at country level, which implies the use of case-based methods as well in the overall evaluation design. If proposed in bids, a description of a credible approach to generalisation from these selected case studies and cross-case analysis will be critical. In terms of credibility in using such methods, we draw attention to the approaches and designs[121].

vi. There will also be an opportunity to draw on evidence from Learning Hubs currently being established in three to five countries (Nigeria, Mali, and Bangladesh and possibly Uganda and Somalia) in later evaluation products and this should be considered in the evaluation design. Details on the Learning Hubs are provided here.

vii. Findings and conclusions from three other centralised evaluations will be of relevance for this evaluation. The first is Gavi's response to COVID-19 which is due for completion in October 2022. The second is the Evaluation of the Operationalisation of Gavi's Strategy through Gavi's Policies, Programmatic Guidance and Use of Funding Levers due to start in September 2022. The third is the COVAX Facility and COVAX AMC Formative Review & Baseline (Annex 21), which is expected to be completed in March 2023. How and when this evaluation would draw on evidence from these evaluations would be clarified during the Inception Phase. Proposed evaluation designs and approaches should seek to maximise use of evidence from these evaluations to minimise multiple evaluations asking specific Secretariat staff for the same information. EvLU will work to ensure that the winning bidder is put in contact with the evaluation teams.

viii. The 2023 evaluation product is intended to directly contribute to the synthesis of evidence in the Mid-term evaluation of Gavi 5.0.

Evaluation management

i. Gavi's Evaluation Policy and hence the evaluation quality and ethical standards that will be applied can be found here.

ii. Evaluation Advisory Committee (EAC)
   a. The Gavi Evaluation Advisory Committee (EAC) is established to support the Board in fulfilling its oversight responsibilities in respect to the management of Gavi's evaluation activities. The Terms of Reference for the EAC are available here.
   b. As part of its important role in safeguarding evaluation independence and providing quality assurance, the EAC will assign five (5) focal points (FPs) with direct oversight on the evaluation process. Engagement with the EAC FPs is outlined in the table below on deliverables.

iii. Centralised Evaluation Team (CET)
   a. The CET is responsible for implementation of centralised evaluations including commissioning and managing independent centralised evaluations including ensuring the utility, quality and timely delivery of evaluation reports and disseminating the findings
   b. The Evaluation Manager manages the ongoing contact with the evaluators including sharing relevant documents, facilitating contacts within the Gavi Secretariat and Gavi governance structures, ensuring engagement with primary users, ensuring the Communication and Learning Plan is regularly revisited with evaluators and updated if needed, bi-weekly calls with the evaluators and where relevant, support the Evaluator to organise relevant workshops with key stakeholders

[121] Yin, R. (2018) Case Study Research and Applications: Design and Methods Paperback – 2 Feb. 2018, Yin, R (2011) Applications of Case Study Research, Goodrick, D. (2014). Comparative Case Studies, Methodological Briefs: Impact Evaluation 9, UNICEF Office of Research, Florence. and Mookherji, S., LaFond, A. (2013) Strategies to maximise generalization from multiple case studies: Lessons from the Africa Routine Immunization System Essentials (ARISE) project.

2.3 Key Dates

Milestone/Deliverables	Due Date	Engagement and Review approach
Bi-weekly update calls (including meeting minutes)	Ongoing throughout the evaluation	
Monthly Progress reports (Format TBD)		
Milestone 1: Inception phase	**Due Date**	**Engagement & Review Approach**
In-person kick-off meeting	w/c 12-Sept-22 (TBC)	EvLU, Supplier engagement
Deliverable 1: Draft inception phase report including approach and methods, interview guides, a communication and learning plan for the evaluation, and a draft Theory of Change	30-Sept-22	To be reviewed by the Secretariat, and QA by EAC FPs
Deliverable 2: EAC and Gavi Secretariat engagement (with slide deck presentation).	w/c 10-Oct-22 (TBC)	To be presented to EAC FPs, Secretariat
Deliverable 3: Final inception phase report with an Executive Summary (format TBC) as well as finalized evaluation theory of change (word document)	21-Oct-22	To be reviewed by the Secretariat, EAC FPs
Milestone 2: Year 1 Phase	**Due Date**	**Engagement & Review Approach**
Deliverable 1: Progress update report including preliminary findings (relevant Annexes)	09-Jan-23	To be reviewed by the Secretariat, EAC FPs
Deliverable 2: EAC and Gavi Secretariat engagement (with slide deck presentation).	w/c 23-Jan-23 (TBC)	To be presented to EAC FPs, Secretariat
Deliverable 3: Progress update report including updated preliminary findings (relevant Annexes)	03-Apr-23	To be reviewed by the Secretariat
Deliverable 4: Draft Report 1	02-Jun-23	To be reviewed by MEL
Deliverable 5: Revised Report 1	30-Jun-23	To be reviewed by the Secretariat, and EAC FPs
Deliverable 6: EAC and Gavi Secretariat engagement (with slide deck presentation).	w/c 17-Jul-23 (TBC)	To be presented to EAC FPs, Secretariat
Deliverable 7: Updated Draft Report	25-Aug-23	To be reviewed by Secretariat, EAC FPs and key stakeholders
Deliverable 8: PowerPoint slide deck summarising the updated draft report, including draft recommendations	31-Aug-23	Pre-read for stakeholder meeting
Deliverable 9: Facilitate key stakeholders meeting	w/c 04-Sept-23 (TBC)	
Deliverable 10: Draft final report	22-Sept-23	To be quality-assessed by the EAC and reviewed by the Secretariat
Deliverable 11: Draft Policy Brief summarising the main findings, lessons learnt and final recommendations	29-Sept-23	To be reviewed by MEL
Deliverable 12: Final report	13-Oct-23	Assessed by the EAC and reviewed by Secretariat
Deliverable 13: Final Policy Brief summarising the main findings, lessons learnt and final recommendations	20-Oct-23	
Deliverable 12: Presentations of Final Report at Gavi Secretariat (including slides)	w/c 23-Oct-23 (TBC)	
Milestone 3: Year 2 Phase		
Deliverable 1: Annual work planning for ZD evaluation • Deliverables for Year 2 and Year are anticipated to be similar in sequencing and format to Year 1 and bidders should use this to inform budget development. • Review of the evaluation questions will be undertaken as part of the work planning process	w/c 23-Oct-23 (TBC)	EvLU, Supplier engagement

• Final agreement on the questions and deliverables will be discussed and approved as part of the annual work planning meeting for the evaluation.		

Annex 1: ERG recommendation on areas of focus

Type of settings and factors of interest	Challenges characterizing the environment
Remote rural	- High marginal cost of reaching people - Recruiting, retaining, and motivating health workers is impeded by context limitations - Long distances challenge already stretched cold chain and supply systems - People have limited socio-political power, which limits access to health institutions and services - Incomplete and/or underutilized data on populations
Urban poor	- Lack of accurate, disaggregated data - Social distance and discrimination - Residents of illegal settlements fear encountering public authorities - Rural exodus, fast urbanisation and seasonal migration - Population mobility and health seeking behaviour - Design of immunisation services renders them inaccessible - Insecurity limits access for communities - Multiple stakeholders and lack of effective partnerships
Conflict	- Damage to existing infrastructure and disruptions to the supply chain - Loss and migration of skilled health care workers - Decreased access to areas due to insecurity - Large-scale population displacement and creation of refugee populations - Difficulty in tracking and finding populations
Gender related barriers (compounding challenges faced in the three other ERG settings)	- Lower engagement of men in immunisation activities - Lower status of women in communities and limited capacity to act - Physical, quality and time barriers to accessing immunisation services for women - Lower women health literacy

2.4 Duration of the Work

The scope of work is expected to be implemented over the period from August 2022 to mid-2025 .

2.5 Location of the Work

The scope of work shall be performed at the Bidder's registered office, at Gavi offices or such other location as may be agreed to by Gavi and the successful applicant.

2.6 Work Context

The tasks shall be performed for The Evaluation and Learning Unit and in collaboration with relevant internal and external stakeholders.

Part 3: Evaluation and Scoring Approach

Gavi will base its initial evaluation on the Proposals submitted in response to the RFP.

In deciding which Bidder(s) to shortlist Gavi will consider the results of the evaluation of each Proposal and the following additional information:

i. Each Bidder's understanding of the Requirements, capability to fully deliver the Requirements and willingness to meet the terms and conditions of the Proposed Contract; and

ii. The best value-for-money over the whole-of-life of the goods or services.

In deciding which Bidder(s) to shortlist Gavi may consider any of the following additional information:

i. The results from past performance reference checks, site visits, product testing and any other due diligence;

ii. The ease of negotiations with a Bidder based on that Bidder's feedback on the Proposed Contract (where these do not form part of the weighted criteria);

iii. Any matter that materially impacts on Gavi's trust and confidence in the Bidder; and

iv. Any other relevant information that Gavi may have in its possession;

Gavi will advise Bidders if they have been shortlisted. Being shortlisted does not constitute acceptance by Gavi of the Bidder's Proposal, or imply or create any obligation on to Gavi to enter into negotiations with, or award a Contract for delivery of the Requirements to any shortlisted Bidder/s.

3.1 Tender Evaluation Committee (TEC)

Gavi will convene a tender evaluation committee (TEC) comprising members chosen for their relevant expertise and experience. In addition, Gavi may invite independent advisors to evaluate any Proposal, or any aspect of any Proposal.

3.2 Bid Evaluation Model

The evaluation model is based on the weighting under section 3.5 (Evaluation Criteria).

i. Gavi will first assess all bidders against the Pass/Fail Qualifying Criteria in Section 3.4 and bidders that do not meet the required criteria will be disqualified.

ii. Bidders passing the Qualifying criteria will then be evaluated against the Technical Evaluation criteria in section 3.5.1. Proposals must meet a minimum score of 60 points to progress to the financial evaluation stage.

iii. Bidders passing the minimum Technical score will then be evaluated against the Financial Evaluation criteria in Section 3.5.2.

3.3 Two-Envelope System

Members of the technical evaluation committee will score each Proposal based on the weighted Technical Criteria listed below (Section 3.5.1). Proposals will then be ranked according to their technical scores. Proposals that meet the required technical minimum shall then be progressed to the financial evaluation stage whereby different members of the tender evaluation committee shall conduct an assessment based on the weighted Financial Criteria shown below (Section 3.5.2) and Sustainability Criteria shown below (Section 3.5.3). For the final selection decision making the weight of Technical proposal will be 67%, Financial proposal 30%, and Sustainability will be 3%. Collectively the tender evaluation committee will then determine which Proposals to shortlist/select based on best value-for-money over the whole-of-life of the Contract.

3.4 Qualifying Criteria

Each Proposal must meet all of the following qualifying criteria. Proposals which fail to meet one or more will be excluded from further consideration.

Bidders who are unable to meet all the qualifying criteria should conclude that they will not benefit from submitting a Proposal. The qualifying criteria for this procurement are:

No.	Criteria / Sub-Criteria
1.	**Corporate Social Responsibility**
a)	Bidders must provide a copy of their Corporate Social Responsibility Policy or documentation to demonstrate their commitment to sustainability, diversity, inclusion and the environment.
2.	**Financial Stability**
a)	Bidders must provide the past 3 (three) year Financial Statements: namely: Auditor's page, Income/P&L, Balance Sheet & Cash Flow.
3.	**Reference contacts**
a)	Bidders must be able to provide at least 3 reference contacts within their proposal

All documents and details mentioned in the Criteria table above should be submitted as separate attachments together with the proposal at the proposal due date.

3.5 Evaluation Criteria

Each criterion will carry the weight indicated in the sub-weight column.

3.5.1 Technical

The technical criteria for this procurement are:

No.	Criteria / Sub-Criteria	Sub-weighting (100%)
1.	**Technical Approach**	60
a.	Robust, clear, appropriate and coherent evaluation framework with the key questions to be addressed, including identification of primary users, proposed data collection approaches/methods and analytical approaches	
b.	Detailed description of the assessment methods and approaches, and acknowledgement of potential limitations	
c.	Detailed work plan, proposed consultants (composition, responsibilities, and structure) and timeline	
d.	Demonstrated understanding of and ability to meet deliverables, scope, and methodology	
e.	Appropriateness of the quality-assurance plan included in the Bidder's proposal	
f.	Description of Communication and Learning Plan to be developed in inception phase, to include findings from stakeholder analysis on primary users and factors facilitating use or barriers/resistance to use	
2.	**Expertise and Qualification of Bidder Personnel. Bidders should submit resumes and profiles of personnel to demonstrate qualification, experience, and competencies in the following areas:**	20
a.	Professional background and advanced knowledge of and experience with complex public health programmes and structures	
b.	Experience in conducting evaluations, including extensive experience with appropriate evaluation design and methods, both quantitative and qualitative in nature	

No.	Criteria / Sub-Criteria	Sub-weighting (100%)
c.	Excellent communications skills, including writing	
d.	Team's stakeholder analysis skills as demonstrated in the profiles of the proposed personnel included in the Bidder's proposal	
3.	**Proposed Team Structure**	20
a.	Team composition (i.e., appropriate balance of experience in both implementing proposed evaluation methods and subject matter expertise) and appropriate allocation of roles and time)	
4.	**Assessed for shortlisted proposals only**	N/A
	Ability to meet tight deadlines with quality products	
	Facilitation skills, including online/virtual, and presentation skills	
	Interpersonal competence*	
	Appropriate administrative support	
Total Weight for final decision making		**67%**

*Written proposal to specify the key members of the team who will be the main interface with primary users, lead presentations, etc. Please note these team members need to be on the call for the shortlist interview.

3.5.2 Financial

For the purposes of evaluation all financial Proposals will be converted into United States Dollars (USD).

The financial criteria for this procurement are:

No	Criteria / Sub-Criteria	Sub-Weight (100%)
1.	**Fees**	40
a)	Points for the Fee Proposal being evaluated = ([Maximum number of points for Fee Proposal] x [Lowest fee price] / [Price of fees proposal being evaluated]) x Level of Effort	
2.	**Expenses and other cost**	30
a)	Points for the Travel and other cost for Proposal being evaluated = [Maximum number of points for the Travel and other cost Proposal] x [Lowest Travel price and other cost] / [Travel price and other cost of proposal being evaluated]	
b)	Points for the Other cost for Proposal being evaluated = [Maximum number of points for the Other cost] x [Other cost lowest price] / [Other cost price of proposal being evaluated]	
3.	**Sub-contractors cost**	30
a)	Points for the sub-contractor Fee Proposal being evaluated = ([Maximum number of points for the sub-contractor Fee Proposal] x [Lowest sub-contractor fee price] / [Price of sub-contractor fees proposal being evaluated]) x Level of Effort	
b)	Points for the sub-contractor Travel and Other cost for Proposal being evaluated = [Maximum number of points for the sub-contractor Travel and Other cost Proposal] x [Travel and Other sub-contractor cost lowest price] / [Travel and Other sub-contractor cost price of proposal being evaluated]	
Total Weight for final decision making		**30%**

3.6 Sustainability

The sustainability criteria for this procurement are:

No	Criteria / Sub-Criteria	Sub-Weight (100%)

1.	Economic consideration	100
2.	Gender consideration	
3.	Social Equity consideration	
Total Weight for final decision making		3%

3.7 Management and oversight

This evaluation will be outsourced in its entirety to external Suppliers. In accordance with Gavi Board instituted process for conducting evaluations, the Gavi Secretariat will conduct a procurement exercise to recruit the Supplier and assume responsibility for day-to-day management of the evaluation. The Gavi Secretariat will work alongside the Evaluation Advisory Committee (EAC), an independent committee that supports the Board in fulfilling its oversight responsibilities in respect to the management of the Gavi's evaluation activities. There will also be a Steering Committee in place for this evaluation which will provide quality support and expert advice at key stages in the evaluation process.

3.8 Additional Information

Gavi may request additional information from Bidders to assist with the further evaluation of Proposals. Such information may include data, discussions or presentations to support part of, or the entire RFP. Bidders or their representatives must be available to provide any such additional information during the evaluation process.

3.9 Due Diligence

In addition to the above, Gavi may undertake due diligence processes in relation to shortlisted Bidders. The findings will be considered in the evaluation process. Should Gavi decide to undertake due diligence shortlisted Bidders will be provided with reasonable notice. The associated information requirements are set out at Section 5.5 – Due Diligence Submissions.

3.10 Negotiations

Gavi may invite a Bidder to enter into negotiations with selected bidders with a view to award a contract. Where the negotiations are unsuccessful the Gavi may discontinue negotiations with a Bidder and at its discretion initiate negotiations with a different Bidder. Gavi may initiate concurrent negotiations with more than one Bidder. In concurrent negotiations the Gavi will treat each Bidder fairly, and:

i. Prepare a negotiation plan

ii. Advise each Bidder that it wishes to negotiate with, that concurrent negotiations will be carried out

iii. Hold separate negotiation meetings

Each Bidder agrees that any legally binding contract entered into between the Successful Bidder and Gavi will be essentially in the form set out in Part 5 - Proposed Contract.

3.11 Notification of outcome

At any point after conclusion of negotiations, but no later than 30 business days after the date the Contract is signed, Gavi will inform all unsuccessful Bidders.

3.12 Bidder debrief

A high level debrief on a bids relative strengths and weaknesses can be requested by email to procurement@gavi.org with the subject line "**Error! Reference source not found.** GAVI-RFP – Debrief – [Bidder Name]".

The relative strengths and weaknesses of the bid can be discussed, however Gavi is under no obligation to share exact scores, rankings or details of any other bid, including the winning bid.

Part 4: Bid Submission

4.1 Preliminary Information

This section sets out the necessary preliminary information for Bidders to submit in consideration for delivering the Requirement against any resultant Contract.

4.1.1 Intent to Participate, Acceptance of Confidentiality requirements and Conflict of Interest Declaration

Bidders' are required to acknowledge their acceptance of the instructions and rules pertaining to this tender. Bidders are also required to provide the contract information for a representative who will be the point of contact for all matters relating to the RFP, no later than the Due Date for submission of Preliminary Information set out at Section 3.2 – RFP Timeline and Key Dates. Bidders are required to maintain confidentiality in all matters relating to this RFP and shall not disclose confidential information in connection with the RFP to any third party without prior written consent of Gavi.

Each Bidder must complete the Conflict of Interest declaration and must immediately inform Gavi should a Conflict of Interest arise during the RFP process. A Conflict of Interest may result in the Bidder being disqualified from participating further in the RFP. This declaration must be provided to Gavi no later than the Due Date for Preliminary Information set out at Section 3.2 – RFP Timeline and Key Dates.

The Declaration form can be accessed via the following link: Gavi Supplier Declaration Form .

4.2 Technical Proposal

Bidder's must ensure that the Technical Proposal is provided within dedicated electronic document/file and that no financial information whatsoever is contained within. This is to ensure pricing information cannot be viewed when the Technical Proposal is under evaluation.

Technical Proposals submitted to Gavi must consist of the following:

1. Cover letter, which includes content listed under "Document Checklist" section below.
2. Electronic copy of the full proposal, which should include:
   - Relevant details and a description of the proposed activity, including:
     - Detailed description of the study methods and approaches, risks and limitations and proposed mitigation activities
     - Quality assurance plan that covers all key steps of the study process
     - List of core team members and relevant experience of each
       - Including where relevant knowledge of country context and partnership with local stakeholders, and in-country capacity
     - Identification of any other team members or sub-contractors to be engaged, and function of each
     - Envisioned team structure for this work (an organogram could be included if helpful)

- Bid to specify who the key members of the team are who will be the main interface with business owners/lead presentations etc and be explicit that they would need to be on the call for the shortlist interview

- Secondary objectives and additional assessment activities (with an incremental budget) may also be presented separate from the core set of activities.
- A communication strategy explaining how interim, final results and lessons learned will be shared with countries, the region, the broader public health community, and the Gavi Alliance and partners over the duration of the project. The strategy should also describe considerations for global data access. The communication strategy should total no more than 2 pages.
- Bidders are encouraged to include links to any similar previous work products available on-line that demonstrate their relevant experience and expertise.
- Please do not submit generic marketing materials, broadly descriptive attachments, or other general literature.

3. Work Plan

- Detailed work plan, including key activities, risks and assumptions (if any), deliverables and timelines.

4.3 Financial Proposal

Bidders should submit the following financial information with their Financial proposal:

4.3.1 Pricing Information

Financial proposals submitted by Bidders must meet the following submission requirements:

i. Be provided using the pricing schedule template provided at Annex B of this RFP.

ii. Provide all price information net of tax.

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

iii. Prices should be tendered in United states Dollars (USD). Prices submitted in any other currency will be evaluated based on the Gavi prescribed exchange rate of the closing of the bid date as the financial evaluation of the bids is completed in USD. Final contractual payments will be agreed by the parties during contract negotiations and can be made in the following Gavi accepted currencies:

- United states Dollars (USD)
- Swiss Francs (CHF)
- Euros (EUR)
- Australian Dollars (AUD)
- Canadian Dollars (CAD)
- British Pounds (GBP)
- Norwegian Krone (NOK)
- Japanese Yen (JPY)

iv. The pricing schedule should show a breakdown of all costs, fees, expenses and charges associated with the full delivery of the Requirements over the whole-of-life of the Contract. It must also clearly state total fixed costs, total variable costs and the total Contract price.

v. All unit rates on which the price is based should be specified.

vi. Submitted rates and prices shall be deemed to include all costs, insurances, taxes, fees, expenses, liabilities, obligations risk and other things necessary for the performance of the requirement. Any additional charge not stated in the Proposal, will not be allowed as a charge against any transaction under any resultant contract.

vii. In preparing their Financial Proposal, Bidders should take into consideration all risks, contingencies and other circumstances relating to the delivery of the Requirements and include adequate provision in the Proposal and pricing information to manage such risks and contingencies.

viii. Bidders should provide a narrative of all assumptions and qualifications made about the delivery of the Requirements, including in the and financial pricing information. Any assumption that Gavi or a third party will incur any cost related to the delivery of the Requirements should be stated, and the cost estimated if possible.

ix. Where a Bidder has an alternative pricing template (i.e. a pricing approach that is different from the Gavi pricing schedule) it should be submitted as an alternative pricing schedule. However, the Bidder must also submit the Gavi pricing schedule.

x. Where two or more Bidders intend to submit a joint or consortium Proposal the pricing schedule should include all costs, fees, expenses and charges chargeable by all Bidders.

4.4 Due Diligence Submission

Selected bidders may be asked to provide any of the information to facilitate Gavi due diligence processes:

i. Completed Vendor Form.

ii. Certificate of incorporation.

iii. Proof of bank account and details.

iv. Audited financial statements for the past three (3) years inclusive Auditor's page, Income/P&L, Balance Sheet & Cash Flow.

v. Resumes of key management and/or project personnel.

vi. Proof of Ownership structure.

vii. References from previous customers (preferable international organisations).

viii. Additional information if/as required e.g. Test Products, Site Visits, Police Checks for named personnel

4.5 Proposal Submission

Bidders must submit a copy of their Proposal to Gavi by email to: procurement@gavi.org

The subject heading of the email shall be **"096-2022-**Error! Reference source not found.**GAVI-RFP – Technical Proposal - [Bidder Name]" and "**Error! Reference source not found.**096-2022-**Error! Reference source not found.**GAVI-RFP – Financial Proposal - [Bidder Name]".** Bidders may submit multiple emails (suitably annotated – e.g. Email 1 of 3) if the attached files are too large to suit a single email transmission.

Please ensure that the different Proposal elements are returned in either MS Office Format or PDF.

Part 5: RFP Instructions and Rules

5.1 Requests for Clarification

Bidders may submit requests for clarification of the solicitation documents and direct any questions regarding the RFP content or process to procurement@gavi.org using the subject line "**Error! Reference source not found.**GAVI-RFP – Clarification - [Bidder Name]" using the below Q&A template.

Q&A Template

All questions and requests for clarification must be submitted in writing to procurement@gavi.org. Direct communications with Gavi personnel are not permitted and Gavi reserves the right to disqualify Proposals that do not comply with this requirement. Questions should be submitted by the deadline set out in Section 3.2 – RFP Timeline and Key Dates. Gavi will respond to submitted questions and share responses (anonymously) with all Bidders who have submitted their Intent to Participate, to ensure transparency and fairness. Gavi retains the right to answer questions received after the deadline, when deemed necessary and beneficial for the outcome of the RFP.

5.2 Gavi Clarifications

Gavi may, at any time, request any Bidder to clarify their Proposal or provide additional information about any aspect of their Proposal. Gavi is not required to request the same clarification or information from each Bidder.

Bidders must provide the clarification or additional information in the format requested. Bidders will endeavour to respond to requests in a timely manner. Gavi may take such clarification or additional information into account in evaluating the Proposal.

Where a Bidder fails to respond adequately or within a reasonable time to a request for clarification or additional information, Gavi may cease evaluating the Bidders 's Proposal and may exclude the Proposal from the RFP process.

5.3 Acceptance of Proposals

Proposals may be for all or part of the Requirement and may be accepted by Gavi either wholly or in part.

Gavi is under no obligation to accept the lowest priced Proposal or any Proposal and reserves the right to reject any Proposal including incomplete, conditional or proposals which do not comply with the RFP.

5.3.1 Late Proposals

Bidders are responsible for submitting their Proposals on or before the RFP closing date and time in accordance with Section 5.1 – Proposal Requirements and Section 5.6 – Proposal Submission Method. Any Proposal received by Gavi later than the stipulated RFP closing date and time will not be evaluated by Gavi.

5.3.2 Withdrawal

Proposals may be withdrawn at any time prior to the RFP closing date and time by written notice to the Gavi.

5.3.3 Alternative Proposals

Bidders may submit alternative Proposals it they feel it may offer Gavi additional benefits whilst still complying with the RFP requirements. Gavi reserves the right to accept or reject any proposed alternative either wholly or in part.

5.3.4 Validity of Proposals

Proposals submitted in response to this RFP are to remain valid for a period of no less than ninety (90) days from the RFP closing date.

5.4 No representation or Warrantee

Gavi shall take all reasonable care to ensure that the RFP is accurate, however the Gavi gives no representation or warranty as to the accuracy or sufficiency of the contained information and that all Bidders will receive the same information. Bidders are required to read and fully understand all conditions, risks and other circumstances relating to the proposed contract prior to submitting a Proposal.

5.5 Costs of Preparing Proposals

The issuance of this RFP in no way commits Gavi to make an award nor commits Gavi to pay any costs or expenses incurred in the preparation or submission of Proposals or quotations. Bidders are solely responsible for their own expenses, if any, in preparing and submitting a Proposal to this tender.

5.6 Confidentiality

Bidders must not, without Gavi prior written consent, disclose to any third party any of the contents of the RFP documents. Bidders must ensure that their employees, consultants and agents also are bound and comply with this condition of confidentiality.

This entire RFP and all related discussions, meetings, exchanges of information, and subsequent negotiations that may occur are confidential and are subject to the confidentiality terms and conditions of the Intent to Participate.

Gavi and Bidder will each take reasonable steps to protect Confidential Information and without limiting any confidentiality undertaking agreed between them, will not disclose Confidential Information to a third party without the other's prior written consent. Gavi and Bidder may each disclose Confidential Information to any person who is directly involved in the RFP process on its behalf, such as officers, employees, consultants, contractors, professional advisors, evaluation panel members, partners, principals or directors, but only for the purpose of participating in the RFP.

5.7 Ownership of documents

Ownership of contents within the successful Proposal remain the property of Gavi or its licensors. However, the selected bidder grants to Gavi a non-exclusive, non-transferable, perpetual licence to retain, use, copy and disclose information contained in the Proposal for any purpose related to the RFP process.

5.8 Third party information

Each Bidder authorises Gavi to collect additional information, except commercially sensitive pricing information, from any relevant third party (such as a referee or a previous or existing client) and to use that information as part of its evaluation of the Bidder's Proposal. Each Bidder is to ensure that all referees listed in support of its Proposal agree to provide a reference. To facilitate discussions between Gavi and third parties each Bidder waives any confidentiality obligations that would otherwise apply to information held by a third party, with the exception of commercially sensitive pricing information.

5.9 Ethics

Bidders must not attempt to influence or provide any form of personal inducement, reward or benefit to any representative of Gavi in relation to the RFP. Gavi reserves the right to require additional declarations, or other evidence from a Bidder, or any other person, throughout the RFP process to ensure probity of the RFP process.

5.10 Anti-collusion and bid rigging

Bidders must not engage in collusive, deceptive or improper conduct in the preparation of their Proposals or other submissions or in any discussions or negotiations with Gavi. Such behaviour will result in the Bidder being disqualified from participating further in the RFP process. In submitting a Proposal, the Bidder warrants that its Proposal has not been prepared in collusion with a competitor. Gavi reserves the right, at its discretion, to report suspected collusive or anticompetitive conduct by Bidders to the appropriate authority and to give that authority all relevant information including a Bidders Proposal.

5.11 No binding legal relations

Neither the RFP, nor the RFP process, creates a process contract or any legal relationship between Gavi and any Bidder, except in respect of:

i. The Bidder's declaration in its Proposal

ii. The Proposal Validity Period

iii. The Bidder's statements, representations and/or warranties in its Proposal and in its correspondence and negotiations with Gavi

No legal relationship is formed between Gavi and any Bidder unless and until a Contract is entered into between those parties.

5.12 Exclusion

Gavi may exclude a Bidder from participating in the RFP if Gavi has evidence of any of the following, and is considered by Gavi to be material to the RFP:

i. The Bidder has failed to provide all information requested, or in the correct format, or materially breached a term or condition of the RFP.

ii. The Proposal contains a material error, omission or inaccuracy.

iii. The Bidder is in bankruptcy, receivership or liquidation.

iv. The Bidder has made a false declaration.

v. There is a serious performance issue in a historic or current contract delivered by the Bidder.

vi. The Bidder has been convicted of a serious crime or offence.

vii. There is professional misconduct or an act or omission on the part of the Respondent which adversely reflects on the integrity of the Bidder.

viii. The Bidder has failed to pay taxes, duties or other levies.

ix. The Bidder represents a threat to national security or the confidentiality of sensitive government information; and/or

x. The Bidder is a person or organisation designated as a terrorist by any authority.

5.13 Gavi's additional rights

Despite any other provision in the RFP Gavi may, on giving due notice to Bidders:

i. Amend, suspend, change the closing date or time, cancel or re-issue the RFP, or any part of the RFP without prior notice, explanation or reasoning.
    a. Make any material change to the RFP (including any change to the RFP dates, Gavi's Requirements or Evaluation and Scoring Approach). Bidders shall be given a reasonable time within which to respond to the change.

ii. Award a contract on the basis of initial offers received, without discussions or requests for best and final offers.

iii. In exceptional circumstances, accept a late Proposal where it considers that it will not affect the fairness of the RFP process to other Bidders.
iv. Accept or reject any non-compliant, non-conforming or alternative Proposal.
v. At its discretion does not provide a response to any question arising submitted by a bidder.
vi. Waive irregularities or requirements in or during the RFP process where it considers it appropriate and reasonable to do so.
vii. Select any individual element/s of the requirements that is offered in a Proposal and capable of being delivered separately.
viii. Selecting two or more Bidders to deliver the requirements in the RFP.

5.14 Governing Law

The terms of this RFP shall be interpreted and applied in accordance with their true meaning and intended effect independently of any system of national law, whether federal or state law. If a dispute or complaint is submitted to any mode of resolution and there is a need to refer to any law, the relevant Swiss law shall apply. No legal relationship is formed between Gavi and any Bidder unless a contract is entered into with a successful bidder.

5.15 Settlement of Disputes

Any Disputes arising out of this RFP shall be settled through a neutral mediator/conciliator in accordance with the conciliation rules adopted by the United Nations Commission of International Trade Law (UNCITRAL Conciliation Rules) presently in force, unless agreed otherwise determined by Gavi. The finding of the mediator/conciliator shall be final.

5.16 Protests and complaints

A Bidder may, in good faith, raise with Gavi any complaint about the RFP, or the RFP process at any time by email to procurement@gavi.org using the subject line "**Error! Reference source not found.**GAVI-RFP – Complaint – [Bidder Name]".

Gavi will consider and respond promptly to the complaint. Both the Bidder and Gavi shall agree to act in good faith and use their best endeavours to resolve any complaint that may arise in relation to the RFP. The fact that a Bidder has raised an issue or complaint shall not to be used by Gavi to unfairly prejudice the Bidder's ongoing participation in the RFP process or future contract opportunities.

For complaints of serious nature, please refer to the Gavi Alliance Whistle-blower Policy

5.17 Acceptance

By submitting a Proposal, the Bidder accepts that it is bound by the Instructions and rules set out in Part 3 of this RFP.

Part 6: Annexes

Annex A: Proposed Contract: Terms and Conditions

The terms and conditions for the proposed Contract under 096-2022-GAVI-RFP can be found here: Gavi Alliance General Terms and Conditions for Services Agreements.

Any feedback on these terms and conditions is to be submitted pursuant to the process set out at Section 5.1 – Bidder Questions no later than the Final date for submitting Questions specified in Part 1 – RFP Timeline and Key Dates.

Gavi may pursuant to Part 4 - Evaluation and Scoring Approach, consider the ease of contracting with a Bidder based on that Bidder's feedback on the Terms and Conditions (where these do not form part of the weighted criteria) deciding which Bidder/s to shortlist.

Annex B: Financial Proposal / Pricing Schedule Template

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

- Provide full details of your financial offer. This should include fixed costs and any variable costs.
- Indicate the components of your financial offer.
- We recommend using the template under this Annex
- Provide the past 3 years' Financial Statements, namely: Auditor's page, Income/P&L, Balance Sheet & Cash Flow.

RFP 0Financial Budget.xlsx

Annex Three: Overview of evaluation methods

Evaluation questions

Our design is focused on responding to evaluation questions (EQs) which were set out in the Terms of Reference (TOR) and revised during the Inception Phase, primarily to ensure clarity. These EQs were agreed between Gavi and the evaluation team as part of submission of the Final Inception Report.

For Year 1 of the evaluation, the focus of the evaluation activities and analysis was on EQs 1 - 3; EQ7 and EQ8, will be addressed in Years 2 and 3.

Table 4.1: Evaluation questions

Criteria	Primary EQ	Sub-EQ
Objective O1: Evaluate the relevance and coherence of the ZD agenda in terms of the Gavi 5.0 aim of 'leave no one behind with immunisation'.		
Relevance	EQ1. How relevant is Gavi 5.0/5.1's focus on ZD children and missed communities to countries' needs?	1.1. How relevant are the IRMMA framework and each of its intervention areas to countries' needs and is the framework the right approach to deliver on the ZD agenda. 1.2. What effect did the COVID-19 disruption have on Gavi's ability to move forward with the ZD agenda?
	EQ2. How relevant are the Gavi funding levers to the needs of countries with regard to reaching ZD children and missed communities?	
Coherence	EQ3. How coherent is Gavi's ZD agenda with other international and national actors' focus?	
Objective O2: Assess the operationalisation of the ZD agenda through the Gavi 5.0/5.1 funding levers.		
Effectiveness	EQ4. To what extent have Gavi 5.0/5.1 funding levers, processes and guidance enabled countries to focus their Gavi support towards reaching zero-dose children and missed communities?	4.1. What are the main drivers and barriers in Gavi participating countries to these processes and levers being used? 4.2. To what extent are the ZD working groups and related architecture within the Secretariat coherently designed and contributing to the operationalisation of the ZD agenda?
Objective O3: Evaluate the plausible contribution of pro-equity grants initiated under Gavi 4.0, with continued implementation in Gavi 5.0/5.1, and grants initiated under Gavi 5.0, to achieving Gavi's targets related to reaching ZD and missed communities.		
Effectiveness	EQ5. How have Gavi grants initiated under Gavi 4.0 with continued implementation in 5.0/5.1 contributed to the delivery of the ZD agenda at the country level?	5.1. To what extent did Gavi's response through Maintain, Restore and Strengthen (MRS) achieve its goals of reaching ZD children and missed communities?
	EQ6. How have Gavi grants initiated in Gavi 5.0/5.1 contributed to the delivery of the ZD agenda at the country level?	6.1. What, if any, are the unintended consequences of targeting ZD and missed communities?
Objective O4: Generate strategic lessons learned on the implementation of the ZD agenda to inform course correction and development of the Gavi 6.0 strategy.		
Effectiveness	EQ7. To what extent are the theory of action and theory of change fit for purpose?	7.1. Did the implementation of the ZD agenda reflect the causal pathways and underlying assumptions in the theory of change?

Sustainability	EQ8. To what extent, and how, is sustainability addressed in Gavi's approach to achieving its strategic objective related to ZD children and missed communities?	8.1. What sustainability plans, if any, were incorporated into pro-equity and/or ZD programmes and workplans?

Evaluation framework

The table below presents the Evaluation Framework which collates all the evaluation and sub-evaluation questions, and lines of enquiry mapped against the expected year in which these will be addressed. Further, the framework identifies each of the sources of evidence and research tools that will be used to evaluate each of these questions.

The evaluation framework will continue to be refined over the course of the evaluation period and will be reviewed as part of the annual work planning process.

Table 4.2: Evaluation framework

Criteria	Evaluation question	Evaluation sub-question	ToC aspects & assumptions to be tested	Analytical Methods	Judgement criteria	Data sources
Objective O1: Evaluate the relevance and coherence of the ZD agenda in terms of the Gavi 5.0 aim of 'leave no one behind with immunisation'						
Relevance	**1-How relevant is Gavi 5.0/5.1's focus on ZD children and missed communities to countries' needs?**	1.1-How relevant are the IRMMA framework and each of its intervention areas to countries' needs, and is the framework the right approach to deliver on the ZD agenda?	1.6- Gavi 5.0/5.1 ZD agenda funding levers are better aligned to the needs of countries and under vaccinated children than the Gavi 4.0 'pro-equity' agenda levers 2.7-Country context informs programmatic choices within the ZD agenda, especially through the Joint Appraisals and with the support from key partners 3.1-'Identify' strategy meets countries' needs (i.e., countries need support	Triangulation Thematic/ content analysis Cross-comparative analysis Secondary data analysis - descriptive	Evidence providing assessment of ToC assumptions rubrics –including: ▪ Evidence key shifts between 4.0 and 5.0/5.1 are responsive to country/partner needs ▪ Evidence IRMMA supports holistic and context-appropriate interventions ▪ Evidence Gavi's ZD agenda (objectives and	*Desk review:* Portfolio: Gavi: agenda and strategy papers, Board papers and minutes (Strategy, Programmes and Partnerships: Progress, Risks and Challenges), ERG Discussion Papers, Gavi internal ZD materials, PPC meeting minutes, Evaluation-linked documents (StratOps) External: Alliance partners' strategies and ZD published documentation, Wider global health civil society ZD published documentation, selected scientific literature Country: Health Strategic Plans, National Policy / National Immunization Programme, cMYPs, EPI reviews, EVM assessments/reports, JANS, Joint Appraisals, Health Financing Reports, Data Quality Improvement Plans/Reports *KIIs:*

			locating missed communities) 4.1-Communities and key actors at community level are interested, incentivised and able to be involved in micro-planning 4.4- Interventions are aligned to the needs of ZD families 5.4- Countries are willing, have incentives and can develop MEL strategies for ZD and partners support them, especially WHO and UNICEF 6.1- Leaders have capacity, interest, and incentives to engage in ZD agenda 7.1- Partners and the broader development community are equally committed to reaching ZD communities and this is incorporated into integrated multisectoral national policy and plans		strategy) are in line with needs identified by country level beneficiaries and country level documentation	Portfolio: Gavi: Secretariat; Leadership team and S/C, Operational teams (FD&R, CS, HSIS, PST, IF&S) External: BMGF, WB, WHO, UNICEF), Global Fund, GFF, IA2030, Donors, UNITAID, World Vision, IRC, RITAGs Country: PEF and EPI teams, MOH, MOF, CMS, private sector, COVID-19 task forces, health campaigners, district health management committees; Interagency Coordinating Committees, Gavi SCMs, HSIS focal points, WHO, UNICEF, WB, CDC, CSOs, TCA recipients, community representatives, traditional leaders, caregivers *Online survey-based consultation* *Secondary data:* Portfolio: WUENIC / eJRF immunisation indicators (DTP1/3, MCV1, PCV3), UN Population Division indicators on Child mortality Country: WUENIC / eJRF immunisation indicators DTP1/3, MCV1, PCV3 for specific countries, UN Population Division indicators on Child mortality, complemented with MICS and DHS depending on availability
		1.2- What effect did the COVID-19 disruption have on Gavi's	7.6- Gavi support remains relevant and coherent in the changing circumstances	Triangulation	Evidence providing assessment of ToC assumptions rubrics –including:	*Desk review:* Portfolio: Board papers and minutes, PPC meeting minutes, Evaluation of Gavi's Initial Response to COVID-

		ability to move forward with the ZD agenda?	emerging as part of the COVID-19 pandemic	Thematic/ content analysis Cross-comparative analysis Secondary data analysis - descriptive	▪ Extent to which ZD agenda has continued relevance to countries' needs and priorities in the COVID-19 context	19, Country programme quarterly reports, wider scientific literature, WHO 'Global Pulse Survey on continuity of essential health services during the Covid-19 pandemic' Country: Country applications and proposals, Gavi programmatic-linked work, Health Strategic Plans, National Policy / National Immunization Programme, Wider country literature, Joint Appraisals *KIIs* Portfolio: Gavi: secretariat; Leadership team and S/C, Operational team (FD&R, CS, HSIS, PST, IF&S), BMGF, WB, WHO, UNICEF, Global Fund, GFF, IA2030, Donors, UNITAID, World Vision, IRC, RITAG Country: PEF and EPI teams, MOH, MOF, CMS, private sector, COVID-19 task forces, health campaigners, district health management committees; Interagency Coordinating Committees, Gavi SCMs, HSIS focal points, WHO, UNICEF, WB, CDC, CSOs, TCA recipients, community representatives, traditional leaders *Online survey-based consultation* *Secondary data:* Portfolio: WUENIC / eJRF immunisation indicators (DTP1/3, MCV1, PCV3), UN Population Division indicators on Child mortality Country: WUENIC / eJRF immunisation indicators (DTP1/3, MCV1, PCV3) for specific countries, UN Population Division indicators on Child mortality, complemented with MICS and DHS depending on availability

	2- How relevant are the Gavi funding levers to the needs of countries with regard to reaching ZD children and missed communities?		1.2- Gavi ZD priorities align with global and country partners' priorities – especially national and sub-national governments, WHO and UNICEF 4.4- Interventions are aligned to the needs of ZD families	Triangulation Thematic/ content analysis Cross-comparative analysis Secondary data analysis - descriptive	Evidence providing assessment of ToC assumptions rubrics –including: ▪ Evidence support provided is adequate enough (alone or in conjunction with other support) to meet country aims ▪ Evidence funding levers align to partner and beneficiaries needs for under vaccinated children, within their wider public health priorities ▪ Extent to which purpose of funding levers is understood by partners and beneficiaries ▪ Evidence that Gavi funding levers, processes and frameworks are responsive, flexible and accessible to countries	*Desk review:* Portfolio: Gavi Application Process Guidelines, Gavi ZD Funding Guidelines, Framework for Gavi Funding to Countries, Alliance partners' strategies and ZD published documentation, Wider global health civil society ZD published documentation, selected scientific literature Country: Country applications and proposals, Health Strategic Plans, National Policy / National Immunization Programme, Wider country literature, Joint Appraisals *KIIs:* Portfolio: Gavi secretariat; Operational team (FD&R, CS, HSIS, PST, IF&S) External: BMGF, WB, WHO, UNICEF Country: PEF and EPI teams, MOH, MOF, CMS, private sector, COVID-19 task forces, health campaigners, district health management committees; Interagency Coordinating Committees, Gavi SCMs, HSIS focal points, WHO, UNICEF, WB, CDC, CSOs, TCA recipients, community representatives, traditional leaders *Online survey-based consultation* *Secondary data:* Portfolio: WUENIC / eJRF immunisation indicators (DTP1/3, MCV1, PCV3) Country: WUENIC / eJRF immunisation indicators (DTP1/3, MCV1, PCV3) for specific countries, complemented with MICS and DHS depending on availability

Coherence	3- How coherent is Gavi's ZD agenda with other international and national actors' focus?		4.2- Countries have HR systems and capacities in place that can absorb Gavi support 4.3-Governments and partners, especially WHO and UNICEF, are willing, incentivised, and able to develop country-ZD strategies 5.2- Partners, especially WHO and UNICEF, are willing, have incentives and can use learning 5.3- Partners, especially WHO and UNICEF, have capacity and incentives to develop quality and relevant evidence 7.2- Gavi support is complementary to Alliance and other development partners working in primary care and promotes efficiency and integration 6.2- Partners, especially WHO and UNICEF, have capacity and incentives to advocate for ZD agenda in line with Gavi ZD priorities	Triangulation Thematic/ content analysis Cross-comparative analysis	Evidence providing assessment of ToC assumptions rubrics –including: ▪ Evidence Gavi partners have stated strategies with a high degree of alignment with the goals of the ZD agenda ▪ Evidence of alignment of activities supported with needs identified by government, partners, CSOs, other implementing institutions, private sector ▪ Evidence Gavi partners utilise and find useful, a definition of ZD that is harmonised with Gavi's DPT1 proxy definition ▪ Evidence which reaching ZD children and missed communities are policy priorities	*Desk review:* Portfolio: Gavi Board papers and minutes, internal ZD documents, PPC papers and meeting minutes, SDG GAP Progress Reports, Gavi PEF and PT materials, Gavi agenda and strategy papers, Alliance partners' strategies and ZD published documentation, Wider global health civil society ZD published documentation, selected scientific literature, webinars Country: Health Strategic Plans, National Policy / National Immunization Programme, cMYPs, EPI reviews, EVM assessments/reports, JANS, Joint Appraisals, Health Financing Reports, Data Quality Improvement Plans/Reports *KIIs* Portfolio: Gavi Secretariat: Operational team (FD&R, CS, HSIS, PST, IF&S) External: BMGF, WB, WHO, UNICEF, Global Fund, GFF, IA2030, Donors, UNITAID, World Vision, IRC, RITAGs Country: PEF and EPI teams, MOH, MOF, CMS, private sector, COVID-19 task forces, health campaigners, district health management committees; Interagency Coordinating Committees, Gavi SCMs, HSIS focal points, WHO, UNICEF, WB, CDC, CSOs, TCA recipients, community representatives, traditional leaders

					within partners public health objectives ▪ Evidence countries/partners structures and capabilities are geared towards implanting ZD interventions ▪ Evidence that resources offered through Gavi funding levers fill gaps in country level needs	
Objective O2: Assess the operationalisation of the ZD agenda through the Gavi 5.0/5.1 funding levers						
Effectiveness	4- To what extent have Gavi 5.0/5.1 funding levers, processes and guidance enabled countries to focus their Gavi support towards reaching zero-dose children and missed communities?	4.1- What are the main drivers and barriers in Gavi participating countries to these levers, processes, and guidance being used?	1.1- Focus of funding levers are clear and aligned with ZD objectives 1.3- Funding is timely and efficiently disbursed to partners 1.4- Gavi ZD requirements are enforced and inform final allocation of funds to countries, with support from key partners such as WHO and UNICEF 1.5- Countries and other partners, especially WHO and UNICEF, can absorb	Process evaluation Thematic/ content analysis Process mapping	Evidence providing assessment of ToC assumptions rubrics – including: ▪ Extent to which funding levers and processes are clear, and requirements articulated to partners ▪ Evidence partners are able to absorb, and implement, requirements of levers and processes	*Desk review:* Portfolio: Stratos evaluation, Gavi Application Process Guidelines; FPP application guidelines and materials (including standalone EAF, vaccine, CCEOP and TCA application materials & guidelines), ZD and PEF SteerCo updates. Gavi Programme Funding Guidelines Country: Country applications and proposals, Gavi programmatic-linked work, Joint Appraisals, Health Financing Reports, Data Quality Improvement Plans/Reports *KIIs* Portfolio: Gavi secretariat: Operational team (FD&R, CS, HSIS, PST, IF&S),

			and use the fundings received 2.1- Policy and programme guidance and processes under Gavi 4.0 have clear and robust ZD focus 2.2- Where timings relevant, Gavi 5.0/5.1 policy and programme guidance is fed into processes with support from key partners such as WHO and UNICEF 2.3- Policy and programme guidance is available and accessible to countries - well articulated, clear, available to right stakeholders and disseminated and explained with support from key partners such as WHO and UNICEF 2.4- Policy and programme guidance is aligned with key ZD objectives, and any changes are well explained with support from key partners such as WHO and UNICEF		▪ Evidence grant applications reflect ZD agenda requirements and priorities ▪ Evidence countries planned and/or current ZD interventions, align to the IRMMA framework ▪ Evidence from process mapping Gavi operational processes work as intended (to country level)	External: WB, WHO, UNICEF <u>Country</u>: PEF and EPI teams, MOH, MOF, CMS, private sector, COVID-19 task forces, health campaigners, district health management committees; Interagency Coordinating Committees, Gavi SCMs, HSIS focal points, WHO, UNICEF, WB, CDC, CSOs, TCA recipients *Online survey-based consultation* *Secondary data:* <u>Portfolio:</u> MPM indicators (A1, A2, B3-B8, D10, D11, G15, I17, I18, J19-J23, K24, L25, M26, N27, N28, N29, O30, O31, Q34, R35, R36)
		4.2- To what extent are the ZD working groups	2.5- Gavi funding processes are efficient and well	Process evaluation	Evidence providing assessment of ToC	

		and related architecture within the Secretariat coherently designed and contributing to the operationalisation of the ZD agenda?	managed, and corrected when not working 2.6- Gavi policy and programme guidance is systematically fed into country programming with support from key partners, especially WHO and UNICEF 2.8- Countries can conduct relevant and high-quality joint appraisals with support from key partners such as WHO and UNICEF 2.9- Partners engage and participate in ZD working groups and task teams, especially key partners such as WHO and UNICEF 3.2- Partners, especially WHO, UNICEF, local CSOs and community organisations, support the development and dissemination of the ''Identify' strategy 3.4- Tools are appropriate and used by partners, especially national and sub-national governments, WHO and UNICEF -– to identify missed communities	Process mapping	assumptions rubrics – including: ▪ Extent to which Secretariat ZD architecture (previous, current and emerging), team functions, and portfolio management processes, align to ZD objectives and contribute to its operationalisation ▪ Evidence from process mapping Gavi operational processes work as intended (to country level)	

Objective O3: Evaluate the plausible contribution of pro-equity grants initiated under Gavi 4.0, with continued implementation in Gavi 5.0/5.1, and grants initiated under Gavi 5.0/5.1, to achieving Gavi's targets related to reaching ZD and missed communities						
Effectiveness	5- How have Gavi grants initiated under Gavi 4.0, with continued implementation in Gavi 5.0,/5.1 contributed towards reaching zero-dose children and missed communities?	5.1- To what extent did Gavi's response through Maintain, Restore and Strengthen (MRS) achieve its goals of reaching ZD children and missed communities?	ToC outcomes and outputs, and risks to them 3.2- Partners, especially WHO, UNICEF, local CSOs and community organisations, support the development and dissemination of the ''Identify' strategy 3.4- Tools are appropriate and used by partners, especially national and sub-national governments, WHO and UNICEF -– to identify missed communities 4.5- Countries can successfully implement interventions funded by Gavi with support from partners, especially WHO and UNICEF 4.6- Countries are able to identify issues, bottlenecks and risks, with support from partners especially WHO and UNICEF 5.1- Partners, especially WHO and UNICEF,	Contribution analysis Secondary data analysis Cross-case synthesis	Evidence Gavi funding and processes contributed to planned outputs and outcomes: ▪ 4.0: presence of tailored strategies to reaching ZD and missed communities, related outputs and outcomes ▪ 5.0/5.1: programming informed by identify analysis, tailored & sustainable strategies addressing supply & demand side barriers, monitoring & measuring of interventions informing adaptation, dedicated advocacy interventions, related outputs and outcomes	*Desk review:* Portfolio: Evaluation-linked documents (StratOps EQ2) and wider Gavi-data, Gavi 4.0 Pro-equity mapping, Gavi agenda and strategy papers, Alliance partners' strategies and ZD published documentation, Wider global health civil society ZD published documentation, selected scientific literature Country: Country applications and proposals, Gavi programmatic-linked work, Health Strategic Plans, National Policy / National Immunization Programme, cMYPs, EPI reviews, EVM assessments/reports, JANS, Joint Appraisals, Health Financing Reports, Data Quality Improvement Plans/Reports *KIIs:* Portfolio: Gavi secretariat; Leadership team and S/C, Operational team (FD&R, CS, HSIS, PST, IF&S), Core partners (BMGF, WB, WHO, UNICEF), External partners (Global Fund, GFF, IA2030, Donors, UNITAID, World Vision, IRC), Regional stakeholders (regional offices/country hub staff), RITAG Country: PEF and EPI teams, MOH, MOF, CMS, private sector, COVID-19 task forces, health campaigners, district health management committees; Interagency Coordinating Committees, Gavi SCMs, HSIS focal points, WHO, UNICEF, WB, CDC, CSOs, TCA recipients, community representatives, traditional leaders *Secondary data:*
	6- How have Gavi grants initiated in Gavi 5.0/5.1, contributed towards reaching zero-dose children and missed communities?	6.1- What, if any, are the unintended consequences of targeting ZD and missed communities?				

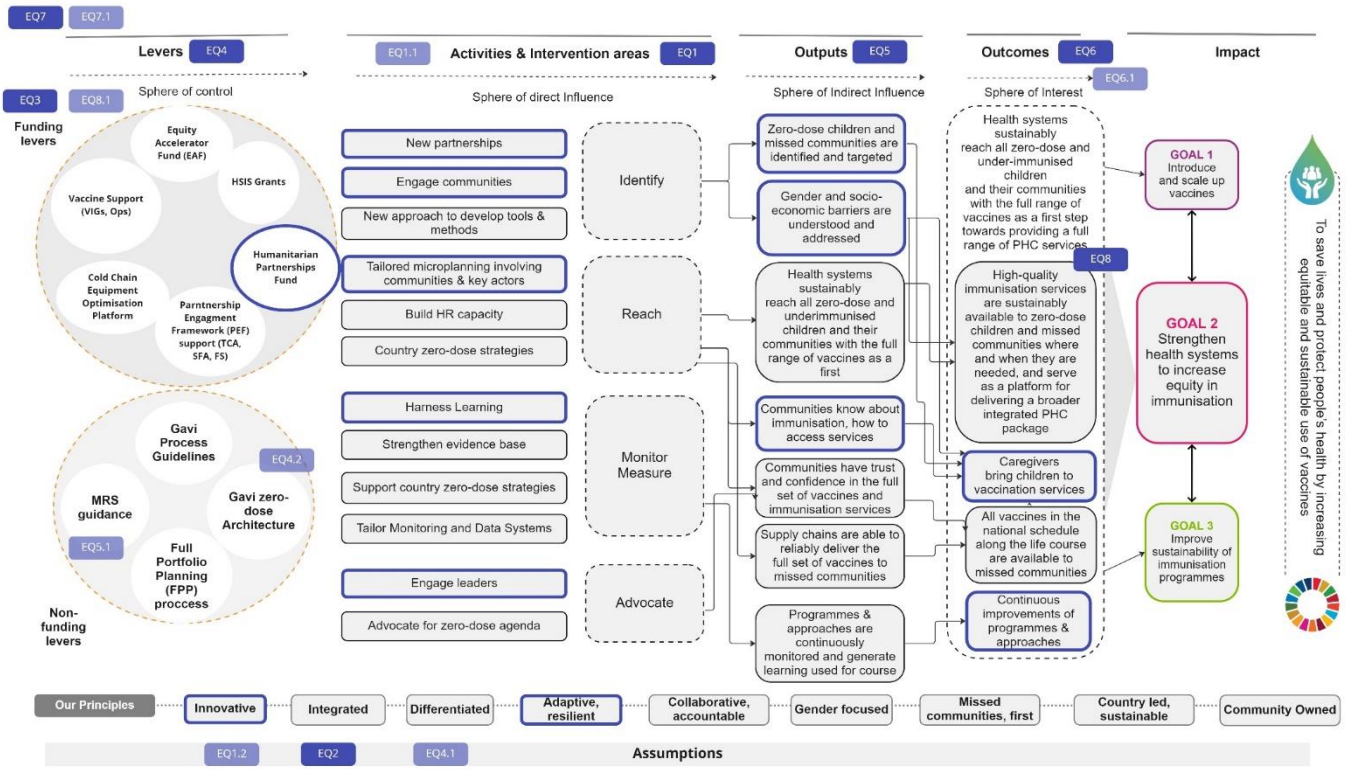
			contribute to gather and disseminate learning 5.2- Partners, especially WHO and UNICEF, are willing, have incentives and can use the learning 5.3- Partners, especially WHO and UNICEF, have capacity and incentives to develop quality and relevant evidence 5.4- Countries are willing, have incentives and can develop MEL strategies for ZD and partners support them, especially WHO and UNICEF 5.5- Countries have monitoring and data systems in place which can absorb and implement Gavi support 5.6- Partners, especially WHO and UNICEF, coordinate to support monitoring and tracking activities and coordinate among each other to do so		Extent to which other factors drove/hindered outputs and outcomes Evidence providing assessment of ToC assumptions rubrics Evidence core partners (especially WHO and UNICEF) and others (e.g. CSOs): ▪ support implementation of approved grants (innovative strategies, management), identify issues and bottlenecks, manage risks and take remedial actions, support financial compliance, support monitoring, provide policy guidance and technical assistance	<u>Portfolio:</u> WUENIC / eJRF immunisation indicators DTP1/3, MCV1, PCV3 Country: WUENIC / eJRF immunisation indicators (DTP1/3, MCV1, PCV3) for specific countries, complemented with MICS and DHS depending on availability
Objective O4: Generate strategic lessons learned on the implementation of the ZD agenda to inform course correction and development of the Gavi 6.0 strategy						

Effectiveness	7- To what extent are the theory of action and theory of change fit for purpose?	7.1- Did the implementation of the ZD agenda reflect the causal pathways and underlying assumptions in the theory of change?		Thematic/ content analysis	Evidence ToA and ToC assumptions and causal pathways held Evidence of critical success factors and risks to achieving ZD impact	*Doc review*: internal views reports to the Board; Alliance members' reviews; findings from objectives 1, 2 and 3. Co-creation workshop
Sustainability	8- To what extent, and how, is sustainability addressed in Gavi's approach to achieving its strategic objective related to ZD children and missed communities?	8.1- What sustainability plans, if any, were incorporated into pro-equity and/or ZD programmes and workplans?	7.3- Coverage of children currently reached with Gavi support is sustained in future years 7.4- Interventions to reach ZD children and missed communities are designed to strengthen health systems and be sustainable	Thematic/ content analysis	Evidence funding levers and processes require countries to address sustainability Evidence mechanisms to ensure sustainability are articulated in grant applications Evidence ZD interventions at country level include, and implement, sustainability mechanisms Evidence countries meet their co-financing thresholds, unless exempt	

Evaluation ToC

The overarching ZD **Theory of Change** (ToC) in Figure 1 is based on the agreed ZD ToC that has been developed by Gavi and captures the mechanisms of the IRMMA framework. We amended this ToC in the Inception Phase to 1) reflect the current ZD agenda and align this with the ToCs that have been developed by the two other related evaluations that are currently underway (i.e., the Evaluation of the Operationalisation of Gavi's Strategy[122] and the Mid-Term Evaluation of Gavi 5.0), 2) map the finalised EQs against the ToC and ensure that the evaluation framework, data collection tools, and coding tree were designed to capture key data on elements of the ToC including the underlying assumptions, and 3) identify the aspects of the ToC that were expected to feature more prominently in fragile and conflict-affected states (denoted by boxes with blue borders).

Figure 4.1: Amended ZD ToC with EQs mapped



Data Collection

Summary of changes from the Inception Report

During the first year of the evaluation, the evaluation team aimed to assess the contribution of Gavi 4.0 grant to reaching ZD targets. This was not possible for the following reasons:

- **Limitations with country-level ToCs.** Whilst countries set out ToCs in their initial Gavi 4.0 HSS grant applications, the extent to which these ToC were adhered to is not well-understood or documented. There was not sufficient documentation to assess whether inputs, activities, and outputs had been adjusted over the course of the programme, or indeed, whether they had even taken place. Reporting in most countries, including through the Joint Assessments (JAs) and

[122] Evaluation of the Operationalisation of Gavi's Strategy through Gavi's Policies, Programmatic Guidance and Use of Funding Levers (hereafter, 'StratOps Evaluation')

Multi-Stakeholder Dialogues (MSDs), tended to only focus on outcome data (i.e., number of ZD children reached, etc).

- **Problematic plausibility of attribution.** Gavi 4.0 activities were implemented through the lens of equity, but they were not specifically targeted at ZD children. While there was a pro-mapping equity study conducted by FHI360, it was not always clear which activities were mapped to the ZD outcomes (i.e., planned ToC HSS activities, others, etc.). Under these circumstances, we could still identify associations and partial contribution, although attribution would not be possible.

- **Limited Gavi 4.0 institutional knowledge at the country-level.** There were few stakeholders at the country-level who were aware of the implementation of Gavi 4.0 grants across the whole strategy timeline (from 2015 onwards). Many had recently been in post and were unable to comment on activities implemented under Gavi 4.0 in detail.

- **Missing input, activity, and output data.** This was the main limitation. Key indicators were not tracked and recorded at all levels of the ToC. The evaluation team had limited access to input, activity and output data that reflected progress on the Gavi 4.0 grants (i.e., through the GPF or JAs). As for primary data collected through interviews and surveys, these were not sufficient to fill all gaps found in the secondary data (see previous point). This lack of data made it impossible to assert any cause-and-effect relationships or any associative links between activities and results.

- **Variable data quality across countries.** Although for certain indicators we had clear data, for others, we had limited data. For example, MPM dashboard data, which could provide inside into attribution and linking programme data to funding data, also had missing data or inconsistent reporting on various data points across countries. There were substantial differences in recording activities and funding utilisation across countries and years, meaning comparability across countries and at the global level was not possible.

Given the above, contribution analysis of Gavi 4.0 interventions for ZD outcomes were not reliable. There are major risks in conducting contribution analysis without adequate data, especially in terms of the inputs, activities, and outputs conducted through the intervention. Insights or findings generated based on incomplete data could risk harming more than helping decision-making and interpretation.

Desk based annual review

A total of 391 documents were reviewed by the evaluation team; this included 118 documents at the global level, and 273 at the country-level. Documents included programme documents, academic literature, evaluation reports and secondary data sources.

To manage the large-scale desk review in Phase 1, Ipsos used a data collection template to manage and ensure data was collected in a structured way. This was adapted to align with key areas of enquiry (drawn from the evaluation matrices) to ensure relevant data was captured from a wide range of documentation. Document titles and executive summaries and/or abstracts were screened for relevance and to check whether they contained information pertinent to the evaluation matrices; documents which passed this initial screening were interrogated in more depth with information relevant to key lines of enquiry extracted. This two-step screening process enabled the evaluation team to efficiently extract key information from the large number of anticipated documents identified for both the global and country-level desk reviews.

The purpose of the global level desk review was to ensure the evaluation team gathers existing evidence, to inform the KIIs with global level participants, but also to ensure that the evaluation approach

remains in line with possible changes to Gavi 5.0/5.1, by reviewing Gavi Secretariat documentation, as well as emerging wider literature, context, policies and processes encompassing ZD and missed communities to take into account developments and evolving knowledge as the evaluation progresses.

Furthermore, in Phase 1 we drew on peer-reviewed literature to provide an additional level of analysis to the desk review to inform our understanding of the context for Gavi 5.0 and key drivers and barriers to vaccination and to review good practice for the application of secondary data analysis methods in this context. These were identified using appropriate search terms, including: zero-dose, missed-communities, and childhood vaccinations; country-specific documents will be further identified using country and regional search terms as part of the case study planning. We searched publicly available databases, including Google Scholar and Pub Med. Documents published before 2010, opinion pieces, and those which do not align with the objectives of the desk review were not included. The purpose of including scientific literature is to complement the other strands of the desk review; it is intended to be light-touch and is not a systematic review.

The purpose of the country level desk review was to ensure case study leads base their research and analysis on up-to-date evidence at the country level (particularly to support understanding of the country context) as the evaluation progresses and identify possible new sources of evidence, and support identification of the ZD agenda interventions in the countries. The country level desk also informed the case study in-depth interviews.

Review of data from ZD learn

The learning hubs are expected to improve Gavi's ability to describe how progress is occurring and evidence of effective programmatic approaches in the 5.0/5.1 strategic period by feeding into Gavi mid-term and ZD evaluations. It is expected that the learning hubs will deliver until the end of 2025 including a continual evidence review, synthesis and uptake process, and evidence generation including delivering: a rapid assessment (desk review and some primary data collection); emerging outcome monitoring data through strengthened and use of routine data; mobilising implementation research; outcome monitoring data; and communicating findings from the implementation research at national and subnational level. For Phase 1, we reviewed reports on retrospective pro-equity interventions. We also engaged consistently with the Gavi ZD team including sharing research and analytical tools, and communication on evidence being gathered, leveraging ZD Learn's knowledge on where evidence already exists.

Secondary data analysis

The portfolio-level analysis focuses on the following data sources:

- **WHO/UNICEF Immunization Coverage Estimates** (WUENIC). Immunisation indicators from these data sources allow proxying for the achievement of ZD targets. As such these indicators have been analysed to support assessment of the contribution of Gavi 4.0 and 5.0/5.1 grants to the ZD targets (O3).

- **MPM indicators** cover implementation aspects of Gavi funding, both at the central level (e.g., efficiency of funding disbursement) and at the country-level (e.g., countries' progress towards plan, countries' management of their vaccines' stocks and cold chain). As such these indicators have been analysed to assess the implementation of Gavi 5.1 (O2).

WHO/UNICEF Immunization Coverage Estimates (WUENIC) and Joint Report Forms on Immunisation (eJRF)

These data sources contain **vaccination coverage indicators** for Gavi and non-Gavi countries. Indicator types and definitions are identical in both sources. The main difference between the two sources is the methodology underlying the indicators. While eJRF indicators come from country reports computed using the administrative and official method[123], WUENIC data are country-level estimates prepared by WHO/UNICEF through the triangulation of available country data. The **evaluation focused on results obtained from WUENIC**.

The following immunisation indicators from WUENIC have been analysed for the CCS.

- **DPT1**: Percentage and number of surviving infants who received the 1st dose of diphtheria-tetanus toxoid- pertussis containing vaccines.
- **DPT3**: Percentage and number of surviving infants who received the 3rd dose of diphtheria-tetanus toxoid- pertussis containing vaccines.
- **DPT drop-out rate:** This was calculated by taking DPT3 – DPT1 / DPT 1 x 100%
- **MCV1:** Percentage of surviving infants who received the 1st dose of measles containing vaccine. In countries where the national schedule recommends the 1st dose of MCV at 12 months or later based on the epidemiology of disease in the country, coverage estimates reflect the percentage of children who received the 1st dose of MCV as recommended.
- **MCV2:** Percentage of surviving infants who received the 2nd dose of measles containing vaccine.
- **MCV drop-out rate:** This was calculated by taking MCV2 – MCV1 / MCV1 x 100%
- **Number of Zero Dose Children** (from WUENIC)

The rationale behind the selection of immunisation indicators is to ensure consistency with Gavi's definitions of ZD and under-immunised children, and with the Sustainable Development Goals (in particular SDG 3. b[124]).

MPM indicators

MPM indicators are routine implementation indicators developed by Gavi to provide supporting evidence against key learning questions for the programme. The team regularly engaged with the Gavi team to gain access to the MPM dashboard for descriptive analysis using the MPM indicators. However, there were limitations with the MPM indicators, and data was unavailable and/or inconsistent across the CCS. Therefore, use of these indicators was limited in Year 1 of the evaluation.

Global key informant interviews

In Phase 1, 56 global stakeholder key informant interviews were completed (inclusive of one joint interview). Soft targets were set by stakeholder category to allow for representation across a range of stakeholder groups; the stakeholder groups are set out in the sampling strategy. Although an original target of 65 KIIs was set, analytical saturation was reached, meaning enough data had been collected to draw necessary conclusions, and any further data collection would not have produced value-added insights.

[123] The administrative method uses data from the registry system on the number of doses administered. As administrative coverage estimates can be biased due to inaccurate numerators or denominators method can be biased, countries have the opportunity to report what the most likely true coverage is. These estimates, called 'official estimates' can be derived coverage surveys or other sources.
[124] Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all.

The Gavi team acted as a gatekeeper to book the interviews, with snowballing also used for recruitment, asking participants for other key informants they thought could fill any data gaps. The sample also included stakeholders from different levels of seniority, to ensure more junior stakeholders with a stronger 'on the ground' understanding was consulted where possible; snowballing also supported identification of more junior stakeholders.

Interviews focused on stakeholders' perspective on Gavi's strategy and its rationale and alignment to global priorities and coherence with other international initiatives (supporting evaluation objective O1); providing information on the status of implementation of Gavi 5.0/5.1 at global and regional levels, particularly on the effectiveness of the ZD architecture within the Secretariat (O2); testing the causal pathways and assumptions of the ToC (O3).

The guide was developed by the evaluation team and agreed with Gavi, and draws on the question bank, which sets out questions for each key informant group that correspond to the relevant evaluation questions and indicators from the Evaluation Framework. Interviews were conducted in English and semi-structured, allowing the interviewee to probe on areas of greatest interest and relevance to each stakeholder. The evaluation team also prepared the supporting materials for data collection including an introductory email, information sheet and privacy notice.

Some interviewees were consulted both in the familiarisation phase and again during data collection phase one. However, it is important to note that familiarisation interviews and main-stage interviews were very different; the familiarisation interviews were designed to develop our understanding of the Gavi programmes and structures to help inform the evaluation design and the refinement of the ToC. Main-stage interviews gathered insight into how the ToC plays out in practice including insight on changing context, rationale, activities, outputs and outcomes and the causal mechanisms that link each of these. We carefully took into consideration participant burden, as in the familiarisation interviews, through managing interactions with the key stakeholders efficiently and flexibly.

Survey-based consultation with SCMs

In total 35 SCMs and PMs were engaged in online consultations which were administered live during Gavi internal group meetings to give rapid-cycle feedback on Gavi's processes and funding levers. This approach was chosen due to low response rates from previous surveys administered with this group, as well as challenges in securing participants' time for in-depth interviews.

The online consultations lasted up to 15 minutes and included a mix of open and closed-ended questions hosted on Ipsos' online survey platform in English. Open ended questions were included to capture some unstructured, additional information stakeholders wanted to convey to Gavi, such as thoughts regarding observed practical challenges, and recommendations for change. The questionnaire also included appropriate routing for participants who are either i) managing one country or ii) managing multiple countries; as well as tailored questions for the different country segments (high impact, conflict/fragile, and core – standard/priority).

The online consultations were conducted during Gavi internal group meetings, including the high impact, conflict/fragile, and core – standard/priority meetings. A member from the Ipsos evaluation team attended these meetings remotely during a pre-allocated 20-minute spot; they spent the first five minutes explaining the purpose, process, and use of the consultation, whilst the following 15 minutes were used for participants to complete the questionnaire. Respondents were reassured that the online consultation was part of an independent evaluation and that Gavi were not able to see any individual's response; however, given the small sample size, we were clear that participation was not confidential. Participants were able to access the consultation through two ways: by scanning a QR code on the screen or copying

a link to their browser. This was compatible both on desktop and mobile phone devices and ensured minimal technical issues for participants to access and complete the questionnaire.

Data collected from the online consultation was managed by Ipsos' dedicated operational team. Data was stored safely and securely on password protected platforms. Where outputs contained individual responses (for example, an Excel data set with individual scores for each participant, or the raw file for qualitative responses), these were anonymised with any identifying information removed (for example, emails or date of birth), and stored in a password protected folder. Consultation results have been presented in evaluation deliverables in aggregate with no identifying information.

Case studies

The evaluation carried out eight country case studies to generate evidence for evaluation objectives O1 (evaluate the relevance and coherence of the ZD agenda in terms of the Gavi 5.0 aim of 'leave no one behind with immunisation'), O2 (assess the operationalisation of the ZD agenda through the Gavi 5.0 funding levers) and O3 (evaluate the plausible contribution of grants initiated under Gavi 4.0, with continued implementation in Gavi 5.0, to achieving Gavi's targets related to reaching ZD and missed communities), and as well as generate lessons and recommendations for Gavi 6.0 (O4).

Sampling

The sampling frame from which proposed country case studies were drawn included at a minimum:

- Countries implementing pro-equity interventions utilising Gavi funding levers under 4.0 (to meet objective O3);
- Undergoing the FPP process within a reasonable timeframe for the evaluation to assess operationalisation of Gavi 5.0 levers at the country level (to meet objective O2).

In addition to these, there are other considerations and conditions governing country selection:

- **Country segmentation and ERG priority settings**: Whilst it was not possible to obtain a representative sample of all these settings within the limits of this evaluation, to generate strategic lessons learned on the implementation of the ZD agenda to inform course correction and development of the Gavi 6.0 strategy (objective O4), it was important to cover a range of segments and settings.
- **Research and process burden**: Gavi CET is managing multiple evaluations and countries may have undergone or been approved for audit during the evaluation period or be the focus of the development of the Learning Hubs under ZD Learn. There was a risk of research burden on participants and non-response due to fatigue with these processes.
- **Research feasibility**: Given the requirement to gather quality evidence from case study countries, the evaluation team reviewed the feasibility of country data collection in terms of planning, delivery, and resources needed. In addition to the above criteria, the ability of Ipsos to gather data to meet the objectives in countries was considered.

To select a set of case study countries, the evaluation team analysed the best available documentation provided by Gavi EvLU that provides information on the above parameters.

1. Analysis of the Country Case Study Tracker database provided by Gavi EvLU
2. Analysis of ZD Learn's Pro-Equity Mapping Exercise

3. Development of overview table including other criteria

4. Selection of sample and reserve sample

The resulting preferred sample proposed to Gavi EvLU in Draft Inception Report v1 following step 4 was as follows: Afghanistan; Côte d'Ivoire; Ethiopia; India; Kyrgyzstan; Mali; Pakistan; South Sudan; Uganda and Zambia.[125]

Based on feedback from the management team of Gavi Country Support, on 21.10.22, Gavi EvLU requested two replacements, namely Djibouti to replace Zambia, and Cambodia to replace Kyrgyzstan. Further, at an in-person meeting in Geneva on 4th November, Gavi EvLU fed back to the evaluation team that after internal consultations, it was felt that Mali and Uganda, as Learning Hub countries, should be removed when considering the significant participant and research burden on the countries. Gavi EvLU expressed they were open to replacement countries, only if this added value. The evaluation team reviewed the reserve sample and concluded that the eight remaining countries satisfy the criteria outline above and were suitable to providing evidence for the EQs and evaluation objectives. Specifically, the remaining list provided suitable representation of country segmentation and ERG priority settings to draw generalisable lessons from.

Data collection

Data collection in the country case studies took place in a structured, coordinated manner across case studies, following a detailed case study protocol set out in the Inception Report. Following initial preparations for case study research and an initial document review, we conducted interviews with the SCM/in-country teams to support planning and identify key documentation for review.

To implement the case studies, country case study leads a) gathered background information on the operation of the programmes at country-level and b) identified the ZD agenda interventions in the country. To establish a baseline of these interventions under 4.0, the starting point will be the interventions that countries indicated they were carrying out in their latest HSS proposal (as captured by the pro-equity mapping exercise). These first steps aimed to clarify interventions in case study countries across the IRMMA framework, characteristics of the children and settings, key stakeholders, and vaccine delivery context (for example, existing infrastructure and supply chains), and provided information for the development of in-country data collection tools.

Having gathered country level information and established a sample to gather evidence we then refined data collection tools and reporting templates that outlined how case study leads will gather evidence and organise and present their findings. This ensured that systematic procedures were put in place for data gathering and to aid in the later comparisons within and across cases and that the research plans were suited to the country context, despite the differences in interventions and implementation schedules.

Case study In-Depth Interviews (IDIs) with in-country stakeholders

A total of 89 depth-interviews were conducted at the country-level. Soft targets were set by stakeholder role to allow for representation across a range of stakeholder groups. This was informed by the desk review and familiarisation interviews conducted in the Inception Phase and aimed to include representatives from the core constituencies involved in setting, planning and implementing vaccination

[125] The proposed reserve sample provided to Gavi ELU is as follows: Burkina Faso, Burundi, Central African Republic (CAR), Djibouti, Kenya, Madagascar, Nepal, Papua New Guinea, Sudan, Togo

programming in-country; stakeholders who were external to Gavi support/vaccination were also consulted in order to assess the relevance of the ZD strategy to wider healthcare/community priorities.

The sample frame for each case study country was developed in consultation between the case study leads and the SCM/in-country team regarding what was practical and would deliver the best insight. We sought to achieve a balanced sample which captures views from a wider group of stakeholders than just those who were involved in immunisation or were dependent on Gavi funding.

Recruitment was led by the SCM/in-country team in each country. To enable analytical saturation, a degree of 'snowballing' was used, where existing participants or contacts were asked for help in identifying other potential participants who could provide us with information where we have identified any data gaps. This was particularly relevant for frontline and community level stakeholders where contacts are likely to be needed to be accessed through implementing partners.

Topic guide development followed the same process as the global KIIs and followed the questions in the question bank, responding to the relevant evaluation questions and indicators from the Evaluation Framework. Where possible, we also updated the topic guides for the IDIs following findings from the global KIIs (which were conducted earlier), allowing the team to test new findings and build the evidence base.

Interviews focused on the relevance of the ZD agenda to country needs and its coherence with other interventions in-country (supporting evaluation Objective O1); understanding the operationalisation of Gavi 5.0 in-country and testing the ToA (O2); testing the causal pathways and assumptions of the ToC, and particularly considering the role of country context in this regard (O3); and identifying the strengths and weaknesses, opportunities for improvement, and lessons learnt from in-country implementation (O4). The topic guides for the in-country IDIs were therefore designed to respond to these objectives.

Analysis

Thematic / content analysis

Global and country-level (for the case study countries) documents along with KII and IDI notes were thematically coded and analysed against a pre-established coding frame based on the EQs (see Section 3.1) and on the ToC (see Section 3.2.2). Data was thematically analysed with relevant codes initially based on the evaluation framework (with codes set out for each EQ and indicator) and then by themes identified across the documents.

Global KII and in-country IDIs were recorded and transcribed; where interviews were conducted by local country teams, transcripts were reviewed by the CCS lead, and any ambiguities queried and noted for discussion in debrief meetings. Raw information was qualitatively coded using NVivo qualitative analysis software. Clear guidelines on the approach to coding was shared with the team to ensure consistency. Data was thematically analysed with relevant codes initially based on the evaluation framework (with codes set out for each EQ and indicator) and then by themes identified across the transcripts.

Data from the SCM online consultation was collected and analysed using SPSS software. Due to confidentiality requirements, this data was only presented at the aggregate level and findings were not reported at the country-level. Data was tabulated and differences between demographic groups tested for statistical significance.

Data from the secondary data analysis was calculated using WUENIC data, previously described.

Triangulation

Triangulation rook place at multiple stages and levels. Initially, the evaluation team focused on the global and country levels:

- **At the global level,** data from the global-level documents and global KIIs were first coded by three evaluators using the process described above. Findings were discussed during two analysis workshops to help identify emerging themes and trends. These were structured across the EQs and the ToC and was further informed by the Strength of Evidence rating (see below).

- **At the country-level,** CCS leads worked with a research assistant and in-country teams to ensure consistency in the coding of country-level documentation and interviews data. Dedicated 'objective leads' helped ensure consistency across CCS in terms of how O1 – O3 were being analysed. The objective lead prepared guidelines for CCS to help ensure each case study addressed the EQs, assumptions, and judgement criteria in a similar manner. Objective leads reviewed their sections for all of the CCS.

A cross-country comparative analysis and synthesis of the CCS was also undertaken. This took place alongside the country-level triangulation and analysis via three analysis sessions with CCS leads. The focus of these sessions was to ensure that the analysis was presented in a standardised way, using consistent frameworks across countries and analytical methods. Analysis sessions focused on:

- Undertaking pattern matching (thematic analysis) to compare patterns in the data compared to what we would expect from the processes and causal chains captured by the ToC.

- Developing explanations iteratively: beginning with initial hypotheses formed by the ToC and testing and revising these through sequential analysis.

- Time series analyses: to examine trends or patterns over time through a longitudinal approach.

For the final report, findings were triangulated by objective leads, drawing on data and analysis from the global-level, country-level, cross-country comparative analysis and synthesis, and other data sources (i.e., the SCM online consultation and secondary data). Objective leads, alongside the team lead, iteratively synthesised the findings to explore whether clear patterns were emerging. The evaluation compared findings against elements of the ToC, including the assumptions to understand whether the causal pathway and ToC took place as expected. Recommendations were developed internally, and then validated with Gavi stakeholders during a workshop held on 1 December 2023.

As noted previously, contribution analysis for O3 was not possible due to limited availability data.

Strength of evidence

During reporting, we employed a strength of evidence rating (see below) for findings under each EQ to orient the reader to the strength of each finding based on the level of triangulation across methods that was possible. Assessing the strength of evidence requires considering the underlying 'quality' of the evidence (for each data source, and within each source for each informant) as well as the triangulation/ 'quantity' of evidence (within and across data sources) and relates to the internal validity of evaluation findings. This is underpinned by the following broad considerations:

- The extent of triangulation across stakeholders, participants/non-participants, and/or data sources.

- The purpose and usefulness of each data source; for example, quantitative secondary data is a more useful source for reporting results achievement, whereas qualitative data sources are more useful for understanding how and why results occurred.

- A consideration of the position, knowledge, analytical capacity, reflexivity, and potential biases of primary informants. Stakeholders should not be solely considered in terms of homogenous categories, but as individuals positioned in unique ways in relation to the ZD agenda, with different levels of knowledge, capacity and reflexivity, and different incentives that may lead to bias. Weighing the strength of evidence requires a consideration of these issues, rather than simply considering the number of respondents who confirmed a particular outcome or theory. We would consider these issues both during the sampling process (when making decisions about whom to interview), and during the interview write-up and analysis (taking note of issues to incorporate these considerations into the write up).

- A consideration of the broader context. It might be important to consider broader political economy and contextual factors that enable and constrain results and perceptions of change. This helps ensure that explanations of change are grounded in an understanding of the context and are not over-reliant on the explanations of stakeholders involved in ZD programming. This can also help identify other (non-programme) explanations of change, to help guard against over-attributing change to the programme.

While we do not wish to try to quantify our qualitative results, we understand there is strength in numbers (i.e., the number of times the same insights/information is relayed to us during primary data collection), and this will weigh into the determination of the strength of a finding.

In consideration of the above, we propose a 'strength of evidence' ranking which will be present across evaluation reporting at the level of each EQ, as follows:

Figure 4.2: Legend - Strength of evidence rank/justification

1	Evidence comprises multiple data sources (good triangulation), which are of decent quality. Where fewer data sources exist, the supporting evidence is more factual **(e.g., quantitative data from secondary sources, or objective reporting from desk review of activities undertaken)** than subjective **(e.g., qualitative sources).**
2	Evidence comprises multiple data sources (good triangulation) of lesser quality, or the finding is supported by fewer data sources (limited triangulation) of decent quality but that are more perception-based than factual (e.g., only qualitative data).
3	Evidence comprises few data sources (limited triangulation) and is perception-based (e.g., only qualitative data) or based on data sources that are viewed as being of lesser quality (e.g., quantitative data that is estimated, or qualitative data where there are concerns regarding informant bias).
4	Evidence comprises very limited evidence (single source, or a limited number of informants or documents within the source) or incomplete or unreliable evidence.

Assumptions

The following table details the assumptions underlying the ToC. The colour code indicates whether the assumption held, partially held, did not hold, or was unclear / unable to assess at this point in the evaluation. It should be noted that due to limited implementation of activities at this point in the evaluation, it was not possible to assess many of the assumptions, particularly those linked to the Reach and Monitor and Measure aspects of the IRMMA framework, alongside the outputs to outcomes.

Table 4.3: Gavi ZD assumptions

Assumption	Assessment
1. Levers to Activities – Funding levers	
1. Focus of funding levers are clear and aligned with ZD objectives	Funding levers have limited focus on ZD and/or they have limited alignment with the ZD objectives[126]
2. Gavi ZD funding priorities (e.g., DPT1) align with global and country partners' priorities – especially national and sub-national governments, WHO and UNICEF	There is a robust and clear alignment between Gavi ZD priorities and priorities from global and country partners
3. Disbursement of funds to partners is timely and efficient	Gavi funding is often disbursed late and/or inefficiently[127]
4. Gavi ZD requirements are enforced and inform final allocation of funds to countries, with support from key partners such as WHO and UNICEF	There is moderate alignment between the final allocation of Gavi funds and Gavi ZD requirements and/or there is limited that key partners have promoted alignment[128]
5. Countries and other partners, especially WHO and UNICEF, can understand, absorb and use the funding	There are multiple instances in which countries and other partners have not been able to understand, absorb and/or use Gavi funding
6. Gavi 5.0/5.1 ZD agenda funding levers are better aligned to the needs of countries and under vaccinated children than the Gavi 4.0 'pro-equity' agenda levers	Countries and other partners perceive ZD funding levers as somewhat more relevant to addressing ZD and missed

[126] Whilst overall funding is aligned with ZD objectives, there is limited evidence that countries view the funding levers as distinct, or even having distinct objectives. The evaluation team suggests revisiting this assumption in Year 2 of the evaluation.
[127] The evaluation team notes that delays to the disbursement of funds is often associated with Gavi's internal approval processes.
[128] The evaluation team notes some caveats here: at the time of the evaluation, Gavi 5.0/5.1 funds had only been indicatively allocated and not disbursed; we were also unable to give an assessment where funds are directed towards a pooled fund.

	communities and identify some differences
2. Levers to Activities – Non-funding levers	
1. Policy and programme guidance and processes under Gavi 5.0/5.1 have clear and robust equity and ZD focus (respectively)	Policy and programme guidance and processes under Gavi 5.0/5.1 have a clear and robust ZD focus
2. Gavi 5.0/5.1 policy and programme guidance is fed into processes with support from key partners such as WHO and UNICEF	Some processes have been fed by Gavi 5.0/5.1 policy and programme guidance and/or there is limited evidence that key partners have influence this
3. Policy and programme guidance is available and accessible to countries - well articulated, clear, available to right stakeholders and disseminated and explained with support from key partners such as WHO and UNICEF	Policy and programme guidance is often unavailable and/or inaccessible to countries
4. Policy and programme guidance is aligned with key ZD objectives, and any changes are well explained with support from key partners such as WHO and UNICEF	There are several cases in which policy and programme guidance is not aligned with Gavi ZD objectives and/or ley partners have not supported the alignment
5. Gavi funding processes are efficient and well managed, and corrected when not working	Gavi funding processes are often inefficient and well managed and are not corrected when not working
6. Gavi policy and programme guidance is systematically fed into country programming with support from key partners, especially WHO and UNICEF	Not able to assess at this point in the evaluation
7. Country context informs programmatic choices within the ZD agenda, especially through the Joint Appraisals and with support from key partners such as WHO and UNICEF	Programmatic choices withing the ZD agenda are always informed by country context and there is evidence that the Joint Appraisals contributed to this[129]

[129] Whilst country context tends to always inform programmatic choices at the country-level, it was unclear the extent to which JAs contributed to this. This was mainly due to the most recent JAs being conducted pre-COVID-19. The evaluation team suggests revisiting this assumption in Year 2 of the evaluation as country context, JAs, and support from key partners are all distinct aspects and not necessarily interrelated.

8. Countries can conduct relevant and high-quality Joint Appraisals with support from key partners such as WHO and UNICEF	Not able to assess at this point in the evaluation; most recent JAs were done pre-COVID-19 at this time of the evaluation[130]
9. Partners engage and participate in ZD working groups and task teams, especially key partners such as WHO and UNICEF	Some partners are engaged and participate in ZD working groups and task teams, but other partners are inactive
3. Intervention areas to outputs – Identify	
1. 'Identify' strategy meets countries' needs (i.e., countries need support locating missed communities)	Some 'Identify' strategies are aligned with country needs
2. Partners, especially WHO, UNICEF, local CSOs and community organisations, support the development and dissemination of the 'Identify' strategy	There is strong evidence that partners have supported the development and dissemination of 'Identify' strategies
3. New partners and communities – especially local CSOs, and community organisations – are identified and willing/able to participate in interventions funded by Gavi	New partners and communities are not always identified and/or willing/able to participate in interventions funded by Gavi
4. Tools are appropriate and used by partners, especially national and sub-national governments, WHO and UNICEF – to identify missed communities	Tools are appropriate and used by partners to identify missed communities[131]
4. Intervention areas to outputs - Reach	
1. Communities and key actors at community level are interested, incentivised and able to be involved in micro-planning	Not able to assess at this point in the evaluation[132]
2. Countries have HR systems and capacities in place that can absorb Gavi support	HR systems and capacities in country are not always in place and able to absorb Gavi support
3. Governments and partners, especially WHO and UNICEF, are willing, incentivised, and able to develop country-ZD strategies	Governments and partners are often willing, incentivised, and

[130] The evaluation team notes that JAs were conducted during the 4.0 period which appear to be high-quality and robust.
[131] The evaluation team that while tools are robust and used by partners, there are limitations in the quality of data which feeds into these tools at the country-level.
[132] Whilst micro-planning is a key activity listed across CCS, they had not been implemented at the time of the evaluation.

	able to develop country-ZD strategies
4. Interventions are aligned to the needs of ZD families	Needs of ZD families are sometimes represented in interventions funded by Gavi[133]
5. Countries can successfully implement interventions funded by Gavi with support from partners, especially WHO and UNICEF	Not able to assess at this point in the evaluation[134]
6. Countries are able to identify issues, bottlenecks and risks, with support from partners especially WHO and UNICEF	Not able to assess at this point in the evaluation
5. Intervention areas to outputs – Monitor Measure	
1. Partners, especially WHO and UNICEF, contribute to gathering and disseminating learning	Not able to assess at this point in the evaluation
2. Partners, especially WHO and UNICEF, are willing, have incentives and can use the learning	Not able to assess at this point in the evaluation
3. Partners, especially WHO and UNICEF, have capacity and incentives to develop quality and relevant evidence	Not able to assess at this point in the evaluation
4. Countries are willing, have incentives and can develop MEL strategies for ZD and partners support them, especially WHO and UNICEF	Some countries have interest, incentives and/or capacity to develop MEL strategies for ZD and there is limited evidence of support from key partners
5. Countries have monitoring and data systems in place which can absorb and implement Gavi support	Countries rarely have monitoring and data systems in place which can absorb and implement Gavi support
6. Partners, especially WHO and UNICEF, coordinate to support monitoring and tracking activities and coordinate among each other to do so	Not able to assess at this point in the evaluation
6. Intervention areas to outputs - Advocate	

[133] This assumption did not hold in all of the CCS, and interventions are rarely targeted towards ZD 'families'. The evaluation team suggests revisiting this assumption in Year 2 of the evaluation, particularly the focus on 'families' instead of 'children' or 'communities'.
[134] Gavi 5.0/5.1 activities had not yet been implemented at the time of the evaluation.

1. Leaders have capacity, interest, and incentives to engage in ZD agenda	Leaders have capacity, interest, and incentives to engage in ZD agenda
2. Partners, especially WHO and UNICEF, have capacity and incentives to advocate for ZD agenda in line with Gavi ZD priorities	Partners have capacity and incentives to advocate for ZD agenda in line with Gavi ZD priorities
7. Outputs to Outcomes	
1. Partners and the broader development community are equally committed to reaching ZD communities and this is incorporated into integrated multisectoral national policy and plans	Alliance partners and other development actors are committed to reaching ZD communities and there are integrated multisectoral national policies in place
2. Gavi support is complementary to Alliance and other development partners working in primary care and promotes efficiency and integration	Gavi support is complementary to some partners and other development actors and/or it does not promote efficiency and integration
3. Coverage of children currently reached with Gavi support is sustained in future years	Not able to assess at this point in the evaluation
4. Interventions to reach ZD children and missed communities are designed to strengthen health systems and be sustainable	Some interventions to reach ZD children and missed communities are designed to strengthen health systems and be sustainable.
5. There are effective ZD targeting interventions that lead to measurable reductions of existing barriers to reach ZD populations	Not able to assess at this point in the evaluation
6. Gavi support remains relevant and coherent in the changing circumstances emerging as part of the COVID-19 pandemic	Gavi support remains relevant and coherent in the changing circumstances emerging as part of the COVID-19 pandemic

Annex Four: Completed Global KIIs

As described in Section 1.3 of the Inception Report, we conducted familiarisation interviews during the inception phase with key Gavi staff involved in the ZD agenda. As with the document review, the familiarisation interviews were used to inform our evaluation design.

The table below presents a list of participants from Gavi we spoke to during the inception phase. It includes the names and position.

Table 4.4: Global KIIs completed during Year 1

Stakeholder	Organization	Department/Committee	Name	Team/Position
Gavi Secretariat	Gavi Secretariat	Measurement, Evaluation and Learning	Heidi Reynolds	Senior Specialist, Evaluation and Learning, Evaluation and learning team
	Gavi Secretariat	Measurement, Evaluation and Learning	Dan Hogan	Head, Measurement and strategic information
	Gavi Secretariat	Measurement, Evaluation and Learning	Hope Johnson	Director, Measurement, Evaluation and Learning department
	Gavi Secretariat	Measurement, Evaluation and Learning	Gustavo Caetano Correa	Senior Programme Officer, Evaluation & Learning), Evaluation and learning team
	Gavi Secretariat	Measurement, Evaluation and Learning	Colin Paterson	Consultant
	Gavi Secretariat	Partners' Engagement Framework	Anne Cronin	Former Head of PEF
	Gavi Secretariat	Measurement, Evaluation and Learning	Sophie La Vincent	Senior Programme Officer, Evaluation and Learning Unit as of June 2023.
	Gavi Secretariat	Strategy, Funding & Performance	Johannes Ahrendts	Director of Strategy, Funding and Performance,
	Gavi Secretariat	Strategy, Funding & Performance	Quentin Guillon	Head of Strategy, Performance & Transformation,
	Gavi Secretariat	Strategy, Funding & Performance	Lindsey Cole	Head, Funding Design and Review (FD&R),
	Gavi Secretariat	Strategy, Funding & Performance	Friederike Teutsch	Senior Manager, Funding Design and Review
	Gavi Secretariat	Executive Office	Aurelia Nguyen	Chief Programme Strategy Officer
	Gavi Secretariat	Finance & Operations	David Powell	Head, Portfolio Financial Management (High Impact Countries)
	Gavi Secretariat	Country Programmes	Thabani Maphosa	Managing Director, Country Programmes Department

	Gavi Secretariat	Country Programmes	Benjamin Loevinsohn	Director, Immunization Financing & Sustainability
	Gavi Secretariat	Country Programmes	Amy La Trielle	Director, Fragile & Conflict Countries
	Gavi Secretariat	Country Programmes/HSIS	Alex de Jonquieres	Director, HSIS
	Gavi Secretariat	Country Programmes	Colette Selman	Director, Core Countries,
	Gavi Secretariat	Country Programmes	Tokunbo Oshin	Director, High Impact Countries
	Gavi Secretariat	Country Programmes/Vaccine programmes	Jalaa' Abdelwahab	Director, Vaccine Programmes
	Gavi Secretariat	Country Programmes/HSIS	Ranjana Kumar	Head, Head, Health Systems Planning, Management & Performance
	Gavi Secretariat	Country Programmes/HSIS	Karan Sagar	Head, Effective Vaccine Management, HSIS
	Gavi Secretariat	Country Programmes/Vaccine programmes	Stephen Sosler	Head, Vaccine Programmes
	Gavi Secretariat	Country Programmes/HSIS	Katja Schemionek	Senior Manager, Country Health Systems, HSIS
	Gavi Secretariat	Country Programmes/HSIS	Binay Kumar	Senior programme Manager, HSIS
	Gavi Secretariat	Country Programmes/HSIS	Riswana Soundardjee	Senior Manager, Equity Data, HSIS
	Gavi Secretariat	Country Programmes	Victor Raynaud	Senior Manager, Equity and Zero-Dose, Country Support
	Gavi Secretariat	Country Programmes	Maria Patyna	Senior Manager Immunization Financing & Sustainability
	Gavi Secretariat	Country Programmes	Susan Branker Greene	Senior Manager, Programme support team
	Gavi Secretariat	Public Engagement & Information Services	Pascal Barrollier	Managing Director, Public Engagement & Information Services
	Gavi Secretariat	Public Policy and political Engagement	Chioma Nwachukwu	Head of Public Policy and political Engagement
	Gavi Secretariat	HSIS	Jean Munro	Senior Manager, Gender programming
	Gavi Secretariat	Country programmes/ Immunization Financing & Sustainability	Will Menson	Senior Manager, Immunization Financing & Sustainability
Former Gavi Secretariat	Former Gavi Secretariat/ Now Sabin		Anuradha Gupta	Deputy CEO/ President of Sabin Vaccine Institute

	Vaccine Institute			
	Gavi Secretariat	Country Programmes/HSIS	Abiola Ojumu	Senior Manager, HSIS
Gavi Alliance	Independent / Gavi Board	Chair, Programme and Policy Committee (PPC)	Anne Schuchat	Former Rear Admiral and Assistant Surgeon General in The United States Public Health Service Commissioned Corps
	CSOs / Gavi Board	CSO Board Alternate, Evaluation Advisory Committee	Bvudzai Magadzire	Senior Technical Advisor, Research & Advocacy, VillageReach, South Africa
	UNICEF / Programme and Policy Committee (PPC)	UNICEF, PPC Committee delegate	Ephrem T. Lemango	Associate Director-Health, Chief of Immunization, UNICEF (Committee delegate, Programme & Policy Committee)
	UNICEF	UNICEF	Alyssa Sharkey	Senior Health Specialist, Implementation Research and Delivery Science
	WHO	WHO	Samir Sodha	Medical Officer, WHO
	WHO	WHO	Ado Mpia Bwakaa	Team Lead, Vaccine Preventable Diseases / Polio Eradication
	World Bank / Gavi Board	World Bank, Gavi Board Alternate	Michael Kent Ranson	Senior Economist, Health
	BMGF	BMFG	Molly Abbruzzese	Senior Program Officer. Vaccine Delivery, Strategy & Innovation
	CDC Foundation	CDC Foundation	Setara Ahmad	Senior Program Officer, Infectious Disease Programs
Expanded and external partners	Global Fund	Global Fund	Olga Bornemisza	Senior Specialist, Health Systems Strengthening, Global Fund
	Global Fund	Global Fund	Shunsuke Mabuchi	Director of RSSH (Former BMGF, World Bank, Mckinsey)
	World Bank	World Bank	Peter Meredith Hansen	Head of results, Global Financing Facility
	International Rescue Committee (IRC)	International Rescue Committee (IRC)	Shiferaw Demissie	Project Director, IRC ZIP Horn of Africa
	World Vision	World Vision	Enrique PazArgandona	Chief of Party, World Vision ZIP Sahel

	Health Pooled Fund South Sudan	Health Pooled Fund South Sudan	Victoria Mshiki David	Representing NGO constituency. ZD CoP Steering Committee
	CHAI	CHAI	Leslie Berman	Director, Global Vaccine Delivery. ZD CoP Steering Committee
	CHAI	CHAI	Tosin Ajayi	Technical Manager
	Ministry of Ethiopia	Maternal, Child Nutrition and Health	Meseret Zalalem	Director, ZP CoP Steering Committee
	WHO	WHO	Amos Petua	VPD Team Leader/Sustainable Immunization Financing Officer
	WHO	WHO	Quamrul Hasan	EMRO, WHO
	WHO	COVAX	Carine Gachen	Health Systems & Immunisation Strengthening Team, Senior Programme Manager
	UNICEF	UNICEF	Abu Obeida Eltayeb	Health Specialist, Coverage & Equity
	UNICEF	UNICEF	Daniel Ngemera	Senior Immunization Specialist, UNICEF
	UNICEF	UNICEF	Svetlana Setfanet	Immunization Specialist, UNICEF
	UNICEF	UNICEF	Khin Devi Aung	Immunization Specialist, UNICEF
	UNICEF	UNICEF	Shoubo Jalal	Gender and Immunization Expert, UNICEF

Annex Five: Risks and mitigations for Year 2

Table 4.6 below outlines the key operational risks which could impact the evaluation's implementation and ability to respond to the evaluation objectives. The table details our mitigation strategies and has been regularly updated throughout the lifetime of the evaluation by the evaluation team, based on conversations with Gavi. In Phase 1, risks to the timeline included the need to be provided with county-level documentation from Gavi including Application Documentation, Portfolio Management Documentation and the need for this to be updated in a timely manner over the course of the evaluation including documentation for Full Portfolio Planning (FPP) and Equity Accelerator Fund (EAF) standalone grants etc.) Other key risks included delays to fieldwork, and the agreement of the revised budget, methodology, and Data Processing Agreement following submission of the Final Inception Report with Gavi. Some of these risks did not arise in Phase 1, but may be a concern under Phase 2. Delays can impact the utility of the evaluation for informing key internal Gavi meetings and other milestones. These risks were and are continuing to be mitigated through early planning and engagement with in-country research teams and are monitored and discussed with Gavi on an ongoing basis. The series of deliverables also ensure that the most up-to-date evidence available is provided to Gavi.

Table 4.5: Risks and mitigations for Phase 2

Risk	Mitigation measures	Likelihood	Impact
1. Government approval to carry out community level fieldwork if selected in Phase 2 is not provided or is delayed	Our teams are experienced in obtaining institutional review board (IRB) approvals. The ethical approval process (where required) will be initiated once the country case study selection is confirmed to avoid delays. The in-country coordinators will provide information on the expected timelines of receiving ethical approval which will be reflected in the workplan. We request that Gavi and its in-country partners use their relationships with MOHs to expedite the IRB review where possible and have had success in this in the past through UNICEF's relationships with MOHs. We will advise Gavi immediately if any changes to the timeline are needed. In South Sudan, in Phase 1 government approval was not received, resulting in a limited sample. We will discuss with CET the option of replacing South Sudan in Phase 2.	High	High
2. Administrative burden for evaluation team to secure engagement from multiple stakeholders and risk of securing these in short timeframe	Clear communication pathways with Gavi were established in the Inception period and are regularly assessed throughout the evaluation lifetime. Gavi's support requirements have been discussed and Gavi agreed to provide samples as early as possible to facilitate timely recruitment, and to provide introductions/support letters. Should recruitment issues be encountered with the global KIIs, we will request Gavi's support in encouraging stakeholder participation. In Phase 1, there were issues with recruiting government stakeholders in some case studies. For Phase 2, we will work with Gavi and our in-country teams to discuss engagement of government stakeholders and consider whether it would be preferable to change case study country.	Medium	High

Risk	Mitigation measures	Likelihood	Impact
3. Administrative burden for Gavi Secretariat staff and SCMs engaging in the evaluation	Gavi support requirements were discussed in the kick-off meeting and clear communication pathways were established in the Inception period. These are regularly assessed throughout the evaluation lifetime. Having a key point of contact for the evaluation team allows the evaluation team to give notice of required inputs and minimise the burden on other staff. We engaged SCMs and country teams in Phase 1 to build their buy-in and sense of ownership of the evaluation process. We hope the Phase 1 case study reports are useful to teams and will provide motivation for continued support into Phase 2. Where some SCMs had limited capacity to support in Phase 1, we will discuss the best approach for Phase 2 and consider whether it would be preferable to change case study country.	High	Medium
4. Disruption due to conflict, instability, natural disaster, or health crisis	Our teams monitor and communicate risks on an ongoing basis. The evaluation team will work flexibly around evolving situations, adapting the timetable and research methods to enable completion of tasks to the extent possible. Should the situation worsen, and fieldwork be impossible, alternative data collection options will be discussed with Gavi. In Phase 1, the Afghanistan case study had a limited sample due to security concerns. We will discuss with CET the option of replacing Afghanistan in Phase 2.	High	Low
5. The evaluation team lacks sufficient knowledge of the local sensitivities and research norms	The evaluation methodology draws heavily on our teams' local experience. We are experienced in designing international studies and working with local offices and suppliers to gain ethical approvals, ensure the data collection design respects local norms, and materials are relevant, take account of language and cultural factors and reflect the national context.	Low	High
6. Inadequate quality of transcriptions and translations	Our team speak the relevant languages and interviews will be conducted in these languages. We understand the importance of conveying the sensitivities and nuances of language, hence we have a rigorous system of translation and back checking in place. The case study materials will be translated by our local teams. The process will involve two translators; one who carries out the initial translation from English to local language, and another who is responsible for proof-reading and addressing any ambiguities. In addition, we have identified a two-staged process for the verbatims: full transcript in local language and word-to-word translation into English to avoid any loss of data. We will provide additional training on top of the country briefings if needs be to ensure high standards and consistency. For the stakeholder online consultation, translations will be conducted by our in-house Ipsos translation service, who have considerable experience of translating for high-profile studies.	High	Medium

Risk	Mitigation measures	Likelihood	Impact
7. The size of the consortium could affect the cohesiveness of the team and affect the quality and efficiency of the evaluation	The consortium has been developed to ensure each partners role aligns with their expertise. Partnership activities and day-to-day roles have been carefully selected to ensure effective, efficient, and practical partnership working. Ipsos also has robust project management and supplier management procedures in place to ensure the quality of research and partnerships. Alternates for each core team member in case of unexpected absence due to illness etc could be selected from our extensive team of evaluators and CVs would be shared with Gavi for confirmation.	Low	Medium
8. The longitudinal approach to the evaluation could lead to timeframes slipping, in-country barriers arising to completion of fieldwork and core team members changing	We have outlined a clear and pragmatic timeframe which factors in time for potential issues and unforeseen delays. We will discuss any issues as soon as they arise and agree an approach with Gavi. We have a strong consortium which includes experience delivering phased and longitudinal evaluations, a stable presence in-country and wider teams with relevant expertise who can support the evaluation team if needed. Should any team members need to be replaced (i.e., due to staff turnover), replacement CVs will be shared with Gavi for confirmation.	Medium	High
9. Risks relating to IT security/problems	Ipsos is proud of the reliability and security of the Ipsos global platform. We aim to be at the forefront of implementing best practice in information security, and Ipsos meets the standards for the ISO 27001:2005 information security standard. Ipsos has a comprehensive backup system, to ensure that we can retrieve data files from that day or if necessary, even months before. This system consists of incremental, daily, weekly, and monthly full system backups. All emails, files and internet content are swept regularly for viruses, and our servers have protection software. All suppliers are subject to our strict processes.	High	Low
10. Programme beneficiaries are not reached, limiting the evaluation's assessment of the contribution of grants under Gavi 4.0 and 5.0/5.1	Beneficiaries will be reached through research with caregivers of ZD children if this is agreed for Phase 2, through which we would capture the voice of intended/actual beneficiaries. It is not feasible to conduct research with ZD children directly, given the complex nature of the questions, the early age of many beneficiaries, and the fragile context in some of our case study countries. Beyond beneficiary research, KIIs with CSOs working day-to-day with beneficiaries will be a key way the evaluation will learn about the experiences of beneficiaries and the contribution of the programme.	Medium	Medium
11. Potential conflicts of interest (COI)	The evaluation team carried out a review of potential conflicts of interest at the proposal stage, and this was reviewed and agreed by Gavi. A potential COI was identified with the Gavi Somalia ZD identification project; however, Ipsos did not sign a contract for this study. No other COIs were identified, and we ensure all in-country suppliers do not have a COI.	Low	High

Risk	Mitigation measures	Likelihood	Impact
13. The evaluation team anticipates a high volume of feedback on draft reports	We request that Gavi's evaluation manager initially review the comments received on draft reports for scope, duplication and contradiction and provide consolidated feedback, including a management response (to reconcile conflicting views and provide steer on any comments deemed out of scope). We understand that the evaluation is ultimately accountable to the EvLU and thus we will work with the EvLU to identify any discrepancies across reviewers, and we will respond to the EvLU's ultimate judgment on this feedback. Expected feedback processes and timelines are detailed in Annex 16 and in the workplan in Annex 17 of the Inception Report annexes. All comments received will be recorded in an Excel-based comment tracker, and Ipsos' responses will be recorded; we request that a management response be provided to this to indicate whether Ipsos' responses are accepted.	High	Low
14. Gavi stakeholders have insufficient input in contributing to the evidence base and reviewing outputs	We will ensure that the relevant stakeholders can review outputs by coordinating the review process with Gavi and building the review processes into the evaluation timeline. Stakeholders will also be involved in testing the findings and developing key recommendations through validation workshops.	Medium	Medium

Risk	Mitigation measures	Likelihood	Impact
15. The evaluation does not meet Gavi stakeholders' needs because the evaluation team has not been given an opportunity to engage the Board during the Inception Phase, and because the TOR were written without a Steering Committee in place, or for any other reason	Gavi is responsible for managing the relationship between the evaluation team and the Board, including involving them in interviews and obtaining their feedback on the report. The evaluation purpose, objectives, and key questions were set out in the TOR, and it is Gavi's responsibility to ensure these reflect the Board's priorities. The evaluation team have clarified and expanded on these in the Inception Phase through discussions with Gavi; while it will not be possible to answer all questions raised by stakeholders during formative interviews, we have worked with Gavi during the Inception Phase to understand what the priority questions are and be clear about what is being evaluated and what the evaluation will focus on, and this understanding forms the basis of this Inception Report. We will be reviewing evaluability on an annual basis, as well as the evaluation approach, and agreeing this in the annual work planning meetings. Feedback from stakeholders will be managed through the process set out in Section 5.2.2 and in **Error! Reference source not found.** of the Inception Report. To the extent possible, the evaluation team will respond to questions and requests for additional information raised by stakeholders, but this will not be possible where requests are out of scope and therefore where the evaluation has not collected relevant data. Emerging information needs will be reviewed each year as part of the annual work planning, providing an opportunity to collect such information in subsequent years.	Medium	High
16. The annual work planning sessions result in significant requested changes to the scope of the evaluation and approach	Should changes to the evaluation be significant, the budget will be reviewed, and any required changes will be outlined in the Statement of Works and agreed with Gavi. We expect modifications to be modest (modifications of up to 20% of the data collection tools) due to the longitudinal methodology and budget implications.	Low	Medium

Risk	Mitigation measures	Likelihood	Impact
17. The evaluation is unable to collect all primary data listed in the Evaluation Framework as well as the data required by the EHG-led evaluations	We are in the process of agreeing a Data Processing Agreement with Gavi and have requested the EvLU share details of its data sharing agreements for the EHG evaluations with us. This will enable us to put in place an appropriate data sharing agreement with EHG. There is a considerable volume of data required to respond to the EQs for the ZD Evaluation Framework, and in addition, Gavi has requested that the ZD evaluation team collect data to support the StratOps evaluation and MTE. Due to the time limits of each interview, not all questions in a topic guide may be asked to each participant. EvLU's assistance in prioritising questions in the research tools will be sought to ensure that priority questions are asked to each participant and to ensure that priority is given to MTE and StratOps evaluation questions where this is required by the EvLU. In the analysis stage, we will consider the total number of participants who commented on a given topic area when assessing strength of evidence.	High	Medium
18. EHG-led evaluations do not collect primary data required by the ZD evaluation	As above for risk 17 regarding Data Processing Agreements. Data collection for EHG-led evaluations is underway before an approach to sharing of data across evaluations could be agreed and before the ZD evaluation. At this stage, we have shared the mapping of the ZD evaluation questions to the MTE and StratOps evaluations with EHG but have not fed into EHG's data collection tools. As EHG is not a supplier to Ipsos and vice versa, we will rely on Gavi to enforce EHG to collect data on the ZD evaluation's behalf where Gavi deems this a priority. We are in regular correspondence with EHG and will communicate any issues regarding coordination to EvLU for resolution.	High	Medium
19. Delays in confirmation of the CCS selection and inclusion of the caregiver research led to delays in securing IRB approval	Gavi has not yet confirmed the CCS selection or inclusion of the proposed caregiver research. IRB approvals cannot be sought until the CCS selection is confirmed and the caregiver topic guide is approved. This could result in delays to fieldwork. The evaluation team will confirm Gavi's timelines for approval and update the workplan accordingly. We will also make EvLU aware of any requirements from Gavi (such as supporting letters) for IRB processes.	Low	High

Risk	Mitigation measures	Likelihood	Impact
20. Delays in approval of the revised budget lead to delays in commencement of Phase 2	Ipsos will revise the budget revised following agreement of the Phase 2 delivery plan and will share this with EvLU as soon as feasible following the Christmas and New Year holiday period when many of the staff involved in the evaluation and project finances will be on leave. EvLU are requested to ensure Gavi's Procurement team are aware of the urgency of budget approval.	Low	High
21. Required documents and data from Gavi are not provided to the evaluation team or are not available in a timely manner	In Phase 1, the evaluation team worked with EvLU to identify, and access required documents and data and will continue to work with EvLU in Phase 2 to identify required data and gain access. Should case study country documents be significantly delayed (any new Application Documentation and Portfolio Management Documentation), this would lead to a delay in planning and delivery of the country case study; we would investigate the reasons for the delays and seek to ensure the document owners are aware of the evaluation's purpose and importance. Alternative case study countries would be put forward if documents cannot be secured or if case study delivery cannot progress for any other reason.	Low	High

Our standards and accreditations

Ipsos' standards and accreditations provide our clients with the peace of mind that they can always depend on us to deliver reliable, sustainable findings. Our focus on quality and continuous improvement means we have embedded a 'right first time' approach throughout our organisation.

ISO 20252

This is the international specific standard for market, opinion and social research, including insights and data analytics. Ipsos in the UK was the first company in the world to gain this accreditation.

Market Research Society (MRS) Company Partnership

By being an MRS Company Partner, Ipsos UK endorse and support the core MRS brand values of professionalism, research excellence and business effectiveness, and commit to comply with the MRS Code of Conduct throughout the organisation & we were the first company to sign our organisation up to the requirements & self-regulation of the MRS Code; more than 350 companies have followed our lead.

ISO 9001

International general company standard with a focus on continual improvement through quality management systems. In 1994 we became one of the early adopters of the ISO 9001 business standard.

ISO 27001

International standard for information security designed to ensure the selection of adequate and proportionate security controls. Ipsos UK was the first research company in the UK to be awarded this in August 2008.

The UK General Data Protection Regulation (UK GDPR) and the UK Data Protection Act 2018 (DPA)

Ipsos UK is required to comply with the UK General Data Protection Regulation and the UK Data Protection Act; it covers the processing of personal data and the protection of privacy.

HMG Cyber Essentials

A government backed and key deliverable of the UK's National Cyber Security Programme. Ipsos UK was assessment validated for certification in 2016. Cyber Essentials defines a set of controls which, when properly implemented, provide organisations with basic protection from the most prevalent forms of threat coming from the internet.

Fair Data

Ipsos UK is signed up as a 'Fair Data' Company by agreeing to adhere to 1212 core principles. The principles support and complement other standards such as ISOs, and the requirements of Data Protection legislation.

For more information

3 Thomas More Square
London
E1W 1YW

t: +44 (0)20 3059 5000

www.ipsos.com/en-uk
http://twitter.com/IpsosUK

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