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

Year 2 Annual Report
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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

ACT	Alliance Coordination Team
AEFI	Adverse Events Following Immunisation
AFENET	African Field Epidemiology Network
APPT	Alliance Partnership and Performance Team
ARCS	Afghan Red Crescent Society
ASEAN	Association of South East Asian Nations
AU	African Union
BMGF	Bill & Melinda Gates Foundation
CBO	Community-Based Organization
CCEOP	Cold-chain equipment optimization platform
CDC	Centers for Disease Control and Prevention
CDS	Country Development Support
CET	Central Evaluation Team
CHAI	Clinton Health Access Initiative
CHW	Community Health Worker
CPs	Core Partners
CPMPM	Country Performance Monitoring and Performance Management
CSCE	Civil Society and Community Engagement
CSO	Civil Society Organisation
DFF	Direct Facility Financing
DHIS2	District Health Information Software 2
DHS	Demographic and Health Surveys
DTP	Diphtheria, Tetanus, and Pertussis
EAF	Equity Accelerator Fund
EPI	Expanded Programme on Immunization
EPs	Expanded Partners
EQ	Evaluation Question
FBO	Faith Based Organisation
FCAS	Fragile and Conflict-Affected States

FED	Fragility, Emergencies, and Displaced policy
FENOS-CI	National Federation of Health Organizations of Côte d'Ivoire
FGHI	Future of Global Health Initiatives
FM	Fund Manager
FPP	Full Portfolio Planning
FT	Focus Topic
GFF	Global Financing Facility
GHAI	Global Health Advocacy Incubator
GNI	Gross National Income
GPF	Grant Performance Framework
HER	Health Emergency Response
HMIS	Health Management Information Systems
HSS	Health System Strengthening
HSTP	Health Sector Transformation Plan
IAG	Immunisation Action Group
IA2030	Immunization Agenda 2030
ICCs	Interagency Coordinating Committees
IDP	Internally Displaced Person
IFRC	International Federation of Red Cross and Red Crescent Societies
IFS	Immunisation Financing and Sustainability
INGOs	International Non-Governmental Organisations
IOM	International Organization for Migration
IRC	Independent Review Committee
IRMMA	Identify, Reach, Monitor and Measure, Advocate
JA	Joint Appraisal
KII	Key Informant Interview
MEL	Monitoring, Evaluation, and Learning
MICS	Multiple Indicator Cluster Surveys
MoF	Ministry of Finance
MoH	Ministry of Health

MOU	Memorandum of Understanding
MPM	Monitoring and Performance Management
NGOs	Non-Governmental Organisations
NHSP	National Health Support Programme
NIP	National Immunisation Programme
NITAGs	National Immunisation Technical Advisory Groups
PEF	Partners' Engagement Framework
PHC	Primary Health Care
PPM	Performance and Planning Management
PPC	Programme and Policy Committee
PPE	Public Policy and Engagement
RI	Routine Immunization
RfP	Request for Proposal
RISE	Reaching Immunisation Service Equity
SCM	Senior Country Manager
SDG PF	Sustainable Development Goals Performance Fund
SFAs	Strategic Focus Areas
SoE	Strength of Evidence
TCA	Targeted Country Assistance
TPM	Third-Party Monitoring
TWGs	Technical Working Groups
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UWIN	Universal Women's Income Network
VP	Vaccine Preventable
WHO	World Health Organization
WUENIC	WHO/UNICEF Estimate for National Immunization Coverage
ZD	Zero Dose
ZIP	Zero-Dose Immunisation Programme

Introduction

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 second annual report covers Phase 2 (Year 2) of the evaluation, during which the aim is to build on the emerging lessons learned in Phase 1 (baseline) and capitalise on the opportunity provided in 2024 for targeted learning to inform crucial Board and Secretariat strategic decisions in relation to the new Strategy (Gavi 6.0) being drafted and agreed this year.

Phase 2 approach

Phase 2 of the evaluation was structured around five thematic focus topics (FTs), each owned by a focus topic lead within the evaluation team. Each of the five FTs represents an area of work that is of priority to the Gavi Secretariat, based on areas of interest that would be most likely to inform thinking as they prepare for Gavi 6.0. This includes:

- FT1: Barriers and facilitators of implementation of the ZD agenda
- FT2: Role of partners in supporting implementation
- FT3: PHC integration, unintended consequences and sustainability
- FT4: ZIP coherence with other Gavi-funded investments
- FT5: How advocacy is influencing implementation of Zero-Dose agenda within the IRMMA framework

Our work aimed to generate useful lessons to inform current grant implementation and any course correction required, particularly in relation to the Operational Implications presented in the 2023 Phase 1 Final Report. Below is a brief overview of the approach and methods employed throughout Phase 2; more details of the methods used are provided in **Annex Three**.

Scope of work: Global level

Whilst the focus of Phase 2 was largely at the country level and delivered through the country case studies, the work was also supported by ongoing work at the global level. This included two channels of work:

1. **Regular contact with Gavi Secretariat business owners and country teams.** Throughout Phase 2 of the evaluation, the Ipsos evaluation team maintained strong communication channels with the business owners of the five thematic briefs; this included undertaking interviews with

them, ensuring they provide updated documents for review and to keeping up to date with policy developments through the year.

- **Interviews with key stakeholders amongst core and expanded partners.** Each focus topic lead developed a set of questions to guide the global data collection and analysis. This included questions for global key informant interviews, approximately 5 questions per focus topic, and an analysis and reporting framework for data collected from interviews, document review and secondary data analysis.

Scope of work: Country level

Country-level data collection took place in seven Gavi-eligible countries which were predetermined in the inception phase of the evaluation. Due to the breadth of each FT, data was collected for subset of FTs in each country. The selection of FTs covered in each country was determined by the suitability of the focus topic and feedback from country teams. The below table 0.1 shows which FTs were covered in each of the seven countries.

Table 0.1: Focus topics covered in each country

Country	Focus Topic				
	FT1	FT2	FT3	FT4	FT5
Afghanistan	X	X	X		
Cambodia	X	X	X		X
Côte d'Ivoire	X	X	X		X
Ethiopia	X	X	X	X	
India	X	X	X		X
Pakistan	X		X		
South Sudan	X	X	X	X	

The evaluation carried out in-person data collection activities in five of the seven country case studies, namely Cambodia, Côte d'Ivoire, Ethiopia, India, and Pakistan. Data collection in Afghanistan took place during a meeting of Gavi and public health officials in Oman, and in South Sudan this took place remotely.

The below tables 0.2 and 0.3 provide a brief overview of at-risk populations and funding levers available in each of the case study countries.

Table 0.2 Background information on at risk ZD populations and country stakeholders to reach them

	AFG	CAM	CIV	ETH	IND	PKN	SS
WUENIC number of ZD children 2022/ 2023 (% DTP1)_	2022: 464,624 (67%) **2023: 467,071 (67%)**	2022: 28,757 (92%) **2023: 24,873 (93%)**	2022: 208,190 (78%) **2023: 162,521 (83%)**	2022: 1,183,591 (70%) **2023: 917,454 (77%)**	2022: 1,139,518 (95%) **2023: 1,592,409 (93%)**	2022: 460,058 (93%) **2023: 396,299 (93%)**	2022: 73,080 (76%) **2023: 74,902 (76%)**
Key population groups	Conflict-affected areas, peri-urban high-density areas, refugees, returnees and IDPs, nomadic populations, remote and rural populations.	Migrant communities, ethnic minorities, remote rural poor, urban poor	Remote and other rural (fishing area, forest, camps). Urban/peri-urban (including slums). Displaced and clandestine (gold panners, illegal planters, fishermen)	Agrarian, pastoralist, urban slum and conflict-affected populations	Urban and sub-urban slums, rural poor, migrants, flood-prone and borders, tribes and those in difficult-to-reach and vaccine-hesitant groups.	Urban poor, remote rural, conflict-affected regions, mobile or nomadic populations.	Conflict affected refugee and IDP, those affected by flooding, nomadic and urban groups accessing private care
Geographical and socio-economic distribution	All 34 provinces	103 districts receiving HSS/TCA/ CCEOP grants,17 also receiving EAF funds	113 health districts similarly targeted under HSS and EAF	Targeting 447 woredas with the highest number of ZD children	143 districts located in 11 states	83 priority districts across all provinces	All 10 states
Gavi grant recipients, including core and expanded partners	HSS4 (Phase 1): UNICEF, WHO, Acasus, IFRC, IOM. CDS3: UNICEF, WHO, Acasus, IOM TCA: UNICEF, WHO, Acasus, IOM EAF: UNICEF, WHO, Acasus. ITU: Acasus, WHO	HSS and EAF to MoH, with a portion going to UNICEF for procurement. 11% allocated to CSOs through RfP, with CHAI an expanded partner.	HSS and EAF disbursed to UCP-FE and to EPI and FESNO-CI (CSO). TCA disbursed to Core and Expanded Partners (AMP, Jhpiego, Village Reach, and Gavi Liaison Agent).	HSS/EAF disbursed to FMoH and Pooled Fund. TCA disbursed to Core Partners, and competitively to Expanded Partners	HSS3 Grants disbursed to core partners JSI, WHO, UNCEF, and UNDP. UN partners to contract expanded partners (TBC).	HSS: WHO, UNICEF, World Bank NHSP, EPs (recipients undefined), CSOs (recipients undefined) EAF: WHO, UNICEF, EPs (recipients undefined), CSOs (recipients undefined)	Until June 2024, HSS/EAF and TCA funds disbursed to the Health Pooled Fund 3, World Bank, and UNICEF. TCA was also disbursed to IOM and AFENET.

Table 0.3 Gavi Zero Dose funding levers operating in each country

	AFG	CAM	CIV	ETH	IND	PKN	SS
Segmentation	Fragile and conflict	Core	Core	High-impact	High-impact	High-impact	Fragile and conflict
Transition status	N/A	Preparatory	Accelerated			Preparatory	
Gavi 5.0/5.1 HSS/EAF grant disbursed	HSS3: $13,473,468 HSS4: $11,579,825 EAF: $5,035,098	EAF: $555,554 HSS3: $ $5,358,079 CCEOP2 Gavi contribution: $3,352,748	HSS3: $1,524,915 EAF: $1,213,635	HSS3: $16,324,932 HSS4: $42,722,088 Other HSS: $2,646,819 EAF: $27,693,076	HSS3: $45,613,661	HSS3: $16,087,830 EAF: $8,328,603 Other HSS: $5,447,952	HSS3: $11,650,305 EAF: $1,219,297
Gavi 4.0 ZD programming grants that were disbursed in 5.0/5.1 period	HSS2: $ 561,919 CDS (2022): $12,348,617 CDS (2023): $14,068,734	HSS2: $28,528,508 CCEOP1 Gavi contribution: $1,029,792 CDS (2022): $527,155 CDS (2023): $2,801,321	HSS2: $4,146,935 CDS (2022): $509,484 CDS (2023): $8,273,320	CDS (2022): $9,111,759 CDS (2023): $9,887,547	HSS2: $11,368,160 CDS (2022): $15,378,477 CDS (2023): $2,770,304	HSS2: - $16,222,699 CDS (2022): $18,479,731 CDS (2023): $1,385,619	HSS2: $1,717,827 CDS (2022): $3,193,201 CDS (2023): $7,419,799
Gavi 5.0/5.1 PEF/TCA grant total and core/ expanded partners	TCA: $7,439,859	TCA: $3,706,670 to WHO, UNICEF and CHAI	TCA: $4,487,765 to UNICEF, WHO	TCA: $13,274,627 to UNICEF, WHO	TCA: $8,783,442 to UNICEF, WHO	TCA: $12,672,990 to UNICEF, WHO	TCA: $9,542,377 to UNICEF, WHO
Non-funding levers (policies, guidance etc)	FED policy			ZIP			FED policy ZIP

Overview of methods

This was a mixed-methods evaluation, which employed qualitative hypothesis testing underpinned by robust evaluation questions. Where possible, we relied on existing information, such as grant reporting, Joint Appraisals (JAs) and other internal documentation and data. Supplementing this information, we undertook global interviews for each policy area, until theoretical saturation was achieved; and then 10-15 interviews at the national level in each country case study. A brief overview of the main methods used in this evaluation are included in table 0.4; further details can be found in **Annex Three**.

Table 0.4: Methodology for Phase 2

Data collection	Level of data-collection	Activities during 2024
Desk-based annual review	Global	Review of global-level documents linked to the specific FT. This included programme documents, academic literature, internal reports, and evaluation reports.
	Country	Review of country-level documents linked to the specific FT. This included recent JAs, the FPP process documents (including budgets, Theories of Change [ToCs], narrative ToCs, and situational analyses), country-level evaluations, and external Gavi reports (for example, from the Ministry of Health [MoH]).
Secondary data analysis	Global and country levels	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. Analysis of the CPMPM dashboard.
Key informant interviews	Global	Global level stakeholders include key members of the Gavi Secretariat, Board members, Core and Expanded partners.
	Country	Country-level stakeholders were mapped in coordination with the Gavi Central Evaluation Team and country teams; this included MoH and Expanded Programme on Immunisation (EPI) stakeholders, country teams, Core Alliance Partners, and Expanded partners.

Structure of this report

In addition to this introduction, the report contains the following thematic briefs. These were initially developed as standalone briefs, and they are compiled in this report with minimal amendments:

- **FT1:** Barriers and facilitators of implementation of the ZD agenda

- **FT2:** Role of partners in supporting implementation
- **FT3:** PHC integration, unintended consequences and sustainability
- **FT4:** ZIP coherence with other Gavi-funded investments
- **FT5:** How advocacy is influencing implementation of Zero-Dose agenda within the IRMMA framework

It is further supported by the following Annexes:

- **Annex One:** Bibliography
- **Annex Two:** Original Terms of Reference (ToR)
- **Annex Three:** Detailed methodology
- **Annex Four:** Global and country-level Key Informant Interview (KIIs) sample
- **Annex Five**: Prioritised recommendations

Thematic Briefs

Thematic Policy Brief One: Barriers to and facilitators of implementing the ZD agenda

Gavi's 6.0 Strategy has, once more, prioritised a decrease in the worldwide number of children who are 'zero-dose' (ZD), that is, who have not received even a single dose of diphtheria, tetanus and pertussis [DTP]-containing vaccine by 12m of age[1,2]. This goal is particularly challenging given that global childhood immunisation rates plateaued in 2023, remaining at levels below those recorded before the COVID-19 pandemic (despite progress in some countries).[3]

This thematic brief focuses on operationalising Gavi 5.0/5.1 grants for preventing ZD children in seven case study countries during 2023-24. It extends beyond the grant approval process, building upon the insights of the previous mid-term evaluation of Gavi's Strategy,[4] ZD Phase 1 evaluation[5] and Gavi's EVOLVE business transformation initiative.[6] It delves into the realities of country experiences with grant implementation, analysing factors that promote or impede the disbursement and absorption of funds within countries and is therefore relevant to Gavi stakeholders, partners, and the Gavi Board The evaluation complements other research, including work by Bill and Melinda Gates Foundation (BMGF) and the Clinton Health Access Initiative (CHAI) to understand the reasons why ZD children are reached, or not, and to evaluate specific interventions.[7,8] Where available, it also considers case studies undertaken in other countries through the Learning Hubs[9] and McKinsey's analysis of grant implementation for health system strengthening (HSS) in 57 Gavi countries.[10]

To guide the analysis, three evaluation questions were agreed with the Gavi Secretariat:

- EQ1. Why is disbursement and absorption of Gavi cash grants for ZD programming slow and what are the identified barriers and facilitators?
- EQ2. Does any reallocation of funds support ZD objectives and what evidence informed the reallocation process?
- EQ3. Has there been any flexibility/differentiated support through Gavi's grant management policies and processes?

The intended audience for this thematic brief is the Gavi Board, Secretariat, and Partners; as well as Gavi-eligible country-level stakeholders including government stakeholders and implementing partners. This thematic brief is further supported by Annex Three, which provides a summary of the methodology.

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[1] Gavi (2024). Report to the Board 6-7 June 2024. Annex A: Gavi 6.0 strategy one-pager (2026 – 2030). Available at: https://www.gavi.org/our-alliance/strategy/phase-6-2026-2030#documents [Accessed 27.7.24]
[2] Target indicator for Gavi 6.0 TBC in Gavi 6.0 strategy one-pager (2026 – 2030), Ibid. Indicator for Gavi 5.0/5.1 was to reduce the number of zero-dose children by 25% by 2025, and by 50% by 2030. Available at: https://www.gavi.org/our-alliance/strategy/phase-5-2021-2025/equity-goal/zero-dose-children-missed-communities [Accessed 27.7.24]
[3] WHO/UNICEF (2024). Estimates of national immunization coverage. Available at: https://www.who.int/teams/immunization-vaccines-and-biologicals/immunization-analysis-and-insights/global-monitoring/immunization-coverage/who-unicef-estimates-of-national-immunization-coverage [Accessed 27.7.24]
[4] Euro Health Group (2022). Evaluation of the operationalisation of Gavi's strategy through Gavi's policies, programmatic guidance, and use of funding levers. Final report.
[5] Ipsos (2024). Evaluation of Gavi's contribution to reaching zero-dose and missed communities Year 1 annual report. Available at: https://www.gavi.org/news/document-library/evaluation-gavis-contribution-reaching-zero-dose-and-missed-communities [Accessed 27.7.24]
[6] NTT Data (2023). EVOLVE As-Is report. Internal document.
[7] BMGF-CHAI (2024). In-depth identification of root causes for ZD. Internal document.
[8] BMGF-CHAI (2024). Cambodia EAF implementation. Internal document.
[9] The Zero-Dose Learning Hub highlights the work from four Country Learning Hubs in Bangladesh, Mali, Nigeria, and Uganda to use evidence to better understand the factors influencing implementation and performance of approaches to identify and reach zero-dose and under-immunized children and missed communities. Available at: https://zdlh.gavi.org/
[10] McKinsey for Gavi (2024). Gavi HSS Analytics readout. Internal document.

Summary of Findings

Evaluation Question	Key finding	Strength of Evidence
Barriers and enablers (EQ1.1)	The analysis of funding flow data across various stages - grant approval, disbursement, absorption, and implementation - revealed significant data limitations and monitoring challenges, especially post-fund release to countries with weak reporting requirements. **Barriers:** • Gavi's business model remains complex at both global and country levels, hindering Secretariat and countries' ability to reach potential ZD children, especially in countries with high operational demands and multiple funding streams. The model also requires timely funding for a wide array of stakeholders including governments, core partners, expanded partners and the private sector. • In-country bottlenecks due to bureaucracy and weak financial management systems hinder absorption and implementation, including sub-national human and technical resources, coupled with systemic challenges like perverse incentives, stock-outs and weak microplanning. • The lingering impact of COVID-19 on DTP1 coverage and on grant absorption presents a significant hurdle in achieving ZD targets, and CDS grants displaced HSS3. • Contextual barriers and acute crises such as conflict, refugees and natural disasters, have significantly disrupted efforts to reach ZD communities in some case study countries. **Facilitators:** • The global ZD agenda, alongside increased financial support and national government commitment leveraged previous experience in reaching missed communities. • Partners are pivotal in operationalising the ZD agenda, technical assistance enables these partnerships, and SCM's relationship with these partners is a key facilitator. • Recent efforts to promote timely and efficient funding of immunisation activities have also included the introduction of assurance providers and fund managers, although the effectiveness of these mechanisms in practice remains to be fully tested. • Pooled funds can help overcome operational challenges by consolidating resources from multiple donors and streamlining funding processes, reducing the administrative burden for absorption.	1
Reallocation of funds (EQ1.2)	Since Gavi 5.0/5.1 grants have only just started disbursing, KI interviews suggested that limited reprogramming has taken place. While reprogramming offers flexibility, KIs highlighted the risk of funds being directed towards broader HSS activities or procurement rather than targeted interventions for ZD children. Post-pandemic reprogramming of CDS grants towards the BCU presented opportunities to reach ZD children with immunisation services that were incorporated into broader catch-up efforts.	2
Flexibility (EQ1.3)	Updated differentiation and segmentation policies have not yet contributed to streamlining grant application processes or making them less burdensome, particularly in high impact and Fragile and Conflict-affected States (FCAS). To reach ZD communities, countries and Gavi Secretariat may need to adjust the balance between pressure to disburse and absorb resources with managing risk appetite. The FED policy represents a positive step towards flexibility for fragile countries but requires further development.	1

Conclusions and recommendations

Conclusions	Recommendations for Gavi 5.0/5.1 implementation	Recommendations for Gavi 6.0 Strategy operationalisation
Gavi's business model complexity under 5.0/5.1 continues to hinder the Secretariat and countries' ability to use resources effectively and efficiently and lacks needed flexibility to support immunisation programs to target potential ZD children.	**Secretariat, SCMs: Adapt Gavi's grant management processes to local context to reach ZD children.** Secretariat Programme Management to develop and share operational guidance with SCMs on specific mechanisms to promote differentiation, segmentation and transition status flexibilities, through Gavi's grant management processes and focused on reaching ZD children. SCMs to formally consider the findings of EPI Review, EVM Assessments or Situational Analysis to identify gaps in local systems or management capacity on which the ZD activities will be reliant.	**Board, Secretariat: Examine operationalisation of Gavi 6.0 strategy for any unintended consequences for reaching ZD children.** The high level approach for operationalising the new Gavi 6.0 strategy plans to consolidate funding levers to enhance the effectiveness and efficiency of resource allocation. Further research is needed on unintended consequences and risk mitigation for EAF funding designed to ringfence support for innovative solutions to reaching ZD children. Examine new policies for coherence with the ZD agenda, including Eligibility and Transition Policies and new guidelines for Fragile, Conflict, and Humanitarian settings.
Weak capacity, especially at sub-national levels, limits grant absorption for ZD programming and necessitates focused TA, which currently does not reach subnational levels sufficiently.	**SCMs, Partners: Share best practice on bridging capacity needs for ZD grant operationalisation** Gap analysis should inform use of TCA from core, in-country partners and other Alliance partners. The need to address the gaps/ programmatic risks to be guided by risk appetite for that country segment. Regular monitoring of the mitigations to these capacity gaps and contextual challenges should be provided by SCMs and focal points from HSIS and VP with MEL support. Monitor impact on ZD targets and any unintended consequences.	**Board, Secretariat, Partners: Review and realign TA funding levers to maximise sub-national absorption and capacity building** Work with core and expanded partners to identify TA support needs throughout the grant cycle and how to work more efficiently to facilitate and expedite grant absorption at the sub-national level, particularly for reaching marginalised ZD communities.
Gavi continues to have weak oversight of the operationalisation of ZD focused grants including (but not limited to) reprogrammed funds at the global, country and sub-national levels.	**Secretariat: Improve monitoring of ZD operationalisation at the sub-national level** Consider evolving from purely financial to a programmatic-with-fiduciary role for implementation monitoring, as seen during the Covid-19 response to ensure technical efficacy in reducing ZD children and overcoming service barriers. This would integrate grant performance management with risk mitigation. Operational monitoring mechanisms for intermediate results should be developed and institutionalised. JA processes, M&L plans, and investments should prioritise learning questions and data for key interventions. Formal assessments of reprogrammed funds and sub-national capacity building are needed. Engage with fund managers for pooled funds and invest in data sources/systems beyond the EPI level.	**Board, Alliance Partners: Enhance ZD measurement and monitoring in Gavi 6.0** Implementation monitoring to adopt the use of tracking timely achievement of intermediate results or completion of actions in the performance and risk monitoring plan, as well as linkages to financial reporting in Gavi 6.0. The planned development of the 6.0 Theory of Change and measurement framework will need to include a clear and measurable vision for reducing ZD children in Gavi 6.0 that outlines specific objectives, targets and indicators for tracking implementation progress that can be measured, monitored and embedded in Gavi's data management systems effectively. This needs to be shared across donors with normative definitions agreed and leveraging the use of in-country data where possible to reduce burden.

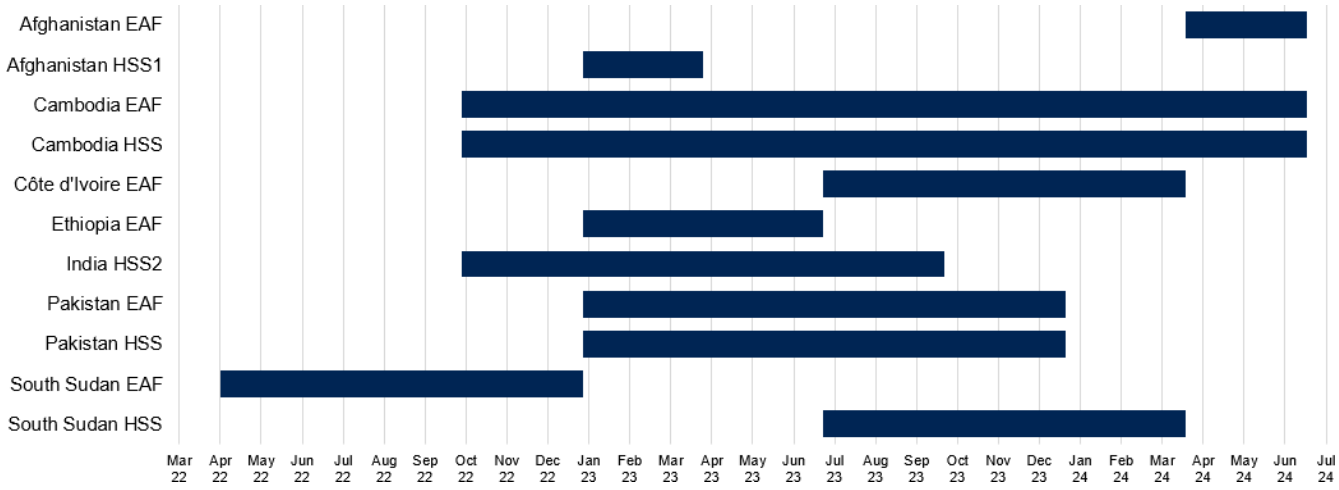
Detailed Findings

Background: data limitations and monitoring challenges

The analysis of funding flow data across grant approval, disbursement, absorption and implementation revealed significant data limitations and monitoring challenges, especially post-fund release to countries. EQ1 assumes that Gavi HSS and EAF grants for ZD programming are slow to be disbursed and absorbed.[11] Therefore, a first task for the evaluation was to identify the available data on funding flows through the different stages of grant approval, disbursement, absorption and implementation, supported by process mapping.

Grant approval to disbursement: Data on Gavi HSS and EAF approval and disbursement processes are available through the Monitoring and Performance Management (CPMPM) system. Gavi EVOLVE work has also focused on this stage prior to absorption and, through analysing available data, revealed a lengthy process across the portfolio in the AS-IS report, with pandemic-driven delays a key driver.[12] This was corroborated by Phase 1 of the ZD evaluation.[13] For Phase 2, analysis of the time between IRC approvals and fund disbursement was updated with data provided by the Gavi Central Evaluation Team (CET) for our country case studies (data up to August 2024), and verified with some Senior Country Managers (SCMs).[14]

Figure 1.1: Time taken from IRC approval to disbursement by funding lever, all available data, months



Despite the Gavi 5.0 strategic period beginning in 2021, on average most case study countries received IRC approval in January 2023, leaving only an average of 35 months to disburse before the end of the

[11] The evaluation team didn't get access to data for ZIP grants.

[12] Gavi. EVOLVE as-is report. *Internal document.*

[13] Phase 1 analysis found an average of 15 months between the start of countries' FPP applications and subsequent grant approvals by the IRC for our country case studies (see Figure 3.5, Phase 1 ZD evaluation report), and an average time of 8 months between IRC approvals and first grant disbursement (see Figure 3.6, Ibid). Analysis of the timeframe between IRC approvals and fund disbursement was based on all data available in September 2023. At this point data for HSS for Afghanistan, HSS and EAF for Cambodia and HHS1, HSS2, and EAF for South Sudan was available for the evaluation.

[14] Engaging with some SCMs and country teams proved challenging.

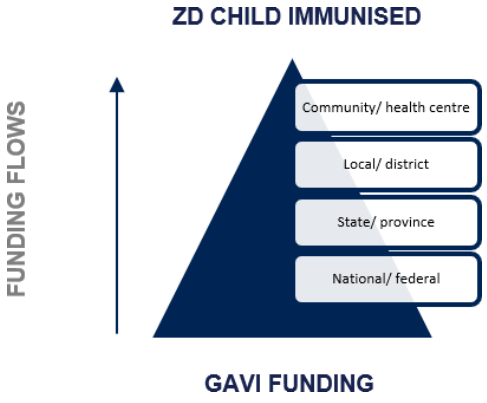
strategic period. This issue is particularly acute in Afghanistan, where the EAF grant was approved in June 2024 and the first disbursement to one implementing partner (UNICEF) was in July 2024.

Disbursement to absorption: Data on disbursement are available through the CPMPM database and Figures A1-A7 in Annex 1 present CPMPM annual data on the rate of disbursement by funding lever. These suggest that EAF/HSS grant disbursements appeared to increase during Q2 2024. For example, for HSS, in fiscal year 2023 of the $268,557,633 in HSS3/HSS4 grants for Gavi 5.0/5.1, $111,829,684 was disbursed (42%). In fiscal year 2024, this percentage increases significantly to 67%. For EAF, for fiscal year 2023, $25,228,272 was disbursed from $50,328,804 that was approved (50%). In fiscal year 2024, this percentage increases to 60%. Using these figures, we can see the proportion of approved funds for each lever in each fiscal year that were actually disbursed within that year.

The SAP Analytics Cloud (SAC) provides more granular disbursement data for the funding to MoH and Gavi core partners (WHO/UNICEF). However, data on funds to CSOs, either directly through the PEF or indirectly via fund managers, is currently not available. SAC data showing the difference between the in-country balance at the start of Gavi 5.0 compared to Dec 2023 (the latest data, compiled in June 24) is a proxy for absorption. However, SCMs were unable to verify this data, citing it be inaccurate.

Absorption to implementation: Gavi currently has no centralised data on actual funding flows from national absorption through sub-national administrative levels (see Figure 2 for the different administrative levels of government, which differs across countries). Resources flow through various channels within countries (i.e. through government, partners and pooled funds) and are more complex for decentralised countries.

Figure 1.2: Funding flows in-country from national to community administrative levels



The CPMPM lacks detail of how funds translate into programme activities, which inhibits monitoring of operationalisation. Therefore, our analysis relied heavily on budget proposals and plans, rather than actual expenditure. Since budgets are planned well in advance and subject to frequent revision (the outcomes of which are not systematically catalogued in one place), their relationship with expenditure is unknown.

Implementation to impact: In terms of fidelity and penetration of HSS/EAF grants, workplans and budgets, including the “targeted areas” worksheet, identify where activities are planned and forecast to take place down to district administrative level. This data suggests that funds will be targeted to at risk communities identified in FPP situational analyses. KIs in some countries (e.g. Cambodia) suggested that further rapid community risk assessments would be used to target specific communities and health centres. However, Gavi does not collate actual data on fidelity and penetration of actual HSS/EAF funding flows sub-nationally, to analyse how funds target and reach children at risk of being ZD. This

analysis is needed to fully understand and monitor the potential convergence of multiple funding sources (e.g. CDS, HSS, EAF, new CSO money, TCA, and pooled funds) at the subnational level.

Monitoring and learning plans lack specific indicators needed to track the effectiveness of ZD interventions and have not been finalised. The grant performance framework (GPF) was not integrated into Gavi 5.0/5.1 and the Joint Appraisals (JA) process conducted up to 2019, which was intended to assist in monitoring and providing real-time insights into programme implementation, is only just restarting having been paused during COVID-19.

Gavi's uses immunisation indicators from WHO-UNICEF Immunisation Coverage Estimates (WUENIC) and the WHO Electronic Joint Report Forms (eJRF), which allow proxying for the achievement of ZD targets. However, given disbursement of Gavi 5.0/5.1 EAF/HSS grants for ZD started in 2024, their potential contribution to ZD outcomes will not be reflected in WUENIC data before 2026, which will report on 2025 outcomes. Further limitations of coverage data include that WUENIC relies on intermittent nationally representative surveys (e.g. Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS)), which cannot track progress at district and local levels. Sub-national service coverage estimates (e.g. from Health Management Information System (HMIS)), where available, is well documented to be unreliable and this was verified in-country.[15]

EQ1.1: Why is disbursement and absorption of Gavi cash grants for ZD programming slow and what are the identified barriers and facilitators?

Barriers

Gavi's business model complexity

Gavi's business model is characterised by significant complexity at both global and country levels, hindering the Secretariat and countries' ability to use resources efficiently to reach ZD children, **especially in countries with high operational demands and multiple funding streams.** Issues with Gavi's grant application process are well-documented.[16] A critical aspect of Gavi's business model is the presence of multiple funding levers, which can get introduced mid-strategic period, opening new application windows. Each has specific objectives, application processes and reporting requirements which allow for targeted interventions. These often overlap in terms of eligibility, leading to complexities and competition among the levers. For example, cold chain equipment can be procured under HSS or CCEOP, with some items also purchasable under EAF. ZD interventions, part of EAF, could also be funded via HSS. Consequently, countries 'shop around' for the most efficient access to funds, making it challenging to trace ZD and other priorities across the various levers. This creates high transaction costs for those involved in grant applications within the Secretariat and in-country. The FPP was intended to streamline these processes but, in Afghanistan for instance, the HSS application was delinked from the FPP process, and therefore from other funding levers (CCEOP, EAF, TCA).

[15] *Endriyas, M., Alano, A., Mekonnen, E. et al (2019), Understanding performance data: health management information system data accuracy in Southern Nations Nationalities and People's Region, Ethiopia. BMC Health Services Research, 19, 175; JSI Research and training Institute, Inc (2022), Evaluation of the Cold Chain Equipment Optimization Platform - Endline Evaluation Report for Gavi

[16] Euro Health Group (2022). Evaluation of the operationalisation of Gavi's strategy through Gavi's policies, programmatic guidance, and use of funding levers. Final report; Ipsos (2024). Evaluation of Gavi's contribution to reaching zero-dose and missed communities Year 1 annual report. Available at: https://www.gavi.org/news/document-library/evaluation-gavis-contribution-reaching-zero-dose-and-missed-communities [Accessed 27.7.24]; NTT Data (2023). EVOLVE As-Is report. Internal document.

> **"There are too many funding pots. For each of them, Gavi and all stakeholders had to develop a proposal for it, which takes a lot of time. There are too many grants and all quite short-term as well. So, it requires a lot of inputs in the development stage. Time that can be focused on implementation, troubleshooting, actual service delivery." (Partner, Country-level)**

The model also requires timely funding for a wide array of stakeholders including governments, core partners, expanded partners and the private sector (see Thematic brief 2). SCMs and country teams are crucial for building and maintaining strong relationships with these partners but can be overburdened by the high volume of tasks. Increased diversification under new Gavi ZD grant levers adds to the operational complexity, requiring detailed coordination and contracts with a range of new implementing partners. In-country, lengthy internal partner procedures, and the involvement of multiple partners, while intended to enhance programme reach, sometimes leads to coordination challenges, competing priorities, delays in contract execution and issues with accountability. For instance, in India, UNICEF is managing the contracting of around 20 partnerships with CSOs, and WHO is managing the contracting for several large-scale surveys. These contracting processes had taken six months at the time of writing and had not yet been completed, owing to legal and financial negotiations over contract terms. Likewise, in Ethiopia, approved TCA funds have not yet reached expanded partners as they were held up by Gavi's contracting processes, with implications for staffing and sourcing positions.

In-country bottlenecks and capacity limitations

In-country bottlenecks due to bureaucracy, weak financial management systems and limited sub-national capacity hinder the absorption and implementation of funds for ZD initiatives. For instance, in Ethiopia, a multi-layered budget approval process slows fund flow to regional and local levels. Cambodia's mid-year Gavi disbursement clashed with their national Annual Operational Planning, delaying activities. Similarly, for Côte d'Ivoire's UCP-FE, the Gavi fund manager has a complex approval process requiring multiple signatures and alignment with the national budget, delaying fund disbursement to implementing partners (including at sub-national levels) and impacting activities such as timely payments to community health workers.

> **"On paper, things have been funded so well. All the needed tools are there. But immunisation coverage is still so low. The money is there, but the final implementation isn't there. Millions are earmarked for micro-planning, but this is stalled because at the national level, they never approve the micro-plan."** (Partner, Country-level)

Sub-national implementation is also hampered by inadequate human and technical resources, coupled with challenges like perverse incentives, stock-outs, and weak microplanning. These are wider, systemic challenges which affect ZD programming. Cambodia grapples with significant workforce capacity gaps, with 76% of staff lacking proper immunisation training and the skills to identify ZD children at the local level. Afghanistan faces a crisis in human resources due to a purge of technical staff, replaced primarily based on political allegiance to the current regime. This, coupled with a near-total lack of domestic resources, necessitates heavy reliance on external funding (without which the EPI would have no budget allocated from the MoPH). Gavi supports the ~70% of health facilities in the country that have EPI services by providing vaccines, cold chain, supplies and performance management alongside the salaries of over 4,500 people, including vaccinators (83%) and federal and sub-national EPI staff. Pakistan suffers from stark inter-provincial disparities. While the Punjab region boasts a robust immunisation program and high coverage due to a strong EPI system, Balochistan remains heavily donor-dependent due to insufficient capacity and resources for effective vaccine delivery.

COVID-19 impact and competing priorities

The lingering impact of COVID-19 on DTP1 coverage and on grant absorption presents a significant hurdle in achieving ZD targets and CDS grants displaced HSS3. During 2023-24, pressure on countries to expedite EAF fund utilisation to reach ZD targets[17] was conflated with ongoing challenges in absorbing funds from previous grant cycles including from older HSS and COVID-19 Delivery Support (CDS) grants. Global KI's suggested that some countries preferred to use the CDS grants instead of HSS3/EAF, because CDS was more flexible, and the tight timeframe for CDS grants meant the need for high absorption. CDS3 funds were reallocated to implementing the ZD strategy and additional activities, including the Big Catch Up (BCU). Global KI's perceived that the pandemic broke the 5.0 momentum and largely displaced the ZD resources with the BCU but it is difficult to confirm this with the grant disbursement data.

In-country, disruptive outbreaks including Covid-19, divert human and financial resources. Global KI's suggested that the Covid-19 pandemic affected both the capacity and enthusiasm to engage with Gavi 5.0/5.1 and that partners were overwhelmed. In Cambodia for instance, the pandemic led to significant limitations of activities such as conducting outreach and fixed site sessions for high-risk communities. Likewise, Gavi's and its partners' response to competing health crises, like cholera, Mpox, or measles outbreaks, often take precedence over routine immunisations, particularly in fragile contexts like South Sudan, where limited health infrastructure is further burdened by conflict.

Contextual barriers and acute crises

Contextual barriers and acute crises such as conflict, refugees and natural disasters, have significantly disrupted efforts to reach ZD communities in some case study countries. Conflict and instability, as in Afghanistan, South Sudan and the Tigray conflict in Ethiopia, directly impact immunisation programme delivery. Natural disasters, such as flooding in Pakistan, further strain health systems and disrupt routine services, hindering efforts to reach potential ZD children. External shocks, such as the depreciation of Afghani by 22% against the dollar in Afghanistan, can affect overall budgets and planning. As the priorities of the Ministry of Health (MoH) and service delivery frequently shift, the implementation activities must adapt accordingly. This leads to delays in budget absorption as new priorities and services are being defined. One implementing partner expressed concerns that the allocated funds for ZD lacked sufficient flexibility to accommodate these changes in FCAS.

Facilitators

The global ZD agenda and building upon previous experience in reaching missed communities

The global ZD agenda, alongside increased financial support and national government commitment, leveraged previous experience in reaching missed communities. This created an enabling environment for reaching potential ZD children, including fostering innovation and enhanced coordination and accountability at both global and country levels. Global KIs fed back that the ZD agenda is a catalyst to attract attention and build momentum to advocate for focus on ZD from partners and countries. At the country level, the ZD agenda has been operationalised through targeted immunisation strategies, supported by substantial financial investments from both Gavi and national governments including contingency funding to bridge gaps. The rigorous FPP process (including IRC review criteria) ensured this and all case study countries' FPP applications and review reports noted evidence of country commitments to ZD, including the use of Situational Analyses to target at risk

[17] EAF funding extended to 2027 but ZD 2025 target remained changed

communities. Countries have leveraged previous experience in reaching missed communities to operationalise the approach (e.g. Cambodia's high-risk community strategy developed in 2012).[18]

Thematic brief Partners operationalising the ZD agenda, technical assistance and SCM's relationship with partners

Partners are pivotal in operationalising the ZD agenda, technical assistance enables these partnerships, and SCM's relationship with these partners is a key facilitator. Thematic Brief 2 underscores the pivotal role of both core and expanded partners in operationalising the ZD agenda. Core partners such as WHO, UNICEF and the World Bank, along with expanded partners including NGOs, civil society organisations and the private sector, collectively enhance the design and delivery of ZD interventions. The collaborative efforts of these partners are crucial in agenda-setting, global advocacy and implementation of interventions at the country level. Despite the value added by expanded partners, their effective engagement has been challenging due to high barriers to entry and complex administrative processes.

Technical assistance plays a critical role in facilitating these partnerships and operationalising the ZD agenda. Gavi's frameworks such as the Partners' Engagement Framework (PEF) and the Civil Society and Community Engagement (CSCE) policy aim to enhance participation and alignment among stakeholders. However, these frameworks are often too complex and slow, limiting their effectiveness. While TCA grants aim to strengthen country capacity in areas like ZD identification and microplanning, a continuous assessment of in-country needs is crucial. This ensures TA is tailored to local contexts, reaches community levels and fosters sustainable solutions. However, over-reliance on TA and excessive use of consultants can hinder country ownership and create dependencies. For instance, using TA to fund fixed-term positions, as seen in Ethiopian regional health bureaus, presents sustainability challenges. Another key issue is that limited information is available on implementation of activities by core and/or expanded partners (WHO and UNICEF) and TCA Funds do not get reported under partnership agreements. In the future there should be data from the Gavi direct to CSO funding route as contracts are set up so that disbursement is in line with reaching agreed implementation milestones.

> **"We have no idea for what purpose a partner is using the funds… Even after they receive and utilise the grant, they never come to us to explain what they've done with it or what the outcomes are."** (Government, Country-level)

SCM's relationship with partners is a key facilitator and in case study countries, SCMs and PMs are seen as pivotal with their commitment, readiness to travel, flexibility and understanding of local context. Furthermore, their sustained presence, characterised by institutional knowledge and sensitivity to the operating environment, is essential translating Gavi processes effectively and build consensus around ZD immunisation strategies during implementation.

> **"The Gavi team… are here very often with the ministry, with the partners, to manage the tough negotiations, they know the country and the people, they are always keen to work at positively resolving issues, rather than creating barriers... They bring us together as partners."** (Partner, Country-level)

Bridging capacity needs and building accountability

Recent efforts to promote timely and efficient funding of immunisation activities have also included the introduction of assurance providers[19] and fund managers, although the effectiveness of these mechanisms in practice remains to be fully tested. Assurance Providers, now active in countries like Côte d'Ivoire and Cambodia, aim to strengthen financial oversight, streamline processes and mitigate fiduciary risks. Their responsibilities include undertaking periodic reviews to mitigate existing and emerging risks, conducting audits, providing strategic guidance, providing limited capacity building and skills transfer on financial management and ensuring compliance with donor requirements. The introduction of Fund Managers, on the other hand, is a promising approach to address some of these barriers relating to PEF and CSCE by streamlining processes and enhancing the inclusion of civil society organisations. While fund managers are operational in Ethiopia and Pakistan[20] and under consideration in other countries like Cambodia, their long-term impact on efficiency and transparency needs to be monitored.

Pooled funds

Pooled funds can help overcome operational challenges by consolidating resources from multiple donors and streamlining funding processes, reducing the administrative burden on countries for absorption. However, the initial contracting stage can be lengthy and pooled funds can lead to a lack of visibility of Gavi's impact and can lead to challenges with stewardship/ implementation due to a lack of direct control (for example, NHSP in Pakistan), a perpetual concern with pooled funds which is not unique to Gavi or ZD programming**.** Pooled funds supporting primary health care are present in five out of seven case study countries (Afghanistan, Cambodia, Ethiopia, Pakistan and South Sudan), of which Gavi supports three.[21] The involvement of the World Bank in these efforts is particularly significant, as it brings additional public financial management expertise, credibility and leverage to Gavi's initiatives and helps to secure co-financing commitments from countries. However, in South Sudan, the introduction of a new pooled fund mechanism, the Health System Transformation Plan, in July 2024, caused delays as the second half of the Gavi grant was withheld, until agreements were reached with donors. The use of pooled funds is discussed in further detail in Thematic Brief 3, focusing on PHC integration.

EQ1.2: Does any reallocation of funds support ZD objectives and what evidence informed the reallocation process?

Since Gavi 5.0/5.1 grants have only just started disbursing, limited reprogramming has taken place in these case study countries. Gavi intends reprogrammed funds for HSS to be directed towards ZD workplans, albeit shifted between activities, or allocated to different partners (for instance

[19] Gavi (2022). Request for Proposal – 079-2022-Gavi-RFP Assurance Provider Services

[20] In Ethiopia the term fund manager wasn't identified by stakeholders. In India UNICEF manages funds for Gavi as a core partner. A fund manager is only in place for CSO work in Pakistan, WHO and UNICEF channels are currently used for HSS/EAF funding. A fund manager is only in place for CSO work in Pakistan. WHO and UNICEF channels are currently used for HSS/EAF funding.

[21] In Cambodia, there is a multi-donor fund (HEQIP-2), but the National Immunisation Programme is separate. In Afghanistan, Gavi doesn't contribute to a pooled fund directly, it supports the health system (run through the HER programme), which is funded by the World Bank with some money for HER from a multi-donor fund (Afghanistan Resilience Trust Fund).

during/ following a Joint Appraisal funding). However, reprogramming processes are informal and the outcomes are not systematically catalogued in one place, relying on SCMs to implement. This means it will be difficult to understand and track whether the reallocation of funds is directly used for preventing ZD children. Standardised processes lack guidelines for updating situational analyses or reprioritising reprogramming decisions.

While reprogramming within Gavi grants offers flexibility, global KIs highlighted the potential risk of funds being directed towards broader HSS activities or procurement rather than targeted interventions for ZD children. For instance, for the Gavi 5.0 period, HSS and EAF, as well as up to 50% of funds from the third window of CDS could be used to recover and strengthen routine immunisation (Table 2). The CDS grants provided much-needed flexible funding, but its short timeframe incentivised rapid spending over long-term planning for preventing ZD children and displaced draw down for HSS and EAF (Figures 1a-d).

In-country, post-pandemic reprogramming of CDS grants towards the BCU presented opportunities to vaccinate children who are already ZD with immunisation services that were incorporated into broader catch-up efforts. However, when a country identifies children who are ZD (i.e. older than 11m30d and without DTP1), this is counted as 'catch-up' and does not help directly with the target of reducing ZD. Nevertheless, in Côte d'Ivoire, BCU is perceived to have been complementary to the ZD strategy. Likewise in Ethiopia, although there is geographical differentiation between BCU and FPP grants, they are viewed as supportive and complementary, working towards the same overarching goal of assuring all children are fully vaccinated. Linked to this, KIs fed back the need for flexibility in prioritising geographic areas. Although stability is needed to allow maturity of implementation, there could be room for periodically reprioritising geographical targeting, due to change of context (e.g. COVID-19), or when new data becomes available.

> **"Gavi identified these districts for priority. Those data sets were 2019 and 2020. It is already 2024, and we had not started. Before the pandemic there were certain districts, now there are other districts where outbreaks are happening in different areas. We have deliberated, but Gavi says the board has decided, it can't be changed. If you prioritise the recent data sets, probably those districts would be different."** (Partner, Country-level)

EQ1.3: Has there been any flexibility/differentiated support through Gavi's grant management policies and processes?

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 high impact and FCAS. Stakeholders acknowledge the improvements in grant allocation and Gavi's move away from a one-size-fits-all model. However, wider grant management processes have not been equally tailored to diverse, and sometimes rapidly changing, contexts. In the country case studies, despite significant differences in national and subnational context, evidence of differentiation and flexibilities was limited, except for FCAS countries. For instance, in South Sudan, identified areas of flexibility including providing additional funds and changing the type of activities delivered. Global KIs reported that funding levers should be more flexible and country-centric for high-impact countries.

The Secretariat's balance between pressure to disburse resources with managing risk appetite may be hampering Gavi's efforts reach ZD communities. Historically, Gavi has been relatively risk-averse, particularly in managing financial resources and ensuring accountability. This conservative approach aims to mitigate potential mismanagement and ensure that funds are used effectively.

However, to reach ZD communities, some grant managers may have to accept a higher risk to enable funds to flow at the subnational level. Operational guidance on specific mechanisms for promoting differentiation, segmentation and transition flexibilities through Gavi's grant management are not currently available to SCMs and therefore global stakeholders suggested that they may not be willing, or supported by senior management, to take risks that might expedite processes.

The FED policy[22] represents a positive step towards flexibility for fragile countries but is not being used to its fullest capacity to reach ZD children. It allows for tailored approaches, including waivers on signature requirements, increased human resource budget thresholds and additional funding opportunities. However, challenges remain in streamlining approval processes and ensuring timely disbursement, highlighting the need for Gavi to adapt its systems better to suit humanitarian contexts to enable a ZD differentiated approach in fragile settings. For example, in Afghanistan, the FED policy provided flexibility but the operationalisation of fast-tracked HSS applications was still cumbersome with requirements that were not differentiated (the process, templates and criteria are the same for countries as different as Afghanistan and Pakistan). Also, the IRC review criteria/template and approval processes are not tailored for FCAS (e.g. too lengthy, complicated, and not always relevant). Likewise in South Sudan, the FED processes were reported to be slow and not fit for purpose for humanitarian emergencies, with lots of bureaucratic processes that need to be put in place prior to receiving funds.

> **"Despite the FED policy, when it came to decision-making, it was still a lengthy process. This led to a gap in services."** (Partner, Country-level)

[22] Gavi (2022). Fragility, emergencies and displaced populations policy. Available at: https://www.gavi.org/programmes-impact/programmatic-policies/fragility-emergencies-and-displaced-populations-policy [Last accessed 27 July 2024]

Supplementary figures

Figure 1.3: Disbursement of Gavi 4.0 grants and EAF/ HSS 5.0/5.1 grants in Afghanistan

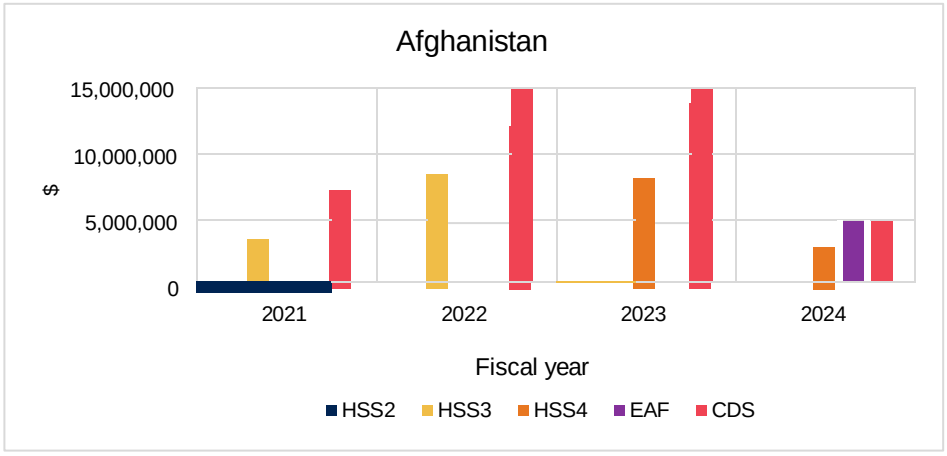


Figure 1.4: Disbursement of Gavi 4.0 grants and EAF/ HSS 5.0/5.1 grants in Cambodia

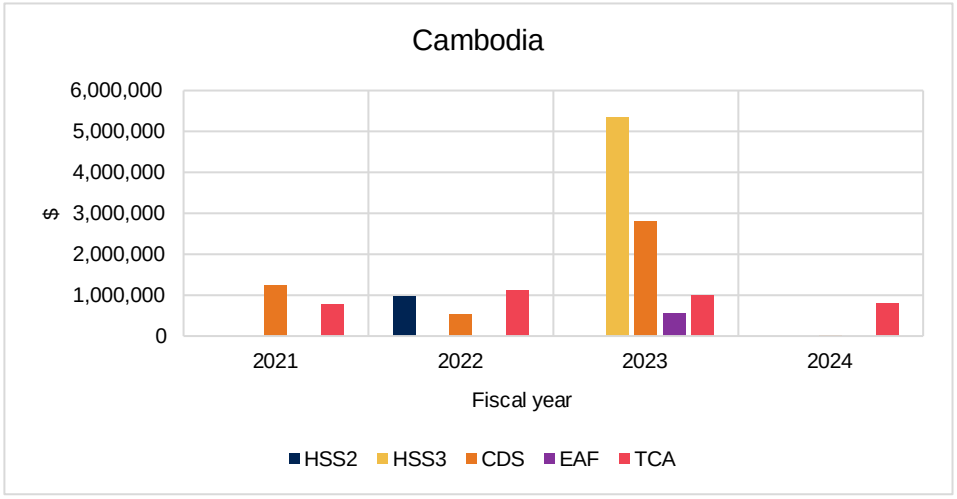


Figure 1.5: Disbursement of Gavi 4.0 grants and EAF/ HSS 5.0/5.1 grants in Côte d'Ivoire

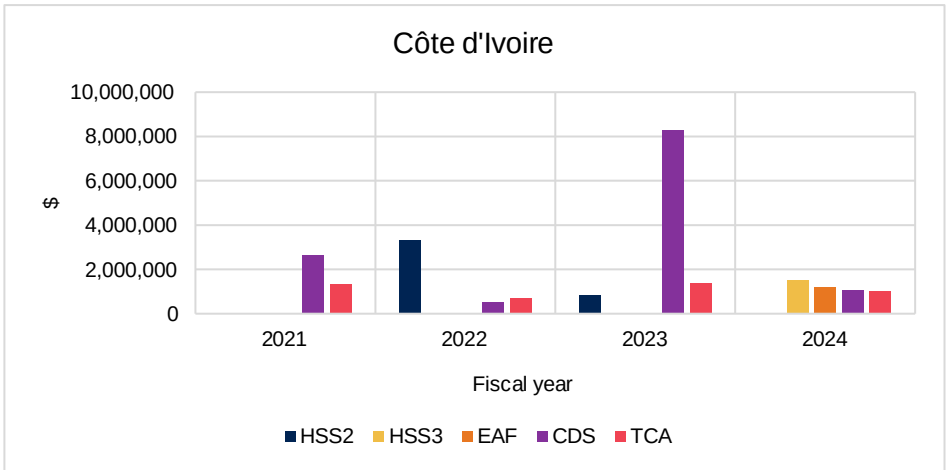


Figure 1.6: Disbursement of Gavi 4.0 grants and EAF/ HSS 5.0/5.1 grants in Ethiopia

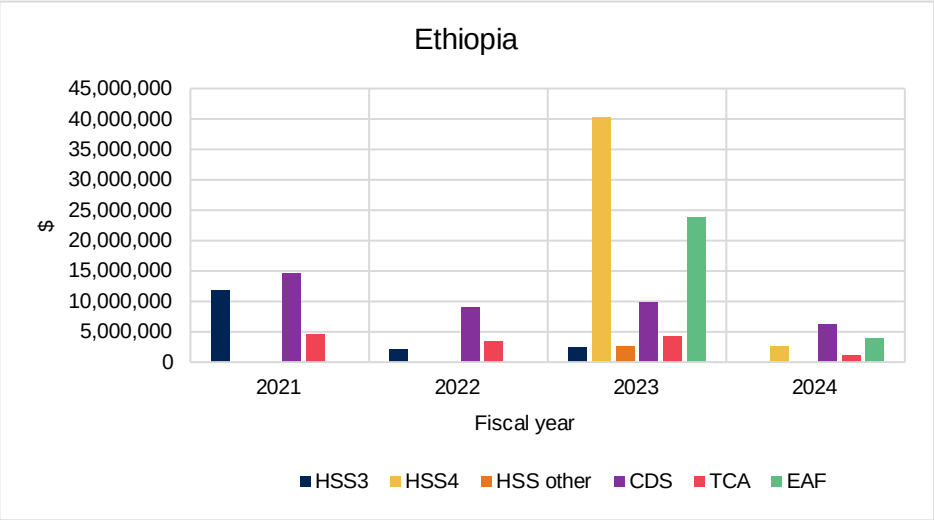


Figure 1.7: Disbursement of Gavi 4.0 grants and EAF/ HSS 5.0/5.1 grants in India

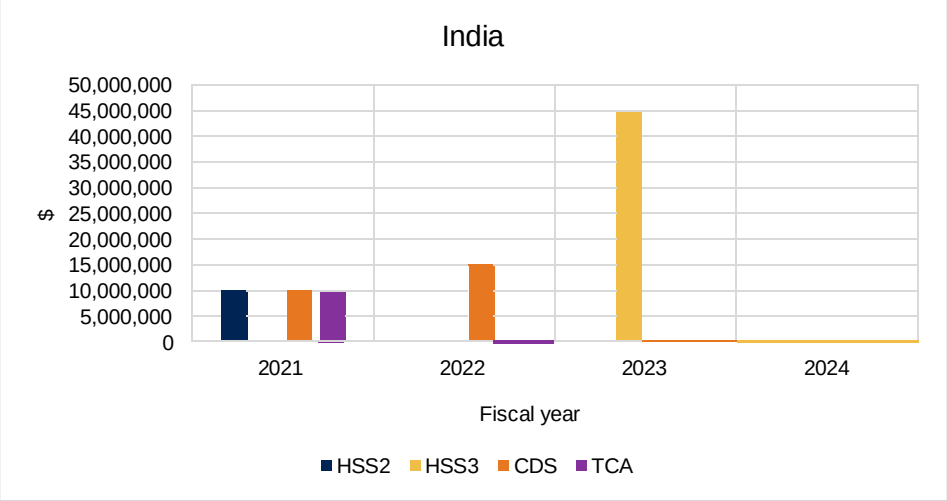


Figure 1.8: Disbursement of Gavi 4.0 grants and EAF/ HSS 5.0/5.1 grants in Pakistan

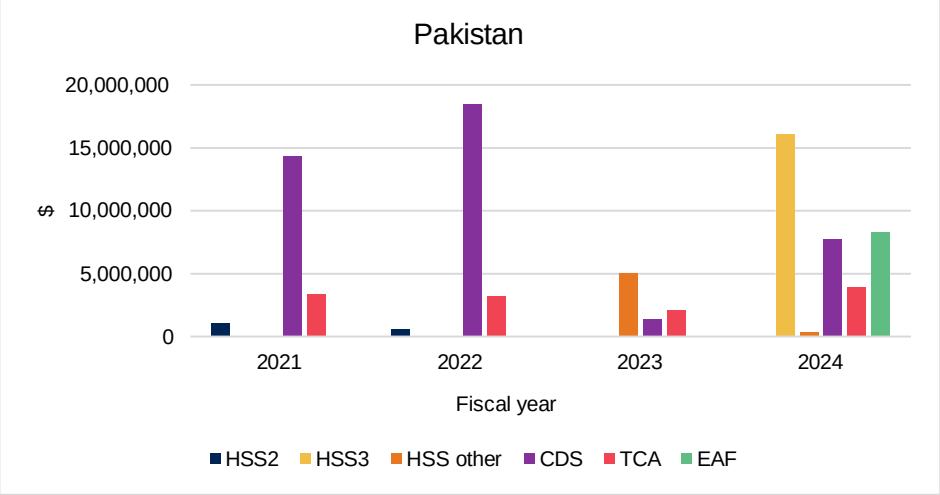
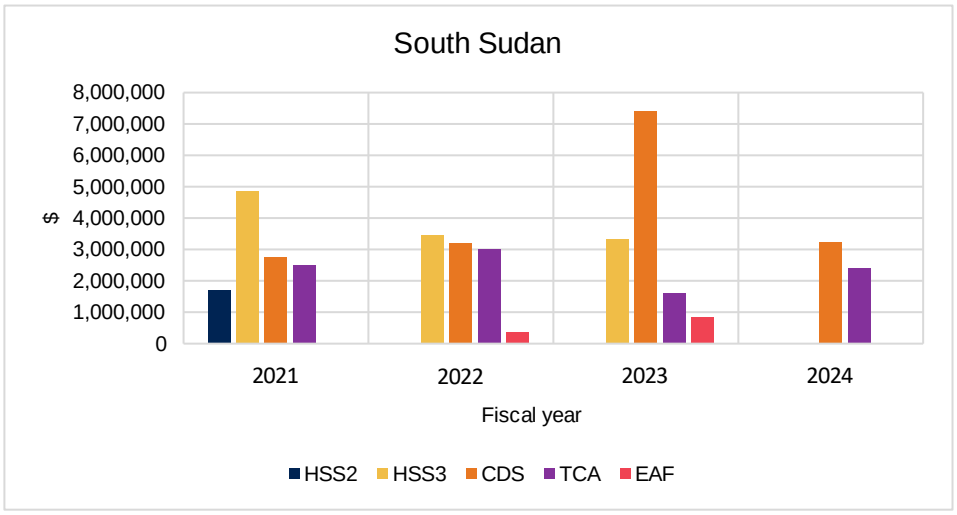


Figure 1.9: Disbursement of Gavi 4.0 grants and EAF/ HSS 5.0/5.1 grants in South Sudan



Thematic Policy Brief Two: Role of partners in zero-dose implementation

As an Alliance, partnerships play a central role in Gavi's work. Gavi's partnership model seeks to bring together a diverse group of organisations that capitalise on each other's expertise and comparative advantage to deliver collectively against the Zero Dose (ZD) agenda.[23] The Alliance is comprised of core and non-core partners (the latter formerly termed 'expanded partners'). Core partners (CPs) include the WHO, UNICEF, World Bank, BMGF and US CDC, while non-core partners comprise global and local civil society organisations (CSOs),[24] the private sector, and other partners such as other UN agencies (e.g., UNDP, UNOPS, IOM).[25]

This thematic brief examines the role that partners play in the implementation of the ZD agenda (Gavi 5.0/1). The brief complements the outputs of other strategic analyses[26] and both past and ongoing evaluative research[27] commissioned by the Secretariat on partnerships. The findings intend to inform ongoing learning and discussion of Gavi's approach to partnerships under the 5.1 period and feed into the operationalisation of the 6.0 strategy.

The brief examines the following four evaluation questions, agreed with the Gavi Secretariat[28]:

- **EQ2.1** How appropriate is the constellation of partners involved in (1) agenda-setting and advocacy around ZD at the global level, and (2) design and delivery of ZD interventions at the country level?
- **EQ2.2** To what extent are partners aligned in their understanding of and commitment to the ZD agenda at the global and national levels?
- **EQ2.3** To what extent are Gavi's partnership frameworks (PEF, CSCE), funding levers (HSS / EAF, TCA) and processes (FPP) appropriate for enabling effective partner support in the delivery of the ZD agenda? How are they being operationalised in practice?
- **EQ2.4** To what extent are there robust coordination, monitoring and accountability mechanisms in place to support effective partnerships at the global and national levels?

These evaluation questions were explored through global-level data collection and four country case studies (Afghanistan, Côte d'Ivoire, Ethiopia and India). This thematic brief is further supported by Annex Three, which provides a summary of the methodology.

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[23] Report to the Evaluation Advisory Committee, 22-23 March 2023. Panel on Partnerships.
[24] Gavi's definition for 'civil society' is extremely broad and encompasses NGOs, FBOs, and others: 'Civil society encompasses the full range of formal and informal, non-government and not-for-profit organisations that represent the interests, expertise and values of communities, including community-based organisations (CBOs), faith-based organisations (FBOs), international non-governmental organisations (INGOs), civil society networks, local professional associations, and not for profit advocacy organisations.' (https://www.gavi.org/operating-model/gavis-partnership-model/civil-society)
[25] The move away from the term 'expanded partners' was agreed on at the Gavi Partner Retreat from 22-23 May 2024. The retreat output notes that "Gavi is moving away from 'expanded partner' terminology, as it causes confusion, and will refer to partners as Global/Local CSOs, private and other partners."
[26] For example, IA2030 Partners Retreat, PEF TCA Core Partners Retreat, CSO retreats, APPT meeting (October 2024).
[27] Evaluation of Gavi Support to CSOs (2018), PEF TCA Meta Review (2020), Evaluation of Gavi's Private Sector Engagement Approach (2021), Evaluation of Gavi CSO Host Platform (2024), Partnership Synthesis 2.0 (2024), Joint COVAX Evaluation (2024), etc.
[28] Other stakeholders within Gavi, such as the EAC, also fed into the finalisation of approach, even if indirectly. The Gavi CET was responsible for internal consultations.

Summary of Findings

Evaluation question	Key finding	Strength of evidence
Constellation of partners (EQ2.1)	Gavi's partnership model draws on a range of core and non-core partners (CPs) – including UN bodies, civil society actors, the private sector, academia and others across global, regional and local levels – who collectively enhance ZD design and delivery. The delivery ecosystem for Gavi's ZD grants is wider and more diverse than the set of direct grant recipients, which allows for the inclusion of various actors that support ZD delivery based on their experience and suitability in their given context. Non-CPs, and civil society in particular, add value by complementing and supplementing the role that CPs and governments play in ZD delivery. Gavi has acknowledged this by amending its terminology around non-CPs and adapting internal processes to better enable CSO (especially local CSO) engagement. However, the Gavi Secretariat is still gathering evidence on the contexts and conditions in which diversification and localisation are most suitable and what the most appropriate funding modalities are in certain country contexts.	1
Alignment (EQ2.2)	The Alliance is well-aligned around the ZD agenda, given CPs' and Global / Local CSOs' roles in agenda-setting and implementation at the global, regional and national levels. In some instances, the Gavi Secretariat has played an effective role in influencing actors' alignment and commitment towards the ZD agenda through advocacy and processes like the FPP. While evidence of alignment around the ZD objectives is strong, opinion sometimes diverges on how to operationalise the ZD strategy in-country. While national-level actors (CPs, CSOs, other partners, government) are harmonised around the ZD agenda, evidence on the extent of sub-national alignment is insufficient.	1
Gavi frameworks & mechanisms (EQ2.3)	While the FPP is meant to enhance partnerships through greater participation and by fostering stakeholder alignment, it is too complex, slow and prone to the influence of CPs. It has nonetheless been an effective enabling structure for supporting the implementation of the CSCE strategy and enhancing CSO engagement in ZD delivery. Despite significant improvements in recent years, the PEF is still not an optimal framework for effective ZD delivery. Ongoing challenges of PEF TCA include: centralised, multi-country grant agreements; rigidity in contracting; different contracting processes between CPs and non-CPs; and weak accountability. Gavi's CSO engagement strategy has been a strong catalyst for the greater inclusion of civil society in ZD delivery, though it is still being tested and iterated. To date, compliance with the CSCE requirement is high, including the share of CSO allocations to local entities. Despite adherence to the CSCE requirement in IRC-approved budgets, the actual disbursement of funds against CSCE allocations are still being rolled out. The Fund Manager (FM) model is a promising solution to some of the traditional barriers to local CSO engagement, though the extent to which it fully facilitates the CSCE vision is yet to be robustly evidenced. Emerging evidence suggests that the FM approach has effectively enabled greater localisation and grassroots empowerment.	2
Coordination, Monitoring & Accountability (EQ2.4)	Several formal and informal mechanisms exist to facilitate partner coordination and joint planning, but they have varying degrees of effectiveness and implementation gaps persist. **At the national level, coordination structures, such as inter-agency committees and government-led taskforces, facilitate regular partner engagement. However, government capacity constraints and limited in-country Secretariat presence hinder their functionality.** While monitoring and accountability systems exist, they are unable to track partner performance effectively and provide results-oriented intelligence on ZD. Monitoring and accountability mechanisms are an inherent feature of CP administrative hierarchies, which ensures a baseline internal accountability, but external transparency over CPs' activities and funds is extremely limited, with restricted information-sharing between Alliance partners. CPs and non-CPs are also not perceived to be held to the same standards of accountability.	1

Conclusions and recommendations

Conclusions	Recommendations for Gavi 5.0/5.1 implementation	Recommendations for Gavi 6.0 strategy operationalisation
Gavi's frameworks (PEF, CSCE) and processes (FPP) in their current form are not optimised to support effective partner engagement in programmes to deliver on ZD objectives, particularly for EPs.	**Gavi Secretariat:** Further streamline the FPP process to reduce complexity / administrative burdens for non-CPs, particularly local CSOs, to partake in the planning and delivery of FPP-approved activities. **Gavi Secretariat:** Use this evaluation's findings to inform the APPT's work to redesign the PEF to ensure it maximises ZD performance. **Gavi Secretariat:** Continue to monitor CSCE operationalisation, including 10% floor and contracting requirements. Commission research into the contribution of CSOs (Global / Local) to ZD, including contexts where they may be more or less suited as partners, and appropriate funding mechanisms. Refine Gavi guidelines and ensure resources are targeted to the right actors. Monitor actual disbursements to CSOs to ensure allocated funds are not rerouted and that the CSCE is upheld in practice. **Gavi Secretariat:** Undertake a rapid review of FM operationalisation, assessing if it effectively lowers barriers to entry, streamlines processes and enhances representation.	**Gavi Secretariat:** Refine the PEF to enhance responsiveness to context and partner needs, ensuring it delivers against ZD objectives. At the same time, streamline funding structures to enable longer-term funding for core TA. Rigorously update and promote a database of pre-screened partners to support the inclusion of non-CPs. Build in more accountability systems. **Gavi Secretariat:** Refine the CSCE policy to find the right balance of flexibility and risk management (programmatic efficacy, fiduciary stewardship, operational efficiency), inform CSO engagement, and strengthen guidelines. Socialise and communicate guidelines to the Alliance and governments. **Gavi Secretariat:** Enhance the FM model based on early evidence on performance at the sub-national level for reaching ZD children. Strengthen the model to support longer-term CSO capacity, health systems integration and sustainability.
Existing monitoring and accountability mechanisms are insufficient to track partner performance and ensure transparency on ZD outcomes.	**Gavi Country Teams, PEF Team:** Consider quick wins like well-articulated ToRs / contract agreements that require partners to improve ZD activity and progress reporting (operational progress on contract terms, programmatic effects of activities, and financial stewardship) to be more granular, timely and results-oriented. **Gavi Secretariat:** Capitalise on EVOLVE work to enhance monitoring and accountability for ZD outcomes specifically, considering trade-offs with partner and Gavi country team bandwidth.	**Gavi Country Teams, PEF Team:** Work with partners and government to improve integrated, real-time monitoring tools that enhance accountability for achieving ZD objectives and outcomes at all levels. Strengthen government capacity and ownership to promote sustainability. **Gavi Secretariat:** Establish a more nuanced approach to tracking ZD results to address the complexities in monitoring systems and partnership frameworks.
Coordination mechanisms exist but with varying effectiveness. Implementation gaps and government capacity challenges impact their quality, particularly at the national and sub-national levels.	**Gavi Country Teams, Partners, Government:** Strengthen the effectiveness of national coordination structures through capacity building, performance appraisals and by promoting stronger government leadership. **Gavi Country Teams:** Encourage a shift to more regular, inclusive, ZD-focused coordination touchpoints between partners, potentially by requiring them as part of partnership agreements. **Gavi Country Teams, Partners, Government:** Organise regular forums for ZD consensus-building and operational alignment, ensuring all stakeholders, including EPs, meaningfully participate in discussions and decision-making.	**Gavi Secretariat:** Develop policies or guidance to support institutionalisation of sub-national coordination frameworks to ensure consistent implementation of ZD strategies. **Gavi Country Teams, PEF Team:** Allow for bottom-up feedback loops such that lessons from the ground can be used to inform iterations to implementation and approaches. **Gavi Secretariat:** Consider greater inclusion of sub-national entities in Gavi processes (e.g., planning, as direct funding recipients) to ensure harmonisation of ZD operations with the reality and actors on the ground.

Detailed Findings

EQ2.1: How appropriate is the constellation of partners involved in (1) agenda-setting and advocacy around ZD at the global level, and (2) design and delivery of ZD interventions at the country level?

Constellation of partners

Gavi's partnership model collectively enhances ZD design and delivery, drawing on a range of core and non-core partners including UN bodies, civil society actors, the private sector, academia and others. Across global, regional, national and community levels, Gavi has leveraged a wide range of partners to support the implementation of the ZD agenda. The types of partners included under Gavi 5.0/5.1 are considered appropriate for supporting ZD,[29] although there are still opportunities to explore further partnerships with governance bodies such as the Africa CDC as well as continuing efforts to engage non-CPs that can further strengthen ZD outcomes (see sections on Non-Core Partners' Added Value and CSCE). In case study countries, Gavi partnership arrangements mostly draw on partners' respective comparative strengths,[30] such that collectively the constellation is considered appropriate for designing and delivering the ZD agenda.

The delivery ecosystem for Gavi's ZD grants is wider and more diverse than the set of direct grant recipients. All case study countries include entities that are not direct recipients of Gavi funds but which are sub-contracted by partners to support ZD delivery. For example, in Afghanistan, CPs (which receive over 90% of Gavi grants) sub-contract activities to a set of NGO service providers that deliver the country's public health programme (HER[31]); Similarly, in Côte d'Ivoire, a local Fund Manager[32] (FM) has been contracted to bring FENOS-CI[33] and other CSOs together to support ZD implementation.[34] In Ethiopia, activities have been competitively tendered to CSOs through a FM Call for Proposals.[35] In India, a large proportion of HSS funds[36] will be sub-contracted by UNICEF, WHO and UNDP to a vibrant ecosystem of CSOs and private sector providers to support community-based and demand-side interventions.[37]

[29] Global KIIs, country case study KIIs
[30] An exception is in Ethiopia, where partners are deployed not by activity but by geography.
[31] The Health Emergency Response (HER) programme is administered by the World Bank, funded by a range of donors and provides a package of essential health services across Afghanistan.
[32] Gavi has launched a CSO funding mechanism that allows CSOs to apply for funding directly from Gavi through a designated Fund Manager. This mechanism aims to support Gavi to better engage a diverse range of CSOs and has a clear focus on increasing immunisation coverage and reducing the number of ZD and under-immunised children. MannionDaniels and OPM, two experienced CSO FMs, operate in a consortium to design calls for proposals, receive applications and manage grants to national and local CSOs in the areas of demand generation, community engagement and service delivery. The FM will support CSOs along the lifecycle of the grant management process including application, due diligence, pre-award review, contracting and initial disbursement, project delivery, and learning, monitoring and reporting. The CSO funding mechanism is tailored to individual country requirements, and all decisions related to grant opportunities are made in close consultation with the Ministries of Health and relevant stakeholders in Gavi-supported countries. (https://www.gavi.org/programmes-impact/types-support/gavi-funding-civil-society-organisations#about)
[33] FENOS-CI is an umbrella organisation for health CSOs in Côte d'Ivoire, bringing together over 300 organisations, including NGOs, foundations, thematic networks and traditional medicine organisations. Its main role is to coordinate the activities of its members throughout the country and to support them in their search for funding. It acts as an interface between the state and CSOs working in the field of health.
[34] As of September 2024, USD 985,363 had been signed and disbursed in a call-off contract through the FM in Côte d'Ivoire.
[35] https://www.gavi.org/sites/default/files/programmes-impact/Call-for-Proposals-Guidance_Ethiopia-July_2024.pdf
[36] E.g., Roughly 12% of HSS3 funds will be sub-contracted by UNICEF to CSOs. This figure stands at about 17% if also accounting for funds going through JSI.
[37] UNICEF will sub-contract CSOs while WHO and UNDP will sub-contract the private sector.

Non-Core Partners' Added Value

Non-CPs, in particular civil society, add value by complementing and supplementing the role that CPs and governments play in ZD delivery. Evidence from previous evaluative work[38] and qualitative case studies demonstrate that non-CPs can help improve ZD delivery and outcomes through a range of functions, such as by supporting service delivery (aiding in the identification and reach of ZD children and missed communities, particularly in hard-to-reach or fragile contexts[39]), demand generation (building trust and community engagement), innovation and advocacy. The full extent of non-CPs' added value, including understanding contexts where non-CPs may be more or less appropriate and the role of localisation, is still being understood through the rollout of the CSCE strategy.

> **"I think the greatest value that CSOs bring is the fact that they are very closely interlinked with communities. They are at the service delivery point, so there's a lot of value if their activities can be targeted based on the identified barriers these communities are facing."** (Core Partner, Country-level)

The Gavi Alliance has formally acknowledged the importance of non-CPs by changing 'expanded partner' terminology and promoting the localisation agenda for ZD through an actionable roadmap. Since mid-2024, the differentiation of 'expanded partner' nomenclature to disaggregate civil society from the private sector and other partners, as well as to distinguish global and local, reflects the value the Gavi Secretariat and Alliance see in defining differentiated roles, acknowledging different strengths and supporting the inclusion of a range of non-CPs in ZD immunisation efforts according to context and need.[40] Similarly, since 2022, the localisation agenda[41] has gained traction within the Secretariat as an important principle for supporting ZD outcomes and has been promoted through an official strategy and roadmap to guide Gavi's approach to local partnerships for ZD, including through greater alignment with the CSCE and leveraging of the CSO FM model.[42]

Gavi deploys a range of funding mechanisms to support the inclusion of CSOs for ZD; the expansion of modalities to include a FM has increased the diversity of delivery partners and use of relevant health system actors. Gavi uses four[43] primarily modalities to fund CSOs: (1) direct funding, (2) via host governments, (3) via CPs[44] and (4) via a FM. Traditionally, funding to non-CPs[45] flowed through the first three mechanisms. However, high barriers to entry for Gavi partnerships and differing requirements for core and non-CPs[46] meant that non-CPs, particularly local CSOs, were often

[38] Partnership Synthesis 2.0
[39] Non-CPs that are close to communities can provide localised expertise, have established networks, and are often better positioned than CPs to understand and address the needs of marginalised community to support last-mile delivery.
[40] The Gavi Secretariat also has disaggregated indicators in place to track partners based on these new typologies.
[41] Localisation is defined as the shifting of meaning amounts of resources, decision-making, and implementation authority to organisations in and from the places where development support is being directed. Further details on Gavi's approach to localisation can be found in Gavi's 'Strategic Approach for Localisation' and additional internal documents on Localisation and CSOs.
[42] See Gavi internal documents on Localisation
[43] A fifth modality is 'other tailored solutions', which leaves room to identify other suitable modalities that exist at the national level.
[44] Some of the benefits of using CPs to sub-contract non-CPs has been to help absorb the performance, fiduciary and administrative responsibilities that would otherwise fall upon extremely stretched Gavi country teams. Additionally, in high politically sensitive and fragile contexts such as Afghanistan, relying on entities such as UNICEF, which not only have more clout vis-à-vis the regime but also rigorous TPM oversight, can be a favourable approach. Gavi also funds CSOs directly through the IFRC and its National Society in Afghanistan. However, such financing is being contested by the Taliban, which has been trying to take back some control over this financing by removing partners unilaterally. Despite some of the advantages of the CP funding modality, using CPs for sub-contracting also comes with heavy transaction costs which contribute to delays and affect the degree of visibility Gavi country teams have over funding flows.
[45] These mechanisms applied to 'expanded partners' more broadly, before the recent terminological distinctions were made.
[46] For example, in contracting, procurement and reporting. Additionally, non-CPs are subjected to service agreements (i.e., reimbursable contracts upon agreed deliverables) for TCA which creates a strain on their capacity if they do not have sufficient institutional resources to bear expenditures upfront. CSOs, especially local ones, may thus be excluded if they lack adequate financial systems, resource capacity or reporting mechanisms to comply with Gavi's partnership requirements.

excluded in traditional funding channels. Tensions with CPs over resource allocation compounded this issue.[47] The FM mechanism, which started in 2023, has presented a solution to address many barriers to access (illustrated in the quote below) and supports the operationalisation of the CSCE strategy towards ZD delivery. By drawing on a range of funding modalities, Gavi is able to include a wider constellation of partners that can be selected based on their particular suitability to or experience in a given context (see CSCE section for more details).

> **"The more local the CSO, the more community-based, and more unlikely that they will have the required financial systems, oversights, accountability mechanisms, policies and procedures to successfully mobilise money from Gavi…There's almost an inverse relationship between the degree of locality and ability to access Gavi support."** (Core partner, Global level, in-depth interview)

While the diversification and localisation agendas have gained traction within the Secretariat, the normative value[48] of local CSOs may not apply in every context. Consistent with the principle of country ownership, global and country stakeholders[49] reported that the added value of non-CPs must be viewed in light of country context, needs and partner suitability. Some key informants noted that non-CPs, particularly local CSOs, may not always have adequate capacity or expertise to deliver ZD outcomes. Moreover, in countries approaching transition from Gavi eligibility, requiring countries to include more local CSOs may prove unsustainable as, in the absence of Gavi funding, governments may be unwilling or unable to fund them. For example, in Côte d'Ivoire, government and CP representatives expressed concern that bringing in new CSOs may pose a sustainability problem as the domestic health system would be unable to pick up their contracts. Similarly, in complex and fragile contexts like Afghanistan, the rollback of civil society and challenges facing HER NGOs[50] has created an extremely challenging context for CSO engagement. This means that directly funding more local CSOs would not necessarily be feasible or lead to better ZD outcomes. Having robust yet flexible guidance that helps Gavi in-country teams tailor local CSO inclusion based on context is critical for optimising partnerships, while balancing efforts for longer-term health systems strengthening. Further refining the FM model based on emerging evidence could help facilitate this.

EQ2.2: To what extent are partners aligned in their understanding of and commitment to the ZD agenda at the global and national levels?

The Alliance is well-aligned around the ZD agenda, given CPs' and CSOs' presence and influence at the global, regional and national levels. Globally, the Alliance is anchored in IA2030,[51] which provides an endorsed collective framework for the coherence of partners around ZD.[52] The ZD strategic framework is effectively cascaded through regional entities (e.g., Regional Technical Working Groups,[53] chaired by CPs, and CP Regional Offices) to the national level. In-country, CPs serve as extensions of the Alliance on the ground and tend to exert strong influence over normative standards, including ZD.

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[47] Where CPs exert strong influence in country decision-making, this can result in more favourable funding allocations for CPs at the expense of CSOs and other partners. The introduction of the CSCE 10% minimum requirement for CSOs in countries' FPP levers (HSS, EAF, TCA) has helped to address this.
[48] 'Normative value' here refers to the value-add in principle that non-CPs offer for ZD, as described above.
[49] Gavi Secretariat; Gavi SCM, government and CPs in Afghanistan, Côte d'Ivoire, and India
[50] Susceptible to state capture, particularly local NGOs; disincentivised by HER to perform ZD outreach due to the P4P funding model, which means that NGOs lose money for outreach services. It costs HER service providers USD1.90 per additional DTP3 through outreach, which means that there is a negative incentive to undertake ZD outreach activities.
[51] https://www.immunizationagenda2030.org
[52] Strategic Priority 3 ('Coverage and equity'): Objective 1: Extend immunization services to regularly reach "zero dose" and under-immunized children and communities.
[53] Regional KIIs with CPs

Similarly, CSOs play an important agenda-setting role at both the global and national levels through the CSO Steering Committee,[54] CSO Constituency,[55] and as part of national-level efforts to ensure greater CSO and local inclusion such as the FPP.

In some instances, the Gavi Secretariat has played an effective role in influencing actors' focus on and approaches supporting the ZD agenda through advocacy and processes like the FPP. For example, in Côte d'Ivoire, the Secretariat's FPP guidelines influenced how partners revised their approach to implementing the National Immunisation Plan, and funding to FENOS-CI has placed larger emphasis on demand generation and more explicit focus on reaching the "last mile" and ZD communities. Similarly, in Ethiopia, FPP requirements helped strengthen the identification of ZD communities and led to more tailored and differentiated approaches to reaching ZD through EAF investments. In India, the Gavi Secretariat played a strong initial role in advocating for and socialising the concept of ZD to partners and the government to secure eventual buy-in and alignment. In Afghanistan, the Secretariat is continuing to lobby other donors and the World Bank, which administers the HER programme, for resource mobilisation to support ZD programming. There is also some anecdotal evidence that at the global level, the Secretariat's focus on the ZD agenda has influenced the funding of other partners (e.g., World Bank, USAID) in line with ZD aims.

> **"Partners are aligned. The FPP process helped facilitate this. All key partners were involved which helped everyone be on the same page."** (Expanded Partner, Country-level)

While evidence of alignment around the ZD objectives is strong, opinion sometimes diverges on how to operationalise the ZD strategy in-country. In some countries, Alliance stakeholders hold different opinions on how to go about delivering ZD outcomes. For example, in Pakistan and Afghanistan, some CPs and government entities believe strongly in the value of outreach campaigns for rapidly improving ZD coverage. In contrast, the Gavi Secretariat and other partners question the sustainability of outreach activities and favour investments in health systems strengthening activities, in line with the 5.0/5.1 principles. While the FPP process created alignment via a collectively endorsed plan, divergences in opinion persist.

While national-level actors are harmonised around the ZD agenda, evidence of sub-national alignment is insufficient. In the four case study countries, ZD objectives are coherent with government priorities and integrated into national immunisation planning.[56] All partners on the national stage also align on understanding and commitment to ZD. The extent to which alignment persists at the sub-national level is less clear, although anecdotal evidence suggests that coherence becomes more fractured due to weaker sub-national coordination, communication and management mechanisms.[57] Subnational alignment may be further strained in devolved health government systems, though the evidence on this is insufficient.

[54] https://www.gavi.org/operating-model/gavis-partnership-model/civil-society
[55] https://gavi-csos.org/wo/
[56] The relevance and coherence of ZD in the four case study countries was confirmed across Y1 and Y2 of the evaluation.
[57] Global KIIs, Afghanistan and Côte d'Ivoire KIIs

EQ2.3: To what extent are Gavi's partnership frameworks (PEF, CSCE), funding levers (HSS / EAF, TCA) and processes (FPP) appropriate for enabling effective partner support in the delivery of the ZD agenda? How are they being operationalised in practice?

Gavi's multi-stakeholder partnership model supports ZD implementation, and its frameworks and processes have been strengthened over time to better enable this; however, there is still room to further optimise them to ensure partnerships maximise effective ZD delivery. Gavi has two overarching frameworks that guide its approach to partnerships:

- The **Partners' Engagement Framework (PEF)**, adopted in 2016, aims to reduce partner duplication and to leverage each partner's comparative advantage. The PEF divides funding into three areas: targeted country assistance[58] (TCA), strategic focus areas[59] (SFA) and foundational support[60] (FS). The PEF's main funding mechanism is TCA.[61]

- The **Civil Society and Community Engagement (CSCE)** Framework, adopted in 2021, aims to support greater equity in immunisation. The rationale is that CSOs will support ZD objectives by helping to mobilise political will, stimulate community demand and complement public service delivery to specifically target contexts where ZD children reside. The CSCE policy requires that all countries allocate at least 10% of their combined HSS / EAF / TCA ceilings for CSO implementation as they submit new funding requests to Gavi.

Full portfolio planning (FPP)

While the FPP is meant to enhance partnerships through greater participation and by fostering stakeholder alignment on ZD grant design, it is too complex, slow and prone to the influence of CPs. On the one hand, the FPP has facilitated extensive consultations with stakeholders horizontally (breadth of actors) and vertically (national to sub-national).[62] This has been particularly relevant to the ZD agenda, given the need to better identify, understand and develop solutions for reaching ZD children in diverse contexts. On the other hand, the FPP planning and application process created significant challenges for the partnership by imposing heavy administrative burdens on already stretched partners, leading to significant delays. It was also not always universally accessible for less-established actors like some local CSOs[63] (see also Focus Topic 1 Thematic Brief). Nonetheless, in country case studies, FPP-based grant funding allocations were largely made according to partners' comparative advantage. The exception is India, where the approved application that included 7 partners was subsequently revised[64] to include only 3 UN agencies and one INGO as direct recipients. A Gavi Secretariat FPP 'step-back' exercise in mid-2022 aimed to diagnose pain points, streamline and further differentiate grant application processes.[65] However, the case study countries reviewed commenced their FPP process prior to this

[58] TCA is focused on supporting country-level technical assistance plans.
[59] SFA supports global / regional-level investments into strategic areas of support that have been identified as critical for implementing Gavi's strategy, e.g.: supply chains, demand, gender, sustainable financing, immunisation health workforce performance, data, zero-dose.
[60] Longer-term global / regional-level funding that supports the core functions of Gavi's Alliance partners in developing global normative guidance and standards. Recipients of FS are WHO, UNICEF, the World Bank, and US CDC.
[61] Roughly 50% of PEF funding is TCA funding (Source: PEF Guidance on the role of EPs in the provision of TCA).
[62] The Gavi Partnership Synthesis 2.0 Report states that: "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, extensive consultations, better coordination of activities, and a shared strategic vision among implementing partners, leading to better strategic alignment and situation analyses 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." (p.9)
[63] Global-level key informants from the Gavi Secretariat, Gavi Board
[64] The range of 7 partners that was approved in the FPP application by the IRC was ultimately rejected by the Government of India and revised to include only 4 partners: the 3 UN agencies and one INGO, JSI. The precise reason for this rollback is not well-known.
[65] FPP step-back: streamlining, differentiating and ensuring strong country plans, Synthesis document (June 2022)

review and therefore did not benefit from revisions to reduce barriers to enable effective ZD partnerships.[66]

> **"CSOs are not able to engage in the FPP process due to a lack of knowledge and/or resources. They don't know the process is occurring and cannot fund 2 years of proposal design work. At the country level, CPs are very much in charge and EPs are given what's left of the pie after CPs have taken what they want."** (Secretariat, Global level)

Despite its challenges, the formal framework of the FPP is perceived to have been an effective enabling structure for implementing the CSCE strategy and enhancing CSO engagement in ZD delivery. Despite the well-documented challenges around the FPP, the FPP process has been critical for enforcing the Board-mandated requirement for a 10% floor for CSO funding allocations (of HSS, EAF, TCA levers). Thus, as a resource allocation mechanism, the FPP process has been a successful conduit for supporting greater non-core and local partnership engagement.

PEF TCA[67]

PEF TCA has undergone significant structural, process and management improvements over the past two years; however, despite these changes, it is still not adequately structured and processes not sufficiently agile to allow for effective ZD delivery. Improvements to the PEF include the development of updated TCA guidance to reflect the introduction of multi-year planning[68] (one TA plan through the FPP) and the development and roll out of a TCA partner performance monitoring framework. Nonetheless, the PEF TCA process as it currently operates is not sufficiently country-owned or agile to meet the needs of host governments and partners. Ongoing challenges of PEF TCA include:

- **Centralised, multi-country grant agreements for CPs[69]**: Although TCA applications are developed as part of the country-level FPP process, PEF TCA grants for CPs are distributed through multi-country agreements between the Gavi PEF Team and individual partners' headquarters.[70] These contracting mechanisms are not sufficiently flexible or agile to allow for responsiveness to changes in country needs, nor are they suitable for providing longer-term financing for proven core TA functions.[71]

[66] Furthermore, the FPP is a government-led process, which means that overcoming all FPP pain points is not necessarily within Gavi's control.
[67] This brief focuses on PEF TCA, given the focus on country-level delivery.
[68] PEF Targeted Country Assistance (TCA) Guidance for 2022-2025 Multi-Year Planning (Gavi)
[69] Multi-country agreements are only for WHO, UNICEF and the US CDC Foundation.
[70] Country-specific TCA amounts that were developed as part of the FPP process are detailed in the aggregate grant agreements. The evaluation team did not have access to these final agreements. The evaluation team did not receive documentation detailing what the decision-making process and rationale behind specific country groupings is, and therefore, cannot comment on how appropriate these groupings are.
[71] The current funding structure requires frequent amendments which are disruptive to delivery. The Secretariat is currently piloting potential solutions such as providing longer-term (e.g., 4-5 year) foundational support for core functions at the country level in the DRC and Nigeria.

"The PEF has some way to go…[An] unfulfilled promise is that PEF would move to multi-year… [Gavi needs to recognise] that WHO / UNICEF have a core foundational function year after year that doesn't need to be questioned. We should all just acknowledge this and get the resources in place. Then, year-to-year, be more precise about the specific activities. Generally, the HR footprint is well-known. We're getting resources, albeit not timely, multi-year or flexible. But CSOs are so much worse off." (Core partner, Global level, in-depth interview)

- **Rigidity in contracting can contribute to disbursement delays**: Budget revisions that affect only one country within a multi-country agreement must be made via amendments to the entire multi-country agreement. To consolidate the revision process, the PEF Team sets specific timelines for revisions to be made with a process that entails approvals by the Secretariat and the partner HQ, only after which revised funding can be disbursed. This leads to significant time lags between a country team budget revision request and actual disbursement, which severely limits the flexibility and agility of the PEF TCA lever.

- **Different contracting processes for CP and other implementing partners:** While TCA funding is provided to both core and non-core partners, the contracting process differs according to recipient type. Funds are provided upfront to CPs in the form of grant agreements for all approved activities with agreed milestones. Conversely, other implementing partners are contracted through service agreements and are paid based on a set of defined deliverables. This process disadvantages non-CPs, such as local CSOs, that may have cashflow problems with funding activities upfront. The FM mechanism has been set up by the Secretariat as a workable solution to address such contracting issues for local CSOs.

"Gavi has made funding available for TA to CSOs, but it's so lengthy for partners to access. It can take 12-18 months before they have a TA contract in place.[72] There's no differentiation for complexities. Larger partners like CHAI and JSI have buffers – they can start implementation before they get paid – but you rule out a lot of grassroots organisations that don't operate like that. How we set up PEF TCA grant management automatically disqualifies them because they don't meet Gavi criteria, and Gavi is slow to disburse." (Gavi Secretariat, Global level, in-depth interview)

- **Weak accountability**: Gavi Secretariat stakeholders acknowledge that PEF reporting requirements are insufficiently robust – i.e., performance milestones are not adequately results-oriented and are only tracked on a bi-annual basis. Performance reporting is moreover done through a centralised system (PEF Portal) and not directly to SCMs.[73]

CSCE

Gavi's CSO engagement strategy has been a strong catalyst for the greater inclusion of civil society in ZD delivery through the HSS, EAF and TCA levers. Globally, compliance with the CSCE requirement is high. As of August 2024, 78.1% of countries that have a fully approved FPP application

[72] Delays in contracting are also caused by broader delays in the FPP process from IRC approval through to actual approvals for contracting.
[73] Financial reporting for PEF TCA is undertaken on a quarterly basis. Progress reports on financial utilisation are provided to Gavi country teams, who are asked to provide comments or concerns to be flagged with partners' HQ.

are compliant with the CSCE requirement[74] and 16.4% of approved funds have been allocated to CSOs.[75] All case study countries that are beholden to the CSCE funding requirement are compliant.[76]

Reforms in Gavi's approach throughout the 5.0/5.1 period have helped create a more conducive enabling environment for meaningful CSO engagement in ZD delivery. These include, amongst others, the introduction of the 10% minimum requirement, the establishment and ongoing rollout of the FM mechanism, the continued advancement of Gavi's localisation strategy[77] and the ongoing use of periodic convening forums for CSO reflection and learning.[78] Since approving the CSCE framework in December 2021, the Secretariat has worked to operationalise it by deploying and further harmonising tools such as the FM and Gavi's localisation strategy. The emerging success of the CSCE approach, including its intersection with Gavi's localisation strategy, is reflected in the high degree of compliance and volume of allocated FPP funds to CSOs, including to local CSOs. As of August 2024, over 60% of approved FPP CSO funding allocations were to local CSOs, with the remaining 39% for global CSOs.

The roll out of FM model has been a promising response to some of the traditional barriers[79] CSOs and other local partners have faced, and its design appears to enable greater grassroots empowerment in line with the CSCE vision. The CSO funding mechanism plays a key role in supporting Gavi's localisation and ZD immunisation efforts by facilitating CSOs' direct access to Gavi funds. The FM issues competitive tenders and manages pools of contracted CSOs, thereby enhancing the risk assurance for Gavi around local partnerships and supporting the capacity building of local ecosystem actors. As of September 2024, the FM mechanism has been rolled out in 11 countries and accounts for nearly a fifth of approved FPP funding flows to CSOs. Two broad grant types[80] – accelerator grants and impact grants – and a localised sourcing and selection process[81] are designed to facilitate the inclusion of local actors. However, the use of the CSO FM mechanism is still relatively novel, and there is insufficient evidence to judge whether the mechanism has effectively lowered barriers

[74] The CSCE is a Gavi Board-mandated requirement as of December 2021. It is being phased in as countries undertake their FPP application, which occurs on a rolling basis across Gavi's portfolio. At the time of writing, roughly 50% of countries had gone through their FPP process.
[75] By funding lever, this is: USD 91.2m (10.5%) of HSS, USD 88.6m (26.5%) of EAF, and USD 70.4m (22.1%) of TCA.
[76] The % of fully approved FPP budgets (HSS, EAF, TCA) going to CSOs (as of Aug. 2024) are: 11.2% Côte d'Ivoire, 12% Ethiopia, 17% India. Afghanistan, which is exempt under the FED policy, administers 9% of funds to CSOs, directly to one INGO and through UNICEF who sub-contracts to HER NGOs.
[77] Following the Gavi Board's approval of the CSCE framework, Gavi conducted a benchmarking analysis between Q3 2022 and Q2 2023 to identify trends and best practices from 14 peer organisations (e.g., WHO, UNICEF, Global Fund, BMGF, AFDB, IFRC, etc.) that engage and/or fund CSOs. The aim of the exercise was to identify learnings to inform Gavi's approach to realigning and optimising its own processes, practices and mechanisms to strengthen CSO engagement to support the ZD agenda.
[78] For example, global Partners' Retreats as well as country-specific workshops.
[79] Both key informants and documentary evidence highlight the challenges CSOs have faced in accessing and operating within Gavi's grant management machinery. For example, CSOs do not always have the right internal structures for grant compliance, or do not have sufficient funds to deliver services upfront before payment (e.g., for results-based payments or in instances of funding delays). See Partnerships Synthesis 2.0 for more details.
[80] Accelerator grants are small grants of between USD 50-100k that are earmarked for national or sub-national CSOs that are new to the field of immunisation and/or Gavi funding. Impact grants are larger grants of between USD 350k – 2m that are primarily for national-level CSOs or consortia / networks of CSOs and CBOs. They may also be used by INGOs only in instances of work in fragile or humanitarian settings. However, the grants themselves may vary and be adjusted for each country context, dependent on the needs identified in each scope of work. More details can be found in the Gavi Grants Manual FM Toolkit (internal document).
[81] The FM will commence with a sourcing and selection process that responds to a country-specific Call-Off contract request. Following the signing of the country Call-Off contract, the FM will mobilise team members, including an in-country advisor, and develop a scope of work (SoW) in consultation with the EPI and civil society. An initial market assessment and CSO mapping exercise performed by Gavi country teams, the CSO Constituency and other relevant stakeholders will inform the SoW development. A country-specific communications plan will then be developed to reach CSOs and local partners, primarily through existing networks and platforms, followed by a launch of a Call for Proposals. More details including the subsequent sourcing and selection steps can be found in the Gavi Grants Manual FM Toolkit (internal document).

to entry or whether the requirements and processes are still too cumbersome and thereby exclusionary for certain grassroots entities that could add value in ZD delivery.[82]

Despite improvements in Gavi internal processes and high compliance with funding allocations to CSOs, the actual disbursement of funds as per the CSCE allocations have not yet been fully realised. Compliance with the CSCE is measured as an allocation of at least 10% of fully IRC-approved funding requests. The framework, however, does not trace CSO funding allocations through to actual disbursement to ensure no diversion or divestment from intended recipients. It is thus premature[83] to say whether the ringfenced sums for CSOs and local entities are being honoured in actual funding flows, and therefore what effect the CSCE policy is having on enhancing progress towards ZD outcomes in practice.

EQ2.4: To what extent are there robust coordination, monitoring and accountability mechanisms in place to support effective partnerships at the global and national[84] levels?

Several formal and informal mechanisms exist to facilitate the coordination and joint planning of partners, but they have varying degrees of effectiveness and implementation gaps persist. At the country level, coordination meetings focused on ZD objectives are convened at regular intervals[85] through entities such as interagency coordination committees (ICCs), health sector coordinating committees (HSCCs), national immunisation technical advisory groups (NITAGs) and other taskforces and technical working groups (TWGs). Grounded in the principle of country ownership, formal mechanisms are typically led by the EPI and/or MoH. However, government capacity challenges often affect the quality of these structures.[86] Secretariat country teams (i.e., SCMs, PMs) also play a role in coordination by convening various bilateral and joint meetings with partners; however, the Secretariat's lack of presence in-country limits their operational effectiveness. Other Alliance partners with permanent in-country presence, especially WHO and UNICEF, contribute to the coordination, monitoring and accountability mechanisms. At the regional and global level, partners are aligned and coordinated through forums like Regional TWGs, the Alliance Coordination Team (ACT), the Alliance Partnership and Performance Team (APPT), and various strategic meetings.[87] These structures have improved in functionality over time[88] and, as a result, have enhanced coordination in ZD delivery.[89]

[82] During 6.0 partnerships consultations, stakeholders have raised concerns about the division of CSOs into two groups (CSO Constituency versus non-Constituency members). It has been stated that this poses a risk and creates additional barriers to entry. The CSO Constituency is seen as an exclusive club that offers preferential access to its networks. As a result, CSOs that are not formally part of these networks are discouraged from engaging with or applying for Gavi support.
[83] As many FPPs are multi-year strategies, many FPPs undertaken in 5.0/5.1 will roll over into the 6.0 period. Data on actual CSO disbursements as per the approved allocations were thus not available.
[84] By 'national', this brief refers to the federal level and does not also account for the sub-national level, as the latter was not within the scope of this phase of the evaluation.
[85] For example, fortnightly, bi-monthly, monthly, quarterly, bi-annually.
[86] In Afghanistan, Côte d'Ivoire, and Ethiopia, there were mixed views about the effectiveness of these mechanisms. Moreover, weaknesses in leadership and oversight mechanisms at the sub-national level affected downstream coordination efforts.
[87] For example, core partner retreats.
[88] Partnership Synthesis 2.0
[89] Ibid

> **"The Ministry of Health takes responsibility for coordination and accountability. Formal structures include an annual performance review meeting, where partners are asked to present progress on reports. I find this to be very ceremonial and not that value-adding. It is helpful, but it could be more helpful if this was done more frequently and more owned by the Ministry."** (Expanded partner, Country level)

While monitoring and accountability systems exist, they are unable to track partner performance effectively and provide results-oriented intelligence on ZD. Gavi country teams use a mix of formal and informal mechanisms for partner accountability, including official reporting requirements and various touchpoints (bilateral, collective, regular and ad hoc meetings) with partners and the EPI / MoH. However, partner reporting is often aggregated, process-oriented and infrequent for certain levers (i.e., PEF TCA reporting is only required bi-annually), which makes identifying performance challenges around ZD delivery difficult. Additionally, the structure of many CP grants[90] further limits the visibility of partner performance. In-country, governments also play a role in partner monitoring and accountability and use similar mechanisms as those for coordination; however, quality concerns remain. There are nonetheless some examples of good practice, such as the use of tools like DHIS2[91] in Côte d'Ivoire, where data is entered at the sub-national level and harmonised centrally by the WHO and EPI. However, the WHO still expressed concerns about the quality of data received. For CSOs, the use of the FM is expected to facilitate the effective monitoring and accountability of contracted CSOs towards ZD outcomes.[92]

Robust monitoring and accountability mechanisms are an inherent feature of CP administrative hierarchies,[93] which ensure a baseline level of internal accountability towards agreed outcomes. Layers of vertical monitoring and reporting are built into the UN system, which create a natural level of accountability for CPs. For example, country field teams are held accountable to CPs' country office, which in turn report to regional offices and ultimately HQ. Moreover, in fragile and volatile contexts such as Afghanistan, CPs utilise an additional mechanism of third-party monitoring (TPM)[94] to independently verify delivery and results, which adds further rigour and visibility over activity monitoring. This ensures that performance against agreed objectives, including ZD, are held to a certain standard by core Alliance partners. However, this information is not actively shared with Gavi country teams.

External transparency over CPs' activities and funds is extremely limited, with restricted information-sharing between partners; CPs and non-CPs are also not perceived to be held to the same standards of accountability. Partners, especially CPs, are not adequately forthcoming in sharing information on their activities, performance or expenditure, and, as core Alliance partners, are not compelled to such accountability in their contracting. The problem is further compounded by Gavi's model where their lack of in-country presence limits the extent to which they can effectively monitor and hold partners to account. Resourcing structures within the Secretariat also mean that Gavi country teams have extremely limited bandwidth to effectively monitor all partners from a fiduciary, performance and

[90] For example, CPs receive PEF funds (TCA, FS, SFA) in the form of global-level grant agreements, which are held at CP HQ level are can therefore not be as easily monitored by country-level teams. In contrast, non-CPs receive TCA funds through service agreements with more explicit deliverables and trackable outputs, which helps strengthen accountability over performance.
[91] https://dhis2.org
[92] Reporting requirements to Gavi's CSO team by the FM include quarterly, bi-annual, and annual reporting along with reporting 3 months prior to the agreed implementation end date and 6 months post-closeout. Additionally, the FM will be accountable for a set of agreed KPIs and country-level performance reporting. More details can be found in the Gavi FM Approach Toolkit (internal document).
[93] Non-CPs also have internal monitoring and accountability systems, though to varying degrees of rigour.
[94] TPM is not exclusive to CPs.

learning perspective.[95] In all case study countries, the EPI Manager and/or Gavi country team expressed that they did not have adequate visibility over the activities and results of partners. Some solutions have included the development of joint KPI frameworks and dashboards. Additionally, in challenging contexts like Afghanistan, Gavi has deployed the support of external service providers such as Ernst and Young to perform fiduciary monitoring and compliance functions.

> **"We had to set up our own monitoring processes to track partner performance as we were not satisfied with the information we were receiving. Partners are 'sluggish' to provide information on progress and provide information that is partial and incomplete. We have had to push them several times to get the information we need on issues like the status of RfPs, reasons for delays, etc." (Government, Country level)**

[95] This is exacerbated by the funding of purely financial management and reporting assurance (FMRA) providers, whose ToRs are limited to financial accounting and reporting to Gavi and do not include skills transfer to local actors as part of sustainable systems strengthening.

Thematic Policy Brief Three: Primary health care and unintended consequences

This thematic brief aims to draw lessons on how the Gavi 5.0/5.1 Strategy zero-dose (ZD) agenda has promoted an integrated approach to investing in primary health care (PHC). Integrating Gavi's investments in expanded programmes on immunisation (EPI) with wider PHC and health systems strengthening (HSS) is a key agenda, following the Future of Global Health Initiatives (FGHI) meetings and the recent Lusaka Agenda. The ZD agenda is strongly aligned with this work, including a focus on how to strengthen systems so that they reach missed communities and unreached children in a sustainable manner, especially in countries soon to transition from Gavi eligibility. Gavi's 6.0 Strategy will continue to prioritise decreasing ZD children worldwide (i.e. who have not received a single dose of diphtheria, tetanus and pertussis [DTP]-containing vaccine) by 50% by 2030[9697]. Key objectives are to ensure that all children are fully immunised by maintaining and strengthening routine immunisation with vaccines required through the second year of life and to support countries through catalytic targeted interventions beyond infant platforms[98].

In May 2024, a report by the Gavi Secretariat Heath Systems and Immunisation Strengthening (HSIS) teams to the Board Programme and Policy Committee (PPC) outlined a series of challenges: inadequate understanding of purpose, comparative advantage and expected outcomes of Gavi's investment in health systems, and lack of clarity on how Gavi's support to health systems aligns with other programmes and development partners. It also identified an ill-suited approach to measurement of HSS investment outcomes and impact.[99] The report also highlighted key questions to be answered by the new HSS Strategy within Gavi 6.0, building on existing knowledge and experience.

This thematic brief gathers reflections from country case studies to enable the Secretariat to understand better the role played by integrated PHC in reaching ZD children, including: Gavi's comparative advantage in supporting HSS, differentiation of PHC integration across countries, balancing short-term investment needs with long term programmatic sustainability, and alignment with other programmes and investments. This was done through the following EQs:

- EQ3.1: To what extent is the Gavi 5.0/5.1 strategy to reach ZD children aligned with wider PHC integration and HSS objectives?
- EQ3.2: To what extent are Gavi 5.0/5.1 ZD focused funding and non-funding levers contributing to systems integration for HSS?
- EQ3.3: To what extent is the ZD strategy embedded into country systems?

The intended audience for this thematic brief is the Gavi Board, Secretariat, and Partners; as well as Gavi-eligible country-level stakeholders including government stakeholders and implementing partners. It is further supported by **Annex Three**, which provides a summary of the methodology.

[96] Gavi (2024). Report to the Board 6-7 June 2024. Annex A: Gavi 6.0 strategy one-pager (2026 – 2030). Available at: https://www.gavi.org/our-alliance/strategy/phase-6-2026-2030#documents [Accessed 27.7.24]

[97] Target indicator for Gavi 6.0 TBC in Gavi 6.0 strategy one-pager (2026 – 2030), Ibid. Indicator for Gavi 5.0/5.1 was to reduce the number of zero-dose children by 25% by 2025, and by 50% by 2030. Available at: https://www.gavi.org/our-alliance/strategy/phase-5-2021-2025/equity-goal/zero-dose-children-missed-communities [Accessed 27.7.24]

[98] Gavi Phase 6 strategy Available at: https://www.gavi.org/our-alliance/strategy/phase-6-2026-2030#goals [Accessed: 14.9.24]

[99] Report to Programme and Policy Committee, Annex B, Health Systems Strategy Problem Statement and Key Questions (15-16 May 2024)

Summary of findings

Evaluation Question	Key finding	Strength of Evidence
Alignment of ZD with PHC integration and HSS (EQ3.1)	• In theory, Gavi 5.0/5.1 and Gavi Secretariat encouraged ZD strategies to align with PHC integration and HSS. At the global level, new ways of working and joint financing initiatives supported PHC integration objectives to reach ZD children. Gavi guidance to countries encourages a focus on ZD and equity through PHC integration. • Country approaches carried out by Alliance partners to reaching ZD children, as set out in the FPP, also align with national health plans and prioritise PHC integration. However, what exactly PHC integration means in practice was ambiguous in the context of Gavi's wider ZD resource allocation strategy. Global stakeholders also worried that misalignment between the ZD strategy and PHC integration would reinforce the use of vertical programme delivery approaches. • Country stakeholders perceived other Gavi processes beyond the FPP to be less well aligned with ensuring ZD strategies would prioritise PHC integration. Countries are accountable to Gavi for immunisation outcomes, first and foremost, rather than PHC integration outcomes.	2
Contribution of funding and non-funding levers (EQ3.2)	• The FPP process led to varying levels of integration with other stakeholders and health programs for better planning and coordination. TCA and SFA grants can leverage and catalyse a more integrated approach to the delivery of ZD interventions. • At the service delivery/health facility level, immunisation services were largely already integrated through essential health packages delivered by healthcare workers in the same location. Countries identified further opportunities to use ZD activities as entry point for other PHC services. However, missed opportunities included joint mobilisation of CHWs and combined outreach activities. • At a national policy and strategy level, integration of PHC systems was inconsistent across countries, except for countries with pooled funds. Without a formalised framework, accountability mechanism or Gavi Secretariat requirement that mandates health programmes to be delivered in an integrated way, implementation of integrated approaches can be ad hoc. • Stakeholders largely perceived PHC integration as beneficial but felt its prioritisation within their ZD strategy, and associated Gavi guidance, needed to be further differentiated according to Gavi country segment.	3
ZD Strategy embedded in country programming (EQ3.3)	• Gavi's comparative advantage is its ability to create political commitment to place PHC at the heart of its immunisation agenda. However, in most places, Gavi HSS resources are independently insufficient to ensure wider PHC integration. • Gavi contribution to pooled funds in Ethiopia, South Sudan and Pakistan consolidated resources, streamlined funding processes and enabled greater systems integration. In cases such as Afghanistan, where Gavi provides critical support for the delivery of health systems, it directly enables the integration of PHC services. • Countries approaching transition, particularly accelerated transition, prioritised comprehensive PHC in anticipation of the changing health financing landscape.	4

Conclusions and recommendations

Conclusions	Recommendations for Gavi 5.0/5.1 implementation	Recommendations for Gavi 6.0 strategy development
The approach to integrating immunisation into PHC integration, and how it relates to HSS or delivers ZD outcomes, remains ambiguous, which makes it difficult for countries to prioritise and enact.	**Recognising difficulties of adjusting existing Gavi 5.0/5.1 grants mid-term, Gavi should aim to align and harmonise grant-funded interventions and TA with opportunities to integrate PHC at national policy levels for strategic coordination and decision-making, and at subnational service delivery levels for the provision of a wide range of health programmes.** Core and expanded partners to support EPI, MOH and MOF to align the ZD country approach with other health programmes and development partners operating in PHC.	**Use the forthcoming HSS strategy to define clearly Gavi's approach to PHC integration, including design of grant investments and tailored metrics to ensure delivery of ZD outcomes through more aligned and harmonised approaches that strengthen health systems at all levels.** HSIS team to include PHC integration outcomes alongside the indicator on the reduction of ZD children in the new HSS strategy. Board and senior management to commit to PHC integration and HSS at the heart of the immunisation agenda.
Gavi HSS, EAF and TCA investments targeting ZD children are neither sufficient nor strategically designed to deliver integrated PHC.	**Continue to leverage other domestic and external funds to achieve integrated PHC alongside ZD objectives by providing more flexibility in ZD-focused grants to finance shared resources with other health programmes and promote integration at systems level.** Gavi Secretariat HSS and IFIS teams to document best practices from joint financing initiatives for potential scale-up. SCMs to encourage the use of shared investment opportunities when requested. Core and expanded partners to identify opportunities for systems integration pro-actively at country-level.	**Reduce grant funding siloes between Gavi and other institutions, particularly for transitioning countries or countries with mature health and financial systems. Expand investment in pooled funds, within which disbursement is linked to indicators that include ZD targets.** Gavi programme management teams to widen investments in joint financing initiatives, building on existing successes. Gavi Board to reduce fragmentation of grant investments in HSS and ZD-focused programmes.
Gavi emphasis on PHC integration does not differentiate or adapt to specific context (e.g. country segments or subnational variation in resources and capacity).	**Continually adapt strategies to achieve wider PHC integration and HSS objectives to national and subnational contexts, with particular emphasis on transitioning countries.** SCMs, core and expanded partners to pro-actively assess PHC integration opportunities at national and subnational levels with the MOH and identify potential synergies with other stakeholders during Joint Appraisals.	**Consider developing a more differentiated approach to HSS and PHC investments, based on country eligibility (GNI per capita), coverage (DTP3 rate) and financial maturity (health expenditure). Use of National Immunisation Strategies, and related EPI Review, EVM Assessment and Situational Analysis will inform Gavi decisions on the HSS needs per context.** Based on evidence available, Gavi Secretariat and Board to invest in cash grants that explicitly improve programmatic and financial sustainability of immunisation programmes, are sensitive to national and subnational context, mitigate risk and deliver better outcomes for ZD children through more integrated systems. Design frameworks and conditionalities to ringfence programmatic sustainability and operational cost, which are not immunisation specific, for sustainable financing.

Detailed findings

EQ3.1: To what extent is the Gavi 5.0/5.1 strategy to reach ZD children aligned with wider PHC integration and HSS objectives?

In theory, Gavi 5.0/5.1 encouraged ZD strategies to align with PHC integration and HSS. In key documents, such as the Immunisation Agenda 2030 (IA2030), immunisation exemplifies and should contribute to PHC, with robust RI services as basis for delivery of other health interventions. Gavi is a key player in this space and expected to coordinate its investments in health systems with others to enable immunisation service delivery to be integrated with other PHC services, with joint coordination, design and finance alongside other health programmes.

At the global level, new ways of working and joint financing initiatives supported PHC integration objectives to reach ZD children. Gavi aligned on the PHC integration objective through joint financing initiatives with the World Bank and the Global Fund. In Afghanistan and South Sudan, civil society organisations (CSOs) contracted by UNICEF implemented services for both the World Bank and Gavi. Gavi has also collaborated with the Global Fund to fund supply chain integration in over 10 countries and data systems to leverage HMIS in 40 countries.[100] Joint guidance between Gavi and the Global Fund has also been produced on Electronic Logistics Management Information Systems solutions and waste management. The GFF FASTR programme allows Gavi to benefit from GFF data analytics providing more granular and higher quality data for the identification of ZD children, which can be used to inform Joint Appraisals, as in Ethiopia.

Gavi guidance to countries encourages a focus on ZD and equity through PHC integration. Global and country stakeholders agreed that Gavi guidance and processes, especially around the FPP review and IRC approval, explicitly advocated for ZD strategies to be implemented through PHC systems and platforms. Guidance was provided through IRC feedback as well as briefs, developed by Gavi Secretariat and its core partners, advising countries to use PHC to expand access to health services, improve equity and reach communities not currently accessing health services.[101] Other documentation and case studies exist for the development of a PHC approach to Gavi investments, such as the PHI-GHC Toolbox.

> **"Do we have direct instruments to incentivise integration? Probably, no. But our programme funding guidance on ZD says it's about trying to reach ZD children through PHC platforms."** (Gavi Secretariat, Global-level)

Country approaches to reaching ZD children, as set out in the FPP, align with national health plans and prioritise PHC integration. Stakeholders in country case studies indicated that the FPP aligned with national strategies that emphasized PHC integration. For example, in Cambodia, the FPP drew on the successful COVID-19 investment approach to reconfigure its PHC investments through the PHC Booster Strategy, which outlined the core actions to be implemented by national, sub national and local authorities and communities to improve integrated people-centred PHC. Country case study stakeholders consistently indicated that ZD approaches in the FPP would be delivered in ways that

[100] SC MIS CountryWork TGlobal Fund GAVI Version 4 2022
[101] Applying a Primary Health Care approach to support provided by Gavi, The Vaccine Alliance. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO.

would broadly support PHC integration and strengthen health systems. The IRC highlighted the benefits of stronger integration and joint approaches in countries with pooled funds, such as the HER programme in Afghanistan, the National Health Support Project (NHSP) in Pakistan, and the Sustainable Development Goals Performance Fund supporting the Health Sector Transformation Plan (HSTP-II) in Ethiopia. Despite this alignment, interviewed stakeholders felt that Gavi guidance could be clearer.

> **"At the global level, we're very inconsistent about what we need when we say PHC integration and what we're trying to do. There are 3 major goals: (1) [improve efficiency and sustainability]; (2) [increase vaccination coverage]; (3) [provide additional health services to ZD children and missed communities]. If you ask which of these Gavi is trying to achieve through its integration, the answer is 'yes' – to do everything at once."** (Alliance Partner, Global-level)

However, what exactly PHC integration means in practice was ambiguous in the context of Gavi's wider ZD resource allocation strategy. Despite guidance and overall support for the approach, there was less consistency around the positioning of PHC integration within ZD grants, given Gavi's limited resources within the larger landscape of health financing. Across different country segments, some stakeholders were perplexed at how Gavi framed PHC integration as a key pathway for reaching ZD children, if the overall PHC system could not reach these communities. In FPPs, situation analyses only mentioned opportunities for HSS and integration in a cursory manner and, in Côte d'Ivoire and India, the IRC identified that integration with PHC services was insufficient and poorly articulated. Comparatively, in South Sudan, whilst integration activities were articulated, they were not always budgeted for. Qualitative feedback suggested that one reason for this was the lack of clarity around how to implement Gavi PHC integration objectives.

> **"There is an intention in one direction [for PHC integration], but the measured outcomes speak in the opposite direction. When your measure of accountability is immunisation coverage, as much as you try or pretend to broader HSS, the push goes in one direction. […]. In theory, everybody understands [the importance of PHC integration] but […] there are no indicators, which reflect Gavi's intent to make this a priority. Without an indicator I don't think anything will get done, if it's left at the discretion of the implementing partner."** (Core Partner, Country-level)

Global stakeholders also worried that misalignment between the ZD strategy and PHC integration would reinforce the use of vertical programme delivery approaches. They indicated that there was little evidence of Gavi funding levers being used effectively to promote PHC integration. For example, in Tanzania, community health workers (CHWs), typically focused on broader PHC, were remobilised to focus on immunisation activities. In Cambodia and Côte d'Ivoire, stakeholders speculated that certain health programmes, including the EPI, were incentivised to stay vertical due to funding siloes and being held accountable for programme-specific outcomes. Additionally, a core partner in Côte d'Ivoire explained that recent data quality assessments showed incoherently high numbers of ZD children reached in certain districts, highlighting that the financial incentives at service provision point could potentially encourage certain centres to prioritise the search for ZD children over RI activities because they are more lucrative. Nonetheless, data from the evaluation did not reveal evidence from case study countries using or planning to use a more vertical approach to reaching ZD children and missed communities.

Country stakeholders perceived other Gavi processes beyond the FPP to be ill-suited to ensuring ZD strategies would prioritise PHC integration. For example, in South Sudan, the auditing approach meant that it was difficult to integrate with other health programmes, particularly for work at sub-national

level. This was echoed by a Gavi Secretariat stakeholder, using a Liberia example, where use of Gavi-funded motorbikes needed to be recorded in scorecards, separating usage by type of outreach, creating additional administrative work for healthcare workers on the ground, a process which itself discouraged integration. Other respondents reported disconnects between vision and reality in support to CSOs and expanded partners under the ZD strategy. Gavi's dedicated funding and greater emphasis on engaging CSOs for the delivery of the ZD agenda was appreciated but stakeholders in Côte d'Ivoire, Afghanistan and Ethiopia flagged it as unsustainable and counter to PHC integration, given the lack of long-term funding to fold CSOs' work into that of existing national PHC systems.

Countries are accountable to Gavi for immunisation, first and foremost, rather than PHC integration outcomes. A key metric for the acceleration of Gavi's equity agenda is the drive towards a 50% reduction of ZD children in line with IA2030, through services that are integrated with PHC. However, both global and country stakeholders explained that their performance reviews focus on the delivery on ZD outcomes through immunisation metrics, rather than HSS or PHC integration metrics. This affects the level of priority accorded to alignment of their ZD approach with wider PHC integration objectives. With limited domestic funding, MoHs have little incentive to focus on PHC integration, if it does not align with their ZD approach.

EQ3.2: To what extent are Gavi 5.0/5.1 funding and non-funding levers contributing to systems integration for HSS?

The FPP process led to varying levels of integration with other stakeholders and health programmes for better planning and coordination. In India, Côte d'Ivoire, and South Sudan, the FPP process led to more consultation of a wide range of partners including other health programmes, sub-national level representatives, and other financing institutions. Although the consultative process did not lead to concrete joint initiatives or clear budget lines, it enabled stronger collaboration and better planning between actors, particularly if stakeholders at sub-national level were included, for example in India. In Côte d'Ivoire, other financing institutions like the World Bank, USAID, and others were invited to partake in stakeholder consultations and the National Programme for Nutrition contributed inputs. In Cambodia the FPP process involved only immunisation partners but excluded implementers at provincial level. Although Gavi guidance clearly articulated the importance of engaging others for integrated and coordinated planning with other programmes and stakeholders, external factors such as the EPI's positioning within the MoH, the MoH's leadership on PHC integration, and general availability and interest of partners played an important role in determining how each country pragmatically approached the process.

TCA and SFA grants can leverage and catalyse a more integrated approach to the delivery of ZD interventions. Stakeholders in qualitative interviews identified TA to be potentially the most useful for improved coordination and planning. For example, it could help governments, MoH and MoF to improve financial management, particularly to protect PHC funding and secure resources for CSOs. Furthermore, Gavi's HSIS team has been exploring the list of countries for SFA activities with the World Bank, promoting innovative avenues for the ZD strategy and integrating more closely with another financing institutions. . A recent study produced by McKinsey mirrors this feedback and shows that out of all Gavi 5.0/5.1 grants, a greater proportion of TCA funds "strengthen" activities to support broad HSS and efficiency.

Below we report on efforts to use integrated PHC approaches to reach ZD children through investments via HSS and EAF grants.

Integration at service delivery level

At the service delivery/health facility level, immunisation services funded through Gavi HSS and EAF grants were already largely integrated. Although grant implementation was delayed, preliminary evidence suggests that, in countries with pooled funds, a basic package of essential services integrated immunisation with other health services automatically. However, the evaluation had no visibility on sub-national data on detailed use of pooled funds or whether they were reaching ZD children. Numerous other country case studies showed vaccination delivered to hard-to-reach populations alongside nutrition, malaria, insecticide-treated net distribution, and deworming interventions. For example, core partners in Pakistan and India indicated that they delivered their work in an integrated manner and advocated for a systems approach generally. In Côte d'Ivoire and Ethiopia, COVID-19 vaccination activities were integrated with RI in mobile strategies, outreach activities and campaigns through EAF grants to the EPI. Child Health Days in Ethiopia provided opportunities to integrate services and led to increased coverage. Similarly, integrated campaigns in Pakistan showed that the approach could lead to improved vaccination coverage through integrated service delivery.[102] In India, U-WIN Reproductive and Child Health and polio (SMNET) interventions exemplified integration. The Direct Facility Financing (DFF) approach supported by SFA for Sustainable Financing in Nigeria, Niger, and other countries is expected to promote integrated decision-making at facility level and integrated supervisions by officials. Preliminary results from Niger on improvements to vaccination coverage are encouraging but will need to be sustained and confirmed[103]

Countries identified further opportunities to use ZD interventions as entry points for other PHC services. Due to delayed Gavi 5.0/5/1 HSS and EAF grant initiation and disbursement, the evaluation found limited evidence of new ZD interventions leveraging PHC services. Some examples included: in Ethiopia, in the Tigray region, one woreda official explained that, during visits to provide DTP vaccinations, they also delivered nutritional services, maternal services, antenatal services and vitamins. In Cambodia, outreach sessions funded by the new EAF grant were integrated with other PHC services in missed communities, including COVID-19 vaccination, vitamin supplements, birth spacing services, screening for malnutrition and other childhood illness (e.g. diarrhoea, dehydration, respiratory diseases), follow-up with tuberculosis patients, and health education and promotion services. In Côte d'Ivoire, joint supervisions funded by the HSS grant enabled the nutrition programme to combine efforts with the EPI and technical assistance for micro-planning at subnational level would aim for improved integration with other health programmes.

However, missed opportunities included joint mobilisation of CHWs and combined outreach activities. Documentation and global interviews highlighted the possibility of using catalytic investments (additional to country allocations) to improve CHW platforms, particularly when those are mature, along with opportunities to conduct other types of integrated community outreach, including through CSOs. Successful implementation of ZD strategies through EAF grants in Cambodia and Côte d'Ivoire, for example, hinge on careful microplanning for better data, stronger implementation and improved community buy-in for demand generation. CHAI in Cambodia is providing TA to mobilise domestic resources in support of these efforts.[104] For fragile and conflict countries, CSO mobilisation is pivotal to reaching ZD children and building vaccine confidence and support.[105] In Afghanistan and Pakistan,

[102] https://zdlh.gavi.org/sites/default/files/2023-09/7._integrated_campaigns_evidence_brief.pdf
[103] Internal Gavi Study
[104] Proposal between BMGlobal Fund-CHAI for Strengthening EAF and FPP implementation to reach zero dose communities, September 2023
[105] Fragility, Emergency, Displaced persons, and Humanitarian Engagement: Reflections from Civil Society Organisations for Gavi 6.0, April 2024

stakeholders indicated that EAF supported ZD interventions could be better integrated by core partners supporting polio activities, since the programme has a strong approach to reaching and identifying marginalised communities. In Côte d'Ivoire, stakeholders identified opportunities for HSS/EAF grants to support integration of immunisation interventions at service delivery points with maternal and child health and malaria services, as highlighted in the May 2024 report to the PPC.

Integration at national policy and strategy level

At a national policy and strategy level, integration was inconsistent across countries, except for countries with pooled funds. The IA2030 suggested integration operational levers to include PHC models of care, healthcare workforce, digital technologies, monitoring and evaluation, etc. alongside strategic levers such as political commitment and leadership, governance, funding and engagement of key stakeholders.[106] Country case studies provided examples of how these operational and strategic levers were used and integrated for RI.

> **"At the policy level, PHC integration is part of [the government vision] but […] there isn't a coherent push for integration. At the implementation level, it is happening because [partners] are doing it on their own volition. The policy level needs to be strengthened."** (Core Partner, Country-level)

For example, in Côte d'Ivoire, core partners provide technical assistance to support better governance and management of immunisation resources, particularly by aligning and harmonising disbursement of Gavi and Global Fund resources alongside informal joint advocacy for domestic resource mobilisation. Partnership with the nutrition programme was strong but stakeholders interviewed explained that this was mainly due to communication of programme leaders rather than Gavi guidance, processes, or grant structure. In Ethiopia and Pakistan, HSS and EAF budget lines emphasize developing and implementing integrated data and monitoring and surveillance of VPD alongside other health metrics. However, a major risk of Gavi funds in pooled funds in those countries is its loss of visibility and control to dedicate support for the targeted use of Gavi funds for ZD activities and HSS. No examples of joint investments were provided for digitally-enabled systems but knowledge sharing was systematised between Global Fund and Gavi when relevant (i.e. Côte d'Ivoire, Ethiopia).

Without a formalised framework, accountability mechanism or donor requirement mandating health programmes funded by Gavi to be delivered in an integrated way, implementation of integration can be ad hoc. This was voiced by stakeholders in India, South Sudan and Côte d'Ivoire and echoed by another internal study commissioned by Gavi. Core partners and EPI team members in Côte d'Ivoire explained that, in practice, successful integration depends on MOH leadership to motivate regional and district entities to enforce an integrated approach and on the management at health facility levels to manage their resources strategically. Although overall funding allocation decisions may be made at national level, including how to use Gavi grants, decisions on how to implement programmes in an integrated manner were made at subnational level. Fragmented funding from financing institutions, including Gavi funding levers, does not facilitate integration of ZD approaches at subnational levels, which was also confirmed by external stakeholders from other financing institutions interviewed at global level.

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[106] Applying a Primary Health Care approach to support provided by Gavi, The Vaccine Alliance. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO.

> **"CHWs and payments, some of these things need more funding than the ZD funding can provide. […] If Gavi were serious about thinking that PHC integration is key, [conversations must happen] jointly with the Global Fund and the World Bank. Everything flows from how funds arrive in-country and how they're siloed, […] There is within Gavi countries, a huge spectrum in terms of the degree of integration that already exists"** (Core Partner, Global-level)

Stakeholders largely perceived PHC integration as beneficial but felt its prioritisation within their ZD strategy, and associated Gavi grants and guidance, needed to be differentiated according to Gavi country segment. Gavi funded interventions aiming to "strengthen" health systems in Pakistan were similar across its provinces, despite large differences in immunisation rates.[107] Likewise, in Ethiopia, immunisation programmes were organised at the national level with limited subnational differentiation, despite this being core to the ZD strategy overall. Differentiation of Gavi grant funds could have more impact if it were aligned to subnational objectives, either focusing specifically on increasing coverage (aligned to the country's ZD strategy) or contributing to building more sustainability for PHC service delivery in areas like the Punjab in Pakistan.

> **"From an efficiency perspective, merging [PHC integration] with ZD doesn't make sense. [It] shouldn't be the leading way in which we think of how to reach ZD children. In terms of efficiency, [integrating with] other services could be potentially more efficient, but they need to be context-specific."** (Alliance Partner, Global-level)

EQ3.3: To what extent is the Gavi ZD strategy embedded into country systems?

Gavi's comparative advantage is its ability to create political commitment to place PHC at the heart of the immunisation agenda. Global stakeholders, including at Board level, perceived Gavi's main role and investment in health systems to focus on immunisation performance and efficiency.[108] As part of its "Six Opportunities for Impact" identified during the Board April 2024 retreat, the Board provided guidance to accelerate further integration of immunisation programmes and PHC through non-financial levers, including stronger partnerships and coordination with financing and implementing agencies. Some country case studies supported this position. In Pakistan, the EPI is one of the most successful public health sectors and is well-positioned to promote PHC integration. In Côte d'Ivoire, the MoH strongly supports the ZD strategy and presides over regular EPI meetings and committees. In such environments, Gavi was seen as playing a major role in facilitating PHC integration through its support to the EPI.

> **"The most important financing will come from countries themselves. If success will be achieved on ZD, it will largely be because of country motivation and country financing. [Joint financing] will be complementary to that. The support and the financing can place countries at the centre, and increase their own focus and motivation on ZD."** (External stakeholder, Global level)

However, in most places, Gavi HSS resources are independently insufficient to ensure wider PHC integration. Recent analysis showed that 6% of HSS resources directly fund activities for PHC integration.[109] Gavi's ability to use its resources more strategically through a catalytic or leveraging

[107] Gavi HSS Analytics, June 2024
[108] Report to PPC, May 2024
[109] Gavi HSS Analytics, June 2024

model depends on the wider health financing landscape. Stakeholders across country case studies voiced that Gavi's strength lies in its purposeful investments in vaccination and market shaping, while expertise in integration may lie elsewhere. In Afghanistan and, with the exception of funds directed towards the SDG PF in Ethiopia[110], stakeholders saw limited potential for Gavi's involvement in integrated PHC, beyond what it is already doing. In Ethiopia and Côte d'Ivoire stakeholders recommended that guidance, leadership and implementation of PHC integration should be owned and driven by the country. In India, stakeholders felt this was also the responsibility of each partner: governments (MoH and MoF) can lead on the process of integrating health programmes at subnational level but would not have the power to change funding landscape at central and global level, where they rely on financing institutions to coordinate their investments and reduce fragmentation.

Gavi contribution to pooled funds in Ethiopia, South Sudan and Pakistan consolidated resources, streamlined funding processes and enabled greater systems integration. The pooled funds in Pakistan enabled greater alignment with the World Bank. Part of the Gavi funds in NHSP are disbursed and linked to ZD indicators and targets, exemplifying how ZD is directly build into a financing mechanism. Gavi contributes funds to HSTP in Ethiopia and the Health Pooled Fund 3 (HPF3) in South Sudan that enable the delivery of an integrated basic package of health services. The Gavi HSS Analytics study confirmed that Gavi funds within pooled funds contributed to broader HSS. However, the evaluation did not have visibility or evidence on how these specifically reached ZD children. Through pooled funds, Gavi can leverage the resources of other financing institutions, providing a much more interesting incentive for countries to focus on ZD children through PHC integration and indirectly encouraging a more sustainable usage of its funds.

In cases such as Afghanistan, where Gavi provides critical support to an emergency fund for health service delivery, it directly enables the integration of PHC services. Alongside the World Bank and the HER programme delivering a basic package of health services, Gavi funds the EPI entirely, including the 70% of health facilities that deliver immunisation services. With embedded funding, Gavi strengthens non-immunisation services through supporting funds to core health infrastructure, indifferent of whether they reach ZD children or not. Stakeholders in-country highlighted the lack of sustainability of this approach that is not designed to empower local governments to be self-sufficient.

Countries approaching transition, particularly accelerated transition, prioritised comprehensive PHC in anticipation of the changing health financing landscape. In Côte d'Ivoire, imminent transitioning out of Gavi funding eligibility increased the urgency to optimise the use of limited resources and secure health financing budget lines through PHC integration. Efforts at country level focused on securing financing for the EPI but stakeholders felt the priority would be to maintain immunisation coverage considering the anticipated decreased funding from Gavi. Cambodia, that is in a preparatory transition phase, has a PHC Booster strategy which also emphasized country-level mobilisation for integration and health financing. In India, data showed a prioritisation of the UHC Index of Service Coverage as a 2030 target, reinforcing the importance of PHC integration to build a strong immunisation programme. Global stakeholders echoed that advocating for PHC integration was sensible when the goal was to enhance the efficiency and effectiveness of health systems, ensuring their sustainability, rather than solely focusing on expanding coverage, for example through ZD strategies. Gavi HSS

[110] Outside of HSS/EAF funds directed towards the SDG PF

Analytics showed that grants evolved towards more HSS “strengthening” spending when countries were in accelerated transition.

Thematic Policy Brief Four: Zero-Dose Immunisation Programme

Two of the Zero Dose (ZD) Evaluation case study countries (Ethiopia and South Sudan) receive Gavi resources via the ZD Immunisation Programme (ZIP). ZIP aims to reach children which the National Immunisation Programme (NIP) cannot or will not reach, and where health system strengthening (HSS) or Equity Accelerator Fund (EAF) investments through the Full Portfolio Planning (FPP) process will not facilitate access.

In Gavi 5.0 and following Board approval in June 2021, ZIP is a new operational model for Gavi, with several key differences from Gavi's typical support. First, funding for ZIP is not disbursed through national governments or their proxies and is instead disbursed directly from Gavi to two large consortiums of non-government organisations (NGOs), whom Gavi contracts to manage funds across 11 countries[111] in the Sahel and the Horn of Africa respectively. Second, ZIP diverges from Gavi's 'country led' business model and operates as a contracted programme of work through which countries do not themselves apply for ZIP funds. Finally, ZIP operates under different principles, delivery model(s) and objectives, which means that the programme is, by design, not always aligned with government or Alliance partnership delivery models.

ZIP operates through two NGO consortiums: RAISE 4 Sahel (out of scope for this evaluation), led by World Vision, operates in the Sahel; and the REACH consortium, led by the International Rescue Committee (IRC), which is in scope for this evaluation and operates in the Horn of Africa.

Although the evaluation is not tasked with a full assessment of the work of the REACH consortium, we aim to focus on questions around key areas of inquiry, scoped in consultation with the ZIP team and the Ethiopia and South Sudan country teams, to see what would be most useful to them in this specific period and to inform operationalisation of Gavi 6.0.

In developing this thematic brief, we developed the following evaluation questions, which were agreed with the Gavi Secretariat:

- EQ4.1. Is the design, delivery and objectives of ZIP understood by Gavi secretariat, Alliance partners, and government stakeholders?
- EQ4.2. Is there agreement among stakeholders, including government and ZIP delivery partners, that ZIP is working in the right places in Ethiopia and South Sudan?
- EQ4.3. How do Gavi processes and architecture support and/or hinder implementation of the ZIP programme?

The intended audience for this thematic brief is the Gavi Board, Secretariat, and the ZIP team and implementing partners. It is further supported by Annex Three, which provides a summary of the methodology.

[111] The countries include Ethiopia, Somalia, South Sudan, Sudan, Chad, Niger, Nigeria, CAR, Cameroon, Mali and Burkina Faso. Retrieved from: https://www.gavi.org/vaccineswork/zip-new-way-get-vaccines-zero-dose-children-some-worlds-toughest-regions

Summary of Findings

Evaluation Question	Key finding	Strength of Evidence
Understanding (EQ4.1)	Achieving a common understanding of ZIP across the Gavi Secretariat, wider Alliance and government stakeholders has been an ongoing challenge for the ZIP PMU and, as a result, various stakeholder groups hold different views regarding its purpose and objectives. In Ethiopia and South Sudan, stakeholders had a more coherent understanding of ZIP, although not always aligned with the ZIP definition. The role of government, including the requirement for ZIP to work beyond governments and how it defines itself in relation to government, is a particular area of concern for stakeholders. At subnational level, the way in which ZIP is being operationalised is also not easy to define.	2
Agreement working in the right places (EQ4.2)	Most stakeholders considered government engagement an important element of identifying and reaching ZIP target areas. The initial areas selected for ZIP in Ethiopia and South Sudan were duplicative of other Gavi investment target-areas and/or considered incorrect by national governments. After adjustments, national and sub-national country stakeholders generally felt that ZIP was currently working in the right areas. Despite this, some stakeholders reported that there are areas ZIP is operating which do not align with the ZIP definition. ZIP is currently exploring ways to phase out services and did not have a standard way of doing so at the time of the evaluation.	2
Gavi processes and architecture (EQ4.3)	Since its inception, ZIP has had to adapt its ways of working to fit within the humanitarian context in which it operates. The humanitarian ethos underpinning ZIP was reported to be a continued challenge to operationalising ZIP programming within Gavi. The structure of ZIP is heavily tiered, which has created inefficiencies and delayed operationalisation. How ZIP works with Country Teams and national government is not clearly defined, creating accountability and operationalisation challenges for the programme. Additionally, while ZIP relies on national governments to deliver services, by design, the programme is not usually integrated with government infrastructure, creating tensions. The programme has also not fully defined its relationship with the Fragility, Emergency and Displaced persons (FED) policy and the current operating model of ZIP is not considered sustainable.	2

Conclusions and recommendations

Conclusions	Recommendations for Gavi 5.0/5.1 implementation	Recommendations for Gavi 6.0 strategy development
There is poor understanding of ZIP across the Gavi ecosystem, particularly related to how the programme works with national governments	**ZIP PMU: ZIP should move away from high-level definitions of the programme and instead highlight specific examples of how the programme works in practice.** Highlighting how the programme works in practice could help to alleviate some stakeholder concerns and help them to understand the need for ZIP.	**ZIP PMU: If ZIP funding is renewed under Gavi 6.0, ZIP should avoid defining itself in relation to government, provided current tensions are reconciled.** The programme should instead define itself in a way that captures the inherent 'messiness' the programme and the diverse contexts in which it operates; for example, as Gavi's 'Humanitarian Immunisation Programme'.
The geographical areas which meet the ZIP criteria are in constant flux and there are ongoing concerns around how to meet the needs of ZD communities through different Gavi instruments	**ZIP PMU, REACH PMU, and RAISE4Sahel PMU: ZIP needs to ensure that the areas in which it is operating adhere to the internal definition of the programme.** The ZIP PMU, working alongside consortium PMUs, should devote time and resource to identifying areas where ZIP should and should not be operating. Where ZIP is not operating in relevant areas, the ZIP PMU should support ZIP country teams to negotiate with government stakeholders to withdraw from these areas.	**Gavi Board, Secretariat: ZIP needs to tighten its definition and ensure funds are aligned with other sources of Gavi funding, such as HSS and EAF.** ZIP should move towards a more agile model, which has more clearly defined humanitarian objectives, as opposed to development objectives. Mechanisms for substituting ZIP funds with other Gavi funds, particularly HSS and EAF, should also be defined.
ZIP needs to engage with government to ensure it identifies and reaches ZD populations. ZIP lacks a clear governance and accountability structure that fits with established political hierarchies at country level.	**ZIP PMU: ZIP should focus on defining the role of government in relation to the programme and operationalising this effectively.** Defining how ZIP works with the government at key timepoints, in a general way, would help to understand how to manage tensions, ensure smooth operationalisation of the programme, and reduce burden on ZIP country teams.	**Gavi Board, Secretariat: ZIP needs to set-up mechanisms to engage with government stakeholders without creating dual channels of accountability.** ZIP should set-up mechanisms for engaging with the government that both facilitates operationalisation of the programme whilst maintaining a degree of independence. ZIP could continue to work through Country Teams, or the set-up direct lines of engagement via the ZIP PMU (or consortium PMUs if this is maintained for Gavi 6.0).
The way ZIP currently operates is not well-aligned with processes, policies, and architecture of Gavi; the development model; and Gavi grants	**Gavi Board, Secretariat: ZIP should broadly define its role in relation to other Gavi entities, including FED policy and Country Teams.** How ZIP works or should work with other Gavi entities needs to be mapped out and defined across the ZIP portfolio. Areas where this is working well should be noted and used as best practice. ZIP should also work more closely with the FED policy team to better understand how they can complement one another.	**Gavi Board, Secretariat: The Gavi Board should consider setting-up a distinct department that focuses on delivering services in humanitarian contexts.** This department could be merged with FED to provide ZD services in humanitarian contexts across the whole Gavi portfolio. In line with other recommendations, it would operate in a much more agile and acute way, focusing on specific contexts, and with a higher risk-appetite. The department should work with relatively more independence from other Gavi processes than the current programme.

Detailed Findings

Q4.1: Is the design, delivery and objectives of ZIP understood by Gavi secretariat, Alliance partners and government stakeholders?

Achieving a common understanding of ZIP across the Gavi Secretariat, wider Alliance and government stakeholders has been an ongoing challenge for the ZIP project management unit (PMU). Officially, ZIP is a three-year, $100 million investment by Gavi as part of the ZD agenda and complementary to the EAF to deliver services to consistently missed populations that are outside government reach.[112] From the outset of the programme, the approach reportedly created tensions with other Gavi stakeholders, particularly concerning the relationship between ZIP and country EAF allocations. Challenges were also reported around the clarity of the programme and the objectives it is working towards.[113] A communication plan is currently being developed to be shared with key stakeholders both internal and external to Gavi.[114]

As a result, currently, various stakeholder groups hold different views regarding the purpose and objectives of ZIP. Some stakeholders within the Gavi Secretariat viewed the programme through a political lens as a way for Gavi to bypass funding *"unsavoury"* governments. Others defined the programme's objectives as an attempt to reach *"hard-to-reach"* populations, as opposed to those which the government is unable, or refuses, to reach. Even among those closer to ZIP, there were nuanced differences in how they defined the programme. Some stakeholders defined the programme as reaching ZD populations which the government cannot or will not reach, whilst others defined it as reaching populations which cannot be reached through Gavi's usual funding mechanisms (HSS and EAF).

In Ethiopia and South Sudan, stakeholders had a more coherent understanding of ZIP, although not always aligned with the ZIP definition. KIIs in Ethiopia, for example, largely understood the programme as Gavi-funded activities which were either being delivered in Tigray or by the IRC. Aside from those directly involved with the programme, the evaluation noted few instances at the country level where the programme was defined in relation to government or Gavi investments. Some stakeholders in Ethiopia and South Sudan, including core partners, stated that they had a minimal understanding of the programme or were completely unaware of it.

The role of government, and how ZIP defines itself in relation to government, is a particular area of concern for stakeholders. This finding was reflected across various stakeholder groups, including Gavi Board members, Country Teams, and in-country stakeholders. Among individuals who held this view, it was commonly reported that there are no areas in-country that are outside of government control and any programme will have to work through the government to access any population in the country. One stakeholder explained that in the case of South Sudan, it is *"culturally insensitive"* to say that there are areas where the government cannot operate.

[112] Report to the Board. Strategy, Programmes, and Partnerships: Progress, Risks and Challenges. *23-24 June 2021.*
[113] Thriving talent. Gavi ZIP project – Feedback Summary. *Internal Gavi document, shared 31 July 2024.*
[114] Zero-dose Immunisation Programme. Lessons Learned. *April 2024.*

> **"The role of government has been a huge sticking point for ZIP and source of many issues internally and externally."** (Gavi Secretariat, Global-level)

Likewise, at subnational level in Ethiopia and South Sudan, the way in which ZIP is being operationalised is also not easy to define. ZIP operates in diverse contexts but is rarely completely separate from government-related activities. This evaluation identified instances where the programme is delivering services independently through negotiations with state-armed groups, in line with the ZIP definition. In other instances, ZIP is independently delivering services under supervision from the national government or alongside government vaccinators who lack capacity to deliver services or are disincentivised to reach them in *"dangerous"* areas. Additionally, the areas where ZIP works are in constant flux. For example, in Tigray in Ethiopia, areas which the national government could not access a year ago are now being accessed and reached through the government immunisation programme.[115] Attempts to reach a one-size-fits-all definition, or one which precisely defines the programme in line with specific metrics, sets the programme up for mismanaged expectations and disagreements.

> **"The reality we are grasping at is always blurry; theoretically, we are trying to fit anything in boxes so that donors, other organizations, can understand the concept. Well, in the field, it's messy."** (Gavi Secretariat, Global-level)

EQ4.2: Is there agreement among stakeholders, including government and ZIP delivery partners, that ZIP is working in the right places?[116]

Most stakeholders considered government engagement an important element of identifying and reaching ZIP target areas in Ethiopia and South Sudan. This finding held at the national, regional and community-levels. In South Sudan, for example, the programme needed to gain approval from the national government to work in selected counties as well as to procure vaccines. In addition, sub-nationally, county level authorities helped forecast vaccine needs and develop micro plans and, at the facility-level, assistance was provided to gain access to leaders of armed groups and negotiate access to specific communities.[117] Whilst the evaluation recognises that in other countries, ZIP may need to operate independently from government, findings from Ethiopia and South Sudan suggest that in these contexts, working with governments is an essential requirement.

> **"In the context of [country], and in any context, there still needs to be the relationship with the government and a clear understanding of whether those areas are covered, and how to set it up."** (Gavi Secretariat, Country-level)

The initial areas proposed for ZIP in Ethiopia and South Sudan were duplicative of other Gavi investment target-areas and/or considered incorrect by national governments. The initial expectation from the Gavi Secretariat was that IRC would be able to identify and negotiate its own access to areas beyond government reach. Consequently, in both Ethiopia and South Sudan, the initial selection of target areas was done by IRC independent of the government and FPP process as part of the REACH consortium Request for Proposal process. In South Sudan, the data used to identify ZIP target areas was from 2017, whilst the FPP process used other data sources from 2021. This led to

[115] UNOPS. Increasing access to basic services in Tigray. *Retrieved from: https://www.unops.org/news-and-stories/news/increasing-access-to-basic-services-in-tigray*

[116] Please note that this evaluation did not aim to evaluate the robustness of how ZIP identified ZD and missed communities; instead it assessed the agreement amongst in-country stakeholders as to whether it was working in the *right* areas vis a vis other factors.

[117] Gavi and IRC. Reaching every child in humanitarian settings (REACH): Quarterly narrative report, July – September 2023. *Internal Gavi document, shared 31 July 2024.*

some overlap in the areas targeted by ZIP and FPP grants, as well as reported *"tensions"* with the national government. Similarly, in Ethiopia, whilst the government recognised a need for a programme such a ZIP in the Tigray region, they explained the initial areas selected by the programme were not appropriate. In both cases, the government suggested additional areas for ZIP to target which were agreed by the REACH PMU through discussions.[118] Whilst government input was required for ZIP to operate with national boarders, some stakeholders expressed that this could undermine ZIP's independence and only focus on areas which national governments prioritise and/or recognise.

> **"Forcefully, the EPI team changed the target area to where we need - and now it is definitely implementing in the areas that it needs to be implemented."** (Government stakeholder, Country-level)

Despite initial disagreement of target areas in Ethiopia and South Sudan, national and sub-national country stakeholders generally felt that ZIP is currently working in the right areas. It should be noted that the evaluation did not attempt to define in a top-down way what stakeholders meant by the 'right' areas and instead allowed participants to define this themselves. From the national government perspective, this tended to mean areas which were not targeted by FPP investments or regular EPI programming. At the sub-national level, which was most thoroughly explored through interviews with woreda and facility level officials in Ethiopia and South Sudan respectively, this tended to mean areas which had the highest level of need and least amount of resource. In Tigray for example, government and IRC officials described a situation where most international funding had been withdrawn[119] and ZIP was one of the few channels of funding available to deliver routine services.

> **"We can see the difference of this project before and after… during the three years of conflict, everything collapsed, and there was zero infrastructure; routine antigen interruption was very significant; [the area] also hosted the majority of IDPs. I can see the positive impact of this intervention was very significant, it was very observable... this project is bringing a real palpable difference on the affected populations."** (Sub-national government official, in-country)

Still, some stakeholders reported that there are some areas ZIP is operating in Ethiopia and South Sudan which do not align with the ZIP definition. ZIP is meant to be operating in areas where the NIP does not have access and is either experiencing a humanitarian crisis, security crisis or emergency, or serves communities who are excluded or cannot access NIP.[120] However, this evaluation found that ZIP does in fact engage with, and at times work alongside, the NIP. In Ethiopia for example, ZIP was required to engage with the national government to negotiate and seek approval for the regions they should be operating in. At the community-level level, a woreda official we spoke to explained that healthcare workers had not been paid in over a year due to the conflict and were unmotivated to work in *"dangerous"* areas. They described a scenario where ZIP-funded IRC vaccinators worked alongside government healthcare workers to fill in gaps at the woreda level. This included providing additional capacity, transportation, and provision of solar refrigerators.

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[118] IRC. DRAFT: Gavi REACH project. Inception report: Regional evidence review. *29 Aug 2022. Internal Gavi document.*

[119] USAID. Pause of U.S. food aid in Tigray, Ethiopia. 3 May 2023. *Retrieved from: https://www.usaid.gov/news-information/press-releases/may-03-2023-pause-us-food-aid-tigray-ethiopia#:~:text=We%20have%20made%20the%20difficult,committed%20to%20the%20Ethiopian%20people.*

[120] ZIP Decision Tree. *Internal Gavi document, shared with Ipsos evaluation team 31 July 2024.*

ZIP is currently exploring ways to phase out services and did not have a standard way of doing so at the time of the evaluation. This was a live issue in Tigray, where REACH IRC stakeholders were currently in negotiations with the government to hand-over ZIP areas back to government services and withdraw IRC service delivery. There were ongoing discussions at the time of the evaluation whether the programme would have exact conditions for withdrawing services, or whether it would be done on a case-by-case basis. Whether ZIP-targeted area funds would be substituted with other Gavi funds, such as EAF or HSS, was also a live question, and not clearly understood nor defined at the time of the evaluation. It was widely considered within the Secretariat that this will be a key area of development for the programme moving forward.

EQ4.3: How do Gavi processes and architecture support and/or hinder implementation of the ZIP programme?

Since its inception, ZIP has had to adapt its ways of working to fit within the humanitarian context it operates in. First, the programme does not just focus on providing DTP1 and instead aims to provide full immunisation services.[121] Second, the programme targets any child up to 59 months, as well as additional age-appropriate vaccinations beyond 59 months as needed, as determined by the national immunisation policy. This was in line with the actual need of ZIP-populations, which often experienced protracted conflicts and limited vaccine supply for over two years. In Ethiopia, this required procurement of additional vaccines from the government. Third, programme targets have been difficult to set and meet due to unreliability of data, different approaches to setting targets by country, population changes due to migration, and not being realistic. Targets were revised in 2023, and there are ongoing discussions about adapting them in 2024.[122]

The humanitarian ethos underpinning ZIP was reported to be a continued challenge to operationalising ZIP programming within Gavi. Those working directly within ZIP, including the ZIP PMU and implementing partners, firmly characterised ZIP as a humanitarian programme. As such, ZIP is delivered in line with humanitarian principles of neutrality, impartiality, independence and humanity, and therefore delivery of the programme required a different way of thinking from typical immunisation programming.[123] This is not in line with typical Gavi grants, which tend to be grounded in development principles such as government-ownership, development partner alignment and sustainability.[124] ZIP-affiliated stakeholders reported that this has created unrealistic expectations as to what the programme can and should achieve, as well as how it should be operationalised.

The structure of ZIP is heavily tiered, which has created inefficiencies and delayed operationalisation. The Gavi ZIP PMU is responsible for overseeing the two ZIP consortia, led by IRC and World Vision. The REACH programme is led by an IRC PMU based in Kenya, responsible for overseeing IRC country teams in Ethiopia, Somalia, South Sudan and Sudan, who are themselves responsible for overseeing networks of implementing partners in-country. This structure reportedly caused delays in setting-up and operationalising the consortium. The evaluation team also found evidence at the sub-national level that funds were not being received by implementing partners at the

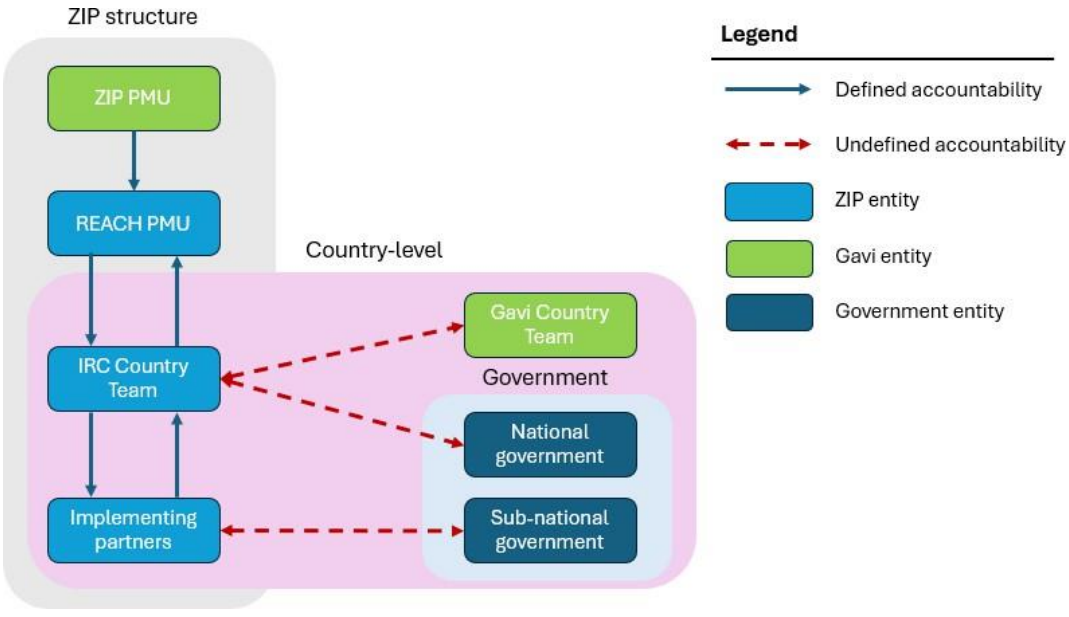
[121] Zero-dose Immunisation Programme. Lessons Learned. *April 2024*.
[122] ZIP PMU. Feedback from ZIP PMU on proposed REACH targets. *Internal Gavi document, shared with Ipsos evaluation team 31 July 2024.*
[123] Zero-dose Immunisation Programme. Lessons Learned. *April 2024*.
[124] Ibid.

agreed time, which was attributed to slow administrative processes stemming from this tiered structure.[125]

How ZIP works with Gavi Country Teams and the national government is not clearly defined, creating challenges for the programme in terms of accountability and operationalisation. The REACH PMU provides directives to the IRC country-team; however, in some instances, the IRC country-team is required to negotiate these directives with Gavi Country Teams and the national government. This also occurs at the sub-national level where the IRC country-team issues directives to sub-national implementing partners, who also at times must negotiate with sub-national government bodies. This was considered challenging, as directives provided through the REACH PMU and IRC country teams were not always aligned with the views of Gavi Country Teams and governments entities. This would often lead to a back and forth between IRC country teams and implementing partners with relevant entities, further delaying operations. One stakeholder described the situation as IRC country teams and implementing partners as *"having two chains of command".* These relationships are represented in the below figure 1.

> **"There was a gap between the ZIP PMU and the Gavi SCM, whenever we had those conversations, their meetings, I felt there was a huge gap between the two. But this gap has become less and less wide."** (Implementing partner, country-level)

Figure 4.1. ZIP structures and accountability with other stakeholders in Ethiopia and South Sudan[126]



Additionally, while national governments enable ZIP to deliver services through various mechanisms, by design, the programme is not usually integrated with government infrastructure, creating tensions. For ZIP to operate, in most cases it requires governments to approve the selection of target-areas, facilitate access to armed groups at the sub-national level for negotiated humanitarian

[125] Thriving talent. Gavi ZIP project – Feedback Summary. *Internal Gavi document, shared 31 July 2024.*
[126] Alongside interviews, this was compiled from the following documents: Organigram Gavi ZIP and REACH PMU organisation chart. *Internal Gavi document, shared with Ipsos evaluation team 31 July 2024.*

access and, with few exceptions, procure and supply vaccines to ZIP target areas.[127] Whilst this is done with the aim of improving country health outcomes, ZIP activities are generally not integrated into government systems. Furthermore, ZIP country teams can access resources to deliver vaccine services more quickly and with less conditions than those afforded to fragile and conflicted affected countries through the FPP process. This has created inherent tensions between governments and ZIP and posed questions from some stakeholders around the equity of ZIP-targeted areas compared with those reached through EAF and HSS funds.

> **"Creating a system that is meant to serve an outside government population that is entirely dependent on government for its inputs has set us up with an inherent tension within our programming."** (Gavi Secretariat, Global-level)

The programme has also not fully defined its relationship with the Fragility, Emergency and Displaced persons (FED) policy. The FED policy allows countries in Gavi's "fragile and conflicted-affected" segment to apply for additional funds on a case-by-case basis to address immediate health needs.[128] For example, South Sudan applied for $3.6 million in emergency funds to address an outbreak of measles, which was approved in November 2023.[129] Whilst the processes and parameters of FED and ZIP are completely different, their objectives and humanitarian purpose are not. The evaluation team was unable to determine the reason why ZIP was set-up outside of this policy and, at the country-level, it was felt to further complicate an already confusing set of funding mechanisms for which governments are eligible.

The current operating model of ZIP, as described above, is not considered sustainable. Currently, the project does not have any real guidelines for how IRC country teams and implementing partners are meant to work with Country Teams and government entities. Instead, ZIP country partners are required to navigate this on a case-by-case basis, operating within a blurry landscape between government and ZIP priorities. Stakeholders reported that there essentially two options for the programme moving forward: move ZIP more towards government-ownership or amplify its independence.

[127] Zero-dose Immunisation Programme. Lessons Learned. *April 2024*.
[128] Gavi. Gavi Alliance Fragility, Emergencies, and Displaced Populations Policy. *Retrieved from: https://www.gavi.org/news/document-library/gavi-fragility-emergencies-and-displaced-populations-policy*
[129] Gavi. Decision Letter, FED, South Sudan. *Retrieved from: https://www.gavi.org/country-documents/south-sudan*

Thematic Policy Brief Five: How advocacy is influencing implementation of Zero-Dose agenda within the IRMMA framework

Update the chapter details in the text box. **This thematic brief focuses on the role of Advocacy in delivering the Zero Dose (ZD) agenda.** Advocacy is Step Four in the IRMMA (Identify, Reach, Monitor and Measure, Advocate) framework developed by the Alliance to help countries reach ZD children. According to Gavi's *Zero Dose Funding Guidelines*[130], advocacy is key to achieve the Zero Dose Agenda for several reasons. It is required to create and sustain political commitment to the ZD agenda, at both global and national levels. It aims to reduce barriers to take up of vaccination services in ZD communities. It is a key component of Gavi's efforts to ensure the sustainability of Gavi-funded interventions when countries transition out of Gavi support[131]. And it is core to influencing in country policy decisions and actions relating to investment in immunisation.

In order to explore the role of advocacy, four evaluation questions (EQs) were agreed with Gavi Secretariat:

- EQ5.1 What advocacy activities are proposed/planned through the Full Portfolio Planning (FPP) process?
- EQ5.2 What advocacy interventions are grants funding to support the ZD agenda?
- EQ5.3 Who are the target audiences for advocacy and what are the desired outcomes?
- EQ5.4 How are advocacy activities planned to be monitored and evaluated?

These questions were intended to inform guidance for the continuing implementation of Gavi 5.0 and the design of the Gavi 6.0 strategy. Through these evaluation questions, we explored how Gavi's inputs were leading to the desired outcomes in three countries: Cambodia, Côte d'Ivoire and India.

This thematic brief is based on data from 16 global key informant interviews (KIIs) and three country case studies, from the larger data set: India, Cambodia and Côte D'Ivoire. The countries were selected after reviewing advocacy activities in each country, to ensure that we had sufficient material to explore. We also considered the inclusion of Pakistan and/ or Ethiopia for the Advocacy Thematic Brief, but both requested not to be included as they did not feel the topic was suitable for their country context. The three countries are middle-income countries and are in the process of transitioning out of Gavi support.

The key target audiences for this brief are the Gavi Secretariat (PPE, IFS); Core alliance partners; and civil society partners, via the CSO Constituency. It is further supported by Annex Three, which provides a brief summary of the methodology.

[130] Gavi (2021) ZD Funding Guidelines. Guidance on Use of Gavi Support to Reach ZD Children and Missed Communities.
[131] Gavi (2024) *Audit Report.* Gavi's Transition Processes.

Summary of Findings

Evaluation question	Key finding	Strength of evidence
Support provided by Gavi	At the global and regional levels, Gavi Secretariat's Public Policy and Engagement (PPE) Team leads on political engagement, alongside Alliance core partners. By contrast, no single department has the mandate to support advocacy for the ZD agenda at the country level, although Gavi provides some funding for advocacy through the PPE and Immunisation Finance and Sustainability (IFS) teams. Most stakeholders felt that there is limited connection between global advocacy and national and subnational activities, and there was evidence of a disconnect between the global/ regional and national understandings of advocacy.	1
Activities planned in FPP (EQ5.1)	Gavi provided limited guidance on how to conduct advocacy to support the ZD Agenda and awareness of guidance provided by Gavi in the design of advocacy activities was low across all stakeholder categories. • In Cambodia (in the preparatory transition phase), proposed advocacy activities targeted provincial government, EPI and health departments. • In Côte D'Ivoire (in the accelerated transition phase), around $6.4 million was allocated through HSS and EAF funds to advocacy activities. • In India, planned advocacy activities included: promoting Gavi funded initiatives to be scaled up by the Government of India; generation of evidence to support the ZD agenda; improved microplanning to identify ZD communities; and a range of demand generation activities.	1
Interventions funded (EQ5.2)	• Gavi's definition of advocacy, focused on ZD communities and sustainability of immunisation services, was not consistently deployed at the national or subnational levels. • Advocacy activities at the national level focused on securing domestic resourcing for immunisation to prepare countries for transition. However, it was not clear that these efforts focused on inclusion of ZD communities. • Accountability mechanisms at subnational levels were most notable in India. Demand generation activities were common at the local community level, especially in India and Côte D'Ivoire, although Gavi secretariat stakeholders questioned whether this constituted advocacy. Social accountability interventions were also implemented at the community level in Cambodia and India, to make service providers accountable to citizens. • Barriers to implementing advocacy interventions included: advocacy is seen as an "added value" activity rather than part of ZD "core business"; CSOs, although tasked with delivering advocacy, sometimes lack the capacity to design and implement these interventions; and long timescales and an insufficient evidence base.	2
Target audience and outcome (EQ5.3)	Stakeholders targeted at the national level were Ministries of Health, Ministries of Finance, parliamentarians, donors and the private sector. Given that the implementation of health policies, including allocation of budgets, was often decentralised, advocating at the subnational level was key to ensure a sustained focus on ZD communities. At the local community, audiences for advocacy included community and religious leaders, parents, community health workers and other community organisations.	1
Monitoring and evaluation (EQ5.4)	At the global level, the PPE team monitored advocacy activities. At the national and subnational levels, there was no consistent approach to monitoring advocacy interventions.	1

Conclusions and recommendations

Conclusions	Recommendations for Gavi 5.0/5.1 implementation	Recommendations for Gavi 6.0 strategy development
There is no single mandate holder within Gavi responsible for Advocacy, and there is a disconnect between global/ regional advocacy and country level activities. Advocacy sits within different areas (PPE, IFS, Civil Society Constituency and country teams) and interventions do not appear co-ordinated. This makes it difficult to develop a common approach to advocacy.	**Secretariat: Establish a single mandate holder to co-ordinate advocacy activities across Gavi and share best practice across the Alliance.** The ZD Learning Hub would be the obvious platform for sharing best practice, and it would be necessary to publicise this resource actively among country teams.	**Gavi Board, Secretariat: Establish an advocacy network or community of practice to bring together global, regional and national teams.** Consider establishing a ZD Advocacy Community of Practice to encourage communication, learning and course correction. Ensure that country teams are engaged fully in this network.
Gavi Secretariat, stakeholders and partners at the country level do not share a common understanding of advocacy purpose or audience, or that is specific to the ZD agenda. Country teams classify demand generation activities as advocacy, which Secretariat stakeholders' question. There is confusion between advocacy for immunization in general, and to support the ZD agenda.	**Secretariat: Promote the definition of advocacy to support the ZD agenda which is given within ZD guidance documents.** The Secretariat should promote existing guidance on advocacy for Zero Dose communities, including activities, target audiences and objectives with the context of the IRMMA framework. The position of demand generation within this should be clarified.	**Secretariat: Socialise the agreed definition of advocacy for ZD among Gavi Alliance core and expanded partners.** This definition should be specific to furthering the ZD agenda and shared across the Alliance, including core and expanded partners at national and subnational levels.
Despite providing a clear definition of advocacy, Gavi provide limited guidance on design, implementation and monitoring of advocacy strategies to promote a ZD agenda, particularly at subnational level.	**Secretariat, Gavi partners: Publicise existing guidance on advocacy to support the ZD Agenda.** Publicise guidance which stakeholders such as GHAI and PATH have produced on advocacy, and the PPE teams' Country Approaches Menu Card. This should target entities at national and subnational levels	**Secretariat: Amend FPP template to include a specific advocacy ask.** Require advocacy plans to be included in the FPP narrative, EAF/HSS grant design and operational work plans. Produce a guide to operationalizing advocacy to support the Zero Dose Agenda, in partnership with key partners such as PATHS and AMREF. Support the IRC to review proposals in line with the agreed definition of advocacy. Build capacity, especially at the subnational level, to implement effective advocacy interventions.

Detailed Findings

Gavi Support to Country Programmes on Advocacy

At the global and regional levels, Gavi Secretariat's PPE Team leads on political engagement alongside Alliance core partners. This team works to influence and secure political commitment for ZD by key political stakeholders including the African Union Commission as well as strategic stakeholders within governments and convened meetings with officials from Ministries of Health (MOH) and Foreign Affairs (MOFA).[132] The PPE team had a clear advocacy strategy, target audiences and messaging plan to support the ZD Agenda. Stakeholders viewed Gavi's global and regional advocacy as effective, having shifted the language around immunisation and placed ZD communities on the global health agenda.

By contrast, no single department is responsible for advocacy to support the ZD agenda at the country level, although Gavi provides some funding for advocacy through the PPE and IFS teams. The PPE team's remit is at the global and regional level (for example, the African Union (AU) and Association of South East Asian Nations (ASEAN)) and includes only limited work with national governments. For example, they are working with ten selected countries with the highest numbers of ZD children in partnership with AMREF Africa. The IFS team funds advocacy initiatives in a subset of specific countries to secure domestic resourcing**,** in preparation for transition out of Gavi support. In Cambodia, CHAI was funded through a TCA grant to support the National Immunisation Programme (NIP) to develop their capacity to advocate to national government to secure domestic funding for routine immunisation. In Côte D'Ivoire, IFS funded the Global Health Advocacy Incubator (GHAI) to identify technical support from CSOs for the MOH and EPI to develop an advocacy strategy targeting central government. The Gavi Board Civil Society Constituency, hosted by AMREF Health Africa, has a remit to build capacity among CSOs to conduct advocacy work. This patchwork of advocacy activities across the Secretariat makes it difficult to gain an overview of advocacy activities funded and delivered globally and nationally.

> **"Gavi is supporting advocacy activities, but it is fragmented and not all under one roof. There are different teams supporting different engagements. Each team has a component of advocacy, so you don't have clarity what support is coming to do what."** (Expanded Partner, Global-level)

Most stakeholders felt that there is limited connection between global advocacy and national and subnational activities. This is not surprising, given that responsibility for these areas rests with different teams within the Gavi Secretariat. Country teams are responsible for their own advocacy strategies and, in our case studies in Cote D'Ivoire, India and Cambodia, these do not always link to higher-level messages promoted by the PPE or IFS teams. For example, a key global advocacy message is to leverage routine immunisation as a platform to build primary health care services. This would seem a compelling advocacy message for national and subnational governments when promoting immunisation financing, but it was not highlighted by country teams or partners working on advocacy.

[132] Gavi (2023) *High Level Messages for the 78th session of the United Nations General Assembly*

> **We don't have a linkage with the country level – at the higher level it's organised, Gavi itself has a strategy, but here on the CSO steering committee we try to have an advocacy steer but it is not country-specific.** (Expanded Partner, Global-level)

EQ5.1: What advocacy activities are proposed/planned through the Full Portfolio Planning (FPP) process?

Gavi Secretariat provided limited guidance on how to conduct advocacy to support the ZD Agenda. Gavi's *ZD Analysis Card*[133] and *ZD Funding Guidelines*[134] include short sections on advocacy, and the PPE team have a menu of advocacy strategies for country teams[135] (Country Approach: Menu of Advocacy Interventions). The FPP applications approved by the IRC included a range of activities under the category of "Advocacy". These covered political engagement at national and subnational levels, but also communications and demand generation interventions which Gavi Secretariat stakeholders suggested should not be described as advocacy. This disconnect between global and national understandings of advocacy may explain in part the variable implementation of advocacy activities at national and subnational levels. More detailed guidance was available from expanded partners. GHAI[136] and PATH[137] have guidance on advocacy strategies on their websites, including planning templates and suggested monitoring and evaluation approaches. There were case studies on the ZD Learning Hub, based on work Mali, Bangladesh, Uganda and Nigeria (https://zdlh.gavi.org). Gavi has commissioned a series of knowledge summaries and advocacy briefs on ZD communities from the International Vaccine Access Centre.[138] However, few stakeholders knew of these resources.

Awareness of guidance provided by the Gavi Secretariat in the design of advocacy activities was low across all stakeholder categories. Core partners in India and Côte D'Ivoire were not aware of Gavi guidance on advocacy as part of the IRMMA framework, despite the fact that in India the IRMMA framework was presented and used extensively during the FPP consultation process at national and sub-national level. The CHAI consultant in Cambodia felt that the lack of a requirement to monitor of advocacy interventions was a major disincentive to implementation. There was no section in the FPP narrative, budgets or grant applications where advocacy had to be specified.

> **"Gavi has no guidance on advocacy, [advocacy activities conducted in country] is a UNICEF thing. There is no Gavi level, grant level advocacy."** (Core Partner, Country-level)

> **"[Advocacy and Behavioural Change] is a very weak area for Gavi. It would be good to see how the tools and policies and guidance talk about how to do advocacy and provide access to Technical Assistance."** (Expanded Partner, Global-level)

[133] Gavi (n.d.) *ZD Analysis Card*.
[134] Gavi (2021) *ZD Funding Guidelines.* Guidance on Use of Gavi Support to Reach ZD Children and Missed Communities.
[135] Gavi (n.d.) *Country Approach: Menu of Advocacy Interventions*
[136] GHAI (2024) *Advocacy Action Guide*: Four Phases to Health Policy Success
[137] PATH (n.d.) *Map Your Advocacy Impact Strategy*: A 10-Part Plan
[138] https://publichealth.jhu.edu/ivac/resources/zero-dose-knowledge-summaries-and-advocacy-briefs. Accessed 29th July 2024

> **"Gavi has not provided advice on doing advocacy other institutions do. [Other organisations have] CSOs dedicated to support advocacy efforts, like the Global Fund."** (Expanded Partner, Global-level)

> **"If you look at our application, the situational analysis and grant support detail, there is no advocacy piece, there is no question or section for advocacy. So that could be why we are not seeing it very explicitly."** (Gavi Secretariat, Global-level)

> **"There is no budget or activity called advocacy. You have to tease out in in the proposal, where we say we want to use certain mechanisms or platforms, but there is not one such activity called advocacy."** (Gavi Secretariat, Country-level)

Looking specifically at the advocacy activities mentioned in the FPP narratives, there was a different focus for each country:

- **In Cambodia (in the preparatory transition phase), proposed advocacy activities targeted provincial government, EPI and health departments**. This included support to improve visibility of immunization expenditure and budget advocacy to Provincial Governors; advocacy to the provincial Government to prioritise immunisation financing; and support to Provincial Health Departments for advocacy with the subnational Government to prioritise immunisation services.
- **In Côte D'Ivoire (in the accelerated transition phase), around $6.4 million was allocated through HSS and EAF funds to advocacy activities**. These included communications campaigns, community radio and cinema, digital publicity, planning and monitoring processes and improved surveillance mechanisms. It was not clear these activities were intended to support the ZD agenda, as opposed to Routine Immunisation (RI) more broadly.
- **In India, planned advocacy activities included: promoting Gavi funded initiatives to be scaled up by the Government of India; generation of evidence to support the ZD agenda; improved microplanning to identify ZD communities; and a range of demand generation activities.** However, the advocacy component of these activities was often not specified. For example, workplans and budgets for evidence generation did not include how this evidence would be used for advocacy.

EQ5.2: What advocacy interventions are grants funding to support the ZD agenda?

The previous section focused on activities which were included in the IRC FPP narrative as part of the grant design. This section looks at activities which were actually being funded and implemented through Gavi grants.

Gavi's description of advocacy contained in *ZD Funding Guidelines* (which apply to HSS, EAF and CCEOP grants), focused on ZD communities and sustainability of immunisation services, but was not consistently deployed in grants at the national or subnational levels. Gavi ZD Funding Guidelines state: "*Dedicated advocacy interventions can help create and sustain political commitment to mobilise and prioritise zero-dose children and missed communities as a platform for primary healthcare strengthening".*[139] However, few advocacy activities at country level met this description. They were rarely "dedicated interventions", only sometimes focused on RI and rarely made the case for ZD

[139] Gavi (2021) *ZD Funding Guidelines*. Guidance on Use of Gavi Support to Reach ZD Children and Missed Communities.

communities as a platform for HSS. Country teams were focused on implementation and tended to view advocacy as something which came at the end of an intervention.

Advocacy activities at the national level in Cambodia and Côte D'Ivoire did focus on securing domestic resourcing for immunisation to prepare countries for transition but it was not clear that their efforts focused on services for ZD communities specifically, rather than on RI more generally. In Côte D'Ivoire, this included working with the Ministry of Finance (MOF) and MOH on budget analysis, securing political commitment and engaging with the private sector. The IFS team funded the Global Health Advocacy Incubator to work on securing budget lines for immunisation as part of transition planning. The HSS grant provided resources to the National Federation of Health Organizations of Côte d'Ivoire (FENOS-CI), an umbrella organisation bringing together local CSOs, to engage with political institutions. The HSS grant also funded the EPI was funded to engage with other government entities, such as the MOF, through workshops. In Cambodia, CHAI was building capacity within the NIP to undertake advocacy work with Ministries, including supporting the planning and budgeting process, assisting with monitoring and data utilisation and contributing to the digitalization of supervision and monitoring of immunization activities. In India, national-level advocacy focused on programme monitoring and performance, through the Immunisation Action Group (discussed later in this Brief). There was no advocacy from Gavi on securing domestic resourcing for immunisation, as the Universal Immunisation Programme is almost entirely funded domestically and has strong political commitment.

Accountability mechanisms at national and subnational levels were another forum for advocacy. This was most notable in India, where Task Forces are convened monthly at the State, District and Block Level, bringing together implementing partners, local government officials and service providers, to review progress, identify blockages and agree actions to improve performance. At the national level, there was an Immunisation Action Group (IAG), chaired by a senior official at the MOH, which brings together representatives from all eleven Gavi States and other implementing partners. In Cambodia, no budget was specifically allocated for advocacy at the national level, and we were unable to identify budgets for advocacy activities at provincial level or whether planned activities targeting subnational government were being implemented.

Demand generation activities[140] were common at the local community level, especially in India and Côte D'Ivoire. This is in line with the Gavi Civil Society and Community Engagement (CSCE) approach, which includes increasing community demand.[141] Interventions were designed to overcome vaccine hesitancy, address myths and misconceptions and increase the acceptability of immunisation. Activities included social marketing campaigns, using local radio and cinema, social media, community dialogues and engaging with local health workers and leaders. In Côte D'Ivoire, FENOS-CI carried out this work at district level with HSS grant funding, whilst in India it **is** part of the work of the CSOs which UNICEF were contracting, funded by HSS3. The establishment of a Community of Practice for Demand Generation was planned in India, to create new approaches to community engagement. This is funded through the HSS3 grant via UNDP, who **is** contracting a private sector partner to implement it. The activities in India focus on ZD communities whilst in Côte D'Ivoire it was unclear to what extent they focused on ZD Communities, as opposed to RI.

[140] Although as observed earlier, Gavi Secretariat Stakeholders questioned whether such activities should be defined as advocacy.
[141] Gavi (2021) *ZD Funding Guidelines*. Guidance on Use of Gavi Support to Reach ZD Children and Missed Communities.

Social accountability interventions were also implemented at the community level, again in line with Gavi's CSCE approach. According to a recent Gavi Evidence Brief, "Social accountability involves strategies rooted in citizen engagement and collective action used to hold governments and service" and can positively impact on health service delivery through advocacy efforts.[142] Interventions were planned in Cambodia and India to make local leaders and service providers more accountable to the communities they served. In India, UNICEF is forming partnerships with a range of CSOs. The implementation of these activities forms part of their terms of reference and target ZD communities. We have no evidence on operationalisation in Cambodia.

> **"Some of the interventions are to do with accountability of the health service provider. You have the village councils. They are supposedly accountable for health services as elected members of their community. However, the immunisation agenda is not always in their mindset. We try to bring it to their attention through engagement in the community, up-dating them on the children's situation, reminding them that this is part of their accountability."** (Core Partner, Country-level)

A number of barriers emerged to implementing advocacy interventions to support the ZD agenda:

- **Advocacy is seen as an "added value" activity rather than part of the "core business**" of country teams focused primarily on delivery. This goes against Gavi's *Zero Dose Funding Guidelines,*[143] which advise that there should be regular and early engagement of senior decision makers, to secure political will on the ZD Agenda.

> **"It is probably seen as a different work-stream from our core programming, which shouldn't necessarily be so – see it more as a value-added package than the work we do on a daily basis."** (Gavi Secretariat, Global-level)

- **CSOs, although tasked with delivering advocacy, sometimes lack the capacity to design and implement these interventions**. Some respondents suggested that, whilst advocacy activities might be included in grant applications, stakeholders lacked capacity to implement them:

> **"For CSOs to do that, they need certain capacities, having proper strategies, technical capacity to articulate the issues that they are championing. For example, being able to develop advocacy briefs. They may know there is an issue but they don't know who to target."** (Expanded Partner, Global-level)

- **Long timescales and an insufficient evidence base**. Advocacy could take years to deliver results, whilst many funding partners require metrics by yearly or even quarterly. High-quality evidence of what works and doesn't work at national and subnational levels was also lacking.

EQ5.3: Who are the target audiences and what are the desired outcomes of advocacy?

Stakeholders targeted for advocacy at the national level were MOHs, MOFs, parliamentarians, donors and the private sector. The goals of advocacy were to maintain focus on ZD communities

[142] Gavi (nd) Social Accountability: Evidence on pro-equity interventions to improve immunization coverage for zero- dose children and missed communities.
[143] Gavi (August 2021) Guidance on Use of Gavi Support to Reach Zero Dose Children and Missed Communities.

(India) and to prioritise the budget for immunisation, identifying potential gaps (Côte D'Ivoire). In Cambodia, stakeholders recognised that budget advocacy was required at the national level, and Gavi's SCM had planned a mission for October 2024.

Given that the implementation of health policies, including allocation of budgets, was often decentralised, advocating at the subnational level was key to ensure a sustained focus on ZD communities. In India, advocacy is conducted through task forces at State, District and Block levels. These meetings, chaired by government officials, could hold partners and service providers accountable and address bottlenecks in implementation. In Côte D'Ivoire, the EPI directed the regions and districts to conduct advocacy among local communities for demand generation and involvement in microplanning but there was no mention of advocacy for sustainable financing, nor was there an explicit focus on ZD Communities. In Cambodia, the importance of advocacy to subnational entities was acknowledged but it was not clear if subnational stakeholders had been identified and targeted.

At the local community, audiences for advocacy included community and religious leaders, parents, community health workers and other community organisations. Interventions targeted these audiences in the context of demand generation activities, with desired results including reduction in vaccine hesitancy, better understanding of the benefits of immunisation, improved community acceptability and better up-take of services. In India and Côte D'Ivoire, stakeholders also reported advocating to local decision makers and duty bearers regarding planning, funding and delivery of vaccination services. The outcomes of this advocacy would be more accountable local leadership, more responsive services and empowered communities. Although this work had not yet started, tools such as community scorecards and user-defined quality standards were mentioned as possible approaches.

EQ5.4: How are advocacy activities monitored and evaluated?

At the global level, the PPE team monitored advocacy activities. This included: monitoring the inclusion of ZD language and concepts in international declarations and political commitments, and whether these were acted on; policy changes and their implementation; and the scaling up of Gavi-funded innovations.

At the national and subnational levels, there was no consistent approach to monitoring advocacy interventions. In Côte D'Ivoire, FENOS-CI were tasked with monitoring subnational activities to advocate around ZD, as part of their remit to monitor their partner CSOs, although the evaluation team did not have access to subnational data in the 113 districts. The EPI worked against their own workplan and were monitored by the Ministry of Health. FENOS-CI was monitored through their own work plan and against budgets by the Programme Co-Ordination Unit. However, these activities were restricted to monitoring of workplans and finances, not outcomes relating to advocacy. In Cambodia, there was no monitoring or evaluation of advocacy activities. In India, meetings like IAG and task forces are minuted and commitments made at the Immunisation Action Group and the State, District and Block level task forces tracked.

At the global level, several stakeholders had developed tools and approaches for monitoring advocacy initiatives (for example, PATH's 10 Part Advocacy Strategy, and GHAI's Policy and Budget Implementation Tracker). These tools had not been developed specifically for advocacy relating the ZD agenda, although the guidance which they contain could be adapted for this objective. However, country respondents had little awareness of these tools and approaches in our case studies.

Annexes

Annex One: Bibliography

Bangladesh Country Learning Hub. (2023). *BGD_2023_Q2_RA_report* [internal document]

Bill & Melinda Gates Foundation-Clinton Health Access Initiative (BMGF-CHAI). (2023). *BMGF-CHAI_Strengthening FPP and EAF implementation to reach zero dose communities_v2 excerpt_Oct 2023* [internal document]

Bill & Melinda Gates Foundation-Clinton Health Access Initiative (BMGF-CHAI). (2024). *Cambodia EAF implementation* [internal document]

Bill & Melinda Gates Foundation-Clinton Health Access Initiative (BMGF-CHAI). (2024). *In-depth identification of root causes for ZD* [internal document]

Bill & Melinda Gates Foundation Immunization Platforms Team, Gates Ventures, & Sequeira, J. (2023). *Learning hubs documentation (to date: "Learn by Doing" (LxD) Key Principles & Guiding Framework)* [internal document]

Bill & Melinda Gates Foundation. (2023). *BMGF LxD overview* [internal document]

Bill & Melinda Gates Foundation. (2023). *BMGF Zero Dose Learning Agenda (ZLDA) Snapshot* [internal document]

Children's Investment Fund Foundation. (n.d.). *CIFF and Gavi launch nutrition and immunisation matching fund* [internal document]

Clinton Health Access Initiative. (n.d.). *CHAI meeting screenshot - analysis of barriers and enablers* [internal document]

Clinton Health Access Initiative. (2023). *CHAI x Gavi_Overview of EAF Success Proposal, Learning questions, ZD efforts_Sep 2023* [internal document]

Clinton Health Access Initiative. (2023). *Discussion Document October 2023* [internal document]

Clinton Health Access Initiative. (2024*). Doc3. 20240508_CHAI x IPSOS x GAVI Discussion Document vShared.* [internal document]

Country Learning Hub for Immunization Equity in Mali. (2023). *Rapid assessment report*

Eleanor Crook Foundation. (n.d.). *ECF and Gavi join forces to pair nutritional supplement and vax delivery to save more lives*

Endriyas, M., Alano, A., Mekonnen, E., et al. (2019). *Understanding performance data: health management information system data accuracy in Southern Nations Nationalities and People's Region, Ethiopia.* BMC Health Services Research, 19(175)

Euro Health Group. (2022). *Evaluation of the operationalisation of Gavi's strategy through Gavi's policies, programmatic guidance, and use of funding levers. Final report.*

Gavi and Eleanor Crook Foundation. (2023). *A literature review and proposed learning agenda on Immunisation-Nutrition Integration*

Gavi. (n.d.). *Civil society: driving increased equity in immunisation.* Retrieved from https://www.gavi.org/operating-model/gavis-partnership-model/civil-society

Gavi. (2024). *Civil society: driving increased equity in immunisation*

Gavi. (n.d.). *Country Approach: Menu of Advocacy Interventions*

Gavi. (n.d.). *Decision Letter, FED, South Sudan.* Retrieved from https://www.gavi.org/country-documents/south-sudan

Gavi. (n.d.). *Engaging partners for success.* Retrieved from: https://www.gavi.org/news/media-room/engaging-partners-success#:~:text=PEF%20aims%20to%20clarify%20the,differentiation%2C%20transparency%2C%20and%20accountability.

Gavi. (n.d.). *EVALUATION ADVISORY COMMITTEE MEETING - Panel on Partnerships* [internal document]

Gavi. (2023). *ETH_Final ToC Narrative, Rev, April* [internal document]

Gavi. (2023). *ETH_HSS4-EAF_Workplan_2023-2027* [internal document]

Gavi. (2024). *Ethiopia_Annual Work Plan_2024* [internal document]

Gavi. (2022). *Doc 18. FPP Field Assessments March 2022 - Summary of Findings v2 Updated 23032022 + Gavi activities* [internal document]

Gavi. (2022). *Doc 19. 1-Gavi-Visit meeting NIP-Progress report-28-Mar-22_updated-2-1*. [internal document]

Gavi. (2023). *Doc 13. KHM_HSS3-EAF_Workplan_2023-2027* [internal document]

Gavi. (2023). *Doc 14. KHM-CCEOP-5.0_DL 2023-2024* [internal document]

Gavi. (2023). *Doc 15. KHM-HSS-3, EAF and TCA_DL 2023-2025* [internal document]

Gavi. (2023). *Doc 20. Gavi_HSS3_2023_2027_on_National_Immunization_Program_2019_2020.* [internal document]

Gavi. (2022). *DRAFT: Gavi REACH project. Inception report: Regional evidence review* [internal document]

Gavi. (n.d.). *Fichier repartion des motos RSS_FAE* [internal document]

Gavi. (2023). *File 2-PHC-GHI Resource Database_v3.2_15May2023* [internal document]

Gavi. (2021). *Final ZD and Equity Document _ Update September 2021* [internal document]

Gavi. (2022). *FPP step-back: streamlining, differentiating and ensuring strong country plans* [internal document]

Gavi. (2022). *FPP step-back: streamlining, differentiating and ensuring strong country plans, Synthesis document* [internal document]

Gavi. (2024). *Fragility, Emergency, Displaced persons, and Humanitarian Engagement: Reflections from Civil Society Organisations for Gavi 6.0*

Gavi. (2022). *Fragility, emergencies and displaced populations policy.* https://www.gavi.org/programmes-impact/programmatic-policies/fragility-emergencies-and-displaced-populations-policy

Gavi. (n.d.). *Gavi 6.0 Update on Design and Operationalisation*

Gavi. (2024). *Gavi Alliance: TA Partners for Immunisation Retreat - DRC (6 & 7 February 2024)*

Gavi. (2021). *Gavi Alliance update*

Gavi. (n.d.). *Gavi Application Process Guidelines* [internal document]

Gavi. (n.d.). *Gavi CSO Host Evaluation - RfQ*

Gavi. (2023). *Gavi high level messages for 2023 UNGA*

Gavi. (2024). *Gavi HSS Analytics* [internal document]

Gavi. (2024). *Gavi 6.0 strategy one-pager (2026 – 2030).* https://www.gavi.org/our-alliance/strategy/phase-6-2026-2030#documents

Gavi. (n.d.). *Gavi Partners' Engagement Framework*

Gavi. (2020). *Gavi PEF TCA Country Assessments Meta Review*

Gavi. (n.d.). *Gavi Phase 6 strategy*. Retrieved from https://www.gavi.org/our-alliance/strategy/phase-6-2026-2030#goals

Gavi. (2024). *Gavi REACH Accelerated Implementation Plan - October 2023 - March 2024* [internal document]

Gavi. (2023). *Gavi REACH - Quarterly Report_January - March 2023* [internal document]

Gavi. (2023). *Gavi REACH MEAL Plan DRafts as at 15th Jan 2023* [internal document]

Gavi. (n.d.). *Gavi Regional Evidnece Review Draft Report* [internal document]

Gavi. (2022). *Request for Proposal – 079-2022-Gavi-RFP Assurance Provider Services*

Gavi. (2021). *Report to the Board. Strategy, Programmes, and Partnerships: Progress, Risks and Challenges. 23-24 June 2021* [internal document]

Gavi. (2021). *Report to the Board. Strategy, Programmes, and Partnerships: Progress, Risks and Challenges. 23-24 June 2021*

Gavi. (2023). *Report to the Evaluation Advisory Committee, 22-23 March 2023 - Panel on Partnerships*

Gavi. (n.d.). *REACH Countries - Vaccine Quantification Assumptions* [internal document]

Gavi. (n.d.). *Reasons for being ZD among children 12-23m in DRC* [internal document]

Gavi. (2024). *Report to Programme and Policy Committee, Annex B, Health Systems Strategy Problem Statement and Key Questions (15-16 May 2024)* [internal document]

Gavi. (2022). *SC MIS CountryWork TGlobal Fund GAVI Version 4 2022* [internal document]

Gavi. (n.d.). *Situation analysis* [internal document]

Gavi. (n.d.). *Social Accountability: Evidence on pro-equity interventions to improve immunization coverage for zero- dose children and missed communities*

Gavi. (n.d.). *Supporting Narrative for Theory of Change for Gavi Support Request from India* [internal document]

Gavi. (n.d.). *Targeted country assistance*

Gavi. (n.d.). *The Gavi Partnership Synthesis 2.0 Report* [internal document]

Gavi. (n.d.). *The Zero-Dose Learning Hub*. Retrieved from https://zdlh.gavi.org/

Gavi. (n.d.). *Thriving Talent. ZD Analysis Card*

Gavi. (2018). *Universal Immunisation Programme Comprehensive Multi-Year Plan 2018-2022*

Gavi. (n.d.). *UNGA78_top-level Report* [internal document]

Gavi. (n.d.). *Updated FPP* [internal document]

Gavi. (n.d.). *Updated IRC reports* [internal document]

Gavi. (n.d.). *Updated JA* [internal document]

Gavi. (n.d.). *ZD Analysis Card* [internal document]

Gavi. (2021). *ZD Funding Guidelines. Guidance on Use of Gavi Support to Reach ZD Children and Missed Communities*

Gavi. (n.d.). *ZDLA Cross-Country Workshop Summary compressed v3* [internal document]

Gavi. (n.d.). *ZDLA documentation workbook* [internal document]

Gavi. (2024). *ZD Literature Review* [internal document]

Gavi. (2024). *Zero Dose Learning Agenda Cross-Country Workshop Summary 6-8 February, 2024, Istanbul, Turkey, Powerpoint. ZDLA documentation workbook)*

Gavi. (2024). *Zero-dose Immunisation Programme. Lessons Learned. April 2024* [internal document]

Gavi. (n.d.). *ZIP Decision Tree* [internal document]

Gavi. (2024). *ZIP PMU. Feedback from ZIP PMU on proposed REACH targets* [internal document]

Gavi. (2024). *Gavi ZIP project – Feedback Summary*

Gavi. (2024). *About ZIP 1-pager*

Gavi. (2024). *Alliance Roles and Responsibilities for Country Engagement*

Gavi. (2024). *Audit Report. Gavi's Transition Processes*

Gavi. (n.d.). *Guide_de_deploiement_operationnel_de_CCEOP*

Gavi. (n.d.). *Health Systems Strategy deep dive_VF*

Gavi. (2024). *HSIS synthesis draft Q1 2024*

Gavi. (n.d.). *Gavi WHA76 High Level Messages*

Gavi. (n.d.). *India FPP review* [internal document]

Gavi. (n.d.). *India Gavi Budgeting Reporting* [internal document]

Gavi. (n.d.). *India Template ToC* [internal document]

Gavi. (n.d.). *India Zero Dose Implementation Plan Guidance Document* [internal document]

Gavi. (2024). *ZD PPC Paper Mira_2_for HSIS & Strategy* [internal document]

Gavi. (2023). *09_08_2023_Template_Supporting Narrative FPP_Révisé-CIV* [internal document]

Gavi. (n.d.). *MLI_2024_Q1_RA_report_EN* [internal document]

Gavi. (n.d.). *MSH on UHC PPPR and TB* [internal document]

Gavi. (2022). *Mission Report June and August Missions 2022* [internal document]

Gavi. (2022). *Mission Report March and April 2022* [internal document]

Gavi. (n.d.). *New health immunisation strategies*

Gavi. (2024). *NGA_2024_Q1_RA_report* [internal document]

Gavi. (n.d.). *Nigeria Alliance Partner Retreat: Key Takeaways* (13-15 December 2023) [internal document]

Gavi. (n.d.). *Operational Framework for Primary Health Care* [internal document]

Gavi. (n.d.). *Overview of "EAF Success" proposal & learning questions* [internal document]

Gavi. (n.d.). *Partners' engagement framework: Guidance on the role of expanded partners in the provision of targeted country assistance*

Gavi. (2024). *Partnership Synthesis 2.0* [internal document]

Gavi. (n.d.). *PEF Guidance on the role of EPs in the provision of TC* [internal document]

Gavi. (n.d.). *PEF Portal Reporting Guidance* [internal document]

Gavi. (2022). *PEF Targeted Country Assistance (TCA) Guidance for 2022-2025 Multi-Year Planning* [internal document]

Gavi. (2020). *PEF TCA Meta Review* (2020) [internal document]

Gavi. (n.d.). *PHC operational levers* [internal document]

Gavi. (n.d.). *PHC strategic levers* [internal document]

Gavi. (n.d.). *PoI on UHC and PPPr* [internal document]

Gavi. (n.d.). *Project Narrative Final for Gavi CT* [internal document]

Gavi. (2024). *Target indicator for Gavi 6.0 TBC in Gavi 6.0 strategy one-pager (2026-2030)*

Global Alliance for Health and Immunization (GHAI). (2024). *Advocacy Action Guide: Four Phases to Health Policy Success*

Immunization Agenda 2030. (n.d.). *IA2030_Immunization_for_PHC_Framework_for_Action_slides_EN* [internal document]

Immunization Agenda 2030. (n.d.). *ia2030_frameworkforactionv04* [internal document]

Immunization Agenda 2030. (n.d.). *Immunisation as entry point for PHC and beyond Lebanon* [internal document]

Immunization Agenda 2030. (n.d.). *Immunisation programs to support PHC and achieve UHC* [internal document]

International Rescue Committee. (n.d.). *IRC Technical Proposal*

International Rescue Committee. (n.d.). *IRC_List of Local partners* [internal document]

International Rescue Committee. (2023). *Gavi and IRC. Reaching every child in humanitarian settings (REACH): Quarterly narrative report, July – September 2023* [internal document]

International Rescue Committee. (2023). *IRC Report_Ethiopia_Final Report_2March2023*

Ipsos. (2024). *Evaluation of Gavi's contribution to reaching zero-dose and missed communities Year 1 annual report*. https://www.gavi.org/news/document-library/evaluation-gavis-contribution-reaching-zero-dose-and-missed-communities

Itad. (2018). *Evaluation of Gavi Support to CSOs*

Itad. (2021). *Evaluation of Gavi's Private Sector Engagement Approach*

JSI. (2022). *Evaluation of the Cold Chain Equipment Optimization Platform - Endline Evaluation Report for Gavi.*

JSI. (2024). *RISE National Orientation Plan on Gavi HSS3 States* [internal document]

Kaiser Family Foundation (KFF). (2024). *The U.S. Government and Gavi, the Vaccine Alliance*

McKinsey. (2024). *Gavi HSS Analytics readout* [internal document]

Momentum. (2023). *MCGL_Integration-Landscape_literature-review-findings_Final5081*

NTT Data. (2023). *EVOLVE As-Is report*

PATH. (n.d.). *Map Your Advocacy Impact Strategy: A 10-Part Plan*

Results for Development. (n.d.). *Plan de Viabilite* [internal document]

UNDP. (n.d.). *Country Programme document* [internal document]

UNDP. (n.d.). *National Orientation Plan on Gavi HSS3 States* [internal document]

UNICEF. (n.d.). *Country Programme Document* [internal document]

UNGA. (n.d.). *Key thematic Takeaways_UNGA78_Revised*

UNOPS. (n.d.). *Increasing access to basic services in Tigray*. Retrieved from https://www.unops.org/news-and-stories/news/increasing-access-to-basic-services-in-tigray

USAID. (2023). *Pause of U.S. food aid in Tigray, Ethiopia*. Retrieved from https://www.usaid.gov/news-information/press-releases/may-03-2023-pause-us-food-aid-tigray-ethiopia#:~:text=We%20have%20made%20the%20difficult,committed%20to%20the%20Ethiopian%20people.

WHO. (n.d.). *Country cooperation agreement* [internal document]

WHO. (2022). *Applying a Primary Health Care approach to support provided by Gavi, The Vaccine Alliance*

WHO. (n.d.). *National Orientation Plan on Gavi HSS3 States* [internal document]

WHO. (2018). *Primary health care measurement framework and indicators: monitoring health systems through a primary health care lens*

WHO. (n.d.). *Key outcomes_WHO EB 152*

WHO. (n.d.). *PHC measurement framework and indicators WHO* [internal document]

WHO. (2018). *Working together integration resource guide for immunisation services*

WHO. (2022). *File 8-Case Studies Document for Toolbox November 24th* [internal document]

WHO/UNICEF. (2024). *Estimates of national immunization coverage.* https://www.who.int/teams/immunization-vaccines-and-biologicals/immunization-analysis-and-insights/global-monitoring/immunization-coverage/who-unicef-estimates-of-national-immunization-coverage

Annex Two: Original ToR

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[144] and missed communities[145]. 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[146] 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.[147]

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[148]. Key shifts in the materials and application process include[149]:

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 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.

[144] 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).

[145] 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.

[146] 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

[147] Strategy Update Board June 21 and PPC Chair Report June 21

[148] 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.

[149] Need to Know – 20 May 2021 https://www.gavi.org/sites/default/files/ntk/NTK-20052021.pdf

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.

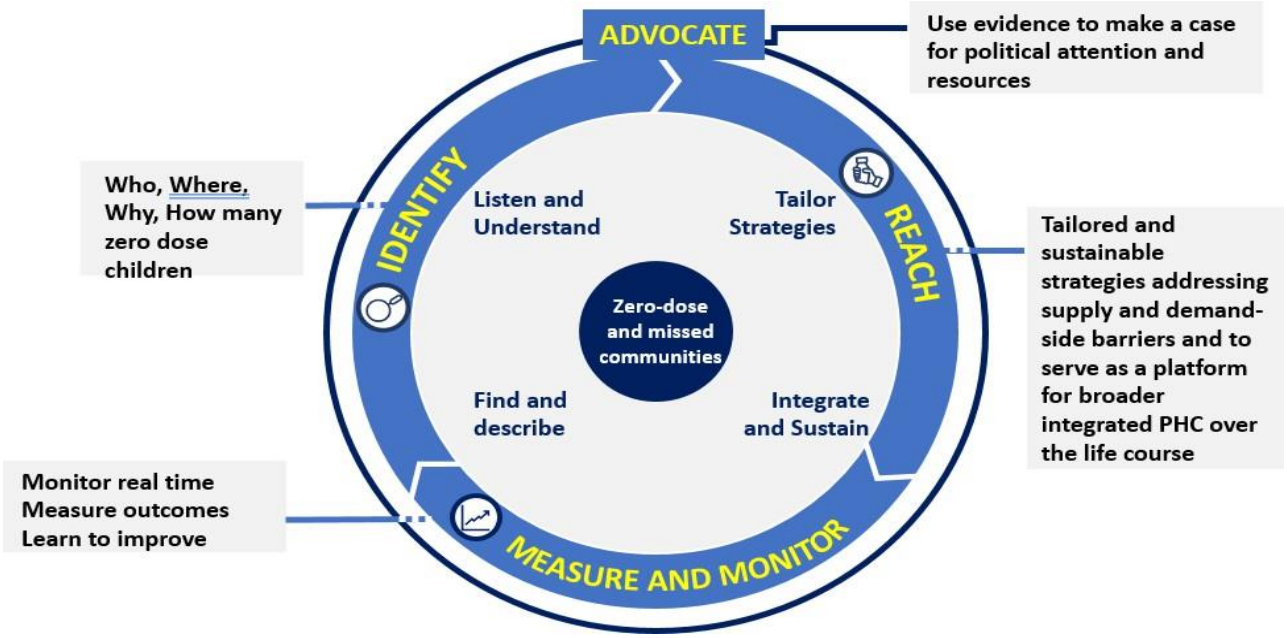
Understanding zero dose under Gavi 5.0

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 [150]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 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)[151] 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.[152] 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 [153].

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

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

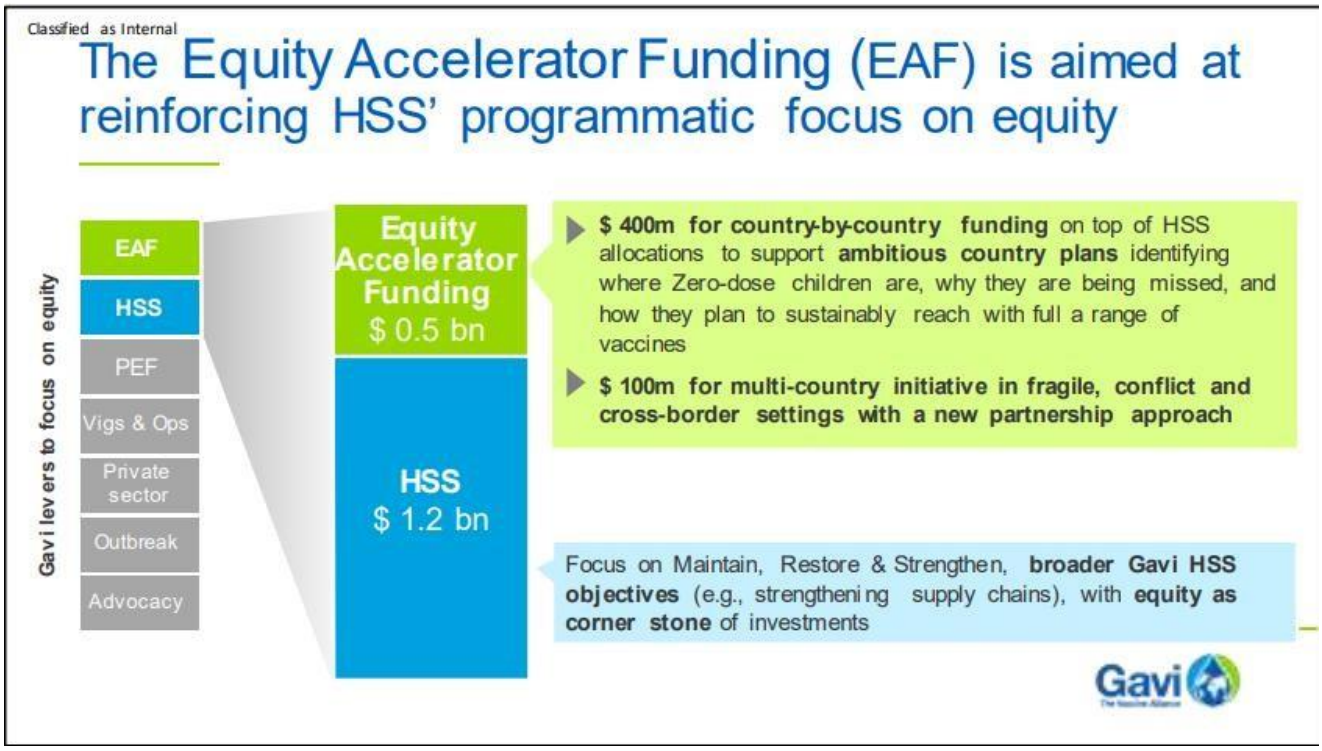
[151] https://sites.google.com/view/erg4immunisation/home

[152] 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.

[153] Need to Know – October 2020, https://www.gavi.org/sites/default/files/ntk/NTK-08102020.pdf

programming has also been updated, with new zero-dose programme funding guidelines[154] to support countries to identify and reach zero-dose children (December 2021 Board).

Figure 2: Equity Accelerator Funding



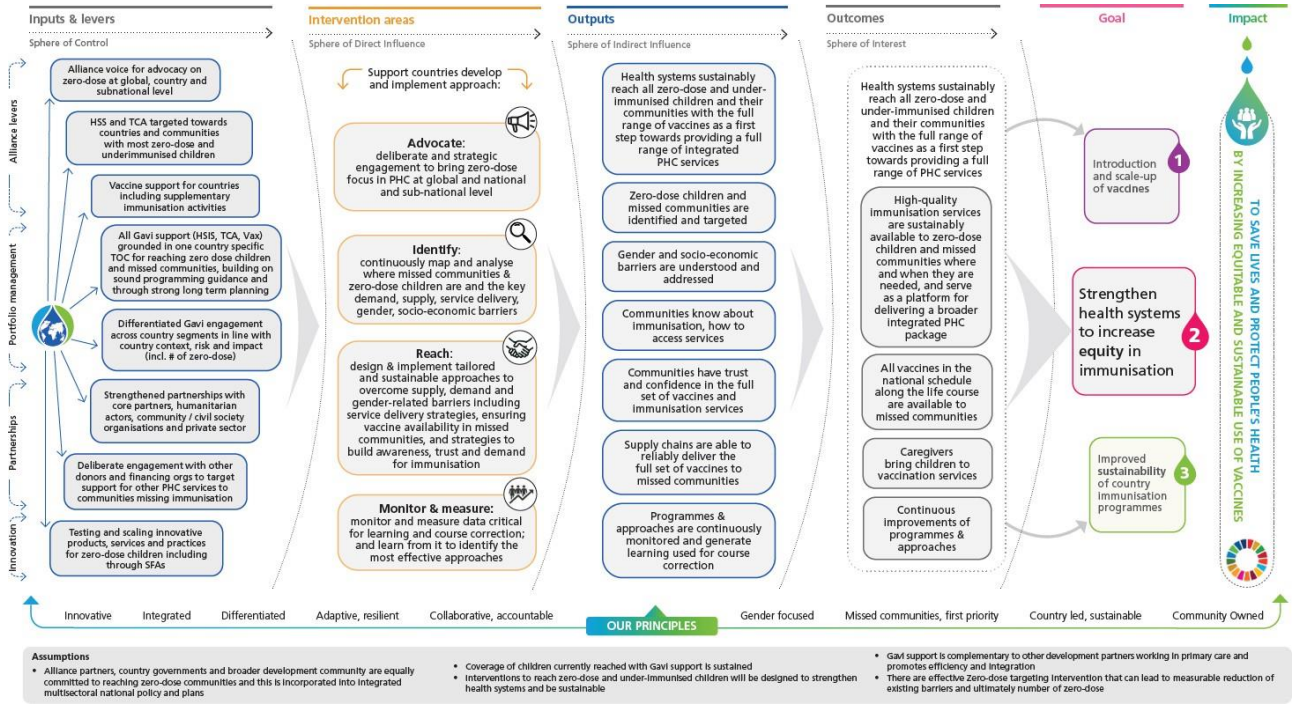
In order to implement the ZD children and missed communities' approach, Gavi 5.0 will require some important operational shifts. This includes:

- 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.

[154] https://www.gavi.org/sites/default/files/support/Gavi_Zero-dose_FundingGuidelines.pdf

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[155] 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.

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.

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

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

- 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[156].

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.

[156] 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.

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

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 • Final agreement on the questions and deliverables will be discussed and approved as part of the annual work planning meeting for the evaluation.	w/c 23-Oct-23 (TBC)	EvLU, Supplier engagement

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

Duration of the Work

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

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.

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	

No.	Criteria / Sub-Criteria	Sub-weighting (100%)
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	
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

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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

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 and framework

In contrast to Phase 1, the evaluation questions in Phase 2 were crafted to target key areas of interest within each focus topic for the Gavi Secretariat and the business owners of each focus topic within the Secretariat. The final evaluation questions are displayed in the table below, along with sub-questions, hypotheses, and data sources.

Table A.1: Overview of FT areas

Focus topic	Hypotheses	Evaluation questions	Sub-questions	Data sources	Analytical method(s)
FT1: Barriers and facilitators of implementation of the ZD agenda	**Hypothesis 1.1:** A combination of the impacts of COVID-19 and the complexity of Gavi's country-led business model. At country level the Gavi business model creates high transaction costs within the context of limited absorbative capacity and human resources available to process grants and report to Gavi	EQ1.1 Why is disbursement/absorption of Gavi cash grants for ZD programming slow and what are the identified barriers and facilitators to grant disbursement, absorption, implementation and reporting?	*EQ1.1.1 What are the main lessons emerging (e.g from Evolve) on the barriers and facilitators to operationalising the ZD approach? How does this plays out at country level?* *EQ1.1.2 what could be done by Gavi and/or country partners to expedite disbursement/ absorption of grants to reach ZD children?* *EQ1.1.3 what could be done by Gavi and/or country partners to improve implementation and reporting of these grants?*	Process mapping: Year 1 report, CCS stakeholder mapping, ToC Desk review: MTE evaluation, EVOLVE documentation, McKinsey ToR, JSI ToR, Learning Hubs documentation, FED policy, Country segmentation handbook, FPP application and IRC review / agreed budget SAP and MPM disbursement indicators by grant lever and GPF data Global and Country-level KIIs	Process mapping, triangulation, and hypothesis testing.
	Hypothesis 1.2: The reallocation of Gavi cash grants for ZD objectives may be to procurement (e.g. for health equipment) due to a lack of absorptive capacity,	EQ1.2 Does any reallocation of funds support ZD objectives? What evidence informed the reallocation process?	*None*	Desk review: MTE evaluation, EVOLVE documentation, McKinsey ToR, JSI ToR, Learning Hubs documentation	Process mapping and hypothesis testing

	which doesn't strengthen health systems			Global and Country-level KIIs	
	Hypothesis 1.3 There has been a lack of flexibility and differentiated support despite the introduction of the FED policy, related documents and FPP process guidance for streamlining and adapting Gavi's standard procedures	EQ1.3 Has there been any flexibility/ differentiated support?	*EQ1.3.1 What are the specific mechanisms by which policies that facilitate differentiation and segmentation can be operationalised through the Gavi grant management process?*	Desk review: MTE evaluation, EVOLVE documentation, McKinsey ToR, JSI ToR, Learning Hubs documentation Global and country-level KIIs	Process mapping and hypothesis testing
FT2: Role of partners in supporting implementation	**Hypothesis 2.1: Gavi leverages a range of core and expanded partnerships to enhance the design and delivery of interventions to reach ZD communities more effectively** **Sub-hypothesis *2.1.1*: The use of expanded partners, in particular civil society, can improve Identification, Reach, Monitoring, Measurement, and Advocacy in ZD communities that are typically missed by core partners and**	EQ2.1 How appropriate is the constellation of partners (core, expanded) involved in the (1) agenda-setting and advocacy around ZD at the global level, and (2) design and delivery of ZD interventions at the country level?	EQ2.1.1 To what extent is there adequate representation and meaningful engagement of both core and expanded partners at the global and country levels? *EQ2.1.2 Are the right partners involved: (1) At the global level in strategy-setting and to build coherence towards the ZD agenda? (2) At the national and sub-national levels to optimise the delivery of the ZD agenda? Why / why not?*	Desk review: stakeholder mapping (Y1) Global and country-level KIIs	Triangulation and hypothesis testing

	government services, thereby enhancing ZD delivery in-country.				
	Hypothesis 2.2: There is alignment and commitment amongst partners to deliver against the ZD agenda at the global and country levels. At the national level, partners are harmonised with government priorities and needs.	EQ2.2 To what extent are partners aligned in their understanding of and commitment to the ZD agenda at the global and national levels?	*EQ2.2.1 Where, if at all, is there is misalignment? What is the reason for this? How, if at all, does this affect delivery against the ZD agenda?* *EQ2.2.2 To what extent are partner activities at the national level coherent with government needs and support health system capacity strengthening?* *EQ2.2.3 What role does Gavi play in influencing the agenda of partners to enhance alignment and commitment (including financial) to the ZD agenda? How effective or not has this been, and what could Gavi do differently to improve its ability to influence others towards ZD?*	Desk review: Y1 CCS reports, FPP application, IRC reviews, Joint Appraisals, partner strategies or workplans Global and country-level KIIs	Triangulation and hypothesis testing
	Hypothesis 2.3: Gavi has the appropriate mechanisms and structures in place to	EQ2.3 To what extent are Gavi's partnership frameworks (PEF, CSCE), levers (HSS /	*EQ2.3.1 To what extent have partners (core, expanded) been adequately represented*	Desk review: PEF Framework, CSCE Framework, FPP applications and	Process mapping, triangulation and hypothesis testing

	enable effective partnerships for ZD delivery at the global and country levels, and they are being implemented effectively	EAF, TCA), and processes (FPP) appropriate for enabling effective partner support in the delivery of the ZD agenda? How are they being operationalised in practice?	*in the FPP design and decision-making process?* *EQ2.3.2 To what extent have funding decisions and activity design been made according to each partner's comparative advantage in ZD delivery, and in line with Gavi partner requirements (e.g., CSCE funding)?*	approved grants, IRC reviews, Joint Appraisals, MoUs with partners, partner results frameworks, partner strategies or workplans *MPM data, CSO allocation data* *Global and country-level KIIs*	
	Hypothesis 2.4: The right mechanisms are in place and adequately utilised and monitored to support the effective coordination and management (performance, risk, compliance) of partners at the global and national levels	EQ2.4 To what extent are there robust coordination, monitoring, and accountability mechanisms in place to support effective partnerships at the global and national levels?	*EQ2.4.1 If there are gaps, what could Gavi or others do to enhance partnership management, thereby supporting more relevant, coherent, and effective support towards ZD implementation?*	Desk review: FPP application, IRC review, Joint Appraisals, MoUs with partners, partner results frameworks, evaluation or monitoring reports Global and country-level KIIs	Triangulation and hypothesis testing
FT3: PHC integration, unintended consequences and sustainability	**Hypothesis 3.1:** New Gavi grants allow ZD funding priorities to be aligned with country priorities	EQ3.1: To what extent is the Gavi 5.0/5.1 strategy to reach ZD children aligned with wider PHC integration and HSS objectives?	*None*	Desk review: FPP application, IRC review, Joint Appraisals, MoUs with partners, partner results frameworks, evaluation or monitoring reports	Process mapping, triangulation and hypothesis testing

			Secondary data analysis: MPM, SAC, and WUENIC datasets Global and country-level KIIs	
Hypothesis 3.2.1: Gavi guidance and processes under 5.0/5.1 have a clear and robust focus on ZD and equity through PHC integration.	EQ3.2: To what extent are Gavi 5.0/5.1 funding and non-funding levers contributing to systems integration for HSS?	*None*	Desk review: FPP application, IRC review, Joint Appraisals, MoUs with partners, partner results frameworks, evaluation or monitoring reports	Thematic analysis, triangulation and hypothesis testing
Hypothesis 3.2.2: The FPP process leads to improved coordination and planning with other stakeholders			Secondary data analysis: MPM, SAC, and WUENIC datasets Global and country-level KIIs	
Hypothesis 3.2.3: The implementation of Gavi 5.0/5.1 grants is able to leverage PHC integration				
Hypothesis 3.3: As they transition out of Gavi eligibility, countries prioritise building integrated, comprehensive and sustainable PHC above targeting ZD children	EQ3.3: To what extent is sustainability taken into consideration in the ZD strategy?	*None*	Desk review: FPP application, IRC review, Joint Appraisals, MoUs with partners, partner results frameworks, evaluation or monitoring reports	Thematic analysis, triangulation and hypothesis testing

	and missed communities.			Secondary data analysis: MPM, SAC, and WUENIC datasets Global and country-level KIIs	
FT4: ZIP coherence with other Gavi-funded investments	**Hypothesis 4.1:** Gavi secretariat, Alliance partners, and government stakeholders have a clear understanding of ZIP, the way in which it has been designed and delivered, and the objectives it is working towards.	EQ4.1 To what extent is the design, delivery and objectives of ZIP understood by Gavi secretariat, Alliance partners, and government stakeholders?	*EQ4.1.1 To what extent are Alliance partners aligned on ZIP objectives to reach missed communities that are outside national programmes in Ethiopia and South Sudan? How has this been negotiated across partners in Ethiopia and South Sudan?*	Desk review: Background documents on ZIP, including (but not limited to): About Zip; Board June 2021 Strategy; ZIP Lessons Learned Global KIIs with Gavi Secretariat, Alliance Partners, and ZIP stakeholders. Country-level KIIs with Gavi Secretariat, government stakeholders and Alliance Partners	Thematic analysis of interviews / documents. Triangulation and hypothesis testing across KIIs
	Hypothesis 4.2: There is agreement among stakeholders, which is enabled through the perception that the ZIP 'identify' methodology is strong and robust, that it is working in the right	EQ4.2 To what extent is there agreement among stakeholders, including government and ZIP delivery partners, that ZIP is working in the right places?	*EQ4.2.1 To what extent do stakeholders perceive that the methods ZIP uses to identify missed communities in South Sudan and Ethiopia are*	Desk review: Country reports and focus area selection documents. Global KIIs with Gavi Secretariat, Alliance	Triangulation and hypothesis testing across KIIs

	places in South Sudan and Ethiopia.		*robust, accurate and in line with ZIP objectives?*	Partners, and ZIP stakeholders. Country-level KIIs: With Gavi Secretariat, government stakeholders and Alliance Partners	
	Hypothesis 4.3: Gavi processes and architecture, including the country-led model and the ZD strategy, support the delivery of ZIP in Ethiopia and South Sudan.	EQ4.3 How do Gavi processes and architecture support and/or hinder implementation of the ZIP programme?	*EQ4.3.1 To what extent, if at all, does the country-led model enable the delivery of ZIP? Does this raise specific risks and/or opportunities? What is the role of Country Teams in the delivery of ZIP?* *EQ4.3.2 To what extent, if at all, do the Gavi principles, including the ZD agenda and development approach, enable the delivery of ZIP?*	Desk review: Lessons learned document, REACH annual report, Country reports. Global KIIs with Gavi Secretariat, Alliance Partners, and ZIP stakeholders. Country-level KIIs with Gavi Secretariat, government stakeholders, Alliance partners, and ZIP stakeholders	Thematic analysis of interviews Triangulation and hypothesis testing across KIIs
	N/A	EQ4.4 What have been the barriers and enablers to delivering ZIP in Ethiopia and South Sudan?	*None*	Desk review: Lessons learned document, REACH annual report, REACH KPIs, Country reports. Quantitative data: DPT1, 3, MCV1, 2 data for	Triangulation and hypothesis testing across KIIs

				Ethiopia and South Sudan Country-level KIIs with Gavi Secretariat, government stakeholders, Alliance partners, and ZIP stakeholders	
FT5: How advocacy is influencing implementation of Zero-Dose agenda within the IRMMA framework	**Hypothesis 5.1:** Gavi provides effective guidance to implementing partners to design advocacy activities to support the Zero Dose Agenda, and requires that these are included in grant applications	EQ5.1 What advocacy activities are proposed/planned through the FPP process? Are they in line with the Gavi guidance provided – why/why not?	*EQ5.1.1 How relevant was the guidance Gavi provided to partners to design and implement advocacy approaches?* *EQ5.1.2 How was guidance used during the FPP process? Which partners were most involved in these areas of grant design? How helpful was it – could it be improved?* *EQ5.1.3 What was the role of partners during the FPP process in supporting the design of advocacy interventions? How is this evolving in relation to core and expanded partners?*	Desk review: FPP application, IRC review, partner strategies proposals (WHO, UNICEF, UNDP), Workplans / progress reports KIIs with Gavi Secretariat, government stakeholders, and core and expanded partners Secondary data: activities on budget relating to advocacy; funds allocated to advocacy	Thematic / descriptive analysis. Hypothesis testing.

	Hypothesis 5.2: Partners deliver effective advocacy activities targeting national and subnational political leaders to enhance political commitment to the ZD agenda.	EQ5.2 What advocacy interventions are grants funding to support the ZD agenda?	*EQ5.2.1 What roles are core and expanded partners playing and how are they funded to do this?* *EQ5.2.2 What gaps have emerged between planned advocacy activities and those being funded/implemented? Why have they emerged?* *EQ5.2.3 What have been the main barriers and facilitators to funding and implementing advocacy activities and why?*	Desk review: FPP application, IRC review, JAs, mission reports, partner strategies proposals (WHO, UNICEF, UNDP), Workplans / progress reports, evaluation and monitoring reports. KIIs with Gavi Secretariat, government stakeholders, and core and expanded partners Secondary data: activities on budget relating to advocacy; funds allocated to advocacy, funds disbursed for advocacy activities	Thematic / descriptive analysis. Hypothesis testing.
	Hypothesis 5.3: CSOs and CBOs, FBOs support local communities to hold health systems accountable for immunisation equity and performance, ensuring these prioritise the needs of ZD communities.	EQ5.3 What is the desired outcome of advocacy activities?	*EQ5.3.1 Who are the targets of advocacy? What is the balance between targeting political leaders and local communities?*	Desk review: FPP application, IRC review, JAs, mission reports, partner strategies proposals (WHO, UNICEF, UNDP), Workplans / progress reports, evaluation and monitoring reports.	Thematic / descriptive analysis. Hypothesis testing.

				KIIs with Gavi Secretariat, government stakeholders, and core and expanded partners	
	Hypothesis 5.4: Advocacy activities are effectively monitored and evaluated and the insights are used for course correction and improvement:	EQ5.4 How are advocacy activities planned to be monitored and evaluated? How will advocates know if their work is successful? Can you give any examples of best practice or successful advocacy activities?	*None*	Desk review: FPP application, IRC review, JAs, partner strategies proposals (WHO, UNICEF, UNDP), Workplans / progress reports, evaluation and monitoring reports. KIIs with Gavi Secretariat, government stakeholders, and core and expanded partners	Thematic / descriptive analysis. Hypothesis testing.

Data collection

Ethical review

Given this was an evaluation that interviewed stakeholders within Gavi and representatives from Gavi partners, we did not seek Institutional Review Board (IRB) approval. Instead, for each country case study, the evaluation team procured a letter from the national government, via the Gavi SCM, stating that this evaluation was exempt from IRB approvals. This approach was approved by the Gavi CET.

Informed consent

Throughout the evaluation, the evaluation team adhered to strict ethical processes. Participation in this study was voluntary and based on informed consent. Only participants who were willing to be interviewed were included in this evaluation. Prior to being interviewed, participants were verbally briefed on the aims and objectives of the evaluation, and the topics that the interview would cover. They were assured that their responses would be kept confidentially and this information would be stored securely and deleted at the end of the evaluation. They were also told that their name and affiliation would be included in the report. The participant was also given the opportunity to ask questions about this process and the evaluation. They were then asked to give verbal consent to be interviewed, which was captured on a recording.

Confidentiality

A specific ethical issue related to the undertaking comparative case studies is that the level of description required to portray the richness of the cases may mean that in some cases, participants are identifiable. To address this issue, we clearly explained this to the participants, giving them the opportunity to withdraw, and explain that their interview will not bear any consequences on them, regardless of any negative feedback they may have. We designed the research tools to ensure we are only gathering necessary data.

Ethical data management

All personal data was stored and transferred securely. Interviews were recorded on a secure, password protected digital recorder, which was then uploaded securely to a password-protected laptop and stored on a secure server, which only members of the evaluation team had access to. Any files that needed to be transferred were done so via Ipsos' globally approved secure file transfer portal (Ipsos Transfer), which adheres to GDPR. All personal information collected was deleted at the end of this evaluation.

Cultural and sensitive information

Implementation of the study also took into consideration local nuances that may apply to specific communities, such as religion, cultural norms, and language as a core part of ethics guidelines. As such, all data was collected with local teams that understand such social intricacies.

Finally, to circumvent potential sensitive information being made publicly available, the final report was shared with Gavi SCMs for a final review, with the aim of validating the report and ensuring that all information contained in the report is suitable to be made publicly available.

Coordination, engagement, and quality assurance

This was a rapid evaluation, which consisted of the following phases:

- **An inception phase (April 2024),** consisting of desk research, familiarisation interviews, and engagement with key Secretariat business owners and country teams.

- **A data collection phase (May to June 2024),** consisting of a desk review, global key informant interviews, secondary data analysis, and seven country case studies, one which took place remotely, five in-country, and one in-person but by proxy.
- **Analysis and reporting phase (July to August 2024),** consisting of quantitative and qualitative data analysis, triangulation, and drafting of the five thematic policy briefs.

To manage this process and ensure data collection ran smoothly, and timelines were met, the evaluation team implemented the following coordination and engagement measures:

- Each focus topic was assigned a **business owner** within the Gavi Secretariat and focus topic leads met with the business on a regular basis throughout the inception and mainstages. The aim was to ensure that the findings were relevant to the Secretariat and to adjust where necessary.
- Country case study leads met regularly with **Gavi country teams** ahead of the case studies. This was to help organise and coordinate fieldwork, ensure the evaluation team had up to date documentation, and adjust where necessary.
- The internal team also met regularly throughout the evaluation, including an inception two-day kick-off workshop in-person in Geneva at the beginning of the project, during weekly team meetings throughout the project during data collection, and during two half-day analysis sessions during the analysis and reporting phase.

The evaluation team put in place clear processes in place for oversight and quality assurance of the evaluation. The Project Director, Team Leader, and Project Manager had core responsibilities for oversight of the evaluation day-to-day. This included:

- An initial three-day workshop, hosted by Gavi in Geneva, which brought together all evaluators, including in-country teams from the country case studies. The purpose of the workshop was to develop the evaluation framework for each of the focus topics, build an evaluation timeline, and review these outputs. The Team Lead, Project Director, and Project Manager, as well as Gavi colleagues, including members of the Central Evaluation Team, provided guidance and quality assurance throughout.
- The inception report was quality assured by the Project Director and Team Leader, as well as the Gavi Central Evaluation Team. Specific plans for each of the focus topics were reviewed and approved by the Gavi business owner.
- All team members on the project were experienced evaluators, with at least five years of experience in the design, implementation, and analysis of complex data. Focus topic guides were developed for each focus topic, and reviewed by the Team Lead, Project Director, Focus Topic Lead, and business owner at Gavi. Interviews themselves were conducted by the Focus Topic Lead and/or in-country evaluator. Given the condensed timelines of the project, we were unable to pilot the topic guide.
- During the analysis phase, data from the interviews was extracted using an analysis template, which was developed by Focus Topic Leads, and reviewed by the Team Lead, Project Director, and Gavi Central Evaluation Team. Data was extracted from the interviews by team members who did not conduct the interview, and final outputs were reviewed by Focus Topic Leads.
- Each Focus Topic brief was quality assured internally by the Team Lead and Project Director; it was then reviewed by the Gavi CET, before being sent to the Gavi business owner for a final review. The Focus Topic briefs were also shared with the Gavi country SCMs to check for factual and sensitive findings.

Desk review

A total of 229 documents were reviewed by the evaluation team; this included 95 documents at the global level, and 134 at the country level. Documents included programme documents, academic literature, evaluation reports and secondary data sources.

The documents reviewed for Phase 2 were sourced through various channels, including:

- Reviewing and updating the bibliography from Phase 1
- Documents provided directly to the Ipsos team by the Central Evaluation Team, Gavi Secretariat, and Gavi country teams
- Documents provided through key informant interviews
- Additional desk research undertaken by the Ipsos team

To manage the large-scale desk review in Phase 2, Ipsos implemented a data collection template to organise and ensure data was gathered systematically. This template was tailored to align with the primary areas of inquiry, derived from the evaluation framework, to ensure pertinent data was captured from a diverse array of documents.

The objective of the global level desk review was to collect existing evidence to guide the KIIs with global participants. It also aimed to ensure that the evaluation approach stayed aligned with any potential changes to the zero-dose strategy by examining Gavi Secretariat documents, along with new literature, context, policies, and processes related to zero-dose and underserved communities. This was done to incorporate developments and evolving knowledge throughout the evaluation.

The objective of the country-level desk review was to ensure that case study leads grounded their research and analysis in current evidence at the country level, especially to enhance understanding of the country context as the evaluation advanced. This also involved identifying potential new evidence sources and supporting the identification of ZD agenda interventions within the countries. Additionally, the country-level desk review contributed to informing the in-depth interviews conducted within the case studies.

Secondary data analysis

Secondary data analysis focused on the following sources of data:

- **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 grant disbursement and absorption at the country-level. The dataset is updated periodically.

- **SAC indicators** also cover implementation aspects of Gavi funding and include similar indicators to the MPM dashboard. However, as SAC indicators are only updated annually, the evaluation instead used the MPM indicators.

Approach to data cleaning and analysis

MPM and SAC data are routine implementation monitoring 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 and SAC data for descriptive analysis using the MPM indicators. Nonetheless, there were notable limitations associated with the datasets:

- There was missing data for both datasets.
- The MPM data set is updated periodically, whilst the SAC dataset is updated annually.
- Subsequently, data on the MPM and SAC data was not always aligned.

Following discussions with the CET and the wider Gavi Secretariat, the MPM dashboard was identified as the most current resource, and these indicators were used for the evaluation. However, some parts of the MPM dashboard were either inaccessible or inconsistent across the countries selected for case studies. Efforts were made to rectify this by validating the datasets with the SCMs, but engagement from SCMs was inconsistent, and in some cases, they were unable to validate the datasets. As a result, the use of these indicators was limited within the evaluation.

Global Key Informant Interviews

In Phase 2, 53 global stakeholder key informant interviews were completed. Soft targets were set for each focus topic area. While the original goal was to complete 50 KIIs, additional interviews were carried out to achieve analytical saturation, ensuring that sufficient data was gathered to form essential conclusions, beyond which further data collection would not have yielded additional valuable insights.

The Gavi team functioned as a gatekeeper in scheduling the interviews, employing a snowball sampling approach by requesting participants to suggest other key informants who could address any data gaps. The sample also encompassed stakeholders from the Board and Secretariat to ensure a diversity of perspectives within Gavi were represented, alongside external partners.

Interviews concentrated on the five focus topic areas. At the outset, interviewees were briefed on these areas and asked to identify the specific topics they could discuss most effectively. The remainder of the interview was then tailored according to the interviewee's area of expertise. Stakeholders varied in their expertise, with some able to address all five topics, while others could only discuss one.

The evaluation team, in collaboration with Gavi, developed the interview guide, which was based on a question bank tailored for each focus topic area. These questions aligned with relevant evaluation questions and indicators from the Evaluation Framework. Interviews were conducted in English and followed a semi-structured format, allowing interviewees to delve into areas of significant interest and relevance to each stakeholder. Additionally, the evaluation team prepared supporting materials for data collection, including an introductory email, an information sheet, and a privacy notice.

Country-level data collection

The evaluation carried out seven country case studies to generate evidence for all five focus topic areas. The focus topic areas covered in each country are shown in the introduction in **table 0.1**.

Sampling

The seven country case studies are a continuation of the eight country case studies conducted in year 1.[157] The initial sample of these eight countries was chosen based on:

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

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

- **Country segmentation and ERG priority settings:** Although it was not feasible to obtain a

representative sample of all settings within the constraints of this evaluation, it was crucial to cover a variety of segments and environments to derive strategic lessons from the implementation of the ZD agenda. These insights were intended to guide course corrections and the development of the Gavi 6.0 strategy.

- **Research and process burden:** Gavi CET was 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 most reliable documentation provided by Gavi CET, which offered insights on the aforementioned parameters and undertook the following steps:

1. Analysis of the Country Case Study Tracker database provided by Gavi CET
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 CET 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.

Based on feedback from the management team of Gavi Country Support, on 21.10.22, Gavi CET requested two replacements, namely Djibouti[158] to replace Zambia, and Cambodia to replace Kyrgyzstan. Further, at an in-person meeting in Geneva on 04.11.22, Gavi CET 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 CET 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 satisfied 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.

The country sampling for the focus topics was as follows:

- Given their importance to the Gavi Secretariat, focus topics 1 (barriers and enablers to Gavi grants) and 3 (PHC integration) were conducted in all seven countries.
- Focus topic 4 (ZIP) was only conducted in Ethiopia and South Sudan, as this was where the programme was being implemented.
- Focus topics 2 (the role of partners) and 5 (advocacy) were discussed with country-teams and conducted in countries where the topics were deemed more relevant.

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) undertook an initial process tracing exercise with available secondary data (see **process tracing** below). This initial process drew on the baseline analysis and findings established in Phase 1 of the evaluation.

After collecting country-level information and establishing a sample for evidence collection, we refined the data collection tools and reporting templates. These tools outlined the procedures for case study leads to gather evidence and organise and present their findings. This approach ensured that systematic procedures were in place for data collection, facilitating later comparisons within and across cases. Additionally, the research plans were tailored to fit the country context, accommodating the differences in interventions and implementation schedules.

The evaluation carried out in-person data collection activities in five of the seven country case studies, namely Cambodia, Côte d'Ivoire, Ethiopia, India, and Pakistan. Data collection in Afghanistan took place during a meeting of Gavi and public health officials in Oman, and in South Sudan this took place remotely.

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

A total of 97 in-depth interviews were conducted at the country level. The sample frame for each case study country was collaboratively developed between the case study leads and the SCM/in-country team, focusing on practicality and the potential to yield the most valuable insights. Our aim was to achieve a balanced sample that encompassed perspectives from a broader range of stakeholders beyond those directly involved in immunisation or reliant on Gavi funding.

Recruitment was led by the country case study lead with support from the Gavi SCM. To reach analytical saturation, a 'snowballing' technique was employed, whereby current participants or contacts were asked to assist in identifying additional potential participants who could help fill any identified data gaps.

Most of the interviews took place in-person, during fieldwork, for case studies conducted in Afghanistan (done by proxy in Oman), Cambodia, Côte d'Ivoire, Ethiopia, India, and Pakistan, although there were a handful of interviews that took place remotely. All the interviews for the South Sudan case study took place remotely.

The development of the topic guide adhered to the same process as the global KIIs and was based on the questions generated for each specific focus topic, addressing the relevant evaluation questions and indicators outlined in the Evaluation Framework. At the beginning of the interview, interviewees were briefed on the five focus topic areas and asked to identify which ones they could discuss most effectively. Subsequent discussions were tailored according to the interviewee's area of expertise.

Analysis

The limited availability of quantitative data provided an opportunity to extensively leverage qualitative data, enriching the depth and understanding of our insights. To ensure rigour and validity, a robust and systematic approach to data management, triangulation, and conclusion drawing was implemented:

1. Deductive Thematic Analysis: Qualitative data was systematically coded and analysed using a pre-defined analysis template aligned with the evaluation questions.

2. Triangulation with Quantitative Data: Where available, quantitative data was analysed using the same template and triangulated with qualitative findings.

3. Strength of Evidence Assessment (SoE): Assessment of the number of data points supporting / rejecting the hypothesis; and the degree to which there was agreement across data points.

4. Cross-Country Comparative Analysis: Two half-day analysis sessions were held, bringing together the entire evaluation team to examine findings for each evaluation question and hypothesis.

5. Process Mapping: An initial process map was developed, focusing on disbursement, absorption, implementation, and reporting processes within countries.

6. Grant Management Data Analysis: The evaluation sought to determine the disbursement and absorption of Gavi 5.0/5.1 grants by country up to June 2024.

7. Fidelity and Penetration Analysis: This component aimed to assess whether EAF and HSS grants reached the communities and geographic areas defined in the Full Portfolio Planning (FPP) and Situational Analysis documents.

Process tracing

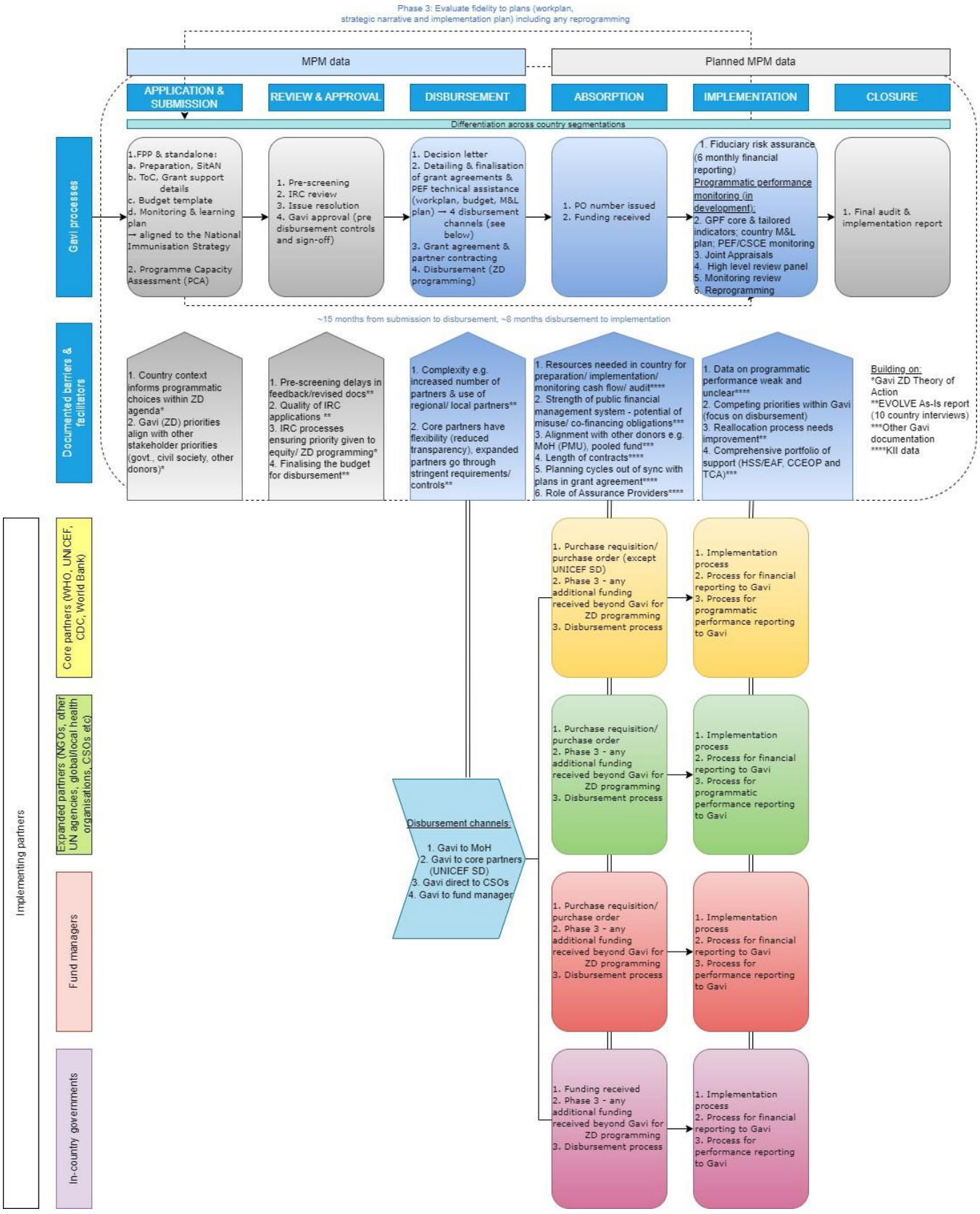
Process tracing was conducted in all seven country case studies to inform focus topic one. To facilitate this analysis, an initial process map was created focused on the processes of disbursement, absorption, implementation and reporting in-country, and how these processes vary across different country segmentations to identify the key decision points in Gavi's grant management process, the sub-processes of implementing partners and to capture documented barriers and facilitators known to date. Case study leads were then asked to complete the following steps:

- Collate and analyse data on disbursement and funding flows in-country focused on ZD objectives (IRC approved budget, SAP Analytics Cloud (SAC) data, CPMPM) for interrogation in KIIs including how much funding Gavi were intending to provide, who they were disbursing to, and what the timelines were likely to be.

- Check fidelity/ penetration of budgets and workplans against FPP/ IRC documentation – i.e. were the grants that have been designed and costed faithful to what was planned in the FPP and approved by the IRC? What could we say about the gaps at this stage? Identify any iteration to workplans, reallocation/reprogramming through SCM meeting and documentation review.

- Undertake in-country KIIs to capture stakeholder's perspectives on country context, and their experience and challenges in accessing, implementing, and reporting on Gavi's support.

Figure A1: Process map of Gavi grant management process and implementing partner's sub-processes



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 coded by evaluators using the evaluation frameworks for each focus topic. Findings were discussed during two analysis workshops to help identify emerging themes and trends. These were structured using the EQs for each Focus Topic and was further informed by the Strength of Evidence rating (see below).
- At the country-level, country leads and the in-country teams held regular meetings to ensure consistency in the coding of country-level documentation and interviews data. The Focus Topic leads helped ensure consistency across countries in terms of how each focus topic was being analysed. The focus topic leads prepared guidelines for country leads to help ensure each country analysis addressed the EQs.

A cross-country comparative analysis and synthesis of the countries was also undertaken. This took place alongside the country-level triangulation and analysis via two analysis sessions with focus topic and country 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 hypotheses.
- Developing explanations iteratively: beginning with initial hypotheses and testing and revising these through sequential analysis.

For the final report focus topic reports, findings were triangulated by the focus topic 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 desk and data reviews). Focus topic leads, alongside the team lead, iteratively synthesised the findings to explore whether clear patterns were emerging. The evaluation compared findings against the hypotheses, which was further informed by the Strength of evidence table below. Recommendations were developed internally, and then validated with Gavi business owners.

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 required 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 related to the internal validity of evaluation findings.

In consideration of the above, we proposed a ‘strength of evidence’ ranking which was present across evaluation reporting at the level of each EQ, as follows:

• Evidence comprised multiple data sources (i..e three or more) which were of decent quality (for example, a stakeholder perception which was substantiated by data). Where fewer sources exist, supporting evidence was more factual (e.g., quantitative data from secondary sources, or objective reporting from desk review of activities undertaken than subjective)	**1**

- Evidence comprised multiple data sources (i.e. three or more) of lesser quality (for example, three stakeholder perceptions, not substantiated by additional data), or the finding was supported by fewer data sources (limited triangulation) of decent quality but were more perception based than factual (e.g., only qualitative data).

2

- Evidence comprised few data sources (i.e. less than three) and was perception-based (e.g., only qualitative) or based on data sources that were viewed as being of lesser quality (e.g., quantitative data that is estimated, or qualitative data where there are concerns regarding informant bias).

3

- Evidence comprised very limited evidence (single source, or a limited number of informants or documents within the sources) or incomplete or unreliable evidence.

4

Hypotheses testing

Our underpinning evaluation framework was mixed-methods hypothesis testing. Mixed-methods hypothesis testing is the process of using both qualitative and quantitative research data to determine whether the reality of an event (situation or scenario) described in a specific hypothesis is true or false, or occurred or will occur.[159] It is different from quantitative hypothesis testing, which relies in significance testing to statistically determine whether to reject or accept the null hypothesis. Instead, multiple sources of data are gathered and used to test whether the hypothesis holds or not; this was primarily done through purposeful, deductive qualitative analysis, alongside triangulation with other data sources.[160]

Hypotheses were developed with key stakeholders within the Gavi Secretariat and were testing using the following principles:

- If there was limited or no evidence towards a certain outcome, the corresponding null hypothesis remains.
- If there was substantial evidence towards a certain outcome, the corresponding null hypothesis was rejected.
- In the event of mixed evidence towards a hypothesis, we would consider the weight of evidence towards each hypothesis; in the event that there was still mixed evidence, the outcome of the hypothesis would be considered inconclusive.

[159] Chigbu, U. (2019). Visually Hypothesising in Scientific Paper Writing: Confirming and Refuting Qualitative Research Hypotheses Using Diagrams. *Publications*. 2019; 7(1):22. https://doi.org/10.3390/publications7010022
[160] Casula, M., Rangarajan, N. and Shields, P. (2021). The potential of working hypotheses for deductive exploratory research. *Quality and Quantity, 55: 1703-1725.* Retrieved from: https://link.springer.com/article/10.1007/s11135-020-01072-9

Table A.2: Hypotheses tested and their findings

Hypothesis	Finding
H1.1: Gavi support and funding, including Technical Assistance, coupled with government commitment, facilitate ZD implementation	Evidence supports the hypothesis
H1.2: A combination of the effects of COVID-19 and the complexity of Gavi's business model alongside other factors means that disbursement/ absorption of Gavi cash grants for ZD programming continues to be slow.	Evidence supports the hypothesis
H1.3: At country level the Gavi business model creates high transaction costs within the context of limited absorptive capacity and human resources available to process grants and report to Gavi	Evidence supports the hypothesis
H1.4: Specific mechanisms for promoting differentiation and segmentation through Gavi's grant management policies and processes, have not been systematically implemented to reach ZD children.	Evidence supports the hypothesis
H2.1: Gavi leverages a range of core and expanded partnerships to enhance the design and delivery of interventions to reach ZD communities more effectively	Evidence supports this hypothesis
H2.1.1: The use of expanded partners, in particular civil society, can improve Identification, Reach, Monitoring, Measurement, and Advocacy in ZD communities that are typically missed by core partners and government services, thereby enhancing ZD delivery in-country	Evidence supports this hypothesis
H2.2: There is alignment and commitment amongst partners to deliver against the ZD agenda at the global and country levels. At the national level, partners are harmonised with government priorities and needs.	Evidence supports this hypothesis

H2.3: Gavi has the appropriate mechanisms and structures in place to enable effective partnerships for ZD delivery at the global and country levels, and they are being implemented effectively	Evidence partially supports this hypothesis
H2.4: The right mechanisms are in place and adequately utilised and monitored to support the effective coordination and management (performance, risk, compliance) of partners at the global and national levels	Evidence does not support this hypothesis
H3.1.1: New Gavi grants allow ZD funding priorities to be aligned with country priorities	Evidence supports the hypothesis
H3.1.2: A focus on reaching ZD children incentivises a more vertical approach to reaching specific population groups.	Evidence does not support the hypothesis
H3.2.1: Gavi guidance and processes under 5.0/5.1 have a clear and robust focus on ZD and equity through PHC integration.	Evidence partially supports the hypothesis
H3.2.2: The FPP process leads to improved coordination and planning with other stakeholders and programmes	Evidence partially supports the hypothesis
H3.2.3: The implementation of Gavi 5.0/5.1 grants is able to leverage PHC integration	Evidence supports the hypothesis
H3.2.4: The adoption of a ZD approach to reaching missed children offers opportunities to deliver other PHC interventions these communities also miss.	Evidence supports the hypothesis
H3.3: As they transition out of Gavi eligibility, countries prioritise building integrated and comprehensive PHC above targeting ZD children and missed communities	Evidence supports the hypothesis
H4.1. Gavi secretariat, Alliance partners, and government stakeholders in Ethiopia & South Sudan, have a clear understanding of ZIP, the way in which it has been designed and delivered, and the objectives it is working towards i.e. immunisation in appropriate contexts and learning.	Evidence does not support this hypothesis

H4.2: There agreement among stakeholders, including government and ZIP delivery partners, that ZIP is working in the right places.	Evidence partially supports this hypothesis
H4.3: Gavi processes and architecture, including the country-led model and the ZD strategy, support the delivery of ZIP in Ethiopia and South Sudan.	Evidence does not support this hypothesis
H5.1: Gavi provides effective guidance to implementing partners to design advocacy activities to support the ZD Agenda, and requires that these are included in grant applications.	Hypothesis does not hold.
H5.2: Partners deliver effective advocacy activities targeting national and subnational political leaders to enhance political commitment to the ZD agenda.	Hypothesis partially holds.
H5.3: CSOs and CBOs, FBOs support local communities to hold health systems accountable for immunisation equity and performance, ensuring these prioritise the needs of ZD communities.	Insufficient data to assess
H5.4: Advocacy activities are effectively monitored and evaluated, and the insights are used for course correction and improvement.	Hypothesis does not hold.

Limitations

Across all thematic briefs, we encountered the following limitations:

- **Data Discrepancies:** Compiling financial data presented practical challenges due to limitations in data availability within organisational grant management systems and confidentiality concerns. CPMPM data has included data up to June 2024.
- **Engagement Challenges:** Engaging with some SCMs and country teams proved challenging, and we didn't get access to data for PEF, TCA, CCEOP or ZIP grants.
- **Lack of Sub-national Data:** The evaluation highlighted a lack of visibility regarding funding flows from the national to the sub-national level and a scarcity of reliable quantitative data measuring the reach of interventions.

And we encountered specific limitations for the following focus topics:

- **For FT2, 4, and 5, there was a small country case study sample:** The use of only two to four countries for thematic focus topics 2, 4 and 5, affects the robustness of extrapolating results across all Gavi portfolios.

- **For FT1, there was limited Implementation Data:** Accessing actual implementation data, such as sub-national workplans with assigned budgets, proved challenging due to the program's early stage.

- **For FT3, there was weak triangulation with quantitative data sets:** This thematic brief was developed largely on qualitative data and secondary data. The exploratory nature of the exercise put a heavier emphasis on qualitative reflections, feedback, perceptions, and ideas.

- **For FT3, this was a challenging topic to limit to the ZD strategy:** Isolating the topic to focus specifically on ZD was challenging for stakeholders interviewed who referred to wider routine immunisation (RI). The PHC integration agenda fits within a wider country health and development strategy.

- **For FT5, the evaluation team found it challenging to identify advocacy interventions.** Advocacy activities often formed part of other interventions, such as community outreach, routine programme monitoring, or evidence generation, and was not separately reported. This means that advocacy activities may be taking place but not documented.

Annex Four: Completed global and country-level KIIs

Table A.3: Global-level key informants

Name	Organisation / team	Position
Emmanuel Bor	Gavi, Country programmes	Head, Immunisation Financing & Sustainability
Susan Branker Greene	Gavi, Country programmes	International Development Practitioner
Jonna Jeurlink	Gavi, Country programmes	Senior Country Manager, Kenya and Uganda
Alex de Jonquieres	Gavi, Country programmes	Director HSIS, ZD Leadership Team
Ranjana Kumar	Gavi, Country programmes	Head of Health Systems Planning, Management and Performance
Amy La Trielle	Gavi, Country programmes	Director of Fragile and Conflict Countries
Benjamin Loevinsohn	Gavi, Country programmes	Director, Immunisation Financing & Sustainability
Thabani Maphosa	Gavi, Country programmes	Managing Director
Mkhululi Moyo	Gavi, Country programmes	Manager, Strategic Analysis & Knowledge Management
Jean Monroe	Gavi, Country programmes	Head of Gender
Aurelia Nguyen	Gavi, Country programmes	Chief Programme Officer
Marumbo Ngwira	Gavi, Country programmes	Head, Programme Support Team
Tokunbo Oshin	Gavi, Country programmes	Director of High Impact Countries
Karan Sagar	Gavi, Country programmes	Head, Effective Vaccine Management, HSIS
Charlene Barina	Gavi, EVOLVE	Consultant
Binay Kumar	Gavi, Grant Performance Monitoring	Senior Programme Manager
Sudharsanam Manni Balasubramaniam	Gavi, Grant Performance Monitoring	Senior Specialist
Hope Johnson	Gavi, Measurement, Evaluation and Learning	Director
Heidi Reynolds	Gavi, Measurement, Evaluation and Learning	Senior Specialist
Gustavo Caetano Correa	Gavi, Measurement, Evaluation and Learning	Senior Programme Officer
Clara Rudholm	Gavi, Programme Support Team	Senior Manager
David Powell	Gavi, Portfolio Financial Management	Head
Gurleen Hans	Gavi, Portfolio Financial Management	Head
Ana Szylovec	Gavi, Portfolio Financial Management	Senior Analyst
Johannes Ahrendts	Gavi, Strategy, Funding and Performance	Director of Strategy
Quentin Guillon	Gavi, Strategy, Funding and Performance	Head of Strategy
Alexa Reynolds	Gavi, ZIP team	Head
Amy Ratcliffe	Gavi, ZIP team	Consultant
Victor Raynaud	Gavi, ZIP team	Consultant
Mohamed Abdi Jama	Gavi	Board member
Bvudzai Magadzire	Gavi	Board member
Awa Marie Coll Seck	Gavi	Board member
Anne Schuchat	Gavi	Board member
Kent Ranson	Gavi, World Bank	Board member, Senior Economist

Mike Brison	Gates Foundation	Program Officer
Vio Mitchell	Gates Foundation	Director, Immunization Program Strategy Team
Tove Ryman	Gates Foundation	Senior Program Officer
Diana Chang Blanc	WHO	Immunization Vaccines and Biologicals Department
Ado Mpia Bwaka	WHO	
Ann Lindstrand	WHO	Unit Head, Essential Programme on Immunization
Lauren Franzel-Sassanpou	WHO	Unit Head for Partnerships
Aaron Wallace	WHO	Epidemiologist
Khin Devi Aung	UNICEF	
Ephrem Lemango	UNICEF	Associate Director of Immunization
Setara Ahmad	US CDC	Infectious Disease Programmes
Miranda Bodfish	US CDC	
Tosin Ajayi	CHAI	Senior Technical Manager
Jessica Gu	CHAI	Senior Programme Manager
Peter Hansen	Global Financing Facility	Senior Monitoring and Evaluation Specialist
Shun Mabachi	Global Fund	Head, Resilient and Sustainable Systems for Health
Shiferaw Dechasa Demissie	IRC	Health Programme Coordinator
Bola Oyeledun	IRC	Vice Chair
Anuradha Gupta	Sabin Vaccine Institute	President of Global Immunisation

Table A.4: Country-level key informants

Organisation	Position
Afghanistan key informants	
National EPI	Director General
UNICEF	Immunisation Chief
WHO	EPI Team Lead
World Bank	Health Economist
BMGF	Polio
BMGF	Independent Consultant
Ernst & Young	Team Lead
Ernst & Young	Former GoA Director of Aid Coordination
Acasus	Project Manager
Cambodia key informants	
Gavi	Programme Manager
MoH	NIP Manager
MoH	Deputy NIP Manager
MoH	Deputy Project Manager Gavi-HSS
Gavi	Senior Country Manager
Gavi	Programme Manager
WHO	Technical Officer, Vaccine Preventable Diseases and Immunization
WHO	Technical Officer, Vaccine Preventable Diseases and Immunization

UNICEF	Health Specialist - Immunization
UNICEF	Health Officer
CHAI	Senior Program Manager
CHAI	Programme Manager
CHAI	Technical Advisor, Vaccines Team
CHAI	Covid-19 Vaccination and Integration
Côte d'Ivoire key informants	
Gavi	Senior Country Manager
Gavi	Project Manager
Gavi/Ministry of Health	Liaison Agent
Ministry of Health	EPI, Director
UCP FE	EPI, Head of the disease surveillance department
Ministry of Health (Koumassi)	District Director of Heath
Ministry of Health (Korhogo)	District Director of Health
Ministry of Health (Abidjan)	Regional Director of Health
WHO	Data Manager and EPI focal point
OMS	Health Policy and Systems Advisor
FENOS-CI	President
VillageReach	Director
UCP-FE	Director
Asapsu	Director
GHAI	Consultant
UCP BM	Project Manager
Dalberg	Consultant
Ethiopia key informants	
Ministry of Health	Immunisation Service Desk, Technical Lead
UNICEF	Chief of Health
UNICEF	Health Programme Officer
UNICEF	CCEOP Officer
CHAI	Country Director
CHAI	Senior Program Manager - Vaccine Program
PATH	Country Director
PATH	Senior Team Leader
JSI	Immunization Project Director
IRC	Senior Health and Nutrition Coordinator
CCRDA	CCRDA/CGPP Program Advisor
Girl Effect	Program Lead
Acasus	Project Manager
US CDC	Programme Officer
IRC (Tigray)	Programme Manager
IRC (Tigray)	Programme Officer
Ministry of Health (Tigray)	EPI Desk
Ministry of Health (Tigray)	Woreda Health Lead
WHO (Tigray)	Health Officer
India key informants	
Gavi	Senior Country Manager
Government of India	EPI Manager
Government of India	Deputy Team Lead Immunization Team
Ministry of Health and Family Welfare	Health Specialist

WHO	Team Leader
WHO	AEFI Surveillance
WHO	Project Manager
WHO	Project Coordinator
UNICEF	Demand Generation Manager
UNICEF	Chief of Health
UNICEF	Vaccine Distribution Manager
UNDP	Team Leader
JSI	RISE Project Director
Pakistan key informants	
National Institute of Health / CDC Secondee	Lead Strategic Advisor
EPI Sindh	Director
EPI Punjab	Director
EPI KP	Director
EPI Balochistan	Director
UNICEF	EPI Team Leader
WHO	Team Lead EPI
World Bank	Senior Health Specialist, TTL NHSP
PHC Global	Consultant
Acasus	
BMGF	Senior Programme Officer, Immunization
Jhpiego	Country Director (interim)
Mannion Daniels	Head of Health Practice
PHC Global	
South Sudan key informants	
Gavi	Senior Country Manager and Project Manager
UNICEF	Immunisation Manager
WHO	Technical Officer
Ministry of Health	EPI Manager
World Bank	Country Officer
IRC South Sudan	Deputy Director of Programmes
IRC South Sudan	ZD Project Coordinator
ACROSS (Juba County)	Programme Officer
Ministry of Health (Koch County)	Programme Director
Gavi	Senior Country Manager and Project Manager

Annex Five: Prioritised recommendations

1. **Gavi Board, Alliance Partners: Invest and enhance measurement and monitoring of ZD-specific and -linked indicators, especially at the country level. Adopt the use of tracking timely achievement of intermediate results or completion of actions in the performance and risk monitoring plan, as well as linkages to financial reporting in Gavi 6.0.** The planned development of the 6.0 Theory of Change and measurement framework will need to include a clear and measurable vision for reducing ZD children in Gavi 6.0 that outlines specific objectives, targets and indicators for tracking implementation progress that can be measured, monitored and embedded in Gavi's data management systems effectively. This needs to be shared across donors with normative definitions agreed and leveraging the use of in-country data where possible to reduce burden.

    - Investing in the measurement and monitoring of ZD indicators offers benefits, such as improved data accuracy and reliability, fostering transparency and accountability in financial reporting, and promoting alignment of efforts and resources toward a shared vision for reducing ZD children. However, developing these systems is resource-intensive, and the data collected needs to be analysed for it to be useful. The focus on detailed tracking may lead to data overload, complicating analyses and slowing decision-making. In-country systems may struggle under the burden, particularly where infrastructure is limited. Standardisation across countries poses challenges, potentially leading to inconsistencies.

2. **Gavi Secretariat, Alliance Partners: Refine the PEF to enhance responsiveness to context and implementing partner needs, including at subnational level, to ensure it delivers against ZD objectives.** Streamline and realign funding levers to enable longer-term funding for core TA. Work with core and expanded partners to identify TA support needs throughout the grant cycle and how to work more efficiently to facilitate and expedite grant absorption at the sub-national level, particularly for reaching marginalized ZD communities. Rigorously update and promote a database of pre-screened partners to support the inclusion of non-CPs. Build in more accountability systems.

    - Refining the PEF has benefits related to improved stability and predictability of TA-funded positions, greater focus and efficiency of activities linked to ZD communities, and increased effectiveness of activities by bringing in additional partners and accountability systems. These reforms need to be considered in relation to potential risks, particularly a lack of flexibility and responsiveness of TA-funded positions if funded over a longer-term, the potential to miss other important vaccination challenges if the focus shifts towards ZD communities, and the time required to set-up a database and build accountability systems.

3. **Gavi Board, Gavi Secretariat**: Commit to PHC integration and HSS at the core of the immunisation agenda and use the forthcoming HSS strategy to define clearly Gavi's approach to PHC integration and reduce grant funding siloes between Gavi and other institutions. This includes expanding investment in pooled funds and other joint financing initiatives. Reduce fragmentation of grant investments in HSS and ZD-focused programmes. Consider developing a more differentiated approach to HSS and PHC investments and invest in cash grants that explicitly improve programmatic and financial sustainability of immunisation programmes

    - While reducing grant siloes and expanding pooled funding mechanisms offer benefits in efficiency, coordination, and financial predictability, they also pose risks related to governance complexity, reduced programmatic control, and potential dilution of immunization priorities. A balanced approach—integrating flexibility in fund allocation while safeguarding targeted investments for ZD children—would be essential to mitigate these trade-offs.

4. **Gavi Secretariat: Consider setting-up a distinct department that focuses on delivering services in humanitarian contexts.** This department could incorporate responsibility for FED to provide ZD services in humanitarian contexts across the whole Gavi portfolio. Funds from this department should be enabled operate in a much more agile and acute way, focusing on specific contexts, and with a higher risk-appetite. The department should also work with greater independence from other Gavi processes (for example, Country Teams) than the current ZIP programme. Consider defining mechanisms to substitute funds with other Gavi resources, particularly HSS and EAF.

    - While setting up a distinct humanitarian department offers benefits in terms of more efficient governance and overall effectiveness, Gavi also needs to consider how this department would work with governments and other Gavi mechanisms, particularly country teams. If not carefully considered, this could pose risks related to Gavi's relationship with government stakeholders, as well as potential gaps and/or duplication of funding and other work done by Gavi in country.

5. **Gavi Secretariat: Define and develop advocacy for ZD within IRMMA framework.** PPE as the mandate holder for advocacy, to outline an advocacy approach for ZD within the IRMMA framework and lead coordination guide implementation among Gavi alliance core and expanded partners. This strategy/approach should define clear objectives, key messages, target audiences, and measurable outcomes. PPE will lead coordination efforts, establish a structured engagement plan, and guide implementation among Gavi Alliance core and expanded partners. Additionally, PPE will set up regular progress reviews, identify key advocacy opportunities, and ensure alignment with broader Gavi priorities

    - A clear advocacy plan which is properly disseminated amongst Gavi core and expanded partners will help to guide investments in this area and address a crucial gap in implementation of the IRMMA framework. However, this poses obvious challenges linked to the capacity of the PPE team to deliver this work, and if not done in consultation with stakeholders, could lead to a generalized strategy that does not adequately address the contextual challenges of Gavi-eligible countries, thereby reducing uptake.

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