



GAVI ALLIANCE

EVALUATION OF GAVI SUPPORT TO CSOs

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RECOMMENDATIONS PAPER

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ACRONYMS AND ABBREVIATIONS

Acronym	Full description
APR	Annual Progress Report
CEPA	Cambridge Economic Policy Associates
cMYP	comprehensive Multi-Year Plan
CRO	Country Responsible Officer
CSO	Civil Society Organisation
DRC	Democratic Republic of Congo
EPI	Expanded Programme on Immunisation
FMA	Financial Management and Accountability
GAVI	GAVI Alliance
GCMU	Grant and Contract Management Unit
HSCC	Health Sector Coordinating Committee
HSFP	Health Systems Funding Platform
HSS	Health Systems Strengthening
ICC	Inter-agency Coordinating Committee
IRC	Independent Review Committee
INS	Injection Safety Support
ISS	Immunisation Services Support
M&E	Monitoring and Evaluation
MoU	Memorandum of Understanding
NGO	Non-Governmental Organisation
OAG	Oversight Advisory Group
TA	Technical Assistance
TAP	Transparency and Accountability Policy
UNICEF	The United Nations Children's Fund
WHO	World Health Organisation

1. INTRODUCTION

This Recommendations Paper has been prepared as a part of Cambridge Economic Policy Associates' (CEPA's) evaluation of GAVI support to Civil Society Organisations (CSOs). A separate Evaluation Report contains an assessment of the programme performance to date¹, and this paper provides a review of potential future options and suggested recommendations for improving GAVI's support to CSOs. This paper should be read alongside the Evaluation Report for full details of the evaluation methodology and key findings.

1.1. Approach

Our basic premise, based on the evaluation conclusions, is that GAVI should continue to support CSOs in some form.² The policy rationale for GAVI's support to CSOs is valid; however it could be designed and delivered more effectively.

This paper provides recommendations on some of the key aspects of the structure, design and implementation of GAVI's support to CSOs. While we have not sought to re-state or address *all* of the evaluation findings in this paper, we aim to pick up the main issues identified. We consider recommendations for GAVI CSO support in the following areas, in order to improve the effectiveness and impact of the support:

- *How should GAVI structure its CSO support going forward?* This includes consideration of a suggested focus/ objective of the support and programme structure.
- *What specific design aspects need to be revised?* Key amongst these being the definition of a results framework and the mechanism for channelling of funds to CSOs.
- *How should GAVI improve the management and implementation of the support?* This includes consideration of ways to improve GAVI's management of the support as well as country implementation.

Our recommendations on these three areas are closely interlinked – e.g. some of the structure and design related recommendations impact how the support should be managed. Whilst we have considered the different issues on their own merit, the recommendations should be viewed collectively as a comprehensive approach to GAVI's support to CSOs going forward.

Our approach in developing recommendations has been to collate the different sources of information on the CSO programme; develop and assess future options in terms of their pros, cons and suitability in the GAVI context; and present our view on the appropriate way forward. The recommendations reflect CEPA's judgement and experience, and take account of the full range of evidence gathered during our evaluation. Where possible, we have also provided an indication of the extent of GAVI stakeholder support for our proposed recommendation.

The recommendations in this paper represent CEPA's conclusions and suggestions, and GAVI will need to assess their suitability in the context of its overall approach and strategy going

¹ CEPA (2012): GAVI Alliance, Evaluation of GAVI support to CSOs, Evaluation Report.

² This is based on a 'standalone assessment' of GAVI CSO support and does not compare the cost effectiveness of alternate possible interventions to achieve GAVI and country immunisation objectives.

forward. Also, we have not prescribed ‘how’ GAVI might implement any changes (for example, by setting up a task team/ advisory committee, etc).

Methods and limitations

The various methods employed for the CSO evaluation such as desk-based review of literature and documents, stakeholder consultations, comparator analysis, country visits/ studies, and the e-survey have informed the recommendations.³

The limitations of these methods, as identified in the Evaluation Report, are also valid here. In addition, two specific limitations are relevant for this paper:

- A number of our consultees (particularly at the country-level) did not have a wider understanding of/ view on the alternate structures and options for the GAVI CSO programme – and hence could not provide a ‘balanced’ view on recommendations going forward. For example, some consultees were not aware of GAVI’s Health Systems Strengthening (HSS) window, as well as the Health Systems Funding Platform (HSFP).
- Differences in views on what would work well and less well, including biases in stakeholders’ perceptions, has implied that the recommended ways forward do not receive complete support from all stakeholders.

1.2. Report structure

The report is structured as follows: Section 2 provides recommendations on a proposed structure of GAVI’s support to CSOs; Section 3 on specific design aspects; and Section 4 on programme management and country-level implementation. For each of the areas of recommendation, we briefly set out the relevant evaluation findings, followed by an analysis of possible future options (where appropriate), and CEPA suggestions on way forward. Section 5 presents a summary of CEPA recommendations.

Annex 1 provides a summary of recommendations from our country studies; and Annex 2 sets out some sample M&E indicators for CSO support (as developed and used for this evaluation).

³ Please refer to the Evaluation Report for more details.

2. STRUCTURE OF GAVI CSO SUPPORT

2.1. Focus of the support

2.1.1. Evaluation findings

The relevance of Type A support⁴ has varied by country, depending on the extent to which CSOs are involved in immunisation and any pre-existing CSO mapping/ registration information. In a number of countries where GAVI supported the mapping of CSOs, the output has generally had limited use to date.⁵ Eight of the ten countries that applied for Type A support had CSO representation on their HSCC/ ICC prior to GAVI support; and in many of these countries, the committees function very poorly.

Type B support⁶ has been strongly relevant in fragile/ weak country settings, and important for health systems strengthening across countries. In countries where CSOs play a key role in immunisation delivery, the linkages of Type B support to immunisation outcomes are relatively more identifiable (subject to the activity funded).

However, having two separate streams of funding for Type A and B support – with distinct proposal, approval and disbursement processes – has been considered inefficient and expensive for all parties involved (e.g. countries, CSOs, GAVI, and GAVI Partners). The sequencing of the two types of support has also often not been suitable.

2.1.2. CEPA recommendation

Our recommendation is that GAVI CSO support should be restructured as a ‘single funding stream’ rather than two types of support. The focus should predominantly be on the current Type B activities such as: provision of immunisation or related child health services (e.g. where government infrastructure may be less than optimal and for marginalised/ hard to reach populations); services aimed at strengthening health systems to deliver immunisation (e.g. training/ capacity building, technical assistance); and community mobilisation. Where relevant, activities aiming to improve coordination amongst CSOs and with the government for immunisation activities should also be supported within this single stream of funding.⁷

Funding should be aimed at supporting the immunisation objectives of GAVI and the countries, such as improved coverage and equity of coverage, and help address any health systems constraints/ gaps. Refocusing and streamlining CSO support would reduce transaction costs for all stakeholders.

⁴ For reference: Type A support aimed to strengthen the coordination and representation of CSOs, by providing lump sum grants between US\$10,000-100,000 to conduct a mapping exercise of CSOs operating in the country and support their nomination on country coordination and planning bodies.

⁵ There are exceptions however – for example, the mapping exercise conducted in DRC was used to select the CSOs for Type B funding.

⁶ For reference: Type B support was made available for ten selected pilot countries to help implement the GAVI Health Systems Strengthening (HSS) proposal or comprehensive Multi-Year Plans (cMYPs). Examples of activities funded include provision of technical assistance, community mobilisation, health systems strengthening activities, and immunisation service delivery.

⁷ As a result of this recommendation, future reference to ‘Type A’ and ‘Type B’ support would not be required. This is important, as the terminology has not been very useful and caused confusion.

Our consultations suggest that there is significant support across stakeholder groups for this recommendation.

2.2. Programme structure

2.2.1. Evaluation findings

There have been several issues with the structure of GAVI CSO support:

- Introducing a small-budget pilot programme as a separate window has implied additional transaction costs for countries (in preparing separate proposals and sections in the Annual Progress Report (APR)), the Secretariat (in administering and managing additional grants), the Independent Review Committee (IRC) (in reviewing additional proposals), and other stakeholders.
- The potential alignment and synergy between the CSO and HSS programmes has not been leveraged optimally across countries. For example, in DRC, some of the health zones selected for HSS and CSO support were different, despite the benefits of co-locating the two forms of support, in terms of health zones with strengthened capacity to deliver services (through HSS support) would be in a better position to absorb increased immunisation activity, through the Expanded Programme on Immunisation (EPI), generated through CSO outreach. In Indonesia, the timings of some similar HSS and CSO activities (such as the training of health workers) were not aligned, thereby missing an opportunity to share programme costs and draw on possible synergies.
- While CSO support is relevant for GAVI to achieve its mission, its current structure does not take into account the heterogeneity in country circumstances and health/ immunisation systems. For example, CSO support is *strongly* relevant in countries where government delivery channels are weak/ non-existent, but *relatively less relevant* where the public sector functions well and is the principal mode of immunisation delivery.
- Secretariat staff have had limited capacity/ resources and senior leadership backing to support the programme effectively at country level – both in terms of creating programme awareness and providing ongoing guidance to countries. Ongoing country-level guidance is particularly vital for the CSO programme (compared to other GAVI windows) given the limited capacity of most CSOs, management of multiple CSO beneficiaries, varying CSO roles and activities supported across countries, amongst other issues.

2.2.2. Options for GAVI

In our view there are three options for GAVI in structuring its support to CSOs, namely: (i) continue with a stand-alone CSO programme (but with a single type of support, as set out in Section 2.1.2); or (ii) integrate CSO support with HSS/ HSFP; or (iii) outsource CSO support, i.e. provide funds to an external entity to manage CSO support.

These options are considered below in terms of their advantages, disadvantages and relevance for GAVI (Table 2.1).

Table 2.1: Options for structuring GAVI CSO support

Options	Description of approach	Advantages	Disadvantages
Stand-alone programme	A separate programme window in GAVI (as at present), but with a single type of support. The programme would have a pre-determined budget and specific country application and review requirements.	• Distinct CSO programme ensures GAVI focus on and funding of CSOs for immunisation.	• Greater transaction costs for country governments and GAVI in managing and implementing the programme. • Funding may not be well aligned with other GAVI and country immunisation programmes. • Issue of sustainability of support, especially where government ‘owns’ the immunisation programme.
Combined with HSS/ HSFP	Integrate CSO support with HSS/ HSFP, with a requirement for beneficiary governments to involve CSOs in the funding support, and to state clearly in the funding application the proposed role/ activities for CSOs, funding channel, and monitoring and evaluation (M&E) framework.	• Ensures that CSO activities are aligned with related GAVI and national immunisation programmes. • Reduces programmatic complexity and transaction costs for stakeholders, including GAVI and countries. • Potentially promotes government-CSO interaction and better positions CSOs in the national planning and implementation processes. • Potentially improves accountability on account of a combined/ aligned reporting and oversight of M&E framework by the government.	• Governments may not be keen to include CSOs in their HSS/ HSFP proposal as they may have other priorities for health systems strengthening. • Support to CSOs may get diluted and not receive required attention from the country governments, especially where the government-CSO relationship is weak. • Country HSS application approval timelines may increase, as the IRC/ Board would need to closely review the allocation of funding to CSOs and their proposed role in the HSS/ HSFP plan.
Outsource support	GAVI’s CSO budget is provided to an external entity (e.g. bilateral/ multilateral donor, international NGO, organisation with specific CSO expertise ⁸ , appointed management agent to support CSOs in immunisation.	• Less demanding on Secretariat resources and hence in line with GAVI’s ‘lean’ model. • GAVI can leverage existing structures for CSO support (e.g. some bilaterals or international NGOs may have a better understanding of CSO context in countries) and avoid duplication.	• A suitable external entity that supports CSOs for immunisation may not exist. • Difficult to report on/ monitor use of GAVI’s CSO funds (especially when combined with other donor funds). • GAVI’s CSO funds may not be aligned with its wider immunisation support to countries.

⁸ For example, Tides are an organisation who provide management services for donor funds to CSOs. While it does not have discretionary power on grant making, it supports the donors by conducting due diligence on grantees, to determine if the appropriate infrastructure is in place. It also provides consulting services for funders looking to improve the efficiency of their grantees.

2.2.3. CEPA recommendation

Our recommendation is that GAVI should integrate its CSO support with the HSS/ HSFP. Our primary rationale for this is on account of the following:

- The core mandate of GAVI is to fund vaccines in countries for improved coverage and its other types of support (HSS, ISS, INS, CSO) are a means to this end. Further, as cash-based programmes, these windows have some similar requirements, such as the need for undertaking FMA/ TAP checks and ensuring appropriate management and use of funds. Drawing on the synergies between these programmes, reducing the number of windows of support would result in lower transaction costs for GAVI and countries.
- Alignment with the direction of travel within GAVI, wherein GAVI is seeking to consolidate its cash-based support under its new 2011-15 Strategy and Business Plan as a part of Strategic Goal 2 to strengthen health systems – including through strengthening civil society engagement in the health sector.⁹ This proposed approach is also aligned with its efforts to adhere to the Paris principles on aid effectiveness, particularly in terms of harmonisation with other donors in this space through the work on the HSFP.

Putnam's review of Type A funding in 2009 also recommended that the HSS and CSO programmes should be integrated.¹⁰ Further, a number of other donors (such as the Global Fund) have included support to CSOs within their existing programmes rather than as a stand-alone offering.

The risks associated with integrating CSO support with HSS/ HSFP are recognised – most notably in terms of the dilution of GAVI's CSO support and limited interest from some country governments to involve CSOs in their HSS/ HSFP proposals. In order to circumvent this, GAVI could:

- Provide clear guidelines to countries on how CSOs can be integrated with the HSS/ HSFP plans, including identifying the key types of activities to be carried out by CSOs.¹¹
- Identify 'priority' countries for which inclusion of CSO support within their HSS/ HSFP proposals is a *requirement*. These priority countries can be identified based on the extent of involvement of CSOs in immunisation and the state of country EPI and government delivery channels. For example, fragile/ weak countries can be prioritised along with other GAVI-eligible countries where CSOs play an important role in immunisation delivery. Countries where CSOs are not active in immunisation would not face this requirement – for example, Georgia (EURO region) and most countries in the PAHO region.¹² This would also encourage effective targeting and use of the available funds.

⁹ [http://www.gavialliance.org/about/strategy/phase-iii-\(2011-15\)/health-systems-goal/](http://www.gavialliance.org/about/strategy/phase-iii-(2011-15)/health-systems-goal/)

¹⁰ Eliot T. Putnam Jr. (2009): "GAVI Alliance support for Civil Society Organisations – An analysis of Type A funding"

¹¹ The GAVI HSS framework would need to be broadened to include demand creation/ community mobilisation activities carried out by CSOs.

¹² GAVI should identify priority countries for CSO support based on a 'due diligence' of GAVI-eligible countries.

- Require the IRC (supported by the Secretariat) to carry out a close review of HSS/ HSFP proposals to ensure that the CSO role (where relevant) has been adequately included and that an appropriate part of the HSS/ HSFP budget has been allocated for their activities.
- Continue to support in-country CSO platforms to increase civil society participation in HSFP processes, as per Strategic Goal 2.1.1.2.¹³ We note that this approach is currently being piloted in eight countries¹⁴, where a lead CSO is responsible for coordinating with a wide range of civil society actors with a focus on immunisation and health.¹⁵

GAVI may also consider accepting earmarked funding for CSO support, within the HSS/ HSFP – this may appeal to some donors (and hence attract additional resources) and might provide greater visibility to CSO support. The practicality of this option would depend on GAVI's policy on earmarked funding, which we understand is currently under review.

While there is considerable support from stakeholders for combining CSO support with the HSS/ HSFP (particularly from the GAVI Secretariat and donors), the CSO Steering Committee/ Constituency is somewhat apprehensive of the potential dilution of GAVI's emphasis on CSO support. Hence, it would be important for GAVI to institute relevant safeguards (such as the HSS application requirements noted above) and incentive mechanisms (e.g. in-country CSO platforms) to ensure that CSOs are adequately involved in country HSS funding.

In terms of assessing the merit of the other two proposed options:

- Experience to date has shown that a *stand-alone programme* for CSO support has been less than effective. It has been difficult for GAVI to manage, especially in the context of GAVI's core business being the funding of vaccines in country.
- *Outsourcing* CSO support to an external entity can be attractive, particularly in terms of easing programme management for GAVI. However, this may not be compatible with GAVI's business model and the structure of its CSO support for a number of reasons:
 - It would be difficult for GAVI to find a like-minded entity which is primarily focused on immunisation. Many bilateral and multilateral organisations may not be willing to spend a significant portion of their time and effort on immunisation programmes (given other health sector priorities).
 - A potential conflict of interest may arise from GAVI receiving funds from donor country governments to then finance say, a bilateral organisation, to manage the programme.
 - It would be difficult for GAVI to maintain a degree of ownership over the programme and demonstrate results, especially if the funding is pooled with other sources (due to attribution issues).
 - The outsourced support may not be aligned with GAVI HSS in countries, especially where CSOs play a key role in immunisation/ health systems.

¹³ SG 2.1.1.2 is defined as supporting country-level CSOs to engage in Health Systems Funding Platform (HSFP) processes.

¹⁴ These are Afghanistan, Burkina Faso, DRC, Ethiopia, Kenya, Malawi, Ghana, and Nicaragua.

¹⁵ These platforms also draw on technical assistance from a nine-member Oversight Advisory Group (OAG), comprised of the CSO Steering Committee and wider Constituency members.

3. PROGRAMME DESIGN

3.1. Definition of results framework linked to programme objectives

3.1.1. Evaluation findings

A key design issue with GAVI CSO support has been the lack of clarity on the programme objectives and intended results. The programme does not have a prospectively defined results framework, setting out the desired outputs, outcomes and impacts of the support. Absence of clear direction/ targets for the programme, along with weak reporting in the APRs, has considerably weakened the capacity for M&E and results.

3.1.2. CEPA recommendation

GAVI should clearly define and prioritise the objectives of CSO support and define a ‘theory of change’ linked to the results framework of the broader HSS/ HSFP programme. Section 2.1 and 2.2 above provide our view on the proposed objective of the support i.e. that it should be linked to GAVI’s core objective of increasing immunisation coverage and also support its health systems strengthening objective of contributing to resolving immunisation constraints. The specific CSO activities funded should be flexible and take account of different country contexts and roles of CSOs (e.g. service delivery, advocacy, M&E).

The HSS/ HSFP results framework should include specific activities/ processes, outputs, outcomes and impact indicators as well as targets for the CSO support. For example, the SG2 indicators in the GAVI Alliance Strategy 2011-15 (drop-out rate, DTP3 coverage, and equity in coverage) can be tailored for CSO activities – e.g. to be tracked at sub-national/ local levels where the CSO interventions are supported; measuring ‘equity’ on the basis of gender or marginalised populations, based on the particular CSO activities funded in a country. The CSO-results can also include ‘systems related’ indicators (such as improved infrastructure, number of training sessions and awareness campaigns conducted), rather than only ‘service delivery’ outcomes (such as number of children vaccinated). The agreed indicators and targets need to be appropriately communicated to all stakeholders in supported countries to ensure greater clarity on the programme objectives. Annex 2 provides some sample output and outcome indicators developed in our evaluation (reproduced from the Evaluation Report for reference).

The monitoring tools (APRs) and mechanisms should also be revised in light of the defined indicators to ensure that data collection and reporting is consistent with the targets and objectives of the support. Performance on the proposed indicators should then be reported on throughout the implementation life cycle. In addition, APRs should collect important performance-related information, such as disbursement timelines, spend across different CSO activities, and management costs by category.

3.2. Definition of CSOs

3.2.1. Evaluation findings

GAVI's current definition of CSOs is very wide and has caused ambiguity on the objectives and remit of the programme.

3.2.2. CEPA recommendation

GAVI should define CSOs more tightly to exclude organisations that are not relevant to increasing immunisation coverage (e.g. academic institutions and health consultancies). In our view, CSO funding should focus on national and international NGOs, community-based organisations, and faith based organisations – given that these are the most relevant types of CSOs for health systems strengthening and immunisation delivery.

3.3. Channelling of funds to CSOs

3.3.1. Evaluation findings

GAVI's approach to channelling CSO funds through governments has worked well in some countries, leading to increased coordination between governments and CSOs and greater accountability. However, this approach has been less appropriate/ effective in countries with weak governments, where delays in fund disbursement have adversely impacted the programme.

3.3.2. Options for GAVI

We consider five options for the channelling of CSO funds: (i) through the government; (ii) direct funding to country CSOs; (iii) through an international NGO; (iv) through GAVI Partners; and (v) through an umbrella CSO organisation in country.

Table 2.2 considers the advantages and disadvantages of each of these approaches. We note that the tax implications of channelling funds through different agencies vary by country. For example, in Georgia, government pay-outs are taxed, reducing the amount of support available to CSOs. In Indonesia, however, funds routed via government are tax free (and would be subject to local tax if routed alternatively).¹⁶

¹⁶ This information is based on interview feedback and has not been independently verified by CEPA.

Table 2.2: *Alternative options for the channelling of CSO funds*

Options	Description	Advantages	Disadvantages
Government	Funds provided to the country government, that transfers funds to CSOs and is responsible for the management and monitoring of funds (i.e. GAVI's current approach).	• Ensures government ownership and accountability. • Ensures CSO activities are aligned with national health plans. • Aligned with GAVI's approach of funding governments for HSS/ HSFP and the due diligence (TAP/ FMA) thereof.	• Government bureaucracy may delay the programme. • Government capacity to manage funds may be weak.
Direct funding to country CSOs	Direct funding to CSOs that comply with GAVI FMA/ TAP.	• Potentially lower lead time for disbursement as direct payment to beneficiary CSOs. • Allows CSOs more autonomy over health sector resource allocation.	• High administrative burden on the GAVI Secretariat in managing/ monitoring multiple recipients in country (i.e. government and CSOs) and a large number of small grants across countries. • CSOs may not have the capacity or resources to meet GAVI's financial and M&E requirements. • CSO activities may not be aligned with national health sector priorities. • GAVI has limited 'longer term' leverage on CSOs unlike country governments (who receive funding from multiple GAVI windows).
International NGO	Funding provided to selected large international CSOs, who sub-contract smaller/ local CSOs for country-level implementation	• Some international CSOs have large in-country networks and can be an effective way of providing funding to CSOs, with relatively lesser additional administrative burden on GAVI. • 'Search' costs for international CSOs would be relatively small.	• International CSO networks do not extend to all GAVI-eligible countries. • Funding through international CSOs may undermine the local CSO structures and GAVI may be perceived to support certain 'western' CSOs. • There is no guarantee that this channel would be more effective/ faster than through governments. • GAVI has limited 'longer term' leverage on CSOs unlike country governments (who receive funding from multiple GAVI windows). • Can prejudice receipt of funding by the CSO

Options	Description	Advantages	Disadvantages
			managing the funds due to conflict of interest.
GAVI Partners	GAVI transfers funds to WHO/UNICEF who can support CSOs directly (i.e. as allowed at present on a need basis).	• Could avoid government bureaucracy in some settings. • Can be useful in countries where government capacity/ financial management is weak.	• May also be a relatively bureaucratic process. • Management fees charged by GAVI Partners increase overheads.
Umbrella CSO organisation in country	Funding through umbrella CSO organisations in country	• Encourages country capacity building. • The umbrella organisations are well aware of the CSO landscape in the country and hence can select effective implementers (through a competitive selection process). • Improvements in M&E as umbrella organisation could carry out additional verification checks.	• Not all countries have CSO umbrella organisations. • Would increase administrative burden on the Secretariat, in dealing with multiple recipients in country (i.e. governments and CSOs). • Umbrella organisation may not meet FMA/TAP requirements. • GAVI has no leverage on CSOs directly, unlike country governments (who receive funding from multiple GAVI windows).

3.3.3. CEPA recommendation

Our recommendation is that GAVI should continue to channel funds via government as its primary ‘default’ approach, but allow flexibility for routing funds through alternative approaches where appropriate.

We note that this approach does not garner support from all of GAVI’s stakeholders (particularly parts of the CSO community), however, our view is that: (i) working through the governments is necessary, given our proposal for integration of CSO support with the HSS/ HSFP, and is more manageable given GAVI’s current delivery model and Secretariat capacity; and (ii) flexibly allowing for alternate routing approaches when the government channel is problematic would ensure effective management of funds and account for different country contexts.

Any departure from funding via government should be justified vis-à-vis the additional costs/ benefits. Where other methods are sought, we suggest a ‘tripartite agreement’ between GAVI, the government and the local funds routing entity whereby the government continues to act as a signatory for application/ annual reporting/ fund disbursement to CSOs. This would ensure suitable accountability and alignment of the work of the supported CSOs.

GAVI should closely monitor timelines for its disbursement of funds to countries and the government/ routing agency disbursement of funds to CSOs, and institute immediate action if delays are persistent (covered in more detail under 4.2.2). This is critical to ensure that the available funds are used effectively and improve the potential for results.

If direct funding is provided to local CSOs, some funding for technical assistance (TA)/ capacity building on financial and M&E aspects might be considered. A number of donor CSO programmes have included TA for CSO management to ensure effective implementation of the support. For example, UNDP provides TA to Global Fund Principal Recipients in Indonesia, which includes CSOs and the government.

3.4. Size and use of funding

3.4.1. Evaluation findings

There has been mixed experience on the appropriateness of the size of CSO funding (both Type A and B) – with some countries being able to complete their proposed activities with the available funds and others finding it quite challenging.

Management costs in some countries have been a large proportion of the funding (up to 50% for Type A, and 25% for Type B), shrinking the budget available for the supported activities.

3.4.2. CEPA recommendation

Our recommendations relating to these specific issues are as follows:

- *Ensure availability of appropriate funds to CSOs.* GAVI should closely review the level of funds to be made available to each CSO in the HSS/ HSFP application (subject to the activities funded and the local context), to ensure that the funds are proportionate to the assigned roles and costs in country.

- *Actively monitor cost categories.* While GAVI should ensure that relevant management and administrative costs are provided for, there needs to be some reasonable balance of overheads with the amount of funds made available for activities. GAVI could institute a ceiling percentage for management costs, and monitor the outturn costs as part of its M&E framework. Standardising the cost categories/ terminology across countries¹⁷ and providing more detailed explanation of the use of funds would help country comparisons and increase transparency. GAVI might also consider negotiating with its Partners whether their management costs charged for routing funds could be reduced, to maximise the funding available to CSOs.

3.5. Flexibility in funding

3.5.1. Evaluation findings

The flexibility of Type B funding has the advantage of allowing countries to tailor programme activities according to their/ CSO needs. However, given their inexperience in structuring and funding a CSO programme, recipient country governments have not been best placed to assume this responsibility.

However, the programme has been designed with limited flexibility for mid-course correction and a number of CSOs are facing issues with achieving their targets due to changes in circumstances since funding application stage.

3.5.2. CEPA recommendation

We think it would be beneficial if GAVI:

- Provides more guidance to countries on proposal structuring, particularly in terms of developing robust M&E frameworks. This could be in the form of additional written guidance as well as support from the Secretariat, Partners, and/ or GAVI CSO Constituency members in country.
- Includes some simple and efficient mechanisms to allow for reasonable changes to be made to programme activities – in the event that there are any major issues or course correction is required. For example, GAVI could design a short guidance note for countries to submit proposed changes, which could be approved by the GAVI Secretariat, if it is below a certain value and broadly in line with the overall objectives.

¹⁷ For instance, cost categories may include programme management staff costs; financial management costs; administrative expenses; meeting costs; transport; technical assistance for capacity building; M&E; and specific activity related cost categories.

4. PROGRAMME IMPLEMENTATION

4.1. Programme delivery by GAVI

4.1.1. Evaluation findings

GAVI's 'lean model' of delivering its programmes through a Geneva-based Secretariat and in-country support from the Alliance Partners has been less than adequate for the CSO programme. The key reasons for this include: inadequate capacity and resources in the GAVI Secretariat to manage the CSO programme (contributing to lack of programme awareness in some countries as well as delays in programme processes); and limited engagement of GAVI Partners in the funding support. While the GAVI partnership model assumes the active role of country-level partners in providing technical assistance and other support to the government/CSOs, this has not worked well in practice for this programme.

The current IRC model lacks the ability to adequately take into account the country-level specificities that is crucial to the success of CSO support. This might be due to limited familiarity with heterogeneous country health systems, CSO contexts, and lack of their direct communication with countries.

4.1.2. CEPA recommendation

Given our recommendation to integrate CSO support with the HSS programme or the HSFP, our view is that GAVI's current delivery model (i.e. programme management by its Geneva-based Secretariat and in country support through Partners) is maintained. However, GAVI would need to make some essential changes to its delivery model in order to better support and improve the management of CSO funding. Our recommendations are as follows:

- *Increase Secretariat resources for improved management.* In our view, without an increased capacity of the Secretariat to support CSOs, it would be unrealistic to expect effective delivery of CSO funding by GAVI. Increased capacity would need to be at several levels: (i) at a senior level, to drive the CSO support components within the broader HSS/HSFP (it is essential to ensure that CSO support receives adequate attention in GAVI and to address issues in a timely manner); and (ii) additional CSO-related expertise within the GAVI Secretariat to liaise closely with the HSS team and the CSO Constituency, to ensure that CSO funding is included as an integral part of the HSS/HSFP.
- *Clarify the role of GAVI Partners in country.* There is a need to clarify the role of country partners either through a signed MoU or through greater communication efforts by the Secretariat/ global Partners. This is key to ensuring the successful integration of CSO support within the HSS/HSFP, and providing any guidance or TA to the beneficiary CSOs, especially given that GAVI does not have in-country presence.
- *IRC members to have the relevant expertise and background information on CSO role in country.* The IRC needs to appreciate the country specific role of CSOs when considering HSS/HSFP applications. The GAVI Secretariat should support IRC members through discussions and provision of additional background documentation.

4.2. Other implementation issues

4.2.1. Evaluation findings

Due to the small budget and limited Secretariat resources assigned to the programme, it has not been feasible to publicise the programme across all the GAVI countries that were eligible for Type A support. Amongst other factors (such as the above-noted flaws in the programme design), limited understanding of the CSO programme objectives and activities has contributed to the low uptake of Type A support.

In addition, GAVI's approval of CSO proposals and disbursement of funds for both Type A and B support have been significantly delayed. This has impeded commencement of the programme in several countries, making the originally envisioned two year pilot impractical. It has also, at times, necessitated re-programming and CSOs being required to plough in their own funds until GAVI disbursement – a source of considerable frustration at the country level.

4.2.2. CEPA recommendation

Our specific recommendations are as follows:

- *Increase communication efforts with countries, particularly 'priority' countries.* GAVI should do more to raise awareness and improve understanding on the CSO support, particularly for the CSO 'priority' countries where this support is more relevant. The 'awareness workshops' conducted by GAVI at the start of the CSO pilot worked well, and could be undertaken for the identified priority countries, especially given the impending changes if GAVI were to integrate CSO support with the HSS/ HSFP.
- *Decrease delays in fund disbursement and keep countries informed on any issues.* As previously noted, GAVI should make every effort to reduce delays in fund disbursement¹⁸ and communicate in a timely manner with countries where there are delays. GAVI should also closely monitor the fund disbursement from country governments (or GAVI Partner/ any other selected channel) to the implementing CSOs. It might be prudent for GAVI to define some 'timings' thresholds for each stage of proposal approval and disbursement process, so as to track any delays closely and communicate appropriately with the beneficiary governments and/ or CSOs.

4.3. Country-level implementation

Country experience suggests that certain implementation approaches have worked well and have contributed to the effective use of CSO funding. These approaches may not be universally applicable, but are presented below to the extent that they can be employed for particular country contexts.

- *Leverage networks of CSO associations.* Wherever possible, it will be useful and cost-effective to engage with existing/ well functioning CSO associations in country. These

¹⁸ This includes reducing the time taken by GAVI to approve country proposals (including requests for proposal clarification or re-submission, timelines for IRC/ Board meetings, other GAVI internal delays) and to disburse funds on approval (including completing FMA procedures, GAVI internal processes)

associations have a good understanding of CSO activities in country (e.g. where CSOs are operating, their focus, effectiveness in implementation), which can be leveraged by GAVI – especially in the context of its lack of country presence and the more complex nature of CSO funding (i.e. multiple recipients with often limited capacity, challenges in M&E).

- *Work through country HSCC/ ICC.* In countries where the HSCC/ ICC are functional, it would be useful to work closely with these bodies in proposal development and monitoring of implementation progress. This would ensure effective inclusion of CSOs in country HSS/ HSFP proposals as well as monitor government interaction with CSOs.
- *Institute a government focal point for CSOs.* Given multiple CSO recipients in country, it is useful to institute a focal point in the government who can respond to CSOs with GAVI-specific information as well as disbursement timelines.
- *Identify a lead CSO.* We agree with GAVI's plans to appoint a lead CSO, particularly in each of the priority countries (although we note that this may have additional budget implications on the GAVI Business Plan). The lead CSO will be responsible for bringing together a wide range of civil society actors with a focus on immunisation and health to form a country-level platform to ensure their appropriate engagement in the HSS/ HSFP. Each country-level platform will provide a work plan that identifies and responds to the specific needs within their country context.¹⁹

¹⁹ CSO newsletter, The Civil Society Dose, Issue 1, December 2011

5. SUMMARY OF RECOMMENDATIONS

This section provides a summary of CEPA's recommendations for GAVI's support to CSOs going forward (Table 5.1). Our main recommendation is to integrate GAVI's CSO support (as a single funding stream) with the HSS/ HSFP, which then informs most other areas of recommendation. Hence if GAVI were not to approve the integration of CSO support with the HSS/ HSFP, there is merit in re-thinking some of the other recommendations such as on programme delivery by GAVI and channelling of funds.

Table 5.1: Summary of CEPA's recommendations

Theme	Recommendation
Structure of GAVI CSO support	
Focus of the support	GAVI CSO support should be restructured as a 'single funding stream' rather than two separate types of support. The focus should predominantly be on the present Type B nature of activities aimed at supporting GAVI's and country immunisation objectives, such as improved coverage and equity of coverage.
Programme structure	GAVI should integrate its CSO support with the HSS/ HSFP with appropriate measures/ incentives to ensure that the support to CSOs is not diluted and is adequately supported.
Programme design	
Definition of results framework	GAVI should clearly define and prioritise the objectives of CSO support and define a 'theory of change' linked to the results framework of the broader HSS/ HSFP. The APRs should be updated in light of the results framework to ensure that data collection and reporting is consistent with the targets and objectives of the support and assists in performance management.
Definition of CSOs	CSO funding should focus on national and international NGOs, faith based organisations, and community groups – given that these are the most relevant types of CSOs for health systems strengthening and immunisation delivery, rather than funding academic institutions and health consultancies.
Channelling of funds to CSOs	GAVI should continue to channel funds via government as its primary 'default' approach, although allow for greater flexibility for routing funds through alternative approaches when the government channel is not feasible. Alternative channels include direct funding to country CSOs, funding through umbrella organisations, GAVI Partners, or an international NGO – as deemed appropriate.
Size and use of funding	- GAVI should closely review the level of funds proposed to be made available to each CSO in the HSS/ HSFP application (subject to the activities funded and the local context), to ensure that the funds are proportionate to the assigned roles and local costs. - GAVI could institute a ceiling percentage for management costs, and monitor the outturn costs as part of its M&E framework. GAVI might also consider negotiating with its Partners to reduce the management costs charged for routing funds to CSOs.

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

ANNEX 1: SUMMARY OF RECOMMENDATIONS FROM COUNTRY REPORTS

Table A1.1: Summary of recommendations from country reports

Country	Programme design					Programme implementation	
	Improve clarity of programme objectives	Increase programme budget/ duration	Increase programme flexibility	Improve disbursement procedures	Strengthen M&E	Improve clarity of stakeholder roles	Include technical support for CSOs
Afghanistan	✓	✓		✓	✓	✓	✓
DRC		✓		✓			
Ethiopia	✓			✓	✓	✓	
Indonesia	✓		✓		✓		
Pakistan	✓	✓		✓	✓		

Table A1.2: Country preferences of suggested options

Country	Fund channel preferences	Integrating CSO support with HSS/ HSFP
Afghanistan	Via government. ²⁰	Broad ranging support from all stakeholders consulted.
DRC	Direct funding / via a CSO consortium.	Broad ranging support from all stakeholders consulted.
Ethiopia	Via government/ CSO umbrella organisation.	Country stakeholders (primarily donors) voiced some concerns on integration with the HSS/HSFP.
Indonesia	Via government.	Broad ranging support from all stakeholders consulted.
Pakistan	Via GAVI Partners / direct funding / CSO umbrella organisation.	Country stakeholders (primarily government, EPI staff and CSOs) voiced some concerns on integration with the HSS/HSFP.

²⁰ The Grant and Contract Management Unit (GCMU) within the Ministry of Public Health is recognised by CSOs and government officials to have enough capacity to manage the funds and contracts, as evidenced by successful management of funds and contracts with large donors, including the World Bank and USAID.

ANNEX 2: PROPOSED RESULTS FRAMEWORK

Table A2.1 presents some sample indicators for monitoring of performance. These have been re-produced from Section 5 of our Evaluation Report.

Table A2.1: Sample indicators for country-level assessment

Outputs		Outcomes
Quantitative	Qualitative	
• Number of children vaccinated by CSOs (including marginalised/ hard to reach populations). • Number of trained health workers. • Number of community health education trainings.	• Have the activities focused on immunisation? • Have the activities been delivered on time and effectively? • Has the training been relevant and of a high standard, and covered all persons that require training?	• Improvements in coverage rates in the project area (including equity of coverage rates) and reductions in drop-out rates²¹ • Improvements in capacity of health centres for delivery. • Higher demand for immunisation due to the community mobilisation efforts.

²¹ This is a SG2 indicator in the GAVI 2011-15 Strategy but applicable to the project area in the case of CSO support (rather than at the national level).