

EVALUATION OF GAVI SUPPORT TO CSOs

Management Response – September 2012

Theme	Recommendation	Management Response	Timeline/Responsibility
Structure of GAVI CSO Support			
Focus of the support	1. GAVI CSO support should be restructured as a 'single funding stream' rather than two separate types of support. The focus should predominantly be on Type B activities aimed at supporting GAVI's and country immunisation objectives, such as improved coverage and equity of coverage.	Agree. The GAVI Board has decided that HSFP will be the single window for GAVI cash grants. GAVI support for CSOs will be part of a country Health Systems Funding Platform (HSFP) proposal to improve immunisation outcomes.	The Secretariat will prepare an Implementation Framework that presents why and how GAVI works with and supports CSOs. The Implementation Framework will be finalised in Q4, 2012.
Programme structure	2. GAVI should integrate its CSO support with HSS/ HSFP with appropriate measures/ incentives to ensure that the support to CSOs is not diluted.	Agree. GAVI seeks to support CSO engagement in the health/immunisation sector policy dialogue in-country, as well as how they can engage in the development and implementation of a country HSFP application. In June 2012 the Board decided that direct funding for CSO activities can be requested as part of a country HSFP application. Funding through Government remains the default approach.	How GAVI supports CSOs through the HSFP will be included in the Implementation Framework.
Programme design			
Definition of results framework	3. 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. 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 also collect data to aid performance management.	Agree. GAVI support for HSS/HSFP is aligned with Strategic Goal 2 of the Business Plan - to increase DTP3 coverage, reduce the drop-out rate, and increase equity in access to services.	The theory of change for GAVI support to CSOs within HSFP will be included in the Implementation Framework. The implementation framework will include an M&E framework and will include the theory of change, link outputs and outcomes and monitoring indicators. The Implementation Framework will be published on the GAVI website.

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Definition of CSOs	4. 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.	Agree.	The Implementation Framework will include GAVI's definition of CSOs in the context of immunisation.
Channelling of funds to CSOs	5. GAVI should continue to channel funds via government as its 'default' approach, although allow for greater flexibility for routing funds through alternative approaches like direct funding to country CSOs, funding through umbrella organisations, GAVI partners or international NGO, as appropriate (e.g. when the government channel is not feasible).	Agree. In June 2012 the Board decided that direct funding for CSO activities can be requested as part of a country Health Systems Funding Platform (HSFP). Funding through Government remains the default approach. The Board also decided that while provision of funds to CSOs through the HSFP is the recommended option, it should not limit GAVI's flexibility to engage CSOs directly where rare and exceptional circumstances require different approaches. Approaches should be developed in response to country-specific analysis.	How GAVI supports CSOs through the HSFP will be included in the Implementation Framework. GAVI's HSFP Application form and Guidelines will be amended in Q4, 2012.
Size and use of funding	6. 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.	Agree. Under HSFP it is expected that the allocation of funds for CSOs will be determined at the country level based on the country health strategy and scope of CSO implementation in relation to immunisation bottlenecks. The level of engagement and suitability of CSO involvement will be assessed by the Independent Review Committee (IRC).	From Q4, 2012: i) the HSFP application form and guidelines will be amended; and ii) IRC members will be briefed to ensure that: ...the level of funds to be made available to each CSO in an HSFP application will be proportionate to the assigned roles (subject to the activities funded and the local context).
	7. GAVI could institute a ceiling percentage for management costs, and monitor the outturn costs as part of its M&E framework.	Not Agreed. Each country context and role for CSOs are diverse and need to be reviewed and managed on a country by country basis.	

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	8. Standardising the cost categories/terminology across countries and providing more detailed explanation of the use of funds would help country comparisons and increase transparency.	Not Agreed. Imposing a standard GAVI budget format is not consistent with country-driven approach and the principles of HSFP. Different countries will present different activities for GAVI support. The suitability of the activities will be assessed by the IRC. The IRC has however recommended that there be a standardisation for costing of equipment such as transport and cold chain. The Secretariat will explore the use of existing models to address this by the end of the 2012.	The December 2011 Board decision that HSFP support should lead to improved immunisation outcomes (rather than general MDG goals) has clarified what will be eligible cost categories/terminology. Closer support is being provided by Alliance partners to countries when they are preparing HSFP applications. GAVI will make a decision on feasibility of standardising equipment costs by the end of 2012.
	9. GAVI might consider negotiating with its Partners to reduce the 6-7% management costs charged for routing funds to CSOs.	Not Agreed. Partners' management fees are provided to ensure that funds are used for the activities set out in a CSO proposal, in addition to routing of funds to CSOs. GAVI believes that through the Alliance it has already negotiated the lowest rates that partners charge to organisations and will continue to monitor this to ensure that this continues to be the case. Following the GAVI Board decision on support to CSOs in June 2012, the Secretariat will take into account fees partners charge for overhead costs when deciding upon the most appropriate method for transferring funds to CSOs.	
Flexibility in grants	10. GAVI should provide more guidance to countries on proposal structuring, particularly in terms of developing robust M&E frameworks.	Agree.	GAVI has begun to provide increased technical assistance for proposal development in 2012. For example: WHO is facilitating workshops for the design phase before a country prepares proposals (ensuring that HSS and EPI staff communicate, map bottlenecks, align with cMYP). The workshops are arranged for countries to enable them to finalise HSFP proposals with technical expertise on-hand. These workshops also include

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			country peer review (ie. a country proposal is reviewed by other GAVI eligible countries) to strengthen proposals and share learning.
	11. GAVI should 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.	Agree. Reprogramming proposals requiring reallocation of more than 15% of the approved total budget are currently referred to the IRC. IRC meetings are infrequent which slows the decision-making process.	The IRC proposal and monitoring process will be redesigned starting Q4, 2012.
Programme implementation			
Programme delivery by GAVI	12. GAVI should increase capacity of the Secretariat for effective delivery of funding to CSOs.	Agree. The Secretariat is increasing its capacity for country support and more focused country level dialogue and involvement. The Secretariat is restructuring the Country Programmes Department and is recruiting more country responsible staff. The Secretariat will develop stronger relations with country Governments and CSOs as well as across members of the GAVI Alliance. Increased resources for improved monitoring of GAVI-funded programmes will allow GAVI to be more proactive in identifying and resolving implementation problems with Governments and partners.	GAVI is increasing the number of CROs and implementing a new team-based approach from September 2012. A new Country Visit Framework will be developed by Q4, 2012 that provides guidance for GAVI Country Responsible Officers to promote CSO engagement in GAVI programs and dialogue with Government and Alliance partners.
	13. Clarify the role of country partners either through a signed MoUs or through greater communication efforts by the Secretariat/global partners.	Agree to greater communication efforts to clarify roles and responsibilities. However an MOU is not the ideal vehicle to achieve meaningful improvements in programme implementation. Increased resourcing for the Country Programmes Department will improve the frequency and quality of GAVI support and engagement at the country level.	GAVI is increasing the number of CROs and implementing a new team-based approach from September 2012. A new Country Visit Framework will be developed by Q4, 2012 that provides guidance for GAVI Country Responsible Officers to promote CSO engagement in GAVI programs and dialogue with Government and Alliance partners.
	14. IRC members should have relevant expertise and background information on CSO role/ contexts in countries.	Agree that IRC membership requires a mix of skills. The composition of the IRC is regularly reviewed to ensure GAVI has access to appropriate expertise. An invitation for new IRC members was undertaken in February 2012. The process was managed by Crown	The IRC proposal and monitoring process will be redesigned starting Q4, 2012.

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		Agents, U.K. and the outcome approved by GAVI's Deputy CEO and Chair of the Programme and Policy Committee. The announcement was shared with the GAVI CSO Constituency to attract potential members with CSO expertise.	
Other programme implementation related issues	15. GAVI should do more to raise awareness and improve understanding on the CSO support, particularly for the identified CSO 'priority' countries where this support is more relevant.	Agree. GAVI has contracted Catholic Relief Services (CRS) on behalf of the CSO Constituency to strengthen civil society engagement in the health sector and Health Systems Funding Platform (HSFP) processes.	By Q4, 2012, GAVI will agree with CRS an increased number of countries where CRS will facilitate CSO engagement. A new Country Visit Framework will be developed by Q4, 2012 that provides guidance for GAVI Country Responsible Officers to promote CSO engagement in GAVI programs and dialogue with Government and Alliance partners.
	16. GAVI should make every effort to reduce delays in fund disbursement and communicate in a timely manner with countries who are experiencing delays.	Agree. Progress is being made. GAVI's Transparency and Accountability Policy Team reports that a total of 46 assessments out of 54 countries requiring an assessment have been conducted by Q3, 2012. The backlog of FMAs is now 85% completed.	In April 2012 GAVI introduced a change to the previous practice of halting disbursements to a country pending the execution and completion of a Financial Management Assessment (FMA). The revised practice is to continue disbursements pending FMA completion, except in situations of heightened fiduciary risks. Cross-Secretariat quarterly meetings have been introduced to monitor cash disbursements and agree action necessary to resolve delays.

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	17. GAVI should closely monitor the fund disbursement from country governments (or WHO/ UNICEF/ any other organisation) to the implementing CSOs.	Agree. Monitoring of GAVI fund utilisation at country levels will be strengthened. The Secretariat is increasing the number of Country Responsible Officers and Transparency and Accountability Policy (TAP) staff to improve the monitoring of GAVI-funded programmes.	GAVI has increased the number of CROs and TAP staff and has introduced a new team-based approach from September 2012. A new Country Visit Framework will be developed by Q4, 2012 that provides guidance for GAVI Country Responsible Officers to promote CSO engagement in GAVI programs and dialogue with Government and Alliance partners.
Country-level implementation	18. Wherever possible, it will be useful and cost-effective for GAVI to engage with existing/ well-functioning CSO associations in the countries.	Agree.	A new Country Visit Framework will be developed by Q4, 2012 that provides guidance for GAVI Country Responsible Officers to promote CSO engagement in GAVI programs and dialogue with Government and Alliance partners.
	19. 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.	Agree. GAVI is funding its CSO Constituency (through Catholic Relief Services) to strengthen CSO engagement in HSFP. This activity aims to form networks of CSOs at country level and develop and strengthen partnerships with ICCs/HSCCs in order to effectively involve CSOs in HSFP processes and related policy dialogue.	GAVI will track the percentage of countries with formal representation from CSOs on ICCs. This will be included in the Implementation Framework that will be completed in Q4, 2012.
	20. 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.	Agree. This focal point would usually be the Director of Planning in the Ministry of Health. Countries may nominate different contacts and this should be specified in a country HSFP application.	
	21. 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.	Agree. CRS has been contracted to advance this activity. (Refer Recommendation #15.)	In place from 2012. The number of country leads will be increased in 2013 and is being negotiated in the 2013-2014 Business Planning process.

