

Gavi CSO fund manager mechanism

CSO monitoring and evaluation (M&E) indicator guidance

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What is Monitoring and Evaluation?

As part of the Gavi CSO funding mechanism, all grantees are expected to **monitor** and **evaluate** their project.

- **Monitoring** tracks a project's progress and performance on an ongoing basis to ensure it is delivering as planned, and to inform decision-making and adaptation as it evolves.
- **Evaluation** assesses how well a project has met its goals, how this was achieved, and the key influencing factors — usually at set milestones such as six-monthly reviews or at project completion.

Why is Monitoring and Evaluation important for grantee projects?

Monitoring and Evaluation (M&E) is vital for the success of grantee projects. The evidence that generated from monitoring, evaluation and learning is important for:

- **Decision-making:** informing day-to-day performance management, timely decision-making and project adaptation
- **Accountability:** ensuring delivery partners and community health actors are held to account
- **Stakeholder engagement:** strengthening engagement through impactful communications, such as learning briefs, presentations or infographics.

All Gavi CSO funding mechanism grantees are required to share their monitoring, evaluation and learning evidence in monthly, quarterly, six-monthly and project completion reporting. Grants Managers will support grantees in designing and delivering M&E.

This guide focuses on M&E, as two core components of grantee reporting. A separate CSO guide is being developed on learning.

What should grantee projects measure? Core Indicators

All Gavi CSO funding mechanism projects will measure 10 'Core Indicators'. These help the Fund Manager track the impact of the mechanism in reaching missed communities and vaccinating zero-dose and under-immunised children:

- # of zero-dose children identified and referred for vaccination
- # of under-immunised children identified and referred for vaccination
- # of zero-dose children vaccinated with DTP1 or Penta1
- # of under-immunised children vaccinated with DTP3 or Penta3
- # of antigen-containing vaccine doses administered
- # of health districts engaged
- % of sub-district unit reached by CSOs
- # of communities reached
- # of service delivery sessions conducted or supported by CSOs
- # of campaigns supported by CSOs

These core indicators are outlined in detailed indicator tables below.

Indicator Statement	# of zero-dose children identified and referred for vaccination
<p>What does this indicator mean?</p>	<p># of children aged 12–59 months who have not received DTP1 or Penta1, identified and referred for vaccination in the health districts engaged by Gavi-funded CSOs.</p> <p>This indicator counts all children aged 12-59 months identified for DTP1 or Penta1 in project health districts, including both individuals identified directly by CSOs and indirectly by health districts where CSOs have been conducting demand generation activities.</p>
<p>How should grantees separate the data?</p>	<p>By age group (12–23 months, 24–59 months); and by health district.</p>
<p>How should grantees collect the data?</p>	<p>Directly from DHIS2/HMIS, once it has been validated by district or regional health officials.</p>
<p>How and when should grantees report the data?</p>	<p>Monthly, using the standard fund manager mechanism digital forms.</p>

Indicator Statement	# of under-immunised children identified and referred for vaccination
<p>What does this indicator mean?</p>	<p># of children aged 12–59 months who have not received DTP3 or Penta3, identified and referred for vaccination in the health districts engaged by Gavi-funded CSOs.</p> <p>This indicator counts all children aged 12-59 months identified for DTP3 or Penta3 in project health districts, including both individuals identified directly by CSOs and indirectly by health districts where CSOs have been conducting demand generation activities.</p>
<p>How should grantees separate the data?</p>	<p>Age group (12–23 months, 24–59 months) and by health district</p>
<p>How should grantees collect the data?</p>	<p>Directly from DHIS2, once it has been validated by district or regional health officials.</p>
<p>How and when should grantees report the data?</p>	<p>Monthly, using the standard fund manager mechanism digital forms.</p>

Indicator Statement	# of zero-dose children vaccinated with DTP1 or Penta1
<p>What does this indicator mean?</p>	<p># of children aged 12–59 months who have been vaccinated with DTP1 or Penta1 in the health districts engaged by Gavi-funded CSOs.</p> <p>This indicator counts all children aged 12-59 months vaccinated with DTP1 or Penta1 in project health districts, including both individuals vaccinated directly by CSOs and indirectly by health districts where CSOs have been conducting demand generation activities.</p>
<p>How should grantees separate the data?</p>	<p>Age group (12–23 months, 24–59 months); and by health district.</p>
<p>How should grantees collect the data?</p>	<p>Directly from DHIS2, once it has been validated by district or regional health officials.</p>
<p>How and when should grantees report the data?</p>	<p>Monthly, using the standard CSO fund manager mechanism digital forms.</p>

Indicator Statement	# of under-immunised children vaccinated with DTP3 or Penta3
<p>What does this indicator mean?</p>	<p># of children aged 12–59 months who have been vaccinated with DTP3 or Penta3 in in the health districts engaged by Gavi-funded CSOs.</p> <p>This indicator counts all children aged 12-59 months vaccinated with DTP3 or Penta3 in project health districts, including both individuals vaccinated directly by CSOs and indirectly by health districts where CSOs have been conducting demand generation activities</p>
<p>How should grantees separate the data?</p>	<p>Age group (12–23 months, 24–59 months); By health district.</p>
<p>How should grantees collect the data?</p>	<p>Directly from DHIS2, once it has been validated by district or regional health officials.</p>
<p>How and when should grantees report the data?</p>	<p>Monthly, using the standard fund manager mechanism digital forms.</p>

Indicator Statement	# of antigen-containing vaccine doses administered
<p>What does this indicator mean?</p>	<p># of antigen-containing vaccine doses administered in the health districts engaged by Gavi-funded CSOs.</p> <p>These should include all routine immunisation vaccine doses in each country, such as: - Penta1/DTP1, Penta3/DTP3, OPV1/OPV2, IPV1/IPV2, MCV1/MCV2, HPV, TCV, Malaria, MenA, PCV, HepB, Yellow Fever, Rota, Japanese Encephalitis, Hexavalent 1/2, DwPT.</p> <p>This indicator counts all doses administered in project health districts, including those administered directly by CSOs and indirectly by health districts supported by any CSO activities.</p>
<p>How should grantees separate the data?</p>	<p>Age group (0-11 months, 12–23 months, 24–59 months, 18+ years); by health district.</p>
<p>How should grantees collect the data?</p>	<p>Directly from DHIS2, once it has been validated by district or regional health officials.</p>
<p>How and when should grantees report the data?</p>	<p>Monthly, using the standard CSO fund manager mechanism digital forms.</p>

Indicator Statement	# of health districts engaged
What does this indicator mean?	<p># of health districts where CSO have been conducting activities, including:</p> <ul style="list-style-type: none"> • Service delivery (at the health facility, outreach, mobile, and campaign) • Community engagement or sensitisation • Advocacy.
How should grantees separate the data?	<p>Urban slum</p> <ul style="list-style-type: none"> • Defined as: health districts with a significant proportion of the population lacking one or more of the following conditions: <ul style="list-style-type: none"> • Access to improved water • Access to improved sanitation • Sufficient-living area • Durability of housing • Security of tenure • Based on WHO Indicator Metadata Registry List ¹. <p>Hard-to-reach</p> <ul style="list-style-type: none"> • Defined as: health districts whose location, climate, infrastructure or human dynamics, e.g., nomadism, irregular migration, make the delivery of immunisation services more difficult. <p>Conflict-affected</p> <ul style="list-style-type: none"> • Defined as: health districts which are affected by “a situation of acute insecurity driven by the use of deadly force by a group – including state forces, organised non-state groups, or other irregular entities” (Based on the World Bank’s Classification of Fragile and Conflict-Affected Situations²).
How should grantees collect the data?	Using CSO health district tracker or another similar tool.
How and when should grantees report the data?	Monthly, using the standard CSO fund manager mechanism digital forms.

¹ <https://www.who.int/data/gho/indicator-metadata-registry/imr-details/2476>

² <https://www.worldbank.org/en/topic/fragilityconflictviolence/brief/classification-of-fragile-and-conflict-affected-situations>

Indicator Statement	% of sub-district unit reached by CSOs
<p>What does this indicator mean?</p>	<p>% of sub-district unit (health centres) engaged by any CSO activity, including:</p> <ul style="list-style-type: none"> • Service delivery (at the health facility, outreach, mobile, and campaign) • Community engagement or sensitisation • Advocacy (doses, services, inclusion of CSOs, etc.). <p>This indicator is calculated by dividing the numerator by the denominator:</p> <p>Numerator: # of health centres engaged by CSO activity. Denominator: Total # of health centres in the CSO project health districts.</p>
<p>How should grantees collect the data?</p>	<p>Using CSO sub-district unit tracker or another similar tool.</p>
<p>How and when should grantees report the data?</p>	<p>Monthly, using the standard CSO fund manager mechanism digital forms.</p>

Indicator Statement	# of communities reached
What does this indicator mean?	<p># of communities (e.g., villages, city sub-districts, pastoralist groups) that are engaged by any CSO activity, including:</p> <ul style="list-style-type: none"> • Service delivery (at the health facility, outreach, mobile, and campaign) • Community engagement or sensitisation • Advocacy (doses, services, inclusion of CSOs, etc.).
How should grantees separate the data?	<p>Separate by type: urban slum, remote rural, migrant, ethnic minority. Identify if this community has ever received immunisation services with a Yes / No.</p>
How should grantees collect the data?	<p>Using CSO community tracker or another similar tool.</p>
How and when should grantees report the data?	<p>Monthly, using the standard fund manager mechanism digital forms.</p>

Indicator Statement	# of service delivery sessions conducted or supported by CSOs
What does this indicator mean?	<p># of immunisation service delivery sessions delivered in the project health districts.</p> <p>This indicator counts all immunisation service delivery sessions in project health districts, including both sessions conducted directly by CSOs and indirectly by health districts receiving any kind of CSO support.</p>
How should grantees separate the data?	Separate by type: fixed (at the health facility), mobile, outreach.
How should grantees collect the data?	Directly from DHIS2, once it has been validated by district or regional health officials.
How and when should grantees report the data?	Monthly, using the standard CSO fund manager mechanism digital forms.

Indicator Statement	# of campaigns supported by CSOs
What does this indicator mean?	<p># of campaigns supported by CSOs</p> <p>This indicator counts all regional or national campaigns that Gavi-funded CSOs have supported through any project activities. This includes, but is not limited to: service delivery, demand generation and advocacy.</p>
How should grantees separate the data?	<p>Type:</p> <ul style="list-style-type: none"> • Routine immunisation (any time-limited, large-scale initiatives to administer vaccines within the routine immunisation schedule to under-vaccinated populations) • Catch-up campaigns (any intensive, large-scale initiatives to improve vaccine rates to groups who have missed key vaccines) • Outbreak responses (any specific initiatives to address disease outbreaks at a health district, regional or national level) • Introductions (any specific initiatives to roll-out new antigen-containing vaccines at a regional or national level, for example, HPV, Hexavalent or Malaria introduction campaigns)
How should grantees collect the data?	CSO project workplans
How and when should grantees report the data?	Monthly, using the standard CSO fund manager mechanism digital forms.

Measuring behaviour change

Grantees may also create their own indicators or use the following social and behavioural change indicators to measure behaviour change:

- # of individuals with increased awareness of immunisation following engagement from Gavi-funded CSO projects
- # of individuals with a positive change in attitude or behaviour towards immunisation following engagement from Gavi-funded CSO projects
- # of community health workers with strengthened capacity following engagement from Gavi-funded CSO projects
- # of community health actors engaged by Gavi-funded CSO projects.

Grantees should work with their Grants Manager, Strategic Advisor and the EPI to develop approaches to defining and measuring these indicators.

Indicator Statement	# of individuals with increased awareness of immunisation following engagement from Gavi-funded CSO projects
<p>What does this indicator mean?</p>	<p>The total number of individual people who demonstrate an increase in knowledge or awareness of the benefits of immunisation, after they have been engaged by the Gavi-funded CSO or delivery partner.</p> <p>This indicator should only measure individuals who show an increase in awareness or knowledge after project engagement.</p> <p><i>For example:</i> <i># of individuals who are able to name more benefits of vaccination after training vs before training</i> <i># of community leaders who demonstrate more knowledge of the benefits of vaccination after sensitisation workshops.</i></p>
<p>How should grantees separate the data?</p>	<p>Using pre/post-activity assessments, collecting results in the BeSD vaccination tracker or another similar tool.</p>
<p>How should grantees collect the data?</p>	<p>Six-monthly digital forms only.</p>

Indicator Statement	# of individuals with a positive change in attitude or behaviour towards immunisation following engagement from Gavi-funded CSO projects
<p>What does this indicator mean?</p>	<p>The total number of individual people who demonstrate a positive change in attitude or behaviour towards immunisation, after they have been engaged by the CSO or delivery partner.</p> <p>This indicator should only measure individuals whose attitudes or behaviour have changed positively.</p> <p><i>For example:</i> <i># of parents who keep an up-to-date vaccination card for their children, since CSO engagement</i> <i># of parents who say they want their children to get 'all' recommended vaccines, since CSO engagement.</i></p>
<p>How should grantees separate the data?</p>	<p>Using pre/post-activity assessments, collecting results in the BeSD vaccination tracker or another similar tool.</p>
<p>How should grantees collect the data?</p>	<p>Six-monthly digital forms only.</p>

Indicator Statement	# of community health workers with strengthened capacity following engagement from Gavi-funded CSO projects
<p>What does this indicator mean?</p>	<p>The total number of individual community health workers who demonstrate stronger capacity, after they have been engaged by the CSO or delivery partners.</p> <p>This indicator should only measure individuals whose capacity has improved.</p> <p><i>For example:</i> # of mobile vaccine unit workers who demonstrate appropriate administration of intermuscular vaccination after CSO training # of community health workers who show strengthened cold chain management capacity after CSO training.</p>
<p>How should grantees separate the data?</p>	<p>Using pre/post-activity assessments, collecting results in the BeSD vaccination tracker or another similar tool.</p> <p>Pre/post-activity assessments should reflect national clinical standards or frameworks – CSOs and Strategic Advisors should identify this together.</p>
<p>How should grantees collect the data?</p>	<p>Six-monthly digital forms only.</p>

Indicator Statement	# of community health actors engaged
<p>What does this indicator mean?</p>	<p># of community health actors engaged.</p> <p>This indicator counts all community health actors (e.g., community health network volunteers, health centre staff) who are engaged in any CSO activities, including:</p> <ul style="list-style-type: none"> • Training and sensitisation sessions • Supportive supervision • Data collection, led by community health actors • Child identification activities, led by community health actors.
<p>How should grantees separate the data?</p>	<p>Using community health actor tracker or another similar tool.</p>
<p>How should grantees collect the data?</p>	<p>Six-monthly digital forms only.</p>

Creating SMART(ER) indicators

When creating or adapting social and behavioural change indicators, grantees should make sure they are SMART(ER):

Indicators should be:	What does this mean?	Example
Specific	Indicators are clear and well defined, measuring only one thing each	<i># of parents who say they want their child to receive 'all' recommended vaccines, following CSO community sensitisation activities</i> This indicator focuses on only one statement from parents.
Measurable	Indicators have a clear data source (means of verification), which matches the baseline and can be used throughout the project	<i># of parents who say they want their child to receive 'all' recommended vaccines, following CSO community sensitisation activities</i> This indicator can be measured through a targeted survey before and after community sensitisation activities.
Achievable	Indicators are only for results that can be delivered within the project scope and timeframe	<i># of parents who say they want their child to receive 'all' recommended vaccines, following CSO community sensitisation activities</i> This indicator is achievable for a project delivering community sensitisation activities with parents.
Realistic and relevant	Indicators reflect the project aims, activities and workplan	<i># of parents who say they want their child to receive 'all' recommended vaccines, following CSO community sensitisation activities</i>

		<p>This indicator is realistic and relevant for a project aiming to increase parental commitment to vaccination.</p>
Time-bound	<p>Indicators have clear timeframes</p>	<p><i># of parents who say they want their child to receive 'all' recommended vaccines, following CSO community sensitisation activities</i></p> <p>This indicator is time-bound, as it refers to specific project activities.</p>
Ethical	<p>Indicators should only measure activities, attitudes and behaviours that do no harm.</p> <p>Indicators should also be measured in ways that prioritise the safety, respect and dignity of participants and local stakeholders.</p>	<p><i># of parents who say they want their child to receive 'all' recommended vaccines, following CSO community sensitisation activities</i></p> <p>This indicator should be measured using a confidential survey. Findings should be reported in a way that does not expose or endanger any respondents.</p>
Reflective	<p>Indicators should be seen as <i>evolving tools</i> – grantees should review optional indicators at six-monthly reporting periods to ensure they are still meaningful for the project.</p>	<p><i># of parents who say they want their child to receive 'all' recommended vaccines, following CSO community sensitisation activities</i></p> <p>This indicator may be more relevant at the beginning or end of the project. CSOs using optional indicators should review them every six months to make sure they are still meaningful and SMART(ER).</p>

Setting targets for indicators

Targets should be set for every indicator, based on:

- targets stipulated in the country Call for Proposals, and
- key national estimates, such as the % coverage increase expected through grantee activities

Targets should not be changed once set, unless there is specific approval from EPI and sufficient rationale, for example, to reflect updates to national coverage estimates. If targets need to be updated, grantees should inform their Grants Manager as soon as possible.

Further support and guidance on M&E

More M&E support is available to all grantees, including webinars, templates and 1:1 guidance. For any questions about using and measuring the core or optional M&E indicators, grantees should contact their Grants Manager or Strategic Advisor directly.