Gavi CSO funding mechanism

# **Technical Guidance**

Gender, Equality and Social Inclusion (GESI), Localisation, Learning and Risk

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#### Introduction

All applications should include the submission of a completed Project Workbook.

Within the Workbook template, there is a Workbook Builder to help develop a project's design and build a results framework, workplan, risk register and learning plan. Applicants should complete the Workbook Builder before completing the other tabs. Specific instructions are available in each tab to help with completion.

This document provides additional guidance to ensure projects implement Gender Equality and Social Inclusion (GESI) elements, a localisation approach, a strong learning plan, and an appropriate risk strategy throughout. Successful applicants will then work with their grants manager to further develop the project design and finalise this Workbook as part of the pre-contract review process.

### **Gender Equality and Social Inclusion (GESI)**

GESI efforts seek to ensure that no one is left behind. Organisations are encouraged to reflect on their own capacity and understanding of gender-sensitive programming. It is expected that consideration is given to the integration of GESI across the technical workbook; from the problem statement, to the participant groups, activities designed, indicators, and risks identified, to the learning questions organisations choose to focus on.

The data collected and reported on to show project progress, should be disaggregated at minimum, by gender and disability, but other characteristics such as age, location, and household status among others will also be relevant.

Organisations are encouraged to consider the following elements to ensure gender-sensitivity in projects:

- Project design: Take a holistic approach and integrate immunisation programmes with adolescent and maternal, newborn and child primary health services, and other sectors including education, throughout the life-course. This can be reflected in the participant groups identified, the activities designed, and the indicators chosen.
- Project design: Proactively partner with actors from within and outside the health sector to bring a range of distinctive strengths, experiences and resources to the design and implementation of interventions.
- Participant groups: Consider different groups and how their circumstances or characteristics might intersect to impact their participation in the project (including caregivers, adolescents, and people with disabilities). Integrate the collection of disaggregated data in activities to understand how socio-economic and cultural factors affect health indicators. For example: who makes decisions about children's health in a household? Who has access to financial resources that will support those decisions (for example, money for transport to the nearest health centre)?
- Activities: Empower voices and perspectives of all genders, and include key populations and partners in the design of project activities. As well as advancing gender equality and social inclusion, this might also facilitate community engagement and ensure local ownership and buy-in of the project.
- Risk: Identify gender-related barriers that could prevent engagement with community-level stakeholders. For example: does the gender of the person administering a vaccine matter when



working with children? If so, what mitigation strategies could be taken to maximise the impact of an organisation's programme in the context?

• Learning: Consider GESI when designing the project's learning questions (more on learning below). This means focusing on a traditionally marginalised group, or choosing to focus learning about gender-related barriers to immunisation in the context.

### Localisation

Localisation means shifting meaningful amounts of resources, decision-making and implementation authority to organisations in and from the places where grants are being directed. In practical terms, localisation means supporting local solutions to local problems and using local expertise and resources as much as possible.

Organisations are encouraged to be creative and innovative as they apply a localisation approach to their project. Here are a few ways to integrate this approach:

- Leverage local knowledge: Civil Society Organisations (CSOs), and particularly local CSOs, are well positioned to provide key contextual knowledge regarding barriers and enablers related to immunisation. For example: Is the Human papillomavirus (HPV) vaccine linked to misinformation and rumours that might impact programme participation? A specific way local knowledge can be leveraged includes consulting with local actors at the community level. This will also increase the chances of local ownership and sustained buy-in.
- Partnerships: Partnering with actors within and outside the health sector encourages a range of perspectives, strengths and resources to enhance project design and implementation. For example, partnering with local women-led groups will provide a local perspective on gender and social inclusion.
- Sustainability: Encompassing the points above, the project should be designed to ensure some elements and benefits live beyond the lifecycle of the grant and within the communities and participant groups. Organisations should consider how to support local solutions and how to sustain them – at first with grant resource and then beyond the grant through effective project design. Designing the project in consultation with local actors; engaging with diverse actors as partners, and integrating their perspectives into the project design; and working with partners to ensure that benefits continue beyond the grant are specific actions that will strengthen a project's sustainability.

## Learning

As the project is designed, organisations should consider a proactive and structured approach to learning. This includes developing learning questions and activities that will answer the questions, and also considering how learning will be captured and presented. Learning includes considering what has and has not been achieved, as well as understanding how and why that change has happened (or not), what factors were involved and what elements or approaches have or have not worked.

In the **Learning tab** of the technical workbook, organisations are asked to write one or two learning questions related to their project design, which will be regularly reported against throughout the life of the project. Learning questions address knowledge that organisation would like to generate throughout the grant, and are in line with project design and anticipated outcomes. Learning questions



should consider factors such as context, GESI, participant groups and organisational capacitystrengthening. Organisations should consider how interventions distinctly impact certain people and present disaggregated data to evidence emerging trends and new learning.

Below are some examples of learning questions that could be used as inspiration:

- What factors affect collaboration with government?
  - How can projects support collaboration?
- How effective is the project's approach in improving vaccination uptake in underserved areas?
- What factors affect families' decisions to prioritise their children's vaccinations?
- What are the social and/or cultural barriers faced by children with disabilities in accessing vaccination services?
- What elements of the project will be sustained locally beyond the life of the grant?
  - How can projects support local ownership and continuation?
- How has community engagement evolved since the project's onset?
  - What specific initiatives or actions have been taken by community members to dismantle harmful gender norms and support vaccination uptake in the local context?

What is learned will be valuable to organisations, the Gavi funding mechanism, and the field of immunisation, as it will advance the knowledge on successful approaches to CSOs-driven programmes. At the end of the programme, grantees and their grants manager will discuss and reflect on their learning, how it might be disseminated, and consider lessons around the following:

| Area                                      | Example   |
|---|---|
| Project development hypothesis and design | Lessons around assumptions or how change takes place  |
| Technical or sector lessons               | What lessons can add to the evidence base about what works well and what does not, for whom, where and why    |
| Context lessons                           | Who or what were the main influencers to change   |
| Project operations                        | Lessons around staff recruitment, procurement, effective<br>planning, successful or unsuccessful partnerships |
| Institutional and policy lessons          | Lessons around how to engage with institutions effectively, how to advocate or influence the context          |
| Monitoring, evaluation and learning       | How change was measured in the project and the tools or<br>methods used                                       |

#### **Risk management**

Both risk management (identifying, assessing and prioritising risk) and risk mitigation (reducing the probability and/or impact of risk) should be considered as a project is designed, to assess the responsible use of Gavi resources and the effective implementation and sustainability of Gavi programmes. The **risk register tool** in the technical workbook should be used to effectively identify relevant risks and develop appropriate mitigation strategies.



The risk register should be a live working document for grantees, to monitor identified risks and capture any changes on at least a quarterly basis, which will then be shared with an organisation's grants manager as part of their quarterly reporting (or sooner, if any significant risks emerge).

The following risk categories should be considered:

| Type of risk                                      | Description   |
|---|---|
| Governance and<br>stakeholder<br>engagement risks | Related to the management of decision-making structures and operational relationships between Gavi partners.  |
| Operational risks                                 | Related to inadequate or failed internal processes, people and systems. Specifically, they relate to the internal capacity to effectively oversee and implement programmes and duty of care to staff.   |
| Fiduciary risks                                   | Related to funds not being used for the intended purposes, not being<br>used to achieve value for money, and/or not being properly accounted<br>for. The realisation of fiduciary risk can be due to a variety of factors,<br>including lack of capacity, competency or knowledge; bureaucratic<br>inefficiency; and/or corruption. |
| Financial risks                                   | Related to the management and control of Gavi resources.  |
| Safeguarding risks                                | Involve a threat to the protection of the health, wellbeing and human<br>rights of individuals, which allow people (especially children, young<br>people and vulnerable adults) to live free from abuse, harm and<br>neglect.   |
| Programmatic risks                                | Related to the implementation of Gavi programmes at country level.  |
| Contextual risks                                  | Present in the space and location in which the project works. For<br>example, risks may arise in challenging external settings such as<br>conflict-affected areas, economically or environmentally fragile areas,<br>or politicised settings.   |
| Reputational risks                                | Pose detriment to the organisation's reputation or public image due to certain activities, associations or perceptions.   |