

# Update to the 2015 Meta-Review of Gavi HSS Country Evaluations



Gavi Evaluation team 2018

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## 1. Introduction

This document synthesises key findings from Gavi HSS grant evaluations in six countries during the period 2016 – 2017. It also provides an update to the 2016 Gavi HSS grant meta-review.

In 2015, Gavi has hired Cambridge Economic Policy Associates (CEPA) to undertake a meta-review of country evaluations of Gavi's Health System Strengthening (HSS) grants. The review included 14 evaluation reports conducted during the period 2013-2015, for grants approved prior to 2012. This review included Gavi-led evaluations<sup>1</sup> for Burkina Faso, Cameroun, Chad, Ethiopia, Madagascar, Nepal, Tajikistan and Somalia and country-led evaluations for Afghanistan, Eritrea, Ghana, Myanmar (mid-term review), Sudan, Yemen as well as the Full Country Evaluation results for the relevant years.

Between 2016 and 2017, six additional Gavi HSS evaluations were undertaken, Gavi-led end of grant evaluations for Burundi, Comoros, and The Democratic People's Republic of Korea (DPRK), country-led end of grant evaluations for Cote d'Ivoire and Vietnam and one Gavi-led mid-term evaluation for Mali (Table 1). The results of these evaluations and from the Full Country Evaluation from 2016 (including Bangladesh, Mozambique, Uganda and Zambia) were analysed in this paper using a similar methodology<sup>2</sup> to that of CEPA, in order to identify whether the new evaluations reinforce the former findings and/or if new trends can be detected.

The purpose of this analysis is to provide the Gavi Secretariat and Alliance partners with an overview of the findings and trends and to inform HSS programme and policy decision making as well as future HSS evaluations.

## 2. Approach and Methodology

The framework developed by CEPA and used in this analysis to assess the findings and the evaluation reports can be found in Annex 2 (see also the CEPA meta-review annex 3). It includes an "a priori" analytical and coding framework, covering the dimensions of:

- Relevance and alignment
- Efficiency and effectiveness
- Results and impact
- Sustainability

CEPA developed a synthesis of the findings across these four dimensions, where each finding was assessed for robustness (strong/good/limited/poor) based on the quality of the evaluation reports and corroboration with Full Country Evaluation (FCE) findings and reports from the Independent Review Committee (IRC).

In addition to assessing evaluation results along the dimensions mentioned above (Relevance and Alignment, Efficiency and Effectiveness, Results and Impact, and Sustainability), the quality of the report was also assessed using the framework along the dimensions of:

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<sup>1</sup> Country-led evaluations are fully managed by the country (the country leads the development of the Terms of Reference, procures the evaluation and manages the evaluation process with support from partners and the Gavi Secretariat on request). Gavi-led evaluations are managed by the Gavi Secretariat (the Secretariat leads the development of the Terms of Reference, procures and funds the evaluation and manages the evaluation firms) in close collaboration with the country.

<sup>2</sup> The reports were assessed through the same framework but by a different team.

- *Stakeholder coverage*; Including all stakeholders, e.g. Government bodies, Gavi, UNICEF/WHO, Other donors, NGOs/CSOs
- *Methods*; Use of mixed methods
- *Coverage of issues*; Consideration of full grant cycle and coverage across all OECD DAC criteria
- *Quality of analysis*; Extent to which conclusions drawn are based on sound evidence or sufficiently caveated
- *Other*; Include other areas of note e.g. adherence to ToR, correct interpretation of Gavi procedures, country context

### 3. Limitations

There are several limitations to this analysis. Some of the key limitations include:

- The exclusive reliance on the evaluation reports and their annexes; no additional information or data was collected during the review, however, the findings were triangulated with the 2016 FCE and the 2016 and 2017 IRC findings.
- The element of judgement in the qualitative analysis and risk of differences in understanding of the CEPA assessment framework between this and the CEPA meta-review, as this was undertaken by a different team and at a different time.
- Differences in scope and Terms of Reference; countries were not necessarily asked the same questions, which makes comparison between evaluations and generalisation of findings across countries challenging. The results have to be interpreted with caution.
- The risk of bias in the country HSS evaluations depending on who commissioned the report (Gavi, country or an Alliance partner on behalf of the country), and on who conducted the evaluation (the firm/organisation/institution).

### 4. New HSS evaluations

The following six HSS grant evaluations are included in this review:

**Table 1: Evaluations included in this review**

Country	Mid/End Evaluation	Period covered	Grant amount	Evaluation Commiss.	Evaluation Year <sup>3</sup>	Quality rating <sup>4</sup>
<b>Burundi</b>	End	2013-2017	12,900,000 USD	Gavi	2017	Good
<b>Comoros</b>	End	2013-2016	1,799,265 USD	Gavi	2016	Good/limited
<b>Cote d'Ivoire</b>	End	2008-2016	9,052,805 USD	Country	2017	Good/Limited
<b>DPRK</b>	End	2007-2017	27,400,000 USD	Gavi	2017	Limited
<b>Mali</b>	Mid	2016-2018	8,640,000 USD <sup>5</sup>	Gavi	2018	Good

<sup>3</sup> The year that the evaluation was published

<sup>4</sup> Good/Limited/Poor. It should be noted that a poor or limited evaluation is not necessarily a reflection of the quality of the evaluation team's work but of the quality and availability of the data for the evaluation.

<sup>5</sup> Budget for 2016-2017, total amounts to 20,160,000 USD for the period 2016-2021

Vietnam	End	2012-2016 <sup>6</sup>	24,400,000 USD	Country	2018	Good/Limited
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The review also included the results from the Full Country Evaluation from 2016 for Bangladesh, Mozambique, Zambia and Uganda. The results from the assessment were subsequently triangulated with the findings and recommendations from the IRC during its 2016 and 2017 meetings (and follow up reports)

## 5. Findings and trends

### 5.1 Continued relevance of meta-review findings

A number of the findings from the 2016 meta-review remain relevant, the most relevant ones are commented on below. For detailed, country specific findings, please refer to annex 1 and 2.

#### Relevance

- *Gavi HSS support to countries has been well aligned with their health sector policies and plans, however weak country planning capacity has implied that several grants have not been designed effectively, thereby somewhat diluting their relevance.*

**Comment:** The new evaluations strongly confirmed the alignment between the Gavi HSS support and national health sector policies and plans (supported by all evaluations), but there is less evidence to support the former finding that weak country capacity has affected the design of grants.

#### Results

- *There have been improvements in immunisation and health outcomes in most countries, but it is difficult to attribute this to Gavi HSS support. There is emerging evidence of Gavi HSS support contributing to health system strengthening. (NB this finding was of limited/poor robustness)*

**Comment:** As indicated in the 2016 CEPA meta-review, evaluations report that there have been improvements in immunisation, although not always reaching targets and not always for all vaccines (DPRK, Vietnam, Burundi, Cote d'Ivoire). Challenges with the selected indicators and targets are highlighted in some evaluations (DPRK). The challenges to attribute improvements to Gavi's HSS support persist. While contributions to the health systems are identified, it is often at output and possibly outcome level (Burundi, Cote d'Ivoire, Vietnam, Mali, Comoros, DPRK). There were also external factors (security/violence) that had a negative influence on both immunisation rates and the HSS programme implementation for a period of time (Burundi and Cote d'Ivoire).

#### Sustainability

- *There is some evidence of Gavi HSS activities being sustained or there being potential to sustain after the completion of funding, but for the most part, potential for financial sustainability is weak.*

**Comment:** All new evaluations raise concerns regarding sustainability; primarily financial sustainability, and programmatic sustainability linked to continued funding of key activities.

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<sup>6</sup> No cost extension during 2017

This finding is further supported by the FCE 2016, which found limited evidence that countries are planning or preparing for transition from Gavi support. The FCE suggests that sustainability should be raised earlier and countries given better guidance as to what they should be doing in the pre-transition phase. This is supported by the IRC of 2016, which suggests that countries need to outline plans for sustainability of investments in the short, medium and long term when applying for Gavi support to invest in for example salaries and equipment.

## 5.2 New findings

Some new findings and developments paint a slightly different picture to that outlined in the former meta-review. These include:

### Relevance

- The new evaluations indicate that the **proposal development processes** may be improving. The earlier concern about a lack of **participation from civil society organisations (CSOs), Alliance Partners and the Gavi Secretariat** is rarely identified as a challenge in the new evaluations (only for Comoros). There are, however, exceptions as demonstrated in the 2016 FCE, which found that Uganda had to reapply due to what was perceived as insufficient participation from stakeholders.

### Efficiency and Effectiveness

- Contrary to the former meta-review finding, the new evaluations did not generally note challenges in the engagement levels by the Secretariat and Alliance partners. In fact, the 2016 IRC found **significant improvements in Secretariat and partner engagement**, with increased responsiveness and better engagement at country level by SCMs and other Secretariat staff.
- Although the IRC 2016 pointed out that countries are still not fully taking into account the findings from grant evaluations, there is evidence that **plans are increasingly based on bottleneck analysis and/or experiences from implementing former HSS grants**. This is confirmed by the 2016 IRC findings. Challenges with reprogramming seem to be less of a concern in the new evaluations compared to the findings of the 2016 meta-review.
- In contrast to the former meta-review, FMAs no longer feature as a key challenge (only mentioned in DPRK). Instead, the FCE highlights challenges of the new **Program Capacity Assessments<sup>7</sup> (PCA)**, which could be improved by better aligning its timing to country cycles (findings in Uganda and Zambia). Despite policy changes, **responding to IRC concerns** is still noted as a reason for post-approval delays.
- An emerging issue is the **channelling of funds through Alliance partners**, most notably UNICEF (Bangladesh, Burundi, Comoros, DPRK and Mali). Evaluations note delays as UNICEF and national administrative systems are not compatible and/or aligned (Burundi, Mali, Bangladesh). Evaluations also raised concerns about the risks that channelling of funds through partners may undermine national ownership and oversight, and weaken rather than strengthen national financial management systems.

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<sup>7</sup> The PCA is an expanded process that replaces the financial management assessment. Uganda and Zambia were early pilot countries for the new PCA in 2016.

### 5.3 Recommendations

While the majority of the evaluation recommendations are focussed on country specific circumstances (and can be found in the respective evaluation final reports), there are some cross-cutting trends that can be detected:

- Several evaluations highlight the need to **clarify roles and responsibilities** and to develop clear terms of reference at various levels of government and between different relevant partners (Burundi, Comoros, Cote d'Ivoire and DPRK).
- Recommendations relating to **improved monitoring, reporting, data quality and the need to ensure alignment between country and Gavi/Alliance partner budget and financial reporting systems** are also found in several evaluations (Cote d'Ivoire, Comoros, Mali, Mozambique).
- Recommendations around **sustainability** also feature across the evaluations, including recommendations to consider exit strategies, to transfer activities to government or local partners, to seek local funding and to develop plans to maintain outcomes of Gavi investments (maintenance plans for equipment, continued training etc.).

### 6. Use of the evaluation findings and Gavi reforms (2016 onwards)

The assessed HSS grant evaluations, the results from the 2016 FCE and the IRC 2016 and 2017 reports have all been used to inform dialogue at country level and the design of subsequent HSS grants and Gavi support. The findings and recommendations have also been used by the Gavi Secretariat and Alliance partners to inform the development of HSS policies and guidelines.

Gavi has introduced several reforms during the period of implementation of the evaluated grants. These include new operational procedures for engagement with countries and partners with the aim of making Gavi's support more tailored to specific country circumstances, and efforts to increase Gavi's and the Alliance's capacity to respond to specific country needs. These reforms are outlined in Table 2 below and in Annex 3.

It is important to note that as most of the evaluated grants<sup>8</sup> were based on earlier guidelines, several of the identified challenges could be in the process of being addressed by these reforms. Table 2 also shows some emerging findings potentially due to implemented reforms.

**Table 2: Gavi reforms and new operational procedures that may affect HSS grants, 2016 onwards**

Gavi reform	Purpose and content	Emerging findings/effect of reforms
Increased Secretariat capacity	The Secretariat capacity to engage with countries has been strengthened through an increased number of Senior Country Managers (SCMs) and other relevant technical staff.	None of the new evaluations mentioned any challenges with a lack of participation on the part of the Gavi Secretariat in recent years, indicating a potential positive effect. The IRC also comments on the increased Gavi Secretariat engagement with countries in its 2016 reports.

<sup>8</sup> With the exception of the Mali mid-term review.

Enhanced technical support	The support to technical assistance at country level has been strengthened through the introduction of the Partnership Engagement Framework (PEF), where priority is given to countries most in need <sup>9</sup> .	The new evaluations did not mention the PEF, but it may have been too soon to see any effects. The IRC in November 2017 notes that it is seeing examples of good quality of support and TA in some countries and that this is reflected in improved quality of applications, in particular from a strategic direction.
Strengthened support for countries in transition	Improved guidance and dedicated financial and technical assistance is provided to countries approaching transition out of Gavi support.	This was not reflected in any of the evaluations. This could partly be a timing issue or due to different stakeholder involvement at country level (discussions with other government partners such as the Ministry of Finance, higher political levels in the Ministry of Health).
Improved procedures for grant application, monitoring and review	Annual, country-led, multi-stakeholder Joint Appraisals (JA) provide a platform for country-level dialogue regarding results and specific country needs. Full portfolio planning supports a continuous dialogue with countries and in-country partners and alignment of Gavi investments with national needs, strategies and processes.	The evaluations do not mention these procedures specifically but it may be due to the timing of the implementation of the recent reforms.
New HSIS Framework	Adopted in 2016, it aims to improve HSS programming, grant architecture and resource allocation. Existing programming guidelines have been revised (Supply Chain, data and Demand) and new ones developed (Gender and Urban) to provide clearer guidance to countries on strategic targeting and tailoring of HSIS investments towards achieving sustainable immunisation coverage and equity.	All grants started (with the exception of the Mali grant) and ended prior to the introduction of the new HSIS framework

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<sup>9</sup> PEF gives priority to the 20 countries that face the most severe immunisation challenges. PEF priority countries in 2016 were: Afghanistan, Chad, Nigeria, Uganda, Pakistan, Indonesia, DRC, India, Kenya, Ethiopia, Niger, CAR, Myanmar, Haiti, Somalia, Yemen, Mozambique, PNG, Madagascar, South Sudan. Additional countries may be prioritised due to their fragility, identified through the Fragility, Emergencies and Refugees policy mechanism.



## 7. Discussion and conclusion

This review found evidence in support of several of the findings from the 2016 meta-review, including delays in implementation of HSS grants, continued challenges in monitoring and with data quality and continued concerns about financial and programmatic sustainability.

Channelling of funds via partners may have allowed for more effective implementation in some countries, but it has also caused delays in other countries where partner and country systems are not aligned, as well as raised concerns about a lack of strengthening of national systems and about undermining national oversight and ownership.

The evaluations also indicate possible new trends, including that grant design may have improved, that development processes may be more likely to include all relevant stakeholders (including CSOs) and that the Gavi Secretariat and Alliance Partner engagement better meets country needs in the HSS process, compared to the findings of the 2016 review.

Continued improvements to reforms in Gavi's support and operating model mentioned above may enable Gavi and its partners to address many of the identified challenges. In addition, while there are still many difficult and constantly evolving challenges to address, the increased focus on innovation and technology to further improve coverage and equity, a strong Gavi engagement in the global health security work and continued integration and collaboration with a wide range of partners may further help countries strengthen their health systems and support positive immunisation results.

## Annex 1: Overview of findings in new evaluations

CEPA 2016 Findings	Robustness rating (CEPA 2016)	New Evaluations, FCE 2016 and IRC Reports 2016-17
<b>A. Relevance and alignment</b>		
1. Gavi HSS support to countries has been well aligned with their health sector policies and plans, however weak country planning capacity has implied that several grants have not been designed effectively, thereby somewhat diluting their relevance.	Strong	This finding is still relevant. All evaluations indicate alignment with national plans. There seems to be a change towards better design, the IRC mentions improved quality of proposals and highlights an increase use of bottleneck analysis, although it mentions that these do not go far enough to assess and address root causes.
2. In terms of adherence with Gavi's mandate, there has been a wide variation in the interpretation of the Gavi HSS support, with countries generally being unclear on Gavi's scope and objective for the HSS window	Good	One evaluation mentions the mandate as an issue (DPRK). The FCE in Uganda note a time consuming and poorly understood process that resulted in heavy reliance on consultants.
3. Gavi HSS funds have been coordinated with and complemented through other donor funds in countries, especially where HSS funds have been channelled through pooled funds.	Limited	Most evaluations are silent on this point, Comoros and Cote d'Ivoire specifically mention complementarity.
<b>B. Efficiency and Effectiveness</b>		
4. The proposal development process has been somewhat participatory, although often lacking CSOs, and concerns have been raised on representation and adequate guidance from the Gavi Secretariat and Alliance Partners.	Strong	Evaluations mention that CSOs were involved in the proposal development processes in Burundi, Comoros, Cote d'Ivoire and in Uganda (see above). CSO are listed as involved in the implementation in Comoros, Cote d'Ivoire and Mali. The evaluations do not identify concerns with representation from the Gavi Secretariat and Alliance Partners.
5. Country programme management has been poor, primarily on account of weak country capacity coupled with poor planning.	Strong	This finding is supported in the evaluations for Burundi, Comoros and Cote d'Ivoire. The Comoros evaluation raises the issue that different people developed and implemented the programme,

		which led to challenges due to misunderstandings and issues with ownership.
6. Country HSCCs have generally functioned as intended during the proposal stage. However, they have not functioned well during grant implementation.	Good/Limited	Finding supported in the Comoros evaluation.
7. Country financial management capacity and procedures have been weak and coupled with poor programme management, have resulted in low absorption capacity and delayed disbursements. Gavi's FMA requirements have increased complexity and added to delays.	Good/Limited	The FMAs no longer seem to be an issue (only one evaluation mentions initial delays due to Gavi processes, Vietnam). New issue is the tendency to channel funds through Alliance partners, notably UNICEF, where differences between country and UNICEF administrative systems is causing severe delays. The evaluations also raise the risk of undermining building national capacity and systems as well as national ownership (Burundi, Bangladesh, Comoros and Mali).
8. Whilst reprogramming of country grants has resulted in greater relevance for countries and increased immunisation focus, there is a general lack of understanding of this process at the country level and significant transaction costs have been incurred.	Good	The new evaluations do not specifically highlight reprogramming processes as a challenge.
9. Gavi's model of delivery for HSS in terms of guidance and support from the Secretariat and Partners have not functioned effectively. There is a need and request from countries for a more "hands-on" model.	Strong	Finding not supported in the new evaluations apart from in the Evaluation from Comoros (need for greater support, provided through UNICEF).
10. Gavi HSS grants have experienced substantial delays in implementation.	Strong	Strong support in the evaluations, all mention delays although not all substantial.
11. Monitoring and reporting systems are not functioning effectively, largely due to poor design at proposal stage.	Strong	Mentioned in the Comoros, Cote d'Ivoire, Mali and in the DPRK evaluations, interpreted as concerning all monitoring and reporting systems (technical and financial) and not only due to poor design at the proposal stage. The Burundi evaluation mentions heavy processes.
<b>C. Results and impact</b>		
12. Proposed activities have, for the most part, been completed.	Good/Limited	This finding is supported in evaluations for Cote d'Ivoire, DPRK, Mali (to date) and Vietnam. In the Comoros it is noted as up to

		75%. Implementation rates have varied over the years. Burundi had delays due to suspension of support 2013-2015, when the programme restarted in 2016 it suffered from delays and on average 81% of the activities had begun implementation.
13. There have been improvements in immunisation and health outcomes in most countries, but it is difficult to attribute this to Gavi HSS support.	Limited/Poor	Finding supported in new evaluations, immunisation improved but not reaching all targets and not for all vaccines. Some countries also experienced dips/challenges due to external factors (Burundi and Cote d'Ivoire) and managed to maintain or reach back up to former immunisation levels.
14. There is emerging evidence of Gavi HSS support contributing to health system strengthening.	Good/Limited	Supported by the new evaluations, but with results at output/outcome level (Burundi, Cote d'Ivoire, Vietnam, Mali, Comoros, DPRK)
<b>D. Sustainability</b>		
15. There is some evidence of Gavi HSS activities being sustained or there being potential to sustain after the completion of funding, but for the most part, potential for financial sustainability is weak.	Good/Limited	Financial sustainability is a concern in all evaluations (Burundi, Comoros, Cote d'Ivoire, DPRK, to a certain extent in Vietnam as well as in the Mali mid-term review). Concerns about programmatic sustainability are noted in Burundi, Comoros, Mali and Vietnam (related to the financial sustainability, for example the need to continue training efforts.) The FCE reports limited evidence that countries are planning or preparing for graduation from Gavi support. The FCE recommends that sustainability should be raised earlier and countries given better guidance what they should be doing in the pre-transition phase.

## Annex 2: Updated HSS meta-review in the CEPA framework



Framework and  
detailed analysis

## Annex 3: Progress by Gavi on issues identified in the 2016 meta-review, and updated 2018 meta-review

	Finding (CEPA 2016)	CEPA identified modifications to HSS support/ improvement of guidelines	Modifications to HSS support/improvement of guidelines Feb 2016 – Jun 2018	Comments
1	<p>Gavi HSS support to countries has been well-aligned with their health sector policies and plans, however weak country planning capacity has implied that several grants have not been designed effectively, thereby somewhat diluting their relevance.</p>	<ul style="list-style-type: none"> <li>Gavi has recently introduced a Joint Appraisal (JA) process which will help countries plan for future applications.</li> <li>The successive guidelines over the years have aimed to provide additional information to assist countries in developing better applications to Gavi, with the most recent 2016 HSS guidelines being more streamlined and encouraging countries to think through the “bottleneck analysis”. A budget and gap analysis template and guidance has also been provided.</li> </ul>	<ul style="list-style-type: none"> <li>Implementation of full portfolio planning (formerly through the Country Engagement Framework (CEF) (from 2016), which emphasises a process that includes iterative country dialogue between country, Gavi Alliance, and other in-country stakeholders in the design of the HSS grant.</li> </ul>	<ul style="list-style-type: none"> <li>IRC reports from 2016 and 2017 indicate that the quality of the applications have improved.</li> <li>The IRC in 2016 suggested that technical support through the PEF has helped countries to improve their proposals (but that quality of TA is still an issue and needs to be ensured).</li> </ul>
2	<p>In terms of adherence with Gavi’s mandate, there has been wide variation in the interpretation of Gavi HSS support, with countries</p>	<ul style="list-style-type: none"> <li>Introduction of PBF approach since 2012 and greater specificity of Gavi’s Strategic Goal 2.</li> <li>Introduction of the SFAs as part of Gavi Phase IV strategy.</li> </ul>	<ul style="list-style-type: none"> <li>Revision/development of Programming Guidelines for countries in the areas of Demand Generation, Gender, Data, Supply Chain and Urban Immunisation, all intended for improved targeting and tailoring of HSS grants towards improvements in immunisation coverage and equity. These guidelines help to clarify the intended scope and</li> </ul>	<ul style="list-style-type: none"> <li>Increased technical support to countries through the PEF (increased number of partners, increased amount of support, in particular to priority</li> </ul>

	generally being unclear on Gavi's scope and objectives for the HSS window	<ul style="list-style-type: none"> <li>Introduction of "grant activity categorisation" tables in the HSS Guidelines from 2013 through to the reference to the SFAs in the 2016 Guidelines</li> </ul>	<ul style="list-style-type: none"> <li>objectives of Gavi's HSS support and are available online (<a href="https://www.gavi.org/support/process/apply/hss/">https://www.gavi.org/support/process/apply/hss/</a>)</li> </ul>	countries) – see comment above re IRC and PEF TA
3	Gavi HSS funds have been coordinated with and complemented other donor funds in countries, especially where HSS funds have been channelled through country pooled funds.	<ul style="list-style-type: none"> <li>The 2016 HSS Guidelines require a budget gap analysis to be conducted as part of the proposal, in order to ensure complementarity with other funding sources.</li> </ul>	N/A	N/A
4	The proposal development process has been somewhat participatory, although often lacking CSOs, and concerns have been raised on representation and adequate guidance from the Gavi Secretariat and Alliance Partners.	<ul style="list-style-type: none"> <li>The 2016 General Guidelines provide more details on the range and role of partners to be involved.</li> </ul>	<ul style="list-style-type: none"> <li>New processes such as the Joint Appraisals and the Country Engagement Framework have been implemented during the period.</li> </ul>	The new evaluations did not indicate participation as a problem in the proposal development process. The IRC in 2016 further highlighted that there is increased participation by the Gavi Secretariat, by Alliance partners as well as by Civil Society Organisations.

-5	Country programme management has been poor, primarily on account of weak country capacity coupled with poor planning.	<ul style="list-style-type: none"> <li>• Gavi is aiming to support improved country programme management through several interventions such as enhancing SCM capacity, PEF, JAs, etc.</li> <li>• We also understand that some initiatives are ongoing in terms of work under Gavi's SFA on strengthening in-country leadership, management and coordination.</li> </ul>	<ul style="list-style-type: none"> <li>• Increased support to countries in the SFA on Leadership, Management and Coordination (LMC).</li> <li>• Targeted country assistance through core and expanded partners planned during the JA tries to address the issues of LMC and program weakness at national and sub-national level.</li> </ul>	N/A
6	Country HSCCs have generally functioned as intended during the proposal stage. However, they have not functioned well during grant implementation.	N/A	<ul style="list-style-type: none"> <li>• The LMC support includes support to governance structures, including the HSCCs</li> </ul>	N/A
7	Country financial management capacity and procedures have been weak, and coupled with poor programme management, have resulted in low	N/A	<ul style="list-style-type: none"> <li>• The FMAs have been replaced by Programme Capacity Assessments (PCAs) but there are challenges with the timing and scope of these in some cases.</li> </ul>	<ul style="list-style-type: none"> <li>• Financial management capacity continues to be an issue in some countries. Gavi has opted to increasingly channel its funds via Partners (most notably UNICEF) for such reasons, however, this comes at a cost of not</li> </ul>



	absorption and delayed disbursements. Gavi's FMA requirements have increased complexity and added to delays.			developing the national systems and with concerns about national ownership and oversight.
8	Whilst reprogramming of country grants has resulted in greater relevance for countries and increased immunisation focus, there is a general lack of understanding of this process at the country level and significant transaction costs have been incurred.	N/A	<ul style="list-style-type: none"> <li>• New processes are put in place through the HSIS framework as well as through portfolio planning. The portfolio planning involves more intensive engagement from the SCM and other Gavi Secretariat staff in developing the design of the (HSS) grant. It also integrates planning and budgeting for all streams of Gavi support (removing the need for individual applications/renewals of HSS/NVS support).</li> <li>• Gavi processes were revised to consider "Reprogramming" as changes to the overall grant of more than 25% (instead of 15%) which required IRC review. Changes under this 25% threshold were considered as Reallocation to follow a simplified approval process through the Gavi Secretariat.</li> <li>• Through efforts to improve HSS grant design, the need for reprogramming during implementation is envisioned to decrease as the focus on immunisation coverage and equity should exist from the very beginning of the grant.</li> </ul>	N/A
9	Gavi's model of delivery for HSS in terms of guidance and support from	<ul style="list-style-type: none"> <li>• We understand that the number of SCMs has been expanded over the years and there are plans for more</li> </ul>	<ul style="list-style-type: none"> <li>• The Country Team approach was implemented by the Country Programmes unit since 2016 in order to provide more comprehensive and timely support to countries during different stages of grant</li> </ul>	<ul style="list-style-type: none"> <li>• The number of SCMs has increased and the technical support available also, through the</li> </ul>

	the Secretariat and Partners has not functioned effectively. There is a need and request from countries for a more “hands-on” model.	hands-on support through the PEF.	implementation (e.g. proposal development, reporting, reprogramming, etc.) or other Gavi processes.	PEF. The IRC has noted that this seems to be less of a problem, if any, at present and in the new evaluations, only Comoros identified a need for more hands-on support (which has subsequently been provided).
10	Gavi HSS grants have experienced substantial delays in implementation	<ul style="list-style-type: none"> <li>The DFS report notes that the Secretariat is working to improve delays through developing clearer recommendations from the IRC and better target in-country technical assistance to the most significant bottlenecks.</li> </ul>	N/A	<ul style="list-style-type: none"> <li>The FCE noted continued challenges with delays in the IRC approval process. It should be noted that there are several other causes for delays that cut across the entire grant cycle, including weak country capacities.</li> </ul>
11	Monitoring and reporting systems are not functioning effectively, largely due to poor design at proposal stage.	<ul style="list-style-type: none"> <li>The introduction of Performance Frameworks and JAs are aimed at improving country monitoring.</li> <li>Gavi has discontinued the APR system from 2015</li> </ul>	N/A	<ul style="list-style-type: none"> <li>The new evaluations did not touch on these issues.</li> <li>The JA has been noted as improving the country dialogue (finding by the IRC and the FCE 2016).</li> <li>The IRC noted improved quality of some of the performance frameworks, although more work is needed and more support to countries required.</li> </ul>
12	Proposed activities have, for the most	N/A	N/A	N/A

	part, been completed.			
13	There have been improvements in immunisation and health outcomes in most countries, but it is difficult to attribute this to Gavi HSS support.	N/A	N/A	N/A
14	There is emerging evidence of Gavi HSS support contributing to health systems strengthening.	N/A	<ul style="list-style-type: none"> <li>2018 review of HSS grants</li> </ul>	<ul style="list-style-type: none"> <li>An assessment of the results to date from Gavi's HSS grants is underway and a report will be ready by the end of 2018. The results and the recommendations of this work will inform the next Gavi strategy.</li> </ul>
15	There is some evidence of Gavi HSS activities being sustained or there being potential to sustain after the completion of funding, but for the most part, potential for financial sustainability is weak.	<ul style="list-style-type: none"> <li>The 2016 HSS Guidelines have provided much clearer guidance around sustainability, defining both programmatic and financial sustainability, as well as giving examples of other types.</li> </ul>	N/A	N/A

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