

# GAVI Programmatic Support to Civil Society Organisations Implementation Framework

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## **Background**

Civil society organisations (CSOs) comprise one of the GAVI Alliance's most diverse partner constituencies. GAVI defines civil society as community and faith-based organisations, non-governmental organisations (NGOs), professional associations, academic and research institutions and organisations representing key affected population groups which, collectively, are committed to working with governments and Alliance partners to achieve GAVI Alliance strategic goals.

CSOs have a long history of involvement in public health in developing countries. They play a crucial role in the delivery of immunisation services, as well as mobilising populations to create demand for immunisation and putting immunisation on the agenda at both the national and global level. Civil society is a key GAVI Alliance partner, and GAVI is working to strengthen its engagement with civil society at all levels: governance, advocacy, resource mobilisation and service delivery. In particular, the Alliance is providing programmatic funding to encourage the public sector and civil society to work together to plan and deliver sustainable immunisation services within the context of integrated health services.

From November 2006 to December 2010, the GAVI Alliance Board piloted a civil society organisation funding window to support the role of CSOs in the planning and delivery of immunisation and encouraging cooperation and coordination of efforts between public sector and civil society. An external Evaluation of GAVI Support to CSOs completed in January 2012 concluded that *GAVI's support to CSOs is, in principle, important to achieve the country's and its own immunisation objectives, particularly in countries where CSOs play a key role in immunisation service delivery and supporting activities.*

In July 2011, the GAVI Board decided to consolidate all GAVI cash-based support under the Health Systems Funding Platform (HSFP). GAVI's support to civil society organisations was restructured as part of a single funding stream for health systems strengthening, allowing countries to better define the role of civil society within national health strategies. This model promotes a more harmonised, country-driven approach and avoids fragmenting support to countries through multiple support windows. The 2012 Evaluation reinforced the need for CSO support to be tailored to each country's context, national EPI situation and CSO roles in order to maximise the value of the programme.

## **Why GAVI Supports Civil Society**

Within the framework of the Millennium Development Goals, engagement with civil society organisations is cited as a best practice in pursuit of national and community ownership and sustainability. Strengthening civil society engagement in the health sector is an objective under Strategic goal 2 of GAVI's 2011-2015 Strategy. Provision of programmatic support to CSOs is based on the recognition that in order to fully strengthen a country's capacity to deliver immunisation, GAVI must reinforce the role of CSOs in the implementation of health systems strengthening.

While the function of civil society may vary by country, and along the various entry points of health system strengthening, effective civil society engagement supports and strengthens Ministries of Health and partners to identify and resolve barriers and bottlenecks within health systems which lead to improved immunisation outcomes. The main objective of GAVI's programmatic support for CSOs is to strengthen the capacity of integrated health systems to deliver immunisation. This can be achieved by encouraging civil society involvement in country level advocacy, strategy and policy development, immunisation systems strengthening and service delivery. CSOs have a particularly important role to play in marginalised and hard-to-reach communities and therefore could play a key role in overcoming inequitable access within countries for these groups.

## **How GAVI Supports Civil Society**

The GAVI Alliance offers programmatic support to civil society organisations in several ways:

### **Support country level CSOs to increase capacity and strengthen civil society networks**

In September 2011, Catholic Relief Services (CRS), on behalf of the GAVI CSO Constituency, was contracted by GAVI to manage a programme of support to CSOs to promote active engagement of CSOs in the HSFP. This support seeks to increase the capacity of civil society organisations, as well as strengthen country-level civil society networks and platforms to coordinate effective engagement of CSOs in national health sector planning and policy processes, including coordinating mechanisms.

### **Promote involvement of CSOs in the implementation of health systems strengthening**

Support for civil society organisations can be requested through the HSFP. The allocation of funds for CSOs is determined at the country level based on the national health strategy and scope of identified CSO activities and implementation. Funds are channelled through the government to identified civil society partners but direct funding for CSO activities can also be requested as part of the HSFP application. GAVI will work closely with countries to encourage utilisation of resources offered through HSFP to strengthen immunisation systems, particularly in countries that have not historically received HSS support. It is possible for countries with on-going HSS support to consider reprogramming to allow CSOs to have a more active role in programme delivery, including requesting GAVI to channel funds directly to CSO recipients.

### **In exceptional circumstances, provide direct support to CSOs on a country-by-country basis**

While the provision of funds to CSOs through the HSFP is the recommended approach, GAVI has flexibility to engage CSOs directly where rare and exception circumstances require different approaches. In environments of political fragility, post-conflict instability and/or weak immunisation systems, CSOs play a unique role in direct service delivery, management and monitoring and approaches will be developed in response to country-specific analysis. Proposals for directly funding CSOs will be considered on a country-by-country basis, taking into consideration countries where CSOs play an important role in vaccine delivery and where the relationships between government and CSOs are not well established.

### *Risk implications and mitigations*

GAVI currently undertakes Financial Management Assessments (FMAs) of partner Government's financial systems. It does not assess the capacity of the CSOs to which the Government transfers funds; this is the responsibility of the government agency receiving GAVI funding. GAVI's Transparency and Accountability Policy (TAP) team considers there will be a need for assurance services in the appropriate form to be designed, both for principal and secondary recipient CSOs. This should be done on a case-by-case basis, depending on the size of the programme, the country risk profile and CSO profile.

## **Examples of CSO Activities Supported by GAVI**

Civil society has been engaged in a range of activities with GAVI support. Below are three examples that demonstrate the diverse role civil society plays in supporting and encouraging governments to achieve equitable immunisation coverage and health outcomes:

- A consortium of five CSOs is working together to increase immunisation coverage in seven regions with the lowest coverage in Ethiopia through innovative training programmes and community awareness campaigns.
- In Afghanistan, as is the case in many fragile states, civil society organisations are performing much of the work of providing basic health services to the population and, notably, have increased access to reproductive health and immunisation services to women and in difficult-to-reach, unstable geographic locations.
- A key CSO partner in Mozambique has been involved in the redesign of a national vaccine logistics system which has been implemented in five of Mozambique's ten provinces to date and already resulted in an increase in vaccine coverage and decrease in stock-outs.

### **Operating Principles for Programmatic Support**

The GAVI Alliance's engagement with civil society organisations is guided by four main operating principles:

- *Promotion of country led implementation*

In alignment with the goals of IHP+, GAVI provides support to civil society when there is a clear link and coherence between funding for CSO activities and priorities identified in the national health strategy.

- *Focus on immunisation outcomes*

GAVI engages in partnerships with CSOs that provide clearly defined value-add to the achievement of immunisation objectives.

- *Transparency*

GAVI supports recipient countries and CSOs to reach and maintain a high standard of transparency and accountability.

- *Performance and Results*

GAVI requires regular monitoring and evaluation of recipient countries and CSOs through CRO country visits and current country reporting mechanisms to ensure continuous improvement and the on-going relevance and quality of activities to achieve immunisation outcomes. Future evaluations may also be commissioned to assess GAVI's CSO support in specific countries and to share lessons learned.

### **Measuring the Impact of GAVI's Support to Civil Society**

GAVI's 2011-2015 Strategy has four strategic goals which contribute to GAVI's mission to save children's lives and protect people's health by increasing access to immunisation in poor counties:

1. Accelerate the uptake and use of underused and new vaccines
2. Contribute to strengthening the capacity of integrated health systems to deliver immunisation
3. Increase the predictability of global financing and improve the sustainability of national financing for immunisation
4. Shape vaccine markets

Funding for civil society organisations is aligned with Strategic Goal 2 (health systems strengthening), and the impact of GAVI support for CSOs is measured against three key immunisation outcomes: increased DTP3 coverage; reduced drop-out rate between DTP1 and DTP3 coverage; and improved equity in immunisation coverage.

The attached results framework outlines a theory of change, demonstrating how GAVI's support for civil society leads to improved immunisation outcomes. It argues that the provision of programmatic grants to GAVI-eligible countries for civil society engagement leads to increased CSO representation and strengthened engagement in health sector planning, as well as increased capacity to engage in immunisation systems strengthening, immunisation service delivery and country-level advocacy, depending on the specific context. This contributes to improved government-civil society collaboration and a more harmonised, country-driven approach to increase community demand for immunisation, accesses to immunisation services and improved immunisation delivery. The central premise of this theory of change, that civil society plays a major role in immunisation around the world and in the health systems strengthening activities of GAVI, rests on the assumption that civil society and governments should be, and are, willing to work together. In many countries, a strong and vibrant civil society is necessary and indispensable for achieving equitable progress toward achieving improved immunisation. Civil society plays a critical role in extending immunisation services in remote areas and to marginalised groups.

GAVI will take an iterative approach to the results framework, and it will be updated and modified as the programme develops. Of note, this results framework will be part of a larger health systems strengthening results framework but can also be used as a stand-alone matrix.

## CSO Programmatic Support – GAVI organizational results framework

GAVI Inputs	Processes	Outputs	Outcomes	Impact of Civil Society Engagement on Immunisation (SG 2)
<ul style="list-style-type: none"> <li>Funding to GAVI's CSO Constituency (through CRS) to support CSO engagement in HSFP</li> <li>Programmatic grants to GAVI-eligible countries to support CSO engagement through the Health Systems Funding Platform (HSFP)</li> <li>Programmatic grants directly to CSOs in rare exceptional circumstances</li> </ul>	<ul style="list-style-type: none"> <li>CROs and EPI managers work closely with governments to encourage utilisation of resources offered through HSFP</li> <li>GAVI monitors CSO engagement in HSS implementation supported by the HSFP</li> </ul>	<ul style="list-style-type: none"> <li>Increased CSO representation at ICC/HSCC in GAVI-eligible countries</li> <li>Increased involvement of CSOs in national planning and programming</li> </ul> <p><i>CSO activities</i></p> <ul style="list-style-type: none"> <li>Increased capacity of CSOs to engage in country-level community systems strengthening activities</li> <li>Increased capacity of CSOs to deliver immunisation services in specific geographic areas and with marginalised groups</li> <li>Increased capacity of CSOs to engage in country-level advocacy, behaviour-change communication and social mobilisation for health and immunisation</li> </ul>	<ul style="list-style-type: none"> <li>Strengthened engagement of civil society in health sector planning</li> <li>Improved government-civil society collaboration</li> <li>Improved acceptance of immunisation</li> <li>Increased demand for immunisation services by communities</li> <li>Increased access to, and utilisation of, immunisation services</li> <li>Improved immunisation service delivery</li> </ul>	<ul style="list-style-type: none"> <li>Increased immunisation coverage</li> <li>Reduced drop-out rate between DTP1 and DTP3 coverage</li> <li>Improved equity in immunisation coverage</li> </ul>
<p><b>Indicators</b></p>	<p><b>Indicators</b></p>	<p><b>Indicators</b></p>	<p><b>Indicators</b></p>	<p><b>Indicators</b></p>
<ul style="list-style-type: none"> <li>Number of programmatic grants to GAVI-eligible countries to support CSO engagement through HSFP proposals</li> <li>Number of programmatic grants directly to CSOs in rare and exceptional circumstances</li> </ul>	<ul style="list-style-type: none"> <li>HSS M&amp;E Framework created and utilized to monitor CSO engagement in health systems strengthening</li> </ul>	<ul style="list-style-type: none"> <li>Number of countries that introduce or strengthen CSO representation at ICC/HSCC</li> <li>Evidence of CSO attendance at ICC/HSCC meetings in meeting minutes submitted with the country's written report</li> <li>Number of countries that conduct joint public-CSO planning and programming for immunisation</li> </ul>	<ul style="list-style-type: none"> <li>Number of countries with national immunisation plans reflecting civil society input</li> </ul>	<ul style="list-style-type: none"> <li>% of surviving infants receiving 3 doses of DTP-containing vaccine</li> <li>Percentage point drop out between DTP1 and DTP3</li> <li>% of GAVI HSS-supported countries where DTP3 coverage in the lowest wealth quintile is <math>\geq 20\%</math> points lower than the coverage in the highest wealth quintile</li> </ul>

Since GAVI support for civil society is country specific and reflects national needs determined by the government and its partners, this Results Framework represents an organisational overview of GAVI's CSO engagement. Countries will need to develop their own M&E framework with the appropriate outputs, outcomes and indicators that reflect the specific activities in which named CSOs are engaged. Progress will be assessed from country reports (e.g. Annual Progress Reports - APRs) submitted by each country. CSO support will be routinely monitored by the Secretariat, with Country Programmes, Technical Support and M&E teams, all contributing to this work.