

Mid-term Review of Gavi's Civil Society and Community Engagement (CSCE) Strategy

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Abbreviations and Acronyms

APPT	Alliance Partnership Performance Team
CSCE	Civil Society and Community Engagement
CSO	Civil society organisation
EAF	Equity Accelerator Funding
EPI	Expanded Programme on Immunization
F/C	Fragile and Conflict (countries)
FPP	Full Portfolio Planning
HI	High Impact (countries)
HPV	Human papillomavirus
HSS	Health Systems Strengthening
IRC	Independent Review Committee
KII	Key Informant Interview
KPI	Key Performance Indicator
KSC	Key Stakeholder Consultation
NGO	Non-governmental organisation
PMU	Programme management unit
PPC	Programme and Policy Committee
PPE	Public Policy Engagement
TCA	Targeted Country Assistance

Executive Summary

Civil society organisations (CSOs) and community-based actors play an essential role in helping to achieve the ambitious objectives of Gavi, the Vaccine Alliance. In recognition of both the value of CSOs and the challenges they face (as outlined, together with key recommendations, in a 2019 evaluation), Gavi has worked to improve its methods of engagement and to optimise processes and procedures to better address CSO needs. This has occurred most notably through the development of the Civil Society and Community Engagement (CSCE) strategy, co-created through an 18-month consultative process in partnership with civil society.

In December 2021, the Gavi Board approved the CSCE strategy, which includes a new requirement for all countries to allocate at least 10% of their combined funding ceilings – Health Systems Strengthening (HSS), Equity Accelerator Funding (EAF) and Targeted Country Assistance (TCA) – for CSO implementation as they submit new Full Portfolio Planning (FPP)¹ applications, unless they can provide a robust rationale as to why this is not appropriate in their context. Since then, the Gavi Secretariat – in collaboration with the Gavi CSO Constituency through its CSO Steering Committee – has embarked on a journey to translate this decision and strategy into action through two monitoring frameworks: the CSCE Strategic Approach and the CSCE Strategic Initiative.

At the request of the Gavi CSO Steering Committee and its CSCE Working Group, the consulting firm Kati Collective completed a Mid-Term Review (MTR) of the CSCE strategy through a participatory evaluation, guided by collaborative consultation with key stakeholders² throughout the process. The three main objectives of this MTR are to: 1) measure the progress of CSO engagement in Gavi's 5.0 strategic period (2021-2025), as defined by the CSCE strategy, 2) use findings to inform the Gavi Alliance more broadly about how CSOs impact its work and help contribute to its goals and 3) offer key recommendations for Gavi's 6.0 strategic period (2026-2030) to engage CSOs and communities.

The MTR took place from July 2024 to November 2024 and consisted of three major processes:

1. Interviewing **33 key informants** and reviewing **23 documents** to diagnose the main strengths and challenges of the CSCE implementation process.
2. **Codifying and triangulating** these findings through **quantitative analysis, and qualitative analysis** based on Gavi Secretariat internal data.
3. Iteratively refining emerging themes and findings and co-constructing actionable recommendations to address the identified issues through a series of **six consultations with over 85 total unique participants** (many participants participated in several), representing all key stakeholder groups.

Key Findings and Recommendations

In this Executive Summary, the main findings of the CSCE MTR are grouped into three key focus areas: 1) Gavi Secretariat and Alliance, 2) CSO Host, Constituency and Steering Committee, and 3) Country Level, with a high-level summary of key strengths and challenges provided for each. To address the findings, the review makes eight key recommendations under two overarching themes for Gavi's strategy to engage civil society and communities in its 6.0 strategic period (2026-2030).

¹ Full Portfolio Planning is the planning process that a country undertakes to map out its Theory of Change for Gavi support, including its goals, objectives, activities and accompanying request for financing.

² Key stakeholders include the Gavi Secretariat, Gavi Alliance members / Core Partners, the CSO Constituency, the CSO Steering Committee, the CSCE Working Group, CSOs outside the Constituency, Gavi staff based at the country level and Fund Managers.

1 The Gavi Secretariat and Alliance

Engaging CSOs at scale in a meaningful way has required co-creating new ways of working within the Gavi Secretariat's core operating model. While the Alliance is still on this journey, considerable progress has been achieved in the past two years, with a clear acceleration in the second half of 2024. The CSCE strategy has triggered a comprehensive culture shift: the Alliance has transformed its approach to CSO engagement, moving from viewing CSOs as an isolated partner to integrating them more fully into country-level implementation and providing more opportunities for CSOs to engage at the global level. The CSCE strategy is driving a change in how Gavi funds and supports CSOs, tangibly strengthening the enabling environment for CSOs to contribute to immunisation programmes.

Key challenges thus far are related to a variety of factors, including the fragmented operationalisation of how CSOs engage with Gavi at the Secretariat level and across the Alliance; this has resulted in uneven co-ordination and engagement of CSOs at the country level. Additionally, inconsistent and weak monitoring systems, as well as poor communication and visibility of CSO work, have rendered it difficult to point to clear examples of impact as a result of the CSCE strategy. Finally, the majority of funding via the CSCE strategy is still going mainly to global CSOs or international non-governmental organisations (NGOs) through the direct contracting channels of the Gavi Secretariat, further straining its limited bandwidth.

Strengths³

1. **The Alliance has implemented the Board mandate⁴ as envisioned**, with most countries adhering to the 10% target, making available more than **US\$200 million** for CSOs across relevant funding levers, resulting in a ripple effect on broader funding for CSOs across additional funding levers.

Over 80% of countries that have gone through their FPP processes have adhered to the Board mandate of a 10% allocation. The Board mandate has **triggered a shift in funding** available to CSOs across all Gavi funding levers, beyond those included in the mandate.

2. **Contextually relevant, tailored and targeted funding modalities have been developed and utilised.**

Funds are being effectively channeled to CSOs via a range of modalities – either directly from the Gavi Secretariat, through governments / programme management units (PMUs), or via Core Partners, or indirectly through a Fund Manager – to **ensure that prioritised funding reaches the right CSOs for the right country context.**

Establishment of this “menu of CSO funding mechanisms” has **accelerated the translation of allocations to contracts**, as some of the burden placed on the Gavi Secretariat to directly fund CSOs is being alleviated by additional and more efficient channels.

3. **The Fund Manager mechanism, despite being operational for only a year, has expanded and adapted Gavi's operating model** to be able to engage a more diverse set of CSOs (in particular, local CSOs) more effectively.

³ This section includes reported funding data only and acknowledges that there are additional but unavailable data from indirect funding sources that are not reflected here.

⁴ In December 2021, the Gavi Board approved the CSCE strategy, including a new requirement for all countries to allocate at least 10% of their combined funding ceilings (HSS, EAF, TCA) for CSO implementation as they submit new FPP applications, unless they can provide a robust rationale as to why this is not appropriate in their context.

The Fund Manager mechanism channels the majority of funds to local-level CSOs. Almost 90% of funds go to local CSOs through indirect funding channels⁵ (such as the Fund Manager mechanism, Core Partners, governments), compared to just 31% when through Gavi directly.

In just one year, from 2023 to 2024, the Fund Manager mechanism (Q2 2023):



In Ethiopia and Pakistan, the time from release of the request for proposals (RFP) to funding being allocated to CSOs was just **four months**.

- The humanitarian response has been strengthened**, with innovative management and partnerships boosting Gavi's support to CSOs in fragile and conflict (F/C) and humanitarian contexts.

Among the countries considered to be fragile by Gavi, **143 health CSOs** have received Gavi support for immunisation programming.

The CSCE strategy is leveraging an **international NGO engagement mechanism** (a framework agreement at the global level with country-specific calls for proposals) to effectively and rapidly channel disbursements in humanitarian and F/C contexts.

Challenges

- The design of the CSCE strategy is complex**, with an overly theoretical and detailed theory of change (see Appendix 1). Unclear framing of the Strategic Approach versus the Strategic Initiative limits understanding and buy-in of the overall strategy. Additionally, effective communication of the CSCE strategy across partners and stakeholders has been limited.
- Operationalisation of the CSCE strategy has been fragmented due to poor co-ordination at the Secretariat level and across the Alliance**, including expectations, roles and responsibilities of Core Partners. This fragmented set-up for CSO work causes confusion at the country level. For example, there is a lack of organisation among different Gavi Secretariat teams that work with CSOs, each with their own projects that pull country teams and EPI (Expanded Programme on Immunization) managers in on CSO engagement, including for many small grants. This can result in cases where the same partner is accessing Gavi funding from three different financial instruments.

⁵ Indirect funding modalities for CSOs are all other channels other than directly via the Gavi Secretariat. These include Fund Managers, Core Partners, international NGOs and governments / PMUs.

The CSCE strategy is plagued by inconsistent and weak monitoring systems and poor communication and visibility of CSOs' impact. Challenges related to data collection across funding mechanisms, partners and teams have resulted in barriers in aggregating and understanding the outcomes and impact of the CSCE strategy and have stalled communication of the impacts and results of CSO work as well as opportunities to learn from this work.

- 3. The flow of funds is sub-optimal.** The use of available funding mechanisms is not yet fully optimised, with the majority of funding going to international CSOs (NGOs) through direct contracting channels, further straining the limited bandwidth of the Gavi Secretariat. Efforts to improve this are under way via the Fund Manager mechanism but should be scaled up substantially.

2 CSO Host, Constituency, and Steering Committee

A CSO Constituency – convened and engaged with by the Gavi Secretariat and the CSO Steering Committee – exists but is limited. It lacks transparency, clarity and two-way engagement, which limits its potential impact to support and leverage a diverse range of CSO voices, skills and perspectives. Three civil society representatives actively participate on the Gavi Board, on the Programme and Policy Committee (PPC) and on the Alliance Partnership Performance Team (APPT); however, representation does not reflect the diversity of civil society that Gavi seeks to engage via the CSCE strategy. Efforts are under way to make necessary shifts to address some of these challenges, such as the development of a listserv for two-way engagement with the CSO Constituency, and opening up opportunities to bring forward broader Constituency voices (experts on key topics or issues) to engage with the Gavi Secretariat.

Strengths

- 1. An improved, collaborative relationship exists between the Gavi Secretariat and the CSO Steering Committee.** This has fostered co-creation, joint responsibility and accountability in the CSCE process. For example, two teams from the Gavi Secretariat – Country Program Delivery (CPD) and Public Policy Engagement (PPE) – routinely participate in the monthly calls of both the CSO Steering Committee and the CSCE Working Group, where key challenges and opportunities are discussed and explored collaboratively. These routine, formalised fora have helped improve the overall relationships between the Gavi Secretariat and CSOs and have moved the needle on implementing the CSCE strategy.
- 2. CSOs have gained attention at the global level as their voice and influence are increasingly heeded and acted on.** This has included seats for CSOs on the Gavi Board, PPC, and APPT as well as broader representation in key global gatherings such as strategy meetings at the Lusaka Agenda meeting in Ethiopia (2023), global networks and working groups (SAGE, IAD2030), panels at Invest Opportunity in Paris (2023), and key consultations including the Togo Alliance Partner workshop, the HSIS 6.0 strategy, the EPI@50 campaign, the Funding Policy Review and the HSS Policy Review.
- 3. There is agreement on the key barriers to full engagement and representation of the CSO Constituency, and efforts to course-correct are under way.** The CSO Steering Committee and the CSCE Working Group have documented key barriers to fully engaging with the CSO Constituency and have developed and implemented solutions to address some of these. For example, there is now a listserv to engage Constituency members in two-way communication, as well as monthly calls on key subjects of interest, meant to facilitate

collaboration, learning and community building. Additionally, the Steering Committee is opening up opportunities for the broader constituency to work with Gavi on key subject matter areas that extend beyond the Steering Committee's areas of expertise.

- 4. A new modality is being piloted whereby a vibrant representation of CSOs is increasingly present from the onset of the Full Portfolio Planning (FPP) process.** In the pilot countries of Nigeria, Sierra Leone, and Uganda, members of the Steering Committee have worked to ensure that CSOs are present, prepared and heard at key moments in the FPP process at the country level. For example, in-country CSO focal points have advocated for CSOs to be active in all thematic groups during the FPP process – rather than narrowly pigeon-holed into demand generation – supporting them to showcase the broad range of their contributions across all thematic areas.

Challenges

- 1. Mapping and engagement of the CSO Constituency has faced delays.** The facilitation of two-way engagement with and full mapping of the Constituency by the Host was significantly delayed up until the second quarter of 2024. This has led to limited and low exchange with CSO Constituency members and to a lack of a clear understanding (until recently) of who makes up the Constituency. The result is that, in lieu of a more robust CSO database, there is a limited email list. This list lacks key characteristics of CSOs in the context of the CSCE strategy: For example, what thematic areas does their work focus on? What communities do they serve? Which age groups do they target? Without a full picture of the CSO Constituency members and their capacities, it is difficult for the Gavi Secretariat and the CSO Steering Committee to fully engage with the Constituency.
- 2. Constituency roles are unclear.** Communication, in particular externally, regarding the Constituency's purpose, members, and organisation has been unclear, leading to insufficient leverage, especially at the country level.
- 3. Political will and standardisation are lacking.** There is insufficient political will to strengthen country-level CSO platforms, along with the absence of a standardised modality for CSOs to engage in Gavi processes and to ensure proper representation at the country level.
- 4. The Steering Committee cannot fully encompass the broad range of expertise, experience and connections to support Gavi on all needs and requests.** The 18 members of the Steering Committee reflect diversity on a geographic and technical basis, etc., but it is impossible that a group this size can encapsulate all that civil society broadly has to offer Gavi. This limits the overall voice and representation of CSOs within the Alliance context.

3 Country Level

The CSCE strategy has unlocked significant funding for CSOs – including local-level CSOs – to support national immunisation efforts, particularly in high-impact and fragile and conflict (F/C) country segments where implementation of the strategy is most evident. Challenges related to the lack of in-country co-ordination and targeted support for the CSCE strategy have diluted the potential impact of these investments by diverting budgets away from the CSCE core pillars (advocacy, service delivery, demand generation). This has limited the diversity and overall fit of CSOs contracted for the work and has impeded visibility into CSO contributions.

Strengths

1. CSOs are having an impact via the three core pillars of work (as envisioned by the Strategic Approach):

Advocacy



Ghana

The CSO *Hope for Future Generations* has led advocacy for PHC and Immunisation Financing, influencing a **44% increase** in public spending on immunisation from 2023 to 2024.



Kenya

Advocacy efforts of the *Health NGOs Network (HENNET)* prompted the Ministry of Health to address vaccine shortages through redistribution of vaccines and the urgent disbursement of an **\$8.6 million allocation**, ensuring the continued immunisation of vulnerable populations.



Madagascar

The CSO *HINA Platforme* worked with 94 municipal decision makers committed to increasing local funding for immunisation in eight regions. In the end, the government paid **100%** of the commitments, equivalent to **\$1.68 million**. Government co-financing commitments increased 19% in 2024 compared to 2023.

Service Delivery, Demand Generation / Community Engagement



DRC

SANRU partners

115,621 zero-dose children vaccinated⁶
(77% of the 150,715 identified)
149,286 under-immunised children vaccinated
(73% of the 204,659 identified) between Jan-Aug. 2024.



Mali

IFRC and Mali Red Cross

18,418 zero-dose children identified
16,714 zero-dose children vaccinated



Sudan

Save the Children

22,650 zero-dose children vaccinated
31,000 under-immunised children vaccinated



Nigeria

Vaccine Network for Disease Control (VNCD)

31,334 zero-dose children identified and vaccinated

⁶ Zero-dose children are those that have not received any routine vaccines. See <https://www.gavi.org/vaccineswork/zero-dose-child-explained>.

2. **Increased funding for CSOs is being translated into contracts in the majority of the 57 countries eligible for Gavi support.** There has been a sea change in funding availability for CSOs to support national immunisation efforts, which is resulting in the contracting of CSOs in the majority of Gavi countries.
 - CSOs have been contracted in **86%** of the 57 Gavi-eligible countries.
 - **\$271 million** has been contracted to CSOs in the Gavi 5.0/5.1 strategic period (\$409 million allocated)⁷.
 - **225** CSOs have been contracted to date in the Gavi 5.0/5.1 strategic period.
3. **Partnerships with civil society are increasingly diversified.** The CSCE strategy has resulted in significant diversification of CSO partners, with a focus on engaging local organisations and zero-dose children / missed communities.
 - In **60%** of Gavi's 57 countries, **local CSOs** have been contracted.
 - **\$106 million** was contracted to **local CSOs** in Gavi's 5.0/5.1 strategic period (\$203 million allocated)⁸.
 - **196 local CSOs** have been contracted to date in Gavi's 5.0/5.1 strategic period.
 - In **79%** of Gavi's 57 countries, CSOs have been contracted to contribute to zero-dose and missed community efforts.
 - In **56%** of Gavi's 57 countries, CSOs have been contracted to provide support in hard-to-reach areas.
4. **Effective implementation of the CSCE strategy has occurred at the segment level.** Successful implementation has been most evident in high-impact countries and in fragile and conflict (F/C) countries, with a staggered approach facilitating learning and refinement of support for CSO programming in these contexts.

Challenges

1. **Misalignment of resources is occurring.** Plans and budgets are being diverted from the CSCE strategy's core pillars (advocacy, service delivery, demand generation), underutilising the potential of CSOs in these key areas, particularly in service delivery. This often results when budgets are not spent-out on time and CSOs and the Gavi Secretariat are left out of the decision making on where to allocate remaining resources.
2. **There has been inadequate recruitment and engagement of the "right" CSOs to do the work.** The CSOs selected are not always the best fit for the work, and key groups such as faith-based organisations and youth networks are not strategically engaged. This is often related to key decision makers at the country level recruiting well-known, larger international NGOs – which are perceived to be a safer, easier bet with less risk – rather than expanding opportunities to well-suited but lesser-known local and/or smaller organisations.
3. **Co-ordination and visibility are lacking.** The roles of CSOs in core countries are not sufficiently contextualised – especially in transitioning countries – and their contributions to routine campaigns are not visible.

⁷ The CSCE strategy is being rolled out sequentially and strategically at the country level, depending on where each country is in its funding cycle; this means that implementation remains in its early stages, particularly for those countries recently completing Full Portfolio Planning (FPP). This explains the gap between funds allocated and contracting of CSOs.

⁸ See previous footnote.

4. **Key country-level stakeholders lack bandwidth and are often not fully on board with meaningfully engaging CSOs.** Gavi Senior Country Managers have a wide variance in how they engage with CSOs, due in part to bandwidth issues and to working with governments and other stakeholders that lack interest in meaningfully engaging CSOs in the planning and implementation of Gavi work.

4 Recommendations for the Gavi 6.0 strategic period (2026-2030)

The findings of the Mid-Term Review yield clear recommendations for strategic shifts that need to happen at the global and country level for the Alliance to better support CSOs and communities to contribute to the 6.0 strategic goals.

Two overarching themes provide the framework for the Gavi 6.0 strategy:

1. Promote a cultural shift across the Alliance to recognise CSOs as an integral part of a resilient health system critical to helping Gavi achieve its goals.
2. Maintain momentum and continue the investments in the Gavi 5.0 CSCE strategy into the 6.0 period, while simplifying the strategy for clarity of vision across the Alliance.

Eight strategic recommendations underpin these two themes...

...for the Alliance to support – and for the Secretariat and CSO Steering Committee to consider – when developing strategies for and implementing the Gavi 6.0 strategy. The level of detail for each recommendation varies, given the input provided by various stakeholders and the robustness of related findings from the Mid-Term Review.

1 Establish organised co-ordination & representation mechanisms for CSOs to engage in Gavi processes at the country level.

Map existing structures and mechanisms, identify gaps and determine attributes that the country-level representation mechanism should have, and establish contextually relevant co-ordination platforms at the national level.

→ *Fundamental to achieving Gavi's objectives through more co-ordinated CSO engagement.*

2 Understand and amplify the contributions and impact of CSOs, and facilitate shared learning and good practices with improved monitoring, evaluation and learning, intentional documentation and cross-country knowledge sharing.

Implement clear and standardised monitoring and evaluation frameworks to track and measure outcomes and impact across the CSCE strategy in Gavi's 6.0 strategic period. Enact requirements for standardised data collection across all CSO funding mechanisms and contracts.

Increase communication, including by documenting and sharing success stories to showcase the work being done by CSOs and communities.

Facilitate learning across and among key stakeholders.

→ *Imperative to the ongoing allocation of resources to CSOs to comprehensively understand and showcase the contribution of CSOs and communities in achieving Gavi's 6.0 goals.*

3 **Ensure that the CSO Hosting Facility and the CSO Steering Committee provide more effective support to the CSO Constituency.**

Improve visibility, engagement, representation, capacity building, and facilitation of learning and accountability mechanisms.

→ *Highly critical to promote engagement, accountability and capacity for diverse CSO involvement in Gavi's work.*

4 **Tailor and target support to key contexts and types of CSOs and communities that require intentional strategies.**

Develop institutional strategies for, and strengthen engagement with, communities, community-led organisations, faith-based organisations, youth-based organisations and women's organisations in immunisation programmes.

Optimise the engagement approach in fragile and conflict (F/C) and humanitarian settings (and explore extending engagement to countries with protracted armed conflict), for example through a higher risk appetite, greater agility and flexibility of support, and working within the existing significant humanitarian architecture.

→ *Highly critical to enable more effective support and engagement with communities, including a more diverse range of local CSOs and civil society and communities in F/C and humanitarian settings.*

5 **Apply earmarking of funds for CSOs across all of Gavi's relevant funding levers where CSOs have the potential to contribute to national immunisation goals, to enable better tracking, engagement and measurable impact.**

Ensure that the 10% funding allocation is protected and maintained, used effectively and simplified.

Emphasise the importance of this funding in supporting local CSOs and enhancing health outcomes.

Clarify which funding levers, as well as how much and where funding comes from.

→ *Highly critical, as it is an enabler/driver of the overall CSCE strategy in Gavi 6.0.*

6 **Foster more equitable and sustainable CSO engagement by supporting local entities to bring their expertise, capacities and leadership to the fore.**

Sensitise the definition of "local" across Gavi.

Promote a collaborative understanding among CSOs to combat the perception of competition, and focus on collective goals.

Empower and engage local entities that have been left out of Gavi's work.

→ *Imperative to equitably and fully engage local CSOs and communities in planning, implementation and oversight of immunisation.*

7 Further streamline and refine options that enable access to funding for CSOs (especially local CSOs), and favour the availability of indirect funding channels.

Develop specific targets related to the following attributes, and require that any indirect funding channels adhere to:

- Competitive and transparent selection processes
- Targeting a diverse set of partners, with a focus on local CSOs
- Engagement with local CSOs embedded within the community
- Strengthening Gavi's sub-national focus
- Including on-the-job capacity strengthening mechanisms
- Developing risk, financial and reputational assurance
- Amplifying visibility/communication on CSO work
- Streamlining the ability to ensure focus on, assess, and report results, outcomes and impact
- Timely disbursement of funds.

→ *Having timely, effective, accessible funding mechanisms for CSOs, in particular local CSOs, is imperative to achieving effective CSO engagement.*

8 Streamline the CSO engagement and management structure at the Alliance and Secretariat levels to improve co-ordination of CSO activities at the country level.

Enhance co-ordination and efficiency within the Secretariat as Gavi aims to meaningfully engage CSOs to achieve Gavi's mission. Share the visibility of Gavi's engagement with CSOs across various teams through Gavi's governance mechanisms, within global forums and at the country level.

Promote collaboration among all key stakeholders to better inform the design of Gavi investments towards CSOs and to amplify their diverse role in supporting immunisation more broadly. There is a need for a more robust, systematic and transparent engagement that takes place jointly with the CSO Constituency, the Gavi Secretariat and relevant representatives of Alliance partners.

→ *Fundamental to achieving Gavi's objectives through more co-ordinated CSO engagement.*

1 Background

Civil society and community-based actors play a crucial role in helping to achieve the ambitious objectives of Gavi, the Vaccine Alliance. Civil society organisations (CSOs) are integral partners and key stakeholders, as they are deeply involved in various aspects of Gavi's efforts – from advocating for increased funding, to providing technical support, to engaging communities and driving vaccine demand, to identifying zero-dose children⁹ and under-immunised communities, to fostering vaccine confidence and, in some cases, administering vaccines at the local level. Civil society is diverse, and both global and local organisations make significant contributions.

Despite CSOs' ability and desire to contribute to Gavi's mission, they encounter myriad obstacles when trying to engage with Gavi processes, especially in terms of obtaining the necessary funding and support to maximise their impact.

In recognition of both the value of CSOs and the challenges they face (as outlined, together with key recommendations, in a 2019 evaluation¹⁰), Gavi has worked to improve its methods of engagement and to optimise processes and procedures to better address CSO needs. This has occurred most notably through the development of the Civil Society and Community Engagement (CSCE) strategy, co-created through an 18-month consultative process in partnership with civil society.

The CSCE strategy envisions the role of CSOs becoming increasingly prominent and vital, particularly as Gavi focuses on reaching zero-dose children and under-immunised communities. This strategy represents a major shift aimed at unlocking the potential of CSOs to contribute to and complement national immunisation efforts.

In December 2021, the Gavi Board approved the CSCE strategy, which includes a new requirement for all countries to allocate at least 10% of their combined funding ceilings – Health Systems Strengthening (HSS), Equity Accelerator Funding (EAF) and Targeted Country Assistance (TCA) – for CSO implementation as they submit new Full Portfolio Planning (FPP)¹¹ applications, unless they can provide a robust rationale as to why this is not appropriate in their context.

Since then, the Gavi Secretariat – in collaboration with the Gavi CSO Constituency through its CSO Steering Committee – has embarked on a journey to translate this decision and strategy into action through two monitoring frameworks: the CSCE Strategic Approach and the CSCE Strategic Initiative (see Figure 1).

The **CSCE Strategic Approach** provides a vision for civil society and community engagement to contribute across four areas (advocacy, service delivery, demand generation and technical assistance) to support Gavi's goals during the 5.0 strategic period (2021-2025). This vision is particularly in line with the 5.0 strategy's guiding principles, most notably advancing gender equity; being collaborative, differentiated and innovative; and prioritising missed communities. It acknowledges the complexity of successful civil society engagement and the need for flexibility and country differentiation.

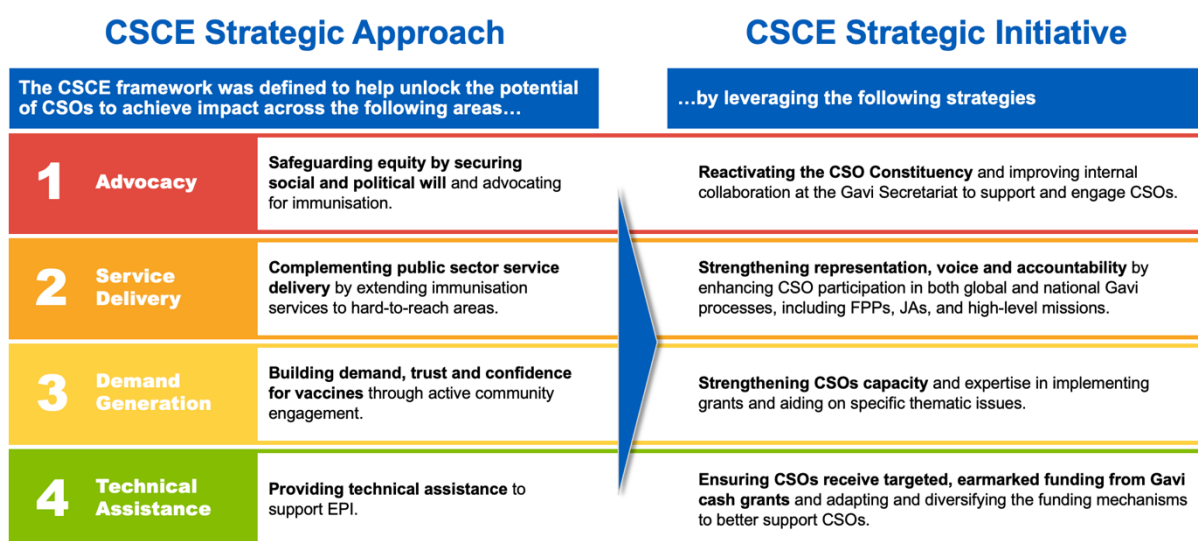
The catalyst for the Strategic Approach is the **CSCE Strategic Initiative**, which aims to lay the foundation for enhanced civil society engagement by mobilising dedicated funding and other crucial support for CSO partners.

⁹ Zero-dose children are those that have not received any routine vaccines. See <https://www.gavi.org/vaccineswork/zero-dose-child-explained>.

¹⁰ Gavi, The Vaccine Alliance (2018), *Evaluation of Gavi Support to CSOs*, Geneva, <https://www.gavi.org/our-impact/evaluation-studies/evaluation-gavi-support-cso-2018>.

¹¹ Full Portfolio Planning is the planning process that a country undertakes to map out its Theory of Change for Gavi support, including its goals, objectives, activities and accompanying request for financing.

Figure 1. Gavi's Civil Society and Community Engagement (CSCE) Strategy



At the request of the Gavi CSO Steering Committee and its CSCE Working Group, the consulting firm Kati Collective completed a Mid-Term Review of the CSCE strategy through a participatory evaluation, guided by collaborative consultation with key stakeholders¹² throughout the process. The three main objectives of this Mid-Term Review are to:

1. Measure the progress of CSO engagement in Gavi's 5.0 strategic period (2021-2025), as defined by the CSCE strategy;
2. Use findings to inform Gavi more broadly about how CSOs impact its work and help contribute to its goals; and
3. Offer key recommendations for Gavi's 6.0 strategic period (2026-2030) to engage CSOs and communities.

¹² Key stakeholders include the Gavi Secretariat, Gavi Alliance members / Core Partners, the CSO Constituency, the CSO Steering Committee, the CSCE Working Group, CSOs outside the Constituency, Gavi staff based at the country level and Fund Managers.

2 Objectives and Methodology

This participatory Mid-Term Review took place from July 2024 to November 2024 and consisted of three major processes:

- Interviewing **33 key informants** and reviewing **23 documents** to diagnose the main strengths and challenges of the CSCE implementation process.
- **Codifying and triangulating** these findings through **quantitative analysis, and qualitative analysis** based on Gavi internal data.
- Iteratively refining emerging themes and findings and co-constructing actionable recommendations to address the identified issues through a series of **six consultations with over 85 total unique participants** (many participants participated in several), representing all key stakeholder groups.

The Mid-Term Review evaluated progress, strengths, and challenges and drew recommendations based on two distinct, but interrelated monitoring frameworks created when the CSCE strategy was first put into place, one for the Strategic Initiative and the other for the Strategic Approach.

2.1 Strategic Initiative: Monitoring Framework and Key Learning Questions

The **monitoring framework for the CSCE Strategic Initiative** measures the enabling environment for civil society to deliver on Gavi's 5.0 strategic goals, in particular related to zero-dose children and missed communities. The outcomes for the Strategic Initiative, evaluated in the Mid-Term Review, are:

1. Reactivation & Convening of the CSO Constituency
2. Ensuring Representation, Voice & Accountability of Civil Society
3. Efficient Funding & Management of Civil Society
4. Efficient Management of CSO Engagement
5. Effective Capacity & Expertise of CSOs

Overarching Key Learning Questions for the Strategic Initiative explored in the Review:

- Do CSOs receive funding per the Board mandate?
- What approaches have been most effective at tailoring the grant application process to CSOs, and why? What approaches work best for what level of CSO – global, national, sub-national?
- Has the CSCE Strategic Initiative established a foundation for enhanced civil society engagement?
- Have foundational elements of the CSCE framework been developed and incorporated into Gavi's tools and systems?
- Is there a functional, engaged CSO Constituency that the CSO Steering Committee and the Gavi Secretariat can exchange with?
- Do CSOs have representation, voice and influence in Gavi governance and in key global-level and national-level processes?
- Is a representative range of diverse CSO voices brought forward / included? What are the barriers and enablers?

2.2 Strategic Approach: Monitoring Framework and Key Learning Questions

The **monitoring framework for the overall CSCE Strategic Approach** measures the direct contribution of civil society to Gavi's 5.0 strategic goals at the country level, in particular related to zero-dose children and missed communities. The outcomes for the Strategic Approach are:

1. **CSOs build social and political will; advocate** for immunisation commitments at the global, regional, national and sub-national levels; and ensure visibility and accountability.
2. **CSOs build trust, confidence and active demand** for immunisation and primary health care.
3. **CSOs complement public sector** immunisation service delivery and extend services to areas where government programmes have limited access or are not effectively utilised.
4. **CSOs deliver more equitable interventions** at scale through proven approaches.

Overarching Key Learning Questions for the Strategic Approach explored in the Review:

- *Is the CSCE Strategic Approach enabling more strategic and intentional engagement with civil society via advocacy, service delivery and demand generation at the country level?*
- *Is there evidence that CSOs successfully contribute to immunisation efforts at the country level?*
- *What have been the barriers and enablers to CSOs' successful contributions to immunisation efforts?*

The Mid-Term Review was based on a highly consultative process. The methodology for the Review relied on extensive consultations with civil society, the CSO Steering Committee and CSCE Working Group, the Gavi Secretariat and country-level staff, as well as core Alliance partners including the World Health Organization, UNICEF, donor governments and several Fund Managers.

To ensure comprehensive data collection within a four-month period, the Mid-Term Review leveraged three types of qualitative analyses: key informant interviews (KIIs), key stakeholder consultations (KSCs) and a comprehensive desk review of key internal documents. These were combined with and complemented by quantitative analysis from Gavi contractual data. Data were collected retrospectively, as no baselines or targets had been set for indicators for the 5.0 CSCE strategy.

33 Key Informant Interviews (KIIs)

Interviews were conducted with three main groups: 1) stakeholders that have been closely involved in implementing the CSCE thus far, including Gavi Secretariat staff, Alliance members and the Gavi CSO Steering Committee and CSCE Working Group; 2) CSCE stakeholders at the country level, including CSOs and Gavi Country Program / Segment staff; and 3) Fund Managers and donors.

Interviewees were identified initially by key Gavi Secretariat staff and then subsequently using snowball sampling. Interviews were conducted using a semi-structured format to balance consistency and the flexibility needed to explore the variety of unique perspectives. All interviews were recorded and transcribed, and transcriptions were coded for emerging themes.

The first set of KIIs focused on designing the Mid-Term Review, whereby Gavi Secretariat staff and the CSO Steering Committee Working Group were consulted regarding the overall scope, methodology, plan and framework of the Review. Input and feedback from these interviews were aggregated and shared via a consultative meeting with the CSO Steering Committee Working Group

in July 2024 for final review, buy-in and approval. The second set of KIIs comprised the bulk of the qualitative data for the Mid-Term Review and explored the key learning questions described in the methodology section.

6 Key Stakeholder Consultations (KSCs)

Consultations were held in four groupings: 1) the CSO Constituency (remotely in October 2024); 2) the CSO Steering Committee (in-person in Nairobi, Kenya in October 2024); 3) the CSO Steering Committee Working Group (in-person in Nairobi in October and remotely via monthly meetings in July and September 2024), and 4) at the APPT meeting in October 2024 in Addis Ababa, Ethiopia.

The KSCs were a key element of the participatory nature of the Mid-Term Review process. KSCs were used to report emerging themes, findings and recommendations back to stakeholders for iterative input to ensure that findings were on track and resonated, and to glean additional input on how the analysis should be presented and articulated to ensure its usefulness.

A list of key informant interviewees and consultation participants affiliations is listed in Appendix 2. To maintain confidentiality and privacy, names are not included. This is in accordance with the Gavi Alliance Evaluation Policy, 6.2.2.¹³

Desk Review of 23 Documents and Recordings

The desk review covered documents such as reports, meeting summaries, slide presentations, briefing notes and case studies. Materials of note included: the Independent Review Committee (IRC) *Observations and Recommendations: CSO Analysis*; IS Global's March 2024 *Mapping civil society organizations involved in immunization in 9 countries*; and the April 2024 evaluation of Gavi's contribution to reaching zero-dose children and missed communities, titled *Policy Brief 2. Role of partners in zero-dose implementation*.

Data Analysis

Thematic coding was applied to the qualitative data from the KIIs, KSCs and the desk review content. The data analysis followed an inductive approach, guided by themes of inquiry aligned with the indicators and key research questions from the CSCE Strategic Approach and Strategic Initiative frameworks. Data classification began early in the collection process, allowing for concurrent analysis as the collection continued. The data were analysed in their narrative form, using broad descriptions of emerging patterns, themes, and context before moving to interpretation and explanation. The data from the qualitative analysis were triangulated with the quantitative data.

Quantitative data were gathered from multiple sources across the Gavi Secretariat, including the Alliance's financial management software (SAP), country-specific FPP budgets and work plans, and contracts with CSOs. The dataset aimed to capture information on planned, committed, and disbursed funding, as well as to map the contracted partners and their sub-grantees. This approach allowed for a comprehensive breakdown of funding allocations by country and partner, although it is challenging to ensure completeness across the diverse funding mechanisms. Data analysis involved cross-referencing and aggregating information to assess funding commitments and CSO partner engagement across the Gavi 5.1 strategic period.

¹³ <https://www.gavi.org/sites/default/files/document/corporate-policies/Gavi%20Evaluation%20Policy%20-%20Effective%201%20January%202022.pdf>

2.3 Risks and Mitigations

It is important to highlight two key points 1) the scope of this report is constrained by the data sources available to the evaluation team, and 2) certain assumptions were necessary during the analysis. With regard to the first point, notably, no baseline data were available for key indicators or outcomes related to the CSCE Strategic Initiative and the CSCE Strategic Approach, and both respective monitoring frameworks were not fully implemented. As such, the majority of the data was qualitative and collected retrospectively. Consequently, the findings and conclusions in this Mid-Term Review may have inherent limitations and uncertainties and should not be considered definitive or exhaustive.

2.4 How to Read This Report

This Mid-Term Review report is organised around the two monitoring frameworks for the CSCE strategy: the Strategic Initiative and the Strategic Approach.

Within each, there are several focus areas. For the Strategic Initiative (section 3 of this report), the five key outcome areas listed earlier follow a consistent structure in this Review: 1) summary of progress, 2) strengths, 3) challenges and 4) recommendations. Section 4 of the report, on the Strategic Approach, follows a similar structure. However, an additional section on learning is broken out as the standalone section 5.

The Executive Summary (presented earlier) follows a similar format but organises the top four strengths and challenges from the Strategic Initiative and the Strategic Approach by three levels: 1) Gavi Alliance and Secretariat, 2) CSO Host, Constituency and Steering Committee, and 3) Country Level, for a more direct and abbreviated format. It also includes topline recommendations for Gavi's next strategic period, 6.0 (2026-2030). The body of the Review contains the same strengths, challenges and recommendations found in the Executive Summary, but includes additional information and detail where the data provided more nuance and greater elaboration on themes.

3 CSCE Strategic Initiative

3.1 Reactivation & Convening of the CSO Constituency

Summary of Progress

This section covers the “Reactivation and convening of the CSO Constituency” outcome area of the monitoring framework, and aims to answer the following key learning question:

- *Is there a functional, engaged, CSO Constituency that the CSO Steering Committee and the Gavi Secretariat can exchange with?*

A CSO Constituency exists and is convened and engaged with through the Gavi Secretariat and the CSO Steering Committee. However, until the second quarter of 2024, it was managed in a limited capacity by the Host. The CSO Constituency has been lacking transparency, clarity, and two-way engagement, which hindered its potential impact to support and leverage a diverse range of CSO voices, skills and perspectives. Several efforts are under way to make necessary shifts based on identified key barriers – such as a listserv for two-way engagement and more detailed mapping of CSO attributes and engagement.

The CSO Steering Committee and the Gavi Secretariat engage with some CSOs via the CSO Constituency, but not nearly a sufficient or representative number. Interviewees, participants and desk review materials suggested that while the CSO Constituency should be the lifeblood for the CSCE Strategic Initiative and Strategic Approach, its full potential is far from being realised. Interviewees in particular noted a persistent gap between how the CSO Constituency should be engaged versus how this is occurring in practice: whereas the vision is of two-way, routine engagement for learning, strategy, and collaboration, the reality is more a static, one-way, one-off communication.

Strengths

- **An improved, collaborative relationship exists between the Gavi Secretariat and the CSO Steering Committee.** This has fostered co-creation, joint responsibility and accountability in the CSCE process. For example, two teams from the Gavi Secretariat – Country Program Delivery (CPD) and Public Policy Engagement (PPE) – routinely participate in the monthly calls of both the CSO Steering Committee and the CSCE Working Group, where key challenges and opportunities are discussed and explored collaboratively. These routine, formalised fora have helped improve the overall relationships between the Gavi Secretariat and CSOs and have moved the needle on implementing the CSCE strategy.
- **There is agreement on the key barriers to full engagement and representation of the CSO Constituency, and efforts to course-correct are under way.** The CSO Steering Committee and the CSCE Working Group have documented key barriers to fully engaging with the CSO Constituency and have developed and implemented solutions to address some of these. For example, there is now a listserv to engage Constituency members in two-way communication, as well as monthly calls on key subjects of interest, meant to facilitate collaboration, learning and community building. Additionally, the Steering Committee is opening up opportunities for the broader constituency to work with the Gavi Secretariat on key subject matter areas that extend beyond the Steering Committee's areas of expertise.

- **An IS Global Mapping exercise was undertaken.** This exercise detailed many of the challenges faced by CSOs and provided recommendations for enhancing their involvement in immunisation activities. It was commissioned by the CSO Constituency and conducted from June 2023 to March 2024.

Challenges

- **Mapping and engagement of the CSO Constituency has faced delays.** The facilitation of two-way engagement with and full mapping of the Constituency by the Host was significantly delayed up until the second quarter of 2024. This has led to limited and low exchange with CSO Constituency members and to a lack of a clear understanding (until recently) of who makes up the Constituency.
- **Constituency roles are unclear.** Communication, in particular externally, regarding the Constituency's purpose, members, and organisation has been unclear, leading to insufficient leverage, especially at the country level. The result of the significant delay in mapping the CSO Constituency is that, in lieu of a more robust CSO database, there is a limited email list. This list lacks key characteristics of CSOs in the context of the CSCE strategy: For example, what thematic areas does their work focus on? What communities do they serve? Which age groups do they target? Without a full picture of the CSO Constituency members and their capacities, it is difficult for the Gavi Secretariat and the CSO Steering Committee to fully engage with the Constituency.
- **Political will and standardisation are lacking.** There is insufficient political will to strengthen country-level CSO platforms, along with the absence of a standardised modality for CSOs to engage in Gavi processes and to ensure proper representation at the country level.

Recommendations

Overarching: Ensure that the CSO Hosting Facility and Steering Committee provide more effective support to the CSO Constituency. Improve visibility, representation, capacity building, and facilitation of learning and accountability mechanisms.

- **Clarify mandates, roles and responsibilities** of the CSO Hosting Facility, Steering Committee and Constituency.
 - Specify how support of the CSO Hosting Facility and Steering Committee leads to better co-ordination and to strategic engagement of the CSO Constituency.
 - Review the CSO Constituency name, mandate and membership to ensure that it reflects the goals and objectives of engaging with civil society, per the CSCE strategy. Focus on ensuring that civil society is engaged in regular two-way communication, collaboration, and learning with the Gavi Secretariat, the CSO Steering Committee and the Hosting Facility.
- **Socialise and clearly communicate** what the CSO Constituency is and does, both internally and externally – in particular with various working groups at Gavi, IA2030 and other stakeholders – to position it as “the” civil society community on immunisation.
 - Explore engagement of the CSO Constituency and Steering Committee with other mechanisms in the immunisation landscape, such as IA2030 and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM).

- **Support and empower the CSO Steering Committee to revitalise engagement with CSOs.** Already, the Steering Committee has demonstrated a strong willingness and capacity to do so, including to revise the Steering Committee charter and to implement the vision articulated in the Steering Committee's 2024 strategic framework.
- **Leverage the CSO Constituency as a community of practice or a learning community** – with the Host as a liaison – that facilitates information sharing, learning, best practices, challenges and resource access across CSOs.
- **Improve support to country-level CSO Constituency co-ordination.** In-country co-ordination needs to be expedited in the Gavi 5.1 strategic period so that a model for CSO co-ordination and support in terms of voice is ready for roll-out in the Gavi 6.0 strategic period. The model should seek to achieve strategic and operational coherence with other efforts, platforms, organisations, etc. in-country, in line with the Lusaka Agenda.

3.2 Ensuring Representation, Voice & Accountability of Civil Society

CSO voice and representation in global Gavi processes

Summary of Progress

This section covers the “CSO voice and representation in Gavi Global processes” outcome area from the monitoring framework, and aims to answer the following key learning questions:

- *Do CSOs have representation, voice, and influence in Gavi governance and in key global-level processes?*
- *Is a representative range of diverse CSO voices brought forward / included? What are the barriers and enablers?*

The answers to all these questions, via surveys and interviews, was a resounding “somewhat.” In general, it was stressed that significant progress has been made in ensuring that CSOs are represented effectively in Gavi global governance structures. Three civil society representatives actively participate on the Gavi Board, on the Programme and Policy Committee (PPC) and on the Alliance Partnership Performance Team (APPT); however, representation does not reflect the diversity of civil society that Gavi seeks to engage via the CSCE strategy. A key area flagged for improvement was “which” CSOs are at the table, with the Steering Committee and its immediate networks having oversized representation at these fora. Findings showed a need for clear delineation and prioritisation of representation from across global, national and local CSOs.

On a related note, given the vast and diverse group of organisations that comprise civil society, greater representation in these Gavi global processes is needed in order for CSOs to better and more fully represent the breadth and depth of their constituencies, regions and interests.

Strengths

- **CSOs have gained attention at the global level as their voice and influence are increasingly heeded and acted on.** This has included seats for CSOs on the Gavi Board, PPC, and APPT as well as broader representation in key global gatherings such as strategy meetings at the Lusaka Agenda meeting in Ethiopia (2023), global networks and working groups (SAGE, IAD2030), panels at Invest Opportunity in Paris (2023), and key consultations including the Togo Alliance Partner workshop, the HSIS 6.0 strategy, the EPI@50 campaign, the Funding Policy Review and the HSS Policy Review.

Challenges

- **The CSO Constituency faces difficulties in showing up as one and in presenting a unified voice.** CSOs represent a loose constituency, not a single organisation, whereas every other person that sits on the Gavi Board comes from and represents one organisation (e.g. WHO, UNICEF, USAID). This impacts the ability of CSOs to have a strong, unified voice, and as such two representatives may not be enough to carry the weight of the requests of serving the Board and Board committees.
- **The Steering Committee cannot fully encompass the broad range of expertise, experience and connections to support Gavi in all needs and requests.** The 18 members of the Steering Committee reflect diversity on a geographic and technical basis, etc., but it is impossible that a group this size can encapsulate all that civil society broadly has to offer Gavi. This limits the overall voice and representation of CSOs within the Alliance context.
- **Tensions persist between the broader set of CSOs and “Expanded Partners.”** This is related to perceived competition for resources, as well as other issues, such as the fact that expanded partners are routinely favoured for contracts and representation. This can negatively impact the harmonisation of representative voices at the global level.
- **The voice and influence of CSOs has untapped potential at multiple levels in the Alliance context.** This can be improved through strengthened co-ordination and operationalisation of the CSCE strategy across Alliance partners. This may reduce confusion at a country level and boost representation of CSOs in global structures (e.g. IA2030).

Recommendations

- **Strengthen opportunities and processes to bring forward more diverse voices and perspectives** outside of known and existing networks to Gavi global fora and key meetings. Currently this is being explored through:
 - Listening sessions: for example, in advance of the Togo meeting a successful listening session was held with the wider constituency to go into the design meeting with assurance that the wider constituency was represented.
 - Ensuring the inclusion of broader CSO Constituency voices/expertise who can best speak to a point, even if they are not on the Steering Committee.
 - Opening up to engage individuals and organisations outside the Steering Committee as needed if they are best positioned, more knowledgeable, experts, drawing from a pool of experts who have expressed interest in engaging with Gavi; after the Steering Committee, this is the first layer of experts to reach out to.
- **Prioritise representation of local international CSOs** – operating at the national and sub-national levels – in Gavi global governance structures and fora. Consider and mitigate barriers to local-level CSO representation.
- **Explore an increase in CSO representation** on Gavi global governance committees.
- **Continue to uphold the CSO Steering Committee mandate to safeguard CSO representation** in all Gavi-led convenings through a standardised approach, but consider adjustments related to the recommendations above.

CSO voice and participation in national-level Gavi processes (FPPs, Joint Appraisals and high-level missions)

Summary of Progress

This section covers the "CSO voice and representation in national-level Gavi processes such as Full Portfolio Planning (FPP), Joint Appraisals (JAs) and high-level missions" outcome area of the monitoring framework, and aims to answer the following key learning questions:

- *Do CSOs have representation, voice and influence in Gavi national-level processes?*
- *Is a representative range of diverse CSO voices brought forward / included? What are the barriers and enablers?*

CSOs have participated in FPP processes in most countries, and their participation is reflected in applications and funding allocations. Barriers remain to the engagement of national-level constituencies in Gavi country-level processes.

Strengths

- **A new modality is being piloted whereby a vibrant representation of CSOs is increasingly present from the onset of the Full Portfolio Planning (FPP) process.** In the three pilot countries of Bangladesh, Nigeria, Sierra Leone, and Uganda, members of the Steering Committee have worked to ensure that CSOs are present, prepared and heard at key moments in the FPP process at the country level. For example, in-country CSO focal points have advocated for CSOs to be active in all thematic groups during the FPP process – rather than narrowly pigeon-holed into demand generation – supporting them to showcase the broad range of their contributions across all thematic areas.
- **CSOs have participated in the majority of FPP proposals submitted.** 96% of the FPP applications reviewed clearly described the role of CSOs, and 85% of the countries with fully approved FPP applications were adhering to the Board funding mandate.
- **CSOs have participated in key country-level fora beyond FPPs.** This includes Alliance partner retreats such as those in Nigeria and the Democratic Republic of the Congo (DRC), and the Joint Appraisal in Madagascar.

Challenges

- **Country teams have limited bandwidth.** Country teams, in particular Senior Country Managers, are often unable to dedicate the required time for CSO identification and support in national-level processes, given many competing priorities.
- **A formalised in-country focal point entity is lacking.** Thus far, the focal point supporting CSOs has been filled on an *ad hoc* basis by consultants or Steering Committee members, or not at all. This greatly influences the degree to which CSOs are consulted, supported and involved in country-level processes.
- **Local CSOs operating at the sub-national level have been unable to participate in Gavi national processes.** This is due primarily to cost restrictions related to traveling to capital cities for meetings, as well as to insufficient time and effort allocated to identifying and supporting local CSO involvement.

- **CSOs are not being utilised to the full extent of their expertise in FPP applications.** Service delivery is lacking, as is technical assistance and innovation.
- **CSOs face power imbalances and mismatched expectations in Gavi missions.** CSOs frequently pause their work to participate in Gavi missions, often assuming that their participation will result in funding, which is not always the case.

Recommendations

- **Establish organised co-ordination and representation mechanisms for CSOs to engage in Gavi processes at the country level.**
 - Map existing structures and mechanisms, identify gaps and determine attributes that the country-level representation mechanism should have, and establish contextually relevant co-ordination platforms at the national level.
- **Allocate resources for local CSO participation in FPP and other national-level processes,** together with support for mapping, preparing and advocating for CSO participation.
- **Establish routine channels for knowledge sharing or Communities of Practice between countries** about how to efficiently and effectively engage CSOs in national-level processes.
- **Ensure that CSOs are active in all thematic groups during FPP processes.** Advocate for and support CSOs to showcase the broad range of their contributions across all thematic areas.

3.3 Efficient Funding & Management of Civil Society

Summary of Progress

This section covers the “CSOs receive funding” and “CSO adapted funding mechanism” outcome areas of the monitoring framework, and aims to answer the following key learning questions:

- *Do CSOs receive funding per the Board mandate?*
- *What approaches have been most effective at tailoring the grant application process to CSOs, and why? What approaches work best for what level of CSO – global, national, sub-national?*

There has been a sea change in funding availability for CSOs to support national immunisation efforts. The CSCE strategy has allocated more than \$232 million in funding to over 47 countries, with 85% of countries with fully approved FPP applications adhering to the Board mandate, and 65% of allocations going to local CSOs. The process of securing the 10% has become easier over time, particularly by working closely with consultants who serve as country focal points. Despite the challenges, a combination of experience and partnerships has led to smoother processes.

Funds are being effectively channelled to CSOs via a range of modalities to ensure that prioritised funding reaches the right CSOs for the right country context. The CSCE strategy's establishment of a new Fund Manager mechanism has expanded and adapted Gavi's operating model to be able to engage a more diverse set of CSOs (in particular, local CSOs) more effectively. The Fund Manager brings more transparency, inclusivity, and competitiveness in selecting CSOs via improved communication at a sub-national level, as well as a simplified application process that helps local CSOs be aware of and be able to access Gavi investments.

In 2023, Gavi started working with [MannionDaniels](#), a global health and social development consultancy. In collaboration with Oxford Policy Management, MannionDaniels has been contracted for the role of Fund Manager and has helped develop effective approaches to tailor Gavi's grant application progress to CSOs by designing calls for proposals, receiving applications, and managing grants to national and local CSOs. As an extension of the Gavi Secretariat, the Fund Manager has developed processes and procedures that have realised all the core funding values outlined by the CSCE Working Group. These include:

- Competitive and transparent selection processes
- Targeting a diverse set of partners, with a focus on local CSOs
- Engagement with local CSOs embedded within the community
- Strengthening Gavi's sub-national focus
- Including on-the-job capacity strengthening mechanisms
- Developing risk, financial and reputational assurance
- Amplifying visibility/communication on CSO work
- Streamlining the ability to focus on, assess, and report results, outcomes and impact
- Timely disbursement of funds.

Figure 2 describes the Fund Manager process in brief. A key step in this process is engaging with the government and the Expanded Programme on Immunization (EPI), including identifying the geographic scope of the Fund Manager, aligning with existing interventions that are under way, and making plans for how to involve these essential partners. In some countries, a few specific districts with targeted grants were selected to fill gaps where the needs were greatest. At times, these are areas where no other immunisation interventions exist. While engaging with the government and EPI can be time consuming, this step is essential to ensure government support. Without this approval, the Fund Manager mechanism cannot move ahead.

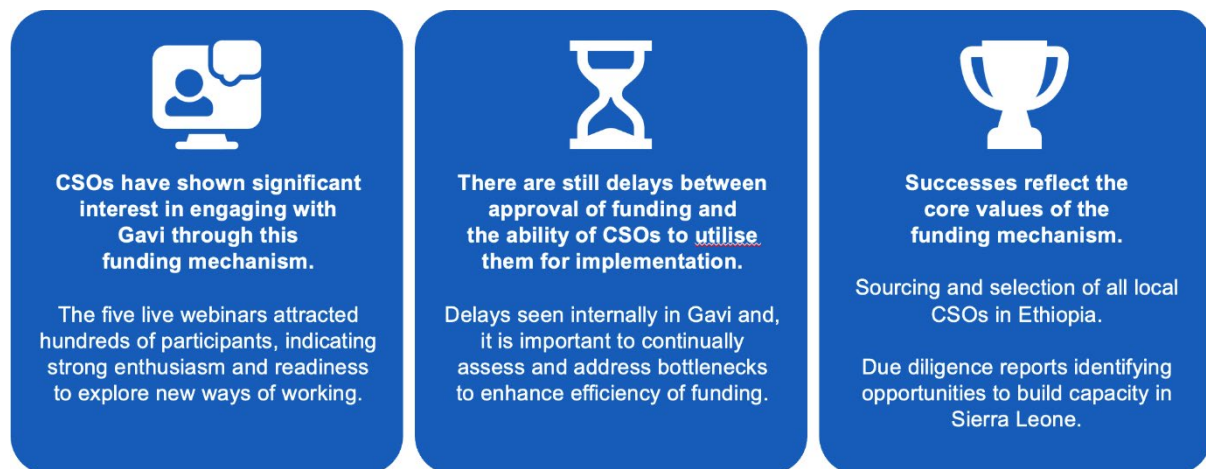
Figure 2. Simplified Overview of the Fund Manager Process



Throughout the implementation process, the Fund Manager is documenting emerging learnings and best practices in an effort to improve processes in an iterative way and to share knowledge across countries and contexts. These practices are aligned with the overall recommendation of the Gavi 6.0 strategy to “understand and amplify CSO contributions and impact, facilitate shared learning and good practices with improved monitoring, evaluation and learning, intentional documentation and cross-country knowledge sharing.”

The top three emerging learnings from the Fund Manager process are highlighted in Figure 3 and are also described below.

Figure 3. Emerging Learnings from the Fund Manager Mechanism



- 1. CSOs have demonstrated significant interest in engaging with the Fund Manager.** The five live webinars hosted so far by the Fund Manager on calls for proposals have attracted hundreds of participants. Rather than conducting a time-consuming, robust mapping of CSOs, the Fund Manager process has used smart, targeted outreach to CSOs in countries and has seen strong attendance in webinars as a result.
- 2. While more efficient than other funding modalities, the process from when funding is approved to when it is in the hands of CSOs via the Fund Manager is still lengthy.** The Fund Manager aims to shorten it further by learning where the pain points are. So far, most of these pain points are with the Gavi Secretariat internally, and while engagement with EPI is crucial, it can extend timelines significantly before the Fund Manager can launch a proposal.
- 3. The values and principles set out by the CSO Steering Committee** at the onset of the CSCE process are integrated into the implementation approaches of the Fund Manager, and concrete examples of these are being documented.

Strengths¹⁴

- **The Alliance has implemented the Board mandate¹⁵ as envisioned.** Most countries have adhered to the 10% target, making available more than **US\$200 million** for CSOs across

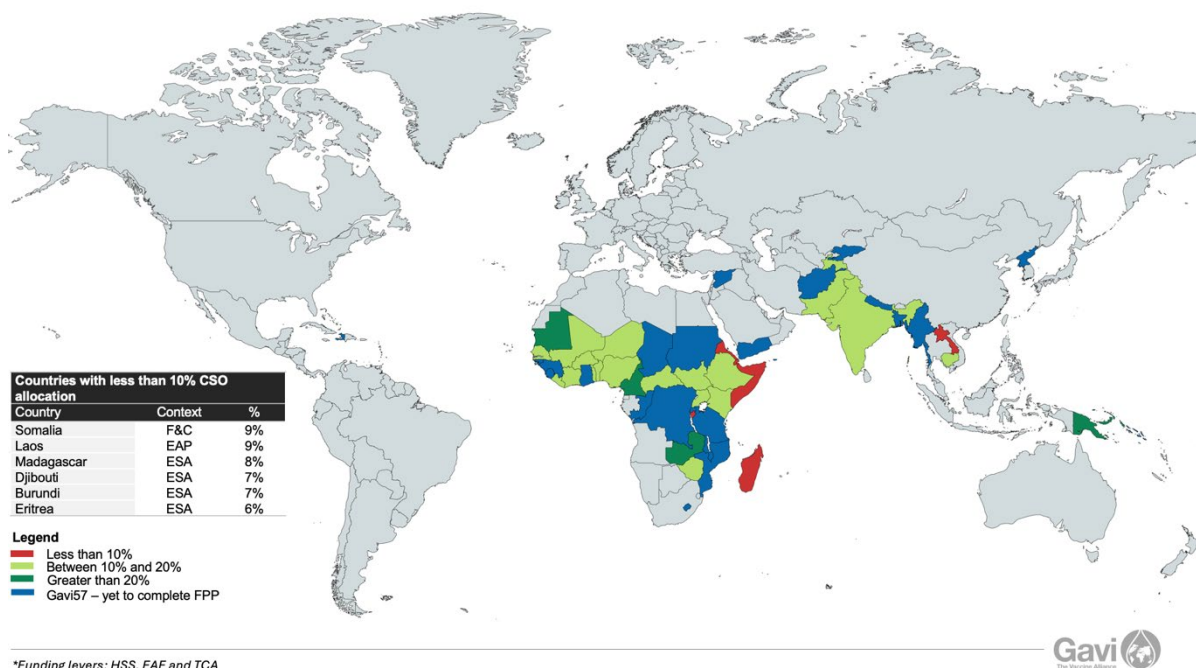
¹⁴ This section includes reported funding data only and acknowledges that there are additional but unavailable data from indirect funding sources that are not reflected here.

¹⁵ In December 2021, the Gavi Board approved the CSCE strategy, including a new requirement for all countries to allocate at least 10% of their combined funding ceilings (HSS, EAF, TCA) for CSO implementation as they submit new FPP applications, unless they can provide a robust rationale as to why this is not appropriate in their context.

relevant funding levers, resulting in a ripple effect on broader funding for CSOs across additional funding levers.

- **Over 80% of countries** that have gone through their FPP processes have adhered to the Board mandate of a 10% allocation (see Figure 4).
- **UNICEF's** allocation to **114** different CSOs across **25** countries from Gavi TCA and HSS funds was close to Board adherence, at **around 9%** in 2023.
- The Board mandate has **triggered a shift in funding** available to CSOs across all Gavi funding levers, beyond those included in the mandate.

Figure 4. Share of Countries That Have Gone Through FPP Processes That Adhere to the Board Mandate, Q2, 2024



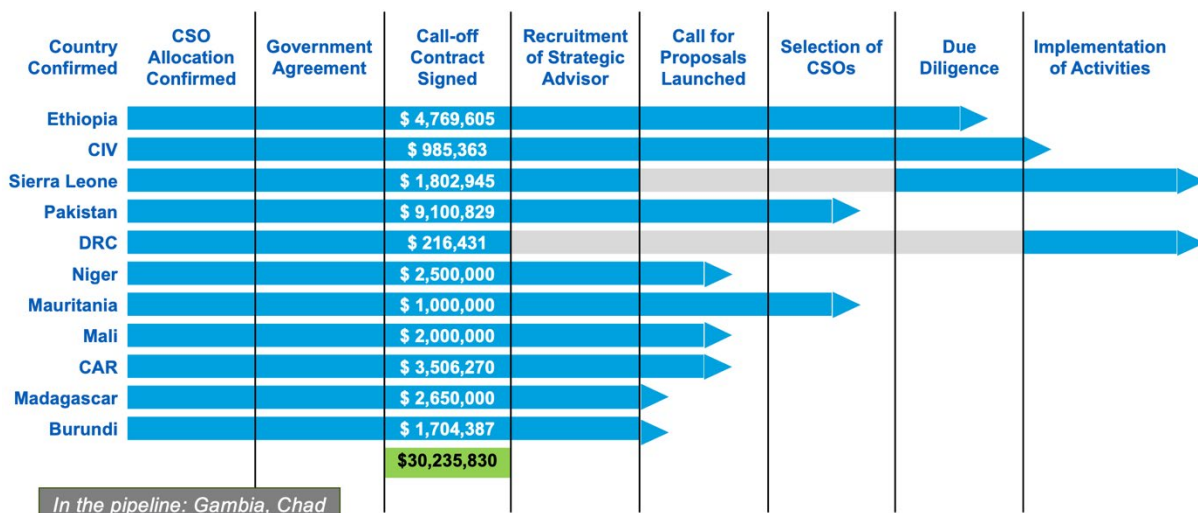
*Funding levers: HSS, EAF and TCA

- **There has been successful engagement with the Independent Review Committee (IRC).** This has been key in driving the CSCE agenda in review of FPP applications, and has increased quality and addressed non-adherence to the 10% Board mandate.
- **There is a sustained appetite to fund local CSOs, among partners who manage funds.**
 - In the first quarter of 2024, **65%** of total allocations for Health Systems Strengthening (HSS), Equity Accelerator Funding (EAF) and Targeted Country Assistance (TCA) went to **local CSOs** directly, a significant increase from 55% in the fourth quarter of 2023.
 - There is a strong push to direct more funding to local CSOs, with 87% of reported indirect funds currently going to local CSOs.
- **Contextually relevant, tailored and targeted funding modalities have been developed and utilised.**
 - Funds are being effectively channelled to CSOs via a range of modalities – either directly from the Gavi Secretariat, through governments / programme management

units (PMUs), or via Core Partners, or indirectly through a Fund Manager – to **ensure that prioritised funding reaches the right CSOs for the right country context.**

- Establishment of this “menu of CSO funding mechanisms” has **accelerated the translation of allocations to contracts**, as some of the burden placed on the Gavi Secretariat to directly fund CSOs is being alleviated by additional and more efficient channels.
- **The Fund Manager mechanism, despite being operational for only a year, has expanded and adapted the Gavi Secretariat’s operating model** to be able to engage a more diverse set of CSOs (in particular, local CSOs) more effectively.
 - **Almost 90% of funds go to local CSOs through indirect funding channels** (such as the Fund Manager, Core Partners, governments), compared to just 31% when through the Gavi Secretariat directly.
 - In just one year, from 2023 to 2024, the Fund Manager mechanism:
 - Allocated **\$45 million**, contracted **\$33.4 million** and disbursed **\$17.3 million** (Q2 2023).
 - **Signed 10+ country contracts**, with implementation under way in two countries and additional countries in the pipeline. Country-level progress is detailed in Figure 5.
 - **Made available more than 50 grants**, primarily for local partners.
 - In Ethiopia and Pakistan, the time from the release of the request for proposals (RFP) to funding being allocated to CSOs was just **four months**.

Figure 5. Country-Level Progress of the Fund Manager Mechanism, Q3 2024



- **Smaller accelerator grants, representing a third of grants launched so far, support smaller local CSOs** to enter the immunisation space at a pace that suits them, while progressively strengthening their institutional capacity to deliver.
- **Offering country governments different types of grants (accelerator or impact) via the Fund Manager to suit their needs is effective.** Accelerator grants, in lieu of impact grants, are offered to governments as an option as part of a targeted strategy where national CSOs

are well placed to be able to deliver and complement other interventions to cover pockets of zero-dose children and missed communities.

- **With the Fund Manager, funding is protected and cannot be shifted or moved away from CSOs.** This is distinct from the other funding mechanisms, whereby funding can be and is reallocated or moved from CSO activities, in particular if it is underspent or not spent on time.
- **Co-ordination and collaboration with EPI is occurring.** In general, EPI has been supportive of the Fund Manager, as this mechanism offers EPI a clear way to engage CSOs while avoiding detailed and (at times) politically complicated contract management of CSOs.
- **Targeted outreach and support exist to simplify the funding application process and to broadly disseminate calls for proposals, as well as enhanced transparency on funding opportunities for CSOs.**
 - The Fund Manager offers webinars that explain and offer support on calls for proposals around eligibility and how to apply. The team is available along the way to help CSOs that have issues in applying.
 - The Fund Manager offers a website where CSOs that are interested in Gavi's mission can obtain targeted information, including up-to-date funding opportunities and resources for applying.
 - The Fund Manager's Strategic Advisors use country-specific, targeted outreach to disseminate information on funding opportunities. These advisors have deep contextual knowledge of the funding target geography and can physically disseminate information at the local level.
- **A partnership is based on trust, mutual understanding, support and joint learning.** The very core of the Fund Manager mechanism is predicated on developing trust, support and facilitating learning. This foundation positively influences the often complicated and complex relationship between donors and fund managers.

Challenges

- **The flow of funds is sub-optimal.** The use of available funding mechanisms is not yet fully optimised, with the majority of funding going to international CSOs (NGOs) through direct contracting channels, further straining the limited bandwidth of the Gavi Secretariat. Efforts to improve this are under way via the Fund Manager mechanism but should be scaled up substantially.
- **There is an incomplete picture of funding to CSOs.** This is due mainly to incomplete data and a lack of transparency and requirements related to allocation and disbursement across all of the partners and funding modalities.
- **Significant delays have occurred in funding being disbursed to CSOs, including:**
 - **Delays in CSO contracting** due to the FPP approval processes.
 - **Delays by Core Partners, governments and international NGOs**, with a reported average of six to nine months for Core Partners to channel funds to CSOs. These delays are highly disruptive for smaller, more resource-constrained local-level CSOs.

- **The Gavi Secretariat's financial back-end system still presents barriers to efficiency of funding via the Fund Manager mechanism**, resulting in delays from approval of funding to CSO disbursement.
- **FPP applications provide limited information on the involvement of CSOs, do not sufficiently prioritise local CSOs and do not consider CSOs' full capabilities.** These capabilities include the critical role of CSOs in leading innovation, as providers of service delivery, and for health system resilience. FPP applications struggle to articulate comprehensive operationalising arrangements for CSO engagement.
- **CSOs struggle with the Gavi Secretariat's financing procedures and mechanisms.** Procedures can be difficult to comprehend and adhere to; time frames for proposal calls and submissions are often too short; and financial criteria are often too stringent for smaller CSOs to qualify for funding opportunities.
- **Numerous funding levers create confusion.** Numerous funding levers have allocated money for CSOs, which has led to fragmentation. Funds for each lever are procured differently, which can be confusing for CSOs and EPI.
- **There is stakeholder resistance to the 10% Board mandate.** While many key stakeholders are in favour of and have worked actively towards the 10% mandate, this is not unanimous across all settings and stakeholders. Some governments have pushed back, given unfamiliarity with the process, and there has been some hesitancy from Alliance members who fear reduced funding shares.
- **The inclusion of the TCA funding lever in the Board mandate has complicated and confused operational priorities and diverted focus from CSOs' role in the delivery of immunisation efforts as per CSCE strategic areas.**
- **Plans and budgets are being diverted from the CSCE core pillars.** Funded activities do not always drive the zero-dose focus but are diverted to other areas, and funds are not always contracted per approved applications.
- **An inherent power imbalance and perceived sense of competition persists with and between Core Partners and CSOs.**
 - CSOs sometimes feel that Core Partners are able to better influence ministries of health in ways that disadvantage other partners.
 - Due to the cost structures of Core Partners and international NGO partners, much of the funding goes to indirect costs, which greatly reduces the amount of funding flowing to local CSOs.
 - Some local CSOs feel that their work is not "visible" and gets wrapped into international NGO / Core Partner work in a way that does not recognise them for the contributions they make.
- **A highly complex and diverse set of stakeholders exists.** These diverse stakeholders have to be engaged to successfully implement a more tailored model via the Fund Manager mechanism. This can be time consuming and requires bespoke approaches for each specific country context.
- **There is a lack of communication about the Fund Manager mechanism at the Alliance level and at the country level.** Insufficient communication around what the Fund Manager mechanism does, how it makes funding more efficient, how it supports local CSOs, etc.,

results in internal and external misunderstanding or even initial distrust and dismissal of the mechanism.

- The perception exists that the Fund Manager mechanism is a top-down, Global North initiative rather than facilitating localisation.
 - In several countries, it was reported that Senior Country Managers believe that the Fund Manager approach does not align with the localisation agenda because the consulting company running it, MannionDaniels, is UK-based.
- **Lack of government approval of the Fund Manager mechanism is rare but represents a potential risk going forward as the mechanism is scaled up.** In some countries, such as Cameroon, the Fund Manager is prepared to engage but is stalled due to delayed government approval.
- **The Fund Manager's use of web-based support and application notifications** can be a challenge due to power and internet connectivity issues in many countries.

Recommendations

- **Apply earmarking of funds for CSOs across all of Gavi's relevant funding levers where CSOs have the potential to contribute to national immunisation goals, to enable better tracking, engagement and measurable impact.**
 - Gavi is moving towards consolidating various funding streams – Health Systems Strengthening (HSS), Equity Accelerator Funding (EAF), vaccine introduction, operational costs – into a single Consolidated Cash Grant. This shift is aimed at simplifying the funding structure. There is an effort to ensure that the 10% allocation for CSOs is preserved within the consolidated funding. Analysis indicates that this consolidation could be beneficial for maintaining or increasing the 10% allocation.
 - Ensure that the 10% funding allocation is protected and maintained, used effectively and simplified.
 - Emphasise the importance of this funding in supporting local CSOs and enhancing health outcomes.
 - Clarify which aspects of Gavi's funding are subject to the 10% allocation to CSOs, and what the targets are around disbursement.
- **Further streamline and refine options that enable access to funding for CSOs (especially local CSOs), and favour the availability of indirect funding channels.**
 - Develop specific targets related to the following attributes and require that any indirect funding channels adhere to:
 - Competitive and transparent selection processes
 - Targeting a diverse set of partners, with a focus on local CSOs
 - Engagement with local CSOs embedded within the community
 - Strengthening Gavi's sub-national focus
 - Including on-the-job capacity strengthening mechanisms
 - Developing risk, financial and reputational assurance
 - Amplifying visibility/communication on CSO work

- Streamlining the ability to ensure focus on, assess, and report results, outcomes and impact
 - Timely disbursement of funds.
- **Continue to scale and leverage the work of the Fund Manager mechanism to simplify funding processes for CSOs, by:**
 - Reducing the complexity and improving the predictability and timeliness of financial processes and grant management within and beyond the CSCE approach.
 - Implementing efficient processes that facilitate the disbursement of funds to CSOs.
 - Making the funding application process more accessible, particularly for local CSOs. Including online and offline support, guidance materials and flexibility in submission timelines to accommodate technical challenges.
- **Revise the Strategic Narrative template** to include a comprehensive section on CSO engagement, including accountability, monitoring/evaluation/learning, and capacity building plans, per the IRC recommendations. The Gavi Secretariat and Alliance partners should work to complement IRC guidelines by asking countries to articulate in applications how CSOs will be integrated into processes and to ensure that a budget is associated with the CSO activities.
- **Expand the duration of CSO contracts.** Consider supporting multi-year contracts to enable CSOs to achieve greater impact with their programmes and to have financial continuity.
- **Consider how CSOs can be more fully supported with the resources they need to deliver.** A lack of funding for human resources constrains many CSOs, in particular smaller CSOs, from being able to carry out their work well. CSOs, particularly small ones, tend to lack flexible funding to pay for salaries and to cover operating expenses during funding delays.
- **Allow for unspent funds at the end of a funding period to be reallocated** if CSOs demonstrate effective spending and delivery. This flexibility is crucial for projects targeting under-served communities or hard-to-reach areas.
- **Ensure that CSOs are represented in country co-ordination conversations to provide input on what happens with unspent funds.** Active CSO involvement is needed in funding decisions and appraisals. For example, if CSOs are not represented during key meetings, remaining funds may be redirected away from their projects.
- **Work to better understand why countries do not adhere to the Board mandate.** As of the third quarter of 2024, seven countries – Burundi, Djibouti, Eritrea, Lao People's Democratic Republic, Madagascar, Somalia and Uganda – did not adhere to the 10% minimum. While the IRC offers some learnings, opportunities exist to extrapolate deeper insights from these settings.
- **Explore changing the name “Fund Manager mechanism” to “CSO Mechanism” or “CSO Funding Mechanism” to better reflect the role of the mechanism.**
- **To better understand the impact of the Fund Manager mechanism, undertake a rapid review of its operationalisation.** This includes assessing if/how it effectively lowers barriers to entry, streamlines processes, and enhances CSO representation, in particular of local CSOs.
- **Extend the Fund Manager's services to align with implementation periods, and secure its budget for continuation of services beyond Gavi's 5.0 strategic period.** This would

ensure the continuation of support for ongoing grants planned in Gavi's 5.0 period and leverage the investment for impact into Gavi's 6.0 strategic period.

- **Continue growing the Fund Manager pipeline – adding more countries and funding opportunities** – to support CSOs in reaching zero-dose and under-immunised children.
- **Communicate and socialise the Fund Manager mechanism internally and externally.** This can be done through the “CSO Engagement Hub” – highlighting impact, learnings and emerging stories – as well as through other internal and external resources.
- **Formalise methods to best engage country teams and other members of the Gavi Secretariat to keep them informed** of Fund Manager progress and learnings at regular intervals.
- **Leverage Fund Manager mechanism best practices and learnings to shape local partner engagement in Gavi's 6.0 strategic period**, including exploring cross-country initiatives.
- **Continue to develop strategies for lower barriers to entry for funding opportunities in settings that are digitally constrained or that have low bandwidth and connectivity.**

3.4 Efficient Management of CSO Engagement

Summary of Progress

This section covers the “CSO engagement framework” outcome area of the monitoring framework, and aims to answer the following key learning question:

- *Have foundational elements of the CSCE Framework been developed and incorporated into the Gavi Secretariat's tools and systems? Foundation elements include: the Gavi-wide definition of CSOs, the monitoring framework of the CSCE Strategic Initiative, the learning agenda, and the dedicated section of Gavi website with CSO information and communication.*

Many foundational elements of the CSCE framework have been developed and incorporated into the Gavi Secretariat's corporate tools and systems; however, greater efforts are needed to formalise and communicate them broadly and fully.

Strengths

- **The Alliance has transformed its approach to CSO engagement**, moving from viewing CSOs as an isolated partner to integrating them more fully into country-level implementation, as per a defined strategic framework. While not all the foundational elements of the CSCE framework have been fully implemented in practice, the strategic framework itself has been implemented to the extent required to bring significant strategic shifts at the Secretariat level and increasingly at the country level.
- **Foundational elements have been incorporated into the Gavi Secretariat's corporate tools and systems.** These include the monitoring framework (e.g. a key dashboard that covers Key Performance Indicators, KPIs, related to CSO funding), risk monitoring and key definitions.
- **The definition of CSOs has been developed with input and consensus from key stakeholders such as the CSO Steering Committee and the CSCE Working Group,**

including various types of CSOs. This allows for emerging insights and targeting of “the right partner for the right job” strategy and setting off an internal localisation discussion.

- **The CSO Constituency website was substantially improved in the second quarter of 2024** to include newsletters, podcasts and news. However, the website is still missing a key component: the “explore the CSO” section, which is meant to cover who the Constituency is.
- **The Fund Manager mechanism website, while not yet fully implemented, is in the works.** It is envisioned to be a dedicated space for centralised communication about the mechanism on Gavi's website, and will also showcase CSO stories and impact.

Challenges

- **The design of the CSCE strategy is complex**, with an overly theoretical and detailed theory of change (see Appendix 1), which hampers buy-in and vision setting.
- **CSO definitions and categories were never institutionalised and communicated** (internally and externally), resulting in ongoing confusion. Those resistant to the full implementation of the CSCE strategy have repeatedly pushed back on the definitions as a way to stall progress.
- **The implications of having a more refined definition of local CSOs has not been applied** across global and country procedures and policies.
- **Outcome and impact monitoring systems are weak.** The monitoring, evaluation and learning frameworks developed for the CSCE strategic initiative were never implemented beyond the KPIs for the 10% Board mandate.
- **Information on CSCE on Gavi's website is inadequate**, and the webpage itself is deeply buried in Gavi's broader website, making it difficult to find.
- **There is limited awareness and lack of communication with Core Partners** on how the CSCE SI and SA connect to their programmes.

Recommendations

- **Uphold the overarching CSCE strategy to leverage existing momentum and extend impact, but aim to simplify the strategy to allow for clarity of vision.**
- **Understand and amplify the contributions and impact of CSOs, and facilitate shared learning and good practices with improved monitoring, evaluation and learning, intentional documentation and cross-country knowledge sharing.**
 - **Implement clear and standardised monitoring and evaluation frameworks** to track and measure outcomes and impact across the next CSCE strategy in the 6.0 period.
 - Enact requirements for standardised data collection across all CSO funding mechanisms and contracts.
 - **Increase communication**, including by documenting and sharing success stories to showcase the work being done by CSOs and communities.
 - **Facilitate learning** across and among key stakeholders.
- **Improve internal and external communication to solve Alliance-wide misalignment around CSO definitions and categories and the overall CSCE strategy.**

- More broadly communicate and socialise the formal definition of CSOs (in particular, the definition of local CSOs) at the Alliance and country levels.
- **Together with Alliance partners, in the CSCE 6.0 strategy, ensure shared goals and accountability for results.** Set expectations of transparency and communication among partners for improved co-ordination and planning, and so that streamlined monitoring and reporting of results is achieved across all partners.
- **Facilitate a global-level touch base across the Alliance partners convened by the Secretariat to share progress and updates and to address challenges related to the CSCE strategy on a routine basis.**

3.5 Effective Capacity & Expertise of CSOs

Summary of Progress

This section covers the "Effective capacity and expertise of CSOs" outcome area of the monitoring framework, and aims to answer the following key learning questions:

- *Has the CSCE Strategic Initiative established a foundation for enhanced civil society engagement?*
- *Who provides technical assistance – what types of organisations, and where are they based?*
- *Which thematic issues do CSOs need the most support on?*

There has been a strategic focused approach to capacity building under the CSCE strategy, whereby support is provided directly to those that are accessing funding to help them succeed, primarily through the Fund Manager. A co-ordinated effort is needed to scale up this capacity building of CSOs to be able to successfully implement Gavi grants and on key thematic areas related to immunisation. A primary challenge has been a lack of clarity around roles and responsibilities for carrying out capacity building of CSOs at the country level.

Strengths

- **The CSCE strategy has brought about greater internal structure, whereby the Gavi Secretariat follows up and monitors CSOs and considers their technical assistance needs.** Support goes beyond funding of CSOs and takes a more structured approach on quality improvement: "We are not just funding CSOs, we are accompanying them."
- **The Fund Manager has requirements to provide hands-on capacity strengthening and on-the-job support** to contracted CSOs to ensure that country capacity is progressively enhanced.
- **The Regional Capacity Strengthening Initiative** – rolled out as a pilot project in Lesotho and Zimbabwe through Churches Health Association of Zambia (CHAZ) – has targeted 35 diverse CSOs in each country, with a vision to replicate a similar initiative in other countries. It is a successful example of peer-to-peer (CSO-to-CSO) capacity building and knowledge exchange on network governance, immunisation basics, Gavi country support mechanisms, and national immunisation strategy, community sensitisation and defaulter tracing.

Challenges

- **Data collection and reporting is fragmented.** This makes it difficult to get a clear and complete picture of capacity building and technical assistance to CSOs under the CSCE strategy.
- **A lack of clarity persists around roles and responsibilities for capacity building, and there is inconsistent mapping** of the capacity of CSOs within the CSCE strategy at the Alliance and country levels.

Recommendations

- **Facilitate and encourage the sharing of technical expertise among CSOs**, particularly with newly established CSOs and CSOs that are new to Gavi and that need support in implementation skills.
- **Continue to offer and scale up training programmes on proposal and grant applications** to improve CSOs' administrative skills and increase their chances of securing funding.
- **Continue to offer and scale up resources and support for CSOs to improve data collection, analysis and reporting capabilities.**
- **Create a focal point for CSO engagement at the country level** that can report on training needs and organise capacity building programmes; and/or leverage existing CSO platforms in-country.
- **Build CSO capacity to co-ordinate with government and other stakeholders.**
- **Accelerate CSO capacity strengthening for all contracted CSOs**, no matter which funding mechanism is used.
- **Scale up technical assistance on gender to ensure that it is fully integrated into programmes.** This includes enhancing the capacity building of some CSOs and capitalising on the skills and knowledge of other CSOs that already have a deep understanding of the gender barriers to immunisation in their specific context.
- **Leverage the CSO Constituency for peer-to-peer capacity building opportunities.**

4 CSCE Strategic Approach

4.1 Summary of Progress

This section of the Mid-Term Review report covers the **CSCE Strategic Approach**, which focuses on civil society contributions across four areas – advocacy, service delivery, demand generation and technical assistance – to support Gavi's 5.0 strategic goals. This focus is in line with the 5.0 strategy's guiding principles, particularly advancing gender equity, collaboration, innovation and prioritising missed communities. Key learning questions explored include:

- *Is the CSCE Strategic Approach enabling more strategic and intentional engagement with civil society via advocacy, service delivery and demand generation at the country level?*
- *Is there evidence that CSOs successfully contribute to immunisation efforts at the country level?*
- *What have been the barriers and enablers to CSOs' successful contributions to immunisation efforts?*
- *What methods do CSOs use for identifying zero-dose children and missed communities? What methods work well and why?*
- *What CSO approaches are designed to reach zero-dose children and missed communities to bring them into the health system? What works well and what does not, and why?*
- *How do CSO approaches address gender-related barriers to increase immunisation coverage?*

The CSCE strategy is being rolled out sequentially and strategically at the country level, depending on where each country is in its funding cycle. Implementation remains in its early stages, particularly for those countries recently completing Full Portfolio Planning (FPP). The CSCE strategy has unlocked significant funding for CSOs – including local-level CSOs – to support national immunisation efforts, in particular in high-impact countries and in fragile and conflict (F/C) country segments where implementation of the CSCE strategy is most evident/advanced.

Specific countries that have made commendable progress on CSO engagement include Burundi, Cambodia, Cameroon, Central African Republic, Côte d'Ivoire, Eritrea, Ethiopia, Lesotho, Mali, Pakistan and Sudan. These countries are at various stages of the planning and implementation cycle; however, they all have shown commitment to implement the CSCE approach in ways that respect their local context and that are based on the unique roles that CSOs play in immunisation at the national and sub-national levels. Other country examples include the DRC and Zambia, where engagement funding allocations have far exceeded the 10% allocation and where local CSOs are currently working at scale, playing critical roles in delivering Gavi-supported programmes in a contextualised manner.

Challenges related to the lack of in-country co-ordination and targeted support for the CSCE have diluted the potential impact of these investments – by diverting budgets away from CSCE core pillars, limiting the diversity of and strength of CSOs contracted for the work, and impeding visibility into CSO contributions.

4.2 Strengths

- CSOs are having an impact via the three core pillars of work (as envisioned by the Strategic Approach). Some examples include:
 - **Advocacy:**
 - In Ghana, the CSO Hope for Future Generations has led advocacy for PHC and Immunization Financing, influencing a **44% increase** in public spending on immunisation from 2023 to 2024.
 - In Kenya, advocacy efforts of the Health NGOs Network (HENNET) prompted the Ministry of Health to address vaccine shortages through redistribution of vaccines and the urgent disbursement of an **\$8.6 million allocation**, ensuring the continued immunisation of vulnerable populations.
 - In Madagascar, the CSO HINA Platforme worked with 94 municipal decision makers committed to increasing local funding for immunisation in eight regions. In the end, the government paid **100%** of the commitments, equivalent to **\$1.68 million**. Government co-financing commitments increased 19% in 2024 compared to 2023.
 - **Service Delivery, Demand Generation / Community Engagement**
 - In the DRC, the CSO consortium SANRU partners vaccinated **115,621 zero-dose children** (77% of the 150,715 identified) and **149,286 under-immunised children** (73% of the 204,659 identified) between January and August 2024.
 - In Mali, the International Federation of Red Cross and Red Crescent Societies (IFRC) and the Mali Red Cross identified **18,418 zero-dose children** and vaccinated **16,714 of them**.
 - In Sudan, Save the Children vaccinated **22,650 zero-dose children** and **31,000 under-immunised children**.
 - In Nigeria, the CSO Vaccine Network for Disease Control (VNCD) identified and vaccinated **31,334 zero-dose children**.
 - **Increased funding for CSOs is being translated into contracts in the majority of the 57 countries eligible for Gavi support.** There has been a sea change in funding availability for CSOs to support national immunisation efforts, which is resulting in the contracting of CSOs in the majority of Gavi countries.
 - CSOs have been contracted in **86%** of the 57 Gavi-eligible countries.
 - **\$271 million** has been contracted to CSOs in the Gavi 5.0/5.1 strategic period (\$409 million allocated).
 - **225 CSOs** have been contracted to date in the Gavi 5.0/5.1 strategic period.
- **Partnerships with civil society are increasingly diversified, with a focus on local-level and zero-dose.** The CSCE strategy has resulted in significant diversification of CSO partners, with a focus on engaging local organisations, and zero-dose children/ missed communities.
 - In **60%** of Gavi's 57 countries, local CSOs have been contracted.

- **\$106 million** was contracted to local CSOs in Gavi's 5.0/5.1 strategic period (\$203 million allocated).
- **196 local CSOs** have been contracted to date in Gavi's 5.0/5.1 strategic period.
- In **79%** of Gavi's 57 countries, CSOs have been contracted to contribute to zero-dose and missed community efforts.
- In **56%** of Gavi's 57 countries, CSOs have been contracted to provide support in hard-to-reach areas.
- **Effective Implementation of the CSCE strategy has occurred at the segment level.** Successful implementation has been most evident in high-impact countries and in fragile and conflict (F/C) countries, with a staggered approach facilitating learning and refinement of support for CSO programming in these contexts. The top four countries for CSO funding are those experiencing both high-impact and conflict, specifically the DRC, Ethiopia, India and Nigeria.

4.3 Challenges

- **Misalignment of resources is occurring.** Plans and budgets are being diverted from the CSCE strategy's core pillars (advocacy, service delivery, demand generation), underutilising the potential of CSOs in these key areas, particularly in service delivery. This often results when budgets are not spent-out on time and CSOs and the Gavi Secretariat are left out of the decision making on where to allocate remaining resources.
- **There has been inadequate recruitment and engagement of the "right" CSOs to do the work.** The CSOs selected are not always the best fit for the work, and key groups such as faith-based organisations and youth networks are not strategically engaged. This is often related to key decision makers at the country level recruiting well-known, larger international NGOs – which are perceived to be a safer, easier bet with less risk – rather than expanding opportunities to well-suited but lesser-known local and/or smaller organisations.
- **Co-ordination and visibility are lacking.** The roles of CSOs in core countries are not sufficiently contextualised – especially in transitioning countries. With regards to campaigns in particular, CSOs are often pulled in to support with little notice and given minimal recognition for their support and work.
- **Key country-level stakeholders lack bandwidth and are often not fully on board with meaningfully engaging CSOs.** Gavi Senior Country Managers have a wide variance in how they engage with CSOs, due in part to bandwidth issues and to working with governments and other stakeholders that lack interest in meaningfully engaging CSOs in the planning and implementation of Gavi Secretariat work.
- **There is difficulty tracking data** on what investment areas are being resourced (advocacy, service delivery, demand generation, technical assistance).
- **Co-ordination and co-operation are often a weak spot for CSOs,** both with the government (including at the state level) and among themselves. Insufficient communication and information exchange among CSOs results in service duplication and neglect of under-served areas.
- **Clear understanding is lacking about which CSOs are active and able to carry out various types of work in key regions in a country.** The lack of databases or mapping of

CSOs within countries can be a bottleneck in the ability of government and EPI to take the first step to engage them.

- **The right CSO is not always chosen for the work.** Key stakeholders such as the government and EPI often choose to work with CSOs that they know, CSOs with long-standing relationships with EPI, or prior recipients of Gavi support.
- **CSOs are not being utilised to the full extent of their expertise.** For example, in FPP applications, CSO engagement was described by some countries for demand generation, advocacy and community engagement; however, it was rarely described as service delivery, driving innovation or providing technical expertise.
- **Available data and information are lacking on how CSOs deliver more equitable interventions** at scale through proven approaches.

4.4 Recommendations

- **Understand and amplify the contributions and impact of CSOs**, and facilitate shared learning and good practices with improved monitoring, evaluation and learning, intentional documentation and cross-country knowledge sharing. *This recommendation is the same as in section 3, as it benefits challenges related to both areas. For the full recommendation, see section 3.*
- **Establish organised co-ordination and representation mechanisms for CSOs to engage in Gavi processes at the country level.**
 - Map existing structures and mechanisms, identify gaps and determine attributes that the country-level representation mechanism should have, and establish contextually relevant co-ordination platforms at the national level.
- **Tailor and target support to key contexts and types of CSOs and communities that require intentional strategies.**
 - Develop institutional strategies for, and strengthen engagement with, communities, community-led organisations, faith-based organisations, youth-based organisations and women's organisations in immunisation programmes.
 - Optimise the engagement approach for fragile and conflict (F/C) and humanitarian settings (and explore extending engagement to countries with protracted armed conflict), for example through a higher risk appetite, greater agility and flexibility of support, and working within the existing significant humanitarian architecture.
 - Explore applying the same operational approaches being used in fragile and conflict (F/C) settings to F/C areas in high-impact countries and in core countries.
- **Develop and implement strategies to enhance collaboration and create alignment among CSOs, the government and EPI at the national and regional levels.**
 - CSOs can be positioned as well placed to support EPI managers, as these managers require assistance in managing their workload, especially with new vaccines being introduced. The Fund Manager can be leveraged for best practices in this regard.
 - CSOs should be supported and encouraged to work closely with the district/provincial government to ensure alignment with government priority areas.

- **Consider ways to encourage Gavi to invest (within and/or beyond the CSCE strategy) in digitalisation and supporting technologies.** These technologies, such as power banks and internet units, can be used to support digital data collection, monitoring, and quality assurance with local CSOs, and in training on how to use relevant digital tools and technologies.
- **Develop simplified, straightforward ways of describing CSO roles within and beyond the three pillars that can be understood at all levels** (from global discussions at the Alliance down to local CSOs).
 - Collaborate with local CSOs to articulate their value-add areas in their own words, rather than top down.
 - Consider changing “demand generation” to “community engagement,” which is a broader term and would encompass the wider range of CSO contributions.
- **Conduct training and awareness raising for Senior Country Managers around what it means to engage civil society.** This includes promoting a greater understanding of why CSOs are useful and what roles they can play, to facilitate a more widespread understanding and buy-in on the CSCE strategy.
- **Map CSOs and/or create a CSO registry.**
 - Work to support and standardise dynamic mappings of CSOs that can be regularly updated and that contain relevant information such as main areas of expertise, specific capacities, or geographical availability, developed by and shared with key partners like governments, Core Partners and EPI. Updates to these mappings are important to verify that the CSOs identified are still active, and also as contexts change due to crises, conflict, outbreaks and more.
 - The request for proposal (RFP) process of identifying partners has introduced some unhealthy competition in the immunisation space. As such, it might be helpful to identify CSOs that have proven track records and that have a good working relationship with the governments supported by Alliance partners. The mapping could take these criteria into account.
- **Understand why there is insufficient political will to strengthen country-level CSO platforms.** **There** has been considerable scepticism from governments on this engagement, so developing a clearer understanding of this and working to address it is key.

5 Key Learnings from Implementing the CSCE Strategy at the Country Level

Despite difficulties with streamlined and consistent data collection, key learnings are emerging from the work implementing the CSCE Strategic Approach at the country level. This includes clear examples of the major ways that CSOs contribute to the goals of the Gavi Alliance.

Learning #1. Delineation Across Country Segments

There is a clear and natural delineation across Gavi country segments – High Impact (HI), Fragile and Conflict (F/C) and Core – regarding the critical roles of CSOs within the health system, their comparative advantages, and how Gavi should strategically engage with civil society and other key local partners.





High-Impact country observations:

- CSOs are crucial for targeting zero-dose and vulnerable communities through demand generation and service delivery, while also filling information gaps and complementing health systems.
- A diverse partner base and the Fund Manager mechanism are key to reaching missed communities.
- The sub-national focus is key to making sure that there is contextualised, tailored support in those regions or even in districts that vary substantially across these large and populous countries.

Figure 6. High-Impact Country CSO Example: SANRU in the DRC

SANRU – Contribute to the reduction of the number of zero-dose children in collaboration with community actors in the DRC



OVERVIEW	PROJECT DESCRIPTION	
 Location DRC	OBJECTIVE	Contribute to a reduction of at least 35% in the rate of zero-dose children in the DRC by end 2025
 Intervention Area Community-level activities	Impact Metric 1: 150,715 Zero-dose children identified	SANRU has contracted CSO sub-grantees in 11 DRC provinces who engage local CSOs and community actors at the health zone, health area and village levels to identify, engage and vaccinate zero-dose and under-immunised children. Integrated throughout this work is a strong awareness of the behavioural and social drivers of vaccination, including an explicit approach to gender and social inclusion.
 Investment Amount \$23.1 million 31% disbursed to date	Impact Metric 2: 115,621 Zero-dose children vaccinated	By August 2024, the project had engaged a network of volunteer groups to deliver household outreach and monitoring, including 51,900 community outreach units and 207,600 community health workers. SANRU sub-grantees have trained 2595 user platforms to identify, engage and promote vaccination of zero-dose and under-immunised children.
 Project Duration Sept 2023 – Dec 2025		

Fragile and Conflict country observations:

- CSOs, including international NGOs, play a vital role in service delivery in F/C settings, leveraging deep community ties and social capital to access hard-to-reach areas.
- The geographic and operational challenges often make support costly, requiring flexible and agile funding to maintain continuity.
- In countries with weak governments or conflict (e.g. Ethiopia, Sudan), CSOs often step in to fill gaps, including challenging legal processes when necessary.

Figure 7. Fragile and Conflict Country CSO Example: IFRC Sudan

IFRC & Mali Red Cross – Ensuring a resilient vaccination system in conflict-affected, last-mile communities



OVERVIEW	PROJECT DESCRIPTION	
Location Mali	OBJECTIVE	Reach zero-dose/under-vaccinated children and COVID-19 high-priority groups (elderly, comorbidities) in last-mile communities isolated from vaccination services
Intervention Area Community-level activities	Impact Metric 1: 18,418 ZD children identified	Volunteers support the Ministry of Health with community level activities in 12 districts. Red Cross volunteers go door to door sensitising communities on vaccination and identifying priority populations for vaccination. The Red Cross supports the Ministry of Health to organise outreach and mobile vaccinations to ensure priority populations are reached.
Investment Amount \$1.4 million	Impact Metric 2: 16,714 ZD children vaccinated	The project has produced 5 spots on routine and COVID-19 vaccination that air in the three languages of the areas of intervention, Bambara, Songhoi, and Tamashek. The spots have been diffused 15,973 times. There have been additionally 32 interactive radio programmes. 369,315 people have been reached by sensitisation activities.
Project Duration Jan – Dec 2024		




Core country observations:

- CSO engagement varies widely across Gavi’s Core countries, making generalisation difficult. The role of CSOs in these countries should be more refined and take country transition into account. To do this, stronger performance-based monitoring and strengthening are needed.
- Community engagement strategies, and the engagement of key actors beyond CSOs, is critical in supporting health systems in these contexts. For example, many of these countries have robust cadres of community healthcare workers, and CSOs can support them with community engagement training.
- Historical dependence or close relationships with governments can make it more challenging to identify and engage CSOs that maintain sufficient independence from the government.

Figure 8. Core Country CSO Example: FOCUS 1000 in Sierra Leone

FOCUS 1000 – Integrated Routine Immunisation: Safeguarding lives through vaccination



OVERVIEW	PROJECT DESCRIPTION
<p> Location Sierra Leone</p> <p> Intervention Area Community-level activities</p> <p> Project Duration Aug 2024 – Dec 2025</p>	<p>OBJECTIVE A reduced number of zero-dose & under-immunised children & communities, increasing the survival rate of children under five.</p> <p>A core part of FOCUS 1000’s success is community engagement through the Kembra Network. This diverse, expansive and influential coalition includes 6,000 religious leaders, 200 churches, 4,000 market women, 10,000 traditional healers, media professionals and 70 media outlets, dynamic youth groups and numerous CSOs. Their extensive reach and influence is spread across every region, district, chiefdom, section and town in Sierra Leone.</p> <p>FOCUS 1000 works on <u>capacity</u>-strengthening. They build the knowledge and skills of health workers, consortium partners, parents, teachers, and community stakeholders. They also advocate for policies, resources, and political commitment to create a balance between demand and supply of essential services and building trust in vaccinations.</p>

Learning #2. CSO Contributions Across the Three Pillars and More

The CSCE framework was designed to help unlock the potential of CSOs to achieve impact primarily across three key areas: advocacy, service delivery and demand generation.¹⁶ While CSOs are contributing significantly to all three, these key areas require further development and expansion.

- It may be clearer and more comprehensive to frame CSOs’ role in demand generation as community engagement. Community engagement encompasses demand generation but is broader and can include the roles that CSOs can play in outbreak prevention and response, introducing new vaccines, supporting community health workers and more.
- CSOs play a crucial role in service delivery, but their contributions in this area are not as clearcut as with demand generation. Within service delivery, CSOs support the process of vaccination in myriad ways, such as transporting vaccines or linking intel on where zero-dose children are to the health facility for targeted service delivery outreach. As such, it may be helpful to say that CSOs “complement” or “facilitate” service delivery.
- While not within the originally outlined three areas of the Strategic Approach, CSOs are playing a key role in collecting data and supporting health information systems. CSOs are identifying zero-dose and under-immunised children and missed communities, verifying or fact-checking existing data and supplementing or filling in the gaps of missing, out-of-date or misleading data. In some cases, CSOs share these data directly with service providers to ensure immediate follow-up, or with the government to collaboratively fill in or update information gaps (see Learning #3 below).

¹⁶ Providing technical assistance to EPI is the fourth area, but it is somewhat distinct from the other three in its scope and focus.

Learning #3. Innovative Methods to Identifying ZD & MC

CSOs are deploying successful and innovative methods to identify zero-dose populations and missed communities. These efforts include:

- **Identifying zero-dose priority areas by geographic site**, because each geographical area has its own unique set of demand-side and supply-side barriers.
- **Triangulating multiple data types** (e.g. demographic, geographic and immunisation data) to obtain clearer, more accurate and granular estimates of locations of zero-dose and under-immunised communities. This includes honing in on **district and micro-level data** such as sub-district and zone level.
 - In Uganda, researchers highlighted Village Health Teams (VHTs) as key players in the identification of zero-dose and under-immunised populations at the community level. Because these teams typically stay with people at the village, they know who is pregnant, who has delivered and who is vaccinated.
- Employing a **process of identification, verification, and then further reanalysis, confirmation and refinement**. For example, many of the research teams started with existing documents and national level data such as DHIS2, analysed secondary data sources to confirm the areas as missed communities, and then further refined or confirmed findings by having study teams visit identified areas to verify the quality of the data.
- **Leveraging women's groups**. Initial findings from a study in Malawi highlight that leveraging women's groups can be successful in helping to identify and reach zero-dose and under-immunised children with vaccination. They can provide information to families about vaccination and opportunities to vaccinate their children and work with district officials and health systems to identify and record zero-dose and under-immunised children within urban communities. The study also found evidence that women were more motivated when they had paid incentives to carry out immunisation-related activities, such as home visits.
- **Using community volunteers (women and leaders) to conduct a house-to-house microcensus** to identify under-two children and their immunisation status.
- Using a **paired approach** for data collection that involves **assigning individuals from the same culture – who share commonalities such as language and education – from the local community to collect the data**. This strategy is aimed at fostering a sense of familiarity and trust between the data collectors and the respondent, thus facilitating a more normalised and comfortable environment for the respondent to share information. By having data collectors who are culturally and linguistically aligned with the community they serve, there is a higher likelihood of effective communication and understanding, which ultimately helped in this regard.
- **Bi-annual or annual identification**. The identification of missed communities is a continuous process, as a community can emerge as a zero-dose area in the future; thus, continually conducting this kind of research on an annual or bi-annual basis is recommended.

Learning #4. CSO Approaches to bringing ZD children and MC into the Health System

CSO approaches are bringing zero-dose children and missed communities into the health system. These efforts include:

- The **“Reaching Every Last Child” strategy**, which uses various community engagement channels such as townhall meetings, involvement of religious leaders, and mothers’ groups to address vaccine hesitancy and improve immunisation coverage.
- **Evidence-based, area-specific interventions.** For example, In Sierra Leone, the CSO FOCUS 1000 uses evidence-based, area-specific interventions, since the needs of individuals vary depending on the geographical location (down to the chiefdom level) and are highly localised and contextualised based on identified barriers (cultural, religious, logistical, physical and more) for zero-dose children on the demand and supply sides. FOCUS 1000 also gives findings back to communities so that they can see areas where they are performing well and areas where they can improve.
- **Human-centred design (HCD)** approaches, such as co-creation workshops in study areas to facilitate area-specific interventions.
- **Microplanning**, a multi-faceted process used to make or update facility and/or district-level maps, identify priority communities, pinpoint barriers to service utilisation, and develop work plans with solutions focused on addressing these barriers. A 2023 Gavi evidence brief identified microplanning as a promising intervention to improve the identification of and reach zero-dose children. Microplanning can be effective because it gathers information at the local level, considers the local context, can be carried out quickly and garners generally high participation among key community stakeholders. A key enabler to microplanning is collaboration with CSOs.
 - In Uganda, using the “Reach Every Child” microplanning tools, a service delivery plan was **revised with support from community health volunteer mobilisers** to better reach zero-dose and under-immunised children living both near and far from health facilities.
 - In Bauchi State, Nigeria, microplans were revised to focus more on zero-dose and under-immunised children by **leveraging women’s collectives and traditional leaders.**
 - **Integration with other services.** Combining vaccination efforts with other essential health and social services can greatly enhance the uptake among communities. By offering a package of interventions – such as malnutrition screening, maternal health check-ups, and distribution of hygiene kits or insecticide-treated nets – programmes can create a more attractive proposition for families. This integrated service delivery model not only maximises the use of limited resources but also addresses multiple health needs simultaneously, making it a compelling reason for caregivers to bring their children for vaccination.

Learning #5. CSO Approaches to Addressing Gender Barriers

CSOs are addressing gender-related barriers to increase immunisation coverage, leveraging multi-sectoral approaches to holistically address issues and structural inequalities that are affecting girls' rights and agency.

For example, two CSOs – the Churches Health Association of Zambia (CHAZ) and the Apostolic Women Empowerment Trust (AWET) – leverage the following gender response and transformative approaches to immunisation programming:

- Conducting cultural sensitivity training to address cultural barriers that may prevent certain genders from accessing immunisation services.
- Providing gender-sensitive vaccination scheduling that considers and responds to women and girls' schedules, responsibilities, security, and other needs and realities.
- Ensuring female representation among immunisation champions from communities such as Behavior Change Facilitators to steward and advocate for immunisations in communities via door-to-door visits for reminders and recall.
- Supporting expecting mothers via services such as an online nurse to register expecting mothers and sending them timely information about their pregnancy until the child is five years old, hence assisting in tracking zero-dose children.
- Supporting parenting clubs to promote positive fatherhood and a better understanding of the vaccinations needed for a child.
- Promoting gender-neutral caregiving norms and challenging stereotypes about masculinity through various community activities conducted, including drama and dialogue sessions.
- Supporting initiatives that empower women to participate in decision-making processes at the household and community levels.
- Implementing comprehensive sexuality education programmes that promote gender-equitable attitudes and that empower adolescents to make informed decisions about their health and relationships (through the agape programme).
- Strengthening collaborations with legal entities (such as legal aid and government line ministries) in advocating for laws and policies that protect adolescents, particularly girls, from gender-based violence and early marriage.
- Strengthening health information systems and tools to capture data on gender, age and other relevant demographics to identify and address gender disparities in immunisation coverage.

Additional examples from other CSOs addressing gender barriers to immunisation include:

- In the DRC, SANRU has developed a comprehensive gender and social inclusion (GESI) approach, including a workplan, KPIs and an interactive "Gender Marker" tool for provincial and local CSOs to assess their project's progress in addressing inequalities based on gender, disability and other social factors.
- In Nigeria, the AFENET and AHBN research team found that 87% of caregivers of zero-dose children were female, and that limited work hours in facilities posed gender barriers for mothers with chores and alternative sources of income. As such, they highlighted a need for "gender-sensitive" vaccination scheduling, and suggested scheduling vaccination days and times to consider gender-related practical issues that can affect a caregiver's availability to visit the hospital.

- In Bangladesh icddr,b, Jhpiego and RedOrange observed that working mothers in urban areas missed routinely scheduled EPI sessions due to their professional commitments and household chores during the daytime. As such, an intervention of a modified EPI schedule was designed for urban areas so that working mothers could more easily attend the sessions.
- In Nigeria, a coalition of women-focused CSOs – Women Advocates for Vaccine Access (WAVA) – has trained the CSOs from 16 states on human papillomavirus (HPV), how to engage with communities to debunk information about the HPV vaccine and how to use social media to create more awareness of the HPV vaccine. WAVA held follow-up community engagement sessions to adopt vaccine champions and to work with men to gain their “consent” on HPV.

6 Conclusion

In the first two and a half years of Gavi's 5.0 strategic period (2021-2025), the Civil Society and Community Engagement (CSCE) strategy has made substantial progress in laying the foundation for enhanced civil society engagement. The CSCE strategy has mobilised dedicated funding and provided other crucial support for civil society organisations, sequentially and strategically at the country level.

Despite the obstacles – such as uneven co-ordination and engagement of CSOs at the country level; weak and inconsistent monitoring systems; and poor communication and visibility of CSO work – there have been tangible and clear critical shifts to realise the CSCE vision. The Alliance is working towards transforming its approach to CSO engagement, moving from viewing CSOs as an isolated partner to integrating them more fully into country-level implementation and providing more opportunities for CSOs to engage at the global level.

This Mid-Term Review proposes two overarching themes and eight recommendations to address the key challenges identified, while leveraging the strengths. These recommendations can serve as the basis for the development of a more comprehensive strategy to ensure that CSOs are able to achieve their full potential to help the Gavi Alliance realise its goals in the 6.0 strategic period (2026-2030). Successful implementation of these recommendations will require sustained resources, strong collaboration, and a culture of partnership across teams at the Gavi Secretariat and among Alliance partners, in order to co-ordinate and drive these recommendations forward into the 6.0 period.

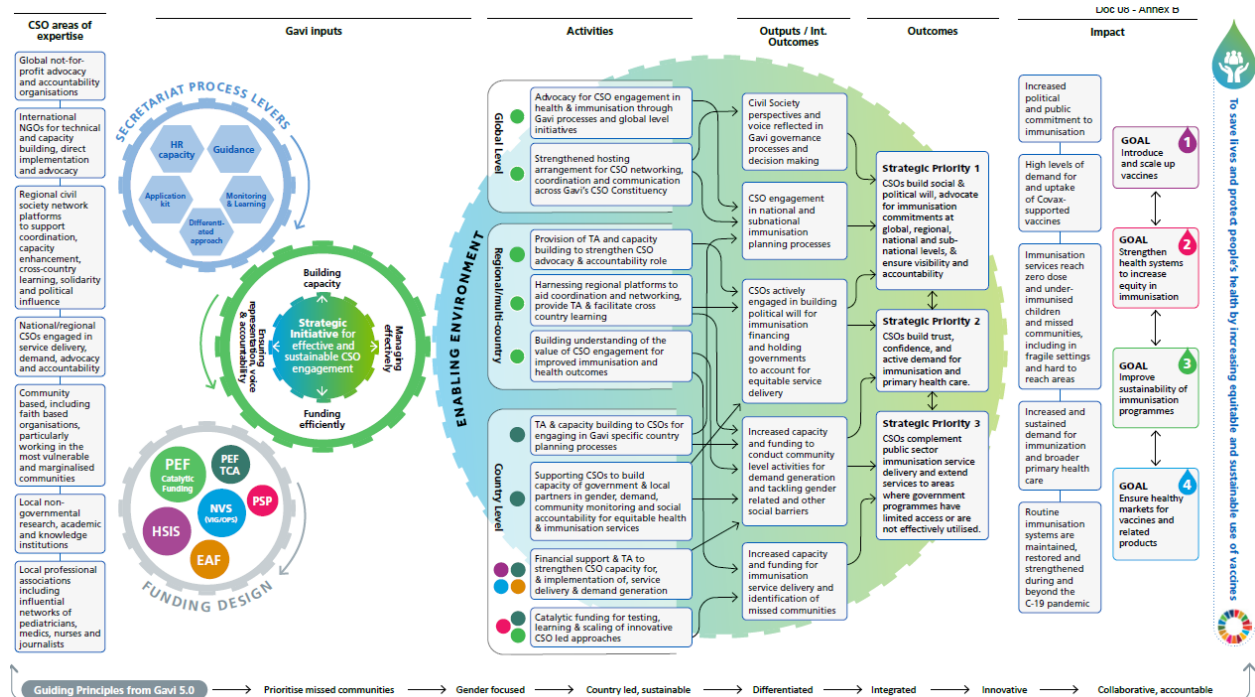
Additionally, these recommendations will need to be strategically prioritised and sequenced to successfully bring about positive change, without drawing on too much capacity and too many resources at once. Two clear recommendations rose to the top as ones that should be addressed immediately to lay the foundation for rapid progress in the 6.0 strategic period: “establish organised co-ordination and representation mechanisms for CSOs to engage in Gavi processes at the country level” and “understand and amplify CSO contributions and impact, and facilitate shared learning and good practices with improved monitoring, evaluation and learning, intentional documentation and cross-country knowledge sharing.”

Key principles at the heart of the Gavi 6.0 strategy speak to the central role of civil society and communities, including the need for immunisation to be community owned, country-led and sustainable. The 6.0 strategy continues to prioritise zero-dose children and missed communities, which not only requires active civil society and community engagement but also strong community ownership. The CSCE strategy in Gavi 6.0 should continue to push the Alliance to engage with the diverse set of civil society and community actors globally, regionally, and in different country settings to harness the full potential of interests, expertise, perspectives and values of civil society and communities.

This Mid-Term Review was facilitated and written by Kati Collective: www.katicollective.com.

Appendix 1. Theory of Change

Figure 9. Theory of Change



Appendix 2. Key Informant Interviews & Consultation Participants Organizations/Affiliations

1. Action Contre la Faim (ROWCA)
2. Africa CDC
3. Afrihealth Optonet Association (AHOA) - CSOs Network and Think-tank
4. Afrivac
5. Amref
6. APARAJEYO-BANGLADESH
7. Bhojpur mahila kala kendra
8. CDC
9. CHAN
10. Churches Health Association of Zambia
11. Dalberg Advisors
12. Dhaka Ahsania Mission
13. Empower Women Foundation
14. FCDO
15. FOCUS 1000
16. Fondation Afrivac
17. FPA India Srinagar
18. Gavi Country Program Staff
19. Gavi Secretariat
20. GHAI
21. Global Citizen
22. Heaven welfare organization
23. HENNET
24. IFRC
25. Inclusive Global Health Institutions Project/ STOPAIDS
26. International Pediatric Association
27. John Snow, Inc
28. Jointed Hands Welfare Organisation
29. MAMTA Health Institute for Mother & Child
30. Mannion Maniels
31. Meningitis Research Foundation
32. Nahla Africa Foundation

33. PATH
34. Project Concern International (PCI) India
35. PSI
36. Public Citizen
37. Radda MCH-FP Centre, Bangladesh
38. Results UK
39. SATHI
40. Save the Children
41. Silver Lining for the Needy Initiative
42. Sydani Group
43. UNICEF
44. University of Southern Denmark
45. USAID
46. Village Reach
47. Vital Pakistan Trust
48. Wellcome
49. West African Institute of Public Health
50. WHO
51. Women Advocates for Vaccine Access
52. Women In Global Health
53. World Vision
54. Wote Youth Development Projects CBO
55. YPSA