

# **Monitoring and Evaluability Study for the GAVI Alliance Support for CSOs**

## **Final Report and Proposed Monitoring & Evaluation Plan**

**Prepared by JSI Evaluation Planning Team  
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## Abbreviations & Acronyms

APR	Annual Progress Report
cMYP	Comprehensive Multi-Year Plan
CM	Community Midwife
CORE Group	Child Survival Collaborations and Resources Group
CSOs	Civil Society Organizations
DPT3	Diphtheria-Pertussis-Tetanus 3 <sup>rd</sup> dose
DRC	Democratic Republic of Congo
EPI	Expanded Program on Immunization
GAVI Alliance	Global Alliance for Vaccines and Immunizations (GAVI) Alliance
GFATM	Global Fund to fight AIDS, Tuberculosis, and Malaria
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HSCC	Health Sector Coordinating Committee
HSS	Health Systems Strengthening
HW	Health Worker
ICC	Interagency Coordinating Committee
IEC	Information, Education and Communication
IMR	Infant Mortality Rate
IRC	Independent Review Committee
JSI	John Snow, Inc.
LHVs	Lady Health Volunteers
LHWs	Lady Health Workers
M&E	Monitoring & Evaluation
MCH	Maternal Child Health
MDG	Millennium Development Goal
MMR	Maternal Mortality Rate
MOH	Ministry of Health
NGO	Non-Governmental Organization
RFP	Request for Proposal
RH	Reproductive Health
SBA	Skilled Birth Attendants
Stop TB	Global plan to stop TB
TA	Technical Assistance
TB	Tuberculosis
ToR	Terms of Reference
TOT	Training of Trainers
U5MR	Under 5 Mortality Rate
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

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## **Executive Summary**

### **Background**

In November 2006, the GAVI Alliance launched a new type of funding: the GAVI Support to Civil Society Organizations (CSOs). This support is designed to help achieve the objectives of a larger and broader type of country support: GAVI's Health Systems Strengthening (HSS) Window. The GAVI Support to CSOs includes two components. Component A, with provision for all GAVI-eligible countries, is designed to strengthen country-specific coordination and representation of CSOs. Component B, with provision for CSO activities in ten pilot countries, provides direct funding to CSOs and is designed to complement HSS proposals and align with comprehensive Multi-Year Plans (cMYP) in the ten pilot countries: Afghanistan, Bolivia, Burundi, Democratic Republic of Congo (DRC), Ethiopia, Georgia, Ghana, Indonesia, Mozambique, and Pakistan. These countries were selected based on several criteria including varying functionality of civil society networks, geographical diversity, and a focus on sub-Saharan Africa. In sum, the GAVI Support to CSOs is designed to encourage greater involvement of CSOs in immunization, child health and HSS, and to develop closer working relationships between the state and civil society in the delivery of health care, particularly immunization.

The GAVI's Support to CSOs will be implemented from November 2007 to October 2009. As of June 2008, members of the GAVI Secretariat and the CSO Task Team had visited most of the pilot countries to introduce Component B funding. Due to delays in receiving and approving country proposals, the Independent Review Committee has recently recommended extending the pilot phase of the GAVI Support to CSOs by one year, thus ending in 2010. In June 2008, the GAVI Board favorably reviewed this recommendation but no decision was made to extend the pilot phase.

### **Monitoring and Evaluability Study and M&E Plan**

The monitoring and evaluability study for the GAVI Support to CSOs and related monitoring and evaluation (M&E) plan are intended to guide the development of a sound and practical approach for measuring the progress and effectiveness of the GAVI Support CSOs, both Component A and Component B. To this end, this document presents the steps undertaken by John Snow, Inc. (JSI) to conduct the monitoring and evaluability study, the findings of this investigation, a discussion of strategic issues that influence M&E planning, and finally the M&E plan itself. The plan contains an overall M&E framework, key M&E questions, data collection methods, data sources, a timeline and budget for implementing the plan, as well as a discussion of managerial, technical and financial resource needs. It is important to note that although data were collected from stakeholders and countries to inform the proposed M&E plan, the monitoring and evaluability study did not assess the progress of the GAVI Support to CSOs to date. This type of analytical review of the CSO support will come from the actives proposed in the M&E plan.

### **Methodology of the Monitoring and Evaluability Study**

In order to meet the monitoring and evaluability study objectives, the JSI Evaluation Planning Team undertook four complementary data collection activities: 1. a document review; 2. a broad stakeholder consultation that included key informant interviews with stakeholders of the GAVI Support to CSOs and with representatives of organizations with experience providing grants to CSOs in the health sector; 3. a working session with the GAVI CSO Task Team and GAVI Secretariat; and 4. an e-survey of country level representatives of governments, GAVI partners, and CSOs involved in the pilot phase. The findings from this extensive literature review and data collection were used to develop a logic model for the GAVI Support to CSOs and the M&E strategy and plan, including the proposed evaluation questions and areas of inquiry.

### **Findings of the Monitoring and Evaluability Study**

Global stakeholders generally expressed positive views about the new GAVI Support to CSOs and the potential role that CSOs could play in health system strengthening and immunization programs. Many respondents felt strongly that stage must be viewed as a pilot, and focus mainly on learning rather than strictly on evaluation. They recommended that the pilot be used to determine whether the GAVI Support to CSOs can be implemented as designed rather than to test whether the support contributes to improving MDG4 and MDG5 and/or national level immunization coverage. Potential obstacles to successful implementation of the GAVI Support to CSOs cited by stakeholders included competition between governments and CSOs for resources, limited technical and managerial capacity of CSOs, and GAVI's reluctance to advocate for CSOs.

Government and agency respondents located in country reiterated the importance of the role CSOs play in serving hard-to-reach populations. Respondents reported that the GAVI Support to CSOs has the potential to

improve CSO accountability and communication while providing opportunities for increased collaboration among CSOs, governments, and donors.

CSO stakeholders at the global and country level emphasized the important, but often overlooked, role that CSOs can play in health system strengthening and in the field of immunization, particularly in “reaching the un-reached.” Concern was expressed over the ability to isolate and measure the contribution of CSOs effectively and the need to streamline funding and programming procedures to encourage CSOs to engage in this new funding type of support.

An electronic survey was sent to representatives of CSOs, governments, and UN agencies in the five countries that have submitted proposals to the GAVI Support to CSOs to date (Afghanistan, DRC, Ethiopia, Indonesia, and Pakistan). The main purpose of the e-survey was to assess the readiness of countries to implement the monitoring and evaluation required for the GAVI Support to CSOs. Ten of the 14 respondents (71%) affirmed that their countries have detailed M&E plans in place for assessing the progress and performance of CSO activities. An overwhelming 86% of respondents cited the need for technical assistance to support the monitoring and evaluation of the GAVI Support to CSOs program. All three groups – CSOs, government, and ICCs – were cited as potential recipients of technical assistance.

Respondents from “Trailblazers,” or organizations with experience working with and funding CSOs, universally valued the participation of CSOs and the role they play in health system support and service delivery. Organizations differed in terms of the extent of technical support they provided to CSO grantees to facilitate efficient and effective use of grant funds. Several of the organizations advocated strongly for the provision of focused capacity building for CSOs throughout the grant life cycle, particularly to strengthen monitoring and evaluation.

### **Critical Issues and Recommendations for M&E of GAVI Support to CSOs**

The following is a brief summary of critical issues related to the design of the GAVI Support to CSOs and recommendations for monitoring and evaluating this support program.

Certain characteristics of the GAVI Support to CSOs suggest that it is necessary to modify overall expectations of what can be achieved in the pilot phase and to extend the timeframe of this funding (and of the M&E plan) to allow adequate time for results to be achieved. These characteristics include:

- The short time frame of implementation
- The slow pace of the proposal, approval, and disbursement process to date
- The limited amount of funding per country
- The lack of precise definitions of outcome measures
- The lack of explicitly stated links between CSO support proposals and desired outcomes of the global support program
- The wide variety of actions proposed to achieve program outcomes
- The variation in the “starting point” among countries with respect to existing government and civil society collaboration and partnership in the health sector
- The limited capacity among governments and CSOs in some countries to implement CSO support.

Based on these characteristics and the analysis of the design of GAVI Support to CSOs, the JSI Evaluation Planning Team makes the following recommendations for the M&E of the GAVI Support to CSOs. These recommendations are spelled out in the M&E plan contained in the document.

The report recommends that GAVI invest in a sound M&E system that will produce the data needed to manage the GAVI Support to CSOs effectively and measure a limited and well-defined set of inputs, processes, and outcomes over the course of four years. It notes that existing data sources prescribed under the GAVI Support to CSOs Guidelines (biannual CSO reporting and annual country reporting) are not sufficient to determine the progress and effectiveness of the GAVI Support to CSOs. Thus, additional efforts are needed to determine country and global level performance of this new country support.

- The M&E plan should focus mainly on learning during the pilot phase. The pilot phase should focus attention on the feasibility and soundness of the design of the support rather than proving the relative contribution of CSOs to immunization programs, child health programs and HSS. GAVI and its

partners should aim to use this pilot period to learn what it would take to move the GAVI Support to CSOs to the next level, using methods such as participatory evaluation and case studies. Country case studies may be very useful in informing the GAVI Board and the wider community about what is possible with government/CSO partnerships under certain funding conditions.

- The M&E plan should introduce steps to measure outcomes with respect to partnership, collaboration, and other variables only if funding levels increase and funding continues in pilot countries at least two years beyond the pilot phase. The M&E plan therefore proposes an outcome evaluation for 2012, following four years of program implementation. A four-year period will provide sufficient time for the program to be established, and for implementation to progress to a degree that program activities could lead to desired outcomes.
- The JSI Evaluation Team also recommends that GAVI avoid conducting a pure impact evaluation of the GAVI Support to CSOs (an evaluation that attempts to measure scientifically the relationship between GAVI Support to CSOs and higher level outcomes such as improved national immunization coverage or health system strengthening). The basis for this recommendation is threefold.
  - First, the logic that links CSO support directly to HSS and immunization coverage is limited at best. There are several interim steps between increased CSO involvement and activity in immunization, child health and HSS, and the achievement of high level results on a national scale.
  - Second, there are several other potential variables that could influence outcomes in these areas. Isolating CSO support from these variables would prove methodologically challenging.
  - Third, the costs associated with attempting an impact evaluation are likely to exceed the benefits to be achieved from producing statistically based findings. Decision makers will be able to use existing or planned quantitative and qualitative data sources (e.g. HSS tracking, HSS evaluation, the CSO process, and outcome evaluations) to describe changes in the role of CSOs, the quality of government and civil society relations, and other outcome indicators without making such major investment in an impact evaluation.
- A related concern is the existing capacity for data collection and strategic use of information at country level to guide the implementation of the GAVI Support to CSOs program and manage M&E. It is recommended that the M&E plan include efforts on the part of GAVI to engage and strengthen country level teams in strategic data management. A strategy is needed that links the GAVI Secretariat, the CSO Task Team, and country level teams in support of local level capacity building in this area.
- Finally, separating the GAVI Support for CSOs from the HSS Funding Window process may create an artificial barrier between the two related funding streams. During the pilot stage, there are benefits to implementing the CSO support separately. However, in the future, it may be advisable to subsume the CSO support under HSS funding directly and collapse the two M&E plans into one. In the interim period, CSO and HSS programming should be closely aligned and the two M&E plans should identify common metrics and data collection activities to avoid duplication and promote synergy of the two investment strategies

### **Proposed M&E Plan**

The proposed M&E plan for the GAVI Support to CSOs is intended to guide the assessment of progress and performance of the entire CSO Support program. The plan includes overall objectives and key M&E questions, a monitoring strategy and an evaluation strategy, a timeline, and management and resource needs. It is expected to be implemented over four years, from October 2008 to October 2012 in two phases. Phase 1, from October 2008 to October 2010, focuses mainly on routine monitoring and processes evaluation to manage and assess the pilot program. Phase 2, from October 2010 to October 2012, builds on the data collected in Phase 1 but seeks to assess overall performance of the CSO support against stated objectives. Phase 2 results in a full program or outcome evaluation. The plan presents estimated costs for the routine monitoring and oversight and process evaluation in Phase 1 (\$890,000 and \$1,360,000 respectively), and the estimated costs associated with the outcome evaluation in Phase 2 (\$3,100,000).

The M&E plan will address four basic monitoring and evaluation questions and several overriding strategic questions.

#### Basic Evaluation Questions

1. Was the rationale for providing support to CSOs sound and appropriate?
2. Was the design of the GAVI Support to CSOs appropriate?
3. Has the GAVI Support to CSOs been implemented effectively and efficiently?
4. Has the GAVI Support to CSOs resulted in the desired outcomes?

#### Strategic Questions

1. How has the global program context influenced the outcomes resulting from the GAVI Support to CSOs at country level?
2. What are the links, if any, between the GAVI Support to CSOs and a) the sustainability of immunization, child health programs, and health system performance at country level and b) progress toward MDG4 and MDG5 at country level?
3. What is the value added from the GAVI Support to CSOs at global and country level?

Specifically, the three components of the proposed M&E plan are:

1. routine monitoring of the GAVI Support to CSOs activity that includes quarterly country consultations to support implementation and learning;
2. a process evaluation that includes: a baseline study to determine the point of comparison for future monitoring and evaluation, a repeat data point at the end of the pilot program to determine whether the pilot program has been implemented as planned and is leading to the desired results, and three in depth participatory country case studies; and,
3. a full program or outcome evaluation after approximately four years of implementation to assess overall performance of the GAVI Support to CSOs at global and country level against its stated objectives and GAVI's strategic interests.

#### **Management of the M&E Plan**

It is recommended that the routine monitoring be managed jointly by the GAVI Secretariat and CSO Task Team with support from two designated M&E consultants. It is proposed that GAVI issue two contracts to conduct the process evaluation and outcome evaluation. In addition, the implementation of the GAVI Support to CSOs M&E plan should be very closely linked to the HSS tracking study and HSS evaluation. All these data collection activities should be complementary and evaluators should seek to avoid duplication of effort and encourage periodic sharing and review of data. Given the demands associated with the CSO M&E plan and other evaluation activities underway at GAVI (e.g. HSS Tracking, HSS Evaluation) it is recommended that GAVI identify a full time evaluation officer to oversee all CSO and HSS monitoring and evaluation activities. In addition, routine monitoring for the GAVI Support to CSOs will require the adaptation or development of a database to house both the qualitative and quantitative information.

# Monitoring and Evaluability Study for the GAVI Alliance Support for CSOs: Final Report and Proposed Monitoring & Evaluation Plan

## Section 1. Purpose of the Monitoring and Evaluability Study and M&E Plan

As stated in the Terms of Reference, the purpose of the Monitoring and Evaluability Study for GAVI Alliance Support for CSOs is to provide GAVI with a suitable monitoring and evaluation framework for its pilot support to CSOs in 10 countries. Study objectives include:

- Propose a suitable monitoring framework for the GAVI support to CSOs in the ten pilot countries, taking into account the evaluation questions that will need answering.
- Identify the key data to be collected for a baseline, the appropriate starting point for a baseline and, if necessary, approached to “reconstruct it
- Identify the evaluation questions.
- Identify the most suitable evaluation approaches.
- Provide cost estimates for the construction of a comprehensive baseline, ongoing monitoring and evaluation studies.
- Provide a strategy for the implementation of the M&E activities.

The monitoring and evaluability study for the GAVI Support to CSOs and related monitoring and evaluation (M&E) plan are thus intended **to guide the development of a sound and practical approach for measuring the progress and effectiveness of the GAVI Alliance Support for CSOs**, both Component A and Component B.<sup>1</sup> It is important to note that although data were collected from stakeholders and countries to inform the proposed M&E plan, the monitoring and evaluability study did not assess the progress of the GAVI Support to CSOs to date. This type of analytical review of CSO support will emerge during implementation of the proposed M&E plan.

### Structure of this Document

This document is divided into seven sections including this introduction (Section 1). Sections 2 through 5 report the methods employed for the monitoring and evaluability study, background on the GAVI Support to CSOs, and findings of the study. Section 5 concludes with observations on the CSO Support design and implementation to date. Section 6 contains specific recommendations to GAVI for next steps in conducting monitoring and evaluation for the CSO Support mechanism. Finally, the proposed M&E Plan for the GAVI Support to CSOs is found in Section 7. The plan contains an overall M&E framework, key M&E questions, data collection methods, data sources, a timeline and budget for implementing the plan, as well as a discussion of managerial, technical and financial resource needs. Supporting documentation is contained in several annexes at the end of the document.

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<sup>1</sup> The original Terms of Reference focused solely on a monitoring and evaluability study and M&E plan for Component B support. However, the GAVI Secretariat requested that this report consider strategies for monitoring and evaluating both Components A and B.

## Section 2. Methodology of the Monitoring and Evaluability Study

In order to meet the study objectives and develop the M&E Plan, the JSI Evaluation Planning Team undertook four complementary data collection activities:

- a document review;
- a broad stakeholder consultation that included key informant interviews with key stakeholders of the GAVI Support to CSOs and representatives of “trailblazers” or organizations with experience providing grants to CSOs in the health sector;
- a working session with the GAVI CSO Task Team and GAVI Secretariat; and
- an e-survey of country level representatives of governments, GAVI partners, and CSOs involved in the pilot phase.

The findings from this extensive literature review and data collection were used to develop a logic model for GAVI Support to CSOs and the M&E strategy and plan, including the proposed evaluation questions and areas of inquiry.

The documents consulted for the study included: background information, official reports and guidelines related to GAVI Support to CSOs and the HSS Funding Window, HSS proposals and reports and CSO proposals for the ten pilot countries (where available), and reports that describe and analyze systems, practices and lessons learned related to CSO involvement in the health sector and the grant programs that support it. A summary of documents reviewed is found in Annex A.

Stakeholder consultation: The JSI Evaluation Planning Team conducted a selective and strategic stakeholder consultation designed to assess and incorporate the views and experiences of three key stakeholder groups for the GAVI Support to CSOs. These groups included: global level stakeholders (representatives of the GAVI Secretariat, GAVI CSO Task Team members, HSS Task Team members, multilateral organizations and donor representatives); governmental and GAVI partner stakeholders at country level (representatives of Ministries of Health (MOH), Health Sector Coordinating Committees (HSCC) (or equivalent), the United Nations Children’s Fund (UNICEF) and the World Health Organization (WHO)); and CSO stakeholders at global and country level. A separate set of interviews was conducted with representatives of “trailblazers,” or organizations with experience working with and funding CSOs in the health sector, such as: the United States Agency for International Development (USAID), the Global Fund for AIDS, TB and Malaria (GFATM), STOP TB, Pact, the CORE Group, and John Snow, Inc. A complete list of people interviewed is found in Annex B. Table 1 summarizes the number of key informant interviews by type of informant.

**Table 1: Number of Key Informants Interviews by Type**

Key Informant Group	n
Global stakeholders	24
Government partners and international partners	8
Civil Society Organization stakeholders	15
Trailblazers	13
<b>Total</b>	<b>60</b>

Standard interview guides were developed, piloted and revised as needed. Final interview guides were adapted to each type of stakeholder. Examples of these guides can be found in Annex C. The majority of the interviews were conducted over the phone, with a select few conducted in person. Questions were open ended to allow for more in depth discussion. Data were captured through notes and qualitatively analyzed for common themes, conflicting views, and lessons learned. A summary of findings of the stakeholder consultation is found Section 5 below.

Following the document review and stakeholder interviews, the JSI Evaluation Planning Team presented a preliminary design of the M&E plan to the GAVI CSO Task Team in Geneva from May 12 – 13, 2008. Comments and suggestions received were incorporated into the design of the M&E plan.

Country level consultation: The final data collection activity involved a brief e-survey of representatives of government, CSO and GAVI partner institutions in countries where CSO funding had been approved or conditionally approved.<sup>2</sup> The survey employed both closed and open ended questions to understand the extent of country preparedness for M&E of the GAVI Support to CSOs and the needs for support in this area of grant

<sup>2</sup> Afghanistan, Pakistan, Ethiopia, DRC and Indonesia

management or program implementation. Data were collected and simple frequencies produced using the web-based Survey Monkey. Results are based on fourteen respondents. The total response rate was 47%.

## 2.1 Data Analysis

All data sources were reviewed and data were analyzed for recurrent themes, detailed recommendations, and to identify issues that were relevant to the monitoring and evaluation of the Support to CSOs. Data were triangulated to strengthen findings and conflicting perceptions were explored and mapped.

## 2.2 Limitations

The study faced a number of challenges and limitations that may impact findings and results. They include:

- At the beginning of the study, GAVI and JSI Team agreed to delay contact with GAVI partners, government representatives and CSOs at country level until the study and M&E planning were well underway. This strategy was intended to lessen the burden on field level partners and focus their input on a draft M&E strategy and plan. Thus, the JSI Evaluation Planning Team did not conduct interviews or solicit information at country level until the end of the data gathering and analysis period. In addition, the evaluation planning team did not make country visits to gather information regarding perceptions of the funding mechanism, readiness to participate in the pilot program, or the current CSO/government partnerships and alignment in immunization and HSS programming. On reflection as the end of the planning exercise, the JSI Team concluded that earlier and more frequent consultation with country level stakeholders would have been beneficial and helped shape the M&E plan to best reflect local needs.
- The JSI Evaluation Planning Team was contracted to conduct this monitoring and evaluability study at the same time as the GAVI Support to CSOs was being rolled out in the pilot countries. While the team has used this to its advantage by studying GAVI and country experience to date,<sup>3</sup> the evaluation plan will not have a “true” baseline (i.e. the pilot phase is already being adapted from its original design to improve implementation). In addition, the pilot phase will continue to evolve. The proposed M&E plan reflects the status of the program as of June 2008. Thus, by the time the M&E plan is launched in October 2008, it may be necessary to adapt it to take into account additional lessons of early program implementation.
- A number of key informants interviewed for this study had limited on-the-ground experience of the role that CSOs currently play in the health sector. Thus, there was a strong sense among these respondents that the information produced from the M&E plan should be used primarily to educate and convince high level decision makers of the value of CSOs rather than to test the feasibility of the design of the GAVI Support to CSOs. The M&E plan presented here seeks to balance these two needs but assumes that the main purpose of studying the GAVI Support to CSOs is to optimize the chances for success of the mechanism in the short term, rather than to prove or disprove the validity of civil society’s role in improving health outcomes in developing countries over time.
- The meetings between the study team and the CSO Steering Committee and staff from the GAVI Secretariat toward the end of the planning process were helpful in addressing outstanding questions and focusing M&E planning activities on GAVI’s priorities and country partner needs. However, initial discussion and planning for executing this scope of work took place through one teleconference with the CSO Steering Committee and teleconferences with the GAVI Secretariat, rather than through person-to-person meetings as originally written in the proposal. The JSI Evaluation Planning Team concluded that all parties would have benefited from earlier face-to-face meetings at the outset to clarify the institutional expectations and needs related to this study and to guide the M&E planning activity.

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<sup>3</sup> Based on trip reports, notes from task team discussions, key informant interviews, and country proposal reviews (see attached bibliography).

## Section 3. Context and Purpose of the GAVI Support to CSOs

### 3.1 A Brief History of GAVI

The GAVI Alliance, launched in 2000 as a public-private partnership, works to save children's lives and protect people's health by increasing access to immunization in poor countries. GAVI's goals are positioned in the broader context of child survival and the fourth Millennium Development Goal (MDG), with a central focus on contributing to the Global Immunization Vision and Strategy goals through supporting immunization and health systems in the poorest countries. GAVI contributes toward reaching the fourth Millennium Development Goal (MDG4) by making advanced vaccine products available in the world's poorest countries and strengthening delivery systems to ensure full benefit to children. MDG4 aims to reduce under-five mortality by two thirds by 2015.

### 3.2 CSO Funding and Health Systems Strengthening

The GAVI Support to CSOs was launched in November 2006. It is designed to help achieve the objectives of a larger and broader type of country-support: GAVI's Health Systems Strengthening (HSS) Window. The HSS mechanism was designed to assist countries in addressing system-wide issues that affect the coverage and quality of essential child and maternal health services, with a principal objective of achieving and sustaining increased immunization coverage. It addresses obstacles to better health system and immunization program performance, ranging from human resource constraints to capacity building, district management, and other system-wide concerns.

By February 2008, the GAVI Board had committed US\$800 million over a five-year period through the HSS funding window to assist countries in overcoming health system weaknesses that hamper long-term increases in immunization coverage.<sup>4</sup> However, the GAVI Board has concluded that funds in addition to HSS funds will be needed in order to achieve and sustain coverage gains. Scaling up health services and mobilizing communities to jointly work with health staff in combating childhood illnesses requires new approaches, including advancing the way public institutions and civil society collaborate.

In order to fully strengthen a country's capacity to deliver immunization and other critical maternal and child health services, GAVI has recognized the role CSOs play in technical assistance (TA), health systems strengthening, immunization programs and mobilizing communities to increase demand. GAVI's November 2006 decision to provide financial support to strengthen CSO involvement in GAVI-eligible countries stems from evidence of CSOs' contribution in other parts of the health sector and evidence that in many countries CSOs are currently not involved in the Interagency Coordinating Committees (ICC)s or as linked with the public sector as they could be in promoting routine immunization or related health systems strengthening.

GAVI's intention is to reach those not yet reached as a key strategy for raising overall coverage. The new CSO catalytic funding mechanism is, in part, an attempt to better involve civil society in this endeavor. A 2008 GAVI presentation entitled "Civil Society: A Key Partner In The Gavi Alliance", quoting a report by Bass (2006), stating that "in many countries 10% to 60% of immunization services are delivered by CSOs, usually in the context of primary health care delivery." It also notes that "CSOs are often able to reach the 'hardest to reach' geographically, socio-economically or culturally, often beyond the reach of direct government service."<sup>5</sup> Of note is that the funding has not been designed to support the creation of new, stand-alone projects, but to build on existing strengths of in-country CSOs to better collaborate with the public sector in the planning and delivery of immunization, child, and other health services.

GAVI's Support to CSOs includes two components:

- Component A: Support to all GAVI-eligible countries (a maximum of \$3,228,938 over two years) is designed to strengthen country-specific coordination and representation of CSOs involved with immunization, child health care and health system strengthening, and enhance civil society representation in the HSCC (or equivalent) and ICC.

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<sup>4</sup> [http://www.gavialliance.org/about/governance/reports/2008\\_02\\_26\\_fund\\_board\\_meeting.php](http://www.gavialliance.org/about/governance/reports/2008_02_26_fund_board_meeting.php)

<sup>5</sup> Powerpoint presentation by Nilgun Aydogan and Robert Steinglass, with reference to slide 6, Bass, May 2006.

- Component B: Support for CSO activities in 10 pilot countries (a maximum of \$21.7 million over two years) is designed to complement implementation of HSS proposals in alignment with comprehensive Multi-Year Plans (cMYP) in the ten pilot countries of Afghanistan, Bolivia, Burundi, Democratic Republic of Congo (DRC), Ethiopia, Georgia, Ghana, Indonesia, Mozambique, and Pakistan. Funding available for each pilot country is based on the absolute numbers of children not immunized with DPT3 and the UN Least Developed Country (LCD) classification as follows:
  - each country is eligible through its CSOs to access \$3 annually for every infant not immunized with DPT3 in a given year, if classified by the UN as an LDC;
  - each country is eligible through its CSOs to access \$1.5 annually for every infant not immunized with DPT3 in a given year, if NOT classified by the UN as an LDC.<sup>6</sup>

Criteria for selecting these pilot countries included the desire to represent a broad range of contexts as well as:

- high numbers of un-immunized children
- varying functionality of civil society network
- geographical diversity
- harmonization with country selections from other global health partnerships
- inclusion of fragile states (3 in the list)
- representation of Francophone countries (2 in the list)
- focus on sub-Saharan Africa (5 in the list)

Thus, the GAVI Support to CSOs is designed to encourage greater involvement of CSOs and to develop closer working relationships between the State and civil society in the delivery of health care, particularly immunization. As stated in the Guidelines (GAVI, 2007), "The aim of the support is to build sustainability at a country level by involving local civil society organizations in the planning and delivery of immunization, child and other health services, and encouraging cooperation and coordination of efforts between the public sector and civil society. Specifically, it is aimed at facilitating:

- a greater understanding of CSOs working in immunization, child health and health system strengthening
- more representative and vocal civil society inputs to national planning and implementation
- stronger capacity at country level to support communities, increase immunization coverage, and deliver immunization, child health care and health system strengthening activities
- increased cooperation and coordination of efforts between the government and civil society.

In addition, the second component, which provides direct support to CSOs in ten pilot countries, is expected to increase access to immunization and other child health care services, contributing to achieving both the GAVI Alliance and the Millennium Development Goals (particularly reducing child mortality (MDG4) and improving maternal health (MDG5))."

### **3.3 Implementation of the GAVI Support to CSOs**

GAVI's Support to CSOs will be implemented from November 2007 to October 2009. The funding was introduced through written guidelines in May 2007 and official announcements. As of June 2008, members of the GAVI Secretariat and the CSO Task Team have visited most of the pilot countries to introduce Component B funding. No similar steps were taken to introduce Component A funding to eligible countries. In order to secure CSO funds, countries eligible for Components A and B must submit a proposal following the guidelines and application process provided by the GAVI Alliance. Each proposal contains objectives, an implementation plan, and proposed responsibilities and steps for managing the program and M&E. Once a country has submitted an application for Component B support, it is reviewed by the Independent Review Committee (IRC) who recommends funding or revision. (A separate mechanism involving the CSO Task team is used to review applications for Component A.) The approval process may result in conditional approval or approval with clarification. Final approval rests with the GAVI Board. Once approved, the next step is for GAVI to disburse funds to country level. CSOs receiving funding are expected to report to the in-country HSCC (or equivalent) every six months and each country is expected to report on CSO support activities in the Annual Progress

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<sup>6</sup> Guidelines for GAVI Alliance CSO Support, p.18. May 2007; <http://www.gavialliance.org/support/how/guidelines/index.php>

Report (APR). At designated points of the CSO pilot phase, the CSO Task Team and the GAVI Secretariat will conduct supervisory visits.

Table 2 summarizes the status of HSS and CSO Components A and B applications for the ten CSO pilot countries as of July 2008.

**Table 2 Application Status of Countries Eligible for Component B CSO Funding**

<b>COUNTRY</b>	<b>HSS APPLICATION STATUS</b>	<b>CSO APPLICATION STATUS</b>
Afghanistan	Approved June 2007	Approved April 2008 with clarifications
Bolivia	Approved April 2008	Applied for Component A in Spanish; was requested to translate into English; scheduled to submit Component B in September 2008
Burundi	Approved February 2007	Planning to submit Components A and B in September 2008
DRC	Approved November 2006	Approved for Components A and B in November 2007
Ethiopia	Approved February 2007	Received conditional approval in April 2008 and will resubmit the conditions in September 2008
Georgia	Approved April 2007 with clarification	Planning to submit Components A and B in September 2008
Ghana	Approved November 2007	Planning to submit Component B in September 2008 Submitted Component A in July 2008.
Indonesia	Approved April 2008	Approved April 2008 with clarifications
Mozambique	Requested to resubmit April 2008	Requested to resubmit
Pakistan	Approved August 2007	Approved April 2008

*Source: Data as of July 2008 based on correspondence with GAVI Secretariat and GAVI Board documents*

Due to delays in receiving and approving country proposals, the IRC has recently recommended extending the pilot phase of the CSO Support program by one year, thus ending in 2010.<sup>7</sup>

<sup>7</sup> GAVI Alliance Board Meeting, June 2008

## Section 4. Logic Models for GAVI CSO Support: Components A and B

A logic model for a program or intervention is often the starting point for developing an M&E plan. The purpose of the proposed logic models is to describe the underlying premises of the GAVI Support to CSOs, the variables that influence its overall effectiveness, and the relationship between these variables. It depicts the theoretical relationship between different elements that influence program performance and the logic that underlies program design. More specifically, the model provides a systematic and visual way to present and share understanding of the relationships among program resources (inputs), program outputs (activities, processes, products) and program results (outcomes and impact). It describes the funding mechanism, what it will do, and how this investment is intended to lead to results.

The JSI Evaluation Planning Team reviewed available documentation that describes GAVI Support to CSOs to develop a logic model for both components. Since many of the logical steps between the inputs, outcomes and expected results of CSO Support were not spelled out precisely in these documents,<sup>8</sup> the study team drew on the findings from the literature review and stakeholder interviews to develop two logic models for GAVI Support to CSOs. This section presents logic models for both components of the GAVI Support to CSOs. These models were used to guide the development of the framework and the plan for monitoring and evaluating the GAVI Support to CSOs.

The first model describes the relationship between the variables that come together to influence the intended outcome and impact of Component A. This support is focused on improving government/CSO relations and collaboration in the areas of immunization, child health, and health system strengthening. In particular, it aims to stimulate stronger CSO representation in multi-partner coordinating groups (HSCC, or equivalent, and ICC) at national and sub-national level, improve coordination among CSOs, and facilitate effective partnerships between CSOs, governments, and multilateral and bilateral agencies. It is available for all GAVI eligible countries.

The second logic model describes the relationship between the variables that come together to influence the intended outcome and impact of Component B CSO funding. This funding is focused on providing direct support for CSO involvement in immunization and other child health interventions through activities including outreach to hard-to-reach populations, technical assistance, and social mobilization. This support is available in the context of a pilot program to ten eligible countries. Since CSO funding programs are country specific, not all elements of the logic model are expected to be found in each country.

### 4.1 Logic Model - GAVI CSO Funding Component A

The logic model for Component A funding presents essential inputs associated with the introduction of the CSO funding mechanism and steps to translate those resources into the intended outcome of Component A funding: greater CSO representation, improved government/CSO collaboration, and greater alignment of CSO activity with government policies in HSS and immunization programming. The different components of the logic model are described below.

#### Inputs

Inputs represent the resources needed to operate the CSO funding pilot phase. They include the design of the funding mechanisms and the documents and communications written to guide countries taking part in the scheme; financial resources provided to countries; management and technical oversight provided by the GAVI Secretariat and CSO Task Team to launch and manage the new funding; and tools provided to assist countries in mapping CSOs and creating CSO databases. Additional resources within countries that may influence the process and outcome of CSO funding include the existing capacity of the national coordination body that will administer the CSO program and existing capacity among CSOs to coordinate efforts and engage as a group with the HSCC (or equivalent) or ICC.

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<sup>8</sup> There was no logic model or conceptual framework presented in the 2007 Guidelines or other project documentation for the GAVI Support to CSOs.

## Outputs

Outputs that emerge from injecting resources include activities undertaken as part of the funding activity and the products of those activities. In Component A, where funds are focused on improving collaboration and representation of CSOs, key activities that will lead to intended results may include one or more of the following:

- CSO mapping, to improve government's understanding of the breadth, focus, and program experience in the CSO community
- Workshops and meetings between the government and the CSO community to introduce the support and begin to share experiences and identify areas for synergy and collaboration
- Capacity building CSO coordination; to enable CSOs to share views and experiences among themselves and communicate these views to the HSCC (or equivalent) or ICC
- Government steps to introduce new mechanisms and procedures to coordinate with CSOs. Designing tools and mechanisms for gathering and sharing CSO experience in immunization programming, child health service delivery, and health system strengthening.

Interim **products** that emerge from investment might include:

- A database of CSOs
- Nomination of CSO representatives or organizations to join coordinating bodies or technical working groups (TWG)
- A strategy for government/CSO collaboration
- New or strengthened entities that coordinate CSOs, represent CSO experience and views, and provide relevant information to government bodies.

## Outcomes

Finally, the inputs and processes noted above are expected to come together to produce certain outcomes in the short- and medium-term. In the case of Component A, short-term outcomes are defined as:

- Increased country level understanding of CSOs' role in immunization and HSS
- Increased CSO representation in HSCC (or equivalent) or ICC.

Medium-term outcomes include:

- Improved partnerships among government, CSOs, and multilateral and bilateral agencies
- Greater alignment of government/CSO activities in health and immunization
- Improved CSO coordination
- Increased CSO contributions to policy and funding decisions

## Impact

Impact represents the ultimate result of GAVI Support to CSOs under Component A that is expected over the long term (five to 10 years). In the logic model, these results include both increased immunization coverage and improved health system performance. Clearly, CSO support alone cannot produce these results. There are several other variables that must work together with CSO support to achieve these goals including GAVI's direct support to CSOs (Component B) and GAVI HSS Window funds. It is not expected that the M&E strategy for assessing GAVI Support to CSOs will measure impact at this level.

## 4.2 Logic Model - GAVI CSO Funding Component B

The second logic model presents essential inputs associated with the introduction of the CSO funding mechanism and steps to translate those resources into the intended outcome of Component B. This Component aims to strengthen partnerships with relevant CSOs and support their activities in order to help the country deliver the cMYP and / or implement the GAVI HSS proposal. The different components of the logic model are described below.

### Inputs

Inputs represent the resources needed to operate the CSO funding pilot phase. They include the design of GAVI's CSO funding mechanism Component B; the documents and communications written to guide countries taking part in the scheme; financial resources provided to countries; and management and technical oversight

provided by the GAVI Secretariat and CSO Task Team to launch and manage the new funding. Additional resources within countries that may influence the process and outcome of CSO funding include the existing capacity of a national coordination body that will administer the CSO program and the existing managerial and technical capacity of CSOs.

## **Outputs**

Outputs that emerge from injecting resources include activities that are part of the funding activity and the products of those activities. In Component B, where funds are focused on providing direct support to CSOs, key activities that will lead to intended results may include those related to managing the funding mechanism itself, such as:

- Release and introduction of GAVI Support to CSOs
- Proposal development, review, and award process
- Disbursement of funds (from GAVI to the country government, and from the government to CSOs)
- Grant management procedures/activities undertaken by CSOs
- Service delivery; outreach to hard-to-reach populations; technical assistance; social mobilization research, monitoring and evaluation; advocacy and lobbying.

Interim **products** that emerge from investment might include:

- A grant management system
- Activity and financial reporting
- Monitoring of CSO activities
- Products from CSO activities, including people trained and services provided.

## **Outcomes**

Finally, the inputs and processes noted above are expected to come together to produce certain outcomes in the short- and medium-term. In the case of Component B, short-term outcomes are defined as:

- Grant management capacity and efficiency;
- Perceived value of GAVI Support to CSOs;
- Capacity to deliver immunization, child health, and HSS services.

Medium-term outcomes include:

- Greater alignment of CSO and government activities in health and immunization;
- Improved partnerships among governments, CSOs, and multilateral and bilateral agencies.

## **Impact**

Impact represents the ultimate result of GAVI Support to CSOs under Component B that is expected over the long term (five to 10 years). In the logic model, these results include both increased immunization coverage and improved health system performance. Clearly, CSO support alone cannot produce these results. There are several other variables that must work together with CSO support to achieve these goals including GAVI support for CSO coordination and representation (Component A) and GAVI HSS Window funds. It is not expected that the M&E strategy for assessing GAVI Support to CSOs will measure impact at this level.

### **4.3 Assumptions and External Factors**

At the base of each model there are boxes referring to key assumptions that underlie the progression from inputs to impact. These assumptions underpin the logic of the model and the potential for success of the CSO funding mechanism. In addition, there are external factors that potentially influence different elements of the logic model, which should be tracked and considered in the course of monitoring and evaluating the CSO funding mechanism. Possible assumptions and external factors are listed below.

## Assumptions

- Countries will apply for CSO funds
- In-country organizations will have the capacity to manage the selection of CSO, develop proposals, and manage the grant process
- Funds will flow from GAVI to national governments and then to CSOs in a timely manner
- The HSS proposals in each country are aligned with the goals of GAVI Support to CSOs
- There will be sufficient time for CSO funds to produce measurable outputs and outcomes during the two-year pilot phase

## External Factors

- GAVI Alliance Guiding Principles of country-driven decision making; alignment with national policies and plans; harmonization of GAVI inputs; focus on sustainability; and adherence to the Paris Declaration on Aid Effectiveness (PDAE)
- Political and economic stability
- Stakeholder expectations related to CSOs' role in improving immunization coverage and health system performance
- National policies and experience related to public-private partnerships

Figure 1: Country Level Logic Model for Funding Component A

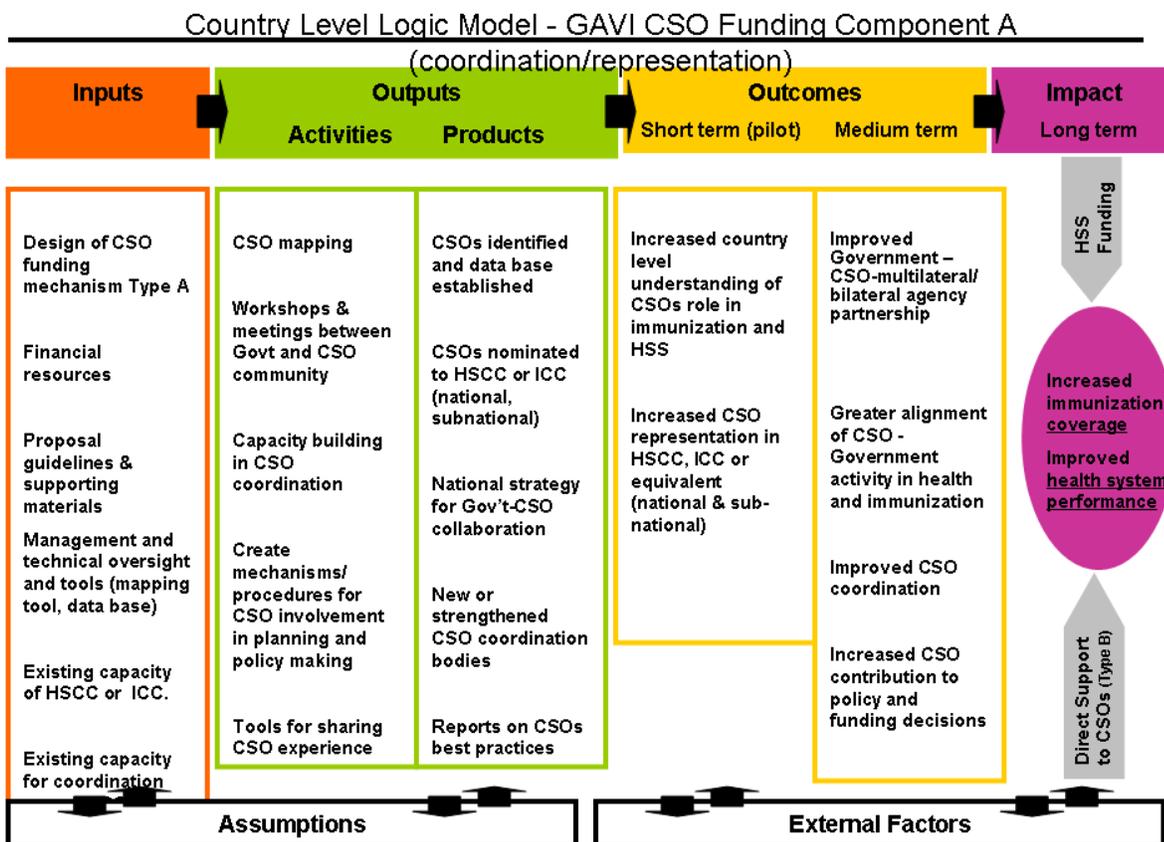
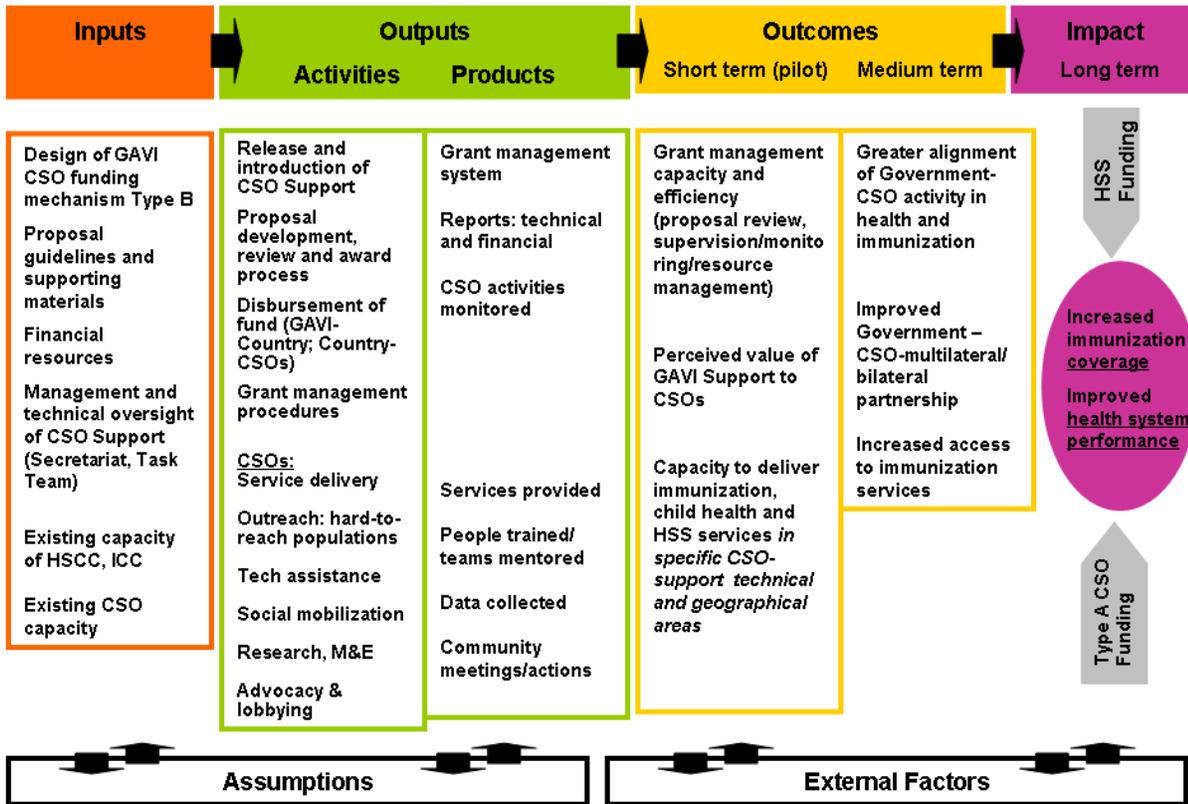


Figure 2: Country Level Logic Model for Funding Component B

Logic Model: GAVI CSO Support Component B (direct support-immunization/child health/HSS)



## Section 5. Findings of the Monitoring and Evaluability Study

This section of the report presents the findings of the study. It focuses on three areas:

- Stakeholder perceptions of the GAVI Support to CSOs and perceived data needs for planning, management and evaluation, and readiness to conduct M&E
- Experience of CSO support and grant-making among Trailblazers;
- Review of the design of the CSO Support and implementation experience to date

### 5.1 Stakeholder Perceptions

#### Global Level Stakeholders

Global stakeholders generally expressed positive views about the new GAVI Support to CSOs and the potential role that CSOs could play in health systems strengthening and improving immunization program performance. A number of respondents, while supportive of the idea of GAVI Support to CSOs, remained skeptical regarding the actual design of this type of GAVI support. Many respondents felt strongly that this stage must be viewed as a pilot, and focus mainly on learning rather than focus strictly on evaluation. They recommended that the pilot be used to determine whether the GAVI Support to CSOs can be implemented as designed rather than to test whether the support contributes to improving national level immunization coverage. Respondents noted that the pilot is both time limited and disbursing small amounts of funding compared to other GAVI funding windows. Thus, time and additional resources will be needed to achieve the goals and measure performance.

Stakeholders also expressed concern over a variety of elements of the design of the Support to CSOs including:

- GAVI support may not provide the best opportunity to demonstrate CSO capacity to contribute to overall GAVI goals;
- GAVI Support to CSOs demonstrates a politically correct step for GAVI but may lack real commitment to engaging CSOs;
- Implementation and monitoring of the GAVI Support to CSOs independent of the HSS program;
- The difficulty of detecting a direct link between CSO support and higher level outcomes;
- Concern that disbursing funds to CSOs poses a fiduciary risk.

Numerous stakeholders noted the need to use the opportunity provided by this support to raise awareness among key decision makers on the important role that CSOs already play in the health sector and could play with respect to immunization. As noted by one respondent, if the GAVI Support to CSOs is implemented well, it could provide the impetus for defining a larger role for CSOs in helping fill gaps in immunization programs and health system performance. In particular, CSOs are critical for serving geographically or culturally hard to reach populations.

Stakeholders also warned of potential obstacles to successful implementation of the GAVI Support to CSOs. They include:

- Potential competition between governments and CSOs for resources;
- The possibility of limited technical and managerial capacity of CSOs and the subsequent need for technical assistance to allow CSOs to maximize the benefits of GAVI support;
- GAVI's reluctance to advocate for CSOs.

Global stakeholder recommendations and advice for the GAVI Support to CSOs and the M&E plan included:

- A case study approach for the pilot phase to illustrate lessons learned in implementing the GAVI Support to CSOs;
- A robust monitoring and reporting system that documents both government and CSO experience;
- M&E that focuses on the funding mechanism itself, paying more attention to the process rather than to the outcome or impact during the pilot phase;
- M&E that includes careful examination of why countries did not apply for funds;
- M&E that includes a study of funding flows, transparency, and speed of funding;

- M&E that eventually examines the added value of the GAVI Support to CSOs and the pros and cons of investing in the public sector alone versus a combined investment in the public and private sectors.

#### Government and GAVI Partners at Country Level

Government and agency respondents based in country reiterated the importance of the role CSOs play in serving hard-to-reach populations. Nevertheless, the majority of respondents expressed concerns about current CSO/government working relationships and the need to improve communication between the two groups. It was observed that CSOs in some countries fail to keep other actors informed of their activities in the field. Limited information sharing between government and CSOs often meant that governments failed to appreciate the role of CSOs in the health sector. Respondents reported that the GAVI Support to CSOs has the potential to improve CSO accountability and communication while providing opportunities for increased collaboration among CSOs, governments, and donors. In relation to health system strengthening, respondents noted that an important benefit of the funding might be an alignment of CSO and government activities.

Specific recommendations from these stakeholders include:

- Country level programs should specify the data to be reported by CSOs to the government. Data should include target groups; targeted coverage levels; immunization coverage reached; capacity building; and other indicators that align with the HSS and cMYP. Clearly, as one respondent noted, there will be no one-size-fits-all set of indicators for this funding, particularly at the outcome level.

#### CSO Stakeholders at Global and Country Level

Similar to the other stakeholder groups, the CSO respondents emphasized the important, but often overlooked, role that CSOs play in health systems strengthening and in the field of immunization in particular. While respondents mentioned a variety of ways that CSOs are or could contribute to improved immunization and health system outcomes, again “reaching the un-reached” emerged as a dominant theme, particularly in post-conflict or geographically challenging settings.

CSO representatives expressed concern regarding the ability of the any evaluation process to measure the contribution of CSOs effectively. Obstacles to successfully implementing the pilot phase relate to:

- The small amount of funding earmarked for CSOs in both Components A and B;
- The inability of the M&E strategy to disaggregate CSO contributions to the program outcomes from that of other entities;
- The potential for poor results in the short term if sights are set too high in the M&E plan;
- The often cumbersome nature of GAVI, government funding, and programming procedures that may deter some CSOs from engaging in this new type of support.

Recommendations from CSO respondents include:

- Distinguish between national and international CSOs when distributing funding and evaluation results. They have different strengths, weaknesses, and capacities;
- Improve transparency, guidance, and clarity of this type of support in order to maximize the number of CSOs that apply for funding;
- Ensure, to the extent possible, that governments and CSOs do not feel they are competing for funding or for earning “credit” for the outcomes achieved. Collaboration should be the cornerstone of this support mechanism;
- The M&E framework should include core indicators for all CSOs, but must be tailored to specific interventions or activities in order to measure CSO contribution effectively. There can be no standard set of indicators that apply to all country programs;
- Include indicators that make the actions of the GAVI Support to CSOs program transparent to all participants, particularly related to funding flows and CSO selection;
- Measurements of representation and involvement of CSOs in decision making bodies should seek to define CSOs more broadly than typical immunization program partners working primarily on the control and elimination of single diseases (e.g., Red Cross and Rotary Foundation);
- The pilot phase should document best practices and lessons learned from CSO and government collaboration rather than attempt to determine if CSOs contributed to reaching high level national indicators.

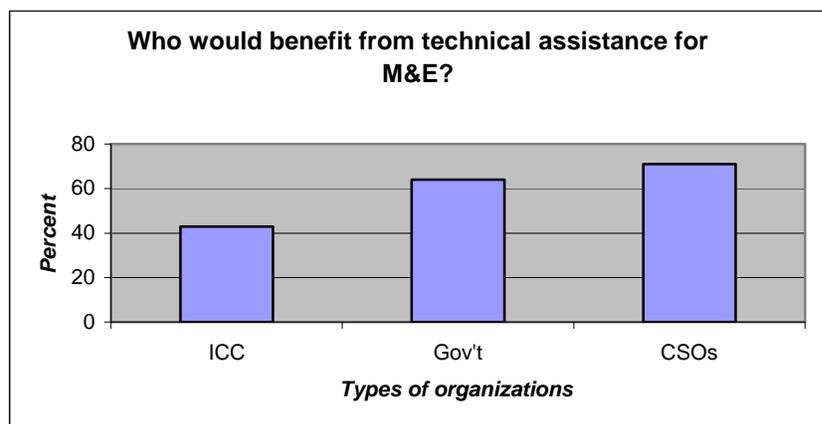
## Country Level E-Survey

An electronic survey was sent to representatives of CSOs, governments, and UN agencies in the five countries that have submitted proposals to the GAVI Support to CSOs to date (Afghanistan, DRC, Ethiopia, Indonesia, and Pakistan). The main purpose of the e-survey was to assess the readiness of countries to implement the monitoring and evaluation required for the GAVI Support to CSOs. Of the 14 total respondents, 57% (8) were from CSOs, 22% (3) from UN agencies, and 22% (3) from government. Many of the respondents (64%) stated that they were members of a coordinating body that makes decisions about the GAVI Support to CSOs funding mechanism in country (HSCC, CCM, etc.) and 93% reported that they will be directly involved with administering, overseeing, or working with planned activities.

Ten of the 14 respondents (71%) affirmed that their countries have detailed M&E plans in place for assessing progress and performance of the CSO activities. Those without M&E plans stated two reasons for the absence of an M&E plan: 1. the M&E plans are in the process of being created, or 2) the Ministry of Health is responsible for coordinating the creation of M&E plans. As illustrated in Figure 3 below, an overwhelming 86% of respondents felt the need for technical assistance to support the monitoring and evaluation of the GAVI Support to CSOs program. Moreover, all three groups – CSOs, government and ICCs – were cited as potential recipients of technical assistance.

**Figure 3: Perceived Benefit from Technical Assistance in M&E**

With respect to the content of M&E plans, respondents were able to name the primary data sources in their M&E plan or framework for the GAVI Support to CSOs activities including: routine administrative reports; CSO monthly reports; and knowledge, attitude, and practice (KAP) surveys. They were also able to report on methods and frequency of data collection planned for the duration of the GAVI Support to CSOs.



Finally, respondents were asked to comment on the quality of guidance received to date related to the GAVI Support to CSOs. On a scale of 1-5, with 1 being "highly unsatisfactory" and 5 being "highly satisfactory," 36% (5) rated their interactions with GAVI headquarters and the overall process of introducing and coordinating the GAVI Support to CSOs with a score of "3", 29% (4) with a score of 4, and 31% (3) with a score of 5. No respondents gave a "highly unsatisfactory" score of "1." Related to this score, respondents offered suggestions for improving the way in which the GAVI Support to CSOs is designed and managed. Advice included providing better guidance and communication directly to CSOs throughout the process, improving the details of funding flows from government to CSOs, and increasing the transparency and timeliness of funding at all levels. The capacity of the government to provide managerial support to CSOs was also raised as an important issue.

## 5.2 Trailblazer Experience in Health Sector

The JSI Evaluation Planning Team collected and analyzed the experience of global public health partners that have worked extensively with CSOs in the health sector. Of particular value were partners with experience managing and monitoring grant programs for CSOs, defining working structures, monitoring frameworks and processes which encourage CSO involvement in health programming, and decision making. The 13 "trailblazer" respondents included representatives from GFATM, USAID Child Survival and Health Grants Program, STOP TB, Pact, the CORE Group, and John Snow, Inc. The findings are presented below.

Respondents universally valued the participation of CSOs in the health sector and the role they play in health system support and health service delivery. While some respondents expressed concerns about the management and technical limitations of some CSOs, they reported that the benefits of working with CSOs

outweighed the common need to build CSO capacity while providing support to CSOs. Most respondents emphasized the valuable niche that CSOs play in reaching the unreached or hard-to-reach in delivering health services and health education. This important extension of services is often at the community level in conflict zones, geographically challenging regions, or areas where minority groups have not opted to use government health services. CSOs can fill in the gaps where government cannot reach and thus play a complementary role.

With respect to monitoring and managing CSO activity, there were clearly two divergent philosophies. On one end of the spectrum, organizations provided a robust structure of support to CSOs from outreach services and procurement support to assistance with implementation, monitoring, and evaluation. This group reported that, in their experience, many CSOs are small, often have high turnover, and may lack capacity. CSO-specific technical and managerial support was seen as a means to optimize investment in the health system and in this key group. For example, the USAID Office of Private and Voluntary Cooperation's Child Survival Grants Program has funded, for approximately 15 years, a project specifically dedicated to building CSO capacity through training, tools, and ad hoc support. The Child Survival Technical Support+ (CSTS+)<sup>9</sup> project works with recipients of USAID child survival grants during every step of the grant life cycle. The project provides support in planning, program and financial management, monitoring, and other specific technical areas of work including child health, immunization, family planning/reproductive health, malaria, HIV/AIDS, and more. The CSTS+ website boasts a host of tools that are supplemented by periodic face-to-face meetings, workshops, and ongoing e-mail communication. USAID relies on CSTS+ to support its grant recipients in setting up tailored M&E plans based upon their areas of work. A visit to the M&E resource center reveals several monitoring tools, such as an M&E checklist, a RAPID catch tool, a lot quality assurance sampling trainer's guide, and sustainability initiative case studies.<sup>10</sup> CSTS+ also facilitates the sharing of experiences and ideas among CSOs through document exchange and support to working groups maintained by the CORE Group<sup>11</sup>.

On the opposite end of the spectrum are CSO support organizations that provide minimal or no support to CSOs beyond grant funding. This group expects CSOs to readily operate on a level playing field with other entities, such as governments and private organizations. Respondents in this group expected that some CSOs might need support or capacity building. However, like all other grant recipients, they felt that CSOs should seek this support from other partners or build specific needs into their proposal.

The experience of the Global Fund to Fight AIDS, Tuberculosis and Malaria falls within these two experience. The Global Fund has funded CSOs throughout its history. CSOs participate actively in the Global Fund's decision making and management and receive grants equal to other entities such as private sector organizations and governments. This year, CSOs have become eligible to serve as GFATM Principle Recipients. In Eastern Europe, CSOs involved in HIV programs managed 60% of all Global Fund grants and 50% of the financial resources. Funds flow directly to CSOs and CSOs are expected to account for these funds in the same way as other recipients. In many cases, funds allocated to CSOs flow more quickly than funds allocated to other recipients.

The June 2007 Global Fund report on participation of civil society<sup>12</sup> provides an overview of the organization's first five years of CSO involvement. It identifies several challenges including lack of CSO capacity. In the past, the Global Fund has not provided tailored support or programs for CSOs or CSO capacity building. However, it has recently added new tools, particularly in the area of M&E, such as an M&E toolkit, a strengthening tool, and top ten indicator cards that will benefit all implementers.<sup>13</sup> It has also introduced a community system strengthening component, which directly channels monies to build the capacity of CSOs working at the community level. Finally, over the last three years, the Global Fund has established a team of eleven professionals to support its work with CSOs and has managed a large data base of CSOs in all recipient countries. In short, the Global has developed its approach to CSOs over time and now sees itself as a catalyst for CSO development.

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<sup>9</sup> <http://www.childsurvival.com/>

<sup>10</sup> [http://www.childsurvival.com/tools/mon\\_eval.cfm](http://www.childsurvival.com/tools/mon_eval.cfm)

<sup>11</sup> <https://www.coregroup.org>

<sup>12</sup> Global Fund to Fight AIDS, Tuberculosis and Malaria (June 2007), <http://www.theglobalfund.org/en/partners/ngo/>.

<sup>13</sup> [http://www.theglobalfund.org/en/performance/monitoring\\_evaluation/](http://www.theglobalfund.org/en/performance/monitoring_evaluation/)

Trailblazers recommendations are as follows:

- GAVI should make CSO capacity building a priority. Monitoring and reporting on capacity building is critical;
- Smaller NGOs have less capacity to manage funding and more complex interventions. At the outset of CSO support, it is better to focus on larger CSOs to ensure good program and financial management;
- A CSO knowledge bank will help improve CSO capacity and learning among CSOs and governments;
- CSOs should participate regularly in the Interagency Coordinating Committee (ICC) national and regional meetings and ICC sub-committees, as appropriate. Many CSOs do not have a national presence; regional ICC meetings are an opportunity for CSOs to coordinate with government and partners, collectively identify gaps, and contribute to the larger context in which they work;
- The GAVI Alliance should support focused interventions to build working relationships between CSOs and governments;
- GAVI should define and communicate clearly its grants management strategy for CSOs so they know what is expected of them and understand what support they can expect;
- GAVI should consider two levels of CSO monitoring: one level that measures accomplishments versus objectives and a second level that illustrates how CSOs link to national policy and performance regarding immunization and HSS.

### Summary of Stakeholder Perceptions and Trailblazer Experience

Figure 4 summarizes all stakeholder views. While stakeholders differed on some issues, there was considerable agreement on many of the opportunities and challenges associated with the GAVI Support to CSOs. These views are summarized below and attributed to each stakeholder group: global level stakeholders, governments, CSOs, and trailblazer organizations.

**Figure 4: Stakeholder Summary of Opportunities and Challenges of GAVI Support to CSOs**

**G** = Government    **GI** = Global    **T** = Trailblazer    **C** = CSO



Many stakeholder views and perceptions were incorporated into the M&E plan. The predominant views include:

- the need for routine monitoring that includes data on financial management;
- the clear recommendation to focus M&E of the pilot phase on the process of establishing and rolling out the GAVI Support to CSO mechanisms rather than attempt to evaluate its links to HSS and health program outcomes;
- the need to educate GAVI and its partners on the role of CSOs in the health sector;
- concerns about the capacity of CSOs, both technical and in M&E, and the corresponding need to offer technical support to both government and CSOs to ensure that CSO support funds are used to greatest effect.

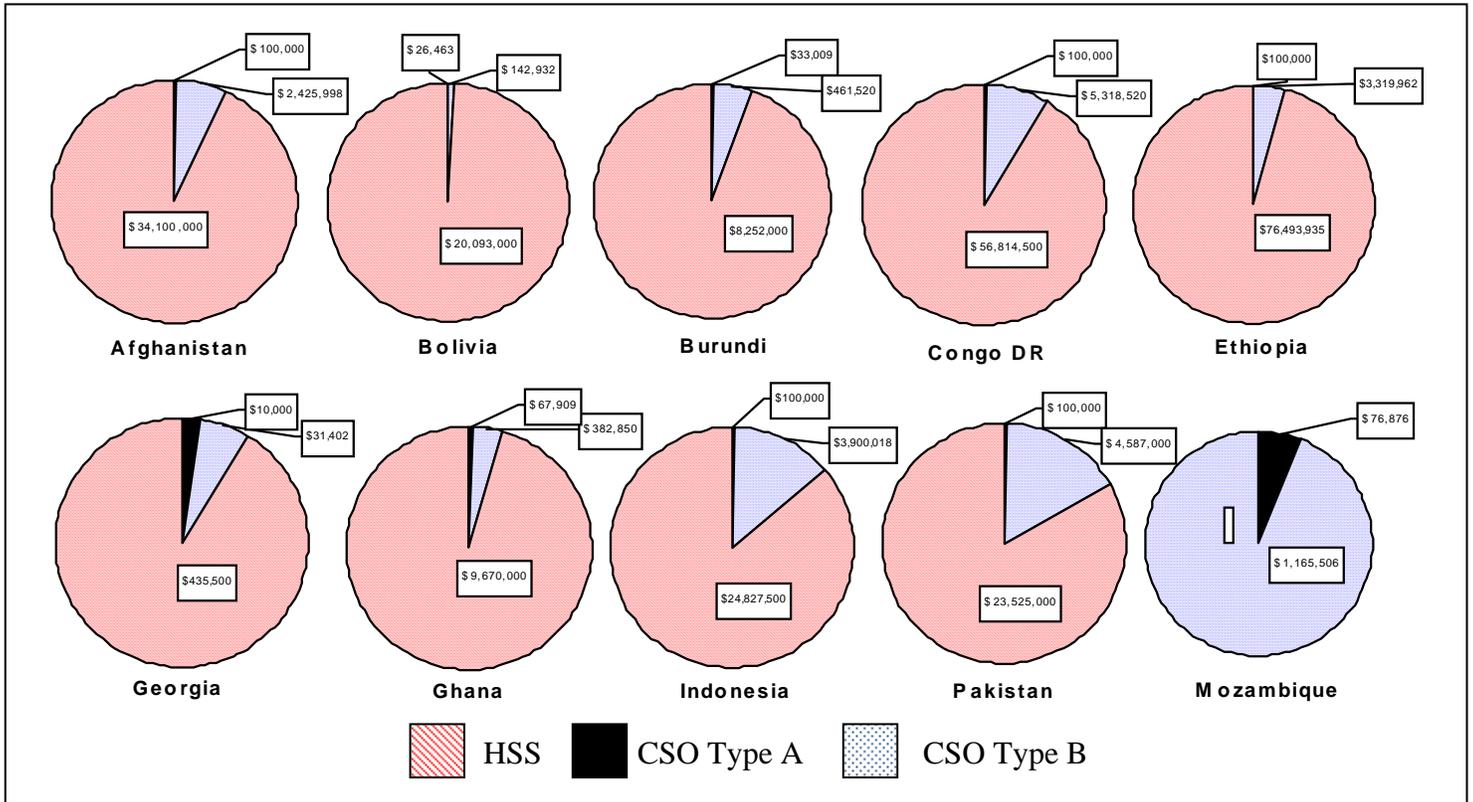
### **5.3 Analysis of the GAVI Support to CSOs and Implementation Experience to Date**

The following section summarizes critical issues related to the design of the GAVI Support to CSOs that influence GAVI's ability to monitor and evaluate this support effectively and efficiently. These observations are based on stakeholder interviews, a review of guidance documents, country proposal documents, and comparisons with the design and experience of other CSO support programs. This analysis is not intended to provide a comprehensive assessment of progress of GAVI Support to CSOs to date. Rather it has been collected for the purpose of designing a robust M&E plan.

It is important to define an M&E plan that will provide sound and useful information on the progress and performance of the GAVI Support to CSOs during the pilot phase. Certain characteristics of the GAVI Support to CSOs as designed suggest that it may be necessary to modify overall expectations of what can be achieved in the pilot phase and to extend the timeframe of this funding (and of the M&E plan) to allow adequate time for results to be achieved. These characteristics include:

- The short time frame of implementation. Potentially only three countries will have annual reports on the GAVI Support to CSOs by Oct. 2009;
- The slow pace of the proposal, approval, and disbursement process to date. By July 2008 only one country had received funding; two might receive funding by January; and others will not have an operational program until the middle of 2009;
- The limited amount of funding available per country. As observed by many respondents, the funds available for CSO support are a small proportion of the overall funds provided for HSS. Figure 5 compares Component A and B funding levels with the total funding levels for HSS funding by pilot country. The relatively small portion of CSO funding may explain why applications for both Component A and B funding are coming in slowly and why many countries have not applied for Component A funds.
- The lack of precise definitions of outcome measures;
- The lack of explicitly stated links between the inputs of the GAVI Support to CSOs and the desired outcomes. This lack of clarity between the inputs and outcome makes it difficult to define the parameters of the monitoring and evaluation plan.
- The wide variety of actions proposed to achieve program outcomes. Country programs that have received approval (e.g., full approval, approval with clarification, or conditions) contain a wide range of possible government and CSO activities, a large number of proposed indicators to monitor the performance of country programs, and variation in the level of performance to be measured (ranging from simple indicators such as numbers of people trained to higher level measures such as immunization coverage). This variation found in country programs is not unexpected, but poses challenges to introducing any standardized performance measures for the GAVI Support to CSOs. By way of illustration, Table 3 compares the CSO activities and indicators across the five countries which have submitted proposals to date.
- The variation in the "starting point" among countries with respect to existing government and civil society collaboration and partnership in the health sector;
- The limited capacity among governments and CSOs in some countries to implement CSO support.

**Figure 5: GAVI CSO Funds as a Portion of HSS Funds in the 10 Pilot Countries**



Source: GAVI, *Guidelines for GAVI Alliance CSO Support: Support to Strengthen the Involvement of Civil Society Organizations in Immunization and Related Health Services (May 2007)*, Interview, Invonne Rizzo, GAVI Secretariat

**Table 3: Comparison of CSO Proposals: Afghanistan, Pakistan, Ethiopia, Indonesia, and DRC.<sup>14</sup>**

	<b>Illustrative CSO Objectives and Activities</b>	<b>Indicators of CSO Performance</b>
<b>Afghanistan</b>	<ul style="list-style-type: none"> <li>• Improving access to services</li> <li>• Improving monitoring and public health management at the periphery</li> <li>• Communication and awareness raising activities improving utilization of health services</li> <li>• Training and retraining</li> <li>• Establishing female local health committees</li> <li>• Improving quality of services (includes tertiary level)</li> <li>• Linkages with female literacy</li> <li>• Increasing # of community health workers (volunteers + “paid”)</li> <li>• Developing health resource centers</li> <li>• Promote supportive supervision (appears to be exclusive to community midwives)</li> </ul>	<ul style="list-style-type: none"> <li>• % of health facilities with at least one female health worker</li> <li>• DPT3 coverage in the targeted areas increased &gt;80%</li> <li>• # of women meeting CME criteria enrolled in new programs</li> <li>• # of new CME program</li> <li>• # of skilled CMW who graduate from program,</li> <li>• # of graduated CMW deployed</li> <li>• # of private providers trained</li> <li>• # of private providers upgraded</li> <li>• # of private sector provision outlets delivering immunization and basic RH services</li> </ul>
<b>DRC</b>	<ul style="list-style-type: none"> <li>• Coordination of CSO</li> <li>• Technical assistance</li> <li>• Logistical and financial support</li> <li>• Social mobilization</li> <li>• Open new sites</li> </ul>	<ul style="list-style-type: none"> <li>• # of microplans</li> <li>• # of motorbikes and bicycles</li> <li>• # of days cold chain is functioning</li> <li>• # of structures with equipment</li> <li>• # of supervision visits</li> <li>• # of monitoring visits.</li> </ul>
<b>Ethiopia</b>	<ul style="list-style-type: none"> <li>• Strengthen and support existing static &amp; outreach immunization service delivery,</li> <li>• Establish mobile immunization service delivery and support</li> <li>• Enhanced routine immunization services</li> <li>• Improve management capacity to deliver services,</li> <li>• Increase participation of all stakeholders to create demand for immunization services</li> <li>• Support social mobilization activities involving school communities</li> <li>• Enable trained clergy to refer eligible mother and children for immunization and other child</li> <li>• Improve EPI coverage by launching four EPI campaigns in targeted districts</li> </ul>	<ul style="list-style-type: none"> <li>• % coverage</li> <li>• # of trained HWs</li> <li>• Increased community awareness of immunization</li> <li>• Rate of decrease in maternal mortality</li> <li>• Rate of decrease in child mortality</li> <li>• # of health facilities providing quality immunization services</li> <li>• # of training sessions conducted</li> <li>• # of trained EPI coordinators trained</li> <li>• # of HWs trained in immunization</li> </ul>
<b>Indonesia</b>	<ul style="list-style-type: none"> <li>• Develop manuals (two) for cadres and PKK MT on EPI, MCH</li> <li>• Orientation for PKK MT on manual at the project trial areas</li> <li>• Retraining for cadres using the manual</li> <li>• Implementation (promote, motivate and mobilize mothers with children)</li> <li>• Develop availability of IEC video instruction materials and IEC materials</li> <li>• TOT and training in immunization</li> <li>• Implementation number of outreach</li> <li>• Basic and final data availability of collection on EPI, MCH</li> </ul>	<ul style="list-style-type: none"> <li>• Availability of modules</li> <li>• Number and level of knowledge</li> <li>• Number, knowledge, and skill of target</li> <li>• Frequency of activities</li> <li>• Coverage of immunization</li> <li>• % district report compared to the expected number</li> <li>• Percent district with adequate cold chain</li> <li>• Percent health center with adequate cold chain</li> <li>• Percent district using ads</li> </ul>
<b>Pakistan</b>	<ul style="list-style-type: none"> <li>• Provision of essential equipment and drugs/supplies to health facilities</li> <li>• Training/skills expansion and diversification of health facility staff</li> <li>• Awareness raising and sensitization campaigns at union council and community levels</li> <li>• Community mobilization</li> <li>• Training and capacity building of community health committees</li> <li>• Strengthening referral systems</li> </ul>	<ul style="list-style-type: none"> <li>• Enhanced DPT3 coverage in project areas</li> <li>• IMR across project communities</li> <li>• MMR across project communities</li> <li>• U5MR across project communities</li> <li>• Increase in number (or %) of LHV, LHWs, and SBAs provided equipment and supplies</li> <li>• Increase in number (or %) of safe deliveries conducted through outreach</li> </ul>

Source: CSO proposals documents for five countries.

<sup>14</sup> HSS and CSO proposals were studied their content mapped to determine: the types of CSO activities proposed and their objectives; the quality of the proposals; the types of CSOs receiving funding; the link between HSS and CSO proposals; and M&E plans and indicators.

## Section 6. Recommendations Related to the M&E of GAVI Support to CSOs

This section contains several recommendations for guiding the M&E of GAVI Support to CSOs. These recommendations are incorporated into the design of the M&E plan in Section 7.

The JSI Evaluation Planning Team makes the following recommendations for to guide the monitoring and evaluation of the GAVI Support to CSOs.

6.1 The JSI Evaluation Planning Team recommends, first and foremost, that GAVI invest in a sound M&E system that focuses on producing the data needed to **manage and refine the pilot phase** of the GAVI Support to CSOs. This system should measure a limited and well-defined set of inputs, processes, and outcomes over the course of four years.

6.1.1 It should be noted that existing data sources described in the GAVI Support to CSOs Guidelines (biannual CSO reporting and annual country reporting) will not be sufficient to determine the progress and effectiveness of the GAVI Support to CSOs and to meet GAVI's data needs, as they are spelled out in the Terms of Reference for this Monitoring and Evaluability Study. Thus, additional efforts are needed to augment the data reported under the cMYP and to determine country and global level performance of this new country level support.

6.1.2 Moreover, the Guidelines and related CSO proposal template suggest an approach to M&E and indicator selection that does not reflect a clear understanding of the role that CSOs are likely to play in countries or their potential contribution to country level programs. For example, the Guidelines state:

*“The purpose of this section is to present the indicators that will be used to monitor performance during the course of the GAVI Alliance CSO support. The indicators in this application should be based on the indicators given in the CSO applications, which should reflect the indicators used in the cMYP and/or GAVI HSS proposal.”*

In practice, the indicators used to measure cMYP and HSS performance measure actions and outcomes at a far higher level than those used to measure performance of CSO activities (i.e., national versus local). CSO performance indicators are likely to reflect a smaller scale of achievement and focus on interim steps taken to improve national level program performance.

6.2 It is recommended that the M&E strategy focus mainly on learning during the pilot phase rather than focus on evaluating the outcome of CSO support. The pilot phase should be used to determine the feasibility and soundness of the design of the GAVI Support to CSOs rather than attempt to prove the relative contribution of CSOs to immunization programs, child health programs and HSS. GAVI and its partners should aim to use this pilot period to learn what it would take to move the GAVI Support to CSOs to the next level, using methods such as participatory evaluation and case studies. Country case studies may be very useful in informing the GAVI Board and the wider community about what is possible with government/CSO partnerships under certain funding conditions.

6.3 The M&E strategy should introduce steps to measure outcomes with respect to partnership, collaboration, and other variables only if funding levels increase and funding continues in pilot countries for at least two years beyond the pilot phase. The M&E plan presented below therefore proposes an outcome evaluation for 2012, following four years of program implementation. A four-year period will provide sufficient time for the program to be established, and for implementation to progress to a level at which program activities could lead to desired outcomes. Furthermore, the JSI Team recommends that GAVI avoid any attempt to conduct a pure impact evaluation of the GAVI Support to CSOs, meaning an evaluation that attempts to measure scientifically the relationship between GAVI Support to CSOs and higher level outcomes such as improved national immunization coverage or health system strengthening. The basis for this recommendation is threefold.

6.3.1 First, the logic that links CSO support to HSS and immunization coverage is weak. There are several interim steps between improved CSO involvement in immunization/child health programming, and HSS and the high level results expected from GAVI support (coverage, mortality).

6.3.2 Second, there are several variables that could and do influence immunization coverage and child health. Isolating the contribution of CSO activities to these high level outcomes would prove methodologically challenging.

6.3.3 Third, the costs associated with conducting this kind of evaluation are likely to exceed the benefits to be achieved from producing such findings. Decision makers will be able to use existing or planned quantitative and qualitative data sources (e.g. HSS tracking, HSS evaluation, the CSO process, and outcome evaluations) to describe changes in the role of CSOs, the quality of government and civil society relations, and other outcome indicators without making a major investment in an impact evaluation.

6.4 A related concern for the M&E strategy is the existing capacity for data collection and strategic use of information at country level to guide the implementation of the GAVI Support to CSOs program. Based on documented capacity gaps and expressed need for assistance among government, partners, and CSOs reported above, it is recommended that the M&E plan include steps to engage and strengthen country level capacity in strategic data management, use of routine monitoring data, and use of the results of the process evaluation to plan beyond the pilot phase. A strategy that links the GAVI Secretariat, CSO Task Team, and country level teams is needed to support local level capacity building in this area. This strategy will improve the chances that countries collect sound data and use these data strategically to manage CSO support and improve overall performance of their CSO Support Programs.

6.5 Finally, it is logical that a national HSS strategy in most countries will include steps to optimize the contribution of all sectors (public, private, and civil society) as well as build the capacity of all actors to contribute to a shared set of health system performance goals. The government's role in this process is to channel the talents and resources available among all actors for greater health outcomes. Thus, as noted by several respondents, separating the GAVI Support for CSOs from the HSS Funding Window process may create an artificial barrier between the two related funding streams. During a pilot stage, there are benefits to implementing the CSO support separately. However, in the future, it may be advisable to subsume the CSO support under HSS funding directly and collapse the two M&E plans into one. In the interim period, CSO and HSS programming should be closely aligned and the two M&E plans should identify common metrics and data collection activities to avoid duplication and promote synergy of the two investment strategies.

## Section 7. Proposed M&E Framework and Plan

This section presents the proposed M&E plan for the GAVI Support to CSOs. This plan serves as a guide for the activities of those people involved in monitoring and evaluating the progress and performance of the GAVI Support to CSOs against its stated objectives. It draws on the analysis above and makes use of the logic models defined for GAVI Support to CSOs, Component A and Component B.

The M&E plan includes:

- overall objectives and key M&E questions,
- a monitoring strategy and an evaluation strategy,
- a timeline, and
- management and resource needs.

The plan is expected to be implemented over four years, from October 2008 to October 2012 in two phases.

**Phase 1**, from October 2008 to October 2010, focuses mainly on routine monitoring and a process evaluation to manage and assess the pilot program.

**Phase 2**, from October 2010 to October 2012, builds on the data collected in Phase 1 but seeks to assess overall performance of the CSO support against stated objectives. Phase 2 results in a full program or outcome evaluation.

The plan presents estimated costs for the Routine Monitoring and Oversight and Process Evaluation in Phase 1 (\$890,000 and \$1,360,000) respectively, and the estimated costs associated with the Outcome Evaluation in Phase 2 (\$3,100,000).

### 7.1 Purpose and Rationale of the M&E Framework and Plan

This plan was written to guide the collection of data for the monitoring and evaluation of the GAVI Support to CSOs. The aim of the M&E plan is to assess the progress and effectiveness of GAVI Support to CSOs, with a particular focus on the ten pilot countries that are eligible for Component B funding. The data produced as a result of M&E activity is expected to inform the planning, management, and funding of the CSO support activity at global and country level while ensuring that relevant information and results are available at appropriate decision points. Intended users of these data include GAVI Board members, the CSO Task Team, the GAVI Secretariat, and GAVI partners in government, multi-lateral and bilateral development agencies, and CSOs at global and country level. There is also interest in the results of the GAVI Support to CSOs among academic organizations and other funders that currently support CSOs in the health sector. In particular, data should inform decisions related to continuation of funding and revision of the funding mechanism, provide lessons learned about the GAVI Support to CSOs, and increase understanding of CSO involvement in immunization, child health, and health system strengthening among GAVI and its partners.

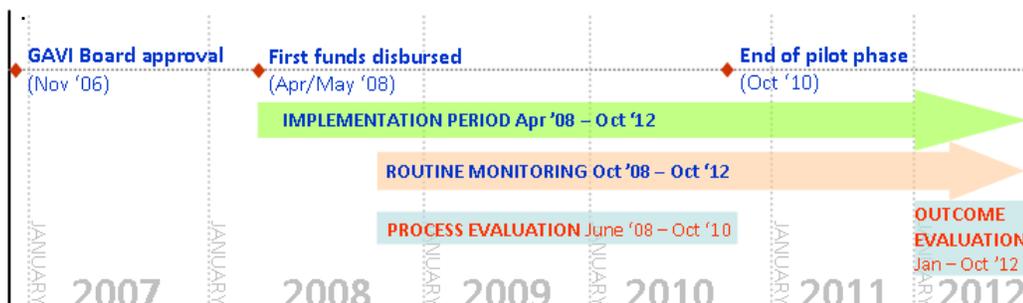
The importance of conducting robust monitoring and evaluation of GAVI Support to CSOs cannot be overestimated. Data are needed both for the purpose of accounting to funders and GAVI partners on the performance of the program, as well as to the public health community (including government, CSOs, and the private sector) on the experience of promoting government and civil society partnerships. The M&E plan will document how resources have been expended to support CSO activities in immunization, child health, health system strengthening, and government/CSO partnerships, and to what effect. Equally important is the need for data to manage the activities of the GAVI Support to CSOs at global and country level. It is necessary to learn from experiences and adapt the program design and activities to ensure maximum benefit to country partners and beneficiaries. In these cases, M&E data serves as a tool to improve the chances of success.

### 7.2 Time Frame

Figure 6 depicts a simple timeline for implementing the M&E plan. A detailed timeline that includes the main implementation steps of the GAVI Support to CSOs and the M&E plan is found below. Given the delay in the implementation of the GAVI Support to CSOs to date, the JSI Evaluation Planning Team supports the IRC's

recommendation to extend the pilot program one year beyond its initial design, to October 2010.<sup>15</sup> The proposed M&E plan will be likewise extended from October 2008 to October 2012. It will cover program activity dating from the initial GAVI Board approval of the GAVI Support to CSOs in November 2006 and extend a full two years following the end of the pilot phase, or 2012.

**Figure 6: Basic Timeline for Implementing the GAVI CSO Support M&E Plan**



### 7.3 Scope of M&E Plan

The objectives of the GAVI Support to CSOs and logic models introduced above were used to define the parameters of this M&E plan (see above). To determine whether GAVI Support to CSOs has achieved these objectives over the two-year pilot period and beyond, the M&E plan will address four basic monitoring and evaluation questions and several overriding strategic questions.

#### Basic Evaluation Questions

1. Was the rationale for providing support to CSOs sound and appropriate with respect to:
  - country level needs
  - overall goals of the GAVI Alliance
  - the plausibility of achieving stated objectives, taking into account:
    - existing knowledge of the role that CSOs currently play in the health sector;
    - GAVI capacity to implement this support;
    - country-level capacity to implement this support and use resources effectively?
    - alternative approaches
2. Was the design of the GAVI Support to CSOs appropriate in terms of:
  - the choice of objectives and
  - the actions or steps proposed for achieving these objectives?
3. Has GAVI Support to CSOs been implemented effectively and efficiently with respect to:
  - governance and oversight (at global and country level);
  - management, financing, and M&E procedures (at global and country level);
  - timelines;
  - fulfillment of roles and responsibilities; and
  - the performance of CSOs in project implementation?

#### Four basic M&E questions

1. Was the rationale for providing support to CSOs sound and appropriate?
2. Was the design of the GAVI Support to CSOs appropriate?
3. Has GAVI Support to CSOs been implemented effectively?
4. Has GAVI Support to CSOs resulted in the desired outcomes?

#### Strategic questions

1. How has the global program context influenced the outcomes resulting from GAVI Support to CSOs at country level?
2. What are the links, if any, between GAVI Support to CSOs and the following:
  - the sustainability of immunization, child health programs, and health system performance at country level?
  - progress toward MDG4 and MDG5 at country level?
3. What is the value added from GAVI Support to CSOs at global and country level?

4. Has GAVI support to CSOs resulted in the desired outcomes? Specifically, has it:

<sup>15</sup> GAVI Alliance Board Meeting, June 2008

- improved understanding of CSOs working in immunization, child health, and health system strengthening (at global and country level);
- increased CSO representation and contribution to and involvement in national planning and implementation at regional and country level;
- increased capacity at country level to support communities, increase immunization coverage, and deliver services and HSS activities;
- increased cooperation and coordination between government and civil society; and
- increased access to immunization and other child health care services?

## Strategic Questions

In addition to these basic M&E questions, the GAVI Alliance seeks information that will help answer several higher level strategic questions, including:

- How has the global program context influenced the outcomes resulting from GAVI Support to CSOs at country level?
- What are the links, if any, between GAVI Support to CSOs and the following:
  - the sustainability of immunization, child health programs, and health system performance at country level?
  - progress toward MDG4 and MDG5 at country level?
- What is the value added from GAVI Support to CSOs at global and country level?

## 7.4 M&E Strategy

The M&E strategy described in this document has three components:

1. Routine monitoring of GAVI support to CSOs activity
2. A process evaluation of the pilot phase of GAVI Support to CSOs that includes:
  - a baseline study to determine the point of comparison for future monitoring and evaluation and;
  - a repeat data point at the end of the pilot program to determine whether the pilot program has been implemented as planned and is leading to the desired results. In the process evaluation, the implementation period to be evaluated will vary from country to country, depending on the date by which initial funding was disbursed and program activities were launched.
  - three in depth participatory country case studies to allow understanding of the implementation of the GAVI Support to CSOs and comparison of this experience among different country settings.
3. A full program or outcome evaluation of GAVI Support to CSOs after approximately four years of implementation to assess overall performance of the GAVI Support to CSOs at global and country level against its stated objectives and GAVI's strategic interests. It is recommended that GAVI proceed with an outcome evaluation only if:
  - GAVI continues to provide support to CSOs in the ten pilot countries beyond the pilot phase to 2012, or countries agree to maintain the activities that were begun with GAVI CSO funding;
  - A sufficient number of the pilot countries continue to implement CSO support activities beyond 2010 to allow adequate time to achieve longer-term changes in government and civil society partnerships and to immunization, child health and health system performance.

At all stages, the proposed M&E plan considers both types of GAVI Support to CSOs: Component A support, which focuses on improving coordination and representation of CSOs in immunization, child health and HSS activity and Component B Support, which provides direct support to CSOs to further the goals of the national HSS plan or cMYP. It is assumed, though not required under the conditions of receiving GAVI Support for CSOs, that both types of support will be implemented together in one country and be mutually reinforcing. For example, it is suggested that a country will use Component A funding to strengthen relations between the public sector and civil society (through mapping, meetings, and other actions) which in turn forms the basis for programs of direct support available under Component B. For this reason, the M&E plan prioritizes data collection in the 10 pilot countries included under Component B but considers both the role of Component A and B where present. A limited and separate set of questions are suggested with respect to routine monitoring of countries awarded Component A funds. The M&E strategy is outlined in Table 4.

**Table 4: M&E Plan Components, Timeframe, Purpose, and Use of Results**

	<b>Component 1: <u>Routine Monitoring of the GAVI Support to CSOs (A and B)</u></b>	<b>Component 2: <u>Baseline and End of Pilot Phase Process Evaluation, the GAVI Support to CSOs (A and B)</u></b>	<b>Component 3: <u>Outcome Evaluation, the GAVI Support to CSOs (A and B)</u></b>
<b>Timeframe</b>	October 2008 – October 2012	Baseline data point (October 2008 – March 2009)  Three country case studies (October 2008 – October 2010)  End of pilot phase data point (June 2010 - October 2010)	January – October 2012
<b>Purpose</b>	Document and assess the processes of establishing and implementing the GAVI Support to CSOs at global and country levels.  Monitor developments in CSO involvement in governance, child health, immunization, and HSS programming at country level	Analyze the progress of GAVI Support to CSOs at global and country level with attention to: program rationale; program design; and program implementation.  Analyze progress against selected intermediate outcomes after 2 years of implementation.	Assess the performance of GAVI Support to CSOs at global level and in selected pilot countries.  Address key strategic questions related to the global program context, country level sustainability, and valued added.
<b>Use of M&amp;E Results</b>	Identify countries in need of additional guidance in implementing the GAVI Support to CSOs and/or clarification of support procedures and requirements.  Revise the GAVI Support to CSOs design, timeframe, and expected outcomes as needed.  Report periodically on progress.	Determine strengths and challenges of implementing GAVI Support to CSOs at global level.  Determine strengths and challenges of implementing the GAVI Support to CSOs in different country settings.  Identify lessons learned/good practices to date and share with countries.  Revise the GAVI Support to CSOs design, timeframe, and expected outcomes as needed.  Decide on continuation in existing countries, expansion to additional countries, extent of expansion, and strategic focus.	Determine the overall effectiveness and efficiency of the GAVI Support to CSOs.  Determine the effectiveness of the GAVI Support to CSOs in different country settings.  Analyze strategic choices available to GAVI with respect to CSO support.  Share lessons learned on CSO involvement with the global community.  Revise the GAVI Support to CSOs design, timeframe, and expected outcomes as needed.

## **7.5 GAVI CSO Routine Monitoring Component**

### **Purpose of Routine Monitoring**

The monitoring component of the M&E strategy is designed to support the basic management of the GAVI Support to CSOs at global level and provide a basis for dialogue with countries to guide the implementation of country level programs. Routine monitoring works alongside the process evaluation to:

- Document and assess the processes of establishing and implementing GAVI Support to CSOs at global and country level;
- Monitor broadly developments in CSO involvement in governance, child health, immunization, and HSS programming at country level

The information produced from routine monitoring will assist the GAVI Secretariat and CSO Task Team to:

- Identify countries in need of additional guidance in implementing the GAVI Support to CSOs and/or clarifying CSO Support procedures and requirements;
- Revise the GAVI Support to CSOs design, timeframe, and expected outcomes as needed
- Report periodically on progress to the GAVI Board and other stakeholders

As such it serves as a critical tool for guiding the GAVI Support to CSOs toward its intended goals.

### **Scope of the Routine Monitoring**

Routine monitoring will take place at global level and country level. It will include data relevant to all countries eligible to receive the GAVI Support to CSOs (Components A and B) with a more detailed focus on the ten pilot countries implementing Component B. Data will be analyzed, aggregated, and documented at the GAVI Secretariat to monitor four basic aspects of the implementation and performance of the GAVI Support to CSOs:

1. The uptake of (or country-level interest in) of GAVI Support to CSOs (Components A and B)
2. The proposal, review, and award process
3. Basic steps related to routine implementation of the GAVI Support to CSOs including funding flows, country level actions related to Components A and B, and routine M&E)
4. Preliminary changes in government and civil society partnerships

Data will be collected and reviewed on a quarterly basis to allow analysis of the progress of the GAVI Support to CSOs: routine reporting to the GAVI Secretariat, GAVI Board and CSO Task Team; and to trigger possible actions by the Secretariat and CSO Task Team to improve implementation, particularly at country level. Routine monitoring will take place over the lifetime of the GAVI Support to CSOs, with a particular focus on the pilot phase (taking into account the proposed extension, which ends October 2010).

### **Areas of Inquiry, Level of Data Collection and Data Sources**

Areas of inquiry, the level of data collection, data sources, and illustrative indicators are summarized for the M&E plan in Table 6 below and can be adapted in consultation with the GAVI Secretariat and CSO Task Team. Data collection to monitor implementation and performance at global level will focus on the process of introducing the GAVI Support to CSOs in country, the proposal review and approval process, financial flows, and oversight provided by GAVI. Data collection to monitor implementation and performance at country level will focus on uptake of the GAVI Support to CSOs, the proposal submission (adherence to procedures and the timeframe), government and CSO partnership activities, implementation of CSO programs, funding flows, and narrative and financial reporting from countries and CSOs. Where appropriate, indicator selection should reflect data already being collected or reported

through other sources such as the APR, the HSS tracking study or the HSS evaluation. In the case of routine monitoring of this new funding program, however, new tools and procedures are likely to be required.

The routine monitoring activities will rely on existing data sources such as country proposals, IRC and Board documents, CSO six-monthly reports, annual progress reports (APR), and reports of country visits. Data will also be collected using a standard checklist to be filled in on a quarterly basis by country-level implementers in consultation with representatives of the GAVI Secretariat or CSO Task Team. The checklist will be used to collect and record basic information about the GAVI Support to CSOs in each country, monitor the implementation process, and highlight problems or lessons from experience. At the end of the pilot phase, the country monitoring checklist will contain a cumulative record of the implementation of the program.

The checklist will serve both as a supervisory and monitoring tool to track progress on basic management indicators, collect qualitative information on the process of implementing the GAVI Support to CSOs, and trigger actions to support effective and efficient implementation of the support. These actions might include the provision of guidance or technical assistance to countries to implement the GAVI Support to CSO activities (mapping, government and civil society coordination, proposal development, grant making, supervision of CSOs, and M&E of the support mechanism). It is recommended that GAVI and the CSO Task Team secure support from the GAVI Board or partners to meet the needs for country level support that are likely to emerge as implementation proceeds. The effectiveness of the checklist should be reviewed at the end of the pilot, and GAVI should consider reducing the reporting frequency to every six months and/or incorporate several of the indicators into the APR.

Finally, it is proposed that the data collected through routine monitoring be stored in a database at the GAVI Secretariat that is specifically designed to support management and technical guidance of the GAVI Support to CSOs mechanism on a country by country basis and allow for the aggregation of key quantitative indicators to facilitate global level program review and reporting.

### Implementation of the Monitoring Component

During the pilot phase, it is proposed that the GAVI Secretariat and the CSO Task Team share responsibility for routine monitoring of the GAVI Support to CSOs. The main tasks focus on data collection, analysis, storage, and using data to take corrective action and share lessons learned as needed. Tasks between these two groups are divided as follows in Table 5:

**Table 5: Responsibilities for Managing the M&E of the GAVI Support to CSOs**

Task	GAVI Secretariat	CSO Task Team
Data collection on global level implementation	X	
Coordination of country level data collection	X	
Country level quarterly consultation	X	X
Country supervisory visits	X	X
Aggregation and analysis of data	X	
Action planning and sharing lessons	X	X
Documentation, reporting, and data storage	X	

However, it is also recommended that every effort should be made to gradually transfer responsibility for routine country-level monitoring to implementers at country level, so that this management and supervision process is incorporated into each country's CSO support program. To enable some countries to take on this new role in coordinating government and CSO activities in the health sector and providing grants to CSOs, it may be necessary to build skills and experience in routine and more complex M&E

processes through technical assistance. As demonstrated by the findings of the country level e-survey reported above, the majority of respondents identified a need for technical assistance to support the M&E of the GAVI Support to CSOs. GAVI and its partners should be prepared to work with countries as needed to build capacity for strategic information and program management during and beyond the pilot phase.

An important role for the GAVI Secretariat and the CSO Task Team is also using the information collected through routine monitoring and the process evaluation to share lessons of experience among different recipients of the GAVI Support to CSOs. The communications team in the GAVI Secretariat is already collecting information from countries on their experiences to date with the CSO support program. As lessons from experience accumulate, it is important to share them among implementers at global and county level to promote learning and improve policy and practice.

## 7.6 GAVI CSO Evaluation Components

The evaluation of the GAVI Support to CSOs is designed to address the four basic monitoring and evaluation questions noted above, including the three strategic questions. The strategy consists of two distinct data collection processes.

1. A process level evaluation which will examine the design, rationale, and implementation process of the GAVI Support to CSOs at the end of the pilot phase; and
2. An outcome level evaluation that will examine the overall performance of the GAVI Support to CSOs.

The process level evaluation will focus on the first three basic evaluation questions to assess the experience of the two-year pilot phase, determine lessons for future programming and recommend steps to improve the design and implementation of the GAVI Support to CSOs as it expands to other countries. The outcome level evaluation will focus on all four basic evaluation questions, focusing particularly on the fourth evaluation question, or the intended goals and objectives of the support. It will also consider strategic issues such as the role of the GAVI Support to CSOs and country-level sustainability, MDG4 and MDG5 trends, and value added of the GAVI Support to CSOs.

For reasons noted above, the M&E plan does **not** recommend that GAVI commission an extensive impact evaluation of the GAVI Support to CSOs (that is, an evaluation that seeks to determine whether changes in health system performance and/or immunization coverage at country level can be attributed scientifically to the GAVI Support to CSOs.) Rather, it suggests that overall trends in health system performance and immunization coverage be examined alongside the performance of the GAVI Support to CSOs to increase understanding of country level changes in health system performance and immunization coverage and the role that GAVI's investment in CSOs may have played in them. These analyses should be augmented with data from the HSS tracking study (in the same countries), the HSS evaluation, and qualitative observations of CSO involvement. Careful review of all these data sources will allow decision makers to draw conclusions about the performance of the GAVI Support to CSOs after four years of implementation and determine its scope, shape, and relevance for the future.

In addition, the M&E plan does not include the use of comparisons or counterfactuals particularly with reference to the Outcome evaluation. The reason for this recommendation is as follows.

- Identifying a basis for comparison for the relative effectiveness and efficiency of GAVI Support to CSOs may be difficult. Ideally, GAVI Support to CSOs could be compared against other programs that support to CSOs, or with countries that received no support for CSOs. However, meaningful comparisons can only be made between these countries or programs when interventions and contexts are similar.

Because of the constraints in identifying sound bases for comparison, the Process and Outcome evaluations will therefore draw heavily on the expert opinions of key stakeholders involved in the development and implementation of GAVI Support to CSOs and of other GAVI Support modalities. It is

acknowledged that these opinions may be, at least partly, subjective. However, it is anticipated that these key stakeholders will provide a rich set of data based on their experiences; the reasoning behind their judgments will be extensively explored through probing and data triangulation.

The richest form of data collection will be the case study visits under the Process evaluation because the evaluation teams and GAVI M&E Officer can discuss and observe GAVI Support to CSOs in practice and explore in far more detail important themes and critical factors that contribute to or prevent success of GAVI Support to CSOs. The case study is, in fact, not a single data collection methodology, but employs several methods including in-depth interviews, program records reviews, financial data reviews, as well as focused studies of CSO activity.

## **Implementation of the Evaluation Strategy**

In order to appropriately and adequately address the basic monitoring and evaluation questions, it is recommended that the process evaluation and the outcome evaluation be managed under two separate contracting mechanisms. The process evaluation will take place over the course of the pilot phase (2008-2010). The outcome evaluation will take place two years after the end of the pilot phase. Each evaluation requires a different set of evaluation skills and experience and will feed into different strategic decisions related to the shape and future of the GAVI Support to CSOs. The process evaluation is aligned closely with the feasibility and management of the GAVI Support to CSOs and focuses on learning from the pilot phase of this funding initiative. The outcome evaluation is aligned closely with strategic questions associated with the relevance of CSO support funding and its ability, as currently designed and implemented, to improve partnership and collaboration among government and civil society as well as to contribute to health system and immunization and child health program performance. The parameters of the two evaluations are discussed separately below.

### **7.6.1 Process Level Evaluation**

#### **Purpose**

The process level evaluation will mainly address the first three basic evaluation questions and collect baseline and intermediate measures for outcome level indicators. The process evaluation will not seek to address fully the outcome level questions because by 2010 the duration of program implementation in each country will have been too limited to expect measurable changes in the outcomes. By the end of the pilot, the duration of actual country level implementation will range from a maximum of two years (in DRC) and may be as short as six months in some countries. The data gathered during the process evaluation are intended to help fulfill the objectives of the pilot phase, that is to determine whether the CSO Support program as designed is relevant, feasible, and implemented effectively. In addition, it is also expected to establish a baseline measurement for an eventual outcome or performance level evaluation which will take place two or more years after the pilot period. Some intermediate outcomes may also be measurable at this stage and could be introduced to the scope of work for the process evaluation if deemed appropriate.

#### **Scope of the Process Evaluation**

The process evaluation will focus on Components A and B of the GAVI Support to CSOs in all ten pilot countries and global level program management of each component. Data collection will take place over two years (2008 – 2010) and involve three distinct data collection activities.

- **Baseline** data will be collected at global and country levels over a five-month period starting in October 2008 in each country and based on the start date of county level program awards. While countries will be at slightly different points in initiating programs during the baseline study, evaluators will be required to define metrics or benchmarks and collect data for all baseline indicators including program outcomes. The study team will employ a standard protocol that defines key areas of inquiry and data collection methods.

- **End of pilot phase** data will be collected from June – October 2010 at global and country level to measure progress against previously collected baseline data, using the standard protocol noted above, and focusing on lessons learned during the pilot phase and focusing on lessons learned during the pilot phase.
- **In depth participatory case studies** will be conducted in a minimum of three of the ten pilot countries to document and analyze the process of implementing the country program for which GAVI CSO support funds were used, and identify lessons learned during the pilot phase. The case studies should employ a participatory approach that engages local level implementers in self-evaluation and learning strategies leading to locally-led problem solving. The study consultant or team will work collaboratively with country level teams of government, CSOs, and agency representatives that are managing the GAVI Support to CSOs program to gather data and define lessons to feed into future programming at global and country level.

## **Sample**

The process evaluation will include all the pilot countries that have been awarded GAVI Support to CSOs funds by March 2009. It is expected that all ten pilot countries will be involved in the study unless countries have opted not to apply for CSO Support funds.

Case study countries will be selected to allow comparisons between countries based on their relative levels of existing CSO involvement in immunization, child health, and HSS activities at the start of the GAVI Support to CSOs and the length of time that they will have been implementing the program. Selection will favor countries with the longest period of implementation and represent a range of existing experience with CSO involvement. Countries like DRC and Afghanistan with a history of government/civil society collaboration rest on one end of the spectrum whereas countries with limited government/civil society collaboration in child health, immunization, and HSS (such as Georgia) rest on the opposite end. The selection process for the case studies will be conducted by reviewing the description of CSO and government alignment in the GAVI Support to CSOs application and through key informant interviews.

## **Areas of Inquiry, Level of Data Collection, and Data Sources**

Areas of inquiry, the level of data collection, data sources, and illustrative indicators are summarized for the M&E plan in Table 6 below and can be adapted as the study design is finalized. The Evaluation Team will finalize a set of basic measures (benchmarks and indicators) for each basic evaluation question and define areas of inquiry as the basis for developing the standard research protocol. These measures will be predominantly qualitative, but quantitative measures should be included where appropriate. Where appropriate, indicator selection should reflect data already being collected or reported through other sources such as the APR, the HSS tracking study or the HSS evaluation.

There are a considerable number of written data sources to consult in addition to introducing primary data collection activities. These written data sources include Component A and B proposals and applications (that contain baseline information on CSO involvement and CSO coordination mechanisms); steps proposed toward sustainability; proposed data sources, indicators, and M&E tools, etc.; CSO six-monthly reports; country annual progress reports, financial reports, and data and reports from routine monitoring of the GAVI Support to CSOs. Primary data collection strategies will be defined by the Evaluation Team selected by GAVI and will include: key informant interviews, focus group discussions, and country-level workshops and working meetings.

## **Implementation and Management**

It is recommended that the GAVI Alliance contract an external organization that specializes in M&E to conduct the process evaluation. This organization should meet the following criteria:

- A strong understanding of GAVI and the immunization and health system strengthening landscape;
- Relevant experience conducting evaluations of global level, multi-country initiatives;

- Demonstrable experience conducting multi-country longitudinal process and program evaluations using basic quantitative and qualitative methods such as case studies, key informant interviews, etc.;
- Demonstrable experience in applying participatory evaluation methods and promoting learning and action through use of data;
- Experience managing country level consultants and contractors; and
- Experience working or partnering with local research organizations in selected countries.

The Evaluation Team will be responsible for the design and implementation of the process evaluation including, but not limited to, the design of evaluation protocols; baseline and follow up data collection, analysis, and reporting; and conducting in depth case studies in selected countries. It is expected that the main Evaluation Team will work with local researchers or research teams in each country to implement the evaluation and case studies.

An M&E specialist at the GAVI Secretariat, along with the CSO Task Team, will oversee the process level evaluation.

### **Products**

The process evaluation will produce the following products:

- A baseline report describing the country situation, indicators and benchmarks for key outcome variables, list of key contacts, and recommendations for follow up evaluation and case study work.
- An end of pilot phase report fully addressing the first three basic evaluation questions, interim measures of benchmarks and indicators for outcome measures, recommendations for the outcome evaluation, and an updated list of contacts. The report should also include recommendations to country and global level implementers based on the study findings.
- Three country case study reports with concise summaries of lessons learned and recommendations to country and global level implementers based on the study findings.

### **7.6.2 Outcome Level Evaluation**

#### **Purpose**

The outcome level evaluation will address all four basic evaluation questions thoroughly, with a particular emphasis on the fourth question that relates to program outcomes at country level. It will also include a focused analysis of the strategic questions noted above that relate to overall program performance after four years of GAVI Support to CSOs.

#### **Assumptions**

This outcome level evaluation is predicated on two assumptions:

1. GAVI will continue to provide support to CSOs in the ten pilot countries beyond the pilot phase to 2012 or countries agree to maintain the activities that were begun with GAVI CSO funding.
2. A sufficient number of the pilot countries will continue to implement CSO support activities to allow adequate time to achieve longer-term changes related to government and civil society partnerships and to immunization, child health and health system performance.

If these assumptions do not hold, GAVI should not proceed with an outcome evaluation.

## **Scope of the Outcome Evaluation**

The outcome evaluation will focus on Components A and B of the GAVI Support to CSOs in all ten pilot countries and global level program management of each component. The evaluation will be implemented from January to October 2012 and include document review, primary data collection, and secondary data analysis. Primary data collection will take place over four months, from June to September 2012 and will involve:

- In depth consultation with global level stakeholders;
- A study of country level program performance using standard indicators and benchmarks linked to the process evaluation measures and including additional metrics to address all outcome and strategic evaluation questions;
- A detailed analysis of existing data and evaluation reports from the CSO baseline study, end of pilot process evaluation, the country case studies conducted as part of the process evaluation, the HSS tracking study (in the same countries), and the HSS evaluation;
- Analysis of overall trends in health system performance and immunization coverage in each country.

Annex E includes a program level evaluation framework for understanding the global context of the GAVI Support to CSOs that may be helpful for guiding exploration of the strategic questions during the outcome evaluation.

## **Sample**

The outcome evaluation will include all the original pilot countries, which:

- have been awarded GAVI CSO support funds by March 2009 and were included in the baseline study, and
- continued to receive GAVI Support for CSOs activities or continued to support CSO activities initiated with GAVI funds for at least a year following the end of the pilot phase in 2010.

The outcome evaluation will also gather data at global level to review the performance of GAVI at global level and its relationship to the overall performance of the CSO support mechanism.

## **Areas of Inquiry, Level of Data Collection, and Data Sources**

Areas of inquiry, the level of data collection, data sources, and illustrative indicators are summarized for the M&E plan in Table 6 below and can be adapted as the study design is finalized. In general, data sources for the outcome evaluation will include extensive document review, key informant interviews at global and country levels, and focus group discussions and participatory workshops at country level. The Evaluation Team selected by GAVI will finalize a set of measures (benchmarks and indicators) for each basic evaluation question, using existing measures from the process evaluation, the HSS tracking study, and HSS evaluation plan and by defining new areas of inquiry to adapt the research protocol to focus more extensively on outcome questions. These measures will include a mixture of quantitative and qualitative data.

Data sources for the outcome evaluation will include a wide range of written documentation on the GAVI Support to CSOs: information from routing monitoring, data and findings of the process evaluation and case studies, routine reporting, etc. Primary data collection strategies will be defined by the Evaluation Team and will include: a survey of the GAVI Support to CSOs global stakeholders, key informant interviews, focus group discussions, and country-level workshops and working meetings.

## **Implementation and Management**

It is recommended that the GAVI Alliance contract an external organization that specializes in program or impact evaluation to conduct the outcome evaluation. This organization should meet the following criteria:

- A strong understanding of GAVI, and the immunization and health system strengthening landscape;
- Relevant experience conducting evaluations of global level, multi-country initiatives;
- Demonstrable experience using quantitative and qualitative data collection methods;
- Experience working or partnering with local research organizations in selected countries;
- Experience managing country level consultants and contractors; and
- Ability to extract appropriate data from existing data sources;

It is possible that the same group could be contracted to conduct both the process and outcome evaluations. However, the skill sets required for each evaluation differ and the time frame between the evaluations is sufficiently long so as to suggest two separate RFPs.

The Evaluation Team will be responsible for the design and implementation of the outcome evaluation including, but not limited to, the design of evaluation protocols, analysis and reporting, and for providing a detailed debriefing workshop in each country for the GAVI Secretariat and partners at global level. It is expected that the main Evaluation Team will work with local researchers or research teams in each country to implement the evaluation and case studies.

The M&E specialist or the GAVI Support to CSOs coordinator at the GAVI Secretariat, along with the CSO Task Team, will oversee the outcome level evaluation.

## **Products**

The outcome evaluation will produce the following products:

- A final report describing the findings of the evaluation and including reference to global and country level results, indicators and benchmarks for key variables, a list of key contacts, and recommendations to country and global level implementers and policy makers on the study findings.
- Country level summary reports for each country in the evaluation.
- Country level workshops to present and discuss findings to country level implementers.

### **7.6.3 Options for Adapting the M&E Strategy**

The M&E strategy proposed above responds to the range of information needs outlined in Terms of Reference for the GAVI Monitoring and Evaluability Study. It is recognized that the plan is extensive and comprehensive, with a timeframe that exceeds the pilot phase by two years. If time or resource constraints require that the M&E plan be modified, the JSI Evaluation Planning team recommends the following options.

- If GAVI Support to CSOs continues beyond the pilot phase, it is possible to conduct the Outcome Evaluation in a limited number of pilot countries. If this strategy is chosen, it is recommended that the countries selected for study reflect a range of experience related to the strength and level of government / CSO partnership and involvement at the beginning of program. The sample should include at least one country where partnership and CSO involvement was limited, at least one country where partnerships and CSO involvement were well established in the field of child health, immunization and at least one country where CSOs provided a large portion of immunization and child health services compared to government.
- A second option for modifying the M&E plan is to limit the extent of technical support and capacity building for M&E and data use proposed, including the role of the two M&E Officers. This role could be transferred to GAVI partners or included in the country proposals that use GAVI funds under Component A.

**Table 6: Propose Areas of Inquiry, Detailed Evaluation Questions, M&E Component, and Illustrative Indicators**

Area of Inquiry	Questions: Global Level	Questions: Country Level	M&E Component
<b>1. Rationale for GAVI Support to CSOs</b> <b>Question: Was the rationale for providing support to CSOs sound and appropriate?</b>			
Responsive to country needs	<p>What evidence indicated that CSO support would be an appropriate intervention in GAVI-eligible countries? (Baseline)</p> <p>After two/four years of intervention, is GAVI Support to CSOs still relevant for GAVI-eligible countries? (End of pilot, Outcome)</p>	<p>Did GAVI-eligible countries have a history of CSO involvement in immunization, child health, and HSS? (Baseline)</p> <p>Was there a demand for support to CSOs? (Baseline)</p> <p>Was there a need expressed for support to develop government/CSO partnerships? (Baseline)</p> <p>How has the demand/need for CSO involvement changed since the program began?</p> <p><i>Indicator: # of CSOs involved in immunization/child health field (baseline, endline, outcome)</i></p>	<p>Process evaluation</p> <p>Outcome evaluation</p>
Alignment with GAVI overall goals	<p>Does the GAVI Support to CSOs as designed align with the goals of the GAVI Alliance?</p> <p>Are the links between improved CSO involvement and action in immunization, child health and HSS and the overall goals of the GAVI Alliance logical and rational?</p>		<p>Process evaluation</p> <p>Outcome evaluation</p>
Plausibility of reaching stated objectives of GAVI Support to CSOs	<p>What is the evidence at global and country level of the benefits for CSO involvement vis-a-vis the goals of the GAVI Alliance?</p> <p>Did GAVI have the necessary organizational capacity to implement the GAVI Support to CSOs?</p> <p>Were there alternative strategies considered to achieve the same results of the GAVI Support to CSOs? Why were they not considered?</p>	<p>Did countries have the necessary capacity to implement the GAVI Support to CSOs?</p>	<p>Process evaluation</p> <p>Outcome evaluation</p>

Area of Inquiry	Questions: Global Level	Questions: Country Level	M&E Component
<b>2. Design of the GAVI Support to CSOs</b> <b>Question: Was the design of the GAVI Support to CSOs appropriate?</b>			
Designing the GAVI Support to CSOs	<p>What steps were undertaken to define the objectives and guidelines for the GAVI Support to CSOs?</p> <p>Who was involved in the process of designing the GAVI Support to CSOs?</p> <p>Is there a strategic framework to support the design choices of the GAVI Support to CSOs?</p> <p><i>Indicator: Y/N: strategic framework used to guide GAVI support to CSOs</i></p>		Process evaluation
GAVI Support to CSOs Guidelines	<p>Are the GAVI Support to CSOs guidelines clear in their intent and the requirements for securing funding? (Baseline)</p> <p>Are the objectives stated in the GAVI Support to CSOs guidelines feasible in the time frame provided? (Baseline, End of pilot)</p> <p>Are the actions proposed in the guidelines logical actions for achieving the stated objectives? (Baseline, End of pilot)</p>	<p>Was the design of Component A feasible for achieving stated objectives at country level? (End of pilot)</p> <p>Was the design of Component B feasible for achieving state objectives at country level? (End of pilot)</p>	Process evaluation
Adherence to guidelines		<p>Did countries that received Component A and Component B funding adhere to the program guidelines during implementation?</p> <p><i>Indicator: % of countries receiving A and B funding adhering to program guidelines</i></p>	Process evaluation
Relevance of design		<p>Did countries that received Component A and Component B funding achieve their stated objectives?</p> <p><i>Indicator: % and # of countries receiving both A and B funding that achieved at least 75% of stated objectives (End of pilot)</i></p> <p><i>If not, what were the main obstacles to achieving objectives?</i></p>	Process evaluation Outcome evaluation

Area of Inquiry	Questions: Global Level	Questions: Country Level	M&E Component
<b>3. Implementation of the GAVI Support to CSOs</b> <b>Question: Has the GAVI Support to CSOs been implemented effectively and efficiently?</b>			
<b>3.1 Introduction to countries</b>			
Introduction of the GAVI Support to CSOs to eligible countries. (Components A and B)	What steps were taken to introduce the GAVI Support to CSOs to countries?  What role did GAVI play in this process (Secretariat, Task Team)?  Was the process of introducing the GAVI Support to CSOs effective?	How did each country interpret and act on the guidelines?  What percentage of eligible countries submitted proposals (Components A and B)?  <i>Indicator: % of eligible countries that submitted proposals (disaggregated by A and B)</i>  Why did countries decide not to submit proposals (Components A and B)?  What percentage of eligible countries submitted both Component A and B proposals?  <i>Indicator: % of eligible countries that submitted both A and B</i>	Routine monitoring  Process evaluation  Outcome evaluation
<b>3.2 Proposal development, review, and approval process</b>			
Proposal development	What percentage of eligible countries submitted proposals (Components A and B)?	Did countries receive guidance to support the proposal process?  <i>Indicator: % of countries that received guidance/TA for proposal process</i>	
Proposal approval process	What was the process at GAVI for review of the GAVI Support to CSOs proposals?  What proportion of country proposals were funded without requiring resubmission?  <i>Indicator: % of countries funded on the basis of first proposal submitted.</i>  What proportion of country proposals were not funded in the first submission, and why?	Was the proposal development transparent, country-driven, systematic, and timely?  Did prospective CSOs receive guidance or technical assistance once proposals were sent back for revision?  What was the process for introducing, soliciting proposals, reviewing, and granting awards for the GAVI Support to CSOs?	Routine monitoring information collected by consultants and through APR report  Process evaluation  Outcome evaluation

Area of Inquiry	Questions: Global Level	Questions: Country Level	M&E Component
	<p><i>Indicator: % of countries whose proposals required resubmission</i></p> <p>What kind of feedback did the review committee provide each country on its proposal?</p>	<p>Did the country conduct a CSO mapping exercise?</p> <p>What technical, financial, or other criteria were defined to guide and review proposals in country?</p> <p>Was capacity built in proposal development?</p> <p>Was capacity built in grant-making and management?</p>	
<p>Proposal quality: Components A and B</p>		<p>Did the Component A proposal designate CSO coordination actions?</p> <p>What types of CSO activities were funded for Component B?</p> <p>Did the proposals include sound M&amp;E plans and indicators?</p> <p>Was the Component B proposal aligned with cMYP and HSS plan?</p> <p>Were the indicators designated to monitor CSO performance in line with the indicators in the cMYP and/or HSS proposals?</p>	<p>Routine monitoring</p> <p>Process evaluation</p>
<p><b>3.2 Oversight and management of the GAVI Support to CSOs</b></p>			
<p>Grant program management and technical assistance</p>	<p>What role does the GAVI Secretariat play in managing the GAVI Support to CSOs? What kind of assistance, if any, was provided to countries to facilitate implementation?</p> <p><i>Indicator: % of countries that received significant support or TA from the GAVI Secretariat or CSO Steering Committee during the pilot phase</i></p> <p><i>Indicator: # of TA visits for CSO support over the life of the grant provided by the GAVI Secretariat, Steering Committee or Consultant (disaggregated by country)</i></p>	<p>What country – level entity was designated to manage CSO grants and liaise with CSOs?</p> <p>Did the organization managing the CSO grants fulfil its role effectively?</p> <p>Did the organization managing the CSO grants receive any technical assistance to support this process?</p> <p><i>Indicator: # of TA events/instances received by country (disaggregated by secretariat supported versus other)</i></p>	<p>Routine monitoring</p> <p>Process evaluation</p>

Area of Inquiry	Questions: Global Level	Questions: Country Level	M&E Component
GAVI country communication and support	<p>What is the frequency of communication between the GAVI Secretariat and countries related to the GAVI Support to CSOs?</p> <p>On what kinds of issues does communication take place?</p>	<p>Are countries satisfied with the support they received for the GAVI Support to CSOs from the GAVI Secretariat?</p> <p>Are countries satisfied with the support they received for the GAVI Support to CSOs from the local GAVI partners?</p> <p>Are CSOs satisfied with the way the GAVI Support to CSOs program was managed?</p> <p><i>Indicator: % of countries that report satisfaction with GAVI support to CSOs</i></p> <p><i>Indicator: % of CSOs that report satisfaction with overall management of the GAVI Support to CSOs/country level</i></p>	<p>Routine monitoring</p> <p>Process evaluation</p> <p>Outcome evaluation</p>
<b>3.3 Finance and accounting procedures</b>			
Channeling funds	<p>What role does the GAVI Secretariat play in channelling funds to countries for the GAVI Support to CSOs?</p> <p>How are the funds disbursed to countries?</p> <p>What audit or quality assurance procedures are applied to the GAVI Support to CSOs' financial reports?</p> <p><i>Indicator: Y/N: evidence of application of audit or financial quality assurance procedures</i></p>	<p>What organization or process was designated to channel GAVI Support to CSOs funds?</p> <p>Were funds released to CSOs in a timely way?</p> <p><i>Indicator: % of countries that receive funds from GAVI in a timely manner</i></p> <p>How are funds disbursed to CSOs particularly at sub-national level?</p> <p>What degree of transparency of funding from GAVI to countries to CSOs exists or is perceived?</p>	<p>Routine monitoring</p> <p>Process evaluation</p> <p>Outcome evaluation</p>
Timely flow of resources	<p>Were funds disbursed to countries in a timely way?</p> <p>What is the average time between proposal approval and disbursement?</p> <p><i>Indicator: time between GAVI approval and disbursement of funds to country (compare over time to measure disbursement lag)</i></p>	<p>What was the interval from receipt of funds by the government to the disbursement to CSO?</p> <p><i>Indicator: See above</i></p> <p>Were CSO partners satisfied with the rate at which financial resources were disbursed?</p>	<p>Routine monitoring</p> <p>Process evaluation</p>



Area of Inquiry	Questions: Global Level	Questions: Country Level	M&E Component
		<p><i>Indicator: Y/N: data quality determined adequate (each country to set up own system of determine data quality)</i></p> <p>Was reported data be used to manage the GAVI Support to CSOs program?</p> <p><i>Indicator: # of instances where CSO program used reported data for programmatic decision making</i></p>	
<b>3.5 Country level activities</b>			
Government actions to improve collaboration and involvement	<p>What mechanisms and procedures were established to increase CSO involvement in decision making and programming?</p> <p><i>Indicator: % of countries that introduced new or strengthened existing mechanisms and procedures to establish/ increase CSO involvement</i></p>	<p><i>Indicator: # of meetings in which CSOs and government parties attend (by level) ICC/IACC/HSCC, etc...</i></p>	<p>Routine monitoring</p> <p>Process evaluation</p> <p>Outcome evaluation</p>
CSO actions		<p>What activities did CSOs undertake in immunization, child health, and HSS programming?</p> <p>How did the role of CSOs change?</p> <p><i>Indicator: # of CSOs involved in immunization/child health decision making in project area at baseline versus end of pilot/outcome</i></p>	<p>Routine monitoring</p> <p>Process evaluation</p> <p>Outcome evaluation</p>
<b>4. Overall performance of the GAVI Support to CSOs</b>			
<b>Question: Has GAVI support to CSOs resulted in the desired outcomes?</b>			
General	<p>Was the time frame sufficient to expect to see changes in CSO involvement or contribution to achieving HSS and immunization program objectives?</p> <p>Were CSO funds focused on the right activities to enable CSOs to contribute to achieving HSS and immunization program objectives?</p>	<p><i>Indicator: % of countries who met at least 75% of stated targets</i></p>	<p>Process evaluation</p> <p>Outcome evaluation</p>

Area of Inquiry	Questions: Global Level	Questions: Country Level	M&E Component
	<p>Were the total amount of funds allocated to the GAVI Support to CSOs sufficient to increase CSO involvement and CSO contribution to achieving HSS and immunization program objectives?</p>		
<p>Understanding of CSOs</p>	<p>Did awareness of the role of CSOs in the health sector increase among global level GAVI actors?</p>	<p>Did awareness of the role of CSOs increase at country level?</p> <p><i>Indicator: % of government official who have favorable perceptions of the role of CSO in immunization/child health (GAVI to determine frequency and appropriate indicator)</i></p>	<p>Process evaluation</p> <p>Outcome evaluation</p>
<p>CSO representation and contribution to and involvement in national planning and implementation</p>		<p>Did CSO representation in national and sub-national groups increase?</p> <p><i>Indicator: % of national and sub-national meetings attended by CSO representatives (ICC/IACC/HSCC, etc.)</i></p> <p>Does government now continue to support CSO involvement in national planning and implementation?</p> <p><i>Indicator: Examples of continuity of support to CSOs by government and partners.</i></p> <p>Do HSS proposals define a long-term role for CSO?</p> <p><i>Indicator: % and # of HSS proposals with clear role for CSO involvement</i></p>	<p>Routine monitoring</p> <p>Process evaluation</p> <p>Outcome evaluation</p>
<p>Uptake and perceptions of the GAVI Support to CSOs</p>	<p>What was the overall uptake of CSO funding during the pilot, by Component A and Component B?</p> <p><i>Indicator: % of eligible countries that applied for Component A funding</i>  <i>% of eligible countries that applied for Component B funding</i></p> <p>If countries chose not to secure GAVI</p>		<p>Routine monitoring</p> <p>Process evaluation</p> <p>Outcome evaluation</p>

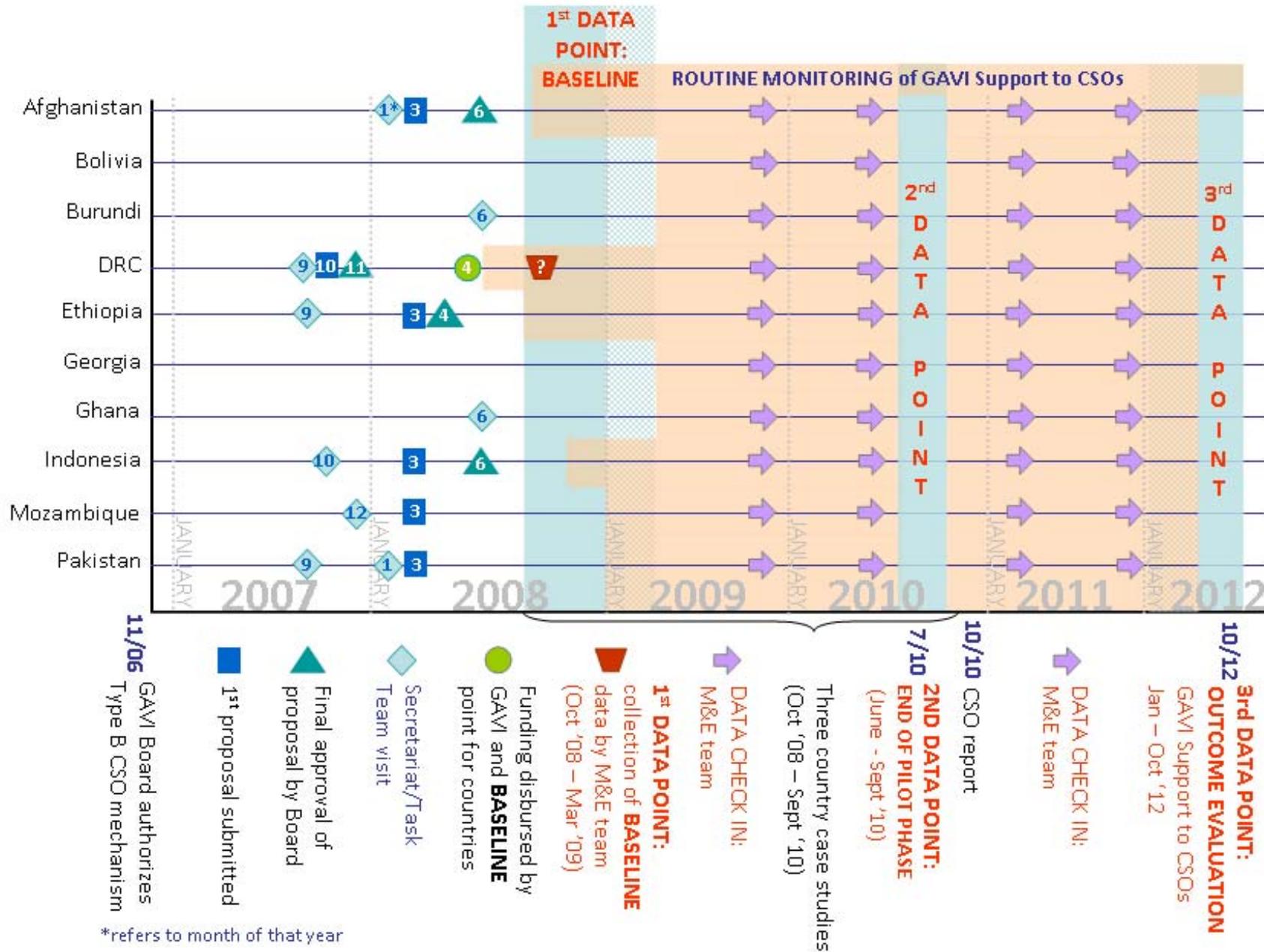
Area of Inquiry	Questions: Global Level	Questions: Country Level	M&E Component
	Support to CSOs funds, why did they do so?		
Enhanced HSS & immunization performance		<p>What percentage of countries with CSO funds met their objectives for HSS and cMYP?</p> <p><i>Indicator: % of countries meeting HSS and cMYP objectives that have CSO funding (depending on alignment of timelines for the 2 proposals)</i></p> <p>What contribution if any did CSOs make to realizing these objectives?</p>	<p>Process evaluation</p> <p>Outcome evaluation</p>
Increased CSO involvement	<p>Has the GAVI Support to CSOs, as designed and implemented to date, been an effective mechanism for increasing CSO involvement in HSS and immunization?</p> <p><i>Indicator: # of CSOs involved in HSS and immunization decision making</i></p>	<p>Did CSO involvement in immunization, child health, and HSS increase?</p> <p><i>Indicator: % of countries that have increased CSO involvement in immunization/child health (involvement to be defined )</i></p> <p><i>Indicator: # of CSOs participating in national and sub-national decision-making regarding child health and immunizations (GAVI to define participating)</i></p>	<p>Process evaluation</p> <p>Outcome evaluation</p>
Increased capacity at country level to support communities, increase immunization coverage, and deliver services and HSS activities.	What contributions has GAVI made to increasing the capacity of CSOs at country level to increase immunization coverage and HSS activities?	Did capacity improve among government and CSOs to support communities, increase immunization coverage, and deliver services and HSS activities?	Outcome evaluation
Cooperation and coordination between government and civil society	What contributions has GAVI made to increasing cooperation and coordination between government and CSOs? **	<p>Is there increased cooperation and coordination between government and civil society?</p> <p><i>Indicator: Examples - meetings, joint efforts, TA interchange, etc.</i></p>	Outcome evaluation
Access to immunization and other child health care services	<p>What percentage of countries with CSO funds met their objectives for HSS and cMYP?</p> <p><i>Indicator: % of countries with CSOs funds that achieved at least 75% of their cMYP</i></p>	<p>Has access to immunization and child health services increased?</p> <p>Has the GAVI Support to CSOs contributed in any way to increasing access to immunization and child health</p>	Outcome evaluation

Area of Inquiry	Questions: Global Level	Questions: Country Level	M&E Component
	<i>objectives</i>	services?	
<b>5. Strategic issues</b> <ul style="list-style-type: none"> <li>• How has the global program context influenced the outcomes of the GAVI Support to CSOs at country level?</li> <li>• What are the links, if any, between the GAVI Support to CSOs and the following: <ul style="list-style-type: none"> <li>○ the sustainability of immunization, child health programs, and health system performance at country level?</li> <li>○ progress toward MDG 4 and MDG5 at country level?</li> </ul> </li> <li>• What is the value added from the GAVI Support to CSOs at global and country levels?</li> </ul>			
Global program context	<p>What factors related to resource availability, organizational structures and operations and organizational culture have included the outcomes of the GAVI Support to CSOs?</p> <p>What external or contextual factors have influenced the outcomes of the GAVI Support to CSOs?</p>		Outcome evaluation
Sustainability of immunization, child health programs, and health system performance	Has GAVI Support to CSOs contributed to sustained immunization, child health program and health system performance?		Outcome evaluation
Progress toward MDG4 and MDG5	Is there evidence that GAVI Support to CSOs has contributed to MDG4 or MDG5?		Outcome evaluation
Value added of GAVI Support to CSOs	<p>Is GAVI the right conduit/catalyst for increasing CSO involvement/funding in immunization?</p> <p>What funding was available to CSOs for immunization and HSS before the GAVI Support to CSOs?</p> <p>What are the alternatives for increasing CSO involvement/funding in HSS and immunization?</p> <p>What is GAVI's comparative advantage in supporting CSO involvement/funding for HSS and immunization?</p>	What funding was available to CSOs for immunization and HSS before the GAVI Support to CSOs?	<p>Process evaluation</p> <p>Outcome evaluation</p>

## 7.7 Timeline

Below is a detailed timeline illustrating the implementation of the M&E plan alongside the implementation of the GAVI Support to CSOs.

**Figure 7: Timeline for Implementing GAVI Support to CSOs (Component B) and the M&E Plan for 10 Pilot Countries**



## 7.8 Overall Management for the GAVI Support to CSOs M&E Plan

As noted above, it is recommended that the GAVI Secretariat and CSO Task Team take responsibility for the Routine Monitoring of GAVI Support to CSOs. In addition, GAVI Secretariat staff will play a critical role in overseeing both the process and outcome evaluations. GAVI M&E staff will be responsible for selecting the appropriate contractors for the Process and Outcome evaluations, orienting and guiding these teams, ensuring that the evaluation designs respond to the basic and strategic evaluation questions, facilitating country level communication, and providing necessary documentation to the evaluation teams.

The implementation of the GAVI Support to CSOs M&E plan should be very closely linked to the HSS tracking study and evaluation. These data collection activities should be complementary and evaluators should seek to avoid duplication of effort and encourage periodic sharing and review of data. Given the demands associated with the CSO evaluation and other evaluation activities underway at GAVI (HSS Tracking, HSS Evaluation) it is recommended that GAVI identify a full time Evaluation Officer to oversee all CSO and HSS monitoring and evaluation activities. Currently GAVI Secretariat has assigned M&E tasks for CSO and HSS funding to several people. It is recommended that HSS and CSO evaluation tasks be consolidated in one position to facilitate harmonization and communication. In addition, routine monitoring for the GAVI Support to CSOs will require the adaptation or development of a database to house both the qualitative and quantitative information collected. The GAVI database manager will spend a significant amount of time at the start of the pilot program designing appropriate forms and templates for routine monitoring and a database to collect both qualitative and quantitative information. Following the development of the database, the manager will be responsible for entering data collected during routine monitoring from written documents, supervision reports, and country consultation.

Finally, it is proposed that the GAVI Secretariat contract two M&E Consultants to support the M&E Officer. These consultants will be responsible for providing technical assistance to both governments and CSOs in M&E and strategic planning and collect both qualitative and quantitative information for routine monitoring.

The CSO/HSS Evaluation Officer will be responsible for managing the GAVI CSO monitoring system, including:

- Hiring two M&E Contracting an evaluation team for the Process evaluation and Outcome evaluation
- Developing and refining a checklist for routine monitoring of the GAVI Support to CSOs
- Coordinating and conducting country level supervision and support visits
- Identifying technical assistance needs to address obstacles to M&E implementation
- Modifying the APR format to collect necessary information from country level over time
- Developing a database that can accommodate both qualitative and quantitative information to monitor GAVI Support to CSOs
- Reviewing and making use of the local consultants reports
- Preparing progress reports at regular intervals for GAVI stakeholders

### Role of Local Evaluators

In the design of the routine monitoring strategy and the process evaluation, the M&E plan calls for technical assistance in support of M&E. GAVI may wish to consider defining a role for local M&E consultants and technical experts that are involved in the Process evaluation to support both data collection and the use of data for program improvement. It is recommended that GAVI consider engaging these experts to support country level M&E activities, working as advisors to the HSCC (or equivalent), government and CSOs in the use of information for program management, while supporting the Process evaluation.

## 7.9 Resource Needs

The JSI Evaluation Planning Team has estimated the costs of implementing and managing the M&E Plan presented in this document. Total costs associated with Routine Monitoring and Oversight are estimated at: \$890,000. Total costs for the Process evaluation are estimated at: \$1,360,000. Total costs for the Outcome evaluation are estimated at: \$3,100,000. Annex F contains details related to this costing estimate.

## Annexes

### Annex A: Documents Reviewed

#### General Documents Consulted

Alayne M. Adams and Sara F. Jacoby. NGO Participation in GAVI and Immunizations: Social Mobilization and Reaching the Marginalized. Background paper for the GAVI-NGO Conference held at American Red Cross, Washington, D.C. July 8, 2004. Mailman School of Public Health, Columbia University. June 24, 2004.

An Evolving Partnership: The Global Fund and Civil Society in the Fight against AIDS, Tuberculosis, and Malaria. The Global Fund. Geneva. 2007.

BASICS II (with DRC MOH, WHO, UNICEF). The Immunization Inter-agency Coordination Committee Model: Example from DR Congo. BASICS, Arlington, Virginia. 2003.

Bass, Allan G. A Review to Identify the Role of Civil Society Organizations in Immunization: Prepared for the GAVI Secretariat and the GAVI CS Task Team. GAVI Alliance, Geneva. May 22, 2006.

Bchir, Abdallah. Monitoring and Evaluating GAVI Support to CSO's. GAVI Alliance. Geneva. November 13, 2007.

Bchir, Abdallah. Monitoring and Evaluating GAVI Support to CSO's. GAVI Alliance. Geneva. November 14, 2007.

Bisrat, Filimona (MD, MPH). NGOs/CSOs Participation in the Health Sector in Ethiopia. GAVI Alliance Civil Society Meeting. Geneva. November 12-13, 2007.

Building Trust in Immunization: Partnering with Religious Leaders and Groups. UNICEF. New York. May 2004.

Browne, L, LaFond, A, Macintyre K. 2001. Measuring Capacity Building. Chapel Hill: MEASURE Evaluation Project. 2001.

Civil Society in the GAVI Alliance: Reaching More Children through Improved Partnership: Interim report of the Civil Society Task Team to the GAVI Alliance Board. GAVI Secretariat, Geneva. June 6, 2006.

Civil Society Organizations and GAVI HSS. Presentation given by Pat Taylor at the GAVI HSS Task Team Meeting. Geneva. September 13-14 2006.

Civil Society Participation in Global Fund Governance: What difference does it make? Draft Preliminary Research Findings. International Center for Research on Women. Washington, D.C. 2004.

CORE Group. Comments to GAVI Alliance Support to Civil Society Organizations from re: Draft CSO guidelines / Application Forms. April 13, 2007

Doyle, Cathal and Preeti Patel. Civil Society Organizations and Global Health Initiatives: Problems of Legitimacy. *Social Science & Medicine*. Volume 66, Issue 9. May 2008. Pages 1928-1938.

Dr. Nata Duvvury, Helen Cornma, and Carolyn Long. Strengthening Civil Society Participation and Gender Expertise: Recommendations and Action Points. International Center for Research on Women. Washington, D.C. 2005.

Finding Solutions to the Human Resources for Health Crisis. The Lancet. Volume 371, Number 9613. 23 February 2008

GAVI Alliance. Civil Society Break-Out Session: Improving Immunization through *Stronger ICCs, Active Civil Society*. GAVI Partner's Meeting. Geneva. December 9, 2005.

GAVI Alliance. Civil Society and the Commission on Social Determinants of Health: Vision, Experiences and Values. *First Draft*. June 2007.

GAVI Alliance. Concept Note: First Meeting of The Civil Society Constituency. November 12-13 2007 and Civil Society Task Team Meeting November 14, 2007.

GAVI Alliance. Consultancy Services for Conducting a Monitoring and Evaluability Study for the Pilot GAVI Alliance Support for CSOs in 10 Countries. RFP GAVI Alliance-07-08 Consultancy Services. GAVI Alliance, Geneva. 2007.

GAVI Alliance. Enhancing Civil Society Participation in GAVI Alliance. Governance and Programme Implementation 2007-2008: Background paper. Post Board and working group. February 5, 2007.

GAVI Alliance. Enhancing Civil Society Participation in GAVI Alliance. 29 November 2006. Berlin. *Presented to GAVI Alliance*. Geneva. 2006.

GAVI Alliance. Evaluation of the 72 GAVI Eligible Countries: Draft for Discussion. *Undated*.

GAVI Alliance. CSO Fact Sheet. CSO Involvement in Immunization and Child Health. April 2008

GAVI Alliance. Guidelines for GAVI Alliance CSO Support: Support to Strengthen the Involvement of Civil Society Organizations in Immunization and Related Health Services. May 2007

GAVI HSS KOL Mapping and Stakeholder Classification – 2006-2007. *Chart*.

GAVI Alliance. Health Systems Strengthening Tracking Study. March 17, 2008.

GAVI Alliance. Health Systems Strengthening (HSS) Update. GAVI Alliance & Fund Board Meeting. November 28-29 2007.

GAVI Independent Review Committee (IRC) Monitoring Team. Review of Annual Progress Reports. Geneva. September 2006.

GAVI Alliance. CSO Involvement in Immunization and Child Health. May 2008.

GAVI Alliance. Lessons Learnt from CSO Country Consultation Visits. *Undated*.

GAVI Alliance. Monitoring and Evaluability Study for the Advance Market Commitment for Pneumococcal Vaccines. 26 June 2008.

GAVI Alliance. Open Statement to Board Members from the GAVI Alliance Civil Society Task Team. *Undated*.

GAVI Alliance. Outline for Background on Outcome Indicators. *Undated*.

GAVI Alliance. Q & A GAVI Alliance Support for Civil Society Organizations. September 2007.

GAVI Alliance. Civil Society Representation in the GAVI Alliance at National, Regional, and Global Levels: Document for discussion at the GAVI Alliance Civil Society Meeting in Geneva 12-13 November.

GAVI Alliance. Report of the Health Systems Strengthening Independent Review Committee. April 14 – 25, 2008.

GAVI Alliance. Revised Guidelines for: GAVI Alliance Health Systems Strengthening (HSS) Applications. Geneva. March 2007.

GAVI Alliance. GAVI CSO Support Communication Plan. January 2008.

GAVI Alliance. GAVI Alliance Civil Society Task Team Meeting Notes. Geneva. November 12-13 2007.

GAVI Alliance. GAVI Alliance Civil Society Task Team Meeting Notes. Geneva. November 14, 2007.

GAVI Alliance. GAVI Alliance Civil Society Task Team Meeting. Geneva, Discussion Group 1 Bolivia, Ghana, Ethiopia Day 2. *Undated*.

GAVI Alliance. Terms of Reference for GAVI Civil Society Task Team for 2008 (*Draft*). GAVI Civil Society Meeting, Geneva: November 14, 2007.

GAVI Alliance. Terms of Reference for the Country Visits for Communication for Improved Absorption of Guidelines for Civil Society Organization Funding. *Undated*.

GAVI Alliance. Civil Society Organization (CSO) 'Type A' support: Budget request (2008). GAVI Alliance & Fund EC Meeting. May 6, 2008.

GAVI Alliance. Update on GAVI's Support to Civil Society Organizations. November 28-29, 2007.

GAVI Alliance. CSO Involvement in Immunization and Child Health. May 2008.

Global Fund to Fight AIDS, Tuberculosis and Malaria. An Evolving Partnership; The Global Fund and Civil Society in the Fight Against AIDS, Tuberculosis and Malaria. June 2007

Gondwe, Francis and Mette Kjaer. Civil Society Representation in the GAVI Alliance at National, Regional, and Global Levels. Geneva. November 2007.

Graeme P. Frelick, ed. Immunization and the Developing World: the Role of the Private Sector. Based on a conference held March 19-21, 1985 in La Jolla, California. National Council for International Health. February 1986.

Gogvadze, Ketevan. Civil Society contribution to immunization, child health and health system strengthening in Georgia. Curatio International Foundation. Georgia, 2007.

Hofstetter, Marc. GAVI Alliance – An Overview. November 12, 2007.

International Health Partnership and Related Initiatives (IHP+) Civil Society Engagement Draft Concept Note. 14 February 2006.

International Health Partnership. A Common Framework for Monitoring Performance and Evaluation of the Scale-Up for Better Health: Briefing Note. January 2008.

JSI Evaluation Planning Team. Briefing Packet for CSO Task Team on the Status of the CSO Funding Window Evaluability Study. Presented May 5, 2008. Geneva.

JSI Research and Training Institute, Inc. Monitoring and Evaluability Study for the Pilot GAVI Alliance Support for CSOs in 10 Countries. Inception Report. RFP GAVI ALLIANCE-07-08. 14 December 2007.

Kelly, Kevin and Karn Birdsall. AMREF. Towards Effective Civil Society Organizations Participation in National Responses to HIV & Aids, A Report on: The Experience with the Global Fund Assistance in Tanzania. May 2008.

LaFond AK, Brown L, Macintyre K. Mapping Capacity in the Health Sector: a Conceptual framework. International Journal Health Planning Management 17(1):3-22. 2002.

LaFond AK/Brown L. A Guide to Monitoring and Evaluation of Capacity-Building Interventions in the Health Sector in Developing Countries. 2003.

Lessons Learned from Country Visits and Planning for Upcoming Visits: Pakistan, DRC, Ethiopia and Indonesia. GAVI Alliance Core Task Team Meeting. 14 November 2007.

Mitchell, Jol, et.al. Measuring the 'Added Value' of Tri-Sector Partnerships. Working Paper No. 14. Business Partners for Development. October 2001.

Norad. Support Models for CSOs at Country Level: Synthesis Report. January 2008.

Norad. SWAps and Civil Society: The Roles of Civil Society Organizations in Sector Programmes: Desk Study. December 2002.

Progress toward Results: A Report for the Child Survival and Health Grants Program. USAID. Washington, D.C. December 2005.

PVO Child Survival and Health Grants Program. Technical Reference Materials: Immunization. USAID/Bureau for Global Health. Washington, D.C. 2006.

PVO Child Survival Grants Program. Sustainability Findings of 12 Expanded PVO Child Survival Projects. Review conducted by PVO Child Survival Support Program, Department of International Health. The Johns Hopkins University School of Hygiene and Public Health. Baltimore, Maryland. June 19, 1995.

Report to the GAVI Alliance Board by the Civil Society Organizations Task Team (CSOTT). Enhanced Partnerships between GAVI and Civil Society Organizations (CSOs). Berlin. November, 2008.

Ricca, Jim. "Evidence from CSHGP/USAID: NGO Community-Based Approaches are Cost-Effective." Global Health Council Conference. May 30, 2008.

SCAPE Project Memo. 2.0 Project Framework. March 9, 2001.

Schaller, Jane MD. Civil society Engagement: GAVI Alliance, PMNCH, Professional and Academic Societies. IHP+ CSO FORUM, Geneva, May 23, 2008.

Simon. Effective Communication: To Facilitate Civil Society Engagement at all Levels. Presentation. *Undated*.

Steinglass, Robert. Lessons Learned from Country Visits (and Planning for Upcoming Visits). Civil Society Task Team Meeting. Geneva. 14 November 2007.

Steinglass, Robert. Strengthening CSO Involvement in Immunization and Related Health Services. GAVI CORE Meeting. Washington, DC. October 2007.

Steinglass, Robert. Strengthening the Involvement of Civil Society Organizations in Immunization and Related Health Services. January 29, 2008.

The Global Fund. Role of Civil Society in Global Fund Processes. . GAVI Civil Society Task Team Meeting. Geneva. 12 November 2007.

United States Government Accountability Office. "Report to Congressional Committees: GLOBAL HEALTH: The Global Fund to Fight AIDS, TB, and Malaria is Responding to Challenges but Needs Better Information and Documentation for Performance-Based Funding." January 2005.

USAID/GH/NUT. Child Survival and Health Grants Program: Guidelines for Final Evaluation. Washington, D.C. July 2006.

WHO. Training for Mid Level Managers (MLM), Module 2: Partnering with Communities. Geneva. 2008. (*Draft*)

WHO. A Common Framework for Monitoring Performance and Evaluation of the Scale-Up for Better Health. January 2008

WHO. CSO Paper Outline. May 22, 2008.

WHO/UNICEF Guidelines for developing a comprehensive multi-year plan (cMYP). WHO/IVB/05.20. Geneva. December 2005.

### **Country Specific Documents Consulted**

#### **Afghanistan**

Ministry of Public Health of the Islamic Republic of Afghanistan. Application Form A for GAVI Alliance CSO Support: Support to Strengthen the Involvement of Civil Society Organizations in Immunization and Related Health Services. March 7, 2008.

Ministry of Public Health of the Islamic Republic of Afghanistan. Application Form B for GAVI Alliance CSO Support: Support to Strengthen the Involvement of Civil Society Organizations in Immunization and Related Health Services. March 7, 2008.

Ministry of Public Health of the Islamic Republic of Afghanistan. Application Form C for GAVI Alliance CSO Support: Support to Strengthen the Involvement of Civil Society Organizations in Immunization and Related Health Services. March 7, 2008.

Ask, Karin and Arne Strand and Kristian Berg Harpviken. Afghanistan and Civil Society. December 8, 2002.

Country Report, HSS Proposal: Afghanistan. June 2007.

Documents Submitted in Support of the GAVI CSO Support Application.

Facilitating Implementation of GAVI's new CSO Support Visit Report: Afghanistan. January 21-27, 2008.

GAVI – HSS Proposal Development Mini-Workshop. March 13, 2007.

GAVI Alliance. GAVI Alliance Civil Society Organization (CSO) Support. Ministry of Public Health: January 2008.

GAVI Alliance. GAVI Alliance Civil Society Organization (CSO) Support: Part One: Overview of Support. Public Health: January 2008.

GAVI Alliance. GAVI Support for Health System Strengthening (GAVI-HSS). March 13, 2007.

GAVI Alliance. GAVI Support for Health System Strengthening (GAVI-HSS). March 28, 2007.

GAVI Alliance Support for CSOs to help Implement GAVI HSS Proposal or MYP: Group II. January 2008.

GAVI Alliance. Civil Society Organization Support Introductory Workshop. January 2008.

Islamic Republic of Afghanistan Ministry of Public Health. Expanded Program on Immunization: Multi year Plan of Action for EPI 2006-2010. April 2007.

Islamic Republic of Afghanistan Ministry of Public Health GD Policy Planning. Civil Society Organization Support Workshop. January 22 – 23, 2008.

Ministry of Public Health. GAVI – Health System Strengthening Mini-Workshop. March 13, 2007.

Ministry of Public Health of the Islamic Republic of Afghanistan. Action Plan for GAVI Support Fund. March 2007 – February 2008.

Sabees, Sayeed. CSO Workshop GAVI Alliance CSO Support: Presentation of Group 1. January 2008.

The GAVI Alliance Health Systems Strengthening Program Funding Application from: The Islamic Republic of Afghanistan. May 10, 2007.

The Government of Islamic Republic of Afghanistan. Annual Progress Report 2006.

The Government of Islamic Republic of Afghanistan. Updated: Annual Progress Report 2006.

WHO/UNICEF Joint Reporting Form on Immunization for the Period January-December 2005.

WHO/UNICEF Joint Reporting Form on Immunization for the Period January-December 2006.

### **Bolivia**

Annual Progress Report 2006 Submitted by The Government of Bolivia to the GAVI Alliance. April 30, 2007.

Bolivia: HSS Proposal Review. November 2007.

Expanded Programme on Immunization: Bolivia. April 19, 2007.

### **Burundi**

Alliance Mondiale Pour les Vaccins et la Vaccination (GAVI) : Formulaire Pour la Propositions du Burundi – En Vue d'un Soutien au Renforcement du Système de Santé. October 2006.

Annual Progress Report 2006 Submitted by the Government of Burundi to the GAVI Alliance. May 15, 2007.

Facilitating Implementation of GAVI's New CSO Support Burundi Workshop. June 17, 2008.

Facilitating Implementation of GAVI's New CSO support Visit Report: Burundi. Dates of visit: 16- 20 June, 2008

### **Democratic Republic of the Congo**

2006 Annual Progress Report: Submitted by The Government of the Democratic Republic of the Congo to the GAVI Alliance. May 15, 2007.

Application A for: GAVI Alliance Assistance to Strengthen the Coordination and Representation of Civil Society Organizations.

Application Form B: Soutien pour Renforcer la Participation des Organisations de la Société Civile (OSC) aux services des Vaccination et Autres Services de Santé Lies: Proposition Prépare et Soumise par la République Démocratique du Congo (RDC). September 2007.

Application Form C: Soutien pour Renforcer la Participation des Organisations de la Société Civile (OSC) services de Vaccination et Autres Services de Santé Lies. September 2007.

Conseil National des Organisations Non Gouvernementales de Santé en République Démocratique du Congo. Plan Stratégique du CNOS Exercice 2007-2012. 2006.

Conseil National des Organisations Non Gouvernementales de Santé en République Démocratique du Congo. "Statuts." *Undated*.

Conseil National des Organisations Non Gouvernementales de Santé en République Démocratique du Congo. Rapport D'Activités 2006.

Comite Central. Assemblée Générale de la Croix-Rouge de la République Démocratique du Congo: Rapport des Activités 2000-2006. Novembre 2006.

Convention de Collaboration & Partenariat dans le Cadre du Consortium Projet GAVI-OSC-RDC. *Undated*.

Democratic Republic of Congo Ministry of Health. Interim Plan for Implementation of the Strategy for the Health System Strengthening 2007-2009: (Updating of the PDDS) (Master Plan for Health Development). October 2006.

Democratic Republic of Congo Ministry of Health. Support for the Strengthening of the Health System in the Democratic Republic of Congo: Application to the Global Alliance for Vaccines and Immunization (GAVI). October 2006.

Democratic Republic of the Congo Ministry of Health Secretariat-General. Health-System Strengthening Strategy. June 2006.

GAVI Alliance. CSO Trip Report: Democratic Republic of Congo. Dates: September 26, 2007.

GAVI Alliance. CSO Visit Report: Democratic Republic of Congo. Dates: September 17-21, 2007

GAVI Alliance. CSO Workshop Report Kinshasa, Democratic Republic Of Congo (DRC). 19 September 2007.

HSS Proposal. Country Report, Country: Congo DR. April 2007.

Ministry of Health Department of Studies and Planning. Minutes of the Information Meeting on GAVI and the GAVI Proposal Procedures in Connection with the Strengthening of the Health System. *Undated*.

Rapport de Situación a L'Alliance Mondiale pour les Vaccins et la Vaccination (GAVI) Et au Fonds Mondial pour les Vaccins par le Gouvernement de République Démocratique du Congo. May 15, 2006.

Rapport de Situation Annuel 2006 Soumis par Le Gouvernement de Le République du Congo a GAVI Alliance. September 15, 2007.

## **Ethiopia**

Annual Progress Report 2006 Submitted by the Government of Ethiopia to the GAVI Alliance. May 10, 2007.

CRDA. Assessment of the Operating Environment for CSO/NGOs in Ethiopia. December 2006.

Application for B from the HSCC to GAVI Alliance Secretariat for: GAVI Alliance CSO Support in 10 Pilot GAVI Eligible Countries. CSO Report. Ethiopia, *Resubmission*. April 2008.

Facilitating Implementation of GAVI's New CSO Support: Visit to Ethiopia. September 24-28, 2007.

Global Alliance for CSO Support: Support to Strengthen the Involvement of Civil Society Organizations in Immunization and Related Health Services, Country Proposal Federal Democratic Republic of Ethiopia: Application Form A. March 6, 2008.

Global Alliance for CSO Support: Support to Strengthen the Involvement of Civil Society Organizations in Immunization and Related Health Services, Country Proposal Federal Democratic Republic of Ethiopia: Application Form B. March 6, 2008.

Global Alliance for Vaccines and Immunization (GAVI) Health System Strengthening (HSS). Country Proposal: Federal Democratic Republic of Ethiopia. October 30, 2006.

## **Georgia**

Annual Progress Report 2006 Submitted by the Government of Georgia to the GAVI Alliance. May 15, 2007.

Government of Georgia. Comprehensive Multi-Year Plan of the National Immunization Program of Georgia 2007-2010. Georgia: 2007.

Health System Strengthening in Georgia: Proposal Submitted to the Global Alliance for Vaccines and Immunization (GAVI).

## **Ghana**

Annual Progress Report 2006 Submitted by the Government of Ghana to the GAVI Alliance. May 14, 2007.

GAVI Alliance. Republic of Ghana, GAVI Alliance Health System Strengthening (HSS) Application. October 2007.

Ghana Health Service. "Immunization Programme Comprehensive Multi-year Plan (2007-2011): In Line with Global Immunization Vision and Strategies.

DFID and the Ministry of Health of the Government of Ghana. Report of Civil Society Options Appraisal Study: Ghana. *Undated*

GAVI and CSO Involvement in Immunization, Child Health and HSS in Ghana. June 2008

GAVI Alliance. Facilitating implementation of GAVI's new CSO support. Visit Report: Ghana. Dates of mission: 8- 12 June, 2008.

## **Indonesia**

Annual Progress Report 2006 Submitted by the Government of Indonesia to the GAVI Alliance. May 15, 2007.

Directorate General for Disease Control and Environmental Health Ministry of Health Republic of Indonesia. "Indonesia Expanded Programme Immunization: Comprehensive Multi Year Plan, 2007-2011. 2007

Facilitating Implementation of GAVI's New CSO Support Visit Report: Indonesia. October 21-27, 2007.

GAVI Alliance. Application Form A, For GAVI Alliance Support to Strengthen the Involvement of Civil Society Organizations in Immunization and Related Health Services.

GAVI Alliance. Application Form B from the HSCC to GAVI Alliance Secretariat for: GAVI Alliance CSO Support in 10 Pilot GAVI Eligible Countries.

GAVI Alliance. CSO Report. Indonesia. April 2008

Reynolds, Jack. "The Global Fund to Fight AIDS, Tuberculosis and Malaria: Indonesia Country Coordinating Mechanism: A Case Study." February 2004.

Tombokan, Augustine. Indonesia: The Roles of Religious Organisation & Leaders in Health Services. Christian Experiences. GAVI Alliance CSO meeting Geneva.12 – 13 Nov 2007.

## **Mozambique**

Annual Progress Report 2006 Submitted by the Government of Mozambique to the GAVI Alliance. May 2007.

GAVI Alliance. Application Form for: GAVI Alliance Health System Strengthening (HSS) Applications. March 2007.

GAVI Alliance. FDC Proposal for GAVI Alliance CSO Support: Support to Strengthen the Involvement of Civil Society Organizations in Immunization and Related Health Services. 2008.

Republica de Mocambique Ministerio da Saude Gabinete do Ministro. Submission of Mozambique HSS Application Proposal. Maputo: October 5, 2007.

The Government of Mozambique Ministry of Health. Expanded Programme on Immunization Comprehensive Multi-Year Plan (2007-2009).

## **Pakistan**

Annual Progress Report 2006 Submitted by the Government of Islamic Republic of Pakistan to the GAVI Alliance. May 2007.

Facilitating Implementation of GAVI's new CSO Support Visit Report: Follow up Trip to Pakistan. January 28-31, 2008.

GAVI Alliance. Application Form B: For GAVI Alliance CSO Support in 10 Pilot GAVI Eligible Countries. March 2008.

GAVI Alliance. CSO Report – Approval, *Conditional*. Pakistan. April 2008

GAVI Alliance. Application Form for: Pakistan GAVI Alliance Health System Strengthening (HSS) Applications. May 2007.

GAVI Alliance, Ministry of Health, Government of Pakistan. Proposal for Support to Strengthen Coordination & Representation of Civil Society Organizations. December 2007.

HSS Proposal. Country: Pakistan. November 2006.

GAVI Alliance CSO Support: Minutes of the Meeting. Lahore: January 29, 2008.

GAVI Alliance. CSO Trip Report: Pakistan. Dates: September 25, 2007.

GAVI Alliance. CSO Workshop Report. Islamabad, Pakistan 4 September 2007.

Ministry of Health, Government of Pakistan. Expanded Programme on Immunization: Minutes of the CSO Workshop, GAVI Alliance CSO Support. Islamabad: September 4, 2007.

## **Annex B: Key Informant Respondents**

Wendy Abramson, JSI  
Charles Abugre, Christian Aid, London  
Mercy Ahun, GAVI Alliance  
Nilgun Aydogen, GAVI Secretariat  
Franklin Baer CSO Country – Congo/Liberia  
Abdallah Bchir, GAVI Secretariat  
Fred Binka, IRC  
Filomona Bisrat, CORE, Ethiopia, Rep. for CSOs to GAVI  
Tesfay Bulto, JSI, Ethiopia  
Craig Burgess, GAVI Secretariat  
Diane Chang Blanc, CSO Global (and former Task Team Member)  
James Cheyne, PATH, France  
Ellen Coates, Wolrd Visioon/CORE Group  
Kate Elder, IFRC  
Marthe Sylvie Essengue Elouma, GAVI Alliance  
Maria Francisco, USAID  
Andrew Fullem, JSI  
Francis Gondwe, CHAM, Malawi  
Andres Guererro, GAVI Alliance, CSO Task Team Member  
Jorn Helldrup, GAVI Alliance  
Harry Jeene, CSO Country Representative – East Africa  
Mark Kane, Formerly with PATH  
Regina Keith, Cara Consulting, Inc.  
Leon Kintaudi, CSO Country – Congo  
Nazo Kureshy, USAID  
Mette Kjaer, CSO Global and CSO Task Team Member  
Steve Landry, Gates Foundation  
Maureen Law, Head of IRC for HSS  
Karen LeBan, World Vision/CORE Group  
Jennifer Luna, MACRO  
Erika Lutz, USAID  
Anna Marriott, OXFAM, UK  
Ray Martin, CCIH (Faith Based International Org.)  
Helder Martins, Advisor to MOH, Mozambique  
Jeff Mecaskey, Save the Children UK  
Tony Measham, World Bank, GAVI Working Group  
Polly Mott, PACT  
Matsha 'Khaya' Mtombekhaya, Global Fund to Fight AIDS, Tuberculosis and Malaria  
Wolde Yohanne Mulugeta, USAID, Ethiopia  
Vinand Nantulya, Previously with Global Fund to Fight AIDS, Tuberculosis and Malaria  
Folake Kio-Olayinka, JSI, formerly with Action AID, UK  
Ibrahim Oloriegbe, CSO Country  
David Oot, Save the Children, US  
Sofia Ostmark, GAVI Secretariat  
Michel Othepa, JSI  
Michel Pacque, MACRO  
Beth Plowman, JSI  
Ciro de Quadros, Sabin Institute  
Ivone Rizzo, GAVI Alliance  
Leo Ryan, Child Survival Technical Support  
Bjorg Sandkjaer, GAVI Secretariat  
Eric Sarriot, Independent Consultant, Gaza  
Sara Smith, CORE Group  
Eric Swedberg, Save the Children  
Kyandindi Sumaili, UNICEF, DRC  
Veronica Walford, Global Stakeho  
Dora Ward, CORE Group  
Julia Watson, DFID  
Bill Weiss, Johns Hopkins University  
Asnakew Yigzaw, WHO, Ethiopia

**Total Interviews: 60**

## Annex C: Interview Guides

### Global Level Stakeholders Interview Guide: GAVI, Donor, TA, CSO

**Objective:** To gather information from global level stakeholders related to the M&E system for the new GAVI Civil Society Organization (CSO) funding window. Respondents should represent organizations (e.g., GAVI Alliance, donors, Technical Assistance agencies, CSOs or CSO umbrella organizations) that have experience in immunization, child health or health system strengthening activities in developing countries. This interview aims to solicit experience, perspectives, and advice that are relevant to the design of a system to monitor and evaluate the new GAVI CSO funding mechanism. This M&E system is intended to assist GAVI and its partners to:

- understand the strengths and weaknesses of the new funding window (i.e., assess overall performance in grant making) and inform changes to improve the performance of the new funding window;
- strengthen and monitor the role of CSOs in immunization programming and health system strengthening under GAVI; and
- understand the overall effect of the funding window on Government-CSO partnerships.

It is important that the monitoring and evaluation system should provide robust and focused measures of the performance and effectiveness of the CSO funding mechanism during the 10-country pilot phase. At the same time, it should produce data to support decision-making among a range of stakeholders, including the GAVI Alliance and its supporters, Governments and HSS partners, and the CSO community at all levels.

#### A. Background & Orientation:

GAVI has awarded JSI, (John Snow, Inc.) a contract to design a monitoring and evaluation framework for the new GAVI support to CSOs.

1. Are you familiar with the GAVI's CSO funding window?

#### B. Operational Performance:

This new funding window reflects GAVI's belief in the potential contribution of CSOs to national HSS and improved immunization program performance.

1. From your perspective, who would be the key users of the information generated by this M&E system to track the performance of the CSO funding mechanism? Who needs information on the performance and effectiveness of the GAVI CSO support mechanism?
2. What types of questions should the monitoring system seek to answer? What are the main questions that should be posed to assess the performance of the funding mechanism?
  - a. Examples:
    - i. on funding mechanism: disbursement of funds, transparency of award process,
    - ii. on CSO activities;
    - iii. on CSO involvement in HSS decision making or immunization programming
3. From GAVI's perspective, what types of information should be reported to the GAVI Board and other stakeholders about the pilot-phase of this CSO funding mechanism?
4. From national government's perspective, what types of information are needed to assess the effectiveness of the CSO funding mechanism? What are the key issues to be monitored?
5. From the CSO perspective, what types of information are needed to assess the effectiveness of the CSO funding mechanism? What are the key issues to be monitored?

#### C. CSO - Government Partnerships

A key intention of the new CSO funding window is to strengthen or increase the role of CSOs in HSS and immunization programming.

1. In your experience, what are the aspects of Government-CSO partnership that should be assessed over time to determine success in this area?
2. Do you have experience or suggestions on how to measure this kind of partnering?
3. What challenges do you foresee in this partnering initiative?

#### **D. Coordination and Collaboration between CSOs and Government under GAVI HSS**

1. Does your organization have a representative that sits on health-related bodies/committees, CCMs, or other health sector coordinating groups at national and/or sub national levels
2. *For those who have applied or received CSO funding or plan to:* From an M&E perspective, how does or can your organization contribute to the HSS goals of the country?
  - a) What challenges/concerns would you linking CSO program goals with the goals of the HSS strengthening mechanism in specific countries?

#### **E. Linking CSO to Improved Health System Performance**

In the 10 pilot countries there are a variety of ways that CSOs could contribute to Health System Strengthening.

1. In your experience, what are the main ways that CSOs can contribute to health system strengthening?
2. Of all of these, what do you think will be the most critical to track under the CSO funding mechanism?
3. In order not to burden the CSOs with excessive reporting requirements, what data are the most critical to gather during the course of this pilot?

#### **F. Technical M&E**

1. In your opinion, what are the key impact questions to be posed in this evaluation?
2. What methods would you propose to evaluate this funding mechanism?

#### **G. Request for further Contacts and Resources**

1. Are there other people in your organization that you would recommend that we interview?
2. Are there other people or organizations outside your own that we should contact?
3. Do you have any documentation that you can share with us on good M&E practices, frameworks, any lessons learned, that could help us develop this monitoring framework etc?

## Country Level Stakeholder Interview Guide

**Objective:** To gather information from country level stakeholders related to the design of the M&E framework for the new GAVI Civil Society Organization (CSO) funding window. Respondents should include country-level representatives from: governments especially EPI Managers, WHO, UNICEF, CSOs or CSO umbrella organizations including a CSO representative on a national (or sub-national) level coordinating committee and a CSO that has applied for GAVI funding if possible. Organizations interviewed should have in-country experience in immunization, child health or health system strengthening activities.

### A. Background & Orientation

Explain: GAVI has awarded JSI, (John Snow, Inc.) a contract to design a monitoring and evaluation framework for the new GAVI support to CSOs. The respondent should have already received a two-page summary on the new CSO funding window.

1. Confirm respondent's understanding of GAVI CSO funding window.
  - a) Are you familiar with the GAVI's CSO funding window?
    - **If NO**, explain the CSO mechanism and its role under the HSS funding window, the pilot in 10 countries over the next 2 years, and GAVI's desire to monitor and evaluate the pilot to determine the future shape of the funding mechanism.
    - **If YES**, ask them to explain the objectives and rationale.

### B. Operational Performance

This new funding window reflects GAVI's belief in the potential contribution of CSOs to national HSS and improved immunization program performance.

1. For national respondent: From national government's perspective, what types of information are needed to assess the effectiveness of the CSO funding mechanism? What are the key issues to be monitored?
2. For CSO respondent: From the CSO perspective, what types of information are needed to assess the effectiveness of the CSO funding mechanism? What are the key issues to be monitored?
3. For all: What is the experience in this country of CSO-government partnership in the health sector.
4. In this country do the government and CSOs work closely together on health sector activities? Please explain.
5. For those who have applied or received CSO funding: How has the GAVI CSO process worked so far?
  - a. Please describe the steps taken to introduce the funding window and award grants to CSOs. What were some of the strengths and weaknesses of the application process itself?
  - b. What has been your CSO's experience since submission of the application?

### C. CSO - Government Partnerships

1. In your experience in country X, what are the aspects of Government-CSO partnership that should be assessed over time to determine success in this area? At the national level? At the regional level?
2. Do you have experience or suggestions on how to measure this kind of partnering?
3. What challenges do you foresee in this partnering initiative?

### D. FOR CSOs ONLY. Coordination and Collaboration between CSOs and Government under GAVI HSS.

1. Does your organization have a representative that sits on health-related bodies/committees, CCMs, or other health sector coordinating groups at national and/or sub national levels?
  - a) If Yes-> what role does he/she play?
2. How does CSO involvement contribute to the work of these bodies?
  - a) If No-> Is there another agency or participant in any of these groups that represents the needs or views of the CSOs?

3. How does your organization—and CSOs in general--currently work with the government in the field of health/immunization
  - a) Respondent's CSO: current work with government
  - b) CSOs in general: current work with government
  - c) Respondent's CSO: current work that does not include government collaboration
  - d) CSOs in general: current work that does not include government collaboration
4. Is your CSO currently involved in the government's annual health/immunization planning process? If YES, please elaborate on national and district level involvement.
5. For those who have applied or received CSO funding or plan to: What are the activities you are implementing with GAVI funding? How do these activities contribute to HSS or immunization program performance? What are the reporting requirements? How will you monitor this activity? Explore challenges through asking about their experience.
6. For those who have applied or received CSO funding: How has the GAVI CSO process worked so far?
7. What were some of the strengths and weaknesses of the application process itself?
8. What has been your CSO's experience since submission of the application?

#### **E. Coordination and Collaboration between Government and CSOs under GAVI HSS.**

1. Do CSO representatives currently sit on health-related bodies/committees, CCMs, HSCC, or other health sector coordinating groups at national and/or sub national levels
  - a) If Yes-> which CSOs do they represent and what role do they play?
  - b) How does CSO involvement contribute to the work of these bodies?
  - c) If No-> Is there another agency or participant in any of these groups that represents the needs or views of the CSOs?
2. What role do CSOs currently play in:
  - a) health system strengthening?
  - b) Immunization?
3. How do CSO plans and activities currently link with government plans?
4. What problems arise, in any, in partnering with CSOs?
5. *For countries who have applied or received CSO funding:* How does the funding disbursement and tracking work? How do you see it working in terms of speed and transparency? What do you foresee as being bottlenecks?

#### **F. Linking CSO to Improved Health System Performance (Ask of all respondents)**

In the 10 pilot countries there are a variety of ways that CSOs could contribute to Health System Strengthening.

1. In your experience in country X, what are the main ways that CSOs can contribute or add value to health system strengthening?
2. Of all of these, what do you think will be the most critical to track under the CSO funding mechanism in this country?
3. If you have planned or are planning to implement the CSO funding window, whether they have a strategy for CSO involvement based on CSO strengths? Ie-- Gap filling, hard to reach, community mobilization.
4. In order not to burden the CSOs with excessive reporting requirements, what data are the most critical to gather during the course of this pilot?

## Trailblazer Interview Form

Objective: interview trailblazers who have experience working through CSOs. Their experience in monitoring, managing and evaluating CSOs will inform our GAVI CSO M&E framework. All interviews will be anonymous although we may ask permission to attribute some positive experiences.

1. **Background & CSO Orientation**
  - a) What is your organizations relationship to CSOs?
  - b) How do CSOs fit into your organization's Mission?
2. **Mechanism & Structure**
  - a) Does your organization issue grants directly to CSOs?
  - b) Describe your CSO selection process and selection criteria.
  - c) Are there any grantees-subgrantee relationships?
  - d) Do NGO home country governments play any role?
  - e) Do you utilize any intermediary organization to issue, manage or monitor grants?
  - f) What is your experience with CSOs and government working together?
3. **Guidance**
  - a) Do you have a grants manager?
  - b) Do you have other technical/operational/management guidance documents that assist CSOs?
  - c) Do you have staff or other willing persons designated to assist CSOs?
4. **IV. Management & Monitoring**
  - a) How do you manage, monitor and evaluate the effectiveness of CSOs?
  - b) Do you perform an initial CSO assessment?
  - c) What indicators do you use to monitor CSO effectiveness?
  - d) Describe your reporting requirements?
  - e) Do you perform a CSO financial audit? How often?
  - f) Do you require CSOs to monitor process? outcome? impact? Do you do it yourself? Are your requirements uniform across different countries?
  - g) Do you have a reporting template?
  - h) How often do you require reports?
  - i) Do you have a specific system for data collection and analysis (software, hardware)?
  - j) Do you require or recommend CSOs use any specific data collection tools?
  - k) What do you do with the monitoring data? Who receives and reviews it? What decisions are taken based on it?
  - l) Do you distinguish between CSO monitoring and reporting information that is useful at different levels? For example, what information would be more useful for the global level versus country level? Do you perceive the CSO monitoring/reporting information as dual-use or multi-use at different levels?
  - m) How do you attribute improved performance to the efforts of specific CSOs?
  - n) Do you find a difference in CSO documentation of performance and actual/observed performance?
  - o) Do you go through some manner of verification process to authenticate information and/or data reported by CSOs?
  - p) How do you capture the processes (qualitative information, success stories, best practices) in which the CSOs engage as opposed to the achievement of tasks and goals?
  - q) Do you monitor the change in CSO capacity over time? If so, how?
5. **Troubleshooting**
  - a) How do you handle CSO incomplete or late reporting?
  - b) What do you do if you are alerted to problems with CSO implementation?
  - c) What do you do if CSO capacity is lower than expected?
6. **Lessons Learned**
  - a) Have you learned any lessons that helped refine your CSO monitoring?
  - b) Have you learned any lessons that helped refine your CSO grant-making and management?

- c) Have you experienced any bottlenecks? Problems?
- d) Have you experienced any unexpected benefits?
- e) Do you provide a knowledge bank or information-sharing function for CSO lessons learned or best/promising practices? If so, what level of effort is required to gather and process this information and manage this function?

**7. Request for further contacts and resources**

- a) What other persons do you suggest we speak to in your organization?
- b) What other organizations do you suggest we speak with?
- c) Can you recommend any documentation within or without your organization? (e.g. lessons learned in grants management and monitoring CSO performance, etc.)

## Annex D. Sample Country Matrix: Afghanistan

<b>HSS Proposal Approved y/n</b>	Yes
<b>HSS Award Total \$\$</b>	2007 - 6,700,000 2008 - 8,950,000 2009 - 7,200,000 2010 - 6,600,000 2011 - 4,650,000
<b>Date approved</b>	June/July 2007
<b>Objectives</b>	<p>Goal: to improve access and utilization of services;</p> <ol style="list-style-type: none"> <li>1. To increase contacts per person per year with the health care system from 0.6 visits/person/year in 2006 to 1.0 visit per person per year in 2012.</li> <li>2. To increase average number of persons referred by CHWs per quarter from 3.9 in 2006 to 20 referrals per quarter in 2012.</li> <li>3. To improve "Provider Knowledge Score" of BSC from 68.7% in 2006 to 90% in 2012.</li> <li>4. To increase the % of mothers in rural communities knowledgeable about prioritized health messages from baseline in 2006 AHS to 40% above baseline in 2012.</li> <li>5. To increase % of CHWs trained in community IMCI from 2% in 2006 to 80% in 2012</li> <li>6. To increase the % of provinces receiving monitoring visits using national monitoring checklist per quarter from 25% in 2006 to 100% in 2012.</li> </ol>
<b>Activities</b>	half of the budget to be used for improving access to services including immunization through support to sub-centers and mobile health teams, and the rest for improvement in monitoring and public health management at the periphery, and remaining projects in communication and improving utilization of health services
<b>Indicators</b>	<ol style="list-style-type: none"> <li>1. To increase national DPT3 coverage under age one from 77% in 2006 to 90% by 2012.</li> <li>2. To increase the number/percent of districts achieving &gt;80% DPT3 coverage under age one from 161 (49%) in 2006 to 329 (100%) by 2012.</li> <li>3. To reduce under five mortality rate from 210/1000 live births in 2006 to 168 /1000 live births by 2012.</li> <li>4. To increase the national Measles coverage under age one from 68% to 90% by 2012.</li> <li>5. To increase the proportion of births attended by skilled health personnel from 19% in 2006 to 40% in 2012.</li> <li>6. To increase the percent of children receiving treatment for diarrhea and</li> </ol>
<b>Reported progress</b>	none yet
<b>in HSS -- CSO involvement?</b>	Very much so, since country still relies heavily on NGOs (both INGOs and LNGOs) for delivery of basic health services in 31/34 provinces (since 2003)
<b>CSO Proposal Approved y/n</b>	Yes - Type A
<b>CSO Potential Award \$\$</b>	2008 - 1,018,000 2009 - 1,165,000 2010 - 242,500
<b>Date approved</b>	June 2008

<p><b>Objectives - overall proposal - Type B</b></p>	<ul style="list-style-type: none"> <li>• greater availability of maternal and child health services across 6 provinces</li> <li>- establishment and functioning of 4 provincial Community Midwifery training and resource centers</li> <li>- graduation of appropriately trained and competent community midwives</li> <li>- full deployment of trained and competent community midwives</li> <li>- form partnerships with first level private providers to contribute to the delivery of BPHS maternal and child health components</li> <li>• improved quality of services available</li> <li>- to contribute to the introduction of service standards and protocols in selected provinces</li> <li>- to practically support existing providers, private and public, in accepting improved service standards through facilitation of peer groups, updating of systems, premises and stock quality</li> <li>- placement of newly qualified and fully supported community midwives in existing clinical teams to influence existing practices</li> <li>• influence demand for knowledge and promotional, preventive and curative services</li> <li>- to elicit involvement and inputs from local decision makers in the introduction, development and monitoring of this program</li> <li>- to select from catchment-group localities the CMW training participants who will have a knowledge of and an influence on their reference groups in MCH</li> <li>- to increase the access to BPHS by having available and supported qualified female MCH staff within the health centres</li> <li>- to increase access to BPHS by expanding the role of the private sector with incentives to partner with the public service</li> </ul>
<p><b>Activities</b></p>	<p>1.1 Recruitment of two national consultants to manage the process of mapping exercise and nomination process 1.2 Perdiem for Monitoring Officers to be sent to the provinces 1.3 Communication &amp; Transport cost 1.4 Workshops with CSOs to assure their participation in mapping exercise and developing strategy and planning to improve immunization coverage 1.5 Provision of equipment and stationery 2.1 Recruitment of an international consultant to compile Afghanistan application for CSO support</p>
<p><b>Indicators - only type B applications</b></p>	<p>1.Number of trainees nationally certified as qualified community midwives who successfully finished all 18 months of the training 2. Percentages of deliveries attended by community midwives 3. Proportion of all delivered women receiving post natal care 4. Number of current users of contraceptives (FP) 5. Proportion of health facilities with at least one midwife 6. To increase contacts per person per year with the health care system 7. To increase average number of persons referred by private sector per quarter. 8. To increase the number/percent districts achieving &gt;80% DPT3 coverage under age one 9.</p>
<p><b>cMYP objectives</b></p>	<p>2nd cMYP submitted April 2007; Reduction in mortality and morbidity among children and women from vaccine preventable diseases</p>
<p><b>Indicators</b></p>	<p>&gt;95% of communities have access to immunization services; &gt;90% of parents/care-providers of infants know the benefit of immunization; % of PEMT managers, technical coordinators NGOs, CDC or other relevant staff in MoPH trained on integrated vaccine preventable diseases surveillance guidelines; community involvement in microplanning; outreach scheduled with community input; develop national policy to involve private sector in provision of immunization services in hard to reach and un-served areas;</p>
<p><b>Reported progress</b></p>	<p>none yet on 2007 cMYP</p>

<p><b>CSOs that applied for Type B funding</b></p>	<p><b>IbnSina</b>, contracted CSO BPHS implementer in Zabul Province:  <b>Save the Children/Agency for Assistance and Development of Afghanistan</b> contracted CSO BPHS  <b>Bakhtar Development Network</b> contracted CSO BPHS implementer in Ghazni Province:  <b>BRAC Afghanistan</b>, contracted CSO BPHS implementer, and Afghanistan Centre for Training and Development in Nimroz Province:  <b>Coordination of Humanitarian Assistance</b>, contracted CSO BPHS  <b>HealtNet TPO</b> (Uruzgan Province) and Humanitarian Assistance and Development Association for Afghanistan, both contracted CSO BPHS implementors:</p>
<p><b>Objectives for CSOs</b></p>	<p><b>Overall Objective of program:</b>  To contribute to the improvement of the health status of reference groups in a limited number of provinces by improving accessibility, equity and utilization of health services through the utilization and support of non-government and private provider partnerships with the public sector.  More specific objectives during the life of the project:</p> <ul style="list-style-type: none"> <li>• greater availability of maternal and child health services across 6 provinces</li> <li>- establishment and functioning of 4 provincial Community Midwifery training and resource centers</li> <li>- graduation of appropriately trained and competent community midwives</li> <li>- full deployment of trained and competent community midwives</li> <li>- form partnerships with first level private providers to contribute to the delivery of BPHS maternal and child health components</li> <li>• improved quality of services available</li> <li>- to contribute to the introduction of service standards and protocols in selected provinces</li> <li>- to practically support existing providers, private and public, in accepting improved service standards through facilitation of peer groups, updating of systems, premises and stock quality</li> <li>- placement of newly qualified and fully supported community midwives in existing clinical teams to influence existing practices</li> <li>• influence demand for knowledge and promotional, preventive and curative services</li> <li>- to elicit involvement and inputs from local decision makers in the introduction, development and monitoring of this program</li> <li>- to select from catchment-group localities the CMW training participants who will have a knowledge of and an influence on their reference groups in MCH</li> <li>- to increase the access to BPHS by having available and supported qualified female MCH staff within the health centres</li> <li>- to increase access to BPHS by expanding the role of the private sector with incentives to partner with the public service</li> </ul>
<p><b>Activities for CSOs</b></p>	<p>See below</p>
<p><b>Indicators for CSOs</b></p>	<p>See below</p>
<p><b>Information taken from individual CSO proposals: Objectives, Activities and Indicators</b></p>	
<p><b>Individual CSO</b></p>	<p>IbnSina</p>
<p><b>Objectives</b></p>	<p>2.1. Establish a professional educational program which includes need assessment, logistical and selection planning, recruitment of staff, education, deployment and supervision of midwives 2.2. Provide educational standards based management (SBM) for 20 women selected from areas where there are functioning health facilities. 2.3. Deploy trained community midwives at the end of 18-month training in those health facilities where they have been selected from. 2.4. Increase demand for midwifery services in Zabul province by providing IEC and BCC through CHBHC networking 2.5. Improve clinical training capacity of existing health facilities in Zabul, so that they can provide Community midwifery students' adequate practical training opportunities. 2.6. Link with and support delivery rooms in the 1 PH, 1 DH, 7 CHCs, and 3 BHCs, so that they can provide opportunities to improve student experience, as well as to increase awareness of, and demand for skilled birth attendants. 2.7. Ensure integration of gender-sensitive delivery practices.</p>

<b>Activities</b>	Establish a project office; Staffing; Conduct student training; Equip classrooms; Pursue accreditation for program from MOPH; Provide technical support to health centers; Provide \$30 cash incentives to students; Provide simulation lab with practice models; Upgrade clinical areas for use as practice sites; Train clinical trainers; Supervise training; Take care of student logistics: housing, security, other facilities
<b>Indicators</b>	"Number of local women nationally certified as qualified community midwives who successfully finished all 3 phases of the training; Number of above 5 years women consultation per person per year; Proportion of all pregnant women receiving at least one ante-natal care; Proportion of deliveries attended by the skilled workers in the facilities; Percentages of deliveries attended by community midwives; Proportion of all delivered women receiving post natal care; Number of current users of contraceptives (FP); Proportion of pregnant women receiving at least two doses of TT ;Number of female community midwives completed first phase of training; Number of female community midwives completed second phases of training; Number of female community midwives completed third phases of training; Proportion of health facilities with at least one midwife; Percentage of practical facilities that use gender sensitive services
<b>Individual CSO</b>	<a href="#">BDN</a>
<b>Objectives</b>	1. To provide an effective, high quality educational program for the training competent community midwives. 2. To establish an education program to encompass a health working workforce planning approach that encompasses logical and rational planning in recruitment, selection, education, deployment and supervision of community midwives in the province. 3. Actively support the improvement of services according to standards within Provincial Hospital (especially in the maternity wards) and health centres to an acceptable level so that they may serve as clinical training facilities) 4. Expand the role of midwives in delivering services on those maternity wards 5. Support the transfer of learning process to ensure that CME graduates apply their knowledge and skills appropriately, through the development of supervision networks in the provinces of interest 6. Ensure the integration of gender-sensitive service delivery practices
<b>Activities</b>	1. Establish comparable number Female Local Health Committee especially from the areas where students have originated that will link midwives with BPHS network 2. Promote awareness through the existing CHW network about community midwives to make sure that people have adequate knowledge in recognizing their need for seeking health services. 3. Channel the health education campaigns through religious leaders being the top most potential influential people among the afghan society. 4. Conduct IEC/BCC health education sessions in the Ghazni Provincial Hospital intended to be used as clinical site for the students of this Programme 5. Involve all essential medical staff of the Ghazni Provincial Hospital that is going to be used for practical clinical in giving health education to the clients. 6. Conduct birth planning sessions as community based. Health seeking behaviour will be specifically focused during these sessions. 7. Mobilize communities to understand and accept the role that Community Midwives will play, and involve them in community midwife selection. 8. Community Health Workers and others educate community members about danger signs, when to call a midwife, the value of delivery with a midwife present, and birth preparedness. 9. Link with accelerated female literacy Programmes such as the Learning for Life Initiative, for the development of literacy skills in a sufficient number of women

<p><b>Indicators</b></p>	<p><b>Objective 1:</b> # of teachers having experience of teaching in CME schools; # of students in the programme; # of students housed in the hostel; Average score on end-of-phase knowledge assessment exam; % of students who passed the clinical assessment; # of students who successfully completed the training phase; % of time that students spent in classroom/skills-lab/hospital; # of deliveries per student in current reporting period  <b>Objective 2:</b> Presence of CME Committee encompassing the members from community with a clear TOR; # of women having better access to health services due to deployed midwives at the HF; # of enrolled students meeting the criteria as specified in this proposal; # of LHCs met and involved in the selection of candidates for the Programme  <b>Objective 3:</b> % of standards achieved in classroom and practical instruction; % of standards achieved in clinical instruction and practice; % of clinical standards achieved in the hospital and health centre; % of community midwife knowledge score of BSC  <b>Objective 4:</b> # of midwives of the training facility got refresher training; % of deliveries in the target facilities attended by trained community midwives; Proportion of midwives who report that their roles in maternity wards have expanded  <b>Objective 5:</b> # of clinical and hospital staff got preservice training to supervise the activities of community midwives; # of LHCs involved in CME Programme activities and supervising graduates; # of graduates deployed in the anticipated HFs; # of graduates attending the female community health committee meetings; # birth planning sessions conducted by graduates  <b>Objective 6:</b> # of meetings held with LHCs about discussing gender related issues; # of graduates trained in gender awareness; # of meetings held with Provincial women; Affairs office by CME Programme; # of mosques taken the gender issues as agenda on their Friday khutba</p>
<p><b>Individual CSO</b></p>	<p>BRAC (proposal unavailable)</p>
<p><b>Objectives</b></p>	<p>Data unavailable</p>
<p><b>Activities</b></p>	<p>establishment of a CME program and resource centre; training and deployment of 18 female CMWs; support and supervision of clinical practices; External evaluation and accreditation through National Midwifery Education and Accreditation Board (NMEAB)</p>
<p><b>Indicators</b></p>	<p>(Outcomes expected) - CME school and program established; 18 participants selected and undergoing theoretical and clinic placed CWS training; Clinical placement supervision being undertaken; 18 CMWs completed training; External evaluation conducted, graduated community midwives accredited; Graduated CMWs deployed at the health facilities and providing midwifery services; Supervision and support being provided; Ongoing extended midwifery services available; Ongoing utilization of training facilities; ongoing clinical supervision and support; Graduated CMWs deployed at the health facilities and providing midwifery services</p>
<p><b>Individual CSO</b></p>	<p><a href="#">Save the Children USA</a></p>
<p><b>Objectives</b></p>	<p>1. Lead an effective, high quality program for the education/training of highly competent CMs. 2. Ensure a health workforce planning approach in the project through clear, objective CM student recruitment/selection, appropriate training, rational CM deployment and strong post-graduation support/supervision. 3. Actively support the improvement of services within hospitals and health centers to an acceptable level to ensure high quality clinical practice by CME students and graduates. 4. Work with hospital and clinic doctors, nurses and midwives to expand CMs' role in delivering care/services in maternity wards and delivery rooms. 5. Support CMs after they graduate to ensure they apply knowledge and skills appropriately. 6. Support other recently-graduated CMs to play a strong role in increasing use of antenatal, postnatal, skilled delivery and family planning services. 7. Ensure the integration of gender-sensitive service delivery practices.</p>
<p><b>Activities</b></p>	<p>SC/US and AADA propose to establish a CME school in Maimana town of Faryab Province. This school will educate 25 new community midwives, according to existing curricula and assessments, who will be selected from communities based on existing standards, and who will return to their communities—and be supported—after graduation.</p>

<b>Indicators</b>	Objective 1: Quality of teaching improved; # of students successfully completing each phase of midwifery education <b>Objective 2:</b> PHCC meetings with CME discussions; Post-graduation follow-up support for midwives placed in rural areas <b>Objective 3:</b> # of clinical sites for clinical practice; % of clinical standards achieved <b>Objective 4:</b> % of primiparus deliveries conducted by graduated midwives in maternity wards <b>Objective 5:</b> Quarterly CME graduate/midwives performance and technical meetings; Supervisory system Implemented <b>Objective 6:</b> Community based BCC and CM activities carried out with for MNC and midwives. Increase in utilization of ante-natal, deliveries and family planning <b>Objective 7:</b> % of clinical practice sites that use gender sensitive services: 1. informed consent and choice approach 2. confidentiality 3. ethnic group considerations (Note: TBD)
<b>Individual CSO</b>	Coordination of Humanitarian Assistance (proposal unavailable)
<b>Objectives</b>	Data unavailable
<b>Activities</b>	mapping and identification of ways of working with private providers; training, activity planning and equipping vaccinators; embedding vaccinators in existing health care teams; BCC/IEC strengthening coordination and cooperation systems; data collection, monitoring, evaluation.
<b>Indicators</b>	(Outcomes expected) - Data base established and private providers registered; Vaccination services improved and coverage increased; Awareness increased; Improved coordination - Private practitioners contributing to public prevention initiatives; Increased demand and utilization of health services; Improved responses to health issues and service provision; Ongoing partnerships between private and public service providers; Decrease in vaccine preventable diseases; Continued intersectoral and interagency collaboration
<b>Individual CSO</b>	HealtNet TPO (Uruzgan Province) and Humanitarian Assistance and Development Association for Afghanistan (proposal unavailable)
<b>Objectives</b>	Data unavailable
<b>Activities</b>	Mapping, TNA and training of 30 private practitioners; equipping and supplying private health facilities and suppliers; establishing professional medical association
<b>Indicators</b>	(Outcomes expected) - Data base established; 30 private practitioners in training; Promotive & preventive services available; Upgraded private health care facilities; 30 private practitioners completed training; 30 private health facilities equipped and available; Promotive and preventative services available; Availability of quality medical supplies; Establishment of professional medical association; Ongoing availability of private health facilities and promotive and preventive services; Ongoing availability of quality medicines; Ongoing functioning of professional peer development through medical association

Annex E: Global Evaluation Framework

