Gavi CSO Constituency
for Immunisation and Stronger Health Systems
Helping to reach Every Child with Immunisation and Health Services

THE CIVIL SOCIETY COUNTRY PLATFORMS PROJECT
FOR STRENGTHENED HEALTH SYSTEMS
**TABLE OF CONTENTS**

03  GENERAL PRESENTATION

04  CSO DESIGNATION

05  THE CIVIL SOCIETY ROLE IN IMMUNIZATION

06  PROJECT APPROACH

07  HOW CIVIL SOCIETY PLATFORMS COLLABORATE WITH MINISTRIES OF HEALTH

08  SPOTLIGHT ON CSO PLATFORM: ZCSIP

10  SPOTLIGHT ON A CSO PLATFORM: POSVIT

11  KEY DATA AFTER 6 YEARS OF PROJECT YEARS
Civil Society Organizations (CSOs) contribute to immunization and health systems by creating demand for and uptake of routine and punctual childhood vaccines, directly supporting their country’s national immunization goals.

In 2011, the Gavi CSO Constituency was awarded funding by Gavi to implement civil society activities related to its Strategic Goal: contribute to strengthening the capacity of integrated health systems to deliver immunization by resolving health systems constraints, increasing the level of equity in access to services and strengthening civil society engagement in the health sector.

The Gavi CSO Steering Committee aims to unite the voice of Civil Society Organisations at country-level to improve coverage and equity for the provision of essential health and immunization services in partnership with the national Expanded Program for Immunization.

THE “GAVI CSO COUNTRY PLATFORM PROJECT”, AIMS TO ACHIEVE THE FOLLOWING FOUR OBJECTIVES:

1. To establish functional civil society platforms to engage in immunization and health system strengthening processes.

2. To increase the capacity of country-level CSO platforms engaging in discussions around health systems strengthening (HSS) activities.

3. To ensure that target country governments and development partners recognize and engage with established CSO platforms.

4. To link communities with immunization and health systems.

Under the guidance of the CSO Steering Committee, the Gavi CSO Project established a total of 24 national CSO platforms for immunization and health systems strengthening since from 2011 to 2018, through 4 different phases. The Project was managed by two Fund Managers, CRS and REPAOC, with the support of the Gavi CSO Oversight Advisory Group.
THE MAJORITY OF PLATFORM MEMBERS SELF-IDENTIFY AS A COMMUNITY ASSOCIATION, CHARITY OR NGO: 98% OF THEM ARE REGISTERED WITH THEIR GOVERNMENT AND MORE THAN 60% COUNT WITH 0 TO 10 EMPLOYEES THEIR ACTIVITIES*, ADDED TO A NETWORK OF UP TO 25 VOLUNTEERS.

DEFINITION OF CSO DESIGNATIONS:

Academic organization: an organization that is tertiary, research and a policy think tank.

Charitable organization: a non-profit organization that focuses on philanthropic goals as well as social well-being (e.g., charitable, educational, religious, or other activities serving the public interest or common good).

Community association: non-governmental association of participating members of a community, such as a neighborhood, village, condominium, cooperative, or group of homeowners or property owners in a delineated geographic area.

Consumer organization: advocacy groups that seek to protect people from corporate abuse like unsafe products, predatory lending, false advertising, astroturfing and pollution.

Foundation: a non-governmental entity that is established as a nonprofit corporation or a charitable trust, with a principal purpose of making grants to unrelated organizations, institutions, or individuals for scientific, educational, cultural, religious, or other charitable purposes.

Non-governmental organization: a non-profit organization that is independent of states and international governmental organizations, usually funded by donations, but some avoid formal funding altogether and are run primarily by volunteers.

Professional association (also called a professional body, professional organization, or professional society): a nonprofit organization seeking to further a profession, the interests of individuals engaged in that profession and the public interest.

Religious organization: a religion-based organization whose board members come from a specific religion.

*numbers taken from the 2018 CRS GVAP survey
83 Million people who learned about immunisation from a civil society organization (2012-2018):

26 Countries with National Civil Society Platform for Immunisation

6.9 Million children vaccinated by a CSO in 2017 vs. 3.3 Million in 2014

Over 80% of CSO have encountered at least one child who had never been vaccinated in 2017

THE CIVIL SOCIETY ROLE IN IMMUNISATION

Source: CRS GVAP survey 2018 GVAP survey

www.gavi-cso.org
**How Civil Society Platforms Are Collaborating With Ministries of Health**

- **BUDGETS**
  - Civil society in Malawi successfully advocated for an increase in the national health budget and allocations to the immunisation program.

- **RESOURCES**
  - Civil society in Uganda works with UNICEF to recruit, train, and supervise District Immunisation Champions that extend the reach of the government’s immunisation program.

- **FUNDRAISING**
  - In 2015 alone, civil society platforms in thirteen countries raised more than 2.5 million dollars to support national immunization programs.

- **RESEARCH**
  - Civil society in more than twenty countries have carried out independent research on barriers to immunisation and made the results available to Ministries of Health.

**HOW MINISTRIES ENGAGE WITH CIVIL SOCIETY**

<table>
<thead>
<tr>
<th>Engagement Area</th>
<th>100%</th>
<th>82%</th>
<th>59%</th>
<th>50%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordination to reach vulnerable populations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Membership in health sector coordinating bodies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participation in joint evaluations of national health plans</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Design of health system strengthening programs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**IN OTHER WORDS**

“I want to pay special tribute to all the volunteers and civil society workers who put their lives at risk every day in saving the lives of millions of children … Just as we say no woman should die while giving life, equally no child should die of preventable diseases once born … One child’s death is one death too many. We can and must do more to reach every child with life saving vaccines.” Dr. Asha Mohammed, Chair of the Kenya Health NGOs Network and Deputy Secretary General, Kenya Red Cross
PROJECT APPROACH

Twenty-six countries have been introduced to the Gavi support package over the course of 6 project years. CRS and REPAOC provided continuous mentorship and training so that platforms can establish governance and financial systems. In June 2018, the 24 active civil society country platforms count with over 1900 active members.

# in CSO PLATFORMS
RESULTS AS OF JUNE 2018

- **17** CSO platforms with seats on the ICCs
- **6** Platforms with MoUS signed with govt and dev partners
- **15** CSO platforms that advocate on HSS policy issues
- **13** HSS proposals with a defined role for CSOs
- **18** CSOs presenting experiences to international partners

Phase 1 Countries (from 2012)
1. Democratic Republic of The Congo
2. Burkina Faso
3. Ghana
4. Ethiopia
5. Kenya

Phase 2 Countries (from 2013)
6. Liberia
7. Haiti
8. India
9. Nigeria
10. Chad
11. Guinea
12. Pakistan
13. Uganda
14. Malawi

Phase 3 Countries (from 2014)
15. Cameroon
16. Cote d’Ivoire
17. Mali
18. Togo
19. Benin
20. Madagascar
21. Sierra Leone
22. Zambia

Phase 4 Countries (from 2016)
23. Central African Republic
24. Niger
Throughout the years, the platform has shown many great practices and achievements including the following:

- Its decentralization to the 24 Districts with lowest immunization coverage as well as the delegation of planning authority to District level;

- Its great planning and leadership skills in the HPV vaccine introduction Campaign, where it showed creative community mobilization skills with the campaign ‘Be a VIP Girl: Vaccinated, Immunized, Protected,’ which created a high level of community engagement and demand for the vaccine (2016-17);

- Its participation in the Cholera outbreak emergency response team in Lusaka District, upon the request of MoH, through CHAZ (Jan. 2018);

Through CHAZ, ZCSIP has recently been elected to receive Gavi HSS funding to do social mobilization and defaulter tracking activities during a 3-year period in 6 Districts, starting in March 2018.

Overall, we can say that the Project in Zambia has reached all the project indicators for success. Whether it’s for its institutional and financial capacity or its participation in national planning, the performance of the Platform was remarkable!

SPOTLIGHT ON A CSO PLATFORM: POSVIT

The Plateforme des Organisations de la Société Civile pour le Soutien à la Vaccination et à l’Immunisation (POSVIT) was created in September 2013. Despite little precedent for national-level civil society advocacy, no pre-existing platform, and tenuous Government support, POSVIT has since grown to be an exceptionally strong platform with 328 member organizations. POSVIT maintains both a national-level coordinating seat in the capital, and sub-national coordinating units in five regions: Guéra, Logone Occidental, Mayo-Kebbi est, Mayo-Kebi Ouest and N’Djamena.

POSVIT consistently overcomes great logistical challenges – poor nation infrastructure, weak Internet and phone connectivity, and insecurity – to ensure that its members are engaged, informed, and coordinate well with one another.

The platform’s core mandate is to first improve community knowledge of immunization and their demand for and access to immunization services; as well as to increase civil society involvement in Health System and Immunization Strengthening (HSS); and finally to support the Expanded Program on Immunization (EPI) to increase immunization coverage and equity.

They are a key player in the national immunization week. Carrying on edutainment, they also train community supervisors to do sensitization and mobilization; and advocate for religious leaders to use their influence to increase immunization coverage.

One of the platform’s core strengths is their close collaboration and excellent reputation with EPI and the Ministry of Health (MoH). Notably:

- At a request of MoH, POSVIT established a regional platform in the Moyen-Chari region;
- EPI reviews and validates POSVIT work plans;
- POSVIT is integrally involved in writing the EPI annual report;
- POSVIT is a member of the ICC and the EPI Technical Committee;
- Since 2014, POSVIT has accepted EPI invitations to participate in joint-EPI evaluation meetings;
- POSVIT helped draft the recent HSS proposal submitted to Gavi;
- The platform was invited by MoH to collaborate in drafting the "PNDS 2017-2020" National Health Plan
- POSVIT collaborated with the World Health Organization (WHO) to conduct the Guinea Worm Eradication Program.
- Community members are following the transhumance corridor to locate and sensitize nomadic populations on the importance of immunization;
- The platform, together with MoH and other partners set up seven Regional Community Health Observatories across the country, which would contribute to improving access and quality of health services through advocacy and awareness raising.

POSVIT members benefited from a CRS-sponsored training in advocacy, and has since been applying their knowledge to advocate for greater CSO involvement in health policy planning and for more EPI support from religious and traditional leaders.

POSVIT has trained journalists on the importance of immunization and the danger of vaccine-preventable diseases and has signed a Memorandum of understanding with many radio stations for the dissemination of immunization messages.
KEY RESULTS

1. On the 26 CSO Platforms that were supported throughout the Project course, 25 are registered with their Government and active to date; 98% of their members are registered as well;

2. 16 CSO Platforms have a seat on their Inter-agency Coordination Committee, 12 have a seat on their Health Sector Coordination Committee and 9 on their National Advisory Committee on Immunization.

3. 5 CSO Platforms are receiving Health Systems Strengthening funding directly from their Governments and 3 Platforms count with CSO members receiving it;

4. From January to June 2018:
   • Over 2.6 million individuals were reached with immunization messages across the project countries through drama, home visits, and community dialogue sessions;
   • 6 CSO Platforms participated in the Joint Review of the national immunization program;
   • 13 health policies were developed with documented inputs from CSO Platforms and 13 were developed and approved;

KEY FINDINGS

1. Platforms are more likely to be more efficient and members united if Platform has the capacity to subgrant funds to its members.

2. The use of a facilitating CSO has both positive and negative points; the fitness of this approach depends on the financial status of the Facilitating CSO. One that is financially stable and has strong organizational systems can be an enormous asset to a young platform.

KEY RECOMMENDATIONS FOR EFFICIENCY & SUSTAINABILITY

1. Make platform governance participatory and accountable to the members

2. Invest in decentralized platform structures

3. Understand what the value-add to EPI is - and can be - and emphasize it

4. Establish good planning and documentation practices early on