



GAVI CSO Constituency



GAVI CSO Celebrates World Immunisation Week: Working Together To Strengthen Health and Immunisation Systems

The [GAVI Civil Society Constituency](#) (GAVI CSO), with the support of the GAVI Alliance, is working in 14 countries to strengthen Civil Society participation in Immunisation and Health-System Strengthening (HSS) as part of the GAVI Business Plan. The GAVI CSO HSS project-- which **responds to the needs and priorities of Ministries of Health, CSOs, and in-country partners supporting the Expanded Program on Immunization**-- is managed on the Constituency's behalf by Catholic Relief Services (CRS). It began in 2012 with seven focus countries; Burkina Faso, DR Congo, Ethiopia, Ghana, Kenya, Malawi, and Pakistan, extending into seven additional countries through a second phase that began in 2013: Chad, Guinea, Haiti, India, Liberia, Nigeria and Uganda.

The objectives of the GAVI CSO HSS project are four fold:

1. Establish, in each of the 14 countries, a functional Civil Society platform to engage in immunization and health system strengthening processes;
2. Strengthen the capacity of these country-level CSO platforms to engage in discussions around HSS activities for immunization;
3. Ensure that target country governments and development partners recognize and engage with established CSO platforms; and
4. Empower country-level CSO platforms to link communities with immunisation and health systems.



Messelu Tamire feeds her son Yop, 1, at their home in Guraghe zone, Sodoo district, Kela kabele, Ethiopia, on Friday, March 29, 2013.

Ethiopia and 13 other countries are strengthening their vaccination systems and increasing advocacy for those systems under a GAVI Alliance grant administered by Catholic Relief Services. Photo taken by Laura Elizabeth Pohl for Catholic Relief Services

In each of the 14 project countries, the local CRS office creates an enabling environment for the Lead CSO to coordinate a functional civil society platform capable of engaging in immunization and health system strengthening discussions and processes. Platforms are able to influence and engage with country governments and development partners, ultimately linking communities with immunization and health systems. **Ideally, these country CSO platforms will also be key partners in implementing the Global**

Vaccine Action Plan (GVAP) at the country and community levels. CRS' role as grant manager is to strengthen participating countries' CSOs' capacity in financial management, reporting, advocacy, coordination and project monitoring. The project is also supported by a five-member Oversight Advisory Group (OAG), comprised of senior civil society representatives and currently serving members of the GAVI CSO Steering Committee.



Alizeta Sore (left), a community health worker, holds the yet-to-be-named child of Kadidia Sawadago before the baby receives a vaccination from Dieudonne Pouye at the Peele Health Center in Peele, Bogodogo Health District, Burkina Faso on Friday, April 5, 2013.

Catholic Relief Services is supporting improved and strengthened vaccination systems in Burkina Faso and 13 other countries through a grant it administers from the GAVI Alliance. In Burkina Faso, this strengthening work includes incorporating vaccination education and services into the plans of organizations already working with children and advocating the government for wider civil society organization involvement in vaccine delivery in places like Peele. Photo credit: Laura Elizabeth Pohl for Catholic Relief Services

Below are some of the highlights from country-level CSO platforms in the seven “first-wave” countries (Lead CSO noted in parentheses):

Burkina Faso (Secretariat Permanent des ONGs du Burkina FASO (SPONG))	<ul style="list-style-type: none"> Completed CSO mapping within the country and established an online platform for network dialogue and exchange; more info available through (spong_sante@googlegroups.com).
DRC (Soins de Sante Primaires en Milieu Rural (SANRU))	<ul style="list-style-type: none"> Created a platform that brought together the national level CSOs within the country and held two advocacy missions to provincial health authorities to advocate for CSO participation in all other meetings where GAVI funds are discussed
Ethiopia (Consortium of Christian Relief and Development Association (CCRDA))	<p>Hosted four panel discussions on immunization with attendance of over 150 CSOs. Representatives from five of their platform member CSOs were sponsored to attend a GAVI-sponsored Advocacy Training of Trainers (ToT) workshop in Accra, Ghana. Those in attendance drafted an advocacy strategy for the network in Ethiopia. The platform also published an NGO mapping directory that included all the CSOs in their platform with a detailed description of what they do and their contact details. This has given stakeholders within the country easier access to CSO information.</p>
Ghana (Ghana Coalition of	<ul style="list-style-type: none"> Carried out an assessment of CSO participation in the national health sector committees and working groups in country and extended this to a review of the CSOs receiving HSS

NGOs in Health (GCNH))	<p>funding from GAVI, World Bank and WHO. The aim of this was to identify overlaps, gaps and challenges and give recommendations on future HSS support to CSO implementers.</p> <ul style="list-style-type: none"> ▪ The platform also trained 20 of the CSOs in their platform in proposal development and HSS processes and hosted an Advocacy ToT for 13 local and 5 Ethiopian CSO representatives. They also trained 33 members to use advocacy to engage duty bearers in achieving health policy reforms. More info available at http://m.myjoyonline.com/pages/edition/news/201212/98870.php.
Kenya (Health NGOs Network (HENNET))	<ul style="list-style-type: none"> ▪ Undertook an assessment of the available entry points to access donors including a joint planning process related to immunization, HSS and HSPF, to identify and remove roadblocks to CSO engagement. ▪ The platform became part of the team developing a country proposal for GFATM/GAVI, to be used by MOH, the CCM and health CSOs. ▪ Held information sessions with HENNET members, consultants (from Coalition database) and donors regarding upcoming funding opportunities
Malawi (2012: HREP; 2013: Malawi Health Equity Network (MHEN))	<ul style="list-style-type: none"> ▪ The platform served on the core team that was involved in the development, review and monitoring of the JANs process and participated in the Global Fund/GAVI proposal development. They also participated as a core team member in the harmonization of existing GF and GAVI grants
Pakistan (Civil Society Human and Institutional Development (CHIP))	<ul style="list-style-type: none"> ▪ The platform carried out a CSO mapping exercise and finalized on a report listing all available immunization grants and disseminated it to more than 60 CSOs in Sindh and published it on the platform's website. They also compiled a list of donors willing to fund immunization activities ▪ Launched CSO media campaign with two advertisements published in the local dailies, two TV stations and broadcast through four radio programs. Three articles were also published in the national health publication <i>Pulse</i> (see link below) http://pulsepakistan.com/index.php/main-news-jan-15-13/191-community-needs-to-be-educated-to-see-antenatal-and-childhood-vaccination-dr-rozina-farhad-mistry ▪ The platform also formed a review panel of technical experts to identify bottlenecks and opportunities for CSO involvement in HSS at provincial level and developed a discussion paper focusing on ways CSOs can help improve immunization coverage.

For further information, please refer to the “GAVI CSO Program Snapshot” document, available on gavico.org, or contact Judith Omondi, Judith.Omondi@crs.org, GAVI CSO Project Manager in CRS’ East Africa office.