

Health System Strengthening Programme Evaluation

Ethiopia

Gavi provided funding for Ethiopia's health system strengthening (HSS) programme from 2006-2012. The 2014 HSS support evaluation was commissioned by Gavi and conducted by JaRco Consulting PLC.

BACKGROUND

Recognising that achieving immunisation coverage is dependent upon strong service systems the Gavi Board took the first steps to widen Gavi support to HSS in 2005.

Countries are encouraged to use Gavi HSS funding to target the "bottlenecks" or barriers in the health system that impede progress in improving the provision of and demand for immunisation and other maternal and child health (MCH) services.

Ethiopia's HSS programme focused on addressing barriers in three areas: (i) improving immunization and other primary health care services; (ii) improving access and use of effective, functioning health services, and (iii) increasing equity in access and enhanced civil society engagement.

OBJECTIVES

The objectives of the evaluation are to assess:

- Contribution of Gavi HSS funding in Ethiopia
- HSS programme design and implementation
- Implementation of past recommendations while exploring areas not covered in past evaluations
- Efficiency of grant utilisation.

METHODOLOGY

Findings are based on qualitative and quantitative data collected through document review, questionnaires, field visits, and key informant interviews.

KEY FINDINGS

Gavi's HSS funding in Ethiopia has been catalytic in attracting funds from other donors towards a common pool that could be used flexibly and effectively and in supporting a country-led approach to respond to local needs.

The presence of an in-country Gavi representative would have facilitated closer oversight of the programme and potentially better coordination between partners, donors, and the Ministry of Health.

The Gavi Secretariat should have given more consideration to reprogramming decisions and the implications for health workforce skills and service delivery.

Substantial progress has been made in the U5MR leading to the achievement of MDG 4 in 2013. The impact of HSS funding on services such as antenatal care, skilled birth attendance, and HIV treatment may have contributed more to the U5MR than increased immunization coverage, indicating an opportunity to further decrease child morbidity and mortality through improved immunization strategies.

A possible unintended consequence of the HSS programme has been to increase disparities in DPT 3 coverage along the socioeconomic gradient.

RECOMMENDATIONS

Provide clear guidelines to recipient countries for proposal formulation.

Design the proposal to map activities between the different Gavi funding support channels – CSO, ISS, HSS, including a requirement by applicant countries to check duplication of activities at country level and to be addressed in country application.

Ensure that major indicators identified in the proposal are able to be measured at country level and there is technical capacity available for information management systems.

Ensure adequacy of staffing and resources at national level to oversee HSS implementation.

The report's final recommendations help inform the country and Gavi Board regarding future HSS proposals from the country.
