

Health System Strengthening Programme Evaluation

Nepal

Gavi provided funding for Nepal's health system strengthening (HSS) programme through a pooled funding mechanism from 2010-2014. The 2015 HSS support evaluation was commissioned by Gavi and conducted by CEPA and HERD.

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.

Nepal's HSS programme focused on three key areas:

- i. train community-based health workers
- ii. expand micro-planning in low-performing districts
- iii. essential logistics management facilities in all districts.

OBJECTIVES

The overall aim of this evaluation is to identify key advantages and disadvantages of support through a pooled funding mechanism and highlight essential lessons that could be useful to guide Gavi's future HSS support in Nepal and other countries.

METHODOLOGY

Findings are based on both qualitative and quantitative data collected through document review, questionnaires, field visits, key informant interviews, counterfactual analysis, and a country case study analysis.

KEY FINDINGS

Gavi's HSS support to Nepal through the pooled funding mechanism has been of added value to both Nepal and Gavi including:

- leveraging limited HSS funds and reduction in transaction costs
- not overly diluting the immunisation focus
- adhering more strongly to aid effectiveness principles

- reducing burden on government
- coordinated and predictable funding
- substantial progress on key health outcomes
- stronger communal voice for change.

Gavi has not effectively leveraged its influence as a pooled funding donor in Nepal.

Joint Annual Reviews under the pooled fund have worked well for Nepal.

Lessons from application experience under the Nepal Health Sector Programme II (NHSP-II) have not been incorporated in the next phase of Gavi HSS support to Nepal.

Stakeholders questioned the extent to which WHO and UNICEF country offices forward Gavi's agenda in addition to their specific work programmes.

RECOMMENDATIONS

Continue providing HSS support to Nepal through a pooled fund and consider this approach for other Gavi-eligible countries.

Fully leverage Gavi's role as a pooled fund donor to actively influence policy.

Develop a tailored approach for M&E of HSS pooled fund support.

Provide greater clarity on scope, objectives, and purpose of HSS support through pooled funds.

Incorporate into future HSS support to Nepal lessons from application experience under the NHSP-II.

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