

Health System Strengthening Programme Evaluation

Sudan

Gavi provided funding for Sudan's health system strengthening (HSS) programme from 2008-2013. The 2015 HSS support evaluation was commissioned by the Government of Sudan and conducted by Abebe Alebachew and Shahd Osman.

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.

Sudan's HSS programme focused on addressing system barriers and weak managerial capacities at state and local levels that impeded access to immunization services.

OBJECTIVES

The evaluation study explores four questions:

- Have health system organization and management, planning and development, financing, management of information systems, and monitoring and evaluation been strengthened or built in the target areas?
- Have human resources for health been developed and capacities strengthened for the production, deployment, and retention of PHC workers?
- Has the HSS funding contributed to an increase in vaccination coverage among the target population?
- Has the HSS funding contributed to an increase in equitable coverage and access to quality PHC services for MCH in the targeted areas?

METHODOLOGY

Findings are based on qualitative and quantitative data collected through document review, questionnaires, field visits, and key informant interviews consulting a wide selection of individuals involved in the Gavi HSS process.

KEY FINDINGS

Health system strengthening activities supported by Gavi's HSS funds were timely in Sudan and are aligned with the government's priorities to fill gaps in community level service delivery.

Producing more doctors, specialists, and allied health professionals alone failed to ensure a sufficient number of health workers, a result of frequent turnover of health workers and international migration.

Support for organizational strengthening and HRH was more effective than for planning, monitoring, and evaluation which were adversely affected by changing priorities.

RECOMMENDATIONS

An alternative to losing health workers to international migration is for recipient countries to invest in HRH production in Sudan in exchange for time-limited work in investors' countries.

Chart the process and mechanism of planning and budgeting starting from the community level.

Fast-track the design, piloting, and scaling up of community-based health financing for the informal sector as a road map to universal access in Sudan.

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