

Health System Strengthening Programme Evaluation

Tajikistan

Gavi provided funding for Tajikistan's health system strengthening (HSS) programme from 2008-2014. The 2014 HSS support evaluation was commissioned by Gavi and conducted by Curatio International Foundation.

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.

Tajikistan's HSS programme focused on five key areas:

- i. Strengthen the evidence base for decision-making at central/local levels to develop financial commitment for primary health care (PHC) services
- ii. Increase PHC service access in remote hard-to-reach areas
- iii. Increase PHC facilities' data collection and reporting capacity
- iv. Strengthen PHC and public health staff capacity for integrated management of childhood illnesses, vaccine preventable diseases, and adverse events following immunization surveillance
- v. Increase demand for timely immunization through increased awareness and conditional cash transfers.

OBJECTIVES

The objectives of the evaluation are to provide solid evidence to what extent Gavi HSS support to Tajikistan achieved its objectives and contributed to strengthening the health system of the country.

METHODOLOGY

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

KEY FINDINGS

Almost all facilities needing basic equipment, including cold bags, medical supplies, and small parts for PHC facilities in selected districts, received it.

Efforts to increase PHC capacity in data collection, reporting, and analysis to facilitate evidence-based decision making and planning were fully effective: 100% of visited facilities were equipped with immunization documentation.

Engagement of UNICEF and WHO was extremely insufficient in the review and approval of annual budgets, implementation plans, and preparation of the programme proposal.

Conditional cash transfers provided to mothers as an incentive to increase demand for immunization were marginally effective: only 30% of beneficiaries were reached

Increased immunization rates since 2009 were observed throughout the country.

RECOMMENDATIONS

Improve HSS M&E guidance to ensure appropriate indicators are included allowing adequate measurement of outcomes resulting from HSS investment.

Either exploit the full potential of the Alliance's current partnership model where possible, or develop alternative mechanisms to more proactively support country programme implementation.

In high-risk countries, such as Tajikistan, Gavi's hands off management model may increase exposure to programmatic and financial risks and may not provide adequate levers for risk management/mitigation.

Ensure Gavi operational policies clearly define accountability responsibilities for the Secretariat as well as for a partner country and set clear rules based on the principles of mutual accountability.

For programmatic and financial data transparency, place on the internet the HSS programme description in a local language, annual budgets, annual expenditure reports, programme targets, and monitoring and evaluation results.

Ensure annual joint review of the HSS programme with active engagement and participation of the partners.

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