

Health System Strengthening Programme Evaluation

Republic of Yemen

Gavi provided funding for Yemen's health system strengthening (HSS) programme from 2007-2013. The 2014 HSS support evaluation was commissioned by the government of Yemen and conducted by Sharon Beatty and Musaid Almagribi.

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.

The four objectives of Yemen's HSS programme were to:

- I. strengthen vertical programmes
- II. improve health management systems
- III. pilot in 64 districts of outreach and fixed services.

OBJECTIVES

The evaluation examined each of the four project as well as quality of project processes, inputs, outcomes and outputs. It also assessed access/coverage, effectiveness, efficiency, relevance, impact, and sustainability.

METHODOLOGY

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

KEY FINDINGS

The HSS programme has achieved positive initial achievements and the building of a strong institutional basis for integration of vertical programmes, integrated outreach, and a community health volunteer (CHV) programme.

Access to health care has been greatly improved due to integrated outreach.

There is high variability among districts in terms of coverage and efficiency, demonstrating the need for further fine-tuning of the HSS components and of its monitoring system.

The programme has improved the skills level of health staff, especially in Integrated Management of Childhood Illnesses, micro-planning, and management.

Converting these building blocks into a 'system' of the Ministry, with all the policy, budgetary, and structural changes this requires, will be a task of the second phase Gavi-supported HSS programme.

Any weaknesses in implementation should be treated as lessons for the second HSS phase to be used to further improve effectiveness and impact.

RECOMMENDATIONS

Integrated outreach should be further refined and implemented nation-wide since it has proven to be an efficient and cost effective method to provide services to deprived populations.

Begin a gradual expansion of the package of services provided through integrated outreach to encompass the remaining HSS programmes.

Compile a detailed protocol for each of the four HSS components for stakeholders at all levels and development partners.

Tighten targeting to focus on districts and components within each district that show the lowest coverage, and those districts of highest need.

Increase the number of management staff.

Put extra funds into support, supply, and supervision of CHVs rather than financial incentives.

Analyse and feedback the data to the HSS stakeholders including the various programmes.

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