

Health System Strengthening Programme Evaluation

Chad

Gavi provided funding for Chad's health system strengthening (HSS) programme from 2008-2012 but was extended beyond this period and no formal evaluation was conducted. The End of grant evaluation was requested by Gavi and the Ministry of Health (MSP) in Chad.

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.

Chad's HSS programme focused on four key areas:

- I. Human resources
- II. Health information
- III. Medical products and essential drug supply
- IV. The organisation and management of HD

OBJECTIVES

The objectives of the evaluation are:

- Assess the relevance, effectiveness, efficiency and results of Gavi's HSS support to Chad.
- Learning for the country, Gavi, and the different national and international partners to learn lessons from this experience and
- Elicit lessons learned, including strengths and weaknesses
- Learnings about possible improvements for future support programs

METHODS

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

KEY FINDINGS

- Decision to request HSS support from Gavi was encouraged by partners (WHO) and bottlenecks in line with the PNS were identified and solutions were identified

- There have been several delays in HSS proposal submission, delayed and partial disbursement of funds, implementation deviation from planned activities, and a suspension and reprogramming of the HSS grant. Two reprogramming followed by two delayed disbursements of funds. Five years after the first HSS application in 2008, almost no activity has been implemented, and bottlenecks remained the same. The inclusion of the cold chain in the reprogramming, although a good strategy for the EPI, seems poorly planned especially since the budget has remained the same. Chad became the first country to benefit from HSS funds through EPI directly, following the tailor-made approach for the fragile country.
- There were difficulties in implementation of planned activities and there was minimal influence of the HSS I experience on the new HSS II proposal
- Efficiency in HSS expenditures but not in the selection of activities; The efficiency of the HSS is not just a question of spending funds such as planned. It is rather the prioritization of activities which would be the most effective to strengthen the HS and would have more sustainable results.
- There was minimal achievement of expected outcomes and uncertain sustainability of the achievements of HSS
- Reprogramming of grants was done in May 2012 and August 2013. No activities were implemented between 2018-2012 and reprogramming was done in 2012. There was delay in the disbursement of funds from the first reprogramming and for the benefit of EPI reprogramming was done for the remaining HSS funds.
- Planning, design and Implementation: Poor planning, low absorptive capacity at country level, reprogramming done but budget remained unchanged . Delays in disbursements and delays in implementation and bottle necks not addressed.

KEY RESULTS

- The south of the country saw an increase of immunization coverage more accelerated than the north. However, coverage in the HSS targeted health districts (HD) has always been higher than the national average, and evolved at the same rate as the other HD.
- Unfortunately, HSS has not played a catalytic or supplementary role. Hence, neither the MSP, nor the partners tried to look for funds to complement the ones of HSS. Moreover, given the barriers encountered and the suspension of the program, it remains difficult to measure the results of this HSS.
- Compared to other forms of financial support, HSS is perceived as having strengthened supervisory activities at the peripheral level and offered better accessibility to vaccination services through advanced strategies. However, besides perceptions, the outputs expected from HSS, i.e., HS management, strengthening the chain of vaccines and

medical products, as well as the strengthening of human resources, were weakly achieved.

RECOMMENDATIONS

Recommendations for the country

- Country is recommended to choose activities that would be sustainable and understand the catalytic nature of HSS
- The country is recommended to prioritise training and capacity building of health care personnel and consider MSP as a national emergency
- It is recommended to identify the factors that have contributed to the increase in vaccine coverage in southern Chad to improve overall geographical equity.
- The country is recommended to make realistic plans for implementation of relevant activities based on the programmatic and financial management capacity at country level.
- The capacity of HSS management needs to be strengthened before the implementation of the program and improve co-ordination between EPI and DP divisions
- It is recommended to have a focal dedicated person other than the Director of the DP, to coordinate and monitor the program.
- It is recommended to have collaboration between the HSS management and the department of epidemiological surveillance whose services are likely to inform the activities of Gavi.

Recommendations for Gavi

- It is recommended to Gavi to contribute to the discussion of the choice of HSS activities, or at least the areas of the HSS to target during the development of the HSS application.
- Gavi should alert countries requesting HSS support to the time needed between the approval and the first disbursement of funds so that the countries could take that into account during the planning phase. Likewise, Gavi should clearly reflect the steps to be followed by countries in case of a delay or a division of disbursements in its HSS guidelines and applications.
- Gavi should reinforce its staff in charge of evaluating countries' HSS proposals to alleviate the decision-making procedures and disbursement of funds.
- It is recommended for Gavi to have a monitoring system based on the supervision of activities and the use of the peripheral-level reports.

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