

EngenderHealth ICFP 2022 Abstract

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Abstract title

Investigating a Paradigm Shift after 10 Years: An Evaluation of the Transitioning of Essential Sexual and Reproductive Health Services to the Government of Ethiopia

Significance/background

Since its launch in April 2008, EngenderHealth's Access to Better Reproductive Health Initiative (ABRI) project has followed a rights-based approach that puts the sexual and reproductive health and rights (SRHR) needs, interests, and priorities of women and girls at the center of project implementation. EngenderHealth implemented the project in six regions and two city administrations of Ethiopia. Over the last 12 years, the ABRI project has provided strategic capacity strengthening and technical assistance to Ethiopia's Federal Ministry of Health (FMOH) and its subsidiaries, with a focus on improving service delivery, developing and adopting relevant policies and standards, and strengthening systems-related capabilities. The last phase of the project, ABRI transition, ran from January 1, 2020 to December 31, 2021. In contrast to previous phases, the ABRI transition phase aimed at moving from providing direct technical assistance on service delivery of comprehensive contraception (CC) and comprehensive abortion care (CAC) to technical assistance focused on health system strengthening. This transition aimed to build a more resilient public health system capable of delivering uninterrupted essential services.

Program intervention/activity tested

The transition phase of the project called for a paradigm shift in our approach, with core functions that we used to carry out directly moving to the FMOH. The project transitioned key roles and functions to the FMOH and its subsidiary structures, ensuring ownership and accountability for delivering uninterrupted, high-quality CC and CAC services across public health facilities. We implemented a site graduation and transition strategy and conducted a final evaluation in support of program learning. The aim of the evaluation was to determine the effectiveness of the interventions, identify challenges, and ensure the project's sustainability and government ownership.

Methodology (location, setting, data source, time frame, intended beneficiaries, participant size, evaluation approach)

The evaluation team implemented a mixed method study. The team conducted a desk review of documents, including baseline and end-line research reports, project indicators, donor

reports, and other knowledge management products. We supplemented the desk review with primary data collected from key informant interviews. The evaluation team enrolled key informants including project staff, health managers, and healthcare providers. The study team purposely selected these key informants because of their current positions, experience with CC and CAC, and close involvement with the project transition. The study team asked the key informants a series of questions related to successes, challenges, and sustainability strategies of the ABRI project using a semi-structured questionnaire. The study team coded the data and implemented a thematic-based analysis with NVIVO v. 12. Investigators identified themes based on the interview guide and organized findings according to project effectiveness, relevance, efficiency, sustainability, and impact, as well as project sustainability and exit strategies.

Results/key findings

Preliminary results regarding the project's relevance, effectiveness and efficiency, and sustainability showcase several promising findings. Over the last 12 years, ABRI has provided strategic capacity strengthening and technical assistance to the FMOH and its subsidiaries focused on improving service delivery, developing and adopting relevant policies and standards, and strengthening systems-related capabilities. We supported a total of 632 public health facilities and catchment communities and trained 17,419 healthcare providers (including 11,943 community-level providers) in CC and CAC information and service delivery. To date, the project has served more than eight million girls, women, and families with CC and CAC (7,786,362 with CC and 342,175 with CAC).

The modern contraceptive prevalence rate has increased from 37.1% in 2009 to 48.9% in 2019. Unmet need for contraception fell from 22% to 15%, while women's awareness of places of where they could access abortion care doubled. Other elements identified to ensure successful transitioning and sustainability, included: (1) strengthening the technical and program management capacity of government partners, (2) strengthening supply chain management, (3) introducing a structured on-the-job training mechanism, and (4) implementing catchment-based mentoring. Despite the impressive results achieved, we also identified several challenges to ensuring sustainable access to and utilization of SRHR information and services. Most importantly, while the project worked with the FMOH to undertake important steps to initiate domestic finance allocation for family planning, progress has been slow and uncertain and the FMOH remains heavily reliant on external aid to finance public health services, including SRHR programs.

Program implications/lessons

Through the course of the transition process, the ABRI project documented several key lessons. Central to the project's success was positioning the government as the owner of project objectives and outcomes deemed critical to sustainability. Government leadership and ownership of the transition process was essential to its success. In addition, strong collaboration between the government and implementing partners was essential to ensuring effectiveness and efficiency. Such partnerships, where all parties discuss and determine

priority interventions and agree to provide the required resources, were critical for enhancing planning and reducing duplication of efforts among stakeholders. Establishing coordination mechanisms at the district level, such as technical working groups, was also key. We also found that intensifying support to strengthen the supervisory, monitoring, and leadership capacity of the zonal health departments and woreda health offices was critical. These lessons can also be used to inform future project design to ensure local ownership and sustainability.