

GAVI support for civil society organisations in Ethiopia

Background on Ethiopia

With a population of 73.9 million, Ethiopia is the second most populous country in Africa. Located in the Horn of Africa, Ethiopia is one of the least urbanised countries in the world, with 84% of its people living in rural areas. The Gross National Income per capita stands at US\$ 220 – far below the Sub-Saharan average of US\$ 952. Nearly four out of 10 (39%) Ethiopians live below the international poverty line of US\$ 1.25 per day.

Ethiopia's health status is poor relative to other low-income countries, including those in Sub-Saharan Africa. While the under-five mortality rate is consistently declining, it remains high, with most recent survey estimates placing it at 123 deaths per 1,000 live births. Levels of DTP3 (diphtheria, tetanus, pertussis) coverage have shown a steady increase, with current coverage reaching 73% of the targeted popula-

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To reach pastoralist's communities in remote parts of Ethiopia, health workers from CSOs go out with generators and refrigerators

tion (surviving infants). However, regional disparities are wide, with the Somali and Gambella regions reporting DTP3 coverage rates of 15% and 35%, respectively.

Objectives of CSO support

By strengthening the coordination and representation of CSOs in national-level coordination mechanisms, the GAVI Alliance support is designed to facilitate the following:

- **more representative and vocal civil society inputs to national planning and implementation;**
- **stronger capacity at the country level to support communities, increase immunisation coverage, and deliver immunisation, child health care and health system strengthening activities; and**
- **increased cooperation and coordination of efforts between the government and civil society.**

Overall Expanded Programme on Immunization (EPI)

The Expanded Programme on Immunization (EPI) was introduced in Ethiopia in 1980 with the goal of increasing immunisation coverage by 10% annually and reaching 100% coverage in 1990 – a goal that has not been achieved. The long-term goal of the current EPI strategy was to reach 95% coverage both for DTP3 and measles by 2009. By 2007, only 32% of woredas (administrative units) or districts reported DTP3 coverage higher than 80%. The Family Health Division in the Ministry of Health (MoH) and Interagency Coordinating Committee (ICC) oversee the EPI. Immunisation programming is challenged by the same set

of constraints that impede the implementation of general health services in Ethiopia, including understaffing and high turnover of staff at all levels, inadequate follow-up and supervision, shortage of transportation, lack of motivation of service providers, poor functioning of outreach sites, and a weak referral system.

GAVI HSS and CSO support

The GAVI Alliance recognises the importance of utilising all resources available in countries to strengthen the health sector through improving health services, particularly immunisation. Therefore, in November 2006, GAVI, under its health system strengthening (HSS) window, launched a new type of funding to support civil society organisations (CSOs). GAVI support to CSOs includes two components. Component A, support to strengthen coordination and representation of CSOs in GAVI-eligible countries, is currently being redesigned. Component B, with provision for CSO activities in 10 pilot countries, is

designed to complement HSS proposals and align with comprehensive Multi-Year Plans (cMYPs). GAVI support is intended to encourage increased involvement of CSOs in immunisation, child health interventions and health system strengthening, and to develop closer working relationships between the public sector and civil society in the delivery of health care such as immunisation.

Objectives of GAVI's CSO support in Ethiopia

Overall, GAVI's health system strengthening support to Ethiopia is US\$ 76,494,000 for 2007 to 2009, and CSO support amounts to US\$ 3,420,000 over a two year period from 2008 to 2010. The objectives of the GAVI Alliance for CSO support in Ethiopia are to increase immunisation coverage within seven regions, three of which – Somali, Gambella, and Afar –, have the lowest immunisation rates in the country. The focus of the support will be directed to hard-to-reach and marginalised populations. CSOs such as the Afar Pastoralist Development Association (APDA), which works with the one of the most remote communities, purposely chose areas the government is not able to reach.

The five selected CSOs in Ethiopia provide a mix of technical capabilities and geographic coverage in the effort to increase immunisation coverage in the country:

- Christian Relief Development Association (CRDA),
- Afar Pastoralist Development Association (APDA),
- Oromia Development Association (ODA),
- Ethiopian Orthodox Church Development and Inter-Agency Aid Commission (EOC/DICAC), and
- Ethiopian Medical Association (EMA).



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Following a measles outbreak, children up to 15 years old had to be vaccinated in the Afar region

Elements of CSO support

- refresher training of over 25,000 health extension workers,
- an apprenticeship programme for over 12,000 health extension workers,
- 5,400 health centre staff trained in integrated management of neonatal and childhood illnesses,
- refresher training of 7,400 woreda and health centre management teams,
- training of traditional birth attendants and community-based reproductive health agents,
- training of health workers and EPI coordinators on mid-level management in immunisation,
- training of clergy to refer mothers and children to immunisation and health services.

By the end of 2011, an additional 13,700 persons, ranging from health workers to clergy, will have additional capacity to help meet the targets set in the Health Sector Development Plan.

Workshop strategy for strengthening PPP

- After introduction, initiate meeting with situation analysis and historical information on CSOs, immunisation trends, HSS initiatives.
- Create a balanced environment with different types of CSOs and public sector staff from both the central and the local level.
- Have co-leadership of MoH together with a CSO representative convene and lead the workshop.
- Strike a balance between the workshop content, sharing of data, strategic problem identification and next-step planning.
- Distribute application guidelines to participants – both from the public sector and from CSOs – prior to the workshop.
- Document the process and have a statement/ declaration signed by all CSOs who took part in the selection, signifying their agreement with the results.

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In order to reach the hard-to-reach communities, CSO health workers have to walk long distances

The engagement process in Ethiopia

Ethiopia has a strong history of public-private partnerships (PPPs), especially of collaboration between CSOs and the ministry of health. The Ethiopian MoH, GAVI Alliance staff, and members of the GAVI CSO Task Team created a model workshop to strategically engage and introduce civil society and public sector staff to the new GAVI CSO funding. The health ministry invited a total of 32 CSOs involved in immunisation, child health and health system strengthening to the workshop; 27 attended, including faith-based organisations (FBOs), development organisations, local and international non-governmental organisations (NGOs) and professional health associations. They were joined by representatives from the Family Health Bureau and the Department of Planning and Programming in the ministry, UNICEF, World Health Organization (WHO), World Bank, USAID and the Christian Relief and Development Association, an umbrella organisation with over 300 registered faith-based national and international CSOs and NGOs in Ethiopia.

During the workshop, the CSOs discussed their current activities related to increasing immunisation coverage and improving child health, and what CSOs can do to increase sustained demand for immunisation and to improve the delivery of routine immunisation and related health services.

The workshop provided a platform for the government to present to the CSO community the country's long-term plans to improve health and child survival through the work of the Health Extension Programme (HEP) under the Health Sector Development Programme (HSDP) and the country's Multi-Year Plan. This workshop was the first opportunity for different types of CSOs to discuss among themselves and with the ministry. A second workshop was held to discuss the country-specific additions to the application guidelines for GAVI funding. The guidelines were then widely advertised through e-mail to a broad range of CSOs, but also to those not part of established networks through newspapers, radio, and TV in several languages throughout the country, and a deadline for application submission was set.

Lessons learned from the consultative process

The Ethiopian experience demonstrates that it is essential to maintain a consultative process with all partners – public sector, CSOs and GAVI Alliance – in designing the workshop and defining how to utilise GAVI CSO support. Investing extra time and effort on the introduction workshop can ensure a country-driven approach, especially in countries without long and strong relations among CSOs and partners, and will lead to better and more durable returns.

The consultative process was considered to be open, participatory and transparent and it provided an opportunity to broaden the discussion and initiate dialogue across MoH divisions and with CSO partners.

Workshops obviously are perceived as the heart of the process because

- they are an effective and highly transparent vehicle to bring together the different constituencies in a country with a large civil society community,
- they are helpful in ensuring that information is conveyed to the CSOs themselves,
- they are good platforms for discussing issues of CSO representation and coordination, as well as for establishing mechanisms to communicate with government agencies.

Messaging about the objectives of each workshop needs to be developed according to the country's situation and in close collaboration with in-country partners. However, while a workshop can initiate the collaborative process, the MoH and CSOs must develop the ongoing mechanisms to periodically share progress, identify gaps, and determine solutions.

Challenges ahead

Although the consultative process undertaken during the application and proposal development stages in Ethiopia was fruitful, there are still areas that could be strengthened for future consultative processes. For example, upon grant approval, it would be worth providing an official orientation for the selected CSOs on the government's EPI as some have worked more closely together in this arena than others. This would ensure that all CSO grantees receive the most current information on immunisation practices.

Information current as of May 2010

