IHP+ 2016 MONITORING ROUND

COUNTRY REPORT TEMPLATE

COUNTRY	Ethiopia
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DATE SUBMITTED	25 October 2016

1 Process of the 2016 IHP+ Monitoring Round

Representatives of the health sector stakeholders' viz. Government, Development Partners (DPs), Civil Society Organizations (CSOs) and the Private Sector were engaged in the IHP + 2016 Round Monitoring of development effectiveness in the health sector. The monitoring framework was aimed at eight effectiveness development cooperation (EDC) practices.

1. A strong single national health strategy is supported by both government and development partners; they agree on priorities reflected in the national health strategy, and underpinning sub-sector strategies, through a process of inclusive development and joint assessment, and a reduction in separate exercises.
2. Resource inputs are recorded on the national health budget and in line with national priorities, with predictability of government and development partner funding.
3. Financial management systems are harmonized and aligned; requisite capacity building done or underway and country systems strengthened and used.
4. Procurement/supply systems are harmonized and aligned, parallel systems phased out, country systems strengthened and used with a focus on best value for money. The definition of national ownership can include use of global procurement systems.
5. Joint monitoring of process and results is based on one information and accountability platform; joint processes for mutual accountability on EDC are in place, such as Joint Annual Reviews or compact reviews.
6. Technical support is strategically planned and provided in a well-coordinated manner; opportunities for systematic learning between countries are developed and supported by agencies (south-south and triangular cooperation).
7. Civil society operates within an environment which maximizes its engagement in and contribution to health sector development.
8. Private sector operates within an environment which maximizes its engagement in and contribution to health sector development

The Federal Ministry of Health (FMOH) and 13 development partners most of them having sizeable engagement in the health sector in Ethiopia took part in the quantitative survey out of the 22 that were invited. The qualitative survey was conducted by interviewing three directors of the FMOH and ten development partners using the qualitative survey tool while three DPs submitted the questionnaire on line. Two separate focus group discussions were held with (i) representatives of five SCOs (among them was representative from CRDA, the biggest CSOs consortium) and (ii) five representatives from the private health sector. Furthermore seven

national SCOs did participate in the online survey (Monkey Survey) though 15 were requested to take part in the survey.

The findings and the draft report were presented to FMOH and an open dialogue was held at JCCC on the basis of which the action plan was drawn.

2 Commitment to establish strong health sector strategies which are jointly assessed and strengthen mutual accountability

2.1 EDC Practice 1: Partners support a single national health strategy

The current national health sector five year strategic plan covers the period 2015/16-2019/20. The designing and development of the health strategic plan was very inclusive. More than 15 sector ministries and agencies among which are Ministry of Finance and Economic cooperation (MOFEC), Ministry of Education and Ministry of Environment and Forestry were involved in the crafting of the contemporary strategic plan. CSOs in the health sector were invited through consortiums, CCRDA and CHORA and many members of the consortiums have participated. Private health associations like Medical Association of Physicians in Private Practice Ethiopia (MAPPP) and Ethiopian Pharmaceutical Associations were actively engaged. Furthermore universities and health professional Diasporas have taken part.

Development partners that took part in the survey confirmed that they have participated in the assessment of the national health plan through the JANS which was held on June 2015, while 71% of them substantiated that there were joint sub-sector assessments of the sectors that they are supporting, such as the annual Joint Appraisal (JA) of the program performance carried out by FMoH, Gavi, WHO, UNICEF and other immunization stakeholders, the Malaria Strategic Plan, TB Strategic Plan and the HIV Investment Case developed in 2015 through a process of inclusive Country Dialogue supported by the GFATM or the RMNCH mentioned by WHO.

All stakeholders align their support to HSTP for the national planning, monitoring and evaluation processes which are designed with the principle of harmonization and alignment. It is this mechanism and process that made alignment in the health sector practical.

Issues

Though all interviewed DPs agree that they partake in the joint assessment of the health sector, some (38% of the DPs involved in the survey)argue that they need separate assessment because there is lack of advance planning and adequate coordination on the side of FMOH, generic indicators are used and agency specific indicators may not be encapsulated, JRM has not been given emphasis by FMOH and this could be because similar assessments such as the Ministry's inspection mission, IHP + Monitoring are conducted in parallel with JRM, meeting the timeliness and required frequency of the reviews, and due to the intensive and time consuming work required.

2.2 EDC Practice 5: Mutual accountability is strengthened

There is the national M&E framework to monitor the implementation of national health strategy plan and 77% of the DPs that participated in the survey confirmed that they use the national health sector indictors to monitor their supports. To increase the engagement of DPs that use the national M & E system, the government recommends the avoidance of parallel reporting procedures and the mutual strengthening of the existing national system. All DPs involved in the survey confirmed that they participate in the mutual accountability process.

Joint assessments of progress towards targets are conducted on regular basis through JRM, MTR and ARM where DPs, CSOs and Government are involved. Besides regular meetings like

joint consultative forum (JCF) and joint core coordination committee (JCCC) are held to boost joint accountability.

Issues

i. All DPs are keen to use the national monitoring and evaluation system processes. However, some DPs tend to use their own M&E mechanism because of the prevailing limitations in the national M&E system. Among the shortcomings indicated by DPs are, the coverage results coming out of the HMIS and DHS or other surveys vary, the quality of data from HMIS, the limited number of indicators that the national M&E system captures for some of the programs like for the nutrition program, that processes are very slow and usually delayed and postponed, the absence of a national M & E framework with one M & E system led by one organization for instance FHAPCO & FMOH and lack of consistency of the joint M& E platforms.

ii. FMOH attests that there are measurable targets for the government that are reflected in the national partnership agreements while there is none for DPs and the private sector and that of CSOs is partial. And hence the government recommends that a well-established accountability framework for all stakeholders be in place to enhance mutual accountability.

3 Commitment to improve the financing, predictability and financial management of the health sector

3.1 Practice 2a/b: Health Development Cooperation is more predictable

The annual budget for the health sector for 2014/15 budget year was 445.96 million USD of which 269.07 million USD was disbursed accounting for nearly 176.89 million USD or 40 % under –disbursement. The main reasons for under budget performance according to FMOH were:

i. Some DPs disburse less than what was pledged or budgeted.

ii. In some cases delayed receipt of fund from DPs.

iii. Even-though recurrent budget expenditure is more or less as budgeted , when it comes to capital budget there are discrepancies between budget and actual spending for various reasons such as lack of implementation capacity, delayed procurement procedures and other project management issues.

Global Fund and the World Bank disbursed only 80 % and 68% of the plan or under-disbursed USD 8,020,415 and USD 16,119,912 respectively. According to FMOH in EFY2007, GAVI, UNFPA, Spanish Aid disbursed less than 100% in MDG PF while the other DPs that took part in the survey disbursed as scheduled.

In the case of UNICEF there was an over disbursement of USD 10,219,138 due to occurrence drought or emergency situation, delay in timely liquidation of disbursed funds. To mitigate that situation UNICEF organizes orientation sessions on HACT and also provides support to MOH for fast tracking the timely liquidation processes.

Only 6 DPs, viz. EU, DFID, UNFPA, the World Bank, EKN and Gavi out of the 13 or 46% of the respondents have communicated their forward-looking expenditure/implementation plans for three years (2016, 2017, and 2018) to the Government. The justification provided by most DPs for not submitting onward looking plan to the government is that availability of funds for three

years is not secured or is very uncertain but it was also mentioned the that fact that the Ministry's resource mapping tool demands one year forward looking expenditure.

Issues

i) According to Global Fund and the World Bank the reasons for under-disbursement in the health sector in 2014/15 fiscal year are low program and financial performance and under achievement of agreed results respectively. Furthermore some DPs mentioned that under disbursement could be revealed as a result of delay in Expenditure Verification Reports (EVR) and request for payment (particularly from CSOs), no-cost extension of project implementation periods for justified reasons, delayed submission of preceding fiscal year MDG Pooled fund audit report, and budget shortfalls after the Annual work plan was signed between the DP and FMOH.

ii) Most DPs agree that there is a very good mechanism and adequate forums for smooth flow of information viz. the resource mapping tool and the various joint forums (JCF, JCCC, JANS, and HPN) for DPs to share forward looking spending plans with the government. However, it has been mentioned that the information is being received too late and there is the need to improve the timing to send Ethiopian government economic reports and activity reports on the side of the government. The Global Fund and the Italian Cooperation propose further synchronization of the planning periods.

iii) Lack of implementation capacity, delayed procurement procedures and other project management issues can originate discrepancies between budget and actual spending when it comes to capital budget, even though recurrent budget expenditure is more or less as budgeted.

3.2 Practice 2c: Health Aid is on budget

The presence of strong leadership in FMOH, the continues effort to improve PFM, the various agreements, plans and coordination mechanisms that are in place viz. the Joint Financial Arrangement, UNDAF (United Nations Development Assistance Framework), HSTP, IHP Compact, and ministry's annual resource mapping have enabled to capture the contributions of those DPs with forward looking plans in the annual budget as well as in the five year health sector strategy plan. According to FMOH the overall strategic plan has resource gap that ranges from 10-20% under the different scenarios. The Ministry of Health has a designated Directorate for financial resource mobilization and the sector has health care financing strategy (HCFS)

Ten out of 13 or 77% of the DPs confirmed that their resources are included in the national budget and except UNAIDS and WHO all DPs verified that their resources are part of the overall agreed financing framework for the national strategy. The Joint Financing Arrangement governs management of the Sustainable Development Goal Performance Fund (SDG-PF). All DPs confirmed that their resources are duly communicated to the government through the resource mapping procedure, which captures other resources provided to non-state actors, and country coordination mechanism (CCM).

Issues

I. According to the Government 65% of the health aid was reflected in the government budget which is the same as that of 2013/14. However, there are discordances with the data provided by the DPs which is much higher (88%). It was later on explained, during the discussion on findings among stakeholders that the data discrepancy might have emanated from the scope of measuring the value of contribution i.e. measuring in kind value contribution vs. cash value contributions.

II. The limitations to increase DP's resources included in the national budget as identified by some DPs are weak coordination and monitoring of Channel 2 by MOFEC, absence of suitable financing mechanism by FMOH particularly for nutrition program, the fact that the policy of some DPs obliges the allocation of certain proportion of the resources to CSOs and the PS, Ethiopia uses different calendar, unpredictability of the exact funding basket on the side of some DPs and the lack of publication of clear, complete and detailed national budget shared with partners.

4 Commitment to establish, use and strengthen country systems

4.1 Practice 3: PMF systems are used and strengthened

The World Bank's CPIA (Country Policy and Institutional Assessment) score for Ethiopia for the year 2014 was 4.0 showing an improvement compared to that of 2012 which was 3.5. The undergoing PFM reform program is an attempt to move from IBEX (Integrated Budget and Expenditure) to IFMIS (Integrated Financial Management Information System) which is a more comprehensive system and yet compatible to IBEX. While rolling out IBEX, or in attempt to advance to IFMIS, the biggest challenge is the under- developed telecommunications network in remote parts of the county.

All DPs confirmed that they use the national public financial management system (PFM). The 12 DPs in the survey (excluding UNFPA and Gates Foundation) in aggregate disbursed USD 368.38 million for the health sector to the Government. Taking onto account those DPs that make use of the national budget execution procedures, the national financial reporting procedures and the national audit procedures the percentage of the fund they used are 92%, 95% and 94% respectively.

EU, Gavi, Global Fund, Italian Agency for Development Cooperation, UNFPA, UNICEF and the World Bank accounting for 54% of the total DPs embraced in the survey said that sufficient support for system strengthening and capacity building is being provided. Accordingly Ethiopia receives health sector strengthening (HSS) grant of USD 61 million and USD 47 million from Gavi and Global Fund respectively, project support grant from different DPs through UNICEF and in the World Bank's 'Performance for Result' program 4 out of 8 disbursement linked indictors (DLIs) are system related. However, FMOH claims that GAVI's contribution for HSS in 2007 was nil and USD 22 million in 2008 EFY. This needs further discussion among concerned organizations and reconciled. Some DPs argue that the resources allocated for system strengthening of the health sector are not adequate and there is HSTP funding gap for activities related to health system strengthening.

All DPs but Global Fund and WHO have harmonized their financing and audit procedures with other DPs. Reporting for the SDG-PF is aligned among DPs and follows the Joint Financing Arrangement. The Global Fund is not currently part of this mechanism in Ethiopia and continues to have grant specific finance and audit report requirements.

Issues

Some DPs argue that the resources allocated for system strengthening of the health sector are not adequate and there is HSTP funding gap for activities related to health system strengthening.

4.2 Practice 4: Procurement systems are used and strengthened

Pharmaceutical Fund and Supply Agency (PFSA) plans and conducts the bulk of the national health procurement using global procurement mechanism i.e. international competitive bidding (ICB). Aside from PFSA, procurement pertaining to health is also done through the centralized and globalized system by UNICEF/UNOPS.

Some DPs are providing financial support to strengthen the national procurement system though it cannot be considered adequate. There is an on-going procurement reform at federal level for all sectors which is believed to positively affect the performance of PFSA.

The 11 signatories to the SDG-PF use the same procurement agents. It was found out that 69 % of the DPs who took part in the survey use joint harmonized procurement system and among those who did not, UNFPA and UNICEF, have global procurement procedures for health commodities with other UN agencies through the Unified Budget Reporting and Accountability Framework (UBRAF) and hence don't align their procurement with other DPs though they partially use government procurement procedures. UNICEF argues that Pharmaceuticals Funds and Supply Agency's (PFSA's) capacity needs to be strengthened to fully take over harmonized procurement for all DPs.

Although the procurement and supply chain management of the health sector is a big challenge, only 31% of the DPs agree that there is sufficient support for procurement or supply system strengthening.

Issues

Gavi, UNAIDS, UNFPA and WHO would resort to regional and global procurement procedures for it enables bulk procurement, high quality at lower price. UNICEF claims that Pharmaceuticals Funds and Supply Agency's (PFSA's) capacity need to be strengthened to fully take over harmonized procurement for all DPs. The procurement and supply chain management of the health sector in Ethiopia is a big challenge and most DPs have the same opinion that the support for procurement or supply system strengthening is not sufficient. Among the main reasons mentioned for lack of support are, that key areas for system strengthening are not identified, the fact that PFSA is a closed agency and it has serous capacity limitations and poor coordination or lack of harmonized support among donors in this area.

4.3 Practice 6: Technical support is coordinated and SSC and TrC supports learning

50% of responding DPs which currently provide TA services were not aware of the existence of a National TA plan. It is therefore imperative to improve awareness of the DPs in this regard and encourage adherence to the proper implementation of the plan. Comprehensive framework and continuous improvement of the TA guideline needs to be developed. TA should go well beyond the current assignments of gap filling personnel and facilitation of experience sharing trips.

FMOH emphasized the existence of a national TA plan and the importance of revamping the experiences of the SSC and Triangular cooperation (TrC). The limiting factor has been identified as capacity constraint. The DPs on the other hand stressed the need of having a comprehensive plan with the inputs of all participating DPs and reflecting the real needs

5 Commitment to create an enabling environment for CSO and PS to participate in health sector development cooperation

5.1 Practice 7: Engagement of CSO

The participation of CSOs in the design, implementation and monitoring of various national health sector policies is well appreciated both by FMOH and the CSOs.
Although some CSOs indicated their concerns over the lack of proper feedback on the outcome of their contributions on various joint meetings and committee works, the FMOH however attested that the information is well transmitted to the CSOs through the various meetings and 360 degree evaluation, plus there is a trend to ensure participation of CSOs and the PS on health sector practice e.g. RIF project and GAVI CSO.
The need to strengthen the existing systems and improving accountability to better address the challenges along with mapping of CSOs to avoid duplication are still important concerns of the Ministry. Furthermore betterment of engagement and monitoring of CSO performance is needed through the annual Resource Mapping tools and other mechanisms in place. Continued dialogue with government on regulations on CSOs and Resident Charities and further negotiation with government to consider capacity building and research activities as program costs are issues that need to be followed and strengthened.

5.2 Practice 8: Engagement of PS

Improving the encouragement of the private sector to participate in the development of the health sector by providing financial support channelled through organizations like MSIE, FGAE and DKT and engaging regular policy dialogue with the government regarding ways to improve the Public-Private Partnership are important to ensure improved participation of the sector. There is also a need to revitalize the unit overlooking the private sector within the Ministry.
The relations between PS and DPs should be further strengthened through encouraging PS to participate in the implementation programs. Associations representing the PS should be strengthened and regular policy dialogue with the government regarding ways to improve the Public-Private Partnership should be undertaken

6 Discussion of findings

The findings were first presented to and discussed with the director of Policy and Planning Department of the FMOH and his team. On the next day extended discussions took place after the presentation of the findings and the draft report were made to the State Minster of FMOH, three more Directors and senior experts. Chaired by the State Minster of the FMOH the findings were presented to and an open dialogue took part by the Joint Core Coordination Committee (JCCC) with development partners. The final version of the Country report and the action plan were generated taking into account all the comments given by FMOH and JCCC. It is also to be noted the fact that representatives of CSOs and the PS sector who took part in the focus group discussions had earlier provided their comments and amendments, which were all taken into account, when the CSO and PS reports that included the details of the findings pertinent to the CSOs and the PS respectively were shared with them.

7 Annex 1: list of DPs that were invited and those that participated

Nr	List of DPs active in the health sector	DPs invited to participate in 5th IHP+ Monitoring Round (please add an X if the DP was invited to participate)	DPs that participated (please add an X if the DP participated)
1	CDC		
3	CHAI		
3	CORHA Ethiopia		
4	DFAT		
5	DFID		√
6	EKN (Netherlands)		√
7	European Commission		√
8	French Cooperation		
9	Gates Foundation		√
10	GAVI		√
11	Global Fund		√
12	Irish Aid		√
13	Italian Cooperation		√
14	JICA		
15	Packard Foundation		
16	Spanish Aid		√
17	Swiss Embassy		
18	UNAIDS		√
19	UNFPA		√
20	UNICEF		√
21	USAID		
22	WHO		√
23	World Bank		√

8 Annex 2: list of participating CSOs

Nr	List of CSOs active in the health sector	CSO participated in online survey (please add an X if the CSO participated)	CSO participated in focus group discussion (please add an X if the CSO participated)
1	Addis Development Vision (ADV)		
2	Addis Tesfa Integrated Community Development Association (ATICDA)		
3	Afar Pastoralist Development Association (APDA)		
4	Africa Children's Association		
5	Africa Medical & Research Foundation in Ethiopia (AMRFE)		
6	Africa Network for Prevention and Protection of Children Against Maltreatment and Neglect (ANPPCAN)		
7	African Services Committee Inc		
8	AHOPE ETHIOPIA		
9	Amhara Development Assocation (ADA)		
10	Bioeconomy Africa (BEA)		
11	Bole Bible Bapitist church Child care and Community Development		
12	CARE Ethiopia		
13	Catholic Relief Service (CRS)		√
14	Cheshire Foundation Action for Inclusion		
15	Chilanchil child and youth Development Association (CCYDA)		
16	Child Fund Ethiopia		
17	Christian Aid-Ethiopia		

18	Christoffel Blind Mission		
19	Clinton foundation		
20	Clinton Health Access Initiative (CHAI)		√
21	Comitato Collaboration Medicine (CCM)		
22	Compassion International-Ethiopia		
23	Comunita Volontari Per IL Mondo (CVM)		
24	Concern For Integrated Development		
25	Concern World Wide		
26	Core group Ethiopia/CCRDA		
27	Cure International Inc.		
28	Dan Church Aid		
29	David & Lucile Packard Foundation		
30	DKT Ethiopia		
31	DSW Ethiopia		
32	Doctors With Africa CUAMM		
33	Environmental Protection & Development Organization (EPDO)		
34	Education For Development Association		
35	Elshadai Relif and Development Assocation		
36	Emmanuel home for Destitute Children and Vocational Training		
37	Engender Health Inc.		
38	Eshet children and youth development organization		

39	Addis Development Vision (ADV)		
40	Ethiopia Catholic Secretariat/ECS		
41	Ethiopian Evangelical Church Mekane Yesus Development and Social Service Commission		
42	EGCDWO		
43	Ethiopia Muslim Relif and Development Assocation		
44	Ethiopia Mulu Wengele Amayoch Child Development Oraganization		
45	Ethiopia Orthodox Tewahdo Church Child and Family Affairs Organization		
46	Ethiopia Orthodox Tewohdo Church-Development and Inter church Aid Commission		
47	Ethiopian Red Cross Society		
48	Ethiopia Treatment Access Movement		
49	Family guidance association of Ethiopia		
50	FAWE-ethiopia		
51	Feed The Children Organization		
52	Global Action for Community Development		
53	Goal Ethiopia		
54	Good Samaritan Association		
55	Guhion Development Aid Organization		
56	Guraghe People Self Help Development Organization		
57	Handicap International		

58	Healing Hands Of Joy		
59	Help Age International		
60	Health Development and Anti-Malaria Association		
61	Hospice Ethiopia		
62	Impact Association for Service & Development		
63	Illu Women & Children Integrated Development Association		
64	Integrated Service for AIDS Prevention and Support Organization		
65	International Learning & Education Center For Health		
66	Integrated Holistic Approach Urban Development Project		
67	International Medical Corps Ethiopia		
68	International rescue committee		
69	Intra Health International		
70	Ipas		
71	JSI/UIFHS		
72	Jerusalem Children and Community Development organization		
73	Kembatta Limat Mahiber		
74	Kulich youth reproductive health and development organization		
75	Life With Environment		
76	Love for Children and Family Development Charitable Organization		
77	Marie Stops International		

	Ethiopia		
78	Mahibere Hiwot For Social Development		
79	Mary Joy Development Association		
80	Mathiows Wondu-YeEthiopia Cancer Society		
81	Medicine San Frantievs Spain		
82	Medico Socio Development Assistance Organization		
83	Menore Bekalikidan		
84	Menshen For Menshen		√
85	Meserete Kirstos Church Relief and Development Association		
86	Metasebia Development Association (MDA)		
87	MHYC		
88	Mossy Foot International		
89	Mums for Mums		
90	Nathanale Yechigiregna Wetatoch Ena Setoch Siltena Ena Makawamia Mahiber		
91	National Network of Positive Women Ethiopians		√
92	Nazerath Children's Centre and Integrated Development		
93	New Life Charity		
94	Negat Community Development Assocation (Desi)		
95	New Millennium Hope Development Organization		
96	New Vision in Education Association (NVEA)		
97	Norwegian Church Aid		

98	Nutrition Plus Holistic Home Care		
99	Organization for Child Development and Transformation(CHAdet)		
100	Organization for Development in Action		
101	Organization for Social Service for AIDS(OSSA)		
102	Orphans and Girls Assistance Association /OGAA/		
103	OICI		
104	OWDA		
105	PACT		
106	Professional Alliance for Development (PADet)		
107	Pastoralist concern		
108	Pathfinder International		
109	Plan International Ethiopia		
110	Positive Action for Development (PAD)		
110	Program For Appropriate Technology in Heath (PATH)		
112	Pro Pride Ethiopia		√
113	Project Concern International		
114	Redeem The Generation		
115	Rift Valley Children & Women Development Organization		
116	Rural Reach Initiative		
117	Save the children International		
118	Save your Generation Ethiopia/SYGE		
119	Semen Shoa Teasfa Berhan Child & Family Development		

	Assocation		
120	Shalom Integrated Community Development Organization		
121	Society of International Missionaries		
122	SOS Children's Village/SOS Medical Center		
123	SWAA_E		
124	Tesfa Addis parent childhood cancer organization (TACPCO)		
125	The Center for Victims of Trauma		
126	The Opportunities Industrialization Centers International		
127	Tigray Youth Assocation (TYA)		
128	Tilm Intigrated Rural-Urban Development Orgnization		
129	Timret Lehiwot Ethiopia		
130	Tsenat Lemat mahber (TLM)		
131	Union of Ethiopian women charitable association/UEWCA		
132	Voluntary Service Overseas		
133	WEEMA International Wegen Lewegen Yetekenaje Limat Mahiber		
134	World vision International		
135	Yehitsanate Kebekabena Limat Mahiber Ye Ethiopia Cancer Association YECA PIASA		

** Please add more lines if necessary*

9 Annex 3: list of participating private sector organisations

Nr	**List of private sector active in the health sector** (as per the definition in the PS tool)	**Private sector organisation participated in focus group discussion** (please add an X if participated)
1	YeEthiopia cancer association	√
2	Ethiopia heart Association	
3	Ethiopian Medical Association	√
4	Ethiopian paediatrics society (EPS)	
5	Ethiopian public health association	√
6	Ethiopian Medical Laboratories Association	√
7	Medical Association of Physicians in Private Practice Ethiopia	√