

**Ethiopia Health
MDG Support
Program for
Results**

ETHIOPIA HAS MADE REMARKABLE PROGRESS IN IMPROVING HEALTH STATUS OF ITS PEOPLE

ETHIOPIA HAS SUCCESSFULLY ACHIEVED THE MDG TARGET FOR UNDER FIVE MORTALITY (UN INTERAGENCY GROUP FOR CHILD MORTALITY-2013)

Health outcome/output	EDHS 2005	EDHS 2011	Change
Under 5 Mortality Rate	123	88	Decreased by 28%
Infant Mortality Rate	77	59	Decreased by 23%
Stunting in children under five	51	44	Decreased by 14%
Prevalence of anemia among women	27	17	Decreased by 37%
Total Fertility rate	5.4	4.8	Decreased by 11%
Contraceptive Prevalence Rate	15	29	Increased by 93%

The Program for results (PforR)

A new lending instrument introduced by the Bank in early 2012 has several innovative features

- ❖ finance and support government's programs of expenditures and activities,
- ❖ disburse against achievement of program results rather than inputs,
- ❖ focus on strengthening institutional capacity to implement the program,
- ❖ provide assurance that the Bank's financing is used appropriately and that the environmental and social impacts of the program are adequately addressed, and
- ❖ promote working in partnerships

The 4 Pillars of P for R

- Program of the Government
- Pay for performance
- Procedures of the Government
- Partnerships

WHY P for R ?

1. Ethiopian Government is committed to MDG achievement
2. There is strong ongoing government's Program
3. The Program uses Country Systems - Fiduciary, M&E
4. Nine Partners are providing harmonized support to the program through Joint Financing Arrangement following IHP+ principles
5. Can shift overall program emphasis towards results

The Ethiopia PforR approved in Feb 2013 is the first health operation using the new instrument

- Supports the Millennium Development Goal Performance Fund financed activities with the exception of high-value procurement
- Integrates IDA (US\$ 100 million) with Health Results Innovation Fund (HRITF) Grant (US\$ 20 million)
- Disburses against achievement of Results - Eight Disbursement Linked Indicators (DLIs) -
 - ❖ 4 Population level and
 - ❖ 4 supporting institutional development

Ethiopia - PforR - Results Chain

Priority area	MDG Fund Activities	Intermediate results	Outcomes
Accelerating progress towards maternal health MDG	<ul style="list-style-type: none"> • Supplying equipment and commodities for providing emergency obstetric care. • Supplying contraceptives • Providing ambulances to all Woredas • In-service training of midwives and training of Health Officers in Emergency Surgical and Obstetric skills. • Capacity building of health extension workers in clean and safe delivery. 	<ul style="list-style-type: none"> • Health centers offer basic emergency obstetric care • Woredas have functional ambulance services. • Midwives receive in-service training • Health officers trained in emergency surgical and obstetric care. 	Increase in <ul style="list-style-type: none"> • Skilled care at child birth, • Antenatal care; and • Contraceptive prevalence
Sustain the gains made in child health MDG	<ul style="list-style-type: none"> • Strengthening of cold chain systems • Supplying of vaccines • Holding immunization campaigns • Supplying bed nets 	<ul style="list-style-type: none"> • Health centers have functional cold chain equipment • Outreach campaigns held • Long lasting insecticidal nets distributed 	<ul style="list-style-type: none"> • Increased immunization coverage
Strengthen health systems	<ul style="list-style-type: none"> • Constructing health centers • Supplying essential medical products and equipment • Validating HMIS semi-annually • Undertaking Surveys and studies 	<ul style="list-style-type: none"> • Health centers built • Health facilities report HMIS information in time • Annual Facility Readiness Assessment undertaken 	<ul style="list-style-type: none"> • Improved HMIS, • Roll out of balanced score card and institutional performance incentives • Improved facility readiness

Key Results

Key Results Indicators	Unit of Measure	Baseline	Target Values				
			2013	2014	2015	2016	2017
Deliveries attended by skilled birth provider	%	10.0		14.0		18.0	
Children 12-23 months immunized with Pentavalent 3 vaccine	%	65.7			70.7		75.7
Pregnant women receiving at least one antenatal care visit	%	43.0		48.0		56.0	
Contraceptive Prevalence Rate	%	27.3		31.0		35.0	

DLI Targets based on Global Trends and Ethiopia's past achievements

Indicator	Global average 1988-2008	Annual rate of Change proposed
Contraceptive Prevalence Rate	0.9	1.5
Antenatal Care, at least 1 visit	1.2	2.6
Deliveries attended by skilled birth providers	1.2	1.6
DPT3 (immunization)	2.0	2.0

	Disbursement Linked Indicator	Value US\$ Million		
		From Credit	From Grant	Total
1.	Deliveries attended by skilled birth providers (%)	15.0	5.0	20.0
2.	Children 12-23 months immunized with Pentavalent 3 vaccine (%)	16.0	3.0	19.0
3.	Pregnant women receiving at least one antenatal care visit (%)	12.0	2.3	14.3
4.	Contraceptive Prevalence Rate (%)	18.0	2.5	20.5
5.	Health Centers reporting HMIS data in time (Average number for 4 quarters)	5.0	0	5.0
6.	Development and implementation of Balanced Score Card approach to assess facility performance and related institutional incentives	15.0	5.2	20.2
7.	Development and implementation of Annual Rapid Facility Assessment to assess readiness to provide quality MNCH services	12.0	2.0	14.0
8.	Improved transparency of the Pharmaceutical Fund and Supply Agency (PFSA)	7.0	0	7.0
	TOTAL	100.0	20.0	120.0

Verification of Results

DLI	Means of Data Collection	Schedule (Project Year)					Verification Arrangements	Geographic disaggregation
		1	2	3	4	5		
1,3 &4	Household Survey DHS/Interim DHS		X		X		Not applicable as the survey is undertaken by a third party agency under technical oversight of Measure DHS.	Whole country with robust estimates at Regional level
2	Household Cluster Surveys			X		X	Not applicable as the survey will have built in quality assurance.	Whole country with robust estimates at Regional level
5.	Health Management Information System (HMIS) annual report	X	X	X	X	X	Semiannual data validation of HMIS by academic institutions and technical partners produced by February for the previous year.	Whole country
6.	Performance of health facilities and woredas as reported by Balanced Score Cards	X	X	X	X	X	Impact evaluation to provide evidence on improved performance by health facilities and woredas including effectiveness of implementation arrangements.	Initially in pilot areas and will be expanded to 200 woredas
7.	Rapid Health Facility Assessment	X	X	X	X	X	TA provided by IDA for random data quality checks. Report will be available by February each year to align Bank disbursement with budgeting cycle.	Whole country
8.	Review of the PFSA website	X	X	X	X	X	External consultant with appropriate expertise hired by FMOH under technical assistance.	PFSA

Proposed Impact evaluation

Objective: To test the impact of introduction of performance assessment measures and institutional incentives linked to performance at Woreda and facility levels

Supported by the HRITF Grant

PI: Jed Freedman

Design: Experimental design and randomly assign the Woredas in the selected regions to different groups for comparison. A combination of household and health facility surveys.

Groups being considered:

- (a) woredas not implementing newly designed Balanced Score Card Approach;
- (b) woredas with performance assessment measures but without institutional incentives;
- (c) woredas with performance-based institutional incentives which may be expanded to multiple groups by levels of institutional incentives.

A process evaluation will document key implementation lessons learnt to inform the scale-up.

Main Challenges Faced

1. Getting **Government commitment** to the new PforR instrument using precious IDA
2. Reaching agreement **on Key Results and realistic targets**
3. **Defining the scope of the program** out of a larger government and multi-donor supported sector program to limit the scope of assessments and Bank's oversight responsibilities (consider the risks and scope - what is the right balance and what to assess)
4. Ensuring **Technical Support** for the Design and implementation of Surveys and studies.
5. Securing additional funding for Surveys

Way Forward

- Focus on the **Big picture** - Improving Health Outcomes in Ethiopia and Demonstrating the success of P for R
- There will be lot of learning/challenges as the operation moves along. Let us learn and solve them **TOGETHER**

**The Majority see the Obstacles:
The Few see the Objectives;**

**History Records the Successes of
the Latter, while oblivion is the
reward for the Former**

**— ALFRED ARMAND MONTAPERT
*AUTHOR***