

UNICEF Evaluation Management Response Template

Evaluation Title: Final report: Evaluation of the GAVI-Supported Health System Strengthening (HSS) Support Programme in Kenya

Region: ESAR

Office: UNICEF KCO

Evaluation Year: 2023

Person-In-Charge for Follow-up to Management Response: Chief of Section, Health - Luigi D' Aquino

Overall Response to the Evaluation: The Gavi HSS support aimed to reduce childhood morbidity and mortality due to vaccine preventable diseases through strengthening of the immunization system. The HSS grant contributed to the strategy of universal health coverage (UHC) and explicitly aimed to reduce the equity barriers to access immunization services among remote and underserved populations, including inner-city urban homesteads. Sixteen (17) high-priority counties were identified using the global multi-dimensional poverty index, the number of un-immunized children and immunization coverage. The multidimensional poverty index indicates that the 16 most disadvantaged counties (out of 47 counties) contribute 42% percent of the under vaccinated children. Nairobi county was later added to address disparities in urban populations, bringing the total number of focus counties to 17. The evaluation focused on whether the agreed HSS programme interventions were implemented as intended, and what the resulting outcomes were, including vaccination coverage over the implementation period, and assessed the contribution of the Gavi HSS programme to achieving the immunization systems strengthening, coverage and equity objectives. In line with the consultative process undertaken with MOH and MLSP, UNICEF management fully agreed with seven recommendations, partially agree with one, and rejected two recommendations.

Planned Use of Evaluation: The evaluation recommendations were reviewed collaboratively during a workshop in June 2024 attended by key stakeholders of GAVI II. Key stakeholders included GoK, and MoH (through NVIP) as the principal implementer and primary duty bearer; and UNICEF as the manager of the Gavi HSS funds. KANCO, the other recipient of the Gavi HSS funds is another duty-bearer engaged in advocacy (objective 1) and promotion of equitable access to vaccines (objective 2). The EMR discussion was led by Health Section, UNICEF as per the guidance and facilitation of the PME, UNICEF and validated by the respective partners mainly the NVIP of MOH.

Allowed Editor: *Kinlay Penjor, Elizabeth Herman*

RECOMMENDATIONS and ACTIONS:

Evaluation Recommendation or Issue 1: For future programming, diverse actors across the immunization landscape should be included in programme's design from the inception, this could also include community actors to strengthen this level of engagement.

Management Response: (Agree, Partially Agree, Disagree): Agree

| If recommendation is rejected or partially accepted, report reasons: This is a good intuitive recommendation as it points to the need for participatory planning to build ongoing ownership in the immunization programme. | | | | | | |
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| Actions planned | Responsible Office | Responsible Person | Expected completion date | Implementation stage: Not started Underway Completed Cancelled | Actions taken | Supporting documents |
| 1. Reflect inputs of diverse actors in the Gavi-funded health systems strengthening 3 rd cycle funding/proposal | UNICEF Kenya | Collins Tabu, Health Specialist, Immunization | Immediate | Completed | The planning process and co-creation of the upcoming HSS3 has already considered the diverse views and inputs of immunization actors at various levels, from counties to national. | Gavi HSS3 document |
| Evaluation Recommendation or Issue 2: Immunization advocacy should continue at the county and national levels, with a view to optimize budget allocation. | | | | | | |
| Management Response: (Agree, Partially Agree, Disagree): Agree | | | | | | |
| If recommendation is rejected or partially accepted, report reasons: This is a reasonable recommendation. Although the national level continues to shoulder the bulk of vaccine procurement budget, health is devolved and counties are responsible for deploying health workers, providing infrastructure and actual service delivery, besides monitoring and reporting on immunization services. Thus, advocacy should focus on both levels of government. | | | | | | |
| Actions planned | Responsible Office | Responsible Person | Expected completion date | Implementation stage: Not started Underway Completed Cancelled | Actions taken | Supporting documents |
| 1. Prepare briefing materials and coordinate a meeting between the Representative and the Permanent Secretary Ministry of Health to advocate for and champion sustained Immunization Financing and the country's commitments on vaccine procurement | UNICEF Kenya | Collins Tabu, Health Specialist, Immunization | Sept. 2024 | Completed | Immunization programme has developed and supported the Representative to engage with the senior leadership of the ministry of health. The supplementary budget unveiled by the national treasury saw the immunization budget for vaccine procurement retained, spared any cuts | Rep's briefing notes |

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| | | | | | as a result of UNICEF's concerted advocacy. | |
| 2. Provide technical support in county integrated development planning, annual work planning and other policy/budget advocacy work at county level to prioritize immunization interventions, for three counties, in the 2024 planning process | UNICEF Kenya | Health Specialist, HSS | Dec 2024 | Underway | Health section has worked with social policy at national and county levels and supported counties to develop integrated development plans that recognize and contain Immunization as a priority intervention. | Copies of CIDP are available in county websites. |
| 3. Establish and track expenditures and budgeting at the National Level and in three Counties, with varied geographical scope potentially using a pilot exercise. Social Policy to support. | UNICEF Kenya | Collins Tabu, Health Specialist, Immunization, UNICEF Kenya | December 2025 | Not Started | | Copies of inputs to ADPs |

Evaluation Recommendation or Issue 3: Pre/post tests should be included to gauge stakeholders' knowledge increase after training and capacity building to better understand the effectiveness of these activities. After supervisory visits and audits, reflections on lessons learned should be documented.

Management Response: (Agree, Partially Agree, Disagree): Agree

If recommendation is rejected or partially accepted, report reasons: Assessment of the effectiveness of capacity building activities is an important part of the immunization programme, as substantial funds are devoted to this component.

| Actions planned | Responsible Office | Responsible Person | Expected completion date | Implementation stage: Not started Underway Completed Cancelled | Actions taken | Supporting documents |
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| 1. Revise immunization capacity building resource guides to include post-pre-tests assessment and | UNICEF Kenya | Collins Tabu, Health Specialist Immunization | September 2024 | Completed | The National Vaccines and Immunization programme training curriculum has explicitly included quality assurance components that speak to the manner of assessing | Reports of training activities |

| monitor its implementation in future training activities. | | | | | training effectiveness, including but not limited to provisions for pre- and post-tests. Supervision reports show that counties are implementing this provision in training activities, on top of other QA activities to ensure impactful programmes. | |
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| Evaluation Recommendation or Issue 4: Future programming should collect disaggregated data on marginalized groups as well as gender-disaggregated data. | | | | | | |
| Management Response: (Agree, Partially Agree, Disagree): Partially agree | | | | | | |
| <p>If recommendation is rejected or partially accepted, report reasons: Reporting for the immunization program is part of the national health information system. As such, registers at the health facility already collect detailed information including a child’s age, sex, village, and parental details.</p> <p>Evidence on immunization coverage shows that there is no differential access or utilization of immunization programme interventions by sex or gender, obviating the need to track gender/sex coverage rates as there is no social inequality to be tackled.</p> <p>Implementing this recommendation which does not align with the operating/implementation context is unlikely to add any value to programmatic outcomes. Data is already disaggregated by counties, wards and sub-counties (proxies for geographic marginalization) in the Kenya Health Information System. Population surveys such as Kenya demographic and health survey collects data on socio-economic categories thus the programme need not initiate a new process.</p> | | | | | | |
| Actions planned | Responsible Office | Responsible Person | Expected completion date | Implementation stage: Not started Underway Completed Cancelled | Actions taken | Supporting documents |
| 1. Continue advocacy for capturing of gender disaggregated immunization data, in vaccination initiatives, including post campaign surveys and Demographic Health Surveys. | UNICEF Kenya | Collins Tabu, Health Specialist Immunization. | June 2025 | Underway | | |

Evaluation Recommendation or Issue 5: Future programmes should develop a guide on how to measure programme effectiveness and efficiency, specifying indicators, including measurements, means of verification, frequency of data collection and sources for each indicator.

Management Response: (Agree, Partially Agree, Disagree): Partially agree

If recommendation is rejected or partially accepted, report reasons:

It is the purpose of evaluations using the DAC criteria to look at and explore effectiveness and efficiency of implementation. It is not the intention of evaluations to have every programme develop new user guides for effectiveness and efficiency, besides existing evidence-based guidelines.

Programme monitoring makes use of routinely collected data and other administrative (HR, financial, commodities for example) data for monitoring, and the immunization programme already maintains such records.

For next phases of the HSS investments in Kenya, further support will be offered to Government and partners to set a more comprehensive M&E framework in place.

| Actions planned | Responsible Office | Responsible Person | Expected completion date | Implementation stage: Not started Underway Completed Cancelled | Actions taken | Supporting documents |
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| 1. Develop a robust monitoring and evaluation framework for the next phase of the HSS program. | UNICEF Kenya | Collins Tabu, Health Specialist Immunization | December 2025 | Underway | | |

Evaluation Recommendation or Issue 6:

Management Response: (Agree, Partially Agree, Disagree):

If recommendation is rejected or partially accepted, report reasons:

| Actions planned | Responsible Office | Responsible Person | Expected completion date | Implementation stage: Not started Underway Completed Cancelled | Actions taken | Supporting documents |
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| 1. Support MOH to implement DQAs in all UNICEF focus counties (ASAL) covering the immunization programme. | UNICEF Kenya | Collins Tabu, Health Specialist Immunization | December 2025 | Underway | This is a routine activity that government (MOH) undertakes with UNICEF support in all focus counties and is integrated, not just for the immunization programme. DQAs and performance reviews have been supported mainly in the ASAL | DQA and performance review reports will be included. |

| | | | | | counties as funding limitations have not permitted support to other counties. | |
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| Evaluation Recommendation or Issue 7: Future support to immunization programmes should continue engaging and supporting all types of facilities (including public, private, and faith-based) to optimize coverage and reduce inequity. | | | | | | |
| Management Response: (Agree, Partially Agree, Disagree): Agree | | | | | | |
| If recommendation is rejected or partially accepted, report reasons: This is a good recommendation. Approximately 50% of all health services delivered in Kenya are provided by privately owned facilities, with faith-based facilities meeting many gaps in the ASALs, where government owned facilities are sparse. For immunization, more than 11,000 health facilities, public and private, provide services to children, women, and girls, out of the more than 15,000 nationally. Thus, including all types of facilities has positive important equity implications. | | | | | | |
| Actions planned | Responsible Office | Responsible Person | Expected completion date | Implementation stage: Not started Underway Completed Cancelled | Actions taken | Supporting documents |
| 1. Continue advocating with government and donors on inclusion of private (FBO and for-profit) facilities in immunization programme. | UNICEF Kenya | Collins Tabu, Health Specialist, Immunization | September 2024 | Underway | Already, support by Gavi, UNICEF, NVIP includes all types of health facilities. <ul style="list-style-type: none"> - Cold chain equipment optimization program already distributes cold chain equipment to all categories of facilities, public and private. NVIP and counties already involve all types of health facilities in all immunization programme activities and support. | Report on GAVI UNICEF cold chain and or vaccine support to non-public facilities. |
| Evaluation Recommendation or Issue 8: CHPs should continue to be engaged in immunization, including training and capacity building. | | | | | | |
| Management Response: (Agree, Partially Agree, Disagree): Agree | | | | | | |
| If recommendation is rejected or partially accepted, report reasons: | | | | | | |
| Actions planned | Responsible Office | Responsible Person | Expected completion date | Implementation stage: Not started Underway Completed Cancelled | Actions taken | Supporting documents |

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| 1. Train CHPs to provide messaging, counselling, referral, and defaulter tracing for immunization | UNICEF Kenya | Collins Tabu, Health Specialist, Immunization | June 2025 | Completed | CHPs are already being involved in the immunization programme by counties and by health facilities. Immunization forms part of CHP expected competencies and service package, evidenced by their curriculum framework and training content. | Gavi HSS3 document |
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Evaluation Recommendation or Issue 9: CSOs should continue to be engaged in efforts to enhance immunization.

Management Response: (Agree, Partially Agree, Disagree): Agree

If recommendation is rejected or partially accepted, report reasons:

| Actions planned | Responsible Office | Responsible Person | Expected completion date | Implementation stage: Not started Underway Completed Cancelled | Actions taken | Supporting documents |
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| 1. Engage CSOs in immunization programming, and build their capacity for advocacy through ongoing training and engagements | UNICEF Kenya | Collins Tabu, Health Specialist Immunization | September 2024 | Underway | CSOs have been consulted and have shaped Gavi HSS3 proposal. They also continue to be involved at county level in advocacy for budgets and financing, besides providing services and capacity building activities with funds from multiple donors. Gavi HSS3 proposal explicitly states that CSOs have been engaged and part of the planning and development process in Immunization strengthening efforts in Kenya. | Gavi HSS 3 Workplans reflecting engagement of CSOs |

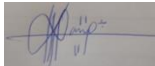





Evaluation Recommendation or Issue 10: Future support for immunisation service-delivery should continue to be wide-ranging, supporting all aspects of immunisation (including supply chain management and logistics, data monitoring and reporting, and capacity building).

Management Response: (Agree, Partially Agree, Disagree): Agree

If recommendation is rejected or partially accepted, report reasons:

| Actions planned | Responsible Office | Responsible Person | Expected completion date | Implementation stage: Not started Underway | Actions taken | Supporting documents |
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| | | | | Completed Cancelled | | |
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| 1. Formulate and finalize comprehensive systems support immunization strategies/activities in the health programme annual work plans, MPSR, CPD. | UNICEF Kenya | Collins Tabu, Health Specialist, Immunization | Sept 2024 | Underway | Health Section AWP 2024 signed with government details a systems approach to immunization strengthening with support for cold chain, capacity building, advocacy, vaccines, information and other aspects. | <ul style="list-style-type: none"> - Health section AWP 2024, signed with GOK - MPSR |

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| <i>Prepared by:</i> |  | 10.10.2024 | |
| | Collins Tabu, Health Specialist | | |
| <i>Reviewed by:</i> |  | 10.10.2024 | |
| | Kinlay Penjor, Evaluation Specialist | | |
| <i>Endorsed by:</i> |  |  |  |
| | Luigi D'Aquino Chief Health | 10.10.2024 (OIC, Kinlay P.) James Hedges Chief PME | 10/10/2024 Mahboob Ahmed Bajwa Dy. Rep (Prog.) |
| <i>Approved by:</i> |  | 14/10/2024 | |
| | Shaheen Nilofar, UNICEF Representative | | |