

# Training on Universal Health Coverage, Health Financing, and Budget Advocacy for Civil Society Organizations in Ethiopia

Submitted by

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## Background

The Global Fund to Fight AIDS, Tuberculosis and Malaria, the Global Financing Facility (GFF), Gavi, the Vaccine Alliance, UHC 2030, and the Partnership for Maternal, New-born and Child Health (PMNCH) together with their local CSO constituencies, provided trainings and support on budget advocacy and accountability in favour of domestic health financing and UHC in Francophone and Anglophone countries.

Ethiopia, being one of the selected Anglophone countries had two representatives; Endale Erko and Gelila Abraham, who had received a month-long training of trainers on health financing, budget advocacy and accountability. To this end, the trainers cascaded in-country level training for selected CSOs successfully. This document discusses the methods used and results of internal evaluation of the in-country training.

## Methodology

The training was delivered face-to-face, but split to be in to two rounds. In the first round, two sessions were delivered, and after a week break the rest three sessions were delivered. There were break out group sessions in all sessions so that participants could be able to share country specific issues, success, experiences, challenges, and exit strategies.

## Training audiences

Though it was planned to engage 20 participants, 17 (85%) were drawn from different civil society organizations and participated in the training. These individuals were selected based on their potential to impact the sustainable health financing agenda positively through advocacy. Hence, prior experience on public advocacy was among the criteria to select CSOs and their representatives (participants). However, as many participants may not have prior experience on the basic concepts on the training sessions, the training was started by self-assessment of participants on their level of knowledge and expertise, and finally their overall satisfaction on the training course. Moreover, at the end of each session, on-line surveys were conducted during the training to assess satisfaction levels and any issues requiring course-modification. At the start of each session a volunteer from among the participants presented a short summary of the previous session. The methods in more detail were as follows:

1. Self-assessed level of knowledge and expertise on the training topics: Participants were requested to complete self-administered structured questionnaire before the start of the training (as part of the application process) and semi-structured questionnaire at the end of the training. The evaluation component of this survey asked participants to rate their level of knowledge and expertise on the training topics on a scale of 0-5, for each of the following topics:

Health systems	Risk pooling
Health financing	Health insurance
UHC	Domestic funding
Fiscal Space	The budget cycle
Ethiopian national budget cycle and process	Budget advocacy

The results of these pre- and post- training surveys were assessed by way of a comparison between pre- and post- scores:

- For each topic – mean score across all participants
  - For all topics overall - mean score for all participants and by participant
2. Overall satisfaction with the training course: As part of the final evaluation, training participants were asked to provide a rating of 0-10 in relation to the following questions:
- To what extent were the training objectives met?
  - To what extent were your overall expectations met?

Participants were also requested to comment in free text on the following three questions:

- What are the main topics or skills where you feel the training has helped you?
- Please tell us in max. 2-3 sentences: What worked well in the training.
- Please tell us in max. 2-3 sentences: What could have worked better in the training.

The satisfaction scores by participant (anonymised) and overall are reported in the results section, along with a summary of key themes arising in response to the open-ended questions.

3. Intermittent mini surveys: These surveys asked participants to rate on a scale of 0-10 whether the objectives of each session had been met, and to comment on what went well and what could be improved. The findings of these surveys we used to improve the training approach, though not all participants filled the questionnaire.
4. Participant volunteer rapporteurs: After each session participants were invited to present key messages from the previous session voluntarily. This enabled training facilitators to assess the levels of understanding of each topic in an ongoing way.

## Results

### Self-assessed level of knowledge and skill on the training topics

Training participants reported relatively lower level of knowledge on fiscal space and risk pooling (1.6/5.0 each) at baseline which increased by 3 points for fiscal space and 2.9 points for risk pooling at the end line. These were the major topics where participants reported high improvement. Apart from this, all training participants reported an improvement on knowledge ranging from 1.3 to 2.4 Health system and budget advocacy respectively.

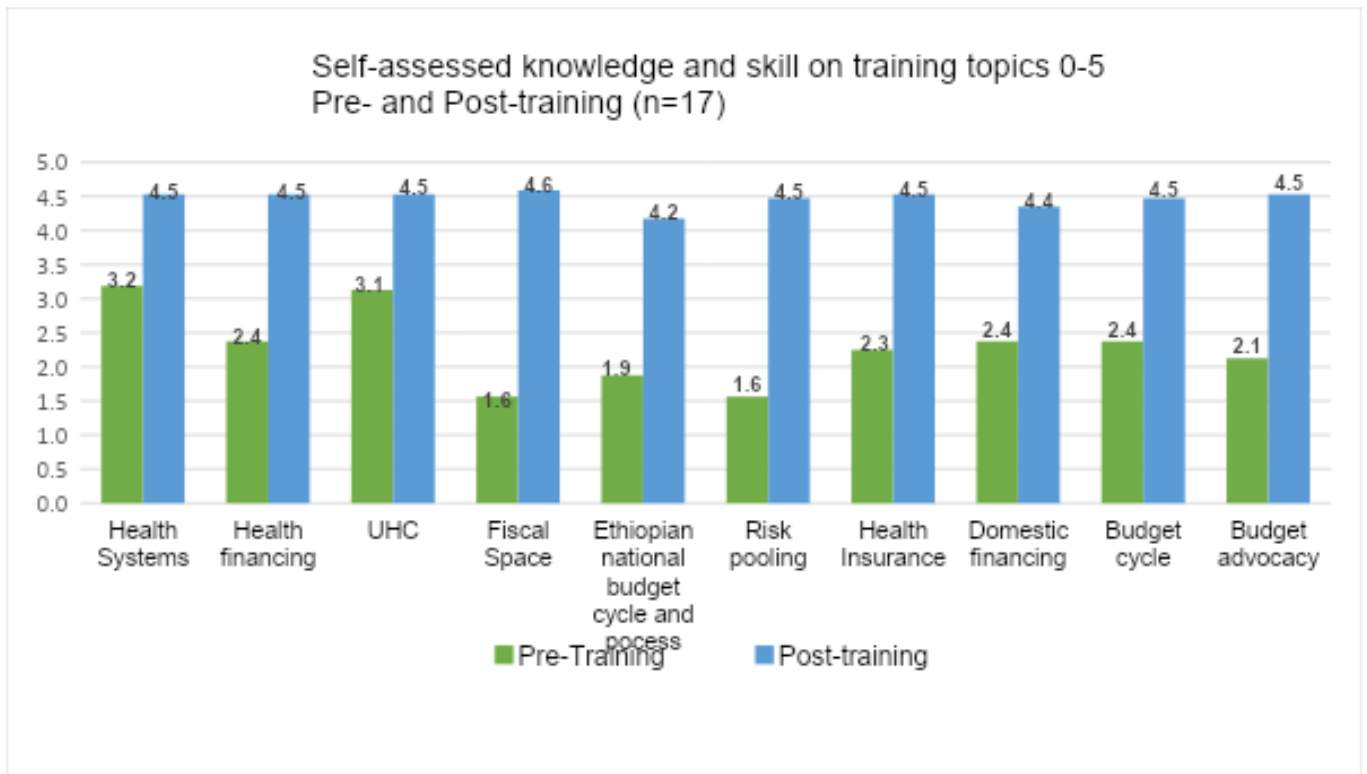
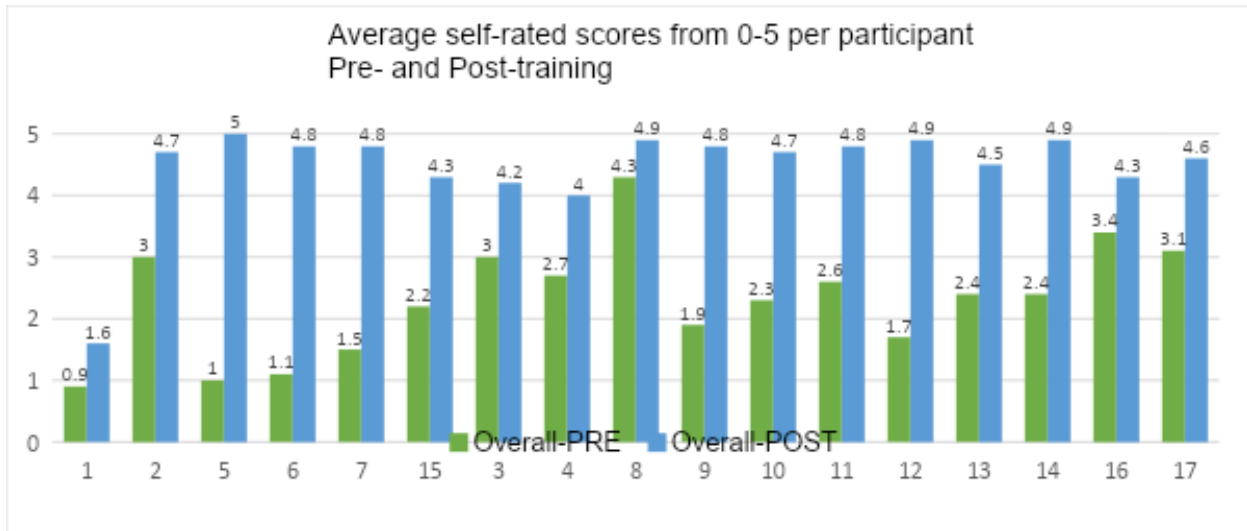


Figure 1: Training participants self-report on level of knowledge pre- and post-training; October 2021; Ethiopia

As it could be seen from figure 2 below, all participants reported overall improvements when averaging scores for all of the training topics. Degrees of improvements ranged from 0.6 to 4, averagely 2.3 points of improvements while seen in aggregate. This finding is promising to invest on the participants regarding UHC and health financing, as it demonstrated their readiness to improve their knowledge and skill to perform their duties.

Figure 2: Participants average self-rated scores for all of the training topics pre- and post-training; October 2021; Ethiopia

### Overall satisfaction level



Regarding overall satisfaction of training participants on the training, seven participants reported that both the training objectives and their overall expectations were met fully (10/10). Generally, the average score (out of 10) regarding the extent to which the objectives of the training were met and for the degree to which participant expectations were met were 8.2 each. Interestingly, seven was the least score given by participants out of ten.

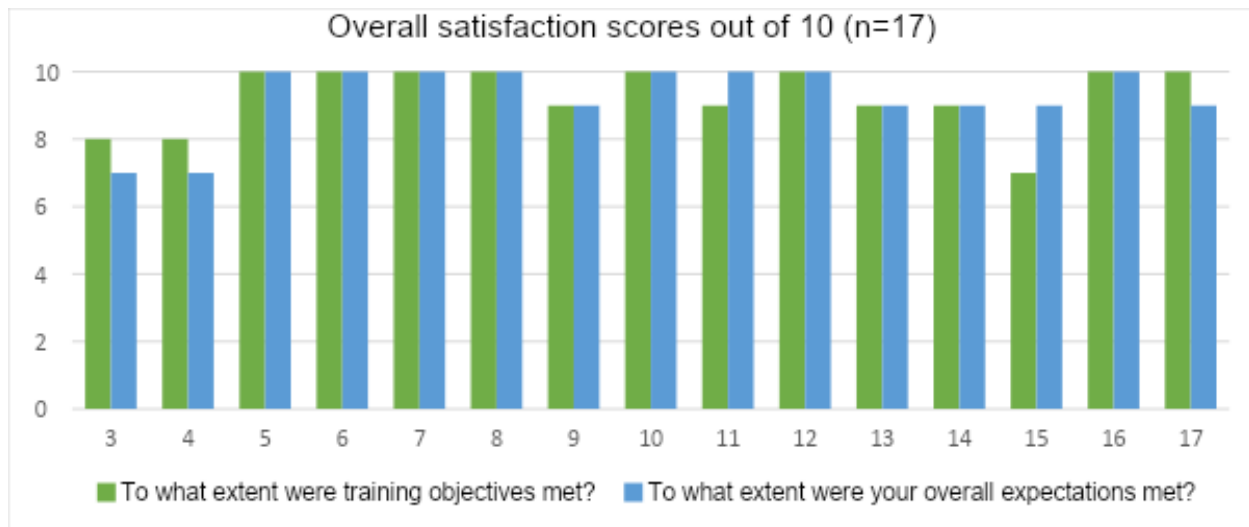


Figure 3: Overall satisfaction level of participants on training objectives and expectations; October 2021; Ethiopia

### Gender Analysis

Among the training participants, six were women. A gendered analysis showed that men rated their confidence far higher than women did at baseline (2.4 compared to 1.6 on average). By the time of the post-evaluation average scores for men and women were 4.1 and 4.7 respectively. Overall, women reported improvement of knowledge level by difference of 2.5, while that of men was 2.3 which were comparable.

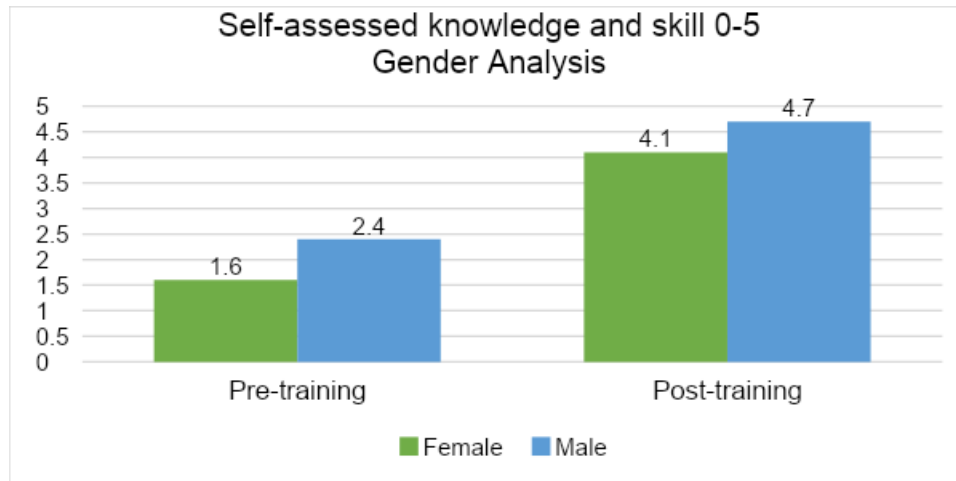


Figure 4: Gender-based analysis on self-assessed knowledge on training topics before and after training; October 2021; Ethiopia

In terms of overall satisfaction whether or not the training had met its objectives and overall participants expectations, scores were comparable though women score lower than men on both.



Figure 5: Overall satisfaction of participants on objectives of the training and their expectation; October 2021; Ethiopia

### Qualitative Findings

Training participants were requested to respond to open ended questions. The questions and their respective responses are presented below:

- What are the main topics or skills where you feel the training has helped you?

As it was seen from the results of self-reported quantitative survey, knowledge on the training topics were improved for all participants. This finding was supported by the qualitative finding. More interestingly, participants disclosed sessions on UHC, fiscal space, the budget cycle, risk pooling, Ethiopian health financing system, and advocacy were the major ones in which they believed the training helped them to improve their knowledge and skills.

- What worked well in the training?

Participants had highlighted the following worked well: friendliness of the trainers; cases presented for group discussion; experience sharing by participants; flexibility of the training; expertise and skill of trainers to deliver the training; methodology and logistic of the training; time allocated for discussion and plenary presentation by participants; active participation of the trainees; time management; and presentation on summary/key messages after each session.

- What could have worked better in the training?

A number of participants mentioned the need for engaging government/higher officials in a similar training, so that they could contribute for the effective advocacy. Others had highlighted presence of real cases and practical experiences to be shared with the participants, so that they could get lessons from others experience. Moreover, it was mentioned to be good to provide reading articles focused on budget advocacy in a similar setting.

To this end, the internal evaluation showed that the training was successful, though some points that were raised on 'what could have worked well' were taken in consideration for future activities.

## **Conclusion**

In addition to the above discussed outcomes of the training, on the last day of the training, the CSOs established 'UHC Coalition-Ethiopia' initiated by themselves, and will lead the advocacy work in the future. Hence, lead, co-lead, and secretary of the coalition were selected from different CSOs and approved at the plenary. This was the great achievement made by the training, and also motivation of the participants (being CSO directors, most of the participants). A group telegram channel was created to be used as a platform for information dissemination and discussion on the advocacy work, and as to this report is prepared the leaders and secretary of the coalition held their first meeting on the way forward.

Below are selected photos from the training sessions for your reference.

Thank you,

Health is a human right, not a privilege!



Training participants on group discussion



Training participants on group discussion



Participants attending the training



Participants attending the training



Participants attending the training



Training facilitators





'UHC coalition-Ethiopia' leaders



Group photo after certification



Group photo on closing ceremony



Group photo