



Mid-Term evaluation of the Maternal and Newborn Health Thematic Fund

Phase III, 2018-2022

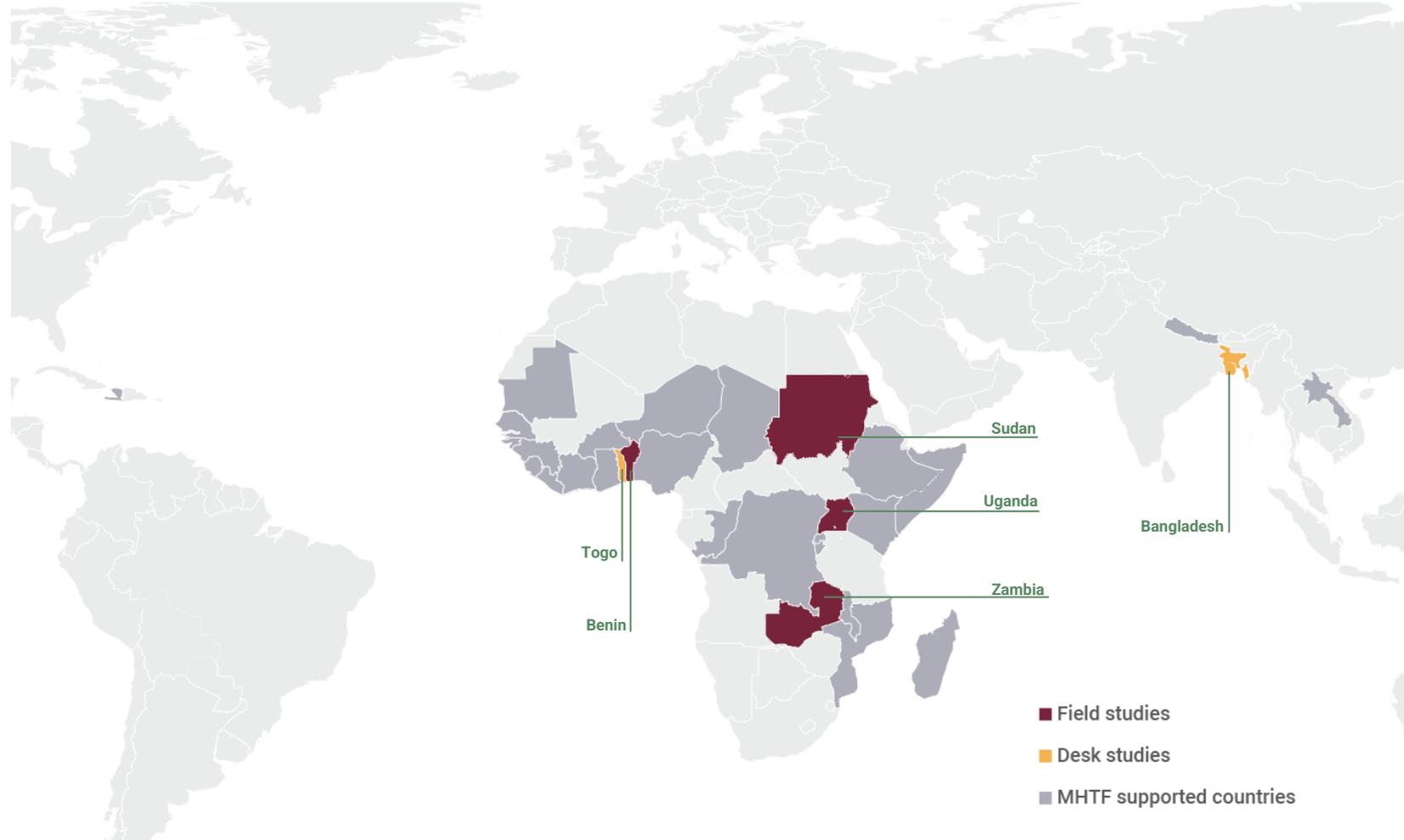
UNFPA Evaluation Office

2022



The MHTF mid-term evaluation 2018-2020

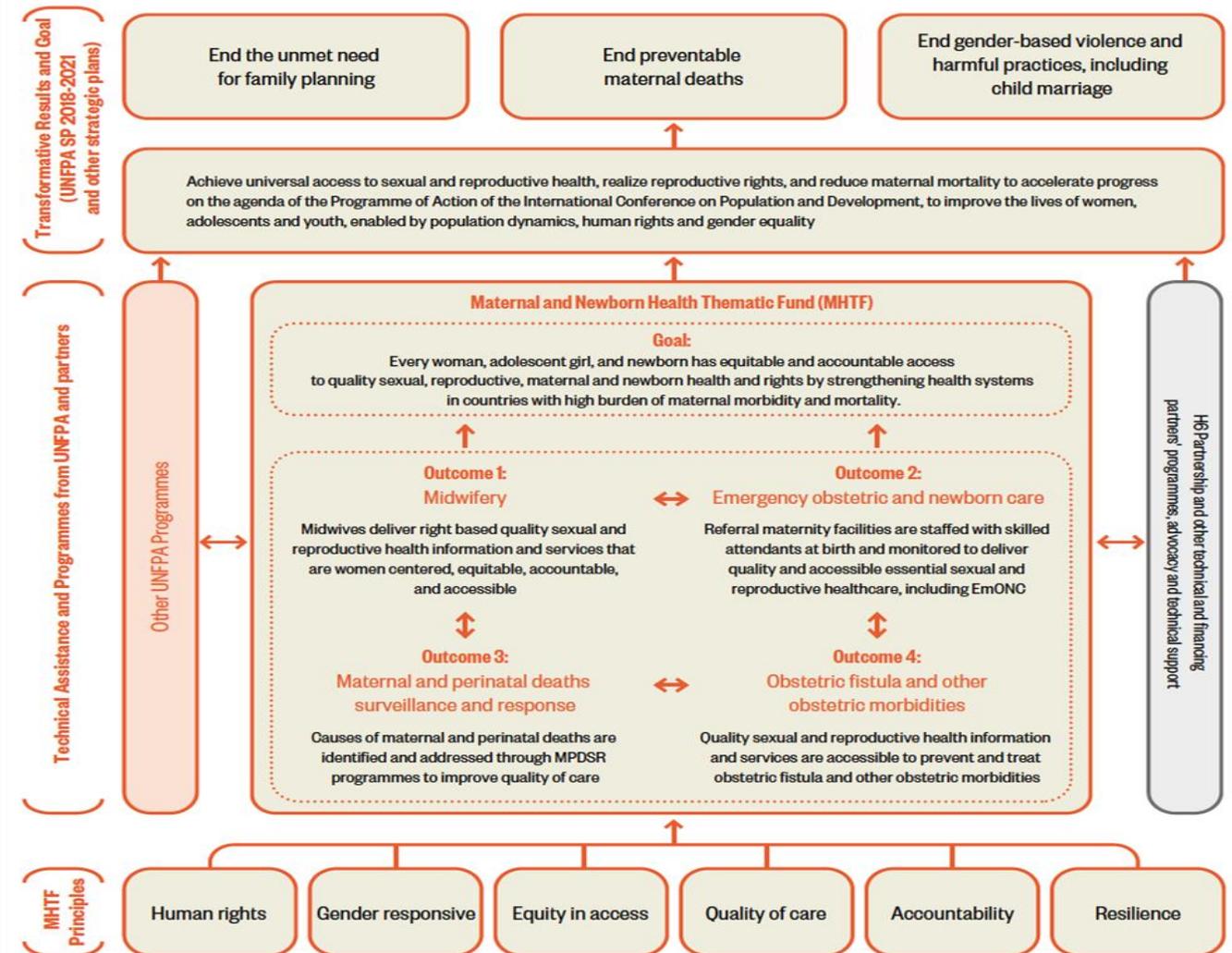
- **Evaluation goal:** Assess **progress** and gather lessons learned to **inform the next programming phase**
- **Case studies** in four countries (Benin, Sudan, Uganda, Zambia); **desk studies** in two (Bangladesh, Togo)
- **Online survey** (57% response rate from range of technical and academic, public and private sector key informants in 31 countries)
- **Document review and 750+ interviews.**



The designations employed and the presentation of material on the map do not imply the expression of any opinion whatsoever on the part of UNFPA concerning the legal status of any country, territory, city or area or its authorities, or concerning the delimitation of its frontiers or boundaries.

Model of the MHTF

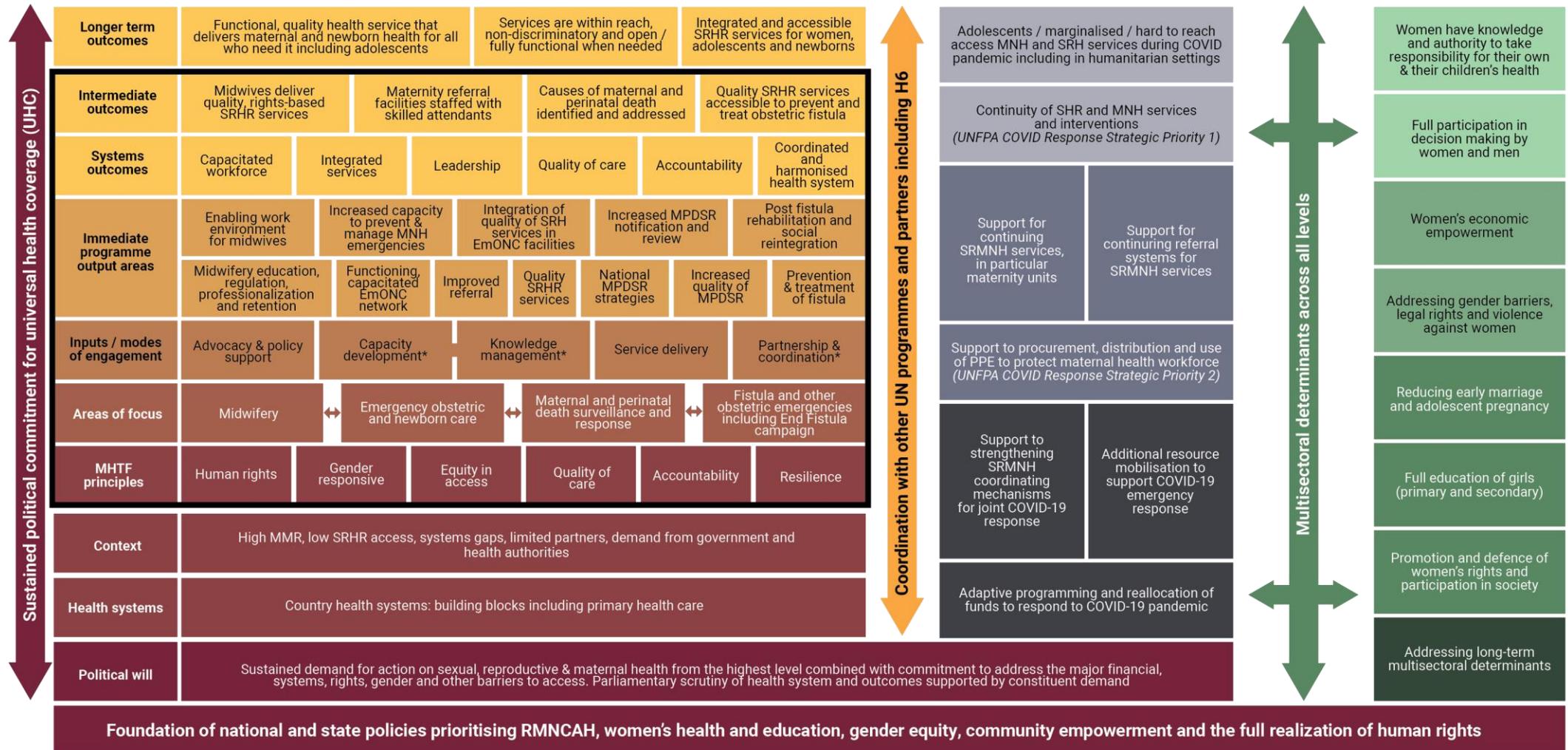
- Four **technical areas**: midwifery, EmONC, fistula and MPDSR
- Four priority **systems strengthening areas**: leadership and governance, HMIS, workforce and service delivery
- Focus on **integration** between SRHR and MNH services
- **Interface**: with the Global Campaign to End Fistula and broader midwifery activities in up to 100 countries
- **Catalytic role**: is at the centre of the programme.



Overall theory of change for UNFPA support to maternal and newborn health

Goal: End preventable maternal deaths; end unmet need for family planning; end gender-based violence and harmful practices including child marriage

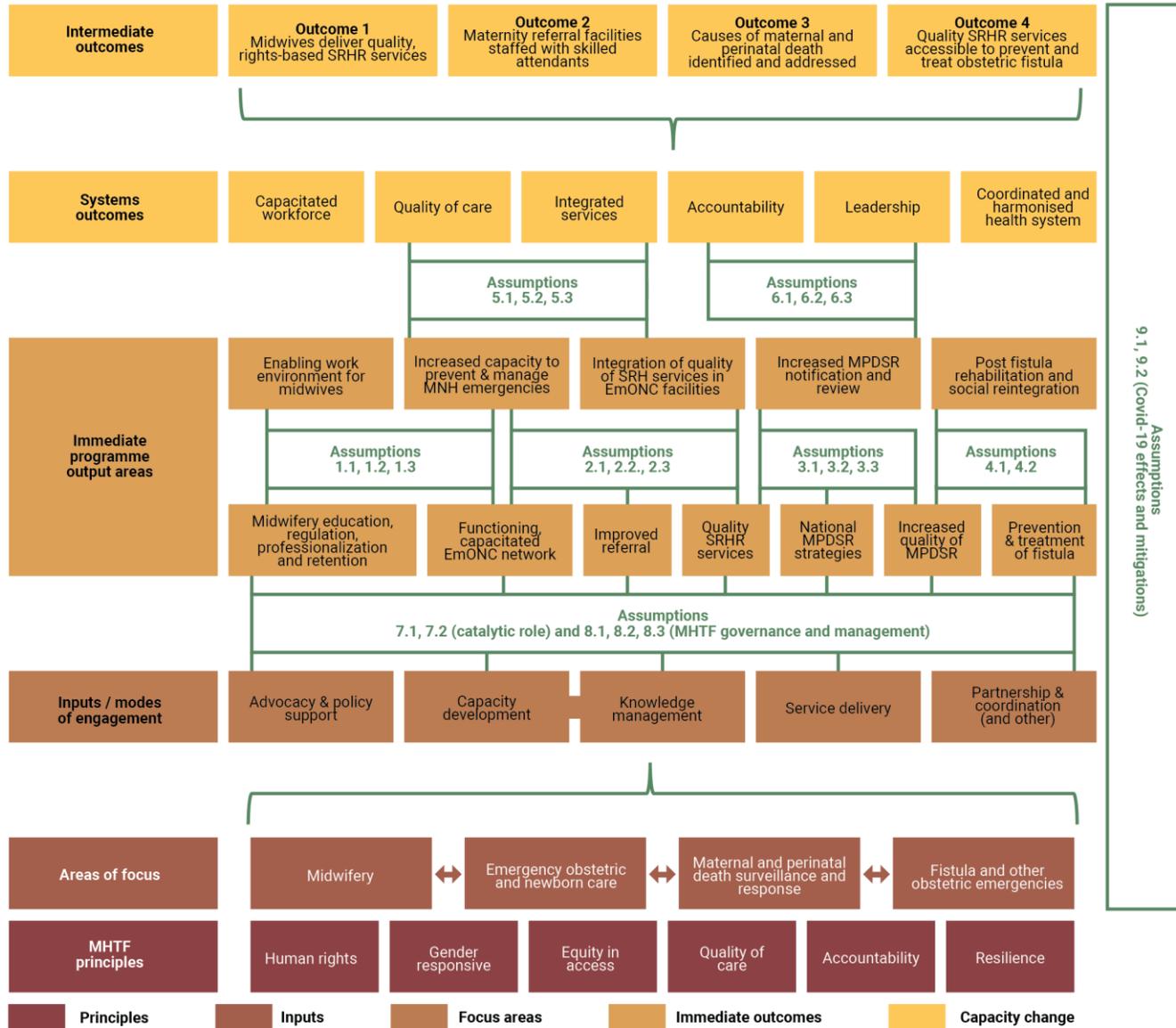
Overarching outcome: Achieve universal access to SRH, realize reproductive rights, and reduce maternal mortality to achieve progress on the ICPD Programme of Action to improve the lives of women, adolescents and youth, enabled by population dynamics, human rights and gender equality



Foundation
 Context
 Inputs
 Immediate outcomes
 Capacity change
 COVID-19 inputs
 Results/impacts
 Multisectoral determinants of mortality

* In practice, capacity building and knowledge management were often treated in financial and activity reports as interchangeable. They have been linked here to reflect that. No expenditure was badged as 'coordination'. The fifth MOE was usually just 'other' and was small.

Focused MHTF theory of change with evaluation assumptions mapped out

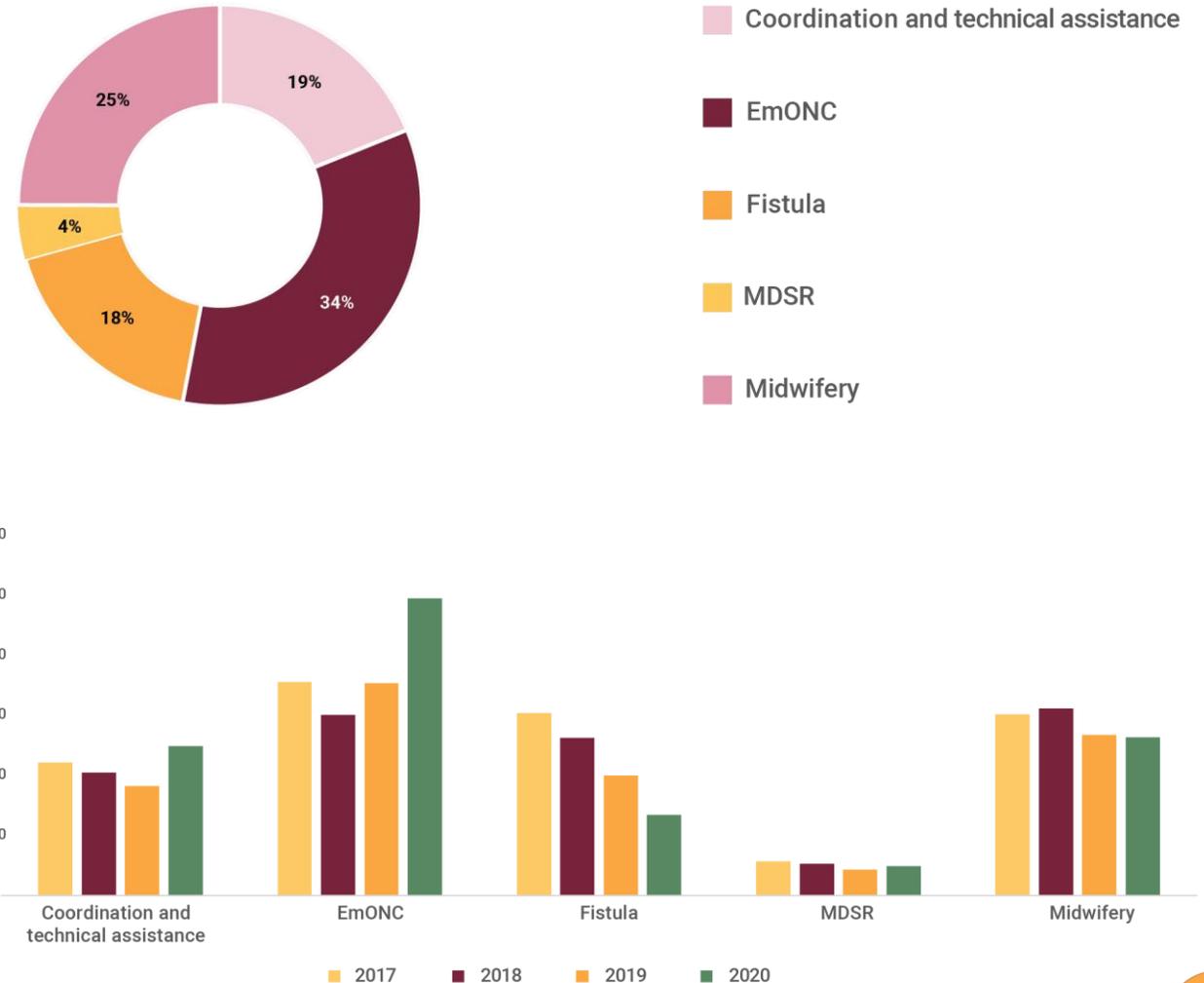


The assumptions are available in the evaluation matrix in Annex 1 (Volume 2)

- ### Summary of assumptions
1. Technically sound and relevant support to midwives
 2. Support to EmONC networks an appropriate strategy
 3. Support prioritizes quality, credible MPDSR systems
 4. Support engages health systems and communities in obstetric fistula prevention, treatment and social reintegration
 5. UNFPA uses MHTF as a platform for integration
 6. Use of MHTF as a platform to advocate for needs of women, girls and newborns
 7. MHTF processes suited to catalyzing MNH investments, knowledge and innovation
 8. Management and governance enables MHTF to influence UNFPA strategy in MNH and SRHR
 9. MHTF structure and process sufficiently agile to respond to COVID-19

MHTF resources 2018-2020

- The MHTF accounts for just over **1% of the total UNFPA annual budget**
- **Total available funds** spent through the MHTF from 2017 to 2020: USD 46,469,871
- **Spending is highly variable** by technical area and year although fistula spend is declining while EmONC is increasing.
- **Almost 80% of MHTF funds are expended in partner countries**; just over 20% channelled to headquarters and regional office coordination technical assistance
- Consistently **“bigger” spending countries** are Burundi, Ethiopia, Madagascar, Niger and Uganda
- Slightly **inverse relationship between MHTF support and level of MMR.**



Conclusions and supporting findings

1. With the MHTF, UNFPA is a partner of choice providing visible and valued support to critical MNH priorities
2. Midwifery is the anchor of the MHTF and the cornerstone of the UNFPA MNH response
3. The MHTF delivers value for money, both globally and for individual countries
4. The MHTF is not clearly positioned within a holistic UNFPA MNH strategic framework
5. If not addressed, critical gaps will limit the relevance and the sustainability of the MHTF investments
6. The MHTF has not yet been fully designed to deliver its “catalytic effect” systematically
7. The MHTF targets gender equality, human rights and equity, especially among adolescents, but does so unevenly
8. Given its results and successes, the MHTF has considerable unrealized potential



Conclusion 1: With the MHTF, UNFPA is a partner of choice providing visible and valued support to critical MNH priorities

- The MHTF is a **focused and technically sophisticated tool** for supporting MNH in programme countries in four technical priority areas
- Programmes are **of high quality, address gaps** in country health systems and produce **tangible results**
- **Impacts beyond the 32 MHTF partner countries** through creation of visible knowledge management products
- **Delivers considerable thrust** with a limited package of resources.

Supporting findings

- Clear contribution of the MHTF and UNFPA to specific **technical elements of MHN and SRHR-MNH integration**
- MHTF programme model offers a **tangible set of inputs** with defined milestones
- Valuable **links to strategic global partners**
- Tackles a range of women's health issues **enabling countries to introduce or expand technically specialised services.**

Conclusion 2: Midwifery is the anchor of the MHTF and the cornerstone of the UNFPA MNH response

- **Midwifery is at the centre of maternal health** and enables systems to deliver a better health service experience to women and girls
- The MHTF is identified as a **leading partner for midwifery**
- UNFPA has instigated major steps toward defining midwifery practice
- Reinforces the UNFPA role in the SRHR-MNH continuum and **provides a pathway to integration of care** and overcoming the three main delays leading to maternal mortality
- Persistent gap in relation to **tackling the pernicious effects of gender inequalities and power dynamics** that affect health systems in programme countries.

Supporting findings

- UNFPA is building a **global leadership position** on midwifery especially through integration of SRHR-MNH services
- More investment needed to **expand integration** with family planning
- Midwives play a **central role in all the four technical areas** but **structural links among these are unnecessarily weak**
- **Spill-over effects** of MHTF beyond the 32 countries are most prominent in relation to midwifery
- **National scale-up** is a common stalling point and often **not funded through public expenditure**
- Challenges include addressing **gender dynamics and power or hierarchy issues** in the work environment.

Conclusion 3: The MHTF delivers value for money, both globally and for individual countries

- The MHTF has developed a programme model that **delivers visible results** and creates effective entry points for a range of interventions.
- Relies on a set of skills and a vision in the country office that are strong on systems strengthening, coordination, convening, advocacy and partnership building **to deliver a clear package of support** especially in EmONC, fistula and midwifery
- **Also relies on country office ability** to supplement the MHTF resources with core funds and to raise additional resources through engaging partners locally
- The MHTF has enabled UNFPA to **influence the agenda on MNH at a global level** and to deliver a wide range of policy and guidance products that will influence MNH programming beyond the MHTF partner country context.
- MHTF programme model **creates valuable entry points** in different country settings

Supporting findings

- Each technical area delivers **visible and measurable results**
- The MHTF **programme model** combines technical expertise, strategic partnerships and seed funding
- **Creates opportunities** for government leadership, country ownership, targeted support to addressing clear gaps, and tangible systems strengthening
- The **MHTF balances economy, cost-effectiveness, equity and efficiency but not sustainability** (yet) although the catalytic approach it adopts carries much potential.

Conclusion 4: The MHTF is not clearly positioned within a holistic UNFPA MNH strategic framework

- The MHTF is **not aligned with or anchored within a holistic UNFPA maternal health strategy**
- A **policy and strategy gap exists** between the MHTF delivering programme inputs and the UNFPA MNH strategy at global and organization level
- The **contribution of the MHTF to the UNFPA transformative result** to end preventable maternal deaths is unclear given the importance of the MHTF to the UNFPA maternal health portfolio
- The **MHTF role at global level is unclear resulting in mixed messages to** global partners uncertain about the relationship between the MHTF as a country focused programme as opposed to the 'voice' of UNFPA on maternal health
- A challenge for the MHTF to **maintain its technical focus** (and well-defined offer of expertise and support), **while remaining flexible** to assist countries in addressing their priority needs in MNH.

Supporting findings

- At global level, **MHTF team members are visible but usually in relation to their technical area** rather than an organizational strategy/action plan
- **MHTF has low visibility** as a maternal health fund among MNH partners and even within UNFPA
- UNFPA **contribution to the larger MNH agenda is not fully defined** and thus the MHTF role is also vague.

Conclusion 5: If not addressed, critical gaps will limit the relevance and the sustainability of the MHTF investments

- The MHTF is **highly focused on the supply-side quality of care** having helped countries identify and set standards for the supply-side and delivery of quality EmONC and related MNH services and care
- **Demand-side quality** and the experience of women and girls in terms of respectful care is less visible
- **Voice of communities and** structured community engagement in developing solutions to local service delivery issues is largely absent.
- The largest effect on the MHTF programme is the **apparent exclusion of the first delay**, which is relevant everywhere but particularly in contexts where homebirths are still preferred.
- **Indicators** measuring and tracking quality of care are **insufficient and underutilized**.

Supporting findings

- Across the four technical areas, **community engagement is weak, inconsistent**, just beginning to develop or entirely absent (e.g., in EmONC and in some aspects of midwifery, and MPDSR in some countries)
- Supply-side service delivery standards are the focus (and are very important) but ultimately **including demand-side perceptions and inputs is critical to sustainability and accountability**
- Quality of care from the perspective of users is yet to be fully explored or integrated in any of the technical areas **limiting investments in respectful care**, a critical dimension of demand-side quality of care.

Conclusion 6: The MHTF has not yet been fully designed to deliver its “catalytic effect” systematically

The MHTF has genuine potential to facilitate a transformation or multiplier effect through its programme delivery. However, the absence of a strategy clearly positioned within the programme, with a tried and tested toolbox to support the elevation of programme inputs, reduces the MHTF achievements.

- Realisation of this **catalytic potential** depends on the ability to anticipate and orchestrate a shift from a relatively low-cost, intense technical process focusing on developing national policies and strategies to a larger, longer-term, higher-spend, national scale-up of that policy
- The MHTF is **not sufficiently systematic in creating opportunities** to engage national leadership in order to target resource mobilization needed to take technical advances to scale
- **Many examples of programmes that could potentially spark a catalytic effect** but existing barriers (structural, political, systems, gender-related) prevents this from happening.
- UNFPA (and the MHTF) does not sufficiently anticipate and manage the **impact of external factors in the design, strategic alignment, and delivery stages**
- The central role of UNFPA staff at the country level in ensuring that the programme achieves results highlights the **importance of capacity in UNFPA country offices** especially on coaching, advocacy, negotiation and strategic partnership building.

Supporting findings

- The MHTF creates a platform from which **UNFPA brokers institutional commitments, builds consensus, and strengthens national leadership**
- **Potential for catalytic effects is evident** in many programmes that are “ready to accelerate” but stalled due to unaddressed challenges
- **Catalytic effects are not always** realised despite some good examples; lack of guidance and tools
- **Downstream results** and national scale-up are not within UNFPA scope, planning or financial means
- **Innovations** and **digital apps** are occasionally valuable but not necessarily catalytic.

Conclusion 7: The MHTF targets gender equality, human rights and equity, especially among adolescents, but does so unevenly

The MHTF investments are clearly rooted in human rights principles but incompletely and without systematic implementation and tracking across settings

- The MHTF has identified **three rights-based principles** (*equity of access, quality of care, accountability*); *availability* is implied throughout the programme. There is little or no explicit reference to other key principles affecting maternal health such as acceptability and non-discrimination
- **A framework for defining and operationalizing rights-based principles** in the MHTF programming is lacking. The MHTF logic chain is insufficiently developed and masks the behaviour, incentives and motivations that underlie health delivery decision-making at the point of care
- Leads to the **uneven application of these principles** in country-based activities such as for quality of care (and respectful care)
- The MHTF has **yet to define or articulate** an approach for identifying those most at risk or most vulnerable
- Interventions supporting service access have resulted in **expanded service delivery to underserved** geographic areas and vulnerable population
- However, due to SRHR and MNH integration limitations, the MHTF is **not as effective in empowering** adolescent girls and women to access the full range of SRHR services.

Supporting findings

- **A wide array of strategies** are deployed to influence access and equity
- Articulated **focus on strengthening supply-side services** but **limited investment in demand creation** or to addressing **demand-side barriers** to access
- **Quality of care** and **respectful care** in practice (i.e., actual experience of women and girls) not systematically incorporated across the MHTF (exceptions: e.g., Zambia)
- Pursuing adolescent MNH especially through **prevention and/or delay of pregnancy** not articulated clearly enough given the scale and evidence of its contribution to mortality.

Conclusion 8: Given its results and successes, the MHTF has considerable unrealized potential

Not enough has been done, at UNFPA, to highlight its achievements, drive resource mobilization, position it strategically within a coherent MNH strategy and use the knowledge gained through the MHTF to help better shape the global agenda.

- The MHTF **suffers from poor visibility** within UNFPA and among key global maternal health partners in part as a consequence of a monitoring system that does not emphasize the use of readily available results indicators which can showcase the MHTF in UNFPA and the global arena
- Monitoring that **lacks sufficient qualitative and contextual analysis** which could impede resource mobilization and engagement with partners
- MHTF output monitoring often **does not reflect meaningful shifts** in women and girls' experience with pregnancy and delivery or the MHTF role in increasing maternal survival rates.
- **Threat of the MHTF not being valued** in relation to its actual significant and multifaceted contribution to MNH.

Supporting findings

- **The MHTF leadership and visibility** is improving, especially in the last year although partners would value **clearer communication** about the MHTF
- **The MHTF acts as a platform within UNFPA and among partners in countries** linking investments to larger global maternal health agenda but **there is a perception of inflexibility** to countries' own priorities
- **Resources are fully spent** in partner countries (generally) but financial management issues can lead to **late disbursement, onerous paperwork, a heavy reporting load**
- **Performance monitoring is done through a detailed monitoring system** that follows a wide range of activities; it aims to follow results but is unable to effectively identify and communicate its own contribution.

Strategic, governance and operational recommendations



Strategic recommendation 1

As the key UNFPA vehicle for SRHR-MNH integration and support, continue the MHTF and expand it into a new phase

The MHTF makes a **visible contribution to maternal health** in the countries where it is working and to the overall UNFPA maternal health response. **The MHTF should continue into Phase IV** with design adjustments taking into account the strategic and operational recommendations identified in this evaluation. In particular, **an expanded theory of change** should identify the larger landscape in which the MHTF operates and its specific contribution. Phase IV of the MHTF should serve as an opportunity to **clarify the MHTF role and positioning in relation to other UNFPA investments into maternal health** as well as the larger, global MNH landscape.

Operational implications

- **Set the ambition of Phase IV and the expected gap it will fill.** Identify why the **UNFPA contribution** to filling this gap is best wrapped into a global programme approach rather than through routine country budgets
- Develop **Phase IV goals, objectives, strategies, targeted partnerships and investments, and expected outcomes** (elaborate the new programme) working in collaboration with the Advisory Board and regional and country offices to strengthen buy-in, fundraising and stakeholder engagement
- Develop a **revised theory of change** to guide Phase IV and ensure it identifies the role and positioning of the MHTF in relation to other UNFPA investments in MNH and the larger landscape of maternal mortality reduction.

Strategic recommendation 2

Position the MHTF within a comprehensive UNFPA maternal health strategy and action plan

The 2022-2025 **UNFPA strategic plan** is shaped around three transformative results, including ending preventable maternal deaths. In this context, **it is not clear whether the MHTF is intended to serve as a limited, catalytic fund, channelling a specific set of technical and financial resources to defined elements of MNH, or is expected to encompass the entire UNFPA MNH programme** (with other UNFPA programmes supporting important MNH results). Drawing on the MHTF experience, UNFPA should **develop an organisational-level comprehensive maternal health strategy and action plan that clearly situates the MHTF and other UNFPA MNH efforts within a coherent organizational mandate** with roles and responsibilities in relation to its objectives in maternal health and its broader remit on integrated SRHR-MNH.

Operational implications

- **Develop a comprehensive cross-organizational maternal health strategy and action plan** that is clearly situated in relation to the UNFPA organizational strategic plan 2022-2025 and its transformative result of ending preventable maternal deaths
- **Identify the MHTF contribution** at the organizational level to this maternal health strategy (including roles and responsibilities) as well as contributions from the Supplies Partnership (maternal health commodities) and other thematic funds (Ending Child Marriage, FGM, and the HIV response), humanitarian resource and core funds
- **Clarify the role of the MHTF within UNFPA** in relation to the maternal health strategy and action plan and in support of the UNFPA transformative result
- **Refine and update the MHTF logic chain** in the next phase of the programme to reflect its contribution to the organizational maternal health strategy and action plan and its role as co-convenor of the global Ending Preventable Maternal Mortality initiative.

Strategic recommendation 3

Champion quality of care at the point of delivery, including respectful care

The **MHTF approach to strengthening user-centred quality of care including respectful care, is still at an early stage**. The MHTF should invest in building country experience and **global leadership on scaling-up quality SRHR-MNH services** at the point of implementation (from the user's perspective) and should **champion respectful care** especially, but not only, among midwives. This includes **developing and integrating actionable programming into all MHTF technical areas** and strengthening progress monitoring to enable lesson learning and scale-up of good practices.

Operational implications

- In the UNFPA maternal health strategy and action plan (Recommendation 2), **identify how UNFPA and the MHTF will contribute to developing and scaling-up knowledge and practice related to systematically delivering high quality, respectful SRHR-MNH care**
- **Articulate programmatic investments** to promote quality of care across the MHTF and to position respectful care at the centre of all MHTF technical areas at the strategic level
- **Develop and integrate an actionable programme model into the MHTF to promote respectful care** in practice, especially through EmONC and midwifery (e.g., through the implementation of a midwife-led model of care)
- **In the MHTF ROM system (Recommendation 9), include key performance indicators on community engagement, demand-side quality of care, and measures that track the experience of respectful care** (embedding these in EmONC, midwifery, fistula, and MPDSR components more systematically).

Strategic recommendation 4

Be more systematic about integrating community engagement across all MHTF activities

Community decisions about whether, when and how to seek care affect MNH outcomes. Currently, the main thrust of the MHTF has been focused on the supply of services. While the MHTF does not necessarily need to invest extensively in demand creation and community engagement itself, it should **integrate and promote a more structured approach to community engagement as part of a broader strategy to generate increased demand for timely and accessible MNH services.** This adjusted orientation should **focus on increasing the timeliness and efficacy of decisions to seek care, to access family planning and SRHR services, to elect to deliver in a health facility, to build the interface of the midwife with the community, and to participate in death audits/reviews.** It will require developing and deepening partnerships with others and investing in country office staff capacity and advocacy skills.

Operational implications

- The UNFPA maternal health strategy and action plan (Recommendation 1) should **foresee how to integrate community-facing work** across all MHTF dimensions and technical areas to include both supply- and demand-side considerations
- **Ensure the orientation of the MHTF technical interventions** takes better account of the first delay and systematically incorporates community demand and engagement to the greatest extent possible. In particular:
 1. **Broaden the EmONC network approach to include community health and household engagement** in decisions to seek care and an increased interface with community-based health workers where relevant
 2. **Orient midwifery to include community engagement and demand creation for all SRHR–MNH services** especially in support of ANC, family planning and fistula prevention
 3. **Where possible, include communities into MPDSR processes**
 4. **Invest in knowledge building around strengthening community demand for care** and health service responsiveness.

Governance recommendation 5

Engage partners, especially donors, more actively in the MHTF progress

The recently created **Advisory Board** is in the early stages of carving out its role and **has been welcomed by partners**. Donor engagement in the work of the MHTF, including as part of the Advisory Board, will **foster visibility and support, as well as create potential opportunities** in specific countries or settings. Over time, the MHTF should invest in the role and functioning of the Advisory Board in order to strengthen its accountability to funding partners, to **increase its participation in shaping strategic direction and to support improved communication of results and performance**.

Operational implications

- **Develop a revised terms of reference for the Advisory Board**, which includes its contribution to shaping the MHTF strategic direction, accountability to its members, and results monitoring roles
- **Establish an annual calendar of meetings** (including the *ad hoc* participation of specific strategic, technical, or implementing partners)
- **Develop a comprehensive communications strategy** (building on *The MHTF Wins!*) around the role of the MHTF in relation to the UNFPA transformative result on ending preventable maternal deaths, its approach, and results achieved in programme countries.
- As part of the strategy, **tools or products should be designed so that messaging can be tailored to reach a wide and diverse audience**, including key stakeholders (funding partners, other strategic and technical partners, country governments, implementing partners and beneficiaries).

Operational recommendation 6

Improve the strategic coherence and responsiveness of the MHTF

A **key strength of the MHTF is its programme model**, which offers countries access to strategic global partnerships, technical expertise and financial resources to seed-fund investments. The **four technical areas promoted by the MHTF are insufficiently coordinated with each other** however, and are not all equally well supported at the country level. In addition, as priorities evolve, **the MHTF will achieve more traction with more flexibility** in its programme model to respond to country priorities. It should thus aim to clarify and streamline the linkages and coherence among the four current technical areas. It should also consider options to **selectively include other technical areas without sacrificing its well-defined programme model**. The development of the MHTF Phase IV and associated theory of change creates an ideal opportunity to include these critical aspects.

Operational implications

- **Clarify the MHTF working arrangements** so that linkages and inter-relationships among the four technical areas are clearer, and their tendency to operate as siloed areas of support is reduced
- **Consider developing an option to enable the MHTF to be more responsive to country priorities.** This approach should enable countries to select their technical priority areas among the four MHTF technical areas and to access the MHTF support for further technical areas where relevant
- **Develop an application-based approach** to allocate a portion of the MHTF funds with a country office matching arrangement, together with the MHTF brokered partnerships and technical expertise.
- This could be implemented through a range of approaches such as: (a) **setting aside a portion of funds to be allocated to a limited number of countries each year** through an application process; the process could be based on multi-year grants matched by core funds and/or other country-leveraged funding, or (b) based on consultation with country offices, **selecting a limited number of additional technical areas to focus on** for a three to five-year period and accepting applications from countries wishing to work in these areas.

Operational recommendation 7

Embed the focus on midwifery and the health workforce environment across the MHTF

As a key entry point and “gateway” to women’s health across the life course, **midwives and the larger health workforce environment in which they operate constitute tangible health systems strengthening investments.** The experience of women and girls highlights the role that skilled health personnel play in their perception of what quality care is. **The MHTF progress and leadership on midwifery and the health workforce environment continue to create a key entry point for MNH.** This should be further developed in Phase IV by investing more in embedding midwifery into community and primary care, integrating more focus on respectful care, and investing in health systems reforms, including the EmONC network expansion.

Operational implications

- **‘Mainstream’ midwifery across all other technical elements of the MHTF,** identifying especially how midwifery support contributes to quality of care, respectful care, and community engagement and demand
- **Reposition midwifery through analysing and planning more far-reaching interventions to support midwifery in action.** For example, consider whether and how to integrate the opportunity triangle analysis model to deepen midwifery inputs and programming more systematically at global and country levels. The opportunity triangle helps to **separate out capacity (the skills element) from the incentives affecting decision-making and the motivation needed to apply knowledge consistently,** taking account of critical environmental enabling factors, gender dynamics and systems context
- Together, **these elements reflect the opportunity that health workers must do the right thing, at the right time, in the right way** against a backdrop of a specific health system and gender and rights environment. The MHTF could **usefully apply this approach to ensure it is investing in ways that sharpen the impact of midwives in practice,** taking the MHTF foundation work on midwifery regulation, education, and professionalisation to the next level.

Operational recommendation 8

Invest more in MHTF core added values: SRHR-MNH integration and promoting catalytic results

The MHTF has **two core element features that add value**. The first is the fact that it is uniquely **focused on integrating SRHR** and MNH services and has made good progress in this area. The second is that the **emphasis on driving catalytic results is integral** to its delivery model and a cornerstone of the MHTF approach. In both these areas, the MHTF has made visible but inconsistent and insufficiently documented progress. In Phase IV, the **MHTF should develop detailed and actionable guidance** for country offices to support design, partnership development, and implementation. This should include promoting, documenting and communicating on **SRHR-MNH integration and the MHTF catalytic role**.

Operational implications

- Develop, regularly update, and share widely with country and regional offices, **comprehensive guidance and tools on designing, implementing, measuring, documenting and communicating catalytic interventions** under the MHTF programme
- Develop, regularly update, and share widely with country and regional offices, **guidance on strengthening integration, including approaches to removing gender barriers to integration**
- In the MHTF ROM system (Recommendation 9), **include indicators to track progress on integration and the catalytic effect of interventions** across all technical areas
- **Establish communities of practice to more methodically share lessons learned among country offices** to strengthen their investments at an early stage, and to identify potential processes as well as partners.

Operational recommendation 9

Refine results monitoring to improve understanding and communication about the MHTF added value in different contexts

Although detailed, the **current results-oriented monitoring (ROM) system does not easily enable the MHTF to identify and communicate its results and contribution** as a United Nations programme working in an often crowded field. The MHTF should **adapt its current approach to track fewer, more immediately relevant results** that can support a clear narrative about the MHTF contribution and value-added in varied settings. The **results-oriented monitoring system should have a greater focus on perceptions of change** among stakeholders by supplementing a shorter indicator framework with reporting that makes use of qualitative information on the MHTF contribution to, and progress toward outcomes. This would **support increased understanding about what is working, where and why.**

Operational implications

- **Refresh the MHTF theory of change** and logic chain in line with previous recommendations
- **Adapt the results framework and performance management approach to focus on fewer, more relevant results at output level but more meaningful results** at immediate and intermediate outcome levels; develop key performance indicators tracked by all MHTF partner countries that help capture the value-added by the MHTF and UNFPA more broadly to MNH and integrated SRHR-MNH
- **The MHTF ROM system should be presented to enable partner countries (country offices) to see how and whether they contribute toward the achievement of MHTF outcomes** and capture information on the degree of success achieved through interventions adopted
- **Regularly transmit and discuss results with the Advisory Board** as well as through the current *MHTF Wins!* rubric to strengthen buy-in and accountability for results.

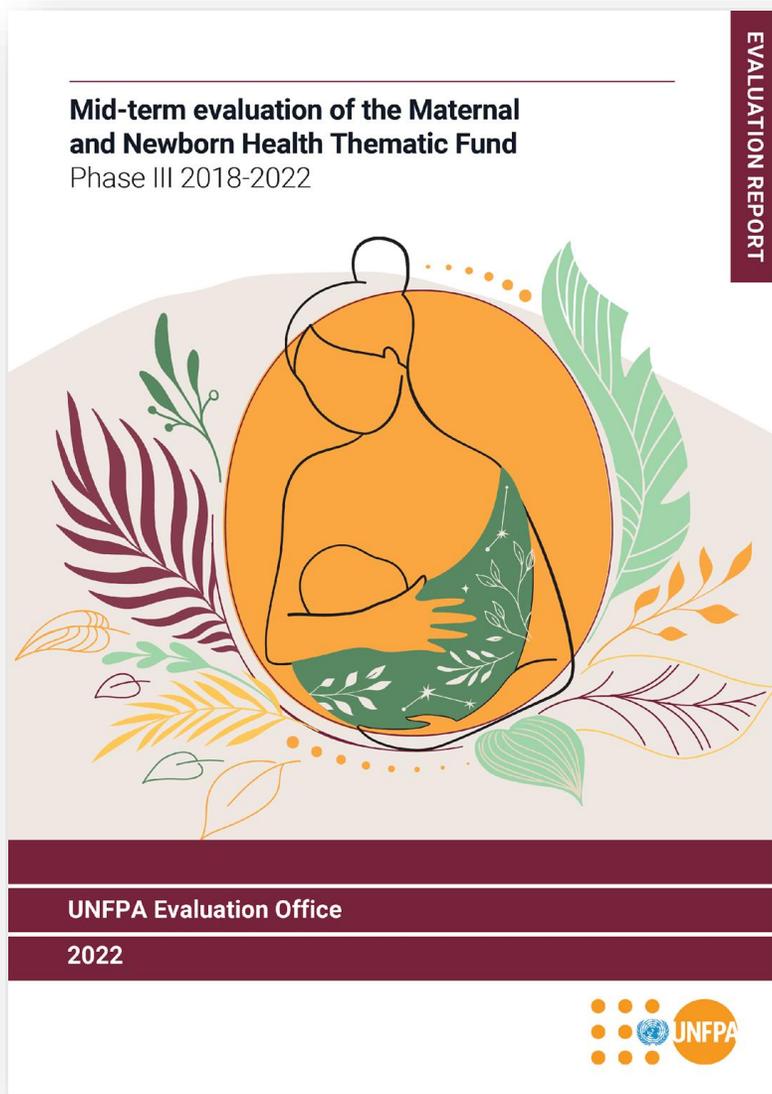
Operational recommendation 10

Invest in innovative funding approaches to attract an expanded donor base

The **MHTF should develop a comprehensive funding model and financing plan to support Phase IV**. The plan should be linked to its new programme of work and be well situated within a UNFPA maternal health strategy in order to **enable the MHTF to address (and reverse) declining commitments, as well as the negative effects of onerous financial management processes**. The plan should also foresee innovative funding options to generate country engagement and commitment to SRHR-MNH integration, for example through matching arrangements. **Innovative funding modalities could extend the value of MHTF resources, leverage additional funds from core and other partner sources**, and help open up additional programme priorities.

Operational implications

- **Elaborate a funding strategy to attract multi-year commitments** from existing donors and broaden the donor base to attract new partners
- **Build continuity in funding flows by creating a bridging mechanism** that will enable funding to be disbursed continuously in support of multiyear contracts, limiting fallow periods and supporting sustained action
- **Undertake a fundraising campaign linked to quality of care and women's health across the life-course** in the context of an organizational maternal health strategy and action plan
- **Establish mechanisms that enable the MHTF to strategically and carefully widen its programme model** including through the use of an application-based match funding model for a portion of available funds aimed at leveraging additional resources from country offices and country-based partners, including bilateral donors (also see Recommendation 6).



Thank you

#MHTFeval

For more information, see the evaluation materials available at

unfpa.org/evaluation

- Evaluation report
- Executive summary (En, Fr)
- Evaluation brief (En, Fr)
- Country case studies (Benin, Sudan, Uganda, Zambia)
- Management response
- Short video

For further information, contact Louis Charpentier (charpentier@unfpa.org)

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