	H6 Joint Management Response to Evaluation of the H6 Joint Programme (Canada and Sida) 2011- 2016								
Evaluation Report Issue Date [DD/MM/YY]	Evaluation report tag	Additional attributes [joint, impact or institutional]	UNFPA Business Unit managing or coordinating the response and implementation [indicate 1 only]	Head of Responsible Office Final approver	Managing/Coordinating Unit Focal Point Owner [name and email address]	Date of submission			
May 2017	Joint Programme (UNAIDS, UNFPA, UNICEF, UN Women, WHO)	Joint	Technical Division	Anneka Kuntsson	Hemant Dwivedi dwivedi@unfpa.org	September 2017			

Overall response to the evaluation: H6 Global Technical team welcomes the Report on Evaluation of the H4+ (Now renamed as H6) Joint Programme Canada and Sweden (Sida) 2011-2016, its findings and recommendations. The H6 team notes with appreciation the evaluation findings that the H6 Joint Programme (H6 JP) has contributed to strengthening health systems for RMNCAH at both national and sub-national level by improving pre-service and in-service training and supervision, especially for Emergency Obstetric and Newborn Care (EmONC) and for Maternal and Newborn Death Surveillance and Response systems. The H6 team also appreciates the finding that H6JP has contributed to expanding access to services in RMNCAH by consistently targeting the provision of services to underserved and hard to reach geographic areas, and within those areas, populations most in need of RMNCAH services (including adolescents and youth, the poorest women, and people living with HIV and AIDS). The H6 Joint Programme demonstrated a capacity to adjust and respond to changing needs and priorities at a country level by responding to national challenges. The programme encouraged innovation as an element in the programme mandate, which enabled to catalyze and accelerate action in support of improved RMNCAH outcomes. The H6 partners were able to arrive at an effective division of labour in programme countries drawing upon the mandate and comparative strengths of each partner agency. The experience of implementing the joint programme helped the H6 partners to develop a deeper level of both, coordination and collaboration at a global as well as at a country level. The primary added value of the H6 JP is to accelerate the implementation of the Global Strategy has been its positive contribution to improving the availability and quality of essential RMNCAH services in the ten programme countries. This contribution arises mainly from the flexibility in jointly programming technical and financial support to RMNCAH, which is complementary (and sometimes cataly

The report's findings and recommendations addressing areas that require further attention and refinement in the ongoing support to EWEC are acknowledged. Specifically, the findings and recommendations related to H6 country teams to take actions to make results sustainable by building options for a transition to new funding sources and to retrofit exit strategies to the extent possible. The efforts country level should be designed to achieve a balance between improving the supply of services and strengthening demand by engaging with individuals and communities to address barriers to access, including sociocultural barriers. It should also incorporate well sequenced and coordinated support. At country level, the H6 partners should build on the experience of H6JP in order to engage with national governments to ensure that they can collectively influence broader impediments to the health sector (and beyond) including: weaknesses in human resources for health, health financing, and the general enabling environment. And programmes of support at country level should address key aspects of sexual and reproductive health and rights (including family planning) for

those most left behind, especially for young women and girls. The efforts to strengthen the capacity of national authorities to lead programme coordination mechanisms would ensure that chain of coordination exist from national to provincial to subnational levels. These mechanisms should reach to the sub-national level and include all implementing partners and local health service facilities. Furthermore, the engagement of regional offices in supporting H6 country teams will be further enhanced and in supporting the innovation action area of the Global Strategy for Women's Children's and Adolescent's Health (2016-2030). The H6 partners should support systematic approaches to "linking evidence to policy and practice. The H6 technical team should ensure that the division of labour at both country and global level allows for full engagement by all partners through strategic partnership with financing arm of the Global Financing Facility (GFF) of EWEC and engagement and alignment of global stakeholders, including the Partnership for Maternal Newborn and Child Health.

Planned use of evaluation: The primary purpose of this evaluation was to inform the preparation of the post 2016 approach of H6 partnership at global, regional and country level. The approach paper (concept note) of H6 partnership in SDG era will use evaluation findings along with findings of other evaluations of collaboration like RMNCH Trust Fund and Muskoka initiative, lessons learned and analytical findings so that H6 partners, individually and/or collectively will incorporate lessons learned towards the contribution as "technical arm" of UNSG's Global Strategy for Women's, Children's and Adolescent's Health (2016–2030).

EVALUATION RECOMMENDATION(S) AND PROPOSED ACTION POINT(S)

Recommendation No. 1	Transition Plan / Exit Strategies	Priority: Medium					
	H6 country teams in the ten H4+ JPCS countries (in collaboration with global and regional teams and national health authorities) should undertake actions to make results sustainable by building options for a transition to new funding sources and to retrofit exit strategies to the extent possible.						

Management Response to Recommendation acceptance status Accepted

The H6 is developing a funding proposal for technical support additional to what is included in ongoing programmes to the H6 Joint programme countries, as well as new countries, as resources permit. Technical support provided by the H6 will support country-led efforts to build on progress made during the MDG era, including the strategies employed under the H6 joint programme, and set governments on a trajectory for meeting SDG's related to RMNCAH. The funding proposal will be shared with prospective donors for consultation in mid-2017.

Action point title	Action point text	Due date (MM/DD/YYYY)	Lead implementing unit	Lead implementing staff [name]	Additional units involved in implementation (if any)
Transition plan to sustain programme gains	1. Requires H6 country teams to engage in advocacy with national health authorities and other line ministries to ensure flexible, geographically focused elements of H4+ JPCS are reflected in ongoing and new programmes.	2017-2020.	H6 Country Teams	H6 Country Coordinator from 10 Programme Countries	0

	 Requires exploring other sources RMNCAH donors, non-traditional financing mechanisms to sustain pressures armarked resources coordination platforms at sub-nattime and travel of staff). 	nl donors and other health cogram gains. to maintain and support						
Recommendation No. 2	Balance between supply and demand	d side interventions	P	riority: High				
	H6 partners' efforts to strengthen health systems for RMNCAH at country level should be designed to achieve a balance between improving the supply of services and strengthening demand by engaging with individuals and communities to address barriers to access, including sociocultural barriers. This should, in particular, strengthen the H6 contribution to the individual potential and community engagement action areas of the Global Strategy for Women's Children's and Adolescent's Health (2016-2030). It should also incorporate well sequenced and coordinated support.							
Management Response to Recor	mmendation acceptance status	Accepted						

Health systems strengthening features prominently within the work plan of the H6, with emphasis on community-level platforms and demand generation and mechanisms for social accountability for RMNCAH. These areas of work will be undertaken by H6 members with relevant expertise and ongoing work in select priority countries.

Action point title	Action point text	Due date (MM/DD/YYYY)	Lead implementing unit	Lead implementing staff [name]	Additional units involved in implementation (if any)
Balance between supply and demand side interventions	 Requires H6 country teams, when mobilizing resources for RMNCAH, to advocate for an adequate focus on demand side activities which address socio-cultural barriers, over a sufficient time frame for generating observable positive results (normative changes). Requires specific focus and required technical skills to focus on the barriers to women's access to services, including but not limited to discrimination-free services, gender norms that limit women from seeking out services, and awareness of their right to demand 		H6 Country Teams	H6 Country Coordinator from 10 Programme Countries	H6 global and regional teams

¹ World Health Organization (2015). The Global Strategy for Women's, Children's and Adolescents' Health (2016-2030). P.7

	services among women, young women,	and						
	adolescents.							
	3. Requires H6 global and regional teams to p	ovide						
	technical support (for country teams) in the a							
	demand generation, including addressing g							
	inequalityand community engagement, inc							
	engagement of women.	B						
	4. Requires H6 country teams to engage with and si	nnort						
	national stakeholders active in community engag							
	(inside and outside ministries of health), includir							
		men's						
	organizations.	inch 3						
	5. Requires advocacy for mechanisms that	allow						
	especially women and young pepole's voice							
Recommendation No. 3	planning and implementing SRMNCAH programn		Dui ouiteu IIi ah					
Recommendation No. 3	Addressing broader impediments to the health se	ctor	Priority: High					
	At country level, the H6 partners should build on	the experience of H4+ in c	order to engage with nat	ional governments with "one	voice" in order to			
	ensure that they can collectively influence broad	r impediments to the hea	Ith sector (and beyond)	including: weaknesses in hun	nan resources for			
	health, health financing, and the general enabling	-		<u> </u>				
Management Response to Recor	, J.							
[Accepted/Partially Accepted/Rejo		pteu						
		U6 the U6 will support of	ountry lad afforts to add	lace and integrate sectors the	at impact health			
By leveraging the thematic areas of expertise across the individual members of the H6, the H6 will support country-led efforts to address and integrate sectors that impact health								
	outcomes for women, children, newborns and adolescents. As reflected in the work plan, cross-sectoral approaches are emphasized in every aspect of support provided by the H6.							
If recommendation is accepted or partially accepted, list, below, action(s) that will logically lead to its implementation, ideally within a year of the date recommendation was issued								
Action point title	Action point text	Due date	Lead implementing	Lead implementing staff	Additional units			
Action point title	Action point text	Due date (MM/DD/YYYY)	Lead implementing unit	Lead implementing staff [name]	Additional units involved in			

Action point title	Action point text	Due date (MM/DD/YYYY)	Lead implementing unit	Lead implementing staff [name]	Additional units involved in implementation (if any)
Addressing broader impediments to the health sector	I. Requires engagement of all H6 country team partners in a joint programme of advocacy and policy engagement extending beyond the health sector (including, for example, authorities for Water and Sanitation). This should include	December 2017- 2020		H6 Country Coordinator from 10 Programme Countries	H6 regional and global teams

	engaging with country-led mult country coordination platforms II. Requires collaboration of H6 ag strategic and technical level; as funding to facilitate coordinatio transport, field visits, etc.).	for RMNCAH. sencies at (i) well as (ii) ad hoc					
Recommendation No. 4	Comprehensive approaches to meet the needs of adolescent including young women and girls for SRHR			Priority: High			
	H6 partners supporting RMNCAH at country level should ensure that programmes of support address key aspeand rights (including family planning) for those most left behind, especially for young women and girls. To this globally and at country level) in the promotion and dissemination of evidence-based and comprehensive appradolescents, including young women and girls.						
Management Response to Recor		Accepted					
	[Accepted/Partially Accepted/Rejected]						
	vantages of H6 members, the H6 will ac	dvocate for and suppor	rt nationally-led e	fforts to integrate SRH	R within national RMNCAH str	rategies and	
programming.	programming.						

Action point title	Action point text	Due date (MM/DD/YYYY)	Lead implementing unit	Lead implementing staff [name]	Additional units involved in implementation (if any)
Comprehensive approaches to meet the needs of adolescent including young women and girls for SRHR	I. Requires that global, regional and country-specific programmes of support to RMNCAH address the full spectrum of sexual and reproductive health including family planning initiatives as an important component of integrated RMNCAH information and services.	December 2017- 2020	H6 Country and global Teams	H6 Country Coordinator from 10 Programme Countries and global technical team members	H6 partners senior management
	II. Requires H6 partners to ensure that regional and country teams have collectively the technical skills and tools to effectively design and implement programmes covering the full spectrum of the RMNCAH agenda.				

	III. Requires H6 country teams to engage with: (i) actors outside the ministry of health including example, ministries of youth and sports, education employment; (ii) partners outside the public state by engaging with country led multi-stakehold platforms where possible.	, for ition, ector							
	IV. Requires effective joint advocacy and investment in addressing socio-cultural barriers for young people to access sexual and reproductive heal and rights, including access to contraceptive information and services for adolescent girls (married and unmarried).	S							
Recommendation No. 5	Strengthen national programme coordination Me	hanism	Priority: Medium						
	H6 partners should support efforts to strengthen the capacity of national authorities to lead programme coordination mechanisms. These mechanisms should reach to the sub-national level and include all implementing partners and local health service facilities. This will strengthen the contribution made by H6 to the country leadership action area of the Global Strategy (2016-2030). ²								
Management Response to Recon		oted							
[Accepted/Partially Accepted/Reje									
	ical to achieve sustainable results and build resilie	-							
	er partners to prioritize capacity building in every	aspect of technical supp	ort provided by the H6 pa	artnership including national	coordination				
	mechanisms.								
If recommendation is accepted or p	artially accepted, list, below, action(s) that will logically	lead to its implementation,	ideally within a year of the	date recommendation was issued	d				
Action point title	Action point text	Due date	Lead implementing	Lead implementing staff	Additional units				

Action point title	Action point text	Due date (MM/DD/YYYY)	Lead implementing unit	Lead implementing staff [name]	Additional units involved in implementation (if any)
Strengthen national programme coordination Mechanism	I. Requires H6 country teams to advocate for and actively participate in planning and coordinating	December 2017- 2020	H6 Country Teams	H6 Country Coordinator from 10 Programme Countries	H6 global and regional teams

² World Health Organization (2015). P.7.

Recommendation No. 6 Management Response to Recom [Accepted/Partially Accepted/Rejo	ected]	dge management st he innovation action actic approaches to ecepted	on area of the Global Stra "linking evidence to pol	ntegy for Women's Children's a licy and practice".3	and Adolescent's
and disseminate results achieve	H6 partners, we will continue to draw on the comparative d, lessons learned, and good practices, incorporating find artially accepted, list, below, action(s) that will logically lead to	ings in technical su	pport to country-owned	RMNCAH strategies, whereve	er possible.
Action point title	Action point text	Due date (MM/DD/YYYY)	Lead implementing unit	Lead implementing staff [name]	Additional units involved in implementation (if any)
Learning and Knowledge management strategy of the partnership	Requires the joint development of learning networks or support to, and engagement with already existing thematic learning networks. II. Requires that (i) experiences at country level consistently inform the development of global knowledge and that (ii) global knowledge products are effectively disseminated and used within the	December 2017- 2020	H6 Country and global Teams	H6 Country Coordinator from 10 Programme Countries	H6 regional teams

³ World Health Organization (2015). P.7.

	framework of south-south collaboration and inter- country exchange. III. Requires (i) strengthened technical support and guidance for country teams on evidence-based approach to documentation, and (ii) reinforced role of regional teams in monitoring and supporting innovation efforts. IV. Requires H6 global team to prioritise support to global knowledge products based on: a. Gaps in technical knowledge and guidance in RMNCAH identified through programming experience of H6 country teams. b. Documented, evidence-based lessons on effective programming for RMNCAH building on practical field experiences by H6 country teams. c. Document evidence, including research of demand-side barriers to women's access and use of health services d. The identification of "what works" and "what does not work" with clear and rigorous parameters to guide the documentation process of promising practices.			
Recommendation No. 7		Priority: Medium and global level allows for full engagement by all partners to (a) support the		
	community engagement action area of Every Women Every Child and the Global Strategy for Women's, Children's and Adolescent's H 2030); and (b) strengthen the contribution made by H6 to each of the three pillars of the Global Strategy (2016-2030):4			

⁴ World Health Organization (2015). P. 77.

- i. Country planning and implementation efforts;
- ii. Financing for country plans and implementation including the Global Financing Facility(GFF);
- iii. Engagement and alignment of global stakeholders, including the Partnership for Maternal Newborn and Child Health (PMNCH).

Management Response to Recommendation acceptance status [Accepted/Partially Accepted/Rejected]

Partially Accepted

As the designated operational/technical arm of the Global Strategy, the H6 is mandated to provide or procure technical support to country-led efforts to implement the Global Strategy and achieve SDG 3. While the primary purpose of the H6 is to provide countries with practical, evidence-based technical assistance, it often does so in conjunction with related entities, such as the GFF. It is important to note that while the H6 provides technical support to country-related GFF activities, H6 members, as UN entities, do not receive financial support from the GFF for services rendered on behalf of the GFF. It is important to note that the primary focus of H6 activity is the country level. By engaging and building on existing national coordination mechanisms, the H6 supports coordination and implementation activities in support of the Global Strategy. As noted in recommendation No. 7, responsibility for global alignment and coordination around RMNCAH is shared, with various entities responsible for upholding a collective commitment to align, coordinate and harmonize wherever possible.

Action point title	Action point text	Due date (MM/DD/YYYY)	Lead implementing unit	Lead implementing staff [name]	Additional units involved in implementation (if any)
Strengthen Contribution by H6 to the three pillars of EWEC Global Strategy 2016 - 2030	I. Requires the H6 teams (at global and country levels) to demonstrate value-added as a programming group in support of the Global Strategy and to attract necessary resources	December 2017- 2020	H6 Country and global Teams	H6 Country Coordinator from 10 Programme Countries	Bilateral partners
	II. At country level, requires country teams to coordinate: (i) seek funding opportunities and mobilize resources for action in support of RMNCAH as a collective group; (ii) secure funds for operational components of: joint planning, advocacy and supervision including staff time and travel at country level.				
	III. Requires H6 global team to coordinate activities at global level to ensure alignment with other stakeholders including PMNCH.				
	IV. Requires continuing <i>joint</i> H6 support (as the preferred technical arm of the Global Strategy				

	2016-2030) to countries in their	partnership with				
	the Global Financing Facility (GF	'F).				
Recommendation No. 8	Enhanced Engagement of H6 Regional Team			Priority: Medium		
	The H6 partnership should develop a clear definition of the regional dimension of its work and corresponding clear role and responsibilities for regional offices in supporting H6 country teams.					
Management Response to Recommendation acceptance status		Partially Ac	cepted			
[Accepted/Partially Accepted/Rejected]						

As noted in response to Recommendation No. 7, the primary focus of the H6 is coordinated technical support to countries that request assistance on national RMNCAH strategies. The question of creating a physical or virtual H6 mechanism at the regional level raises a series of practical and managerial issues, many of which have been discussed and assessed at length by senior managers of the H6, including the DEDs and principals. In short, the H6 agrees to advance a common agenda and coordinate efforts wherever possible, practical and feasible at the global, regional and country levels. This commitment does not, however, necessitate the creation of new regional coordination mechanisms or staffing requirements.

Action point title	Action point text	Due date (MM/DD/YYYY)	Lead implementing unit	Lead implementing staff [name]	Additional units involved in implementation (if any)
Enhanced Engagement of H6 Regional Teams	I. Requires global and regional management teams of H6 partners, in consultation with country teams, to jointly agree on detailed roles and responsibilities of global, regional and country H6 teams.	December 2017	H6 global and regional Teams	H6 Country Coordinator from 10 Programme Countries	H6 partners senior Management
	II. Requires H6 global partners and regional teams to identify and secure resources to fund regional team activities in support of H6 teams at country level.				