

MID-TERM EVALUATION

Contribution of the Maternal Health Thematic Fund

Purpose and scope of the evaluation

The purpose of this mid-term evaluation is to assess the design, coordination, and added value of the Maternal Health Thematic Fund (MHTF) as a targeted effort to improve maternal health. The evaluation was carried out simultaneously with the thematic evaluation of UNFPA Support to Maternal Health (MHTE) with a view to realizing the potential for synergies between the two exercises.

The mid-term evaluation is based on the strategic framework of the MHTF as contained in the MHTF Business Plan. The evaluation focuses on specific technical areas such as midwifery, family planning and emergency obstetric and newborn care (EmONC) and assesses the potential for the MHTF to act in a catalytic manner. The evaluation also covers the internal coordination and management processes of the MHTF (support to planning, programming and monitoring; coordination and management mechanisms; the MHTF progress in facilitating integration and use of synergies). Additionally, aspects of leveraging and visibility are assessed. Following the terms of reference, the evaluation covers the period from the launch of the MHTF in 2008 until 2010, and also includes information related to a number of interventions implemented in 2011.



Context

UNFPA has developed a broad range of interventions to help improve maternal health at the global, regional

and country levels within its three core programmatic areas – reproductive health and rights, gender equality, and population and development. UNFPA resources support integrated reproductive health services and interventions to address maternal mortality, gender-based violence, harmful traditional practices, sexually transmitted infections including HIV, adolescent

reproductive health, as well as family planning. Between 2000 and 2010, UNFPA provided support to 155 countries, areas and territories.

Different funds at UNFPA such as the MHTF and the Global Programme to Enhance Reproductive Health Commodity Security (GPRHCS) support specific areas of reproductive health. The GPRHCS provides technical assistance, commodities and financial support to selected programme countries.

The MHTF was launched in 2008 to help accelerate progress towards the achievement of the Millennium Development Goal 5 — *Improve maternal health*. The MHTF represents a focused effort in some of the poorest countries in the world with the greatest maternal health needs. It is intended to be a quick and flexible funding mechanism and a tool to make additional technical expertise available to UNFPA programme countries. The Campaign to End Fistula and the International Confederation of Midwives (ICM), Midwifery Programme, were also integrated into the MHTF umbrella fund in 2009.

The eligibility criteria for MHTF funding were: high maternal mortality (>300 per 100,000 live births), recommendations from the H4+ group, the commitment of country teams (government and partners) and the support by the Global Programme to Enhance Reproductive Health Commodity Security (GPRHCS).

The MHTF started in 11 countries and by 2010 was providing support in 30 countries, as well as in 12 additional countries for obstetric fistula only (through the Campaign to End Fistula). Most interventions started in 2009. The MHTF budget rose from 1 million USD in 2008 to 14 million in 2009 and 21 million in 2010.

Methodology

The evaluation assesses the relevance, effectiveness, efficiency and potential sustainability of the MHTF support, based on a set of eight evaluation questions.

From a list of 55 programme countries with a maternal mortality ratio (MMR) higher than 300 deaths per 100,000 live births in the year 2000, 22 countries were chosen for an extended desk review. From this purposive sample, eight countries which received support from the MHTF (Burkina Faso, Cambodia, Ethiopia, Ghana, Lao PDR, Madagascar, Sudan, and Zambia) were selected for the field phase. Country case studies were also conducted in DRC and Kenya, two non-MHTF recipient countries.

The evaluation draws on information from a desk review of UNFPA documents compiled from headquarters and country offices, individual interviews with UNFPA staff in headquarters, regional offices and country offices and additional interviews with partner governments and development partners. An online survey that was disseminated to UNFPA country offices in 55 programme countries provided information on country office capacity and availability of technical support from headquarters and regional offices. In addition, the 10 country case studies provided an in-depth view of UNFPA operations at country level. Data collection for the case studies included the desk analysis of additional documents, key informant interviews with UNFPA partners, site visits and focus groups with beneficiaries. The combination of different types of information, data collection methods and data sources (triangulation) maximized the validity of the findings.

Main findings

The MHTF adequately focused on the countries with the greatest needs as well as the most vulnerable groups within countries.

The MHTF has rightly based its selection of beneficiary countries on the intensity of their maternal health needs and on the degree to which their environment is conducive to bringing about the MHTF “catalytic action” –e.g., commitment of partners, capacity of country offices.

Although the MHTF has supported various initiatives targeting vulnerable groups (e.g., focus on spe-

cific geographical areas with low reproductive health indicators, maternity waiting homes, obstetric fistula programmes, etc.), few interventions led to the prioritization of vulnerable groups in national strategies.

MHTF has contributed to the strengthening of human resources planning and availability (particularly of midwives) for maternal health and newborn health.

The MHTF has contributed to addressing the urgent need for skilled health professionals, particularly midwives and other mid-level health providers, through a three-pronged approach: (i) generation of evidence; (ii) capacity development and (iii) policy dialogue. Significant support was given to increasing the availability of skilled health professionals and capacity development. However, the strengthening of human resources management -- for example through supportive supervision, continuous education, quality assurance, or improved deployment and retention of maternal health care providers, has not been sufficient to ensure the improvement of midwifery services in the long term.

MHTF has contributed to scaling-up and increasing access to and use of family planning.

The MHTF contribution to scaling-up and increased access to family planning is limited. This is explained by the fact that most countries receive, in addition to MHTF funding, support from the GPRHCS. Only a few synergies could be observed through the integration of: (i) family planning updates in the midwifery curricula review; (ii) maternal health commodities in the list of reproductive health commodities; (iii) messages during awareness campaigns to create demand; and (iv) family planning data in the EmONC assessment. Coordination between the two initiatives was sometimes insufficient. In addition, MHTF funds were often used to fill gaps without sufficient prior analysis of potential complementarities.

MHTF has contributed to the scaling-up, utilization of, and access to EmONC services.

The focus of the MHTF on EmONC needs assessments and on the development of EmONC improvement plans has contributed to advancing EmONC in countries that had identified EmONC

as a priority but where its operationalization had hardly progressed.

The evidence provided by the needs assessments is a strong basis for national and sub-national planning for improving EmONC services. However, in most countries it is still too early to predict whether governments or development partners will be in a position to fund these plans despite regular MHTF advocacy for maternal health. Regarding access to EmONC services, the MHTF efforts to help remove barriers (such as cultural and gender but also transportation and cost-related factors) have been insufficient to substantially improve the utilization of these services.

MHTF has contributed to the improvement of planning, programming and monitoring with a view to ensuring that maternal and reproductive health are priority areas.

The MHTF has emphasized advocacy and technical support, the provision of appropriate tools and the issuing of guidelines for specific areas such as midwifery and EmONC. However its contribution to better positioning of maternal health within national strategies cannot be separated from longstanding UNFPA efforts. MHTF efforts to help countries produce evidence (such as baseline EmONC, midwifery data and maternal death audits) and monitoring plans for maternal health interventions have contributed to developing a culture of evidence-based planning and programming. However, further support is needed for the operationalization of monitoring systems geared at assessing results.

The MHTF has contributed to the improvement of the management mechanisms and internal coordination processes at all levels (global, regional and countries) hence leading to the enhancement of its overall performance.

Country offices received significant assistance in terms of additional staffing, technical support, knowledge sharing and various guidance documents and tools. Some gaps remain, particularly with regard to support for strategic planning as well as specific areas such as strengthening of human resources management, gender integration, and advocacy with government

partners. The monitoring and evaluation capacities have not yet been sufficiently strengthened to allow for a measurement of MHTF achievements.

The achievement of synergies between the MHTF and other UNFPA thematic funds has not been systematic.

Efforts toward the integration of the thematic funds in the area of maternal health (e.g., the GPRHCS, the Campaign to End Fistula, the UNFPA-International Confederation of Midwives Midwifery Programme and the UNFPA HIV-Preventing Mother-to-Child Transmission programme) benefitted from the introduction of joint planning and reporting. However, most countries still plan the different components and programmes in parallel and do not integrate all components into a single strategic reproductive health plan. As a result, programmes tend to lack coherence and efficiency and synergies are not optimized.

The MHTF has contributed to increase the visibility of UNFPA maternal health which in turn allowed the organization to leverage additional resources for maternal health.

MHTF has contributed to increasing the visibility of UNFPA in the areas of maternal health and sexual and reproductive health by ensuring a strong presence in key maternal health events at the global level, in the African Region, as well as in the international media. In MHTF-supported countries, UNFPA is considered a key player in maternal health. This is due to the strong focus of the MHTF on EmONC and midwifery, and its provision of additional technical expertise (through recruiting country midwifery advisors and maternal health technical advisors) as well as sound technical tools.

Nevertheless, a link between higher visibility in maternal health and the leveraging of substantial additional resources could not be fully established at the global level. One exception is the H4+ initiative, in which UNFPA and particularly the MHTF have been active and which has attracted additional funds for maternal health.

Country-level undertakings supported by the MHTF, such as the EmONC assessments and plans and midwifery education, have attracted donors in search of technically-sound interventions to support. These interventions also led to additional government commitment to increasing personnel quotas (midwives) and to improving the development of infrastructures linked to EmONC improvement plans.

Main conclusions

The **MHTF acted as a catalyst in specific areas**, for instance, the support provided to developing coherent emergency obstetric and newborn care (EmONC) improvement plans that governments endorsed and to which development partners contributed. However, the catalytic effect of increasing complementarity and synergies was not optimally achieved. This can be attributed to the fact that, at country office level, MHTF interventions were not planned strategically within the framework of the overall reproductive health component. There was also insufficient coordination between all sources of funding for reproductive health.

For some MHTF interventions, policy dialogue, knowledge transfer and the strengthening of partnerships were used in order to produce sustainable effects. However, **sustainability prospects were at times compromised by a lack of strategic long-term planning**. For example, MHTF programming does not include handover or exit strategies that would guarantee the continuation of MHTF-funded initiatives once support is terminated.

The MHTF focus on midwifery and EmONC is relevant and appropriate. Due to the MHTF efforts in these areas, programme countries have since put maternal health higher on their agenda and have improved availability of midwifery and EmONC services. While the MHTF effectively responded to a global context of midwife shortage, lesser attention was given to follow-up strategies, such as ensuring that midwives are adequately deployed and remain at their place of posting.

MHTF investment in family planning is not justified in those programme countries that already receive major resources from the GPRHCS. In contrast, the MHTF involvement in family planning is especially relevant for those interventions aiming at fostering synergies with skilled birth attendance and EmONC.

In its efforts to address maternal health issues, the MHTF has not sufficiently prioritized demand creation. This has resulted in **gaps in the strategy to address the numerous barriers preventing access to skilled attendance at birth and EmONC services.** Comprehensive strategies to improve demand for and use of those services are not adequately developed within the overall efforts to reduce maternal mortality.

MHTF input has been instrumental in the policy dialogue to refocus government maternal health priorities and has led to increased national commitments. Nevertheless, insufficient emphasis was placed on identifying and addressing the specific needs of the most vulnerable groups.

MHTF support has contributed to laying the groundwork for improving midwifery and EmONC services by establishing standards and regulations. However, the MHTF did not sufficiently advocate for and support the development of quality assurance strategies and mechanisms for ensuring compliance with those standards and the long-term maintenance of service quality.

The MHTF **has established appropriate mechanisms to improve the technical capacity of country offices** with a view to supporting the maternal health component of the programme. However this support has mostly consisted in responding to the immediate needs triggered by the design and implementation of MHTF interventions. This support **may not be sufficient for ensuring the adequate follow-up of the interventions initiated under the MHTF.**

The MHTF has increased resources and provided useful technical guidance, mechanisms and tools (e.g., planning process, updating staff knowledge) to

strengthen the capacity of country offices to focus on key maternal health interventions. However, it has not made sufficient use of the support from regional offices. Moreover, a lack of coordinated guidance and clarity with regard to the reporting channels between regional (or sub-regional) offices and headquarters have resulted in unclear accountability lines.

Recommendations

Recommendation 1

Provide country offices with guidance for developing multi-year country strategic plans for the use of MHTF funds. These plans should reflect the strategic vision of the MHTF (i.e., focus on key maternal health issues). The country MHTF multi-year strategic plans should be a part of the country programme action plan. These should also be integrated into a multi-annual reproductive health plan to be developed by country offices. They should also serve as the basis for the preparation of the annual work plans.

Recommendation 2

Provide country offices with guidance for assisting their respective governments in identifying the population groups most at risk and their particular needs in terms of maternal health. Such support is consistent with UNFPA overall approach of working with vulnerable groups. Once identified, those groups should be the focus of the support provided by MHTF interventions as part of the country office approach to strengthening maternal health systems.

Recommendation 3

In collaboration with regional offices, support country offices in developing projections of their needs for technical support at the different phases of the MHTF interventions (based on the multi-year plan). Ensure that appropriate support is made available (based on the identified needs) and strengthen technical expertise for country offices accordingly.

Recommendation 4

Provide country offices with support for ensuring that the MHTF adopts a more comprehensive

approach to health system strengthening. Such an approach should support national counterparts in the identification of key bottlenecks to improving maternal health. This approach should foresee the mobilization of resources to ensure that interventions initiated under the MHTF are appropriately followed up. Technical support and expertise should be available for countries to address these issues, namely by mobilizing the necessary expertise within UNFPA or through advocacy with partners, i.e., human resources for health.

Recommendation 5

Specific attention needs to be dedicated to those barriers preventing access to, and use of, maternal health services — skilled attendance at birth, EmONC. These barriers must be taken into consideration in national strategies and MHTF-supported interventions must contribute to addressing them. It is recommended to support reviews of existing experiences and approaches at country level in addressing

barriers, develop strategies to address them and provide technical support for the implementation and monitoring of these strategies with a view to scaling-up successes.

Recommendation 6

Provide country offices with support for ensuring that MHTF interventions include mechanisms for maintaining the level of quality of the outputs.

Quality assurance should be an integral component of all programming processes of MHTF-supported interventions by ensuring a quality assurance strategy is in place and defining standards and regulations. It is also important to strengthen the capacity of government partners by providing technical support for developing or adapting the necessary quality assurance tools to ensure that standards and regulations are complied with and ensuring, through pre-testing, that developed tools are well adapted to the field and that they are sufficiently practical.

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The evaluation report is available on UNFPA web page at:

<http://www.unfpa.org/public/home/about/Evaluation/EBIER/TE/pid/10094>