Evaluation of the H4+ Joint Programme Canada and Sweden

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Content

- The H4+ JPCS Programme
- Objectives of the evaluation
- Evaluation approach
- Key results
- Recommendations
- Dissemination
H4+ Joint Programme Canada and Sweden (Sida) 2011-2016
Purpose and Objectives of the H4+ JPCS

**Purpose**

Accelerate progress toward meeting **Millennium Development Goals 4** (a two thirds reduction in under-five mortality) and **5** (a three quarters reduction in maternal mortality and universal access to reproductive health)

**Objectives**

- Support national efforts to implement and scale up **integrated, equity based** RMNCAH efforts in programme countries
- Support national **health systems strengthening** of RMNCAH interventions in partnership with other stakeholders and guided by national health plans
- Identify, support and document **innovative approaches** for role out nationally and in other high-burden countries
- Support the strengthening of **health information** systems and national capacity to use resulting data for planning and monitoring
Ten High-Burden Countries

Canada Grant Countries

Sweden (Sida) Grant Countries
Programme Expenditures 2011-2015

Country vs. Global

- $10,944,060, 15%
- $62,376,587, 85%

H4+ Partners

- UNFPA: 41.55%
- UNICEF: 26.34%
- WHO: 26.77%
- UN Women: 3.37%
- UNAIDS: 1.97%
Support to 8 HSS Building Blocks

Country level expenditures by output area

1. Leadership and Governance: 9%
2. Health Financing: 3%
3. Health Technology and Commodities: 15%
4. Human Resources for Health: 29%
5. Information Systems, M&E: 16%
6. Service Delivery: 15%
7. Demand, Community Ownership and Participation: 10%
8. Communications and Advocacy: 3%
Objectives of the Evaluation
Purpose and Objectives of the Evaluation

Purpose of the Evaluation

Learning among key stakeholders from H4+JPCS to inform similar initiatives for delivery of comprehensive services in RMNCAH and to support the review of the partnership mandate (post-2015)

Objectives

- Relevance of the objectives and approach of the H4+JPCS at global, regional, national and subnational levels
- Effectiveness and efficiency of the H4+JPCS in strengthening national health systems and improving the delivery of a comprehensive package of RMNCAH services
- Sustainability of results achieved
- Value added of the H4+JPCS approach
- The extent issues of gender equality, social inclusion and equity have been taken into consideration
- Identify lessons learned and good practices and opportunities for improved cooperation between the six partners
Evaluation Approach: Theory Based using a Contribution Analysis
A Contribution Analysis

1. Reconstruct Theory of Change
2. Identify Causal Assumptions
3. Develop Evaluation Questions
4. Prepare Evaluation Matrix
5. Collect Evaluation Evidence
6. Address Evaluation Questions
Change in Well-being for Women, Children, Adolescents and Youth: Outcomes in RMNCAH

**Direct Benefit**
Adolescents, Youth and Adults, Including Pregnant and Lactating Women and PLWHIV Access and Use Improved Care in RMNCAH Including YFHS

**Capability – Motivation – Opportunity**
Service providers improve Quality of RMNCAH Care including YFHS due to improved attitudes and positive behaviour

Users: Adolescents, Youth and Adults Demand Care

Coordinated RMNCAH Planning

1. Country led Coordination Effective

First Level Result

Coordinated Program of Support to RMNCAH by H4+ Partners including Joint Annual Work Plans and supportive visits for H4+ JPCS initiatives

National Governments Identify RMNCAH priorities, taking into account global commitments and international frameworks, domestic and global financing and technical and other resources.

National RMNCAH investment plans, domestic and global commitments to Global Strategy implementation

**External Factors**
National Health Systems Strengthening Programmes, Quality of Care Initiatives, Human Resources for Health, Trends in External/Domestic Financing for RMNCAH, National Health Emergencies, National RMNCAH Policies and Programmes

**Sustained Capacity Change**

- Health Systems Building Block Approach
- Areas of Engagement

**Well-Being**
- Benefit to Users
- Behaviour Change

**Benefit to Users**

**Principles of Engagement:** Acceleration – Integrated Care – Catalytic Support – Reaching Excluded Groups – Improving Quality of Care

**Health Systems Building Block Approach**

- Leadership and Governance
- Financing
- Technology and Commodities
- Human Resources For Health
- Service Delivery
- Information Systems M&E

**National Leadership and Management**

**District Level Health Service Supply**

**Demand from Users**

**Communications And Advocacy**

**Demands – Community Participation**

**3. Timely and Appropriately Sequenced Support**

2. H4+ Addresses Unmet Needs

**5. Demand Creation Sustained**

4. Sustained Reach of Capacity Support

**2. H4+ Addresses Unmet Needs**

1. Country led Coordination Effective

**Key Causal Assumptions**

6. Improved Service Quality and User Trust

**Benefit to Users**

**Step one: Coordinated RMNCAH Planning**

**Well-Being**

**Benefit to Users**

**Behaviour Change**

**Sustained Capacity Change**

**Health Systems Building Block Approach**

**Areas of Engagement**

**Well-Being**

**Benefit to Users**

**Behaviour Change**

**Sustained Capacity Change**

**Health Systems Building Block Approach**

**Areas of Engagement**

**Well-Being**

**Benefit to Users**

**Behaviour Change**

**Sustained Capacity Change**

**Health Systems Building Block Approach**

**Areas of Engagement**

**Well-Being**

**Benefit to Users**

**Behaviour Change**

**Sustained Capacity Change**

**Health Systems Building Block Approach**

**Areas of Engagement**
## Evaluation Questions

<table>
<thead>
<tr>
<th>Evaluation question</th>
<th>Evaluation criteria</th>
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</thead>
<tbody>
<tr>
<td>1. Contribution to <strong>strengthening health systems</strong> for RMNCAH</td>
<td>Relevance, Effectiveness, Sustainability</td>
</tr>
<tr>
<td>2. Contribution to <strong>expanding access</strong> across the <strong>continuum of care</strong> (including for <strong>marginalized groups</strong> and <strong>gender equality</strong>)</td>
<td>Relevance, Effectiveness, Sustainability</td>
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<tr>
<td>3. <strong>Responsiveness to changing needs</strong> at national and sub-national levels</td>
<td>Relevance</td>
</tr>
<tr>
<td>4. Contribution to <strong>identification, testing and scale up of innovations</strong></td>
<td>Relevance, Effectiveness</td>
</tr>
<tr>
<td>5. Extent H4+JPCS enabled partners to arrive at an <strong>optimal division of labour</strong></td>
<td>Relevance, Efficiency</td>
</tr>
<tr>
<td>6. Extent programme <strong>added value</strong> and contributed to <strong>operationalizing the Global Strategy</strong> for Women’s and Children’s Health</td>
<td>Effectiveness, Efficiency</td>
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Main Components of the Evaluation

National level
- 4 Field country case studies
- 6 Desk country case studies
- Survey in H4+ team countries
- Survey in countries without H4+ country teams

Regional level
- Document review
- Program profile
- Regional interviews

Global level
- Global interviews
- Global knowledge products review
Type of Stakeholders

Global and Regional Level Interviews (n=33)

- 73% H4+ Members
- 24% Other International Partners
- 3% National and Sub-national health authorities and service providers (not volunteers)
- 3% Community members and service users (incl. community volunteers)
- 1% Other Governmental Institutions
- 4% INGOs/NGOs/CSOs

Country Level Interviews (n=771)

- 39% H4+ Members
- 45% Other International Partners
- 4% National and Sub-national health authorities and service providers (not volunteers)
- 9% Community members and service users (incl. community volunteers)
- 2% Other Governmental Institutions
- 1% INGOs/NGOs/CSOs
Evaluation Process

Preparatory stage
January 2016

Inception
February – April 2016

Data collection
May – September 2016

Analysis and reporting
October 2016 – April 2017

Dissemination
May – December 2017
Key Results
Contributed to **strengthening health systems for RMNCAH** at both national and, particularly, sub-national levels especially through improvements in **EmONC** and **MDSR**, leading to **improved service quality and access**

- Support based on **jointly identified needs** at national and sub-national levels and **aligned with national plans and priorities**

- Interventions **complementing existing and planned programmes** of support to the health sector and **sometimes catalytic**: enhancing effectiveness of other programmes or securing new resources for RMNCAH

- Strong **focus on improved pre-service and in-service training** as well as supportive supervision of service providers in RMNCAH

- Effectiveness of **demand generation** and **community participation** interventions constrained by their **narrow geographic reach** and **late start**

- **Timeliness and sequencing of delivery** of commodities, equipment and training aides constrained by slow procurement and weak IPs coordination
Improvements in the availability and quality of RMNCAH services are at risk due to weak or under-developed exit plans and strategies for the H4+ JPCS

- At national level: positive results (improved policies, guidelines, curriculum, system-wide improvements in MDSR) are likely to be sustained.

- At local level: gains in availability and quality of services are most at risk in under-served districts or isolated health zones targeted by H4+ JPCS:
  - Existing and new (non-H4+JPCS) programmes supporting health sector are often insufficiently flexible in responding to specific needs of under-served districts.
  - Implementing partners active at local levels are often not able to find sources of support to maintain their presence and consolidate results.
H4+ JPCS partners **missed an important opportunity to engage collectively** with national governments to address **broader impediments** in the strengthening of health systems for RMNCAH

- **H4+JPCS partners engaged effectively in focused advocacy** for appropriate policies and programmes in RMNCAH

- Yet efforts to strengthen RMNCAH are constrained by **wider problems in the policy and resource environment**: human resources for health, health financing, transport infrastructure, 24-hour supply of electricity, reliable supply of clean water

- **Partners were not effective** in working together in a unified and pro-active manner to engage the governments on those **wider, cross-sectoral constraints** to health systems strengthening
## Expanding Access to Quality Integrated Services across the Continuum of Care (1/2)

**H4+JPCS contributed to expanding access to services in RMNCAH by targeting under-served geographic areas and populations most in need, including adolescents and youth, the poorest women and people living with HIV/AIDS**

- Interventions addressed the **capability, opportunity and motivation of health service staff** to provide **quality services** in RMNCAH and supported restricted efforts for **demand generation**

- H4+JPCS contributed to increased levels of **trust between community members and health care providers** by expanding access to quality services and engaging with communities

- Efforts resulted in **increased usage of higher quality and more integrated services** in RMNCAH (notably for HIV/AIDS response, less so for family planning services)

- **Weaknesses:** delivery of essential inputs; exit strategies
Expanding Access to Integrated Quality Services across the Continuum of Care (2/2)

H4+JPCS missed an important opportunity to develop, test, and promote new, comprehensive approaches to addressing the needs of youth and adolescents

- H4+ supported specific interventions aimed at meeting needs of youth and adolescents – e.g.: youth friendly services, youth corners in and near health facilities, support to comprehensive sexuality education

- Efforts were often fragmented, narrow in scope and of limited effectiveness in encouraging use of services by youth and adolescents (especially girls and young women)

- Partners generally did not collaborate effectively in supporting comprehensive approaches to meeting needs of youth and adolescents

- Efforts to address gender inequalities were not mainstreamed throughout the programme, but limited to demand creation and community ownership and participation. Often under-resourced, they were also implemented at a late stage
Responding to Changing Needs of National Health Authorities and other Stakeholders

H4+JPCS demonstrated its capacity to adjust and respond to changing needs and priorities at country level and to respond to specific national challenges.

- Responsiveness to national and sub-national needs and priorities is dependent on:
  - The level of leadership assumed by national health authorities
  - A chain of coordination extending from national to districts and health facilities
  - Inclusiveness of health authorities, H4+ partners and programme implementing partners

- Joint planning, implementation and review at country level led to strengthened and deeper coordination and collaboration, resulting in more coherent policy engagement and responses better suited to needs and priorities

- Responsiveness to changes as shown by effective support to the Ebola Virus Disease emergency in Liberia and Sierra Leone
Contributing to Identification, Testing and Scale Up of Innovative Approaches

**H4+JPCS encouraged and supported innovations to catalyse and accelerate** action in support of improved RMNCAH outcomes

- **A practical definition of innovation**: ranging from application of new technologies and programme approaches to revitalization of practices that had fallen out of use, or adoption of tested global practices in a country

- Useful innovations which met with a **positive interest from national authorities** – e.g., Family Health Kits (DRC), Non-Pneumatic Anti-Shock Garment (Liberia), Clinical Mentorship (Zimbabwe)

- Identification and support to innovations often not accompanied by the **evidence-based documentation** necessary to support policy making and scale up

- **H4+ JPCS underdeveloped knowledge management system** weakened its ability **to serve as a knowledge broker** within and among participating countries
Attaining an Effective Division of Labour

Drawing on respective mandates and comparative programming strengths, H4+JPCS partners attained an effective division of labour in programme countries.

- Allocation of roles and responsibilities based on joint programme planning, implementation, supervision and review mechanisms avoiding duplication/overlap and strengthening collaboration at country level.

- Relative absence from the World Bank in programme planning and coordination mechanisms at country level contributed to H4+ JPCS’ missed opportunity to address broader, cross-sectoral obstacles to HSS.

- Late and narrow involvement of UN Women and UNAIDS limited the effectiveness of H4+ JPCS engagement with communities to address sociocultural barriers.

- At global level, H4+JPCS partners developed a deeper level of collaboration yet largely limited to technical and administrative matters.
Providing Added Value and Supporting the Global Strategy

Added value stems mainly from H4+ JPCS contribution to **availability** and **quality of services** in RMNCAH at country level and **broader participation of H4+ partners** in development of the **Global Strategy** (2016-2030)

- **At country level:**
  - **flexibility** of H4+ partners in jointly programming technical and financial support to RMNCAH
  - H4+ JPCS **ability to complement** other programmes and sources of support to RMNCAH
  - H4+JPCS **enabled partners** to increase the **volume, intensity and coherence** of advocacy and policy engagement

- **At global level:** development of a significant body of useful and technically sound **knowledge products** in spite of underdevelopment of knowledge management system
Recommendations
Sustainability

Country teams undertake actions to make results sustainable by building options for transition to new funding sources and retrofitting exit strategies

- Engage in advocacy with national authorities to ensure that flexible, geographically focused elements of H4+JPCS are reflected in on-going and new programmes
- Explore other sources of funding to sustain programme gains
- Earmarked resources to maintain and support coordination platforms, including at sub-national level
A Balance between Supply of Services and Demand Creation

Efforts to strengthen health systems for RMNCAH should achieve a better balance between improving the supply of services and strengthening demand by engaging with communities to address barriers to access.

- H6 country teams to advocate for demand-side interventions addressing sociocultural barriers over a sufficient time frame.
- Specific focus on barriers to women’s access to services, including: discrimination-free services, gender norms, awareness of rights (incl. for adolescents and youth).
- Global and regional teams to provide technical support to H6 country teams in demand generation and community engagement.
- Country teams to engage with and support stakeholders active in community engagement, including civil society organizations.
Addressing Broader Constraints to RMNCAH

Building on the H4+JPCS, H6 partners should engage with national governments and collectively (“one voice”) influence broader impediments to health system strengthening.

- All H6 country team partners to engage in a joint programme of advocacy and policy-making addressing wider, cross-sectoral constraints – e.g., human resources for health, health financing, transportation, energy, water and sanitation, etc.

- H6 partners to collaborate at strategic and technical level with ad hoc funding to facilitate coordination (meetings, transport, field supervision visits, etc.)
Addressing Sexual and Reproductive Health and Rights

Ensure that support address key aspects of sexual and reproductive health and reproductive rights (including family planning) for those most left behind, especially young women and girls.

- H6 partners to invest in the promotion of evidence-based and comprehensive approaches to meeting the needs of adolescents.
- Support to RMNCAH should address the full spectrum of sexual and reproductive health, including family planning services.
- Regional and country teams should have the required technical skills to design and implement programmes across the full spectrum of the RMNCAH agenda.
- H6 country teams to engage with partners outside of Ministries of Health and the public sector.
- Joint advocacy and investment for addressing sociocultural barriers for young people to access SRHR services.
Strengthening National Capacity for Programme Coordination

Support to strengthen **capacity of national authorities** to lead programme **coordination mechanisms**, extending to sub-national level and including all implementing partners

- H6 country teams to advocate for and actively participate in **planning** and **coordinating mechanisms** inclusive of all key stakeholders

- H6 partners to participate in and support **country-led, multi-stakeholder platforms** for coordinating actions in RMNCAH

- H6 partners to provide support for strengthening **national authorities capacities** to **develop and lead coordinating mechanisms** in RMNCAH
Strengthening Learning and Knowledge Management

Strengthen the **learning and knowledge management strategy** of the H6 partnership, including generation and dissemination of **evidence-based documentation**

- H6 to support the development of, engage with or joint existing **learning networks**

- **Linking evidence to policy and practice** requires: (a) connecting experience at country level to the development of global knowledge products; (b) disseminating those products in inter-country exchanges / south-south cooperation

- Strengthen **technical support and guidance** for country teams on evidence-based approaches to documentation with reinforced role of regional teams in support of innovation process

- Prioritise the **development of global knowledge products** based on gaps in technical knowledge and guidance in RMNCAH identified through practical field experience in countries and the identification of “**what works vs. what does not work**”
Effectively Engaging all H6 partners

Ensure the division of labour allows for **full engagement by all partners** to support the **community engagement action area** of the Global Strategy for Every Women’s, Every Child’s and Every Adolescent’s Health (2016-2030)

- **H6** global and country teams to undertake **collaborative efforts to attract necessary resources** for joint programming by all partners

- **H6** country teams to **mobilize resources** for action in support of RMNCAH as a collective group and to **secure fund for operational costs** of joint planning, advocacy and supervision

- **H6** global team to **coordinate activities at global level** with other stakeholders, including the Partnership for Maternal Newborn and Child Health

- Continued joint **H6** partner support to countries in their partnership with the **Global Financing Facility**
Defining Roles and Responsibilities for Regional Teams

Develop a clear definition of the work to be done at the regional level, including corresponding roles and responsibilities of regional offices in support of H6 country teams

- H6 global and regional management teams to jointly agree on detailed roles and responsibilities of global, regional and country teams and communicate these to all partners

- H6 global partners and regional teams to identify and secure resources to fund regional team activities in support of H6 teams at country level
Dissemination
Evaluation Reports

- Evaluation Report
- Field Country Reports
  - Democratic Republic of the Congo
  - Liberia
  - Zambia
  - Zimbabwe
- Evaluation Brief
Dissemination Events

- Reference Group – February 2017
- PMNCH Board Meeting – May 2017
- World Health Assembly – May 2017 (tbc)
- High Level Political Forum Meeting – July 2017
- UNFPA / UNICEF Executive Boards – August 2017
- Universal Health Coverage Meeting – December 2017 (tbc)
Contact Louis Charpentier at Charpentier@unfpa.org

Visit UNFPA Evaluation Office webpage at http://www.unfpa.org/evaluation