

UNFPA Management Response	The Maternal Health Thematic Fund Contribution to UNFPA Support to Maternal Health - Mid-Term Evaluation
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Note: The following management response lists the recommendations as they appear in the Evaluation Report. Recommendations are ranked by priority, and arranged in clusters.

Instructions for completing the management response:

1. Boxes in white to be completed upon receiving the present request
2. Boxes in grey to be completed one year after

1. Strengthening long-term vision, catalytic effect of MHTF and sustainability of interventions		
Recommendation No. 1	To Technical Division	Priority : Very high
<p>Provide guidance to country offices to develop <i>multi-year country strategic plans</i> for the use of MHTF funds. The plans must reflect the strategic vision of the MHTF contribution (focus on key maternal health issues). These plans should be part of UNFPA country programme action plans and country offices' multi-annual reproductive health plans. The multi-year country strategic plans should also serve as a basis for the annual work plans.</p> <ul style="list-style-type: none"> • Prepare a documented and detailed pre-funding assessment of maternal health that includes at minimum: (i) existing needs assessments; (ii) mapping of stakeholders; (iii) interventions; (iv) policy and legal frameworks; (v) existing capacities; and (vi) existing resources and opportunities for increased resources. • Strengthen the capacity of country office staff on strategic thinking, for instance on issues related to: <ul style="list-style-type: none"> ○ how MHTF can act as a catalyst; ○ how to increase synergies with the UNFPA mandate areas and the reproductive health sub-programmes (including UNFPA regular resources and reproductive health thematic funds); and ○ the extent to which MHTF involvement in family planning is relevant in countries that are neither GPRHCS Stream 1 nor Stream 2 countries. • Develop a MHTF multi-year strategic plan, through joint planning with the stakeholders, as part of the overall UNFPA multi-annual reproductive health plan. The plan must: <ul style="list-style-type: none"> ○ focus on prioritized maternal health interventions with the highest potential to reduce maternal mortality; ○ detail the necessary resources: financial and technical support; ○ aim for coordination to achieve the maximum complementarity, coherence and synergies between the various UNFPA reproductive health sub-programmes and reproductive health thematic funds and other sources of funding; ○ focus on interventions with the highest catalytic effect, based on the analysis of the county context; ○ ensure that all reproductive health issues are integrated (including STI/HIV/AIDS) at all levels; ○ ensure that all MHTF-funded interventions detail a clear exit strategy and hand-over process with a view to sustain results. • Define a logical framework matrix that specifies the intended theory of change. The logical framework matrix should present different levels of indicators, including process indicators that can measure whether 		

MHTF interventions contribute to achieving the expected outcomes.

- Develop a monitoring and evaluation plan aimed at measuring the MHTF logical framework indicators.

Management Response: *Partially accepted: the evaluation of the MHTF covered from inception in late 2008 to early 2011, thus only the first two years of operations and many of these issues are being addressed since.*

- The MHTF Business Plan and an updated Guidance notes (2011, MHTF overall, midwifery, fistula) provides guidance on a strategic, multi-year evidence-based approach to mortality and morbidity reduction
- This has been reinforced enhanced capacity development with country offices. This includes in-depth national needs assessments to guide multi-year planning (EmONC needs assessments, midwifery needs assessments, etc.).
- As mentioned in the management response for the overall maternal health evaluation (on Recommendation 1), The Policy and Procedure Manual issued in 2012 includes tools and guidelines that address the elements raised in this recommendation. These guidelines cover the process of conducting a *situation analysis*, which addresses the analysis of political, cultural and socio-economic factors related to a development problem, such as maternal health. The guidelines also provide for an option of multi-annual AWP and include instructions on the mapping of result chain frameworks that not only take into account and explain the risks and assumptions but also specify the performance indicators.
- Nonetheless, there is a need for strengthening the theory of change and the multi-year planning on how UNFPA will contribute to the goals and targets of the national health plan through its UNFPA country programme document (CPD), its country programme action plan (CPAP), and annual work plans. There is a need for taking a more strategic multi-year approach in support of the national health plans and its goals and targets.
- Finally, this issue is being highlighted as critical for sustainable impact in the MHTF Updated Business Plan which is under development.

Key action(s)	Deadline	Responsible unit(s)	Annual implementation status updates	
			Status (on going or completed)	Comments
Meeting of regional and key country advisors to reinforce and update staff on evidence-based strategic approaches in maternal health	Q2 2013	TD – WRH cluster / SRHB and Regional Offices		
Publication by WHO, UNFPA and CDC of Guidance on Maternal Death Surveillance and Response	Q1 2013	TD – WRH cluster / SRHB		
Publication of MHTF Updated Business Plan 2013	Q1 2013	TD – WRH cluster / SRHB		

2. Improving guidance for contribution to policy dialogue

Recommendation No. 2	To Technical Division	Priority : Very high
<p>Provide guidance to country offices with regard to assisting government counterparts in defining the population groups most at risk in terms of maternal health and their particular needs; and ensuring that MHTF interventions focus on those groups as part of the effort to strengthen the maternal health systems.</p> <ul style="list-style-type: none"> • Ensure that appropriate support is provided to government counterparts and implementing partners, so they can identify the specific maternal health issues and needs of the most vulnerable segment(s) of the population for any MHTF initiative (for example the provision of specific methodologies such as qualitative surveys). • Help partners establish the links between maternal health issues specific to vulnerable groups (e.g., barriers to access to services, gender constraints) and maternal mortality and morbidity. • Develop advocacy tools based on the analysis of the relationships between vulnerability and maternal mortality. • Advocate for the targeting of the most vulnerable groups and the improved prioritization of their needs within national policy frameworks and national maternal health policies. • Support government partners in developing strategies and interventions that address and prioritize these specific needs within the national policies. • Support the piloting of approaches to maternal service delivery for vulnerable groups (in areas not supported by other development partners) in order to create models for the government and other development partners. 		
<p>Management Response: <i>Accepted: the MHTF is focusing on the women at highest risk of maternal mortality and morbidity by focusing on countries with high maternal mortality.</i></p> <p>As mentioned in the management response for the overall maternal health evaluation, UNFPA has already taken some steps in a programme of activities to guide countries conduct analysis of vulnerability and risk. For example,</p> <ol style="list-style-type: none"> (1) In collaboration with the Population Council, UNFPA has analysed more than 55 DHS to help identify high geographic concentrations of vulnerable adolescent girls. That methodology could be replicated to identify high concentrations of vulnerable populations for poor SRH outcomes classified by age, education and wealth. (2) UNFPA is conducting an analysis on measures of existing inequality for ante natal care, family planning and skilled birth attendants (SBA) examining education, age, wealth to identify leading countries in equitable provision of SRH services. (3) UNFPA has recently developed a report about ‘Leading Practices in Equitable Provision of ante natal C and FP’ based on the situation in Zambia. http://www.unfpa.org/public/home/news/pid/12039 (4) UNFPA has developed a study on Leading Practices in Equitable Provision of SBA based on the situation in Malawi. <ul style="list-style-type: none"> • UNFPA has enhanced the functionality of the OneHealth Tool to enable sub-national strategic planning, costing, budgeting, and financing which supports identification of inequality and inequity and 		

develop costed plans to address issues of inequality.

Based on an existing programme of work, it is proposed to create a working group on inequalities within the Technical Division to coordinate existing work on the subject, and develop practical tools to support countries address equity in their SRH programmes.

- The issue of vulnerable groups will also be addressed in the MHTF Updated Business Plan 2013 and will be part of capacity development of UNFPA country and regional staff.

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Publication of MHTF Updated Business Plan 2013	Q1 2013	TD – WRH cluster / SRHB		
Creation of TD working group on SRHR and inequalities	January 2013	SRH Branch in collaboration of all Branches in TD		
Develop paper on SRH and inequalities with a conceptual definition of vulnerabilities and poor SRH outcomes which should include tools to analyse vulnerability per country and geographically identify high concentration of vulnerable populations	December 2013	TD with PD and ROs		

3. Strengthening capacity to provide technical assistance to partners

Recommendation No. 3

To Technical Division and regional offices

Priority level : High

In collaboration with regional offices, provide support to country offices in drawing up projections of the technical support needs for the different phases of MHTF interventions (based on the multi-year plan). Ensure that the appropriate support is available based on the identified needs, and improve technical expertise for country offices accordingly.

- Establish mechanisms for conducting capacity needs assessments. These assessments should be based on the MHTF multi-year strategic plan and serve to support country offices and programme countries. Support country offices to develop plans that indicate the technical support necessary for the implementation of the MHTF plans. The plans should include terms of reference for long-term position staffing as well as short-term expertise.
- Set up coordination mechanisms in order to mobilize UNFPA resources at different levels, thereby allowing response to the technical support requirements of the country offices for the implementation of the MHTF plans. This should be done in consideration of the global and regional level division of responsibilities. Alternatively, provide complementary technical support in the case of gaps in the overall UNFPA support system (including staff shortages).
- Ensure that the regional technical support network and resources have the capacity to make short-term expertise available for country offices when necessary. This capacity can be assessed by establishing and updating the database of available support.
- Make an inventory of available country-based resources for technical assistance related to maternal health (e.g., WHO) and establish linkages and coordination mechanisms for mobilizing them.

Management Response: *Partially accepted: the MHTF has been instrumental in strengthening country office capacity in high maternal mortality countries and regions supporting international RH/MH staff (often jointly with GPRHCS); country and regional midwife advisors; and country and regional fistula advisors.*

- Much more needs to be done to strengthen UNFPA's response in those countries with the highest burden and farthest from ICPD. An assessment of country office capacity is currently being done to further enhance UNFPA's response. This will continue to be a high priority for the MHTF, GPRHCS and for UNFPA overall.
- Country support is a key function of regional offices and both regional offices in Africa – where most high maternal mortality countries are situated – are strengthening their staff capacity to do so with additional RH/MH senior advisors and fistula advisors.
- The regional technical support to countries provided by the International Confederation of midwives (ICM) is being reviewed and will be discussed at the upcoming Core Steering Group during the week of 21 January 2013.
- As mentioned in the overall maternal health evaluation, new efforts are currently under way to ensure that managers and technical experts have the capacity needed to ensure country offices can fulfil their roles. Skills mix that include SRHR expertise of senior managers and technical staff in country offices, with concrete experience in dealing with the health sector will be included in Country Office Representatives and Deputy Representatives' terms of reference. The fund has been working in strengthening the capacity of staff in managerial skills, strategic planning, monitoring and evaluation. Two new strategies have been developed: in family planning (a key strategy to address maternal

mortality and morbidity in the context of sexual and reproductive health) and in the work of the Fund on adolescents and youth. Both strategies include the creation of partnerships platforms with key stakeholders to ensure sustainability of programme efforts and interventions. In addition, the Technical Division is working to organize annual technical updates to increase the capacity of its technical staff in sexual and reproductive health and rights.

Key action(s)	Deadline	Responsible unit(s)	Annual implementation status updates	
			Status (on going or completed)	Comments
Review terms of reference for senior managers in country offices to ensure that they bring expertise in SRHR and health sector planning	July 2013	Division of Human Resources in collaboration with the Technical Division unit(s)		
Biannual meeting to update SRHR skills country and regional offices staff including representatives, deputies and technical staff	Develop plan in 2013	First meeting with regional staff in first quarter of 2013		
As FP and Adolescent and Youth Strategies are rolled out, develop partnership platforms with key stakeholders at country level to ensure sustainability of programme interventions in each country	2013-2014	All COs		
Continue and enhance MHTF staff support to countries jointly with GPRHCS	On-going	TD with ROs and DHR		

Recommendation No. 4	To Technical Division		Priority level : High	
<p>Provide targeted support to country offices allowing the MHTF to adopt a more comprehensive approach to health system strengthening taking into consideration the key bottlenecks to maternal health.</p> <ul style="list-style-type: none"> • Support the government counterparts and implementation partners in carrying out comprehensive analysis of the bottlenecks to maternal health improvement and their prioritization. • Support the government counterparts and implementation partners to design plans that fully address the key bottlenecks identified. For example, ensure that capacity development interventions are accompanied by measures that address human resources issues such as deployment or appointment of staff. • Support the government counterparts to map out the available resources in countries, thereby allowing for partnerships that can address particular system-strengthening aspects outside the scope and the expertise of UNFPA. • Ensure that technical support and expertise are 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. 				
<p>Management Response: <i>Accepted</i></p> <ul style="list-style-type: none"> • The MHTF Business Plan and related guidance has adopted a health system strengthening approach and targets specifically 3 of the 6 health system building blocks: service delivery; human resources, primarily midwifery; and strategic information (needs assessments, monitoring and in particular maternal death surveillance and response); whilst it works closely with GPRHCS on the issue of maternal and newborn health commodities, a fourth building block. • Health system strengthening is also a key component of the work of the H4+, primarily with WHO and UNICEF, of which the MHTF is an important component. • The EmONC needs assessments are design to map out current maternal health service delivery and map out bottlenecks. • Nonetheless, upstream policy work and technical guidance in maternal health to ministries of health and partners should be further enhanced, subject to the availability of financial resources.. • The MHTF Updated Business Plan 2013 will place greater emphasis on upstream policy and technical work. 				
Key action(s)	Deadline	Responsible unit(s)	Annual implementation status updates	
			Status (on going or completed)	Comments
MHTF Updated Business Plan 2013 published	Q1 2013	TD		
Meeting of regional and key country advisors to reinforce and update staff on evidence-based strategic approaches in maternal health	Q2 2013	TD – WRH cluster / SRHB and Regional Offices		
Provide joint targeted TA to	2013	TD-WRH		

countries requesting support		cluster/SRHB and Regional Offices		
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Recommendation No. 5	To Technical Division	Priority level : High
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Ensure that barriers to access and use of maternal health services (skilled attendance at birth, EmONC), are taken into consideration in national strategies and that MHTF-supported initiatives help address them.

- Support the identification of factors affecting utilization of and access to maternal health services by reviewing existing literature or supporting qualitative studies that will explore those factors in depth.
- Help identify and support reviews of existing experiences that were useful in addressing these factors, including community mobilization and empowerment approaches.
- Support the development of strategies aimed at addressing the factors affecting maternal health and barriers that hinder the use of the available services, based on successful experiences in the country.
- Provide technical support for the implementation and monitoring of these strategies in order to inform national programming with a view to scaling-up successes.
- Support the piloting of community mobilization and empowerment approaches in order to inform national programming.

Management Response : *Accepted*

- Barriers to access and utilisation of maternal health services span a wide range of issues including low maternal education, financing of services and costs to clients, quality and client-friendliness of services, geographic access and socio-cultural factors. These contribute to low utilisation and to life-threatening delays in seeking care. Issues of low maternal education, financing of health services and many socio-cultural factors are beyond the remit and the resource base of the MHTF (on average less than \$1M per country per year).
- Nonetheless, we are reviewing the literature in preparation for the MHTF Updated Business Plan 2013 and will pay attention to attempt to identify cost-effective strategies, including further emphasis on community mobilization, radio entertainment education (soap operas), and advocating for free services at the point of care.
- Specifically, the EmONC needs assessments are addressing the issue of geographic access, and are the basis of district-by-district micro-planning.
- UNFPA's gender work is contributing to improving the status and decision-making by women, a key barrier to access in some countries.

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Publication of MHTF Updated Business Plan 2013	Q1 2013	TD – WRH cluster / SRHB		
Meeting of regional & key country advisors to reinforce and update staff on evidence-based strategic approaches in maternal health	Q2 2013	TD – WRH cluster / SRHB and Regional Offices		

4. Support to quality assurance in maternal health

Recommendation No. 6

To Technical Division

Priority level : Medium

Provide guidance to country offices to enable them to ensure that MHTF-supported maternal health-related interventions encompass mechanisms for maintaining the level of quality of the outputs.

- Advocate to ensure that quality assurance is an integral component of all programming processes of MHTF-supported interventions in any area (e.g., education or services) by:
 - Ensuring that all plans contain a quality assurance strategy;
 - Defining standards and regulations.
- 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 (e.g., supervisory guides and check lists; additional clinical guidance; follow-up training; peer support, for example through midwife associations; etc.)
 - Ensuring, through pre-testing, that developed tools are well adapted to the field and that they are sufficiently practical.

Management Response : *Accepted -- Work in Progress*

- Maternal mortality occurs in large measure due to weak and low quality health systems and services; this recommendation is thus particularly important; the issue how can the MHTF support bring added value
- Much is already supported through the evidence-based standard setting in EmONC, midwifery and fistula. The EmONC work, with its needs assessments and monitoring of signal functions, staff competencies, essential drugs and commodities, is helping to set standards against which quality can be measured.
- Beyond this, quality assurance needs to be mainstreamed in the work supported by MHTF and this will be addressed in the upcoming MHTF Updated Business Plan 2013.
- Specifically, the MHTF's contribution to maternal death surveillance and response (MDSR) should contribute to fostering a culture of continuous quality improvement (CQI) using the opportunity of each maternal death to bring systemic corrective actions.

Key action(s)	Deadline	Responsible unit(s)	Annual implementation status updates	
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Publication of MHTF Updated Business Plan 2013	Q1 2013	TD – WRH cluster / SRHB		
Meeting of regional and key country advisors to reinforce and update staff on evidence-based strategic approaches in maternal health	Q2 2013	TD – WRH cluster / SRHB and Regional Offices		