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Evaluation of the H4+ Joint Programme Canada and Sweden

PRESENTATION TO THE EXECUTIVE BOARD

Louis Charpentier Evaluation Office, UNFPA
Ted Freeman Euro Health Group

Evaluation Governance



Evaluation Team

Louis Charpentier	Evaluation manager, UNFPA Evaluation office
Ted Freeman	Team leader, Country team Leader Zimbabwe (EHG)
Lynn Bakamjian	Deputy team leader (EHG)
Dr Allison Beattie	Country team leader, Liberia and Zambia (EHG)
Camilla Buch von Schroeder	Country team leader, DRC (EHG)

Evaluation Reference Group

Åsa Andersson	Sweden/ Sida
Camille Bouillon Bégin	Global Affairs Canada
Nazneen Damji	UN WOMEN
Hemant Dwivedi	UNFPA (H6 Global Coordinator)
Dirk van Hove	UNAIDS
Anne Knutsson	UNFPA
Blerta Maliqi	WHO
Jeremy Veillard	World Bank
Willibald Zeck	UNICEF

Evaluation Management Group

Louis Charpentier	UNFPA Evaluation Office (Chair)
Beth Ann Plowman	UNICEF Evaluation Office
Pierre J. Tremblay	Global Affairs Canada Evaluation Division

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

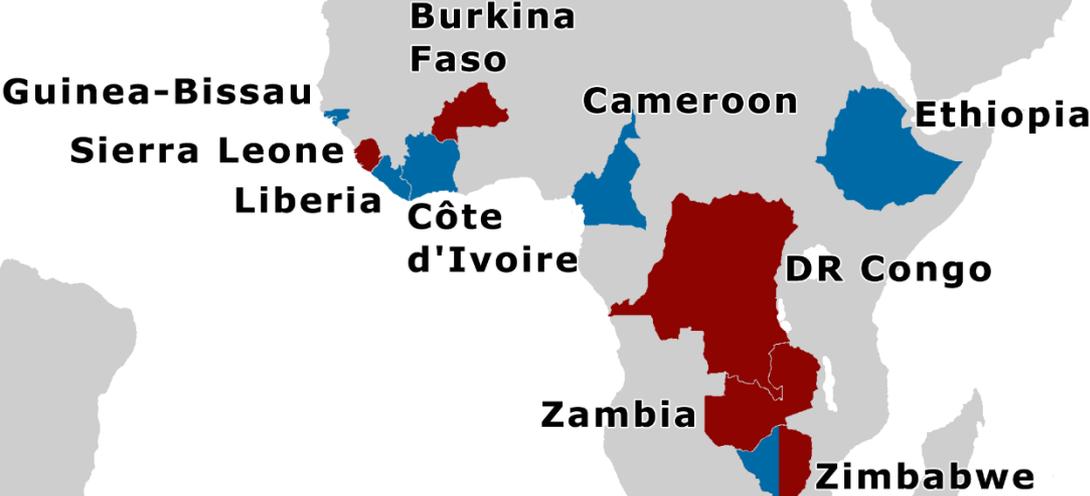
Purpose

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 



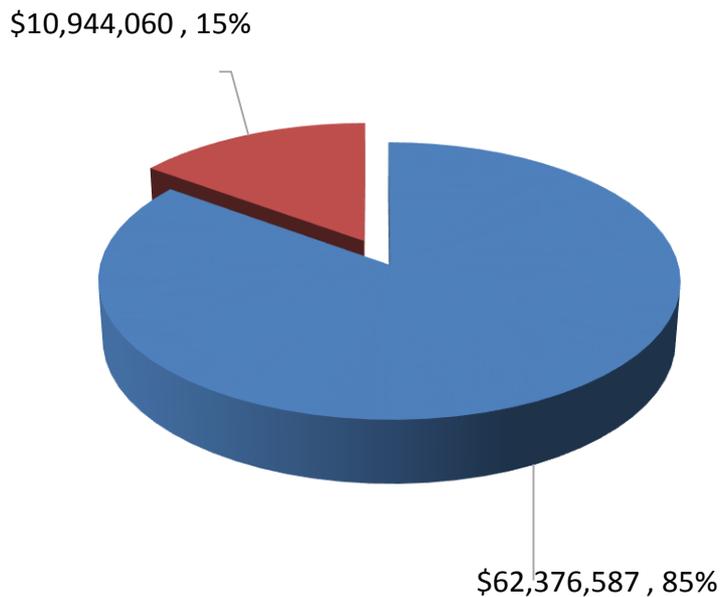
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Programme Expenditures 2011-2015

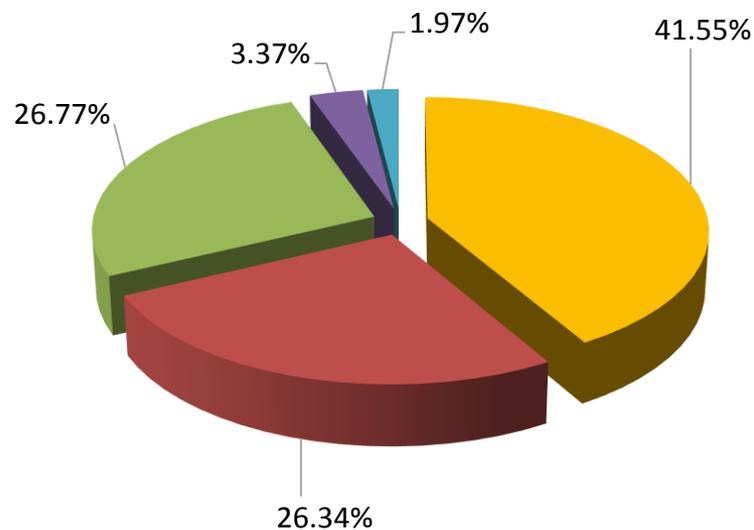


Country vs. Global



■ Country ■ Global

H4+ Partners



■ UNFPA ■ UNICEF ■ WHO
 ■ UN Women ■ UNAIDS



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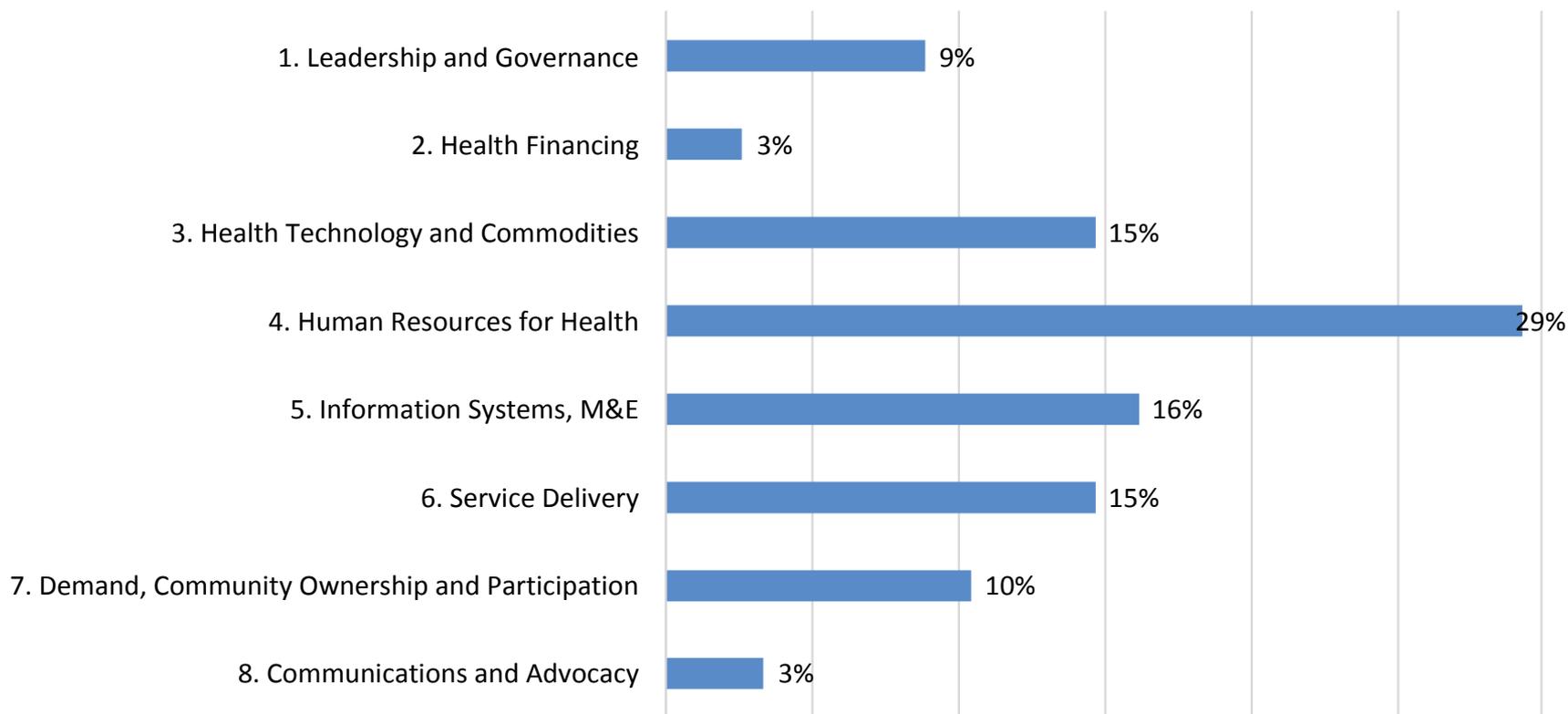
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Support to 8 HSS Building Blocks



Country level expenditures by output area



Objectives of the Evaluation

Purpose and Objectives of the Evaluation



Purpose of the Evaluation

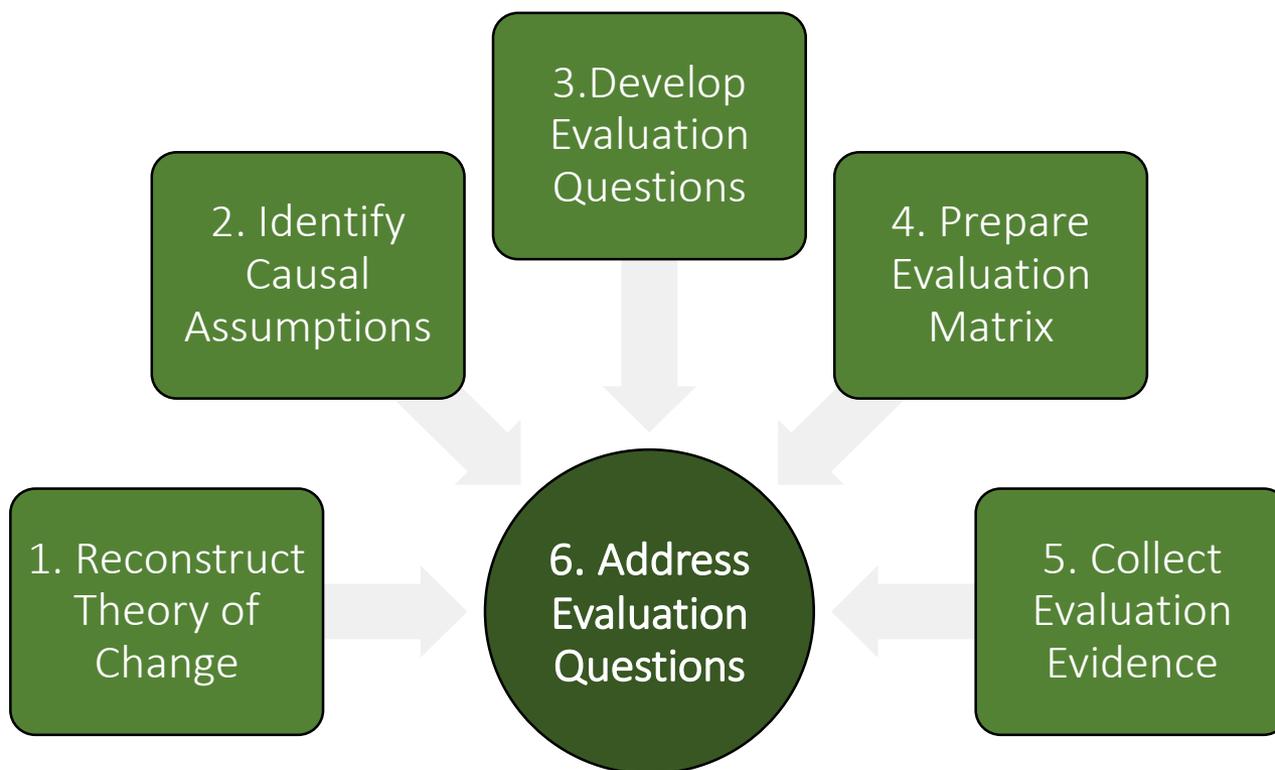
Learning among key stakeholders from H4+JPCS to **inform similar initiatives** for delivery of comprehensive services in RMNCAH and to support the **review of the partnership mandate** (post-2015)

Objectives

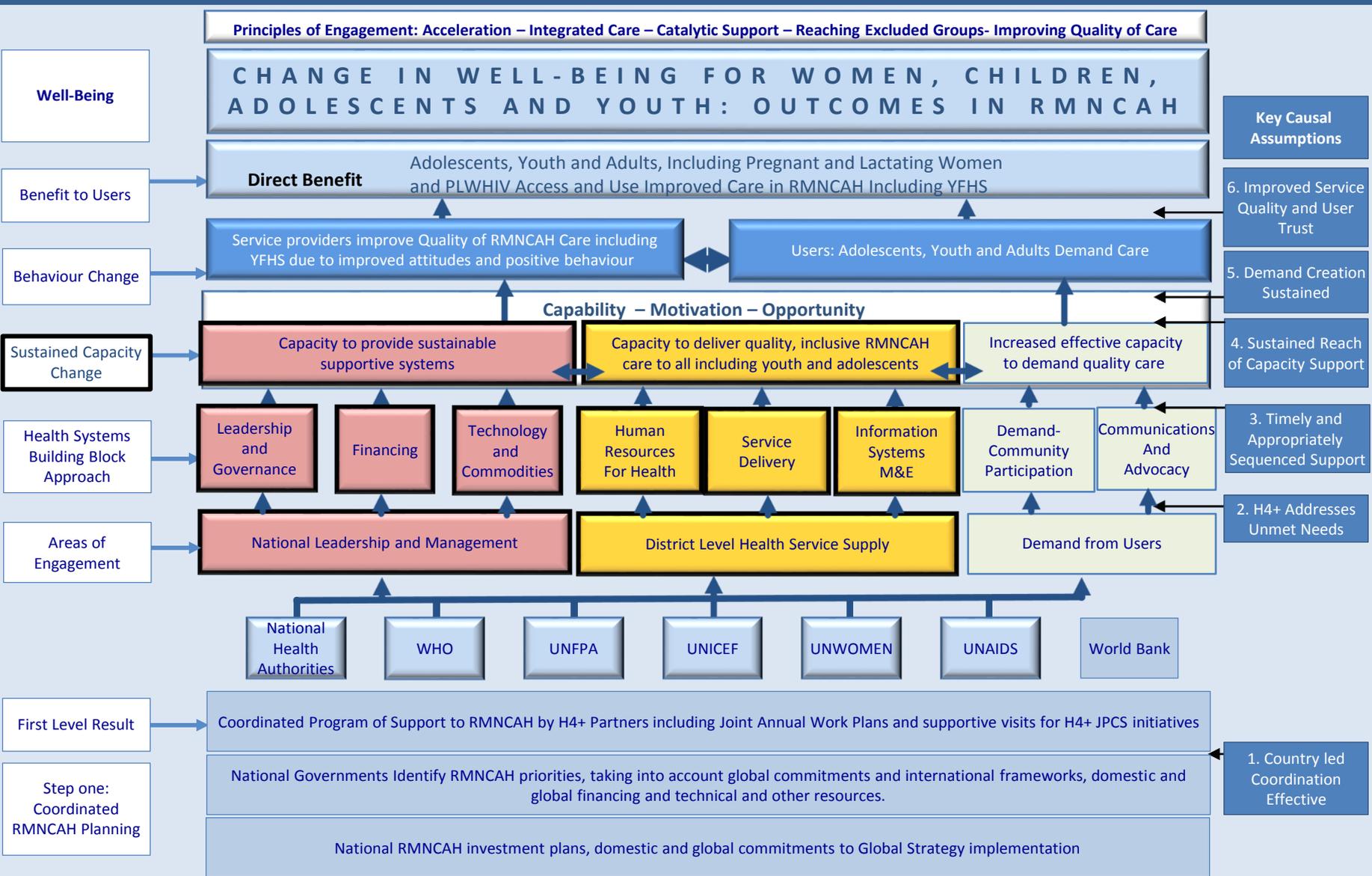
- ▶ **Relevance of the objectives and approach** of the H4+JPCS at global, regional, national and subnational levels
- ▶ **Effectiveness and efficiency** of the H4+JPCS in **strengthening national health systems** and **improving the delivery** of a comprehensive package of **RMNCAH services**
- ▶ **Sustainability 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



THEORY OF CHANGE FOR H4+ JPCS AT COUNTRY LEVEL – APPLIES TO ALL TEN PROGRAMME COUNTRIES



External Factors

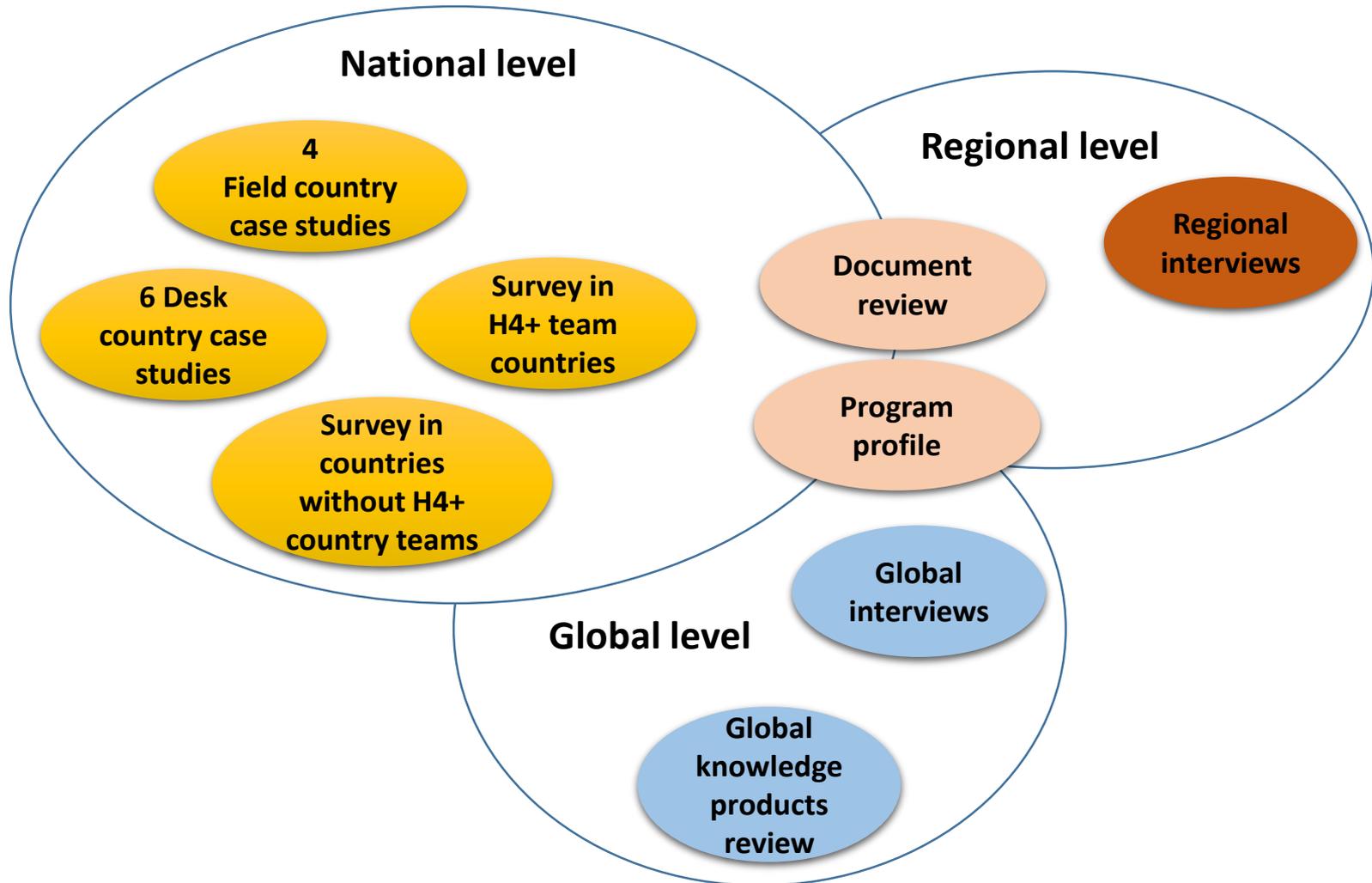
National Health Systems Strengthening Programmes, Quality of Care Initiatives, Human Resources for Health, Trends in External/Domestic Financing for RMNCAH, National Health Emergencies, National RMNCAH Policies and Programmes

Evaluation Questions

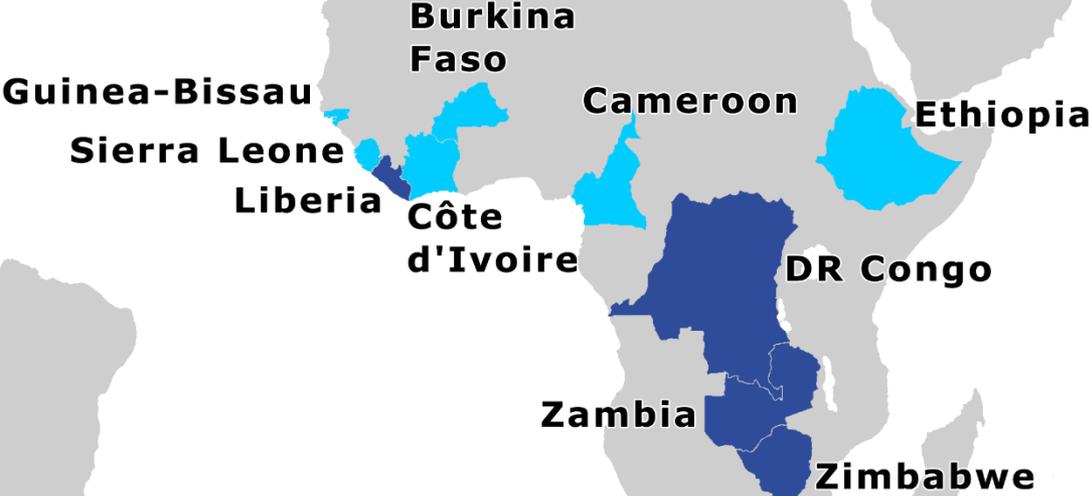


Evaluation question		Evaluation criteria
1	Contribution to strengthening health systems for RMNCAH	Relevance, Effectiveness, Sustainability
2	Contribution to expanding access across the continuum of care (including for marginalized groups and gender equality)	Relevance, Effectiveness, Sustainability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

Main Components of the Evaluation



Country Case Studies



Field Case Study 

Desk Case Study 

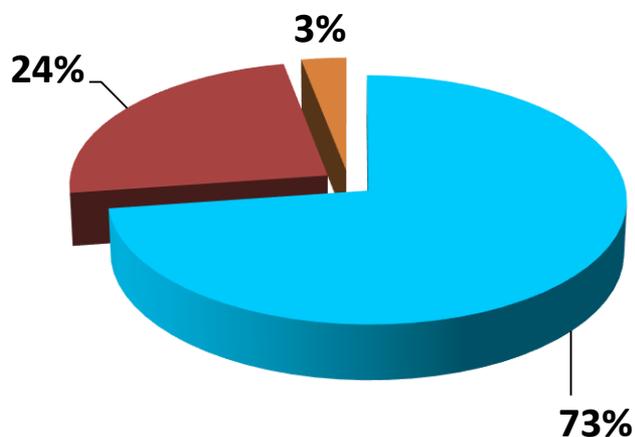


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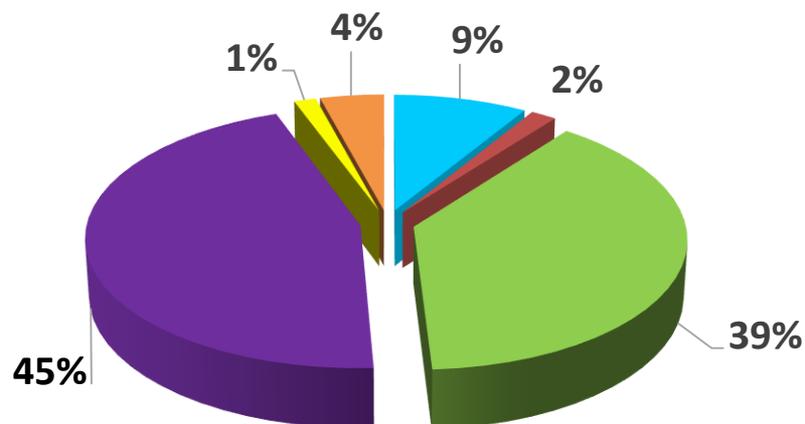
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Type of Stakeholders

Global and Regional Level Interviews (n=33)

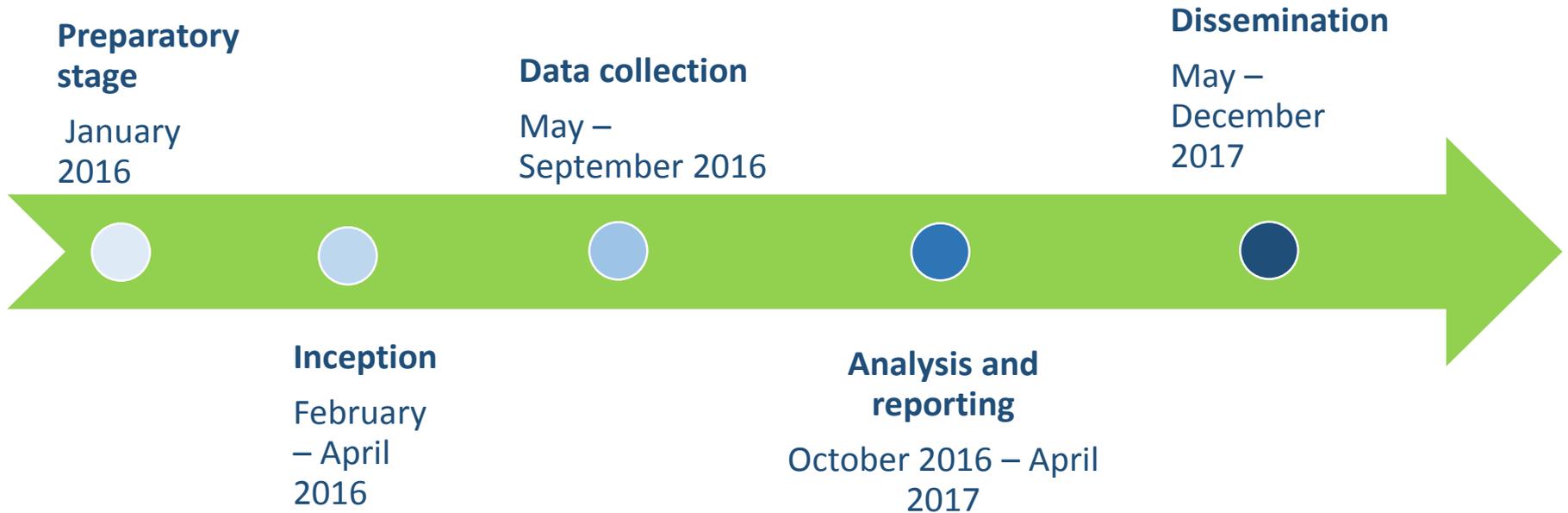


Country Level Interviews (n=771)



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

Evaluation Process



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Key Results

Strengthening Health Systems (1/3)



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

Strengthening Health Systems (2/3)



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

Strengthening Health Systems (3/3)



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 proactive 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 (2016-20130)**

► 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

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



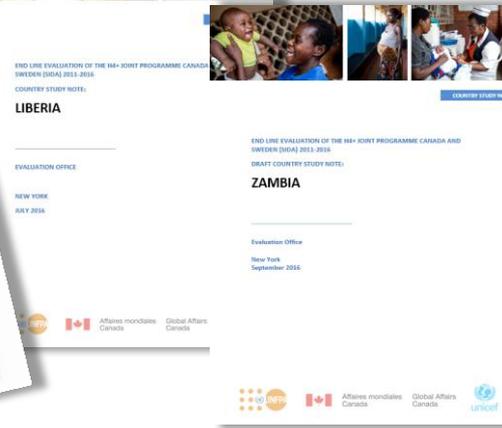
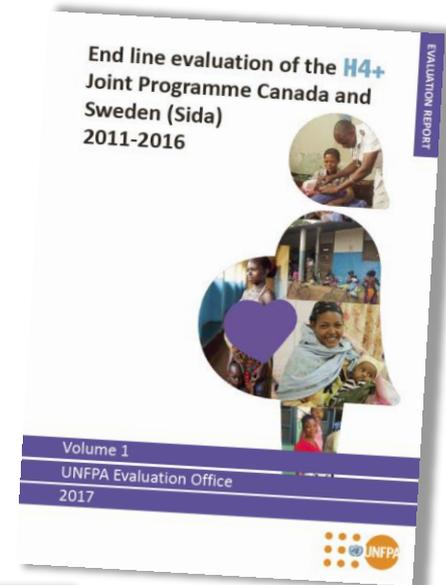
Develop a clear definition of the **work to be done at the regional level**, including corresponding **roles and responsibilities** of regional offices in support of H6 country teams

- ▶ 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>