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# Evaluation of the H4+ Joint Programme Canada and Sweden

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**The Partnership**  
for Maternal, Newborn  
& Child Health

# Evaluation Governance



## Evaluation Team

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## Evaluation Reference Group

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## Evaluation Management Group

|                           |                                           |
|---------------------------|-------------------------------------------|
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| <b>Pierre J. Tremblay</b> | 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

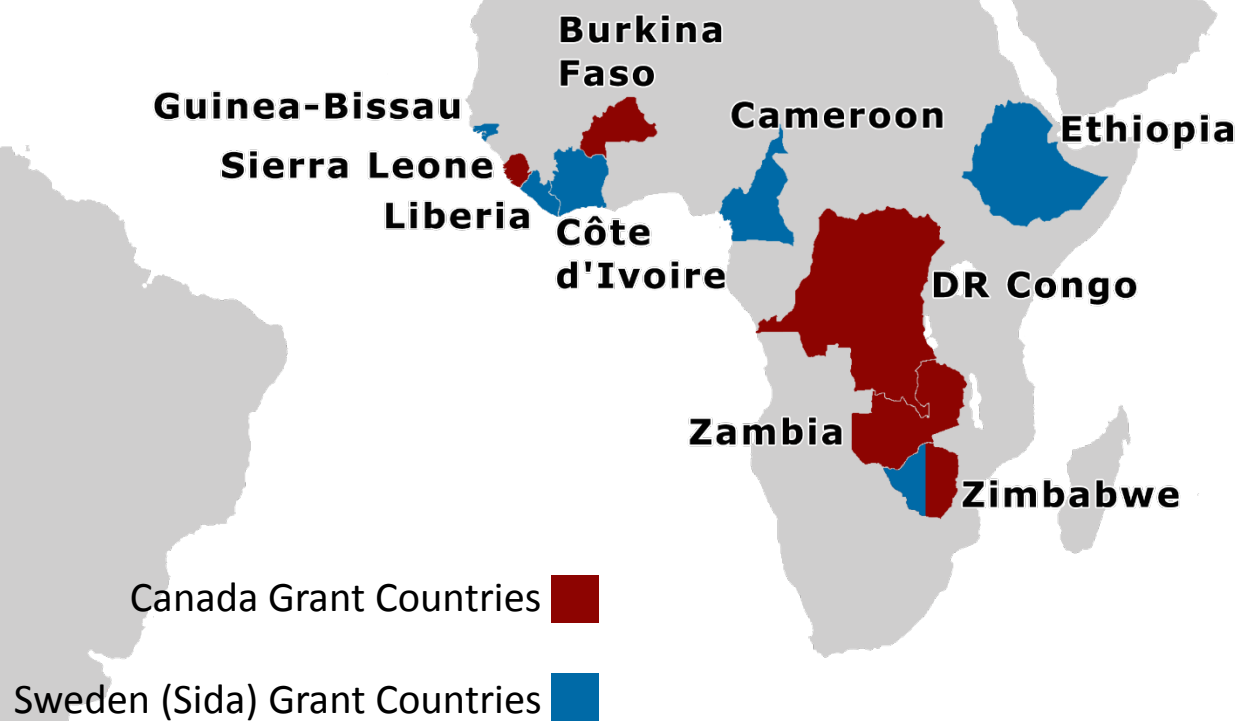
## Purpose

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

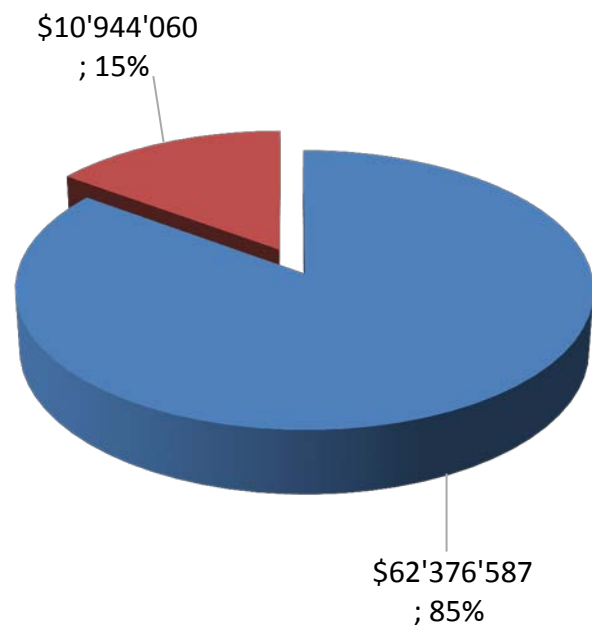
- ▶ Support national efforts to implement and scale up **integrated, equity based RMNCAH** efforts in programme countries
- ▶ Support national **health systems strengthening** of RMNCAH interventions in partnership with other stakeholders and guided by national health plans
- ▶ Identify, support and document **innovative approaches** for roll 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



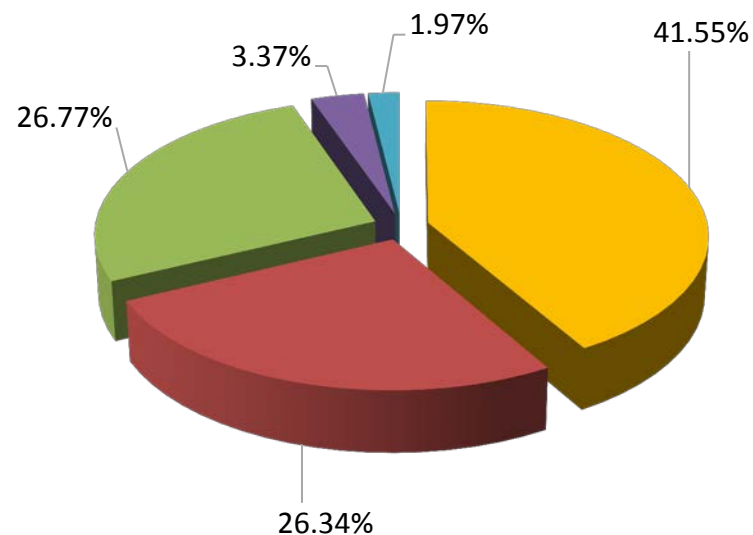
# Programme Expenditures 2011-2015

## Country vs. Global



■ Country ■ Global

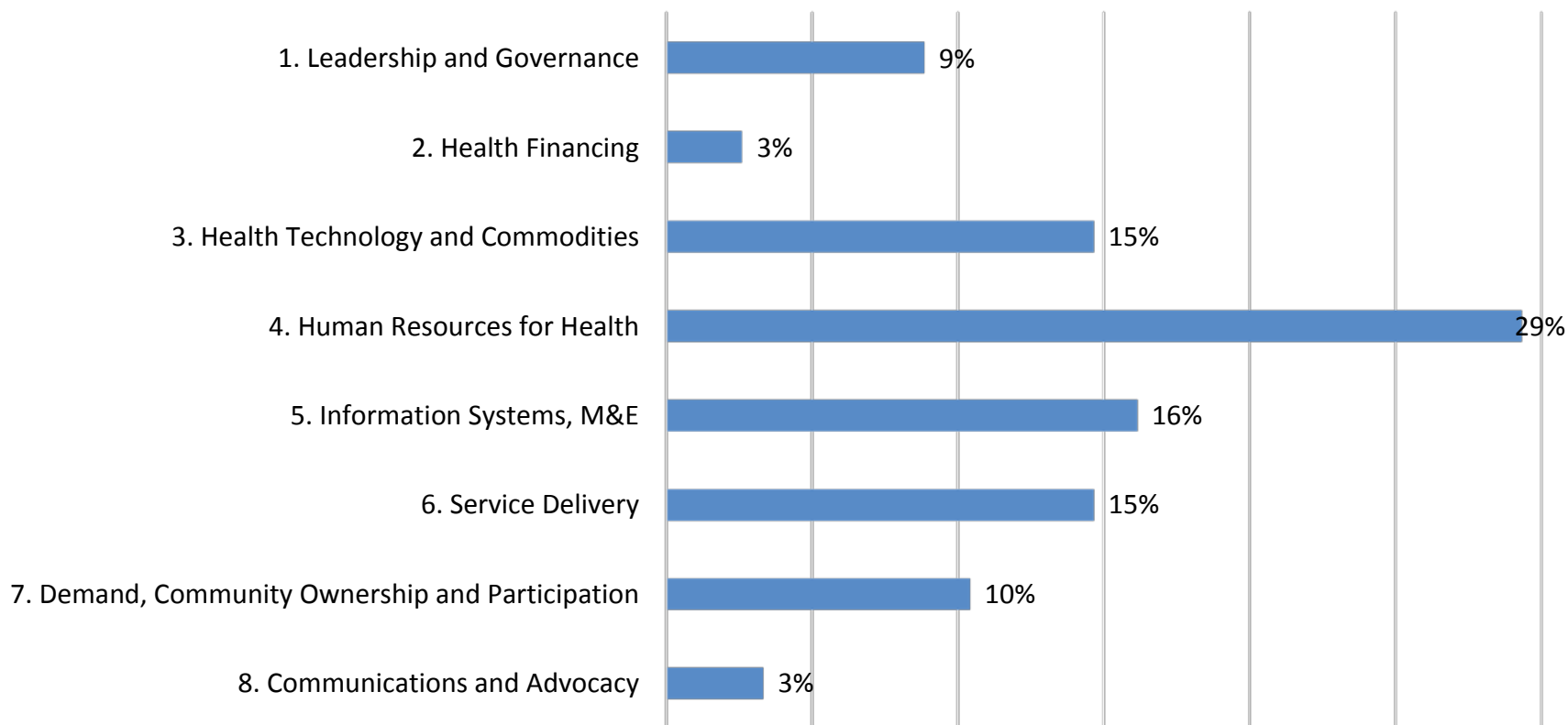
## H4+ Partners



■ UNFPA ■ UNICEF ■ WHO  
■ UN Women ■ UNAIDS

# 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

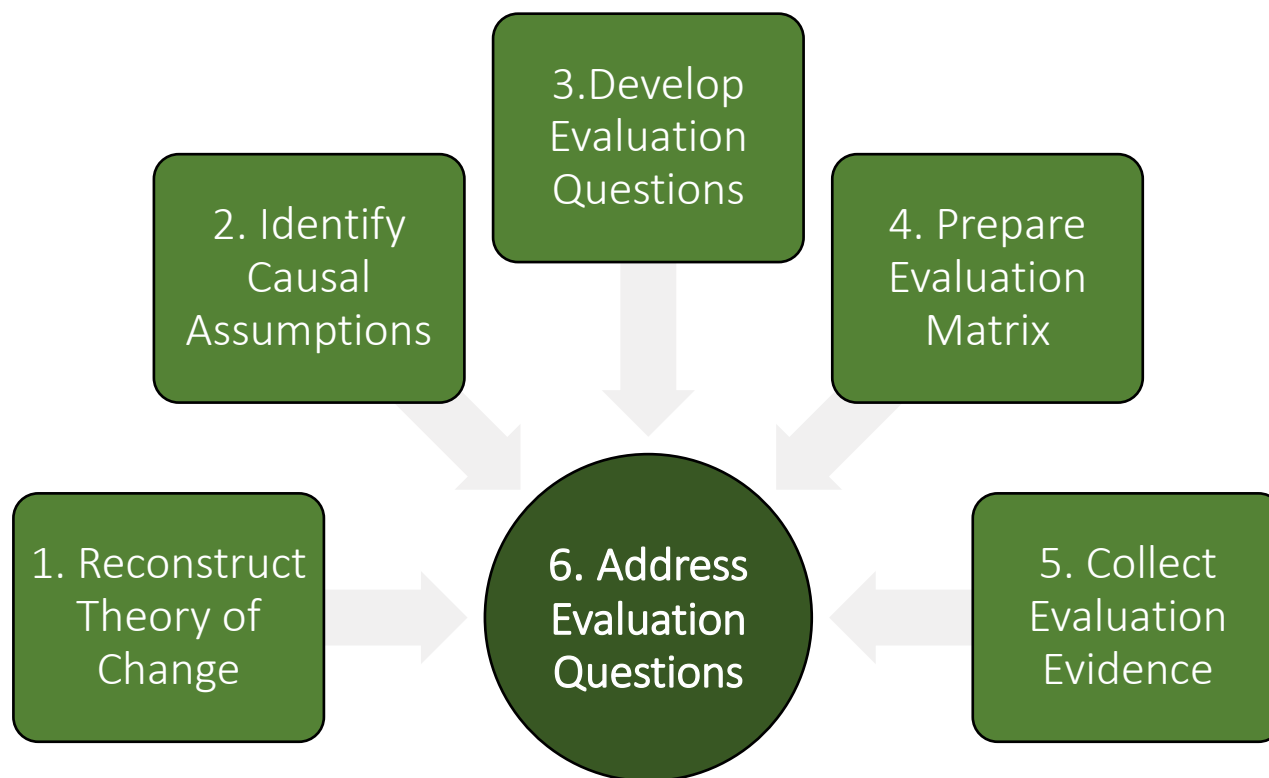
**Learning** among key stakeholders from H4+JPCS to **inform similar initiatives** for delivery of comprehensive services in RMNCAH and to support the **review of the partnership mandate** (post-2015)

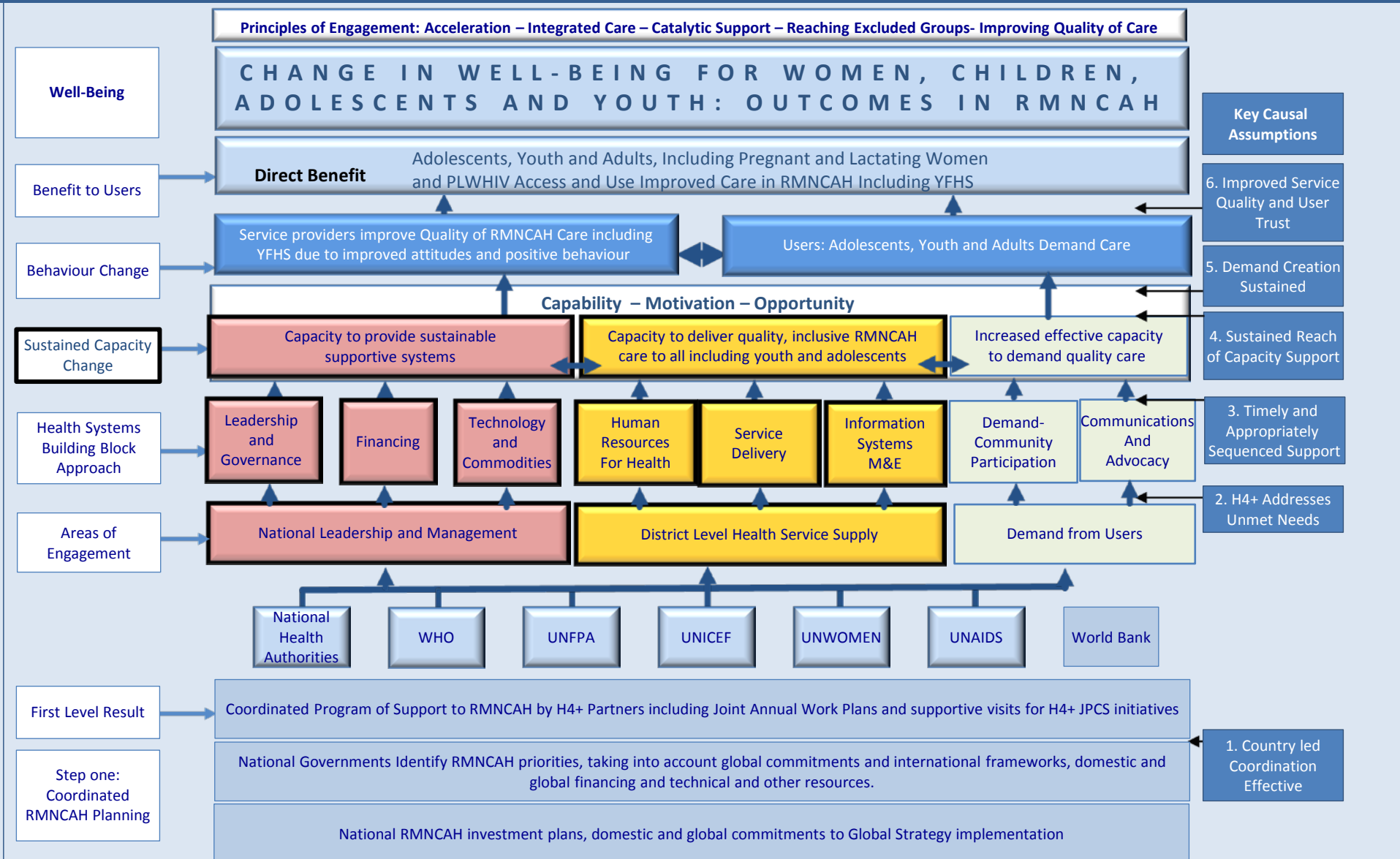
## Objectives

- ▶ **Assess the relevance of the objectives and approach** of the H4+JPCS at global, regional, national and subnational levels
- ▶ **Assess the effectiveness and efficiency** of the H4+JPCS in **strengthening national health systems** and **improving the delivery** of a comprehensive package of **RMNCAH services**
- ▶ **Assess the sustainability of results** achieved
- ▶ **Added value** 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





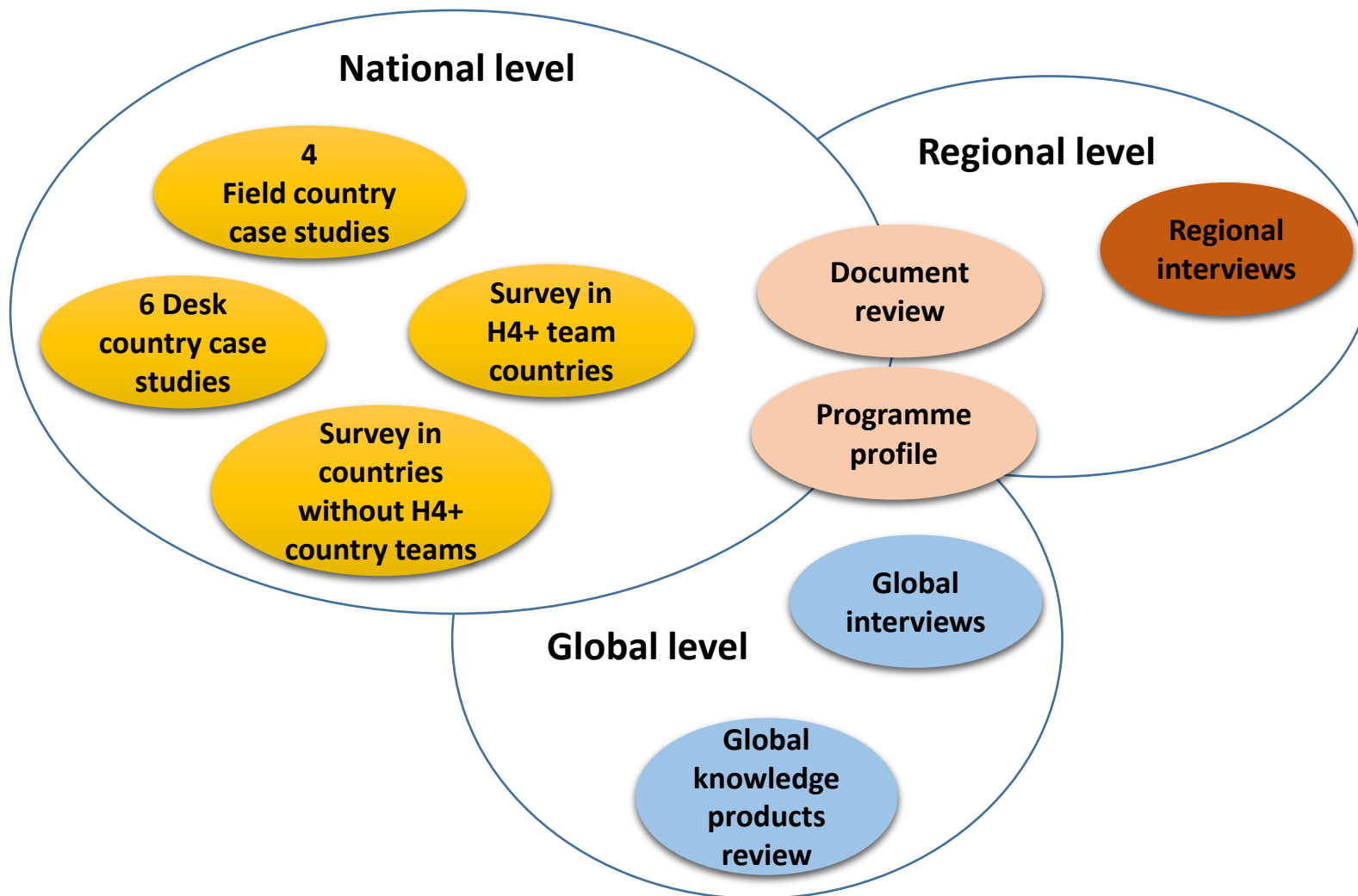
#### External Factors

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

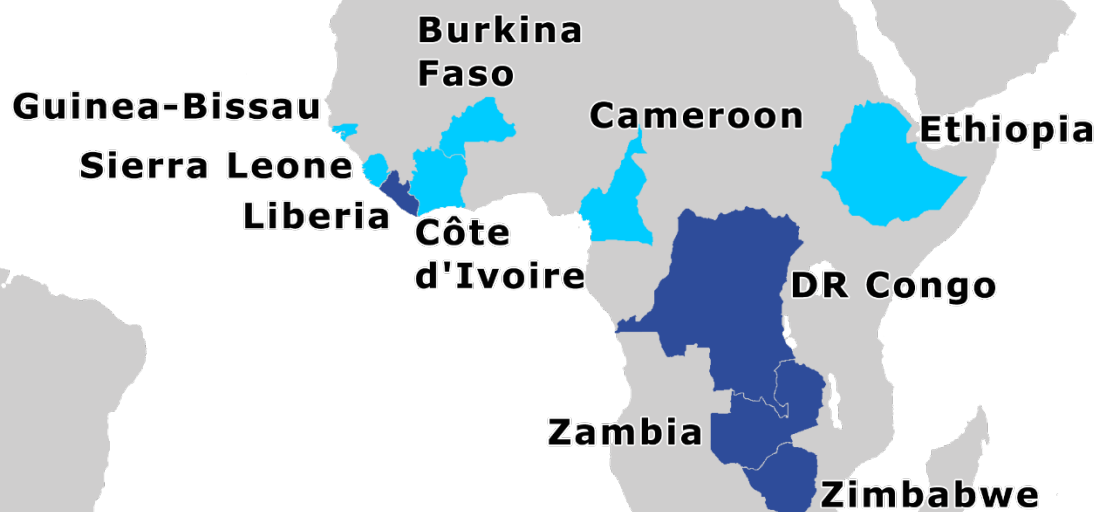
# Evaluation Questions

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

# Main Components of the Evaluation



# Country Case Studies



Field Case Study

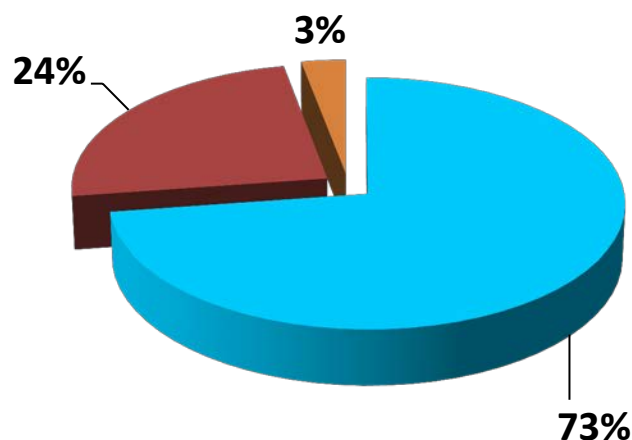


Desk Case Study

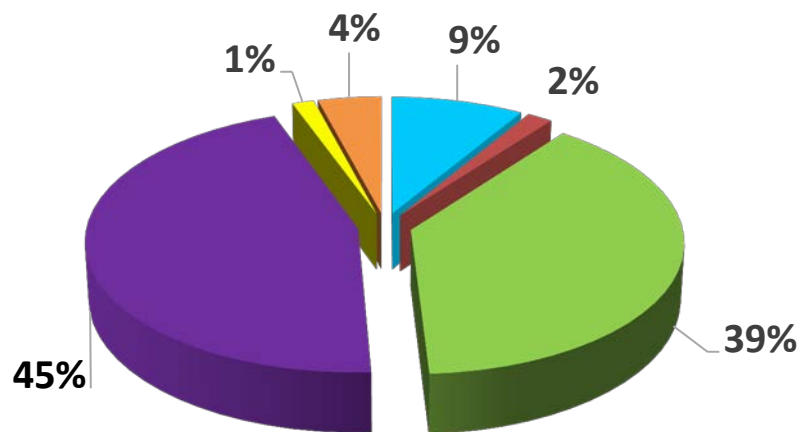


# Type of Stakeholders

Global and Regional Level Interviews (n=33)

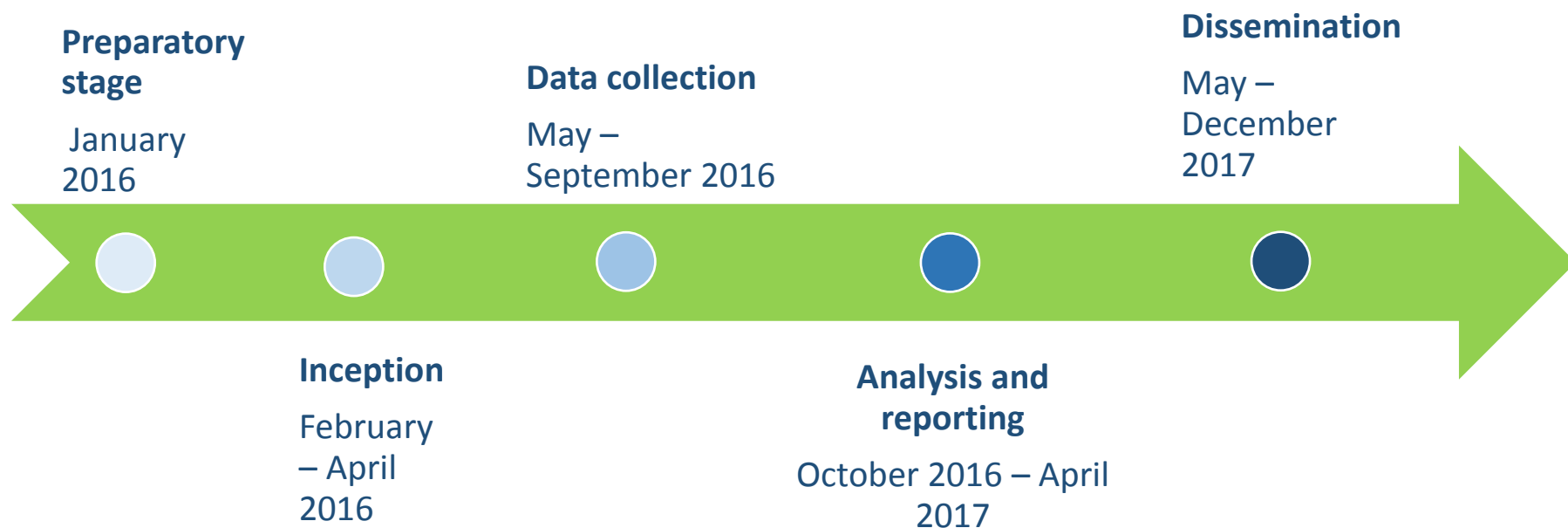


Country Level Interviews (n=771)



- 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



# Key Results

# (1) 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 that were **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 **narrow geographic reach** and a **late start**
- ▶ **Timeliness and sequencing of delivery** of commodities, equipment and training aides constrained by slow procurement and weak IPs coordination

# (1) 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

# (1) 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

## (2) 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

## (2) 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

### (3) 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

## (4) 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

## (5) 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
- ▶ The role of **UNAIDS** and **UN Women** in supporting community engagements which challenge harmful socio-cultural norms ,including gender norms was particularly notable
- ▶ At global level, H4+JPCS partners developed a **deeper level of collaboration** yet largely limited to technical and administrative matters

## (6) 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
- ▶ Earmark 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 should be 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 joint 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 addresses key aspects of **sexual and reproductive health and 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



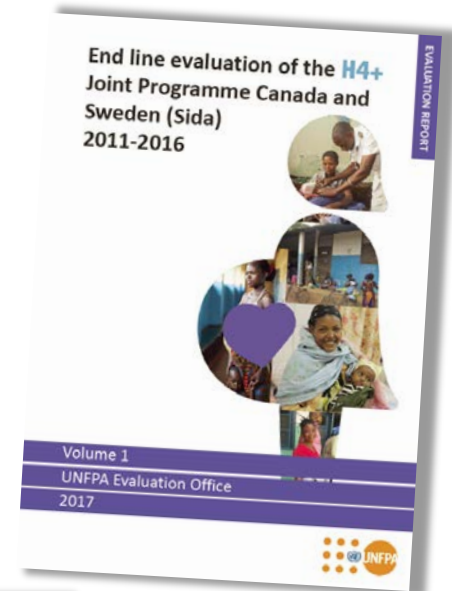
Develop a clear definition of the **work to be done at the regional level**, including corresponding **roles and responsibilities** of regional offices in support of H6 country teams

- ▶ 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
- ▶ High Level Political Forum Meeting – July 2017
- ▶ UNFPA / UNICEF Executive Boards – August 2017
- ▶ Universal Health Coverage Meeting – December 2017 (tbc)



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