

# Mid-term evaluation of the Maternal and Newborn Health Thematic Fund

## Phase III 2018-2022



UNFPA Evaluation Office

2022

## PURPOSE AND SCOPE OF THE EVALUATION

Ending preventable maternal deaths is one of three transformative results of United Nations Population Fund (UNFPA) and includes an emphasis on the integration of sexual and reproductive health and rights (SRHR) with maternal and newborn health (MNH) services. The Maternal and Newborn Health Thematic Fund (MHTF) was first established in 2008 and, now in its third phase, is closely associated with this transformative result. Unfortunately, global progress on maternal and newborn mortality reduction is not on track to meet the 2030 Sustainable Development Goal (SDG) targets and has been further affected by the health, social and economic effects of the global COVID-19 pandemic.

The MHTF delivers technical and financial support in 32 high burden countries to create catalytic and accelerated progress in one or more of four priority technical areas: midwifery, emergency obstetric and newborn care (EmONC), maternal and perinatal death surveillance and response (MPDSR) processes, and the prevention and treatment of fistula and other obstetric morbidities. The MHTF also contributes to the UNFPA presence and leadership of maternal health at the global level.

This evaluation assesses the MHTF progress against its 2018-2022 Business Plan and identifies key lessons and challenges to support its future evolution. In particular, the evaluation considers the extent to which the MHTF has contributed to strengthening health systems, improving quality of care, and advancing equity, human rights and accountability to stakeholders in partner countries. The evaluation also assesses the extent to which the MHTF supports the scaled up integration of SRHR-MNH services, reflecting the well-established and critical role of universal access to quality SRHR services as essential to achieving MNH.

## METHODOLOGY

The evaluation identifies the contribution made by UNFPA and applies a theory-based approach in order to analyse the intended results of UNFPA support. It also takes into account the larger health system factors and economic and social determinants affecting MNH. The evaluation team adapted the MHTF theory of change to incorporate all aspects of UNFPA support and developed a series of nine detailed evaluation questions to set out and define the areas of research. Associated with each question, key causal assumptions were tested via indicators using primary and secondary data gathered, analysed and presented by the evaluation team.

Data collection was structured around six country case studies (Benin, Sudan, Uganda, Zambia, Bangladesh and Togo) involving a range of methods and sources including document review, country-focused interviews and group discussions and, where feasible (given COVID-19 legal and public health restrictions), site visits and observation. Data were also collected through key informant interviews with global and regional stakeholders, through a comprehensive review of relevant documents and data sets at the global and regional levels and through an online survey completed by respondents from the MHTF partner countries. The evaluation followed a structured plan for analysis and triangulation of the data to respond to the nine questions.

## MAIN FINDINGS

✓ **As one of the few United Nations funds and programmes supporting midwifery, with the MHTF, UNFPA has succeeded in raising the profile and standing of midwives at the global and country levels.** The UNFPA partnership with the International Confederation of Midwives (ICM) is a key asset that amplifies its credibility with partner governments, supporting the alignment of national policies with international standards. MHTF investments and expertise have led to global policy products and practical

benefits supporting midwifery development in countries beyond the MHTF. Professional development is a long-term process, and the key challenge for the MHTF and its partners remains how to put midwifery policies into action at scale, particularly with limited resources. Furthermore, while UNFPA is ambitious in its aim to eradicate gender disparities, action taken in countries to ensure midwives have a seat at the table to effect policy change is inconsistent. Nonetheless, MNH partners recognize midwifery support as a central pillar of the MHTF and a critical driver of other technical priorities (namely EmONC, fistula and MPDSR) as well as a crucial strategy for effective integration of SRHR and MNH services despite a lack of holistic programming in some contexts.

✓ **The MHTF has championed the development and application of the EmONC network model in selected partner countries using an innovative health systems strengthening approach based on consensus building around standards of care, the rationalization of EmONC facility distribution, and routine facility monitoring.** The phased approach of the EmONC network offers an objectively verifiable model for elaborating service delivery standards that can be adapted to each country context. Viewed by key informants as rigorous and credible, this methodology – and the MHTF application of it - enables a concrete step forward in EmONC and MNH systems strengthening that creates leadership opportunities in partner countries and opens a pathway to improving quality of care. Two limitations affect the long-term sustainability of the MHTF investments in EmONC. The first is the limited consideration given so far to including the community level as a structured part of care networks. The second is the challenge of sustainability through the institutionalization of the monitoring process associated with quality improvement and without which the benefits of the model will be difficult to maintain. An additional challenge for the MHTF, given the range of countries it supports (including many that do not implement the EmONC network approach), is to balance a flexible and country responsive approach to EmONC support while also ensuring sufficient links to larger health system reform processes.

✓ **Sustained MHTF partnership has enabled MPDSR processes to be somewhat embedded across a range of health systems contexts and is valued by country governments and partners.** MHTF technical and financial resources enable countries to develop MPDSR strategies, implement national and subnational committee structures and produce periodic reports. The MHTF has also participated in the development of new indicators for measuring the implementation of MPDSR in countries. While notifications of maternal deaths tend to be increasing, the sustained institutionalization of MPDSR has been difficult to achieve and progress varies depending on country leadership and commitment. Although exceptions can be identified, death audit/review findings are underutilized in most countries, which is indicative of a problem with the process itself rather than with MHTF technical support. The challenges faced in strengthening MPDSR systems stress the importance of demand creation and community engagement for better outcomes from SRHR-MNH integrated service investments as well as the need to maintain systematic action to encourage earlier attendance by women at the health facility and build trust between providers and beneficiaries of care.

✓ **UNFPA has made a clear contribution at both the global and national levels towards increasing the commitment of governments and partners to end fistula.** As lead for the Global Campaign to End Fistula, UNFPA/MHTF effectively coordinates an advocacy and knowledge sharing agenda that has helped to maintain fistula as a global priority. At the national level, the strategic positioning of UNFPA is enhanced by its partnership with governments and its convening role, which has advanced national strategies to end obstetric fistula. Building capacity for fistula treatment and care is the main thrust of programming in countries and tangible progress has been made through strategies linking competent surgeons with clients, with mobile teams, and with service delivery camps. However, in most countries, these services remain donor-dependent and have yet to be mainstreamed into the health system. Efforts to rehabilitate and reintegrate survivors into communities are at early stages overall. The rise in iatrogenic fistula (caused by medical treatment) is an emerging issue globally and requires renewed attention to safe surgical services and quality of care throughout all components of the MHTF.

✓ **The MHTF has been able to support integration of SRHR and MNH services to some extent and there is tangible evidence of progress in the integration of family planning into maternal health services across the care continuum.** The MHTF supports each country to define the scope of integration between SRHR and MNH services according to their own opportunities and service priorities. However, integration of post-abortion care is inconsistently addressed. Moreover, the MHTF support to integrating both adolescent SRHR and sexual and gender-based violence (SGBV) is at an earlier stage of evolution and this task seems to be considerably harder as it requires midwives with an expanded skillset, more time and space (privacy), and attitudes that are respectful and non-judgemental. At the centre of the integration process, the midwife is a critical lynchpin to expanding access to a full range of SRHR and MNH services for women and girls. Yet, efforts to support midwifery-led integration are obstructed by weak infrastructure and a lack of equipment, two structural health system failures that the MHTF can only partially tackle. An important emerging challenge is the need to balance the opportunity and vision to develop a comprehensive approach to women's health across the life-course without increasing the risk of overburdening midwives and associated health systems.

✓ **The MHTF is oriented towards equality, human rights and values associated with ensuring equitable access to services for all women and girls but with uneven results so far.** MHTF interventions supporting service access (midwifery training, EmONC and fistula) have resulted in expanding service delivery to underserved geographic areas and vulnerable populations, while also maintaining a spotlight on relevant social and economic determinants affecting MNH. However, the MHTF does not have a defined or explicit approach or process for identifying those most at risk or the most vulnerable. The MHTF lacks a framework for defining and operationalizing rights-based principles in programming, which leads to inconsistent application in country-based activities, including, for instance, varying attention to the need for respectful care. Because of limitations in the integration of SRHR and MNH, MHTF activities are less effective in ensuring that adolescent girls and women are empowered to access a full range of SRHR services, especially contraception, post-abortion care and, where legal, safe abortion services.

✓ **The MHTF method of combining technical knowledge, seed funding, and global partnerships in order to support country partners to tackle particular SRHR-MNH technical areas is a strength that positions it well to leverage catalytic results.** The method allows the MHTF to provide high quality support in four critical technical areas and increases UNFPA credibility with country partners. The MHTF has produced an impressive range of global guidance, peer reviewed evidence papers and other policy documents. However, the potential behind many "catalytic" investments is still to be fully realized especially - but not only - given constraints to progress created by the ongoing COVID-19 pandemic (although these should be transient). Other stand-alone innovations and digital adaptations (such as mobile phone apps) have played a role in supporting results but are not, in themselves, necessarily catalytic or sustainable. The MHTF is currently addressing the twin challenge of firstly developing strengthened guidance that clearly defines what being catalytic means and secondly laying out the operational approach countries should take in order to build on and document catalytic effects more systematically.

✓ **The MHTF is benefitting from improved leadership and vision and the recently established Advisory Board supports more structured engagement with partners (including donors).** These developments should help the MHTF address the several challenges it faces. These challenges include: positioning its strategic direction in relation to overarching UNFPA MNH; building SRHR-MNH integration across the life-course; overcoming bureaucratic constraints; and delivering clearer communication of results. Results data collected from countries tend to focus on outputs and build a cumulative picture of the MHTF activities, but they are less effective at helping identify the MHTF contribution to country-specific progress. The consequence is a difficulty in fully capturing the value of results achieved from the whole of the MHTF, including its strategic partnerships. The lack of community-facing links or investments into building demand for services is a visible

gap, as are more systematic interlinkages between the MHTF support to MNH investments and larger health systems strengthening and reforms.

✔ **UNFPA effectively used the MHTF to respond quickly and flexibly to the COVID-19 pandemic through programmatic efforts and reallocation of available resources to ensure continuity of essential SRHR and MNH services while protecting the safety of clients and providers.** UNFPA articulated a response in support of partner countries referencing key lessons learned from the West Africa Ebola outbreak, during which routine services were seriously disrupted causing high levels of preventable mortality, especially for women and children. The UNFPA/MHTF response included the development and dissemination of COVID-19-specific technical guidelines and protocols, the provision of personal protective equipment (PPE), other strategic support, such as transport vouchers for health personnel to get to work safely, and hospital triage support to ensure safe access to essential maternity services.

## CONCLUSIONS

**1. With the MHTF, UNFPA is a partner of choice providing visible and valued support to critical MNH priorities.** The MHTF has evolved into a strong, focused and technically sophisticated tool for supporting MNH in the programme countries, especially in its four priority areas of midwifery, EmONC, MPDSR and fistula. The MHTF delivers support to programmes that are perceived to be of high quality, that address gaps in country health systems and that produce tangible results. At a global level, MHTF staff participate in and/or lead the development of a range of knowledge products whose impact extends beyond the 32 MHTF partner countries. It is a programme that delivers considerable thrust with a limited package of resources.

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**2. Midwifery is the anchor of the MHTF and the cornerstone of the UNFPA MNH response.** Identified as the leading partner for midwifery, UNFPA has instigated major steps forward on the definition of midwifery practice (for example, standards of care, capacity and skills, and performance monitoring) that have been complemented by country-focused efforts to upgrade the education, training and deployment of midwives and initiatives to support their professionalization. The role of midwives is critical to promoting SRHR-MNH integration and to overcoming the three delays that lead to maternal mortality (delay in seeking care; in reaching the right level of care; in receiving the right care) particularly in promoting health-seeking behaviour among women and girls. However, the MHTF has not yet fully captured the pernicious effects of gender inequalities and power dynamics that affect health systems in programme countries.

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**3. The MHTF delivers value for money, both globally and for individual countries.** Through leveraging global partnerships, deepening policy and technical coherence, and strengthening the quality of programme implementation, the MHTF has developed a programme model that delivers visible results and creates effective entry points for a range of interventions. To maximize these opportunities, the MHTF relies on a set of skills and a vision in the country office that are strong on systems strengthening, coordination, convening, advocacy and partnership building. Achieving optimal effects also relies on the country offices' ability to supplement the MHTF resources with core funds and to raise additional resources through engaging partners locally. At the global level, the MHTF has enabled UNFPA to influence the agenda on MNH and to deliver a wide range of policy and guidance products in all of the four technical areas that will influence MNH programming beyond the MHTF partner country context.

**4. The MHTF is not clearly positioned within a holistic UNFPA MNH strategic framework.** By focusing on four specific technical areas, the MHTF has carved out a defined expertise. However, at a global and organizational level, the MHTF is not aligned with or anchored in a UNFPA maternal health strategy. As the main (but not the only) UNFPA programming vehicle into maternal health, this leaves a policy and strategy gap between the MHTF (as a programme delivering specific inputs) and the UNFPA MNH strategy at the global and organizational level. In turn, this gap makes it difficult to clearly identify the locus of UNFPA policy, strategy, and programming effort in relation to the transformative result of ending preventable maternal deaths. Meanwhile, at the country level, the issue is the agility of the MHTF, and whether it can position its interventions within a holistic SRHR-MNH strategy that is context specific to the programme countries themselves. The challenge for the MHTF is to maintain its technical focus (and well-defined offer of expertise and support), while remaining flexible to assist countries in addressing their priority needs in MNH.

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**5. If not addressed, critical gaps will limit the relevance and the sustainability of the MHTF investments.** Investing in the supply of high-quality maternal services is necessary but not sufficient to ensure sustainable results. There is a need to engage with communities to address barriers to access, to overcome delays, to improve accountability and to better ground MHTF investments with affected populations. Furthermore, while the MHTF has helped countries identify and set standards for the supply-side and delivery of quality EmONC and related MNH services and care, it should also actively incorporate the views of women and girls and what they value in relation to SRHR-MNH integrated services, especially in relation to respectful care. While each of the four technical areas of the MHTF aims to influence and strengthen quality of care improvements, the indicators that enable quality of care measurement and tracking (especially including the experience of women who have been through the care of the health services) are insufficient and underutilized.

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**6. The MHTF has not yet been fully designed to deliver its “catalytic effect” systematically.** The MHTF leverages its limited financial resources through investments which have, by and large, a catalytic potential and are, at times, catalytic when taken to scale with necessary leadership, sustained national commitment and resources. However, the MHTF is not sufficiently systematic in identifying or creating opportunities to engage national leadership for MNH in order to target the resource mobilization needed to take technical advances to scale. The realization of this catalytic potential depends on the ability of the MHTF to anticipate and prepare for the challenging shift from a relatively low-cost, intense technical process focused on developing a national policy or strategy to a much larger, longer-term, higher-spend, national scale-up of that policy. The absence of a strategy clearly positioned within the engineering of the programme itself and accompanied by a tried and tested toolbox to support the elevation of programme inputs in ways that generate the “catalytic effect” currently reduces the MHTF catalytic achievements.

**7. The MHTF targets gender equality, human rights and equity, especially among adolescents, but does so unevenly.** The MHTF has identified three rights-based principles upon which its strategy is based (accountability, quality of care, and equity in access), but it lacks a framework for defining and operationalizing rights-based principles in MHTF programming, which has led to uneven application of these principles in country-based activities, such as for quality of care. Furthermore, while the MHTF aims to target vulnerable women and girls through the application of the “leave no one behind” principle, it has yet to define or articulate an approach or process for identifying those most at risk or the most vulnerable. MHTF interventions supporting service access (midwifery training, EmONC and fistula) have resulted in expanded service delivery to underserved geographic areas and vulnerable populations. However, because of limitations in the integration of SRHR and MNH, MHTF activities are not as effective in ensuring that adolescent girls and women are empowered to access a full range of SRHR services.

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**8. Given its results and successes, the MHTF has considerable unrealized potential.** The MHTF is a programme with a modest profile, whose strengths and accomplishments are not always well-known. Not enough has been done, at UNFPA, to highlight its achievements, drive resource mobilization, position it strategically within a coherent MNH strategy and use the knowledge gained through the MHTF to help better shape the global agenda. This is also the consequence of a monitoring system that does not emphasize the use of a small number of readily available results indicators, which can be interpreted and presented in a manner that increases visibility for the MHTF in both UNFPA and the global arena. The MHTF image deficit, compounded by monitoring that lacks sufficient qualitative and contextual analysis, may also constitute an impediment to the mobilization of more funding and the pursuit of long-term engagement from partners. Ultimately, this may prevent the MHTF from being valued in relation to its actual contribution to maternal and newborn health, which this evaluation demonstrates is significant and multifaceted.

## RECOMMENDATIONS

### **1 As the key UNFPA vehicle for SRHR-MNH integration and support, continue the MHTF and expand it into a new phase**

The MHTF makes a visible contribution to maternal health in the countries where it is working and to the overall UNFPA maternal health response. The MHTF should continue into Phase IV with design adjustments taking into account the strategic and operational recommendations identified in this evaluation. In particular, an expanded theory of change should identify the larger landscape in which the MHTF operates and its specific contribution. Phase IV of the MHTF should serve as an opportunity to clarify the MHTF role and positioning in relation to other UNFPA investments into maternal health as well as the larger, global MNH landscape.

## 2

### **Position the MHTF within a comprehensive UNFPA maternal health strategy and action plan**

The 2022-2025 UNFPA strategic plan is shaped around three transformative results, including ending preventable maternal deaths. In this context, it is not clear whether the MHTF is intended to serve as a limited, catalytic fund, channelling a specific set of technical and financial resources to defined elements of MNH, or is expected to encompass the entire UNFPA MNH programme (with other UNFPA programmes supporting important MNH results). Drawing on the MHTF experience, UNFPA should develop an organisational-level comprehensive maternal health strategy and action plan that clearly situates the MHTF and other UNFPA MNH efforts within a coherent organizational mandate with roles and responsibilities in relation to its objectives in maternal health and its broader remit on integrated SRHR-MNH.

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## 3

### **Champion quality of care at the point of delivery, including respectful care**

The MHTF approach to strengthening user-centred quality of care, including respectful care, is still at an early stage. The MHTF should invest in building country experience and global leadership on scaling up quality SRHR-MNH services at the point of implementation (from the user's perspective) and should champion respectful care especially, but not only, among midwives. This includes developing and integrating actionable programming into all MHTF technical areas and strengthening progress monitoring to enable lesson learning and scale-up of good practices.

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## 4

### **Be more systematic about integrating community engagement across all MHTF activities**

Community decisions about whether, when and how to seek care affect MNH outcomes. Currently, the main thrust of the MHTF has been focused on the supply of services. While the MHTF does not necessarily need to invest extensively in demand creation and community engagement itself, it should integrate and promote a more structured approach to community engagement as part of a broader strategy to generate increased demand for timely and accessible MNH services. This adjusted orientation should focus on increasing the timeliness and efficacy of decisions to seek care, to access family planning and SRHR services, to elect to deliver in a health facility, to build the interface of the midwife with the community, and to participate in death audits/reviews. It will require developing and deepening partnerships with others and investing in country office staff capacity and advocacy skills.

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## 5

### **Engage partners, especially donors, more actively in the MHTF progress**

The recently created Advisory Board is in the early stages of carving out its role and has been welcomed by partners. Donor engagement in the work of the MHTF, including as part of the Advisory Board, will foster visibility and support, as well as create potential opportunities in specific countries or settings. Over time, the MHTF should invest in the role and functioning of the Advisory Board in order to strengthen its accountability to funding partners, to increase its participation in shaping strategic direction and to support improved communication of results and performance.

# 6

## **Improve the strategic coherence and responsiveness of the MHTF**

A key strength of the MHTF is its programme model, which offers countries access to strategic global partnerships, technical expertise and financial resources to seed-fund investments. The four technical areas promoted by the MHTF are insufficiently coordinated with each other however, and are not all equally well supported at the country level. In addition, as priorities evolve, the MHTF will achieve more traction with more flexibility in its programme model to respond to country priorities. It should thus aim to clarify and streamline the linkages and coherence among the four current technical areas. It should also consider options to selectively include other technical areas without sacrificing its well-defined programme model. The development of the MHTF Phase IV and associated theory of change creates an ideal opportunity to include these critical aspects.

# 7

## **Embed the focus on midwifery and the health workforce environment across the MHTF**

As a key entry point and “gateway” to women’s health across the life course, midwives and the larger health workforce environment in which they operate constitute tangible health systems strengthening investments. The experience of women and girls highlights the role that skilled health personnel play in their perception of what quality care is. The MHTF progress and leadership on midwifery and the health workforce environment continue to create a key entry point for MNH. This should be further developed in Phase IV by investing more in embedding midwifery into community and primary care, integrating more focus on respectful care, and investing in health systems reforms, including the EmONC network expansion.

# 8

## **Invest more in MHTF core added values: SRHR-MNH integration and promoting catalytic results**

The MHTF has two core element features that add value. The first is the fact that it is uniquely focused on integrating SRHR and MNH services and has made good progress in this area. The second is that the emphasis on driving catalytic results is integral to its delivery model and a cornerstone of the MHTF approach. In both these areas, the MHTF has made visible but inconsistent and insufficiently documented progress. In Phase IV, the MHTF should develop detailed and actionable guidance for country offices to support design, partnership development, and implementation. This should include promoting, documenting and communicating on SRHR-MNH integration and the MHTF catalytic role.

# 9

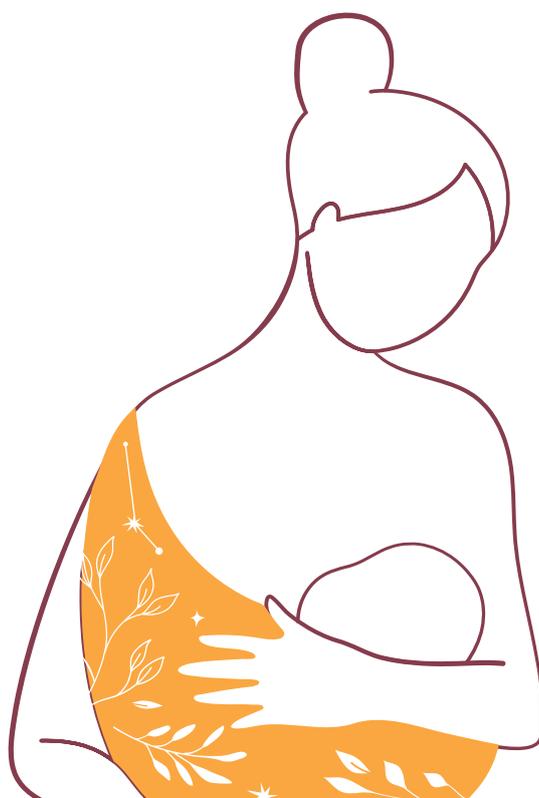
## **Refine results monitoring to improve understanding and communication about the MHTF added value in different contexts**

Although detailed, the current results-oriented monitoring (ROM) system does not easily enable the MHTF to identify and communicate its results and contribution as a United Nations programme working in an often crowded field. The MHTF should adapt its current approach to track fewer, more immediately relevant results that can support a clear narrative about the MHTF contribution and value-added in varied settings. The results-oriented monitoring system should have a greater focus on perceptions of change among stakeholders by supplementing a shorter indicator framework with reporting that makes use of qualitative information on the MHTF contribution to, and progress toward, outcomes. This would support increased understanding about what is working, where and why.

# 10

## Invest in innovative funding approaches to attract an expanded donor base

The MHTF should develop a comprehensive funding model and financing plan to support Phase IV. The plan should be linked to its new programme of work and be well situated within a UNFPA maternal health strategy in order to enable the MHTF to address (and reverse) declining commitments, as well as the negative effects of onerous financial management processes. The plan should also foresee innovative funding options to generate country engagement and commitment to SRHR-MNH integration, for example through matching arrangements. Innovative funding modalities could extend the value of MHTF resources, leverage additional funds from core and other partner sources, and help open up additional programme priorities.



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