Evaluation Branch
Division for Oversight Services

EXECUTIVE SUMMARY

THEMATIC EVALUATION

UNFPA Support to Maternal Health
2000 - 2011

Purpose and scope of the evaluation

The present evaluation assesses the extent to which UNFPA support has been relevant, effective, efficient and sustainable in contributing to the improvement of maternal health.

The evaluation covers all programmatic interventions that have been directly relevant to mortality and morbidity within the UNFPA mandate, including all activities financed from core and non-core resources such as UNFPA reproductive health thematic funds (the Maternal Health Thematic Fund (MHTF), the Global Programme to Enhance Reproductive Health Commodity Security (GPRHCS) and the joint UNFPA-UNICEF Female Genital Mutilation/Cutting Programme). Across these interventions and instruments, the maternal health thematic evaluation focuses on key elements of reproductive health including family planning, skilled birth attendance and emergency obstetric and newborn care (EmONC) - the "three pillars" of reducing maternal mortality (*thematic scope*). Following the terms of reference, the evaluation covers the period from 2000 until 2010, and also includes information related to a number of interventions implemented in 2011.

Background of the evaluation

In 1987, UNFPA was one of three UN agencies that launched the global campaign to reduce maternal mortality at the first international Safe Motherhood Conference in Nairobi. The current mandate of UNFPA to support maternal health builds on the International Conference on Population and Development (ICPD, 1995) and the Millennium Summit (2000), and the adoption of the Millennium Development Goals (MDGs) by UNFPA, including MDG 5 to improve maternal health.

UNFPA has developed a broad range of programmatic interventions to support the improvement of maternal health at global, regional and country level within its three programmatic core areas of reproductive health, gender equality and population and development. UNFPA resources support integrated reproductive health services, including interven-

tions to address maternal mortality, gender-based violence, harmful practices, and sexually transmitted infections including HIV, adolescent reproductive health, as well as family planning. Between 2000 and 2011, UNFPA provided support to 155 countries, areas and territories.

In 2008, UNFPA launched the Maternal Health Thematic Fund (MHTF) to help accelerate progress towards the achievement of MDG 5. The MHTF represents a focused effort in some of the poorest countries in the world with the greatest maternal health needs. It was intended to be a quick and flexible funding mechanism and a tool to make available additional technical expertise to UNFPA programme countries. The Campaign to End Fistula and the UNFPA-International Confederation of Midwives (ICM) Midwifery Programme were integrated into this umbrella fund in 2009. In addition, UNFPA has used the GPRHCS to provide technical assistance, commodities and financial support to programme countries.

Methodology

The scope of the evaluation is defined by twelve evaluation questions examining key components of the maternal health approach of UNFPA. For each evaluation question, a small number of judgment criteria specify which aspects of UNFPA-financed activities form the basis for the evaluators' assessment and stand at the centre of the answer to each of the evaluation questions.

The evaluation used a staged sampling process to select the countries to be included in the evaluation. From a list of 55 programme countries with a maternal mortality ratio (MMR) higher than 300 deaths per 100,000 live births in the year 2000, 22 countries were selected for a desk study. From this sample 10 countries were selected for more in-depth country case studies, of which eight were recipients of MHTF support: Burkina Faso, Cambodia, Ethiopia, Ghana, Lao PDR, Madagascar, Sudan, and Zambia. Another two countries do not receive MHTF funding: DRC and Kenya.

The evaluation draws on information from a desk review of UNFPA documents compiled from headquarters and country offices, individual interviews with UNFPA staff in headquarters, regional offices and country offices and additional interviews with partner governments and development partners. An online survey that was disseminated to UNFPA country offices in 55 programme countries provided information on country office capacity and availability of technical support from headquarters and regional offices. In addition, 10 country case studies provided an in-depth view of UNFPA operations at country level. Data collection for the case studies included the desk analysis of additional documents, key informant interviews with UNFPA partners, site visits, and focus groups with beneficiaries. The combination of different types of information, data collection methods and data sources (triangulation) maximized the validity of the findings.

Findings

Neither has UNFPA sufficiently focused maternal health support on the countries with the greatest needs nor on the most vulnerable groups within countries.

Headquarters and regional offices based the distribution of resources for maternal health support on criteria such as "degree of political support to the agenda of the International Conference on Population and Development", "absorptive capacity" or the "humanitarian response, transition and recovery situation in each country". This allowed some leeway to consider aspects other than the scale of maternal health needs in these decisions. Furthermore, UNFPA has not developed clear, operational definitions of "maternal health vulnerability". Only country offices that made use of data from surveys and socio-economic studies for needs-oriented targeting of specific groups were able to address existing socio-economic service barriers, such as cost, distance or lack of means of transportation.

UNFPA has contributed to an improved harmonization of maternal health support, in particular through UNFPA participation in strategic and multi-sectoral partnerships.

UNFPA has utilized research and data collection, evidence-based advocacy and technical assistance to improve the harmonization of maternal health support in programme countries. Successful interventions were part of long-term working partnerships with development partners and governments. In these circumstances, country offices were able to generate momentum for the government-led development and review of maternal health policies. Revised policies helped to align donor assistance more closely with government structures and simultaneously harmonize maternal health support from development partners. However, it should be noted that global and regional aid harmonization campaigns, such as the H4+ campaign, the Campaign on Accelerated Reduction of Maternal, New Born and Child Mortality (CARMMA) or the Maputo Road Map have so far had little effect on aid harmonization at country level.

UNFPA has contributed to a stronger involvement of communities and increased demand for reproductive health services.

UNFPA-supported initiatives have helped to raise maternal health awareness in targeted communities. However, not all approaches aiming at sensitizing communities were equally successful in increasing demand for maternal health services. Successful approaches coupled awareness raising and community empowerment efforts with national strategies to address financial barriers to access maternal health services in national health systems.

UNFPA partnerships with non-governmental organizations have historically been an important part of UNFPA community outreach and mobilization campaigns. However, country offices have begun to shift resources and attention away from civil society in favour of channelling their support through government mechanisms.

UNFPA has contributed to an increased availability of human resources for maternal health although these efforts remain insufficiently linked to the wider health system framework.

UNFPA has helped to develop reproductive health-specific human resource regulatory frameworks and tools and to train technical reproductive health staff in key areas. However, UNFPA country offices encountered challenges in linking these efforts appropriately to mechanisms and agencies in the wider health system beyond reproductive health. Furthermore, system-wide challenges to human resources for health, such as low staff retention or inappropriate deployment have reduced the impact of UNFPA technical trainings on the availability of skilled reproductive health service providers.

The MHTF has helped UNFPA to contribute to human resource-related policy revisions for midwifery, emergency obstetric and newborn care and family planning, curriculum reviews and the strengthening of midwifery training facilities. These are important reproductive health components of the larger human resources for health systems in programme countries. However, as a thematic fund with limited scope, the MHTF was not able to help country offices to better address the inappropriate deployment or low retention of staff (particularly midwives) which undermine the beneficial effects of UNFPA skill-building activities.

UNFPA has showed a good response capacity to reproductive health threats in the context of humanitarian emergencies.

UNFPA has reacted to the need to anticipate and respond to reproductive health threats in humanitarian situations globally and at country level. At global level, UNFPA has provided guidance on reproductive health programming and maternal health support in the context of humanitarian emergencies, especially between 2005 and 2010. Country offices have responded by way of: a) joining international humanitarian campaigns; b) working with countries to include sexual and reproductive health and maternal health components in national emergency preparedness plans; and c) developing the capacities of national counterparts to dispense Minimum Initial Service Packages (MISP) for reproductive health during emergencies.

UNFPA country offices have faced a number of operational challenges when working on humanitarian issues and have struggled to adequately integrate and link assistance in humanitarian situations to UNFPA support in more stable circumstances.

UNFPA has contributed to the scaling up and the increased utilization of and demand for family planning commodities.

UNFPA has helped to anchor family planning more firmly in policy frameworks of programme countries and to develop national capacities to manage commodity procurement and distribution. Country offices that combined the procurement of contraceptives with initiatives to strengthen reproductive health commodity security systems have contributed to increase access to family planning commodities. UNFPA support for community-based distribution helped to open alternative channels for the delivery of commodities to beneficiaries in areas where people have limited access to public health systems.

Prerequisites for scaling-up access to EmONC services have been put in place, although health system-wide bottlenecks remain insufficiently addressed.

By supporting the development of national emergency obstetric and newborn care (EmONC) plans, UNFPA has helped programme countries to put in place important prerequisites for scaling-up access to EmONC services. The MHTF contributed to accelerate the development of these plans by providing templates, tools and expertise that country offices used to contribute to the implementation of EmONC assessments. Despite these successes, UNFPA country offices struggle to define their roles and responsibilities for addressing health system-wide bottlenecks, including capacity gaps in line ministries, problems with staff retention, inadequate health management information systems or inadequate referral systems.

UNFPA has not been able to rely on its monitoring and evaluation system in order to inform strategy development, programming and programme implementation.

UNFPA has utilized evidence from macro-level surveys and other studies to design relevant maternal health interventions and to target its support in programme countries, albeit mostly geographically. However, UNFPA has not been able to use its monitoring and evaluation system to the same extent to generate information on the performance of its interventions. This weakness is partly linked to deficits in UNFPA planning processes and templates that inhibit the articulation of complete and coherent intervention strategies (also called intervention logic or theory of change). This shortcoming consequently often made it difficult to design quality indicators to help gauge the contribution of UNFPA to improved maternal health outcomes. Another factor has been the low technical capacity of country office staff for results-oriented monitoring.

Integration of maternal health into national development instruments and sector policy frameworks has been partially achieved.

UNFPA record of contributing to a stronger integration of maternal health into national policy frameworks has been mixed. UNFPA country offices were able to generate momentum for maternal health-related policy changes when they combined support for data generation, surveys and research with targeted advocacy campaigns and technical assistance. Partnerships with influential governmental and non-governmental stakeholders also contributed to the success of policy campaigns. However, UNFPA-supported policy initiatives that originated at regional level, such as CARMMA or the Maputo process, failed to affect the national maternal health policy agenda in the long-term.

The UNFPA contribution to an improved national capacity to monitor maternal health-related policies has been limited, as assistance in refining maternal health indicators neither addressed the larger, systemic weaknesses of national health management information systems, nor the shortcomings of other monitoring and evaluation systems.

There has been insufficient use of synergies between maternal health, gender and population and development focus areas.

Seeking and exploiting synergies between programming in gender and reproductive health has not been a firmly established practice in UNFPA. Despite the availability of data on many gender-related reproductive and maternal health issues from standard macro-level assessments, such as censuses and demographic and health surveys, not all country

offices have pursued opportunities to apply this information in specifically integrated reproductive health interventions. Country offices have generally taken advantage of external opportunities to finance integrated interventions. However, only country offices with appropriate internal planning or management mechanisms were able to create these kinds of opportunities themselves.

Country offices have not sufficiently benefited from technical support provided by regional offices and headquarters.
Inadequate staffing levels have created major bottlenecks in the capacity of country offices. These gaps have made it very challenging for country offices to adequately implement maternal health interventions and have reduced the visibility of UNFPA in programme countries. Since 2008, the MHTF has provided some additional resources to hire much needed human resources, particularly in areas like EmONC, midwifery and obstetric fistula. Regional offices and headquarters have provided technical support to country offices in family planning and reproductive health commodity security. However, they have not sufficiently focused on other areas, such as EmONC, midwifery and human resources for the overall health sector.

Good overall visibility of UNFPA in maternal health initiatives at global and national levels although to a lesser extent for country offices suffering from staffing shortages.
UNFPA has been a visible advocate for maternal health issues at global and at country level. The visibility of UNFPA was affected by the capacity of country offices to bring technical knowledge to bear in multilateral maternal health initiatives, such as the review of maternal health policies or the development of maternal health programmes. By supporting the development of maternal health policies and programmes, UNFPA also helped to leverage more funds for maternal health support from governments. Country offices that suffered from staffing shortages were less able to actively participate in maternal health coordination forums and technical working groups. In these cases, bigger and better-resourced development partners overshadowed the role of UNFPA in maternal health.

Conclusions

Conclusion 1

UNFPA maternal health support in programme countries has not been sufficiently based on country-specific medium or long-term strategies.
Neither the templates for country programme action plans (CPAP) nor the formats for annual work plans (AWP) required any kind of detailed multi-annual planning. Nonetheless, country offices that followed a multi-annual strategic vision to support maternal health made better use of the organizational resources of UNFPA. The longer-term visions led them to exploit synergies between their sub-programmes, for example by combining data collection and dissemination with evidence-based policy advocacy over a period of several years. In the absence of a multi-annual perspective, country offices were more likely to manage individual interventions separately hence missing the opportunities for synergies.

Conclusion 2

In its support to maternal health, UNFPA has not sufficiently focused on addressing the root causes of poor maternal health of the most vulnerable.
UNFPA has not yet defined the operational implications of the commitment to focus on the maternal health needs of the "most vulnerable". Without this guidance, country offices have encountered difficulties in developing country-specific and detailed analyses of the important social, political, cultural and economic root causes of poor maternal health of vulnerable groups. As a result, country offices did not consistently tackle the systemic weaknesses of health systems and other social inequities that keep women from vulnerable groups from accessing maternal health services.

Conclusion 3

UNFPA support to the provision of maternal health services at sub-national level has not consistently reflected the relative comparative strengths of

UNFPA as a primarily knowledge- and evidence-based organization.

Working at sub-national level has committed a significant portion of the relatively small UNFPA budget for reproductive and maternal health support. In spite of this, country offices have not consistently used their engagement at sub-national level to generate data and lessons to further the maternal health policy agenda at central level and to strengthen the capacity of UNFPA to generate and disseminate maternal health-related knowledge and expertise. Weaknesses in the UNFPA monitoring and evaluation system also limited opportunities to learn from these interventions.

Conclusion 4

Insufficient staff capacity and gaps in the skills available in country offices have negatively affected the ability of UNFPA to act as brokers of maternal health-related expertise and to be a facilitator of national and international maternal health commitments and strategic partnerships.

The small numbers of reproductive health staff in country offices made it difficult or, at times, impossible for UNFPA to be present in relevant technical working group meetings or policy forums. Time constraints prevented reproductive health advisors from preparing technical inputs or to launch and pursue innovative approaches to support maternal health.

Conclusion 5

Country offices have not yet received sufficient technical support from regional offices and headquarters to fulfill their central role in delivering maternal health support.

The availability of technical support from regional offices in areas such as human resources for health, EmONC and midwifery, but also on operational issues like strategic planning, results-based management or monitoring and evaluation was limited. These gaps in technical support affected the capacity of country offices to adequately plan, manage and evaluate their own maternal health portfolio.

Conclusion 6

The variable capacity of country offices to establish and maintain long-term partnerships within, as well as outside of the reproductive health arena has influenced the ability of UNFPA to sustainably address service access barriers and other root causes of poor maternal health and to help strengthen the maternal health system in programme countries.

In some cases, long-term partnerships have allowed UNFPA to place specific maternal health-related topics on the agenda of donor coordination meetings and other government-led policy forums. Partnerships also enabled UNFPA to ensure that initiatives spearheaded by UNFPA were subsequently implemented by government agencies, thus increasing the chances for their sustainability. However not all country offices were able to engage in the long-term process of forging and maintaining partnerships that helped in the delivery of maternal health support.

Conclusion 7

Weak monitoring and evaluation mechanisms have prevented UNFPA from assessing the results of maternal health support and from optimizing its corporate and country-level maternal health strategies over time.

Monitoring indicators focused primarily on activities or higher level societal changes in the maternal health situation in programme countries. The monitoring systems did not provide data on the direct effects of UNFPA-supported interventions on immediate target groups. This made it impossible to draw a link from monitoring data to intervention results and to gauge the contribution of these interventions to improvements in maternal health in programme countries.

Conclusion 8

The Maternal Health Thematic Fund (MHTF) has helped to provide much needed financial and staff resources to UNFPA country offices and headquarters in the short and medium-term, in particular in EmONC, midwifery and obstetric fistula.

Staff positions financed by the MHTF bolstered the staff capacity of country offices and allowed them to intensify their engagement in these thematic areas. In addition, partnerships fostered by MHTF gave country offices access to additional technical support in key areas of the UNFPA maternal health portfolio. This

has reinforced UNFPA support to improve maternal health and has increased the visibility of the Fund.

Conclusion 9

The MHTF has not been sufficiently embedded into the organizational structure of UNFPA and the overall UNFPA planning process at country level to ensure sustainability of all of its results.

A majority of country offices have not systematically planned the mobilization of resources required to support the continuation of MHTF initiatives. In some instances, country offices have used MHTF funds to supplement core resources in a large number of different interventions, instead of intensifying their engagement in few specific areas such as EmONC or midwifery. This weakened the catalytic role of the MHTF.

Recommendations

Recommendation 1

UNFPA should revise its internal procedures, tools and templates for strategic planning. The new process should require country offices to develop maternal health support strategies for the medium to long-term, and to detail how resources from the different sub-programmes will be used to implement these strategies.

The overall rationale and theory of change should be described in a comprehensive planning document. The programming documents should also include the presentation of detailed analysis of the specific political, administrative, cultural and socio-economic challenges related to maternal health that need to be addressed in the four to five years covered by the programme. Finally, the planning process should be multi-annual rather than based on annual work plans.

Recommendation 2

UNFPA needs to better define the operational implications of targeting maternal health support towards the needs of the "most vulnerable". The concept is a relevant part of the UNFPA maternal health strategy yet it is too vague in its current form to guide maternal health programming at country level.

The concrete ways in which characteristics of health systems, social support structures, and socio-economic conditions determine and shape the vulnerability of specific population groups to maternal health threats and risks should be assessed. UNFPA at corporate level should then provide programming and operational guidance to country offices on how to support the most vulnerable in their specific country programmes and interventions.

Recommendation 3

UNFPA needs to increase the focus on knowledge generation, learning and evidence-based policy advocacy when supporting maternal health service delivery at sub-national level.

Country offices should provide the rationale for supporting maternal health service delivery at the sub-national level. Country offices should track progress, identify successes and failures and extract and use lessons from interventions implemented at sub-national level. In particular, they should collect, analyse and disseminate information from interventions, and notably pilot interventions, in support of maternal health service delivery on the ground.

Recommendation 4

UNFPA needs to better align the capacity and skill mix of staff and managers to the work-related demands of country programmes with a view to fulfilling the role of country offices as knowledge brokers and facilitators of evidence-based approaches to improve maternal health.

Country offices should develop a resource plan as part of the country programme action plan to explain the allocation of staff time to the different components of the strategy. This, in turn, may require a stronger focus of country offices staff on health care issues specifically related to policy and management. Such a plan should also identify the additional resources which may be required to implement the strategy, and how these shall be mobilized.

Recommendation 5

UNFPA needs to better integrate the planning process for technical support from regional level with the proposed long-term strategic and operational

planning for maternal health support at country level. Regional offices need to support the current country-level programming and must also be able to anticipate the future support requirements of country offices.

Recommendation 6

UNFPA needs to anchor the concept of partnerships more firmly in strategic documents, operational guidelines and job descriptions of management staff.

Strategic documents need to explain the importance of developing partnerships as a means to: increase the sustainability of results; ensure the appropriate positioning of UNFPA in the national and regional space; and to add value and identify opportunities for further cooperation in maternal health. Operational guidelines need to explain how country offices can foster partnerships and UNFPA senior managers need to be responsible for setting up such partnerships at country, regional and global level.

Recommendation 7

UNFPA needs to strengthen results-oriented monitoring systems in country offices to measure results and not only activities and inputs. In addition, country offices need to strengthen support to implementing partners to put in place appropriate monitoring mechanisms for UNFPA-funded interventions.

UNFPA must develop operational guidance for results-oriented monitoring. Detailed guidelines on results-oriented monitoring should be produces so that country offices can develop specific monitoring mechanisms for their maternal health portfolio.

Recommendation 8

UNFPA should strengthen the capacity of the MHTF as a catalytic UNFPA tool that facilitates the implementation of evidence-based maternal health interventions in programme countries.

The MHTF Business Plan needs to emphasize that the MHTF is not only responsible for launching initiatives (like those in EmONC and midwifery), but also to mobilize required technical and financial resources to support country offices and programme countries in following through with these initiatives until their completion.

Any enquiries about this evaluation should be addressed to the
Evaluation Branch, Division for Oversight Services, United Nations Population Fund
E-mail: evb@unfpa.org
Phone number: +1 212 297 2620

The evaluation report is available on UNFPA web page at:
http://www.unfpa.org/public/home/about/Evaluation/EBIER/TE/pid/10094