H4+

ANNUAL REPORT 2014

of the H4+ Canada and Sweden Collaborations

Strengthening and Consolidating Gains for Reaching Every Woman and Every Child

October 2015

The H4+ Partnership Joint support to improve women's and children's health

UNAIDS UNFPA unicef UN WOMEN World Health Organization THE WORLD BANK IBRD • IDA | WORLD BANK GROUP

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Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
AFD	French Development Agency
ANC	antenatal care
ASRH	adolescent sexual reproductive health
BEmONC	basic emergency obstetric and newborn care
BNA	bottleneck analysis
CAG	community advocacy group
CARE	Cooperative for Assistance and Relief Everywhere
CARMMA	Campaign for the Accelerated Reduction of Maternal Mortality in Africa
C4D	communication for development
CEmONC	comprehensive emergency obstetric and newborn care
CHW	community health worker
CHAI	Clinton Health Access Initiative
CRS	Catholic Relief Services
CMA	Central Medical Emergency Unit (offering surgery) (Burkina Faso)
DFID	Department for International Development (UK)
DRC	Democratic Republic of the Congo
DFATD	Department of Foreign Affairs, Trade and Development, Canada
EmONC	emergency obstetric and newborn care
EMTCT	elimination of mother-to-child transmission
ETAT	emergency triage assessment and treatment
EU	European Union
ENBC	essential newborn care
FP	family planning
GAVI	GAVI Alliance
GBV	gender-based violence
GIZ	Deutsche Geselischaft fuer Internationale Zusammenarbeit
GFF	Global Financing Facility
HIV	human immunodeficiency virus
HMIS	health management information system
HR	human resources
IATT	The Inter-Agency Task Team (IATT) for Prevention and Treatment of HIV Infection in Pregnant Women, Mothers and Children
ICM	International Confederation of Midwives
IFC	working with individuals, families and communities approach
IMCI/IMNCI	integrated management of (newborn) and childhood illnesses

IPACT	evaluation and training service arm of Impact (Initiative for Maternal Mortality Programme Assessment), University of Aberdeen, UK
ISP	Integrated Service Program (Zimbabwe)
IYCF	infant and young child feeding
JICA	Japan International Cooperation Agency
M-Health	Mobile Health: the practice of medicine and public health supported by mobile devices
M&E	monitoring and evaluation
MCH	maternal and child health
MDG	Millennium Development Goal
MDR	maternal death review
MDSR	maternal death surveillance and response
MNDSR	maternal and neonatal deaths surveillance and response
MNCAH	maternal, newborn, child and adolescent health
MoH/FMoH	Ministry of Health
MoHS	Ministry of Health and Sanitation (Sierra Leone)
MoHSW	Ministry of Health and Social Welfare
NGO	non-governmental organization
PBF	performance-based financing
PEPFAR	President's Emergency Plan for AIDS Relief
PLAN	Plan International
PMTCT	prevention of mother-to-child transmission (of HIV)
PNC	post-natal care
PoC	point of care
RMNCH	reproductive, maternal, newborn and child health
SBA	skilled birth attendant
SCMS	supply chain management system
Sida	Swedish International Development Cooperation Agency
SRMNCH	sexual, reproductive, maternal, newborn and child health
SRH	sexual and reproductive health
STI	sexually transmitted infection
TOT	Training of Trainers
UN	United Nations
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VHW	Village health workers
WHO	The World Health Organization

The H4+ Mandate:

To leverage the collective strengths and distinct advantages and capacities of each of the six agencies in the UN system to improve reproductive, maternal, newborn and child health (RMNCH) in the countries with high burden of maternal and child mortality and morbidity.

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CHAPTER 1

Introduction: The H4+ Partnership

In 2010 globally, about 95 per cent of all maternal and child deaths occurred in 75 high burden countries, most of which are in South Asia and sub-Saharan Africa.[1]

1.1 Background

Recognizing that few of the 75 high burden countries had the capacity to meet the Millennium Development Goals (MDGs) by 2015 on their own, especially the health-related goals, MDG 4 "to reduce child mortality" and MDG 5 "to improve maternal health;" as well as MDG 3 "to promote gender equality and empower women" and MDG 6 "to combat HIV and AIDS," the United Nations Secretary-General set out the Global Strategy for Women's and Children's Health, to mobilize global support for accelerated progress at the country level. The Strategy encouraged momentum from 2010: 58 of the 75 countries committed to it, as did bilateral donors, multilateral agencies, non-governmental organizations (NGOs), professional associations and existing global networks.

The year 2015 is a particularly reflective moment in global health, as the MDG era comes to a close and the new post-2015 development agenda is set. From the progress that was made in the pursuit of the goals of MDGs 4 and 5 and the lessons that were learned throughout the past years, the world now embarks on the next set of health commitments, including ending all preventable deaths of women and children in 15 years, by 2030.

The H4+ Partnership

In September 2008, UNICEF, UNFPA, WHO and the World Bank created the joint H4 initiative to provide harmonized support for maternal and newborn health in low-income, high-burden countries. Later joined by UN Women and UNAIDS, the retitled H4+ was tasked with supporting the advancement of the MDGs of reducing child mortality (MDG 4) and improving maternal health (MDG 5). Efforts to combat HIV/AIDS, malaria and other diseases (MDG 6) and to promote gender equality and empower women (MDG 3) also fell within its purview. At the

1 Countdown to 2015: Decade Report (2000-2010)—Taking stock of maternal, newborn, and child survival.

The synergy of the H4+ agencies: Specialized expertise in working together on MDGs 4 and 5

UNAIDS, the Joint UN Programme on HIV/AIDS, works to eliminate new HIV infections in children and keep their mothers alive and healthy.

UNFPA is the lead UN agency for delivering a world where every pregnancy is wanted, every birth is safe, and every young person's potential is fulfilled.

UNICEF is the lead UN agency for advocating for the protection of children's rights, to help meet their basic needs and to expand their opportunities to reach their full potential.

> **By working together, the strength of six UN Agencies as one, H4+, we can make a difference.**
>
> **Dr. Babatunde Osotimehin**
> Executive Director of UNFPA and Under-Secretary-General of the United Nations

global and country levels, H4+ partners formed teams that leveraged the respective strengths of each agency to provide well-coordinated technical assistance in the development and implementation of national RMNCH plans.

H4+ aligned its efforts in 2010 to support the mobilization and implementation of commitments made by countries, non-governmental organizations and the private sector to the United Nations Secretary-General Ban Ki-moon's Global Strategy for Women's and Children's Health.

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UN Women, the UN Entity for Gender Equality and the Empowerment of Women, focuses on tackling the root causes of maternal, newborn and child mortality and morbidity, including gender inequality, recognizing and addressing the role harmful gender norms play in women's and children's health.

WHO, the World Health Organization, supports countries in delivering integrated, evidence-based and cost-effective care for mothers and babies during pregnancy, childbirth and the postpartum period.

The World Bank Group supports a reproductive health action plan that targets interventions in high burden, low-income countries to help achieve equitable, affordable and quality care for women and children, particularly the most disadvantaged populations.

As the technical arm of the Global Strategy, the H4+ partnership—UNAIDS, UNFPA, UNICEF, UN Women, WHO and the World Bank—is a collaborative effort to provide harmonized support to countries striving to meet their targets for MDGs 4 and 5, especially to those 58 countries pledged to the Global Strategy and to the Every Woman Every Child movement that supports the implementation of the Strategy. H4+ supports strategic and catalytic changes to strengthen national health systems at the country level and to exert collective leadership at the global and regional levels. By the end of 2014, 38 countries had formal H4+ coordination mechanisms and teams in place (Appendix 5).

The H4+ partnership capitalizes on UN structures and longstanding relationships at the global, regional, national and subnational levels, for both advocacy and technical exchanges around women's and children's health.

The H4+ Joint Programme

In order to strengthen the technical and convening roles of the H4+ partnership at the global and country levels, the Governments of Canada and Sweden mobilized a combined grant of 102 million United States dollars, respectively in 2011 and 2012, to allocate specific funds for the H4+ Joint Programme to accelerate progress towards achieving MDGs 4 and 5 in 10 countries in sub-Saharan Africa as well as strengthen harmonized response of UN partner agencies at country, regional and global levels.

Since 2011 with Canada grant support, H4 + has worked at the global and country levels within five countries—Burkina Faso, the Democratic Republic of the Congo, Sierra Leone, Zambia and Zimbabwe. Similarly, from 2013 with Swedish International Development Cooperation Agency (Sida) grant support, H4+ has worked globally and with six countries—Cameroon, Côte d'Ivoire, Ethiopia, Guinea-Bissau, Liberia and Zimbabwe. Only Zimbabwe is recipient of grant funding under both collaborations.

All 10 countries rank among the lowest in Human Development;[2] all have a maternal mortality rate of more than 300 deaths per 100,000 live births,[3] and high infant mortality rates. These countries were identified and selected based on the criterion that the H4+ agencies were well-established and the grant activities could be aligned with existing processes and complement existing funds and programmes. While all have some constraints and challenges, all also have the potential for success in reducing maternal and neonatal deaths.

2 UNDP, HDR, 2013.
3 The World Bank, 2012.

In these countries, leaders from government, NGOs, civil society, professional bodies, communities and the private sector have stepped forward to join in their efforts to protect the right to health for all their women and children. They share the belief that most of the women, newborns and children who are dying in their countries could be saved by meeting the moral imperative of the universal right to health with simple and affordable interventions—well-known and effective, evidence-based practices that are routine in other countries.

In these countries, the H4+ supports the development and implementation of the national sexual reproductive health (SRH) plan in close collaboration with the Ministers of Health (MoH) and key stakeholders (Figure 1), using, when necessary, a country/sub-national assessment to analyze the situation and needs.

The programme design at the country level follows an expanded 'health system building-block' approach, which includes leadership and governance, financing, technologies and commodities, human resources, health information, service delivery, along with community ownership and communications for demand generation and advocacy.

1.2. The context of the H4+ joint programme

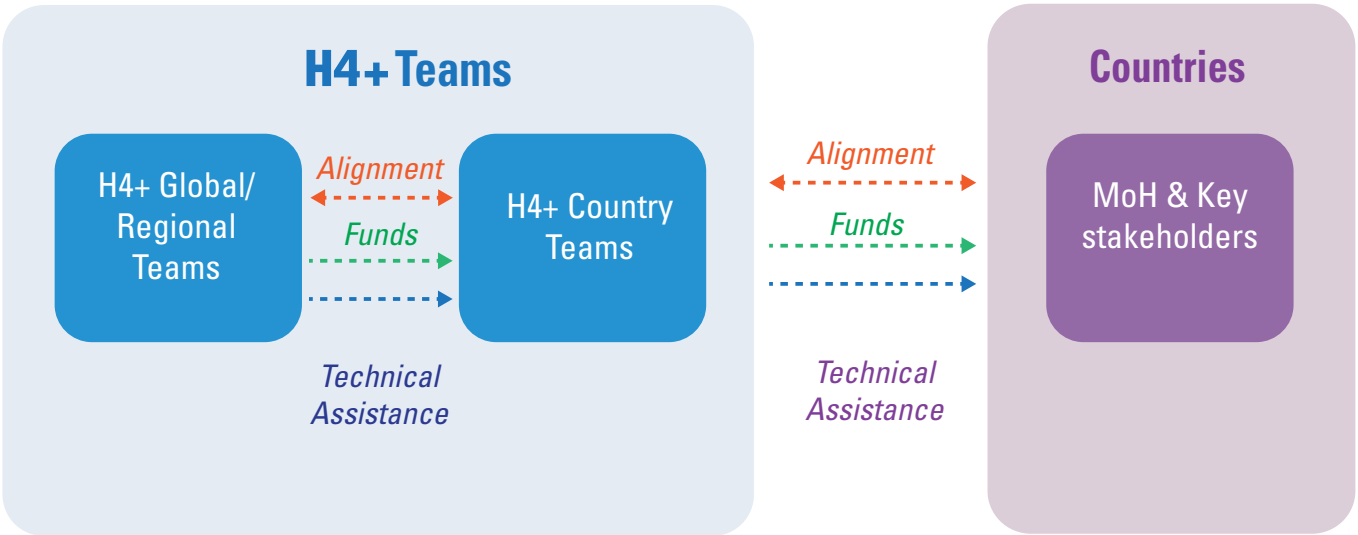
The H4+ annual report 2014 presents the work of the H4+ joint programme over the course of 12 months from January 2014 through December 2014 for the Canada collaboration, and of 18 months from July 2013 through December 2014 for the Sida collaboration.

In 2014, as in previous years, H4+ encouraged the 10 focus countries of the joint programme to develop needs-based plans emanating from national or sector strategies and plans and innovations to focus on equity and gender equality as core to any sustainable change in the health status of women and children.

H4+ worked closely with national governments to strengthen their national health systems, expand their human resources base in reproductive maternal, newborn and child health (RMNCH) and build their capacities in management and in monitoring and evaluation, for example by strengthening maternal death surveillance and response (MDSR) systems.

With high hopes and high expectations that progress could be accelerated in meeting MDGs 4 and 5, country-driven planning came up against challenges specific to each country.

FIGURE 1 Structure and Country Interactions



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In two of the programme countries, Liberia and Sierra Leone, the Ebola virus disease (EVD) epidemic strained national capacities. In other countries, Zambia and Zimbabwe for instance, HIV still threatened the health of women and children. In others, armed conflicts, such as in Cameroon with Boko Haram, and political instability in Burkina Faso and Guinea-Bissau were challenging factors in managing the programme.

No country was without its challenges, each facing the effects of gender inequality and the questions of how to sustain any progress they might make. Many had health care systems that were suffering from decades of neglect. Eight of the 10 countries reported weak health management information systems and concerns with the quality and completeness of the data they had to work with. There were delays in procurement and, for sub-national levels, in receiving funds from ministries of health, where there were often competing priorities. Five programme countries reported acute shortage of skilled health workers at the national and subnational levels.

In spite of these challenges, catalytic and strategic support of the H4+ Canada and Sida collaborations has helped to build stronger health systems, inform policy and grow the human capacity within each country.

Interventions to build capacity of key stakeholders and support improvement in data management were implemented in 2014 and further are planned for 2015. National coordination committees under the leadership of government were established for oversight and stewardship roles to address barriers and facilitate implementation of planned activities.

Beyond the many statistics and indicators, this report highlights the key relationships between human rights, the health of women and children and sustainable development. Stories from the 10 countries illustrate the possibility of protecting the lives of the most vulnerable women and children and helping them thrive.

CHAPTER 2

Progress of the H4+ Joint Programme in 2014

Of the many partnerships working under the umbrella of the Global Strategy and Every Woman Every Child, the H4+ partnership has unique capacities and roles. Each of the six organizations is widely perceived at global and country levels, and H4+ is regularly called upon as a reliable and credible partner that brings technical expertise to address the continuum of RMNCH challenges.

2.1 H4+ roles at the global and country levels

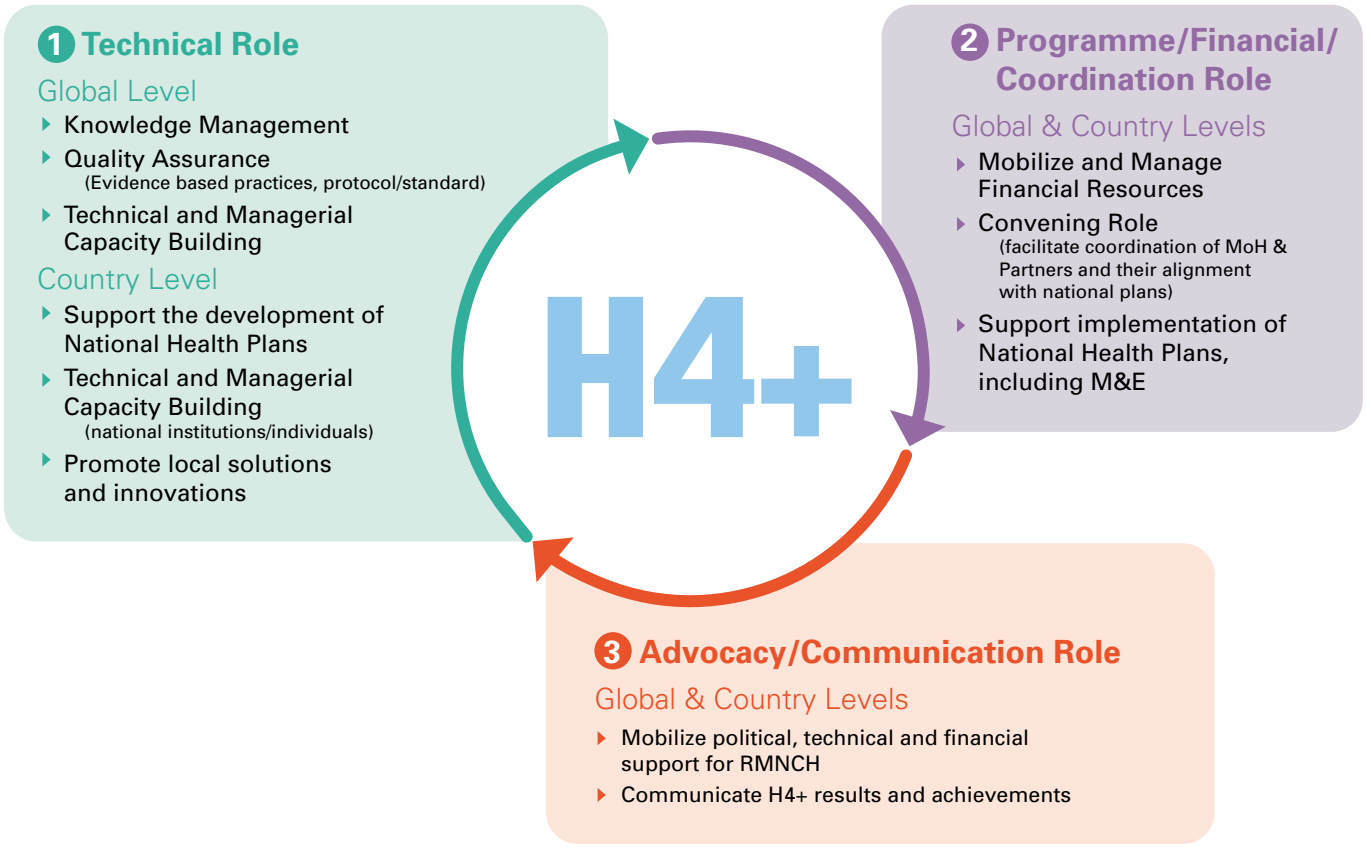
As detailed in Figure 2, the H4+ partnership has three major roles at both the global and country levels: (1) a technical role; (2) a programming, financial and coordination role; and (3) an advocacy and communication role.

Specifically, the H4+ partnership:

- Mobilizes political commitment and support, and maximizes synergies between UN agencies, governments and other global and national partners;
- Provides joint technical support for national policies and plans that integrate reproductive, maternal, newborn and child health, with a focus on ensuring the universal rights to integrated, affordable, accessible, easily available and quality services in those areas;
- Strengthens national health systems and furthers national health plans;
- Promotes evidence-based interventions to address the root causes of poor reproductive, maternal, newborn and child health across regions and within countries, such as social, economic and gender inequalities;
- Strengthens mutual accountability and national capacity to monitor interventions through sustainable improvements of a country's health management information system.

In 2014, leveraging its technical expertise and collective, collaborative and cooperative strengths, H4+ witnessed encouraging progress against the backdrop of the systemic and environmental challenges that each country faced.

FIGURE 2 H4+ Roles And Responsibilities: Three Roles, Two Levels



2.2 H4+ technical leadership at the global level

H4+ developed and disseminated high quality global public goods and promoted the use at, the country level, of evidence-based practices for informing policies and programmes. It supported the development of several distinct knowledge products, including reports, results frameworks, policy compendiums, tools, technical guidelines, recommendations, analyses, action plans and best practices.

From the senior global level, the Deputy Exective Directors from the six H4+ partner agencies administered the overarching directions and actions of the partnership. The H4+ global team representing technical professionals also from the six H4+ partner agencies provided specific management, coordination, technical assistance and oversight support to the 10 countries in the Canada and Sida collaborations, as well as to other countries with active H4+ teams. Specific technical assistance and capacity development supports for countries in 2014 are highlighted on page 10.

Global public goods for RMNCH

In 2014, H4+ generated and disseminated RMNCH technical knowledge, protocols and standards, targeted to the 75 high burden countries. Notable achievements in 2014 include:

- Issued policy briefs to promote evidence-based protocols and standards for the provision of maternal, newborn and child health services and to promote discussion around the post-2015 RMNCH agenda, scope and key issues, including briefs for:
  - Strategic planning for ending preventable maternal, newborn and child mortality;
  - Maternal death surveillance and response;
  - Adolescent health-related competencies for health workers;
  - Improving quality of pediatric care;
  - Use of amoxicillin for treatment of pneumonia; newborn resuscitation and feeding low birth weight babies; and

> **Since the launch of the Muskoka Initiative, we have proven what can be accomplished when we work in partnership. The H4 partnership has been at the centre of this effort. And will remain so as we continue to work together to improve the lives of women and children around the world.**
>
> **The Honourable Christian Paradis**
> Minister of International Development and Minister for La Francophonie, Canada

- Harmonized and aligned approaches for RMNCH strategic planning, costing, review and programme management.

- Developed the *State of the World's Midwifery Report 2014* and launched it at the global level and in 26 countries around the world to initiate or reinforce discussion and advocacy for country-level midwifery workforce assessments;

- Developed guidance on a country midwifery workforce assessment tool to support countries in assessing requirements of midwifery skills and plan strategies to achieve required numbers of skilled human resources for midwifery services;

- Supported the development of the Midwifery Services Framework: Guidelines for developing sexual, reproductive, maternal, newborn and child health (SRMNCH) services by midwives, used by the International Confederation of Midwives (ICM);

- Revised the service availability and readiness assessment tool to include assessments of the quality of RMNCH care, used for developing core competencies for adolescent health and development for health-care providers in primary care settings;

- Updated training packages for community health workers working in high HIV and tuberculosis prevalence settings;

- Developed fact sheets illustrating innovative and catalytic support to governments for improving healthcare for women and children. This documentation showcased how H4+ is addressing barriers to care, creating/implementing innovative solutions, and scaling up high-impact, cost-effective interventions;

- Revised reference data for the Lives Saved tool; finished updating the One Health tool and List instruments;

- Publication in PLOS ONE of "Developing capacities of community health workers in sexual and reproductive maternal newborn child and adolescent health: a mapping and review of training resources" (available online at http://dx.plos.org/10.1371/journal.pone.0094948).

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HIGHLIGHTS

Technical assistance and capacity development support the 75 'high-burden' countries

H4+ provided expert review and advice to countries with formal H4+ mechanisms on an as-needed basis to support development and implementation of national health plans, programmes and activities. Notable achievements in 2014 include:

- Assessed quality of care for maternal, newborn and child health in five countries, including implementation of maternal death surveillance and response, and monitoring of core indicators for facility quality. The core indicators were pilot tested in Uganda and Tanzania.
- Drafted and field tested a quality of care manual/operations guide and completed a first review of the community health workers (CHWs) RMNH training guide.
- Developed a tool to monitor maternal death surveillance and response followed by capacities development of eight country teams—Angola, Burundi, Cameroon, Chad, Congo, Gabon, DRC and Sao Tome & Principe—to use MDSR tools.
- Developed guidance on Ebola and maternal and newborn health, which was disseminated in Guinea, Liberia and Sierra Leone.

2.3 H4+ technical leadership at the country level

(Achievements per country are detailed in Appendix 1)

H4+ involvement at country levels included work at both policy and programme levels that focused on strengthening health systems.

AT THE POLICY LEVEL

In all countries, and particularly in the 38 countries with formal H4+ coordination mechanisms, H4+ interventions aligned with national health plans and supported the creation of an enabling policy environment to strengthen national health systems, including:

- Advocacy and facilitation processes to enhance domestic resource allocation for the RMNCH sector;
- Capacity-building and promoting the use of evidence-based protocols and standards to improve the quality of RMNCH services;
- Supporting the development of strategic and policy documents and of the removal of financial barriers such as the implementation of free RMNCH care services;
- Strengthening monitoring processes to improve effectiveness and accountability, including MDSR;
- Supporting the preparation of National Health Accounts to strengthen accountability.

Specific support included:

- Review and update of national policies, strategies and protocols and standards for RMNCH services;
- Technical support for development of human resources for health, RMNCH plans/roadmaps and national health accounts;
- Technical support for development/update of guidelines and protocols for emergency obstetric and newborn care (EmONC), family planning (FP), IMNCI, MDSR, prevention of mother-to-child transmission of HIV (PMTCT), and pediatric HIV.

AT THE PROGRAMME LEVEL

In the geographical areas identified in each country, H4+ focused on strengthening the quality of RMNCH services and enhancing community engagement to

- Provided technical support, together with the Global Chlorhexidine Working Group (commodity working group), in nine countries—Bangladesh, DRC, Ethiopia, Kenya, Liberia, Malawi, Nigeria, Pakistan and Sierra Leone—to strengthen procurement, supply management and use of chlorhexidine.
- Provided technical support to four countries—Afghanistan, Bangladesh, Ethiopia and Tanzania—as they engaged in policy dialogue and developed their national midwifery policy and plans.
- Supported 12 high burden countries to undertake a systematic assessment of the bottlenecks to scaling up maternal and newborn services: six countries in Asia (Afghanistan, Bangladesh, India, Nepal, Vietnam and Pakistan) and six in Africa (Cameroon, Democratic Republic of the Congo, Kenya, Malawi, Nigeria and Uganda).
- Developed, together with the Community Engagement and the Monitoring and Evaluation Working Group of the IATT, indicators to track community systems strengthening for reproductive, maternal, newborn, child and adolescent services.

demand and use these services. The activities at sub-national levels aim to feed into policy levels for upscaling desired interventions at national levels and to strengthen national health systems.

In the 10 countries supported by Canada and Sida grants for H4+, innovative solutions are being developed and tested on an on-going basis to address locally specific RMNCH issues.

During 2014, all H4+ joint programme countries received support for:

- Supply of equipment and essential medicines for mothers, newborns and children, for improving the quality of care. Ebola-affected programme countries (Liberia and Sierra Leone) received additional supplies for infection prevention and control;
- Skills enhancement of human resources for health through strengthening of pre-service training (support to midwifery/primary health care providers' schools) and in-service training on EmONC, IMNCI, FP and PMTCT;
- Improving access to RMNCH services through enhanced integration of MNH, FP, IMNCI, PMTCT and HIV services in health facilities, strengthened referrals from communities to facilities and between facilities, and through the set-up of outreach services;
- Strengthening of health management information systems (HMIS) at national/sub-national levels and institutionalization of MDSR;
- Demand generation at community level with community mobilization through radio, media campaigns, capacity-building of community groups and creation of community fora for discussion of harmful social norms and barriers to RMNCH services.

Each country also developed and implemented innovations to improve access, availability and quality of RMNCH services, including the 'School for Husbands' in Burkina Faso, the 'mutuelle de santé' (community health insurance) in DRC, the 'Health for All Coalition' in Sierra Leone, 'Mama packs' in Zambia, and the PIMA CD4 device in Zimbabwe (see details in Appendix 1).

CASE STUDY

Response of H4+ to strengthen health systems in Ebola-affected regions—2014 in Sierra Leone and plans for Liberia in 2015

At present, the H4+ Joint Programme is being implemented in two Ebola-affected countries—Sierra Leone and Liberia. During 2014, Sierra Leone requested reprogramming of activities under the H4+ Canada programme to respond to the needs of the health system. The reprogrammed activities covered capacity building of 65 BEmONC centres for infection prevention by training health care providers and providing supplies to manage infection prevention and control (IPC). In addition, 1,256 CHWs were trained in Sierra Leone in communication on Ebola and on the provision of community health care in the context of Ebola. In two districts, community engagement for awareness generation was promoted and two ambulances for referral of the MNH cases were provided. During 2015–2016, community engagement and capacity building of 2,000 CHWs in two focus districts, pre-service training of midwives, provision of IPC supplies and delivery kits for the identified health facilities and support to revive HMIS system in the country will be a priority for the H4+ Canada collaboration.

In Liberia, during 2015–2016, the ongoing H4+ programme will cover three counties located in the south-east part of the country, where 18 identified health facilities will receive support to revive provision of MNH care. The counties will also receive ambulances for their three-referral hospitals, which will be supplied by the H4+ Sida collaboration. At the national level, support to the Ministry of Health for distribution of available drugs and medicines in all 15 counties of the country will be scaled up. The three worst Ebola-affected counties were identified for additional support to revive C/BEmONC services in eight health facilities. Efforts will also be made to mobilize services of qualified obstetricians from other countries to facilitate operationalization of additional CEmONC. Community leaders and CHWs will be trained to reach households with correct and complete information to generate awareness and restore utilization of health facility services of the national health system, which is in the process of recovering from the setback of Ebola.

H4+ Canada collaboration: Activities, achievements and key results

In 2014, the H4+ joint programme in Burkina Faso, DRC, Sierra Leone, Zambia and Zimbabwe included the following (see further details in Appendix 1; achievements for Zimbabwe are reported in the Sida collaboration section):

AT THE POLICY LEVEL

- Reviewed and updated national strategies related to maternal and newborn health;
- Provided technical support for the development, update and dissemination of:
  - National RMNCH policies and strategies, such as the Human Resources for Health plan and EmONC strategies MNH (newborn care at home) in Burkina Faso and the Reproductive Health Law in DRC, with a key role of H4+ to strengthen the family planning component of the law;
  - RMNCH operational plans and roadmaps, including:
    - In DRC, development of a roadmap to accelerate progress towards MDGs 4 and 5, which mobilized US$15 million for RMNCH;
    - Dissemination of the RMNCH roadmap at the sub-national level in Zambia to ensure focus on prioritization of resources for the health sector on high impact RMNCH interventions and sensitization of 38 parliamentarians on RMNCH for effective participation in the health sector budget debates;
    - Development of regional and district RMNCH operational plans in Burkina Faso;
    - National health accounts, such as in DRC;
    - RMNCH guidelines and protocols, such as MDSR guidelines and institutional processes in DRC and Zimbabwe; and EmONC guidance and protocols and infection prevention and control protocols in Sierra Leone.

> **Survival is not going to be enough. We need as the overarching health goal to ensure that women and children are given the opportunity to live healthy. We, like Canada, have been working in close collaboration with the H4+ group in order to find the best possible ways of achieving impact on the ground.**
>
> **Ms. Hillevi Engström**
> Former Minister for International Development Cooperation, Former Ministry for Foreign Affairs, Sweden

- Provided technical and advocacy support for the mobilization of domestic resources for RMNCH at national and sub-national levels, even in districts where H4+ is not physically present, such as:
  - In DRC, where H4+ advocacy contributed to the creation of a national budget line for family planning and of a provincial budget line for maternal health in the Bas-Congo province (following the creation of a similar budget line in the Bandundu province in 2013, for which H4+ also played a key role);
  - In Sierra Leone, where H4+ engaged civil society to advocate for further mobilization of domestic resources for RMNCH, resulting in US$26,000 additional funds by the national government for the procurement of contraceptives.

AT THE PROGRAMME LEVEL

HEALTH FINANCING

Technical and financial support to the implementation of national cross subsidy strategies to address financial barriers for deliveries by SBA and accessing EmONC, such as in Burkina Faso, where H4+ complemented government funding for 741 C-sections in 2014. H4+ also strengthened the management capacities of health insurances and supported the design and implementation of performance based financing in DRC.

HEALTH TECHNOLOGIES

H4+ supported the provision of essential care for mothers, newborns and children in about 170 health facilities, mostly in DRC; of supplies for PMTCT in most countries; and of materials for EmONC in about 166 BEmONC and 34 CEmONC sites across all countries. Due to the Ebola epidemic, Sierra Leone added supplies for infection prevention. Burkina Faso supported blood supplies, with the provision of 3,000 blood bags, and DRC supplied 48 health centers with obstetric fistula kits.

HUMAN RESOURCES

- **Pre-service training:** H4+ supported the strengthening of the human resources capacities and availability of equipped labs with mannequins in 18 training institutions in three countries—one national public health school in Burkina Faso, two sub-national midwifery schools and two training centers on EmONC and FP in DRC, and 13 MCH aides schools in Sierra Leone, where in addition to supporting the institution, H4+ provided financial support to 214 students since 2012. Infection prevention trainings were organized for the health providers.
- **In-service training:** H4+ supported the strengthening of EmONC, IMCI, HIV/PMTCT, FP and management skills and capacities for about 2,825 health providers and cadres in 2014, with around 730 health providers trained in Burkina Faso, including eight doctors on essential surgery; about 580 health workers in DRC; about 1,318 in Sierra Leone, including 1,182 providers in BEmONC; and 215 health providers in Zambia.

HEALTH INFORMATION SYSTEMS, MONITORING & EVALUATION

H4+ supported the strengthening of MDSR in all countries. This included the set-up of a Rapid SMS system for real-time notification of maternal and newborn deaths in Burkina Faso and the integration of maternal deaths in the mandatory list of diseases and cases to be reported in DRC. H4+ also supported the strengthening of HMIS at national and sub-national levels in most countries by supporting supervision, and improving data collection tools and data collection/analysis/management skills of health managers and providers. For example in DRC, 500 provincial and district cadres and community health workers were trained.

HEALTH SERVICE DELIVERY

H4+ supported the strengthening of referral systems in Burkina Faso and Zambia with the provision of ambulances/motorbikes in both countries, and the set-up of high frequency radios in 41 facilities in Zambia. H4+ also supported outreach FP services in Burkina Faso, reaching 55,000 women, with 48 per cent of them being first users of FP services. H4+ also helped strengthen FP services and their integration with MNH services in 26 health zones in DRC, and the rehabilitation of 19 health infrastructures, respectively one maternity waiting home in DRC, nine maternity waiting shelters and nine delivery rooms in Zambia.

DEMAND INCLUDING COMMUNITY OWNERSHIP AND PARTICIPATION:

H4+ support towards increasing community ownership and participation mostly focused on the training of community health workers on MNH, with 2,473 CHWs trained in 2014, respectively 893 in Burkina Faso, 1,420 in DRC and 160 in Zambia.

- In addition, 1,256 CHWs were trained in Sierra Leone in communication on Ebola and on the provision of community health care in the context of Ebola.

- H4+ support to communities also consisted of improving the organizational and managerial capacities of women's groups/associations and men's groups/associations, such as the 30 'Schools for Husbands' in Burkina Faso, the Safe Motherhood Action Groups in Zambia, and in

Elina Makopre with her son, Norman.
© UNFPA

Zimbabwe One woman's long journey for a safe delivery

Elina traveled more than 700 kilometers over treacherous dirt roads because she wanted to ensure that she would have a normal delivery at Masvingo General Hospital. The hospital is known for the high quality service being delivered at the clinic following the support of several donors, including H4+ Sida.

"I came here about four days ago, on the advice of my mother, who spoke highly of the professional conduct of the clinic staff," said Elina.

H4+ is working to enhance obstetric and newborn care capacity by providing quality ante-natal care in primary care facilities, improving coverage of institutional delivery and skilled birth attendance, and improving quality of post-natal care in the hard to reach districts. H4+ is currently working in six districts in Zimbabwe.

mobilizing community and religious leaders to promote RMNCH and gender equality, and to prevent gender-based violence.

KEY RESULTS

- In Burkina Faso, H4+ support to the government's effort to train doctors in essential surgery contributed to the doubling of the number of doctors trained, from 20 trained in 2013 to 40 in 2014. These trainings already contributed to the increase of the C-section rate in the North district, where H4+ is present, from 1.2 per cent in 2011 to 2.03 per cent in 2013.

  Over the years, H4+ has tripled the number of health providers trained in BEmONC, from 52 in 2012 to 147 in 2014. These trainings and the health supplies provided by H4+ have contributed to the increase of the number of health facilities providing EmONC services per 500,000 inhabitants in the regions of targeted districts, from 0 in both regions to 1 in Center North region and 3 in North region.

- In DRC, H4+ supported training of health functionaries for supporting family planning programmes and to complement enhanced use of contraceptives received from other sources. In the three H4+ intervention regions, the number of new users of FP increased from about 78,000 users in 2012 to 357,000 users. The increase recorded in contraceptive users in each region between 2011 and 2014 was: Kinshasa region from 14 per cent to 19 per cent; in Bas-Congo region from 4 per cent to 17 per cent, and in Bandundu region from 3 per cent to 8 per cent.

  H4+ technical support and convening and advocacy roles also contributed to the mobilization of domestic resources for RMNCH at the national level, in the H4+ focus regions and beyond, with the mobilization of funds in the East Province. H4+ experience in monitoring and evaluation (M&E) has also influenced the M&E vision of the Ministry of Health (MOH), including on the choice of RMNCH indicators and processes for data collection and analysis.

Zambia | **Changing the lives of women with fistulas**

Judith developed an obstetric fistula during her fourth delivery in 2010, as a result of 48-hours of labour. A week after she left the hospital she began passing urine uncontrollably due to a fistula. She lived with her fistula for three years, facing stigma and seclusion from her village [Kapampale Village, Chienge District of Luapula Province, Zambia].

"In April 2013 a Safe Motherhood Action Group [SMAG] member arranged for me to travel to Mansa General Hospital, where I was informed that the Government, with support from UNFPA, had organized a fistula repair camp. Shortly after my operation I became dry. I came back to the hospital for review this year [2014] and I was happy to learn that my fistula is repaired!" says Judith with a wide smile.

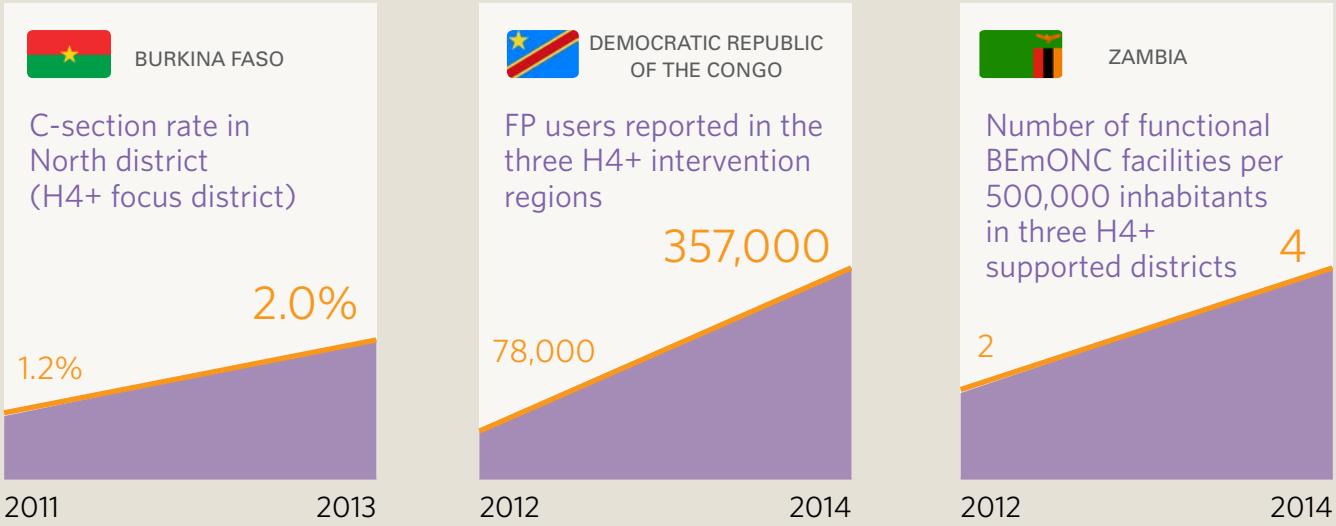
Hundreds of women like Judith received fistula repair surgery in a similar fistula camp supported by H4+ at the Chipata General Hospital. The H4+ team works with the Ministry of Health to scale up national capacity to address fistula a maternal morbidity usually do not receive desired space in programming.

In addition, H4+ support to midwifery schools contributed to an increase in the number of midwifery students. For example, in the midwifery school of Kenge, the number of students increased from 13 students in 2012 to 96 in 2014. Finally, from 2012 to 2014, 50 per cent of the total 686 health providers of the three H4+ targeted regions were trained in EmONC.

- In Sierra Leone, due to the Ebola epidemic in 2014, the implementation of the H4+ programme encountered various challenges and the country team adapted its work plan to address the specific health system and RMNCH issues due to Ebola. H4+ supported the training of CHWs for the prevention of Ebola (contact tracers) and the training of health providers for infection prevention. H4+ is now engaged in the rebuilding of the health system and more specifically in the revival of 51 health facilities (17 CEmONC and 34 BEmONC) around the country.

  With the ambition to support the availability of RMNCH services in the country, H4+ also has

COUNTRY HIGHLIGHTS



trained communities to assess the functioning of health facilities. Finally, thanks to its continuous support to 13 MCH aides' schools, H4+ contributed to the training of 754 students in BEmONC in 2014. Including the 500 MCH aides trained in previous years, H4+ contributed to the possibility of having one MCH aide trained in BEmONC in each of the 1,152 peripheral health units of the country.

- In Zambia, H4+ support contributed to increasing by two-fold the availability of critical life saving drugs and medicines in the targeted H4+ districts, from 30 per cent in 2012 to 60 per cent in 2014. By end of 2014, H4+ had trained 57 of the 70 nurses (82 per cent) intended to be trained as midwives in order to increase the proportion of HCWs providing EmONC services in the targeted districts. H4+ also contributed to the increase in the number of BEmONC facilities, from two BEmONC per 500,000 inhabitants in 2012 in these districts to four BEmONC per 500,000 inhabitants in 2014. Zambia made 5 CEmONC facilities in 5 intervention districts fully functional. In addition, H4+ strengthened referral linkages to health facilities by making available two boat engines, and 10 motorcycles and installation of 41 high frequency radios. This resulted on average an increase in the number of pregnant women delivering in health facilities by 50 percent in 2014 compared to the 2011 baseline.

> **We need to think about a subsystem of health, which is not based on our traditional health approach but built on community.**
>
> **Mr. Michel Sidibé**
> Executive Director of UNAIDS and Under-Secretary-General of the United Nations

HIGHLIGHTS

Challenging gender inequality: Tackling root causes of poor RMNCH outcomes

A critical area of work for H4+ is to tackle the root causes of maternal, newborn and child mortality and morbidity, including gender inequality, low access to education (especially for girls), child marriage and adolescent pregnancy. H4+ recognizes that poor maternal health outcomes are often a result of gender inequality. Socio-cultural beliefs and practices that discriminate against women, such as a lack of prioritization of women's health, limited access to financial resources and restricted individual autonomy, can have limiting effects on women's access to healthcare. Similarly, harmful traditional practices such as FGM and child marriage have detrimental effects on adolescents and women's health. Recognizing the implications of gender inequality on Reproductive Maternal Newborn Child Adolescent Health outcomes, H4+ programming takes an active approach on the supply side (health systems and inputs) and demand side (community engagement, health seeking behavior, women's empowerment) to implement gender-responsive interventions and pursue improved RMNCAH outcomes.

- **Awareness raising, dialogue creation and knowledge building within communities around RMNCH and SRH services.** Radio and social media programmes in Liberia, Cameroon, and Côte d'Ivoire have shown significant results in increasing awareness of the importance of uptake of RMNCAH services as well as opening up critical discussions of gender roles within health care decision-making in households.

- **Mapping of community resources and structures to understand their role in health seeking behavior.** Assessments were undertaken in Cameroon, Côte d'Ivoire, Liberia, Zimbabwe to better understand barriers - related to gender inequality and social-cultural norms and practices experienced by women at the community level, within health care settings and, quality of care, client satisfaction for RMNCH services as well as mapping community structures, community knowledge and perceptions of health seeking behavior, linkages between violence against women and maternal health. Findings from the assessments have been utilized to develop targeted community engagement activities (such as women's forums and men's forums and media campaigns) and messages focused on gaps in knowledge and prevalent harmful norms and practices.

- In Burkina Faso in 2014, H4+ successfully advocated for a joint UN/Burkina Faso government programme against gender-based violence, supporting women and girls. In addition to the legislation, working with a local NGO, the H4+ country team used rural and credit associations for women as communication platforms for family planning.

- In Côte d'Ivoire, a social franchise strategy provided seven women's groups with material resources for economic independence and job creation at the local level. This was to catalyze their financial empowerment and facilitate their access to health services and more specifically family planning services.

- In Ethiopia, 114 government representatives and 228 health workers underwent training in three areas: gender mainstreaming in the health sector; clinical response to gender-based violence; and service delivery that is respectful and sensitive to the particular needs of women.

- In Guinea-Bissau, H4+ introduced gender markers into the data collection tools for maternal and child health.

- In Zambia, communities formed health action groups where men and women trained together as community health providers in thematic areas like family planning, reproductive and newborn care. Others provided modern family planning services to women who lived far from the health facilities.

- In Zimbabwe, 121 community groups and 29 men's and women's forums met where community members prioritize critical issues which are barriers to RMNCAH services as well as create spaces for discussions of harmful practices and specific needs. Examples of issues highlighted were staff storages in health facilities and commodity stock outs. In total, 2,628 people were reached by the community forums.

H4+ Sida collaboration: Activities, achievements and key results

Key achievements of the H4+ joint partnership in Cameroon, Côte d'Ivoire, Ethiopia, Guinea-Bissau, Liberia and Zimbabwe by the end of 2014 include:

AT THE POLICY LEVEL

- Technical support for the development, update and dissemination of:
  - National RMNCH policies and strategies, such as the revision and dissemination of the RMNCH Strategic Plan in Cameroon, the development of the Health Sector Development Plan-V (2016–2020) in Ethiopia, the ministerial decree on maternal death monitoring and surveillance in Guinea-Bissau; adaptation of computerized IMNCI training material and distance training guidelines in Zimbabwe;
  - RMNCH operational plans and roadmaps, such as the development of the Elimination of Mother to Child Transmission Plan in Liberia; and in Cameroon the development of the Human Resources for Health Plan; in Zimbabwe the development of operational service delivery manual for PMTCT and pediatric ART;
  - National health accounts, such as in Côte d'Ivoire, for the reproductive health sub-accounts;
  - RMNCH guidelines and protocols, such as:
    - Development of national midwifery training curricula following ICM guidelines in Cameroon;
    - Development of nutrition guidelines for the management of malnutrition in children and norms for the visual detection and treatment of pre-cancerous lesions for cervical cancer in Côte d'Ivoire;
    - Adaptation of guidelines and tools for MNH care, obstetric protocols (health centers and hospitals), MDSR and gender mainstreaming in Ethiopia;
    - Guidelines on "Anesthesia" developed, disseminated and implemented in Guinea-Bissau as well as the update of the HIV/AIDS protocols as per WHO norms;
    - Review of community health protocols, standards and guidance for RMNCH and the development of an adolescent sexual and reproductive health training manual for health workers in Liberia;
    - Development and adaptation of guidelines for emergency triage assessment and treatment (ETAT), PMTCT and pediatric ART in Zimbabwe.

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AT THE PROGRAMME LEVEL

HEALTH TECHNOLOGIES

H4+ supported the provision of essential care for mothers, newborns and children in about 282 health facilities, including 91 health facilities in Cameroon for the treatment of 25,000 cases of children suffering from malnutrition; 154 health facilities in Côte d'Ivoire; and 37 health facilities in Zimbabwe. H4+ also provided supplies for HIV testing and PMTCT in most countries, including HIV tests for 43,000 pregnant women and children in Cameroon and PIMA machines in Zimbabwe, and materials for EmONC centres in about 61 BEmONC and 16 CEmONC across all countries. H4+ in Côte d'Ivoire and Cameroon also supported blood supplies to blood banks.

HUMAN RESOURCES

- **Pre-service training:** H4+ supported the strengthening of the human resources capacities and availability of equipped labs with mannequins and training manuals in 38 training institutions in five countries—10 midwifery schools in Cameroon; one sub-national midwifery school and two regional hospitals as well as training of tutors in BEmONC to improve the quality of midwifery internship in health facilities in Côte d'Ivoire; 13 midwifery schools in Ethiopia; one national midwifery school in Guinea-Bissau; and 12 sub-national midwifery/nursing training institutions in Liberia.
- **In-service training:** H4+ supported the strengthening of EmONC, IMCI, HIV/PMTCT, FP and management skills and capacities of about 7,267 health providers and cadres (including community health workers) in 2014, with about 287 health providers trained in Cameroon, including 13 physicians and anesthesia nurses in CEmONC; about 1,115 health providers in Côte d'Ivoire, including 75 providers for the visual detection and treatment of pre-cancerous lesions for cervical cancer prevention; 3,680 providers in Ethiopia, including 153 emergency surgical officers (task shifting) and 228 health workers for the management of gender-based violence (GBV); 220 health providers in Liberia, including 75 providers and 35 supervisors on the use of non-pneumatic anti-shock garments; 1,851 in Zimbabwe including 331 health workers in BEmONC; 147 health officials on programme management; and 724 health workers on integrated management of newborn and childhood illnesses (IMNCI) and growth monitoring.

HEALTH INFORMATION SYSTEMS, MONITORING AND EVALUATION

H4+ supported the strengthening of MDSR in all countries, including the training of 225 health providers on MDSR and the set-up of an SMS process for the notification of maternal and newborn deaths in Côte d'Ivoire; the development and dissemination of maternal and neonatal death surveillance and response (MNDSR) data collection tools at health facility and community levels in Liberia; the provision of data management support in Zimbabwe to operationalize MDSR at national, provincial, district levels.

H4+ also supported the strengthening of HMIS at the national and sub-national levels in most countries by supporting supervisions, and improving data collection tools and data collection/analysis/management of health managers and providers, such as in Côte d'Ivoire, with the development and dissemination of standard obstetric patient files and modification of the national tool for the monitoring of the minimum package of activities of first level health facilities, with the quality of care assessment of 29 hospitals in Ethiopia and identification of corrective actions.

Finally, H4+ teams helped countries identify the determinants of RMNCH issues, including two qualitative rapid assessment studies in Cameroon, to better understand barriers related to gender inequality and social-cultural norms, as well as practices faced by women in healthcare settings, and to assess quality of care and client satisfaction for RMNCH services. In Côte d'Ivoire, H4+ supported a study on GBV in health facilities to advocate for corrective measures to be taken by the MoH. In Guinea-Bissau, H4+ has assisted the National Public Health institute to disaggregate health data by gender and age.

HEALTH SERVICE DELIVERY

H4+ supported the strengthening of referral systems in Cameroon, Guinea-Bissau and Liberia with the provision of ambulances/motorbikes, and in Liberia the set-up of high frequency radios in 18 facilities.

The H4+ team also supported outreach FP, ANC, PNC, PMTCT and cervical cancer services in Côte d'Ivoire, reaching 6,139 women and men. It supported the integration of RMNCH services in seven health facilities in Côte d'Ivoire and improved service environments for C/BEmONC services, including improvement in 153 facilities in Ethiopia, 89 BEmONC and 6 CEmONC in Cameroon, 15 BEmONC and 3 CEmONC in Liberia, and 14 BEmONC and 5 CEmONC in Zimbabwe.

> **One great result of this H4+ partnership of course is to really support governments and also bring partners together, development partners, civil society, and industry to make sure that we deliver on results.**
>
> **Dr. Margaret Chan**
> Director-General, World Health Organization

DEMAND INCLUDING COMMUNITY OWNERSHIP AND PARTICIPATION

H4+ support towards increasing community ownership and participation mostly focused on the training of community health workers in RMNCH, with 2,473 CHWs trained in 2014, including 343 in Cameroon, in the assessment of health service quality including a focus on women's rights in health care settings; 525 CHWs in Côte d'Ivoire on RMNCH, IMCI and distribution of contraceptives, 191 CHWs in IMCI and 300 CHWs in the promotion of good family practices in Guinea-Bissau.

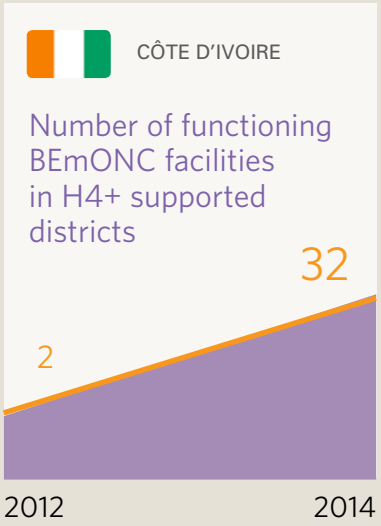
- H4+ support to communities also included in improving the organizational and managerial capacities of women's groups/associations and men's groups/associations. Examples include: 73 community associations in Cameroon that received material and financial support to develop for profit activities and promote RMNCH in communities; seven women's groups composed of 850 members who received management training and basic supplies to set-up for profit activities, reducing financial barriers to access RMNCH services, as well as 43 community committees and 72 'Schools for Husbands' in Côte d'Ivoire; 101 community groups in Liberia; and in Zimbabwe, 400 mothers in 35 mother-to-mother peer groups and 900 village health workers who were trained in community infant feeding (still ongoing in 2015), and 414 community leaders who participated in 14 dialogue forums to advance integrated HIV RMNCH services and influence the improvement of local health services. Assessments also were conducted to capture information on social and gender-related barriers to RMNCH care in Côte d'Ivoire, Liberia and Zimbabwe.

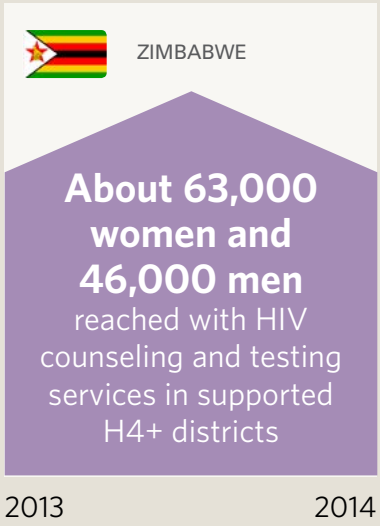
KEY RESULTS

- In Cameroon, H4+ facilitated the development of national strategies and promoted protocols and standards for improved quality of care. It supported the provision of RMNCH care in the difficult districts facing insecurity challenges due to Boko Haram, with the provision of essential drugs and commodities for the treatment of 25,000 children suffering from malnutrition. It also strengthened the health service environment and involvement of communities in the assessment of the quality of RMNCH services.

- In Côte d'Ivoire, H4+ supported the modification of the national tool for monitoring the minimum package of activities to be performed in first level health facilities and helped increase the number of functioning EmONC

COUNTRY HIGHLIGHTS





facilities in the targeted districts from one CEmONC in 2012 to four CEmONC in 2014 and from two BEmONC in 2012 to 32 BEmONC in 2014. In addition, H4+ supported 14 outreach services reaching 4,158 women and men with FP (provided to 1,475 women with 74 per cent new users), ANC (366), PMTCT, visual detection of pre-cancerous lesions for cervical cancer (1,211), and seven women's groups composed of 850 members to set-up for-profit activities to reduce financial barriers to access RMNCH services.

- In Ethiopia, H4+ supported the expansion of the national base of skilled birth attendants (SBA), with the goal of having skilled service providers in 300 identified facilities for the provision of C/BEmONC services, and of promoting evidence-based protocols and standards for enhancing quality of care. It also facilitated the institutionalization of the monitoring of PMTCT services on a real time basis.

- In Guinea-Bissau, H4+ has been a forum to ensure health system coordination and joint programing in a context of fragile state in transition. In addition, H4+ provided technical support for the review of emergency obstetric and newborn care standards and integration of gender/right dimensions, and for the development of a policy on free access to health services for reproductive, maternal, newborn and child health, HIV and gender-based violence. It also supported the national medical school for training of midwives and nurses in emergency obstetric and newborn care.

- In Liberia, H4+ advocacy at policy level helped mobilise domestic commitment and resources for the RMNCH sector and supported the MoH and health regulations, and training institutions to develop, review and revise RMNCH policy documents. It also conducted PMTCT and supply chain bottleneck analysis to inform policy decision making.

- In Zimbabwe, H4+ supported the expansion of the skilled human resource base in six intervention districts and introduced mentoring processes for technical supportive supervision to enhance quality of care. The team participated actively in the development and refinement of national strategies of the RMNCH sector and supported processes for community participation and engagement for accessing MNH care.

2.4 H4+ programme and financial management and coordination

AT THE GLOBAL LEVEL

PROGRAMME MANAGEMENT

At the global level, the H4+ Global Technical Working Group (GTWG) provides techno-managerial and oversight support for the H4+ joint programme. The H4+ joint programme coordination unit is located at UNFPA HQ, which is the administrative agent of the Canada and Sida grants. A team of professionals provides guidance, support and facilitation to H4+ country teams to develop needs-based, context-specific work plans, and to monitor programme progress and report results.

The H4+ coordination unit is also responsible for organizing Joint Steering Committee meetings and for reporting compliance with decisions. During 2014, one meeting was held on 12 March to approve global and country work plans and review progress and a second meeting was held on 3 September to take stock of programme progress and consider mid-year reprogramming requests of country teams.

In 2014, the H4+ global team implemented the global activity plan, provided technical support to countries for the implementation and monitoring of their 2014 work plans and developed a guideline for countries of the Canada and Sida collaborations to design their work plans for 2015-2016, based on lessons learned and recommendations of H4+ Canada's mid-term review (MTR).

As the annual planning meeting of 2014 was cancelled due to the outbreak of Ebola in three countries and engagement of MoH officials of these countries in the preventive and curative measures against Ebola, the country draft work plans were reviewed. The country draft work plans were reviewed and refined in three rounds, ensuring that commitment of resources was judicious and in line with the H4+ results framework. An interactive, participatory and all-inclusive process was followed to develop 2015–2016 work plans (18 months).

The H4+ team at the global level also coordinated MTRs of H4+ countries supported by Canada (led by IPACT) and supported the dissemination and implementation of key MTR recommendations in countries.

The MTR indicated five programmatic implications for action:

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- Improve programme design;
- Monitor activity and financial implementation rates;
- Provide further support to strengthen M&E;
- Improve documentation of coordination mechanisms; and
- Improve communication activities.

In order to make best use of the MTR findings, key stakeholders' consultations were organized to take required actions. Key stakeholders engaged in planning and implementation of programme activities were involved in consultations from April to August 2014 in Burkina Faso, Sierra Leone, Zimbabwe and Zambia to inform findings of MTR and make decisions for reprogramming and mid-course corrections based on MTRs. A communication workshop was organized to improve planning of communication activities and was followed by effective implementation of plans.

At the global level, H4+ GTWG started close monitoring of activity and financial implementation rates followed by desirable actions. Prior to the 2015–2016 work plan development process, a comprehensive analysis of past performance, lessons learned and inputs from MTR were incorporated in the country programme guidelines. The end-line evaluation approach paper (developed in 2015) has taken into account MTR learning towards improved reporting of results.

In order to improve the management and implementation of the H4+ Joint Programme at the global and the country levels, the H4+ global technical team has supported the development (in collaboration with the RMNCH trust Fund and UNFPA) of a programme implementation management (PIM) tool. The PIM tool offers the opportunity to closely manage and monitor the the programme interventions, their indicators and their financials (budget/expenditures). It will also be used by the RMNCH Trust Fund and the UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting for the management of country grants.

Finally, the PIM facilitates the coordination of the programme by providing a unique version of the work plan and controlling its access through different user profiles.

FINANCIAL MANAGEMENT

The H4+ joint programme follows the pass-through modality of grant management by UN agencies.

The H4+ managed funds for a total of US$102 million in 10 countries (Canada: CAD$50 million for five countries; Sida: US$ 52 million for six countries).

- For the Canada collaboration: Of the total 2014 budget (US$15.4M), 24 per cent (US$3.7M) was dedicated to global level activities. In the H4+ Canada collaboration, only 10 per cent of funds was allocated to global level activities during the grant period and the rest was for country programmes. The overall fund expenditure rate during 2014 was approximately 77 per cent, and the funds expenditure rate at the global level was about 76 per cent. For the H4+ Canada grant, WHO, UNICEF and UNFPA are the only recipients of funds at both global and country levels.
- For the Sida collaboration: Approximately US$6 million (11 per cent) of the total budget (US$52M) was dedicated to global level activities during the grant period. The overall expenditure rate reported for the 2013–2014 period was 66 per cent against the approved work plan and the expenditure rate at the global level was about 60 per cent. With the exception of the World Bank Group, all five H4+ partners are recipients of the funds under H4+ Sida collaboration.

> **I think H4+ has been a key driver in [the Every Woman Every Child movement] and we are very proud to be part of it.**
>
> **Dr. Tim Evans**
> Senior Director, Health Nutrition and Population
> Global Practice, Health, Nutrition & Population

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H4+ STAKEHOLDER COORDINATION AND CONVENING ROLE

The convening role of H4+ provides an edge to this unique partnership. In 2014, the H4+ global team organized high level RMNCH stakeholder meetings and participated in joint events, including events on new mechanisms such as the Global Financing Facility (GFF). During the reporting period, the Deputy Executive Directors of the H4+ agencies met on a monthly basis, when possible. The group discussed positioning, global opportunities and directions for the H4+ partnership. Decisions and actions were documented and marked for follow up.

The weekly H4+ teleconferences of the Global technical Working Group provided ongoing opportunities to review progress and make suggestions to the H4+ Joint Programme countries, as required, and to discuss coordinated efforts and endeavours. During the reporting period, 35 weekly H4+ teleconferences were organized for the H4+ global technical working group represented by all H4+ partners and representative of EWEC for improved coordination, exchange of information, harmonized response on the key opportunities and issues. The decisions of weekly calls are well documented for follow up.

During the UN General Assembly 2014, an H4+ side event, 'H4+ Partnership–Driving Synergies for Accelerating Results for Women and Children Health', hosted in September 2014, assembled more than 150 participants from country stakeholders, UN agencies, non-governmental organizations and the private sector. The event included the Ministers of Health from Côte d'Ivoire, Democratic Republic of the Congo and Ethiopia. It also brought together the Ministers of Development from Canada and Sweden; and the Executive Directors of the H4+ partnership.

This side event provided insight about how countries supported by the H4+ have implemented evidence-based strategies, and put into action impactful and life-changing programmes for women, adolescents and children. The event created opportunities to ensure the rights of women, adolescents and children are addressed by the post-2015 development agenda.

AT THE COUNTRY LEVEL

PROGRAMME MANAGEMENT

In each of the 10 H4+ joint partnership countries, one of the H4+ agencies has been appointed as the lead agency that acts as the H4+ focal point or country coordinator, overseeing and coordinating implementation at the country level. The collective efforts of country teams, in close collaboration with ministries of health, lead the country-level programme (Table 1).

TABLE 1

H4+ lead agency	Countries
UNFPA	Côte d'Ivoire, DRC, Guinea-Bissau, Sierra Leone and Zimbabwe
UNICEF	Cameroon and Zambia
WHO	Burkina Faso, Ethiopia and Liberia

> **We use H4+ resources to train annually 2,000 midwives. When we started this some partners questioned the quality of the training because we had lower rates of institutional delivery. After we imparted the training, institutional delivery has gone up. All our health facilities started to be filled. And our midwives, the trainees, have the practical training for them to be skilled in midwifery skills.**
>
> **Dr. Kesetebirhan Admasu**
> Minister of Health, Federal Democratic Republic of Ethiopia

For the Canada collaboration, the number of H4+ coordination meetings within the countries ranged from three in Burkina Faso to 14 in DRC during 2014. For the five countries of the Canada collaboration, in 2014, there were 206 activities planned. Of those, 161 were completed (78 per cent), 25 are on-going (12 per cent) and only 21 (10 per cent) were not started. The 78 per cent average completion rate in 2014 compares favorably to 44 per cent in 2013. Implementation rates increased in all countries from 2013 to 2014, with an overall increase of 19 per cent across the countries and particularly significant increases in Sierra Leone and Burkina Faso.

For the Sida collaboration, the number of H4+ coordination meetings within the countries ranged from six in Cameroon to 1 in Côte d'Ivoire during 2014. Just over half (51 per cent) of the 280 activities that were planned for 2013–2014 were completed. One-hundred and six (38 per cent) were started and are on-going. Thirty-one (11 per cent) are yet to begin. Implementation rates of activities (completed and ongoing) were high in all six countries, averaging at 89 per cent. They ranged from 97 per cent in Cameroon, 93 per cent in Cote d'Ivoire, 77 per cent in Ethiopia, 87 per cent in Guinea-Bissau, 92 per cent in Liberia, 88 per cent in Zimbabwe.

In May 2014, during the inter-country review meeting of H4+ Sida countries, many activities

FIGURE 3

Activity implementation rates 2014 – in % in H4+ Canada collaboration countries

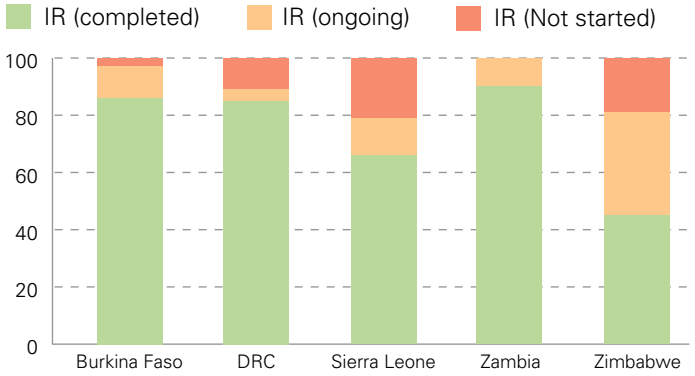
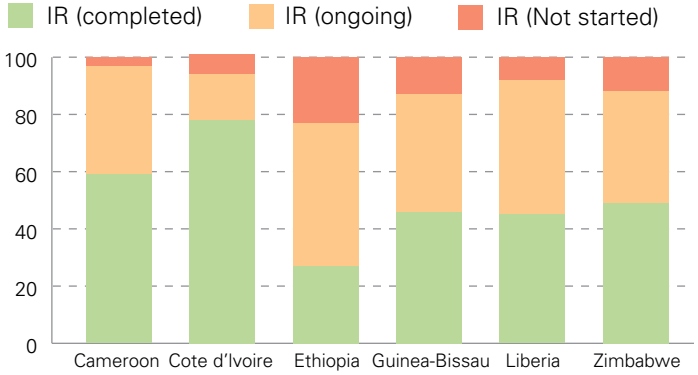


FIGURE 4

Activity implementation rates 2013-14 – in % in all six H4+ Sida collaboration countries



found to be of less immediate concern to achieving results were dropped in the reprogramming process. As a result, there is variance in activity completion rate and utilization of financial resources for H4+ Sida countries compared to the initial work plan.

FINANCIAL MANAGEMENT

For the Canada collaboration, in 2014, 76 per cent of the total budget was designated for country level activities. The average fund utilization was 78 per cent for country level activities.

The 2014 provisional expenditure rate in Burkina Faso and Zambia was above 90 per cent, and in DRC more than 70 per cent. The rates were lower in Zimbabwe (54 per cent) due to a delay in initiating action on the needs assessment and in Sierra Leone (65 per cent) due to the Ebola epidemic, which forced the cancellation of a large number of training sessions (Figure 5).

For H4+ Sida collaboration, in the 18-month period from July 2013 to December 2014, 81 per cent (US$26.8M) of the 2013–2014 budget (US$32.9M), was dedicated to country-level activities.

FIGURE 5

Financial progress (provisional expenditure with indirect costs) 2014—H4+ Canada collaboration countries

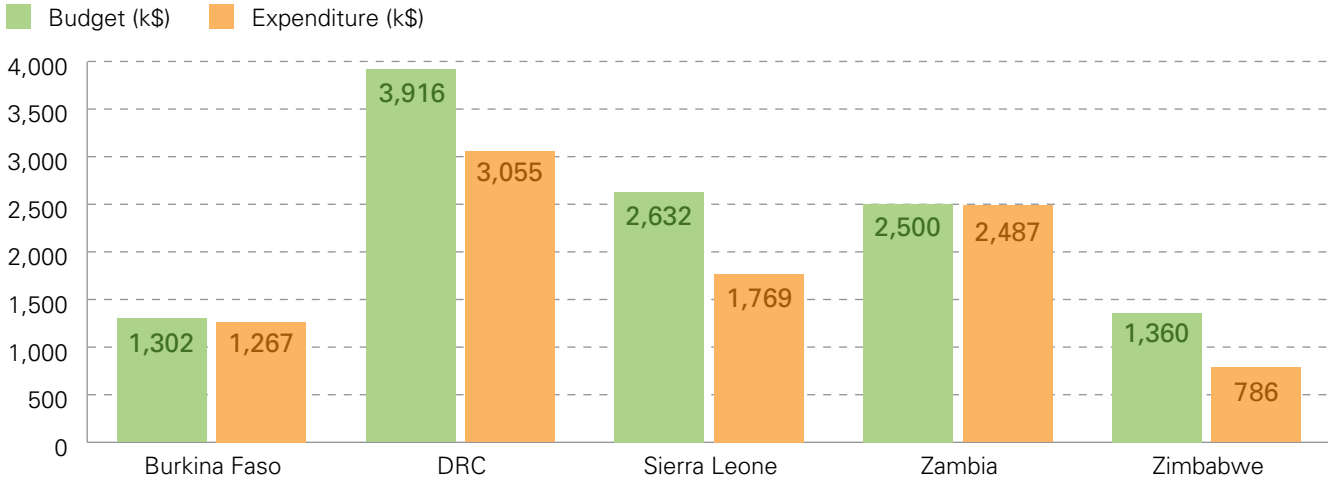
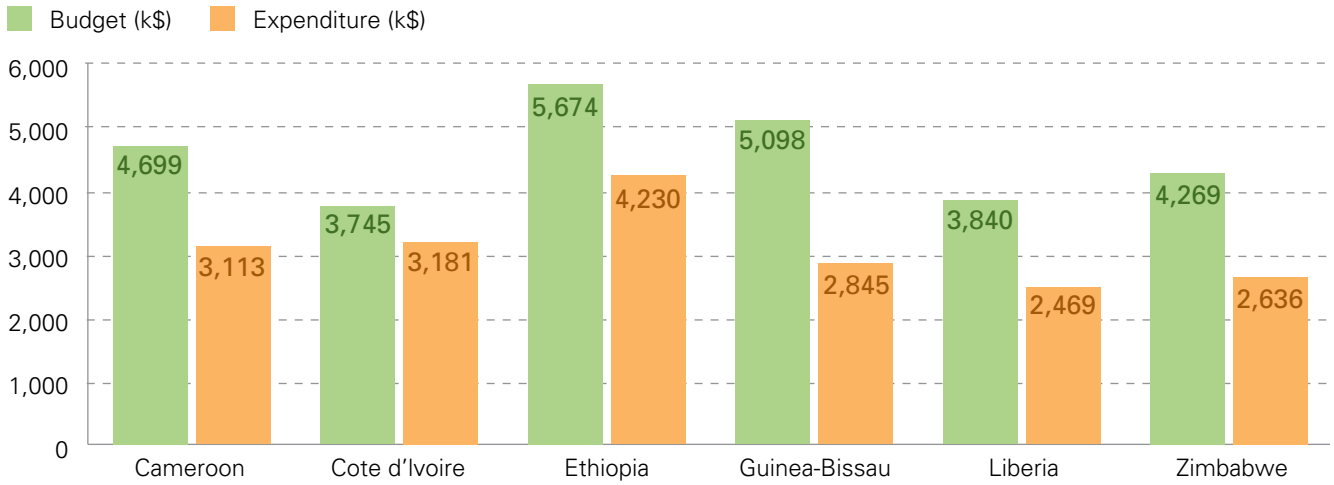


FIGURE 6

Financial progress (provisional expenditure with indirect costs) 2013-14—H4+ Sida collaboration countries



The 2013–2014 expenditure rates averaged 68 per cent. They were lower in four of the six countries, especially in Cameroon (67 per cent), Guinea-Bissau (56 per cent), Liberia (63 per cent) and Zimbabwe (62 per cent). In Cameroon, implementation was affected due to the conflict of Boko Haram. In Zimbabwe, delay in action of the findings of the EmONC needs assessment resulted in a lower rate of fund utilization. In Guinea-Bissau, a fragile political environment adversely affected implementation whereas in the case of Liberia, the Ebola outbreak forced cancellation of several activities (Figure 6).

H4+ STAKEHOLDER COORDINATION AND CONVENING ROLE

In 2014, H4+ held 87 meetings in the five countries of the Canada collaboration, bringing together representatives from civil society, national and sub-national ministries, NGOs and the private sector (Figure 7).

In the six countries of the Sida collaboration, H4+ played a similar role in the 18-month period that ended in 2014, convening 217 meetings with representatives from civil society, national and sub-national ministries, NGOs and the private sector to enhance well-coordinated and harmonized response for the RMNCH sector (Figure 8).

FIGURE 7

Number of coordination meetings organized with key stakeholders in 2014 in H4+ Canada collaboration countries

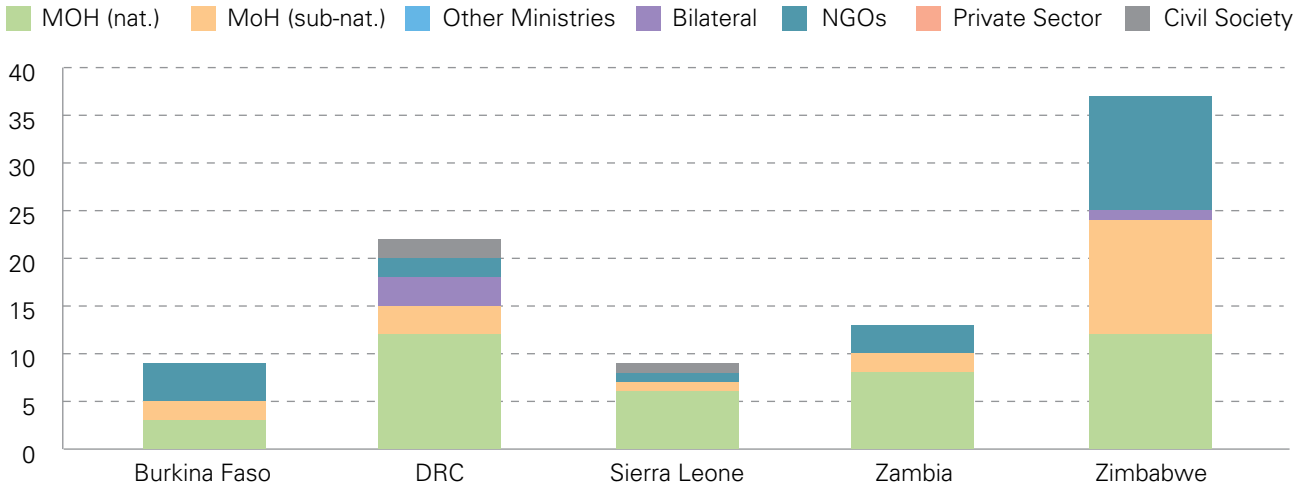
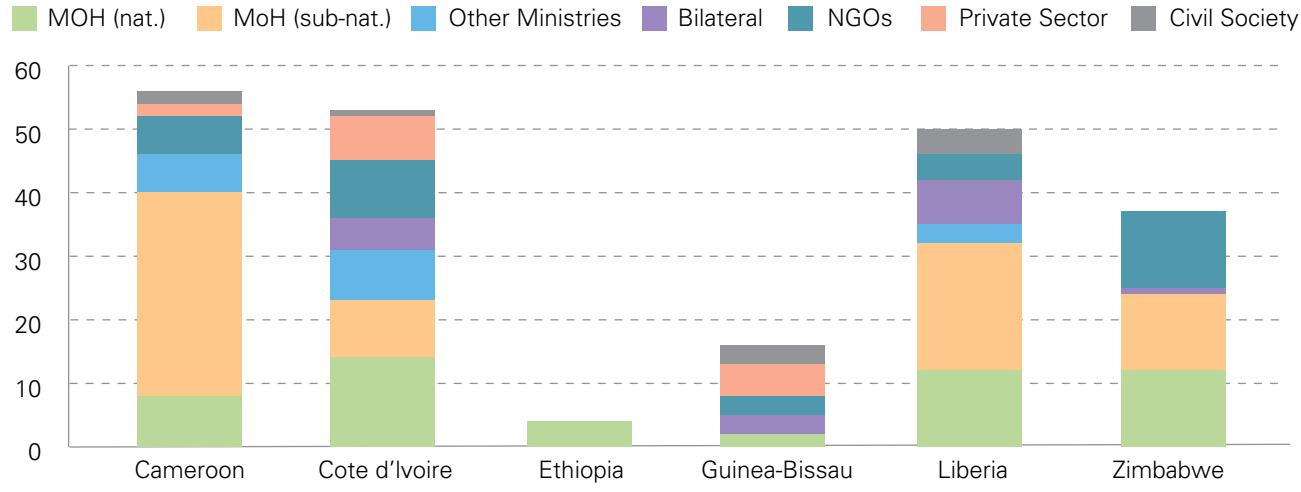


FIGURE 8

Number of coordination meetings organized with key stakeholders in 2013-14 in H4+ Sida collaboration countries



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2.5 H4+ advocacy and communication

AT THE GLOBAL LEVEL

The strategic communications and advocacy platform within H4+ was vital in 2014 to mobilizing support for the Global Strategy for Women's and Children's Health.

The communications group worked to enhance the visibility and awareness of H4+ and its added value within the international development community, including decision-makers, media, donors, development partners and the general public.

It promoted South-South collaborations and shared best practices for improving and scaling up maternal, newborn and child health among countries and among stakeholders at national levels.

Some of the results of H4 + efforts and supports in 2014 include:

- *The State of the World's Midwifery Report 2014* promoted the progress made towards a global action consensus to improve quality of midwifery care through the empowerment of midwives, including a systematic mapping of socio-cultural, economic and professional barriers to their practice;

- A coordinated Every Newborn Action Plan (ENAP) provided countries with a roadmap and joint action platform for the reduction of preventable newborn mortality (more information on http://www.everynewborn.org);

- A C4D/MNCH workshop in West and Central Africa and East and Southern Africa assessed barriers and challenges to increase demand for MNH;

- H4+ innovative approaches were documented and briefs produced for Burkina Faso, Sierra Leone and Zimbabwe, along with H4+ project fact sheets for Burkina Faso, DRC, Sierra Leone, Zambia and Zimbabwe;

- The H4+ webpage was updated with new reports and news during the year. (http://www.everywomaneverychild.org/networks/h4-plus);

- All countries generated their context specific and forward looking communications plans for 2015;

- H4+ communications actively collaborated and supported international campaigns, such as the promotion of World Prematurity Day, the Every Newborn Action Plan launch and Every Woman Every Child efforts. H4+ worked through the year with many advocacy and communications arms of UN agencies, bi-laterals, civil society organizations and other multi-stakeholders.

In May 2014, in conjunction with Sida's inter-country annual planning meeting, and with Canada's support, the H4+ inter-country communication workshop was held in Zimbabwe for the communications focal points and technical

programme officers from the H4+ country teams. With the regional and country representatives from UNFPA, UN Women and WHO also attending, the cross-learning was shared across the H4+ countries.

AT THE COUNTRY LEVEL

H4+ communications extended across the 10 programme countries, offering many innovative and effective strategies supporting H4+ messages about RMNCH.

- In Zimbabwe, with H4+ Sida and ISP, about 100 youth peer educators and several community leaders were trained in social media in Hurungwe district with the objective to spread positive messages about sexual and reproductive health (SRH) issues and behaviour change among young people in far-flung communities. Through 32 adolescent sexual reproductive health (ASRH) Facebook (FB) clubs and personal interaction, peer educators have made 782 referrals for various ARSH issues, including HIV, FP and STIs.

- In DRC, H4+ launched a media campaign with provision of free family planning services in 44 clinics within 16 health zones of Kinshasa, Bandundu (and Kikwit Idiofa) and Bas-Congo (Boma). The FP campaign registered more than 26,000 new users within 21 days.

- In Burkina Faso, the H4+ team contributed to the implementation of the Third Annual National Week of Family Planning. There were 6,041 activities conducted, ranging from talks, theater performances, lectures, film screenings, competitions, races, home visits and more. The National Week reached more than 190,000 people.

- In Sierra Leone, H4+ programmes were highlighted in some of the regular TV/radio discussions on SRH issues. Local journalists were trained about issues around RMNCH and H4+ programmes and had several media placements.

- In Cameroon, a recognition awards programme was established and implemented. These awards were created to spotlight people and groups that provided effective leadership and result-oriented performance in the areas of RMNCH service delivery and/or community engagement at district, facility and/or community levels.

- In Côte d'Ivoire, radio spots in local languages were broadcasted, particularly in the 10 radio stations of the H4+ programme areas. Also, a presentation about the launch of the H4+ AIDS initiative was broadcasted on the radio of the United Nations Operation in Côte d'Ivoire.

- In Guinea-Bissau, information about the H4+ Sida initiative and SRH issues was distributed to communities through news bulletins, NGOs and associations. Topics included communication and awareness on RMNCH/HIV/GBV. H4+ advocated for free care for women, children under 5 and elderly persons.

> **H4+ in health has been working very well together in country after country to achieve the results we absolutely have to achieve.**
>
> **Mr. Anthony Lake**
> Executive Director, UNICEF

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CHAPTER 3

Moving forward to 2015–2016

3.1 Country perspectives on H4+

A 2014 survey of the 75 high burden countries gathered the perspective of country teams and Ministries of Health on the added value of H4+ and how it should be strengthened in 2015–2016. The survey also elicited country insights on how H4+ might continue its contributions to the reproductive, maternal, newborn and child health of vulnerable women and children beyond 2015.[4]

In terms of value addition, countries highlighted that H4+ minimized the duplication of agency efforts and harmonized the organizations' agendas into partnerships rather than competitions. Countries appreciated that the H4+ collaborations among the six agencies streamlined the communication and technical support to their national governments and ministries of health. They reported feeling empowered by H4+ to document their work in reproductive, maternal, newborn and child health and to advocate for RMNCH as a priority at the policy level. They valued the emphasis on evidence-based tools, protocols and standards.

They also reported that H4+ was especially effective in:

- Helping to align external partners with national priorities;
- Mobilizing external resources for national strategies;
- Mobilizing domestic resources at the national and subnational levels for reproductive, maternal, newborn and child health.

Finally, countries also valued the involvement of H4+ at the subnational level, with all 10 countries supported by Canada and Sida reporting that the capacities of health care facilities were expanded to include:

- Emergency obstetric and newborn care;
- Integrated management of newborn and child illnesses; and
- Services to prevent mother-to-child transmission of HIV.

4 H4+ Progress Report, Survey of 75 high burden countries.

THE POST-2015 DEVELOPMENT FRAMEWORK

As the MDG era transitions into the sustainable development goals of the post-2015 development framework, countries will continue to seek ways to save the lives of their women and children and they will continue to need technical assistance and global support. In fact, given that those who will be left behind will be among the hardest to reach, assistance to countries will necessarily be increasingly customized.

Two of the proposed 17 sustainable development goals that will come before the UN General Assembly later this year are of direct relevance to sexual, reproductive, maternal, newborn, child and adolescent health: to ensure healthy lives and promote well-being for all at all ages, and to achieve gender equality and empower all women and girls.

Three of the targets within these goals speak directly to the unfinished business of MDGs 4 and 5: reducing global mortality ratios, ending preventable deaths of newborns and children under-5, and ensuring universal access to reproductive health care services.

And several others of the 17 goals and their targets are directly related to the health of women, newborns, children and adolescents.

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3.2 Opportunities for H4+

The results of the H4+ country survey of 2014 highlight specific requests from countries to expand the H4+ partnership. Some countries that do not receive H4+ grants have requested specific funding to strengthen the partnership, and countries have or want to include more external partners, including civil society and donor organizations throughout the processes of setting agendas and developing work plans.

Suggested areas to be strengthened include monitoring and evaluation, documentation and dissemination of best practices and lessons learned as well as scale up of successful policies and programmes with the potential to extend reach and expand coverage of RMNCAH services.

3.3 H4+ plans for 2015–2016

In 2015, H4+ will primarily focus on its technical leadership and coordination roles, ensuring close collaboration of all stakeholders involved in reproductive, maternal, newborn, child and adolescent health, and ensuring tailored support to countries for tackling the root causes of both morbidity and mortality. The Global Financing Facility in support of the Secretary-General Every Woman and Every Child movement is an example of a highly collaborative financing mechanism in which the H4+ will work together with other partners and countries to prioritize investments in RMNCAH that generate results, while ensuring that countries are on a trajectory toward universal health coverage and sustainable health financing.

In their plans for 2015–2016, H4+ joint programme countries placed first priority to enhance a skilled human resource base for RMNCAH services. The capacity development of the training institutions for pre-service midwifery training, followed by support for pre- and in-service training of health functionaries for skills in EmONC, IMCI, newborn care, FP and PMTCT, remained common priorities for almost all countries.

The second priority was assigned to strengthening HMIS by improving data management processes and tools in the intervention regions and at national levels that demonstrate availability of quality information for decision-making.

> **Long standing presence of H4+ partners in countries like DRC, Guinea-Bissau and others have enabled H4+ to engage in private and civil society networks on policy reform, technical means, advocacy, communication and implementation that has positive impact on both delivery and scale.**
>
> **Ms. Phumzile Mlambo-Ngcuka**
> United Nations Under-Secretary-General
> and Executive Director of UN Women

All 10 countries are supporting initiation and institutionalization of MDSR towards infusion of accountability mechanisms in their national health systems. All countries are also implementing and consolidating community engagement interventions for advocacy to mobilize domestic and/or international support to sustain and scale up H4+ joint programme interventions.

In 2015–2016 and beyond, H4+ will continue its primary role of addressing the cause of reproductive, maternal, newborn, child and adolescent health by providing technical leadership with state of the art knowledge and skills as well as technical support on how to strengthen health systems and address social determinants.

The partnership will also strengthen its secondary role of mobilizing and managing financial resources and its convening abilities within and between countries across sectors, and its tertiary role of advocacy and networking for RMNCAH.

The H4+ joint partnership will refine its operating model, to further strengthen the interactions between its country teams and its global and regional teams; the involvement of the private sector, NGOs and civil society and other stakeholders beyond UN agencies; and its focus on innovations. It also will ensure customized support to country needs.

Finally, its scope will include equal attention to death and illness; a higher profile and sharpened focus on adolescent health; and a higher profile and sharper focus on sexual health.

Both the H4+ Canada and the H4+ Sida collaborations are scheduled for completion during next year; March 2016 for Canada and June 2016 for Sweden. As a result, all 10 countries have developed advocacy strategies for further mobilization of resources (including domestic resources) for the RMNCAH sector and for sustaining interventions such as improvement of the quality of pre- and in-service training. The countries are also advancing accountability mechanisms like the institutionalization of MDSR. The end-line evaluation of H4+ joint programme is planned during 2015-16.

CHAPTER 4

Conclusion

As evident from this annual report, the H4+ Canada and Sweden Collaborations (or Joint Programme) have contributed to saving the lives of women, adolescent girls, and newborns, and to improving their health and well-being by strengthening the resilience of health systems and improving their access to quality RMNCH services.

In 2013-14, the H4+ Joint Programme supported the strengthening of health systems in 10 countries in close alignment with national health plans. This included support for the training of approximately 10,300 health workers; capacity strengthening of 33 training institutions (including midwifery schools); strengthening of supply chains; access to life saving commodities and FP services; and improvement of the availability, quality and monitoring of EmONC services and referral systems. Across the 10 countries, the H4+ has demonstrated that integration of RMNCH services is crucial for better health outcomes. It has also supported countries responding to emergency situations, including the Ebola outbreak in Liberia and Sierra Leone.

The strong focus of the H4+ Collaborations on equity in access to quality RMNCH services led its efforts to strengthening health systems in the most challenging and remote districts. While significant achievements were made in the focused districts, its design to leverage catalytic and strategic interventions at district levels to influence national policies, strategies and programmes faced multiple challenges for achieving expected results at scale. In addition, the use of national health systems and implementation partners made the implementation of the programme more challenging in regions where these were weak and fragile. In 2013-14, efforts were further slowed down in some regions due to conflicts and emergencies like the Ebola outbreak in West Africa.

Looking forward, the successes made to date must be sustained, supported and reinforced. The conclusions of the mid-term review of the H4+ Canada Collaboration, based on interventions in five countries for 2011-13, calls for (a) further focus of the H4+ interventions on results, (b) careful assessment of the feasibility and environmental risks affecting the implementation of the planned interventions and stronger reactivity from the H4+ to these risks, and (c) further linkages between sub-national interventions and national policies and strategies. The 2015-16 work plans of the H4+ Canada and Sweden Collaborations have therefore capitalized on programme gains with further attention on their results, sustainability, and scalability. Similar to previous years, trainings for skill enhancement have received a substantive share of the budget as continuous commitments for improving quality of training institutions and trainers for RMNCH services and midwifery are key for further improving health outcomes and sustaining programme gains.

The H4+ is currently adapting its business model and structure at global, regional and country levels in order to best respond to country needs in the post-2015 global health environment and to effectively support the translation of the renewed Global Strategy into actions in countries. In post-2015, H4+ will increase the relevance and quality of its support to the 75 high burden countries ('Countdown' countries) by strengthening its focus (a) on technical assistance for countries for the development and implementation of RMNCAH policies and strategies, (b) on production and dissemination of 'global public goods', (c) on its convening role of aligning all partners on national priorities, and (d) on its advocacy for RMNCAH at national and sub-national levels.

"H4+ is on the ground making sure that we can work together as one, making sure we can help countries build those plans, costed and available for financing, making sure that they are not pilots and they can be taken to scale, making sure that beyond implementation there are reports to show. Making sure that data is solid and robust. And making sure that at the end of the day no woman dies giving birth."

Dr. Babatunde Osotimehin
Executive Director of UNFPA and Under-Secretary-General of the United Nations

The new operating model of the H4+ aims to reflect this sharpened scope as well as the broader range of stakeholders and sectors joining forces for RMNCAH. The end-line evaluation of the H4+ (starting in 2015) also is expected to provide critical advices and recommendations to make H4+ more effective to respond to country needs.

Strengthening resilient health systems accessible to all is a long and continuous effort, especially in fragile regions. With additional commitments from national and international health stakeholders and further collaborations with other sectors, the H4+ Joint Programme can consolidate its crucial contributions to the health and well-being of every woman, every child and every adolescent.

WE HAVE ONLY JUST BEGUN; NOW, SYSTEMS, PROCESSES AND UNIFIED TEAMS OF H4+ ARE ON THE GROUND, READY TO FURTHER STRENGTHEN THE HEALTH AND WELL-BEING OF EVERY WOMAN, EVERY CHILD AND EVERY ADOLESCENT.

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Appendices

*Zimbabwe also receives funding from the H4+ Sida collaboration.

Burkina Faso

H4+ focus regions:

2 regions out of 13

Population: 2.9 million

(16% of total)

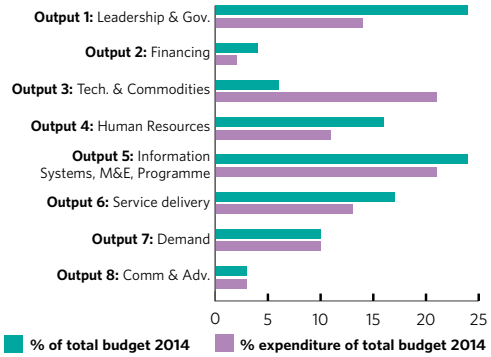
Key health actors in H4+ targeted regions:

- MoH
- NGOs (Terre des hommes, Save the Children, CRS, USAID)

H4+ work plan 2014: Financials per output

Budget 2014: US$1.3 million

Total expense 2014: US$1.2 million (97% of budget)



Key Achievements in 2014

AT THE POLICY LEVEL

H4+ provided technical support for:

- Development and dissemination of health policies and strategies, including the Human Resources for Health Plan, PMTCT/HIV strategies, EmONC strategies.
- Technical support for the development of regional/district operational plans (including regional hospitals' plans).

AT THE PROGRAMME LEVEL

HEALTH FINANCING: Supported the implementation of the national subvention strategy for deliveries and emergency obstetric and newborn care, including both through dissemination of management tools for the implementation of the strategy and complementing funding for 741 C-sections.

HEALTH TECHNOLOGY: Provided 3,000 blood bags, instruments for emergency obstetric and newborn care in 62 health centres and nine hospitals (covering 27 per cent of national need), and HIV rapid tests.

HUMAN RESOURCES FOR HEALTH: Trained a total of 1,316 health providers from 2012 to 2014. In 2014, eight doctors were trained in essential surgery, 147 health workers in basic emergency obstetric and newborn care, 124 in antenatal care, 40 in post-abortion care, 115 in monitoring of health centers and SRH interventions at the community level, 52 in IMCI, 180 in newborn care and 45 in the management of obstetric fistula at the National Hospital in Ouagadougou. In addition to in-service training, H4+ is supporting the strengthening of pre-service training, such as the training of 50 regional trainers in MDSR, 25 national trainers in PMTCT and the support of the three EmONC labs of the National Public Health School with mannequins, and reproduction and dissemination of cursus/modules for students. In addition, H4+ supported EmONC modules to strengthen the skills of 247 last year students of the School of Public Health.

HEALTH INFORMATION SYSTEMS, MONITORING AND EVALUATION: Supported the weekly surveillance of reproductive health stocks at different levels of the supply chain; supported strengthening of the MDSR system, including buying of two servers to set-up a Rapid SMS system for real time notification of maternal and newborn deaths and the surveillance of the availability of essential drugs for mother and child.

HEALTH SERVICE DELIVERY: Strengthened referral systems with three ambulances and 15 motorbikes; supported outreach activities during National Family Planning Week, reaching about 55,000 women with 48 per cent of them being first users of FP services (about 32,000 women were reached in 2013).

DEMAND, INCLUDING COMMUNITY OWNERSHIP AND PARTICIPATION: Supported the set-up of 10 Schools for Husbands to advocate and sensitize men on the importance of family planning and to reduce gender-based violence.

SELECTED RESULTS

1. 1,316 health providers and 2,250 community health workers were trained in the last three years in reproductive, maternal, newborn and child health (including the training of 38 doctors in essential surgery. The MoH supports 70 per cent of the costs of the training and H4+ 30 per cent). In 2014, 893 CHWs were trained in IMCI, including 39 per cent women.
2. Three EmONC labs equipped by H4+ strengthened the capacities of the National Public Health School and helped train tutors in PMTCT, obstetrics and pediatrics.
3. The Rapid SMS system set up by H4+ for real-time notification of maternal and newborn deaths resulted in a strengthened MDSR system.

Democratic Republic of the Congo

H4+ focus regions:

3 regions out of 11

Population: 15.4 million

(23% of total)

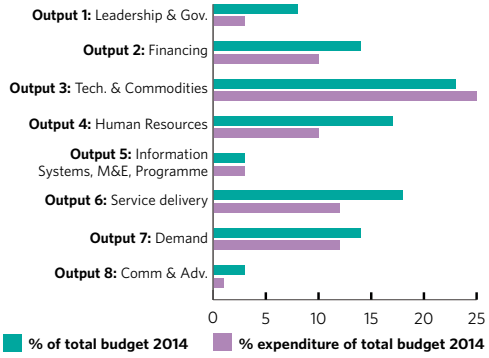
Key health actors in H4+ targeted regions:

- MoH
- Global Fund, GAVI
- Korean International Aid

H4+ work plan 2014: Financials per output

Budget 2014: US$3.9 million

Total expense 2014: US$3.0 million (76% of budget)



Key Achievements in 2014

AT THE POLICY LEVEL

H4+ provided technical support for:

- Development of a roadmap to accelerate progress towards MDGs 4 and 5 (US$15 million was mobilized by the government to finance this roadmap).
- Development of the Reproductive Health Law, including the strengthening of family planning. H4+ has also been involved in the advocacy for the adoption of the law, which has already been presented to the parliament and is under review by the constitutional court.
- Development of national health accounts to increase the accountability of government and administration for health.
- Development of RMNCH norms and standards, including on MDSR.
- Advocacy for mobilization of domestic resources: creation of a national budget line for family planning, and of a provincial budget line for maternal health in Bas-Congo (following the creation of the provincial budget line in Bandundu in 2013).
- Supported the launch of the Campaign for Acceleration of the Reduction of Maternal Mortality in Africa (CARMMA) in Bas-Congo with 230 participants from different sectors and provinces.

AT THE PROGRAMME LEVEL

HEALTH FINANCING: Supported the criteria, interventions and operational plan for performance-based financing (PBF) and co-financed the set-up of PBF in the health zone of one province; strengthened the management capacities of health insurances ('mutuelles de sante') reaching 3,654 beneficiaries, including 1,240 women and 1,458 children.

HEALTH TECHNOLOGIES: Provided instruments and materials for emergency obstetric and newborn care in 45 BEmONC and three CEmONC sites; supplied 74 health centres with mixed contraceptive methods and 48 health centres with obstetric fistula kits, and regularly supplied 141 health centres with delivery kits and essential medicine for mother and child.

HUMAN RESOURCES FOR HEALTH: Strengthened the capacities of two midwifery schools through the supply of technical equipment and mannequins and the training of tutors. Supported the set-up of two training centers on EmONC and FP with didactic material and training of tutors, leading to 75 health providers trained in EmONC (modules developed by H4+ and used by the MoH and other partners throughout the country); 60 members of health district teams and 120 health providers trained in integration of HIV in RMNCH; 267 providers trained in FP; 60 providers trained in management of reproductive health medicines.

HEALTH INFORMATION SYSTEMS, MONITORING AND EVALUATION: Supported training in data collection, analysis and management of 151 provincial and district cadres and trained 350 district teams and community health workers in collection and management of data, including ANC and maternal death notification. Supported the development of a guidance note on MDSR, the integration of maternal deaths in the list of mandatory diseases and case and review forms for MDSR at community, facility and district/provincial levels.

HEALTH SERVICE DELIVERY: Supported blood collection from voluntary donors and the provision of HIV test results for early detection of HIV among children with mothers who are HIV positive; built a maternity waiting home that hosted 122 pregnant women with high risk of complications in 2014 and strengthened FP with an increase in of the number of health zones integrating FP in the minimum package of services from 9 in 2013 to 26 in 2014.

DEMAND, INCLUDING COMMUNITY OWNERSHIP AND PARTICIPATION: Provided financial and technical support for blood donation campaign initiated under the leadership of the First Lady; trained 1,420 community health workers, including 424 women; supported the set-up of 12 community networks (composed of women associations, youths and community/religious leaders) to stimulate demand for RMNCH services; supported a communication campaign to increase demand for FP (in 44 health facilities, radio messages, churches, boards on roads, etc).

SELECTED RESULTS

1. Strengthening of FP in the three target regions of H4+ resulted in the increase of new users of FP from about 78,000 in 2012 to 357,000 in 2014, supporting the increase in contraceptive prevalence in each region from 2011 to 2014: in the Kinshasa region from 14 per cent to 19 per cent; in the Bas-Congo region from 4 per cent to 17 per cent; and in the Bandundu region from 3 per cent to 8 per cent.
2. Advocacy for mobilization of domestic resources led to the creation of a national budget line for FP, and of a provincial budget line for maternal health in Bas-Congo (following the creation of the provincial budget line in Bandundu in 2013).
3. Strengthening the capacities of two midwifery schools through the supply of technical equipment and mannequins and the training of tutors helped increase the number of students in one of the schools, from 13 students in 2012 to 96 students in 2014.
4. EmONC training modules developed by H4+ were used by the MoH and other partners across the country, and two of the training centers on EmONC and FP supported by H4+ trained 343 providers in EmONC between 2012 and 2014.
5. Lessons learned on M&E from the H4+ programme influenced the M&E vision of the MoH, including on the choice of RMNCH indicators and strategies/processes for collection and management of data.
6. H4+ supported the launch of CARMMA in Bas-Congo, with participants from different sectors and provinces, resulted in the mobilization of US$41,000 for the construction of a clinic for women in East province, providing FP, GBV and obstetric fistula services.

Sierra Leone

H4+ focus regions:

2 districts out of 13

Population: 750,000

(12% of total)

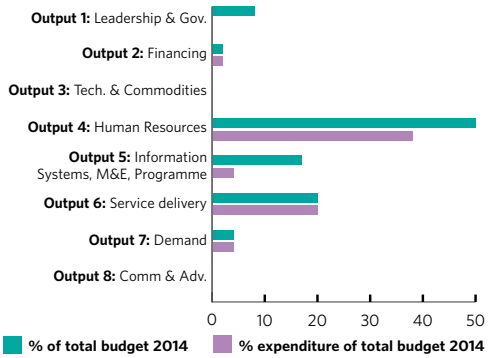
Key health actors in H4+ targeted regions:

- MoH
- DFID
- EU
- Health for All

H4+ work plan 2014: Financials per output

Budget 2014: US$2.6 million

Total expense 2014: US$1.7 million (65% of budget)



Key Achievements in 2014

AT THE POLICY LEVEL

H4+ provided technical support for:

- Development and dissemination of guidance and protocols for EmONC.
- Engagement of civil society to rally support to mobilize more domestic resources for the RMNCH sector, which resulted in the allocation of US$26,000 additional funds by national government for the procurement of contraceptives.
- Development of a health system recovery/resilience strategy that includes infection prevention and control and community engagement for all interventions, with special focus on patient safety.
- Drafting of a patient and health worker safety guideline and assessment tool, including the provision of required personal preventive equipment for all facilities nationwide.

AT THE PROGRAMME LEVEL

HUMAN RESOURCES FOR HEALTH: Trained health care providers from 65 health facilities for infection prevention and control. All 13 MCH aides' schools were equipped with training aids and materials. Fifty-five MCH aide tutors and coordinators were trained in EmONC followed by training of 754 MCH aide students in BEmONC. Fifty-two health care providers received training of trainers for organizing community-based BEmONC followed by the training of 129 health care providers. Two midwifery schools received support to improve training environments, including teaching aids. Since 2012, 214 students received financial support to undertake pre-service midwifery training.

HEALTH INFORMATION SYSTEMS, MONITORING AND EVALUATION: Provided for supportive supervision for health facility recovery and plans are underway to revive the MDSR system in 2015.

HEALTH SERVICE DELIVERY: Prior to the Ebola virus disease outbreak, 65 BEmONC and 13 CEmONC were functional. But most of the facilities became dysfunctional due to the lack of health care providers. Currently, the revival of 51 facilities (17 CEmONC and 34 BEmONC) around the country is in process.

DEMAND, INCLUDING COMMUNITY OWNERSHIP AND PARTICIPATION: In all 13 districts, communities were sensitized about MNCH. Traditional birth attendants, now called community wellness advocates who are trained to promote MNCH, received support in conducting outreach activities to refer clients for institutional delivery, FP and GBV. Two hundred twelve community groups were active in all 13 districts, including 173 community wellness advocacy groups and 39 male peer educator groups, and 278 and 978 community health workers were trained respectively in Portoloko and Pujehun districts in Ebola messages and revised guidelines to provide community health care in the context of Ebola. The Office of the First Lady continues to engage traditional and religious leaders on SRH, with particular focus on FP and teenage pregnancy, as part of her CARMMA activities.

SELECTED RESULTS

1. 1,080 providers were trained in the last 3 years in RMNCH.
2. Following infection prevention and control training, health care providers from 65 facilities are providing BEmONC services across the country.
3. A health system recovery/resilience strategy is in the process of finalization.

Zambia

H4+ focus regions:

5 districts out of 89

Population: 643,000

(5% of total)

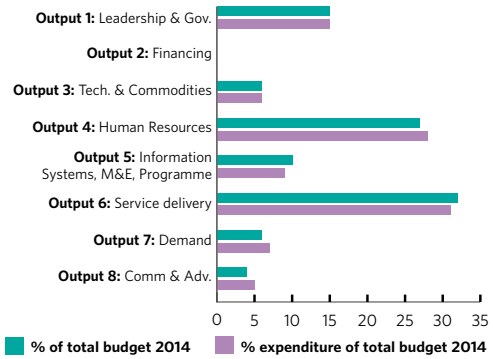
Key health actors in H4+ targeted regions:

- MoH
- USAID
- DFID
- EU
- Sida
- UN agencies
- The World Bank

H4+ work plan 2014: Financials per output

Budget 2014: US$2.5 million

Total expense 2014: US$2.4 million (99% of budget)



Key Achievements in 2014

AT THE POLICY LEVEL

H4+ provided technical support for:

- Sensitization of 38 parliamentarians on MNCH for effective participation in health sector budget debates.
- Regular sharing of experiences and H4+ programme progress with development partners and donors to sustain programme gains.
- Dissemination of the RMNCAH roadmap in five intervention districts to ensure prioritization of public financing for high impact RMNCAH interventions.
- Jointly supported EmONC needs assessment in the identified health facilities, to complement national efforts covering 397 health facilities nationwide.

AT THE PROGRAMME LEVEL

HEALTH TECHNOLOGIES AND COMMODITIES: Capacity development of 40 health care providers from the five supported districts for logistics and supply chain management skills to strengthen the district is capacity for commodity security. Sixty per cent (n=30) of the health facilities reported no stock-out of selected essential commodities for maternal health care during the period under review. Equipment supplied to the 30 EmONC health facilities included five infant incubators, 30 electric baby warmers, 200 newborn suction devices and 200 newborn resuscitation devices.

HUMAN RESOURCES FOR HEALTH: By 2014, cumulatively 67 per cent (47/70) of targeted nurses were trained as midwives and deployed to district hospitals and selected health centers; 50 per cent (78) of health providers acquired skills for provision of EmONC services; and 16 retired nurses and midwives (22 in 2012 and 20 in 2013) were provided with retention packages, resulting in an increased proportion of SBAs in the targeted districts. Community volunteers were equipped with skills for community-based family planning (40), community newborn care (30) and Safe Motherhood Action Groups (160) to strengthen provision of community-based RMNCH services.

HEALTH INFORMATION SYSTEMS, MONITORING AND EVALUATION: Major support was given for the joint monitoring visit, district MDSR, the national EmONC assessment and the scale up of SMS technology (Programme Mwana) in the H4+ supported districts for efficient transmission of results for infant diagnosis of HIV.

HEALTH SERVICE DELIVERY: 25 BEmONC and 5 CEmONC facilities were made functional in five intervention districts. By 2014, nine delivery rooms and nine maternity waiting shelters were rehabilitated and refurbished with solar panels sets installed for the provision of lighting. The provision of ancillary services like water supply was also improved. In order to improve referral linkages ambulances, two boat engines and 10 motorcycles were made available to the health facilities. The communities are linked through installation of 41 high frequency communication radios to access emergency and referral services. The number of pregnant women delivering in intervention health facilities has increased by 50% in 2014 compared to the baseline of 2011.

DEMAND, INCLUDING COMMUNITY OWNERSHIP AND PARTICIPATION: Community leaders were sensitized to pregnancy related maternal deaths, sexual and reproductive health and gender issues to promote their role as RMNCH change champions. One hundred sixty community volunteers were trained as members of the safe motherhood support groups and community-based distributors of family planning contraceptives. H4+ supported the demand generation for MNCH services and SRH sensitization meetings with traditional leaders, aimed at strengthening advocacy for prevention of early pregnancy and HIV.

SELECTED RESULTS

1. Five CEmONC and 25 BEmONC are fully functional for 24 hours, seven days a week services.
2. Forty seven skilled midwives were inducted in intervention districts to address paucity of SBAs.
3. Active community participation and communication networks with health facilities were established in intervention districts in inaccessible geographic areas.

Zimbabwe

H4+ focus regions:

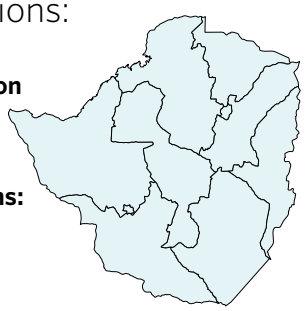
6 districts out of 62

Population: 1.3 million

(10% of total)

Key health actors in H4+ targeted regions:

- MoH
- DFID
- HTF
- Sida

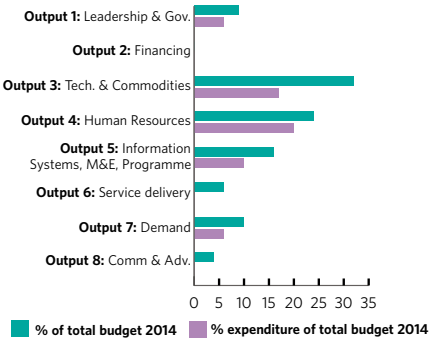


H4+ work plan 2014: Financials per output

H4+ CANADA COLLABORATION

Budget 2014: US$1.3 million

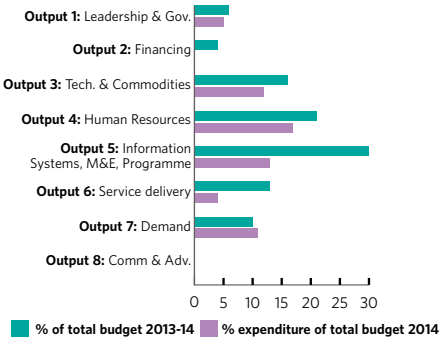
Total expense 2014: US$786,000 (54% of budget)



H4+ SIDA COLLABORATION

Budget 2013-14: US $ 4.2 million

Total expense 2013-14: US$2.6 million (62% of budget)



Key Achievements in 2013-14

AT THE POLICY LEVEL

H4+ provided technical support for:

- Development and adaptation of guidelines for ETAT, PMTCT and pediatric ART and IMNCI training material.
- Establishment of institutional arrangements for MDSR.

AT THE PROGRAMME LEVEL

HEALTH TECHNOLOGIES AND COMMODITIES: Essential maternal health drugs and supplies as well as 13 PIMA machines to provide services for HIV positive pregnant women were procured and provided to the identified 37 health facilities in six districts. Female wards in the identified facilities were supplied with furniture to make them fully operational. Mobility support provided for facilitating EID by prompt collection of samples and delivery of reports of HIV status.

HUMAN RESOURCES FOR HEALTH: Eight doctors and six nurses received clinical mentorships in managing obstetric complications, 317 health workers trained in BEmONC, 724 health functionaries received training for IMNCI and growth monitoring, 589 in pediatric ATR; 147 on programme management and 60 peer educators in 10 health facilities of Hurungwe district underwent training in ARSH issues.

HEALTH INFORMATION SYSTEMS, MONITORING AND EVALUATION: The H4+ team participated in a national HMIS planning and review process to integrate SRH-ARSH data elements and provided services to M&E professionals to strengthen data management. H4+ also supported joint support missions and provided support for data management to operationalize the MDSR system at national, provincial and district levels.

HEALTH SERVICE DELIVERY: Five CEmONC, 14 BEmONC and 15 BEmONC-1 facilities in six intervention districts were staffed with skilled providers and equipped with required service environments for provision of EmONC care. A total of 62,971 women and 45,548 men were reached with counseling and HIV testing services through five HTC campaigns in H4+ districts.

DEMAND, INCLUDING COMMUNITY OWNERSHIP AND PARTICIPATION: Four hundred mothers in 35 mother-to-mother peer groups and 900 trained village health workers are promoting a community infant feeding initiative—including child growth monitoring programmes— that is underway in intervention districts. In Mbire, Hurungwe, and Gokwe North districts, community mobilization is carried out through a network of 414 community leaders via 14 dialogue forums to advance integrated HIV RMNCH services, together with influencing the planning of the health services at their local health facilities. Six women's and 6 men's forums, 9 adolescent forums, and 3 advocacy forums were established in three districts of Chiredzi, Chipinge, and Mbire, and 2,683 people, including women, girls and men are being sensitized on RMNCH issues, including HIV, PMTCT and GBV, together with encouraging them to adopt positive health behaviours and seeking prompt health care.

SELECTED RESULTS

1. The base of skilled human resources was expanded in six intervention districts and a mentoring process for technical supportive supervision was introduced to enhance quality of care.
2. H4+ participated actively in the development and refinement of national strategies of the RMNCH sector.
3. Processes for community participation and engagement for accessing MNH care are in place.

Cameroon

H4+ focus regions:

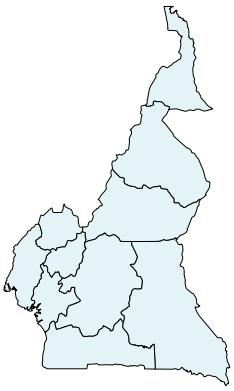
5 districts out of 174

Population: 0.8 million

(4% of total)

Key health actors in H4+ targeted regions:

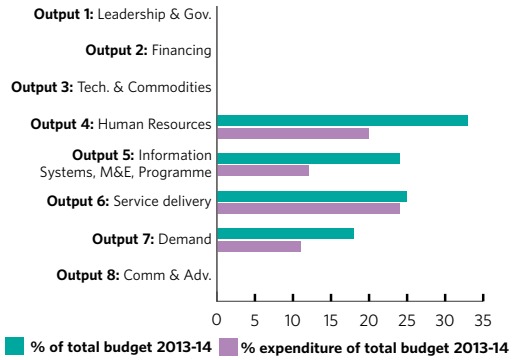
- MoH
- NGOs (CHAI, Plan, CARE)
- Global Fund, JICA, PEPFAR, GIZ, AFD
- Sida



H4+ work plan 2013-14: Financials per output

Budget 2013-14: US$4.6 million

Total expense 2013-14: US$ 3.1 million (66% of budget)



Key Achievements in 2013-14

AT THE POLICY LEVEL

H4+ provided technical support for:

- Revision and dissemination of the National RM/MNCH Strategic Plan.
- Development of the national midwifery training curricula following ICM guidelines.
- Development of a human resources strategy and plan for deployment and retention of health staff in four regions with low health staff/population ratio.
- Dissemination of protocols and standards for IMCI and of updated RMNH/HIV national standards and guidelines.

AT THE PROGRAMME LEVEL

HEALTH TECHNOLOGIES AND COMMODITIES: Provided equipment and materials for the provision of BEmONC services in 91 health facilities and needs-based surgical equipment for five CEmONC centers located at the district hospital, and essential drugs, medical equipment and commodities for the treatment of 25,000 cases of children suffering from malnutrition. HIV testing for 43,000 pregnant women and children was provided to 91 facilities and seven blood banks, and 12 motorbikes and ambulances were purchased for improving referral linkages for MNH services in intervention districts.

HUMAN RESOURCE FOR HEALTH: Ten midwifery schools received training for trainers (38 teachers), and four of them were provided with materials and equipment, including computers. One hundred service providers were trained in ANC, BEmONC, PMTCT and 60 in FP; 13 physicians and nurse anesthetists were trained in CEmONC; and 30 service providers were mentored in BEmONC and PMTCT. Training in IMCI was provided to 91 service providers (7 physicians and 85 nurses). Eighty CHWs have been trained successfully and are using the essential family practices package in one health district; this activity is ongoing in the second district, where 111 CHW have been selected and will be trained and equipped in 2015.

HEALTH INFORMATION SYSTEMS, MONITORING AND EVALUATION: Supported the strengthening of data collection, analysis and use of HMIS at district, regional and national levels. In 2013, H4+ conducted two qualitative rapid assessment studies to better understand barriers related to gender inequality, social-cultural norms and practices faced by women in health care settings as well as quality of care and client satisfaction for RMNCH services, including PMTCT. The result is being used to develop communication messages and improve health service delivery. Clinical maternal and neonatal death reviews/surveys are being conducted routinely in 30 health districts. Forty-seven trainers and 219 service providers and stakeholders (councils, women affairs, rural radio, and communication) received training. Maternal and newborn review/survey committees are functioning in 26 districts.

HEALTH SERVICE DELIVERY: In five intervention districts, 89 identified facilities for BEmONC and six hospitals were equipped to provide CEmONC services catering to a population of about 1 million. Community linkages are established through trained CHWs to enhance demand and utilization of expanded RMNCH services at all levels. These linkages also facilitate referrals and access to critical care.

DEMAND, INCLUDING COMMUNITY OWNERSHIP AND PARTICIPATION: Two local NGOs (ALDEPA and Public Concern) were contracted to train 264 community leaders, associations and decision makers in self-assessment, accountability and women's rights; five advocacy and sensitization campaigns were organized to involve leaders in demand creation; 73 associations received material and financial supports to develop income revenue activities and to sensitize people/promote RMNCH issues in communities; 343 health committees members were train in assessment of health service quality, monitoring and accountability, including a focus on women's rights in health care settings. To reach young people, the programme supplied material and equipment to two youth/adolescent centres.

SELECTED RESULTS

1. Facilitated development of national strategies and promoted protocols and standards for improved quality of care.
2. Supported the provision of MNH care in districts facing the difficult challenges of Boko Haram.
3. Supported efforts to make communities equal partners in RMNCH care and outcomes.

Côte d'Ivoire

H4+ focus regions:

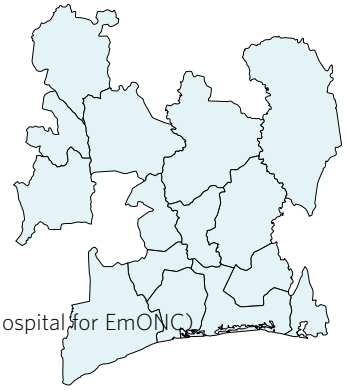
8 districts out of 72

Population: 1.4 million

(7% of total)

Key health actors in H4+ targeted regions:

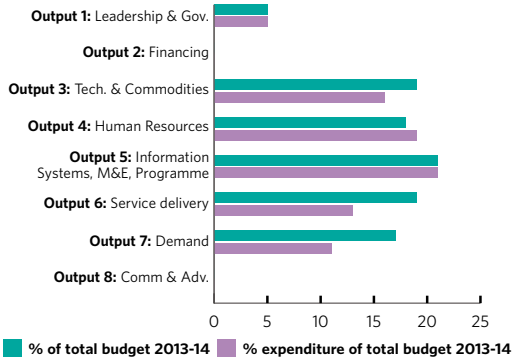
- MoH
- NGOs (SCMS, Health Alliance, MSF-1 hospital for EmONC)
- Global Fund, Japan (promoting MNH)
- Sida



H4+ work plan 2013-14: Financials per output

Budget 2013-14: US$3.7 million

Total expense 2013-14: US $3.2 million (85% of budget)



Key Achievements in 2013-14

AT THE POLICY LEVEL

H4+ provided technical support for:

- Development of national health accounts in 2013 (reproductive health subaccounts).
- Development of nutrition guidelines for the management of malnutrition in children and norms for the visual detection and treatment of precancerous lesions for cervical cancer.
- Dissemination of strategic policies and guidelines (10,179 copies) to guide RMNCH operational plans and improve quality of services.
- Development of a statement with key RMNCH actors for institutionalization of MDSR and set-up of surveillance and review committees for maternal deaths.

AT THE PROGRAMME LEVEL

HEALTH TECHNOLOGIES: H4+ provided blood supplies to two regional blood banks, equipped 32 BEmONC and 6 CEmONC with equipment and midwifery kits and supplied 154 health facilities with essential medicines for children and newborn care.

HUMAN RESOURCES FOR HEALTH: Trained: 83 health care providers in BEmONC and 23 in CEmONC; 250 providers in the use of the clinical guidance for the provision of EmONC; 100 providers in the provision of integrated FP, PMTCT, GBV and youths services; 90 providers in IMCI; and 75 in the visual detection and treatment of pre-cancerous lesions for cervical cancer. H4+ also: strengthened the capacities of two regional hospitals and one midwifery school (Bouake) with the provision of mannequins and training manuals to improve the quality of BEmONC pre-service training; trained 75 tutors in BEmONC to improve the quality of midwifery internship in health facilities; trained 35 pharmacists at the district level to improve supply chain management (CHANNEL).

HEALTH INFORMATION SYSTEMS, MONITORING AND EVALUATION: Strengthened the MDSR system through development of an analysis tool for maternal death training of 225 providers in MDSR and provision of phones for transmission of data (notifications of maternal deaths are done and transmitted to the national level but the review and response still needs to be supported). Developed and printed 1,000 copies of obstetrical patient files, trained district teams in data collection and analysis and provided computers for data management. H4+ also designed a study on GBV in health facilities to advocate for corrective measure to be taken by the MoH and supported the modification of the national tool for the monitoring of the minimum package of activities to be performed in first level health facilities.

HEALTH SERVICE DELIVERY: Supported the re-organization of health services in seven facilities for provision of integrated FP, ANC, PNC, PMTCT (physical redistribution of services, definition of the patient flow, norms/protocols) and organized 14 outreach services reaching 6,139 women and men with FP, ANC, PMTCT, and visual detection of pre-cancerous lesions for cervical cancer.

DEMAND, INCLUDING COMMUNITY OWNERSHIP AND PARTICIPATION: Supported seven women's groups composed of 850 members through management training and basic supplies to set-up for profit activities to reduce financial barriers to access RMNCH services; supported the set-up of 43 community committees composed of 645 members, including 415 women, for the prevention of socio-cultural barriers to accessing RMNCH services; supported the set-up of 72 'Schools for Husbands' to involve men in the promotion of RMNCH; and trained 525 community health workers for the promotion of RMNCH, for IMCI and for distribution of contraceptives.

SELECTED RESULTS

1. A statement with key RMNCH actors for institutionalization of MDSR was developed and surveillance and review committees for maternal deaths were set up.
2. The national tool for monitoring the minimum package of activities was modified and will be performed in first level health facilities
3. Health services in seven facilities have been reorganized for provision of integrated FP, ANC, PNC and PMTCT.
4. The number of functioning EmONC facilities in the targeted districts increased from one CEmONC in 2013 to four CEmONC in 2014 and from two BEmONC in 2013 to 32 BEmONC in 2014.
5. Fourteen outreach services organized by H4+ reached 4,158 women and men with FP (provided to 1,475 women with 74 per cent new users), ANC (366), PMTCT and visual detection of pre-cancerous lesions for cervical cancer (1,211).
6. Seven women's groups composed of 850 members set-up for-profit activities to reduce financial barriers to access RMNCH services.

Ethiopia

H4+ focus regions:

9 regions-national

Population: 91 million

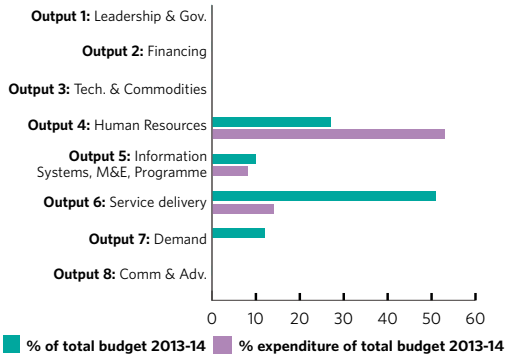
Key health actors in H4+ targeted regions:

- FMoH
- DFID
- GAVI
- Sida
- Netherlands

H4+ work plan 2013-14: Financials per output

Budget 2013-14: US$5.7 million

Total expense 2013-14: US$ 4.2 million (74% of budget)



Key Achievements in 2013-14

AT THE POLICY LEVEL

H4+ provided technical support for:

- Development of the Health Sector Development Plan-V (2016-20).
- Development of a national strategic plan for EMTCT.
- Adaptation of guidelines and tools for MNH care, obstetric protocols (health centers and hospitals), MDSR and gender mainstreaming.

AT THE PROGRAMME LEVEL

HUMAN RESOURCES FOR HEALTH: H4+ supported pre-service training of 139 midwives; and in-service training of health workers—341 in BEmONC, 600 in ENBC, 434 in neonatal ICU care, 13 tutors of midwifery school, 153 emergency surgical officers (task shifting), 322 health extension workers, 114 government officials, and 228 health workers received training to address GBV.

HEALTH INFORMATION SYSTEMS, MONITORING AND EVALUATION: H4+ provided HMIS and data management training; quality of care assessment of 29 identified hospitals and follow up to address existing gaps; strengthening of M&E of PMTCT services; and support for joint visits and supportive supervision in the identified health facilities for the provision of RMNCH services.

HEALTH SERVICE DELIVERY: Strengthened management and leadership capacities of district health managers to engage in monitoring and supporting the provision of quality RMNCH services and improved service environments in 153 health facilities for C/BEmONC services to support emergency surgical officers.

DEMAND, INCLUDING COMMUNITY OWNERSHIP AND PARTICIPATION: Built the capacity of leaders and policy planners from government regional health departments, health training institutions and hospitals in gender mainstreaming as well as the capacity of health extension workers in clinical management of gender-based violence (GBV) so that it becomes an integrated part of community-based reproductive health care. Women's association representatives also received this training in order to use the knowledge in their efforts to encourage women to utilize health services.

SELECTED RESULTS

1. The national base of SBAs has been expanded and now has skilled service providers in 300 identified facilities for the provision of C/BEmONC services.
2. Evidence-based protocols and standards for enhancing quality of care are being promoted.
3. Monitoring of PMTCT services on a real time-basis has been institutionalized.

Guinea-Bissau

H4+ focus regions:

7 regions out of 11

Population: 0.9 million

(60% of total)

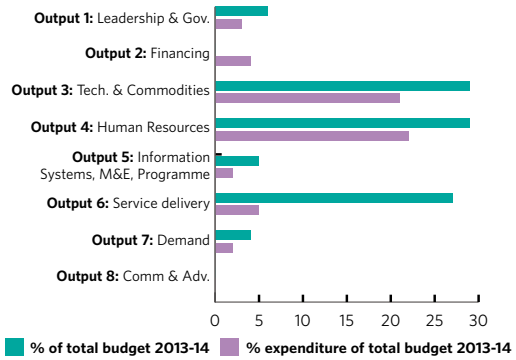
Key health actors in H4+ targeted regions:

- European Union
- 5 international NGOs (MSF, AMI, AIDA EMI)
- 5 national NGOs

H4+ work plan 2014: Financials per output

Budget 2013-14: US$5.0 million

Total expense 2013-14: US$2.8 million (63% of budget)



Key Achievements in 2013-14

AT THE POLICY LEVEL

H4+ provided technical support for:

- Joint programme/coordination of the health system in a context of political transition
- Review of emergency obstetric and newborn care standards and integration of gender/right dimensions and update of the HIV/AIDS guidelines as per WHO norms
- Development of policy on free access to health services for reproductive, maternal, newborn and child health, HIV and gender-based violence at health facility and community level

AT THE PROGRAMME LEVEL

HEALTH COMMODITIES: H4+ procured and distributed medical kits, vaccines and essential medicines for mothers and children, HIV, emergency obstetric and newborn care and infection prevention.

HUMAN RESOURCES FOR HEALTH: Supported the national medical school for training of midwives and nurses on emergency obstetric and newborn care and provided in-service training on emergency obstetric and newborn care, MDSR, ANC, HIV and gender-based violence. Eight international experts were contracted to train health professionals in emergency obstetric and newborn care.

HEALTH INFORMATION SYSTEMS, MONITORING AND EVALUATION: Improved data collection/analysis and set-up an MDSR system. Capacity building of the National Public Health Institute to desegregate RMNCH data by gender and age.

HEALTH SERVICE DELIVERY: Renovated maternities and surgical theaters and strengthened the referral system with the supply of ambulances and motorbikes, drugs and PHC equipment/material. Mobilized international experts (2 Gynecologists, 1 pediatrician and 1 anesthesiologist) for provision of CEmONC services and impart on the job training to the national health professionals.

DEMAND, INCLUDING COMMUNITY OWNERSHIP AND PARTICIPATION: Provided food support for maternity waiting homes. Involved more than 300 CHWs in the promotion of the Key Family Practices.

SELECTED RESULTS

1. Supported the National Midwives school to improve the training curriculum to align with international standards and enhance quality of trainings.
2. Provided technical support for adaptation of EmONC standards and integration of gender/rights dimensions towards improved quality of care.
3. Mobilized international experts to make CEmONC facilities operational and enhance skills of national health professionals.

Appendix 1: **Specific H4+ achievements in 2013-14 at the country level**

H4+ SIDA COLLABORATION

Liberia

H4+ focus regions:

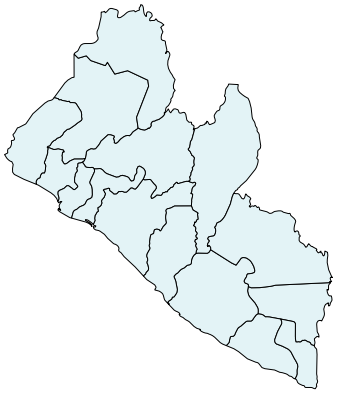
3 SE counties out of 15

Population: 800,000

(20% of total)

Key health actors in H4+ targeted regions:

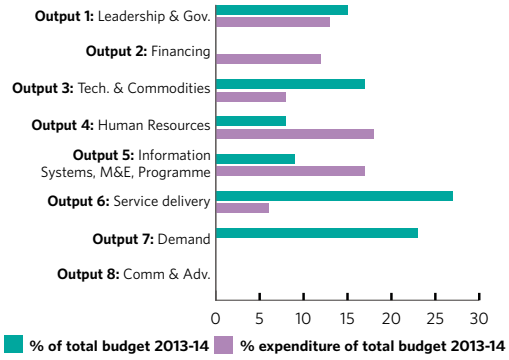
- MoHSW
- Sida



H4+ work plan 2014: Financials per output

Budget 2013-14: US$3.8 million

Total expense 2013-14: US$2.4 million (63% of budget)



Key Achievements in 2013-14

AT THE POLICY LEVEL

H4+ provided technical support for:

- Review and revision of community health protocols, standards and guidance for RMNCH, including standards for midwifery practice, which were developed to guide service provision.
- Bottleneck analysis (BNA) conducted for PMTCT implementation in Liberia in order to define robust strategies for the implementation of Option B+ (eMTCT).
- Development and review of Elimination of Mother to Child Transmission (eMTCT) Plan and guidance.

AT THE PROGRAMME LEVEL

HEALTH TECHNOLOGIES AND COMMODITIES: H4+ provided high frequency radios to 18 identified health facilities to enhance referral of RMNCH emergencies and procured BEmONC drugs and medicine for these facilities. In collaboration with other donors, H4+ also completed the first national forecast of essential life-saving commodities. Six motorcycles and three tricycles were procured and delivered to programme counties to support drugs distribution, monitoring and coordination of programme activities. Twenty-five 'helping mothers survive' kits and simulation materials were procured and distributed to 12 nursing and midwifery schools.

HUMAN RESOURCES FOR HEALTH: Seventy-five health functionaries and 35 supervisors in three intervention counties were trained in KMC, EmONC and use of non-pneumatic anti-shock garments and Chlorhexidine gel for newborn cord care. Thirty-six community midwives were trained in postpartum FP; an ASRH training manual for health workers was developed; and three midwives/nursing training institutions in the programme region were equipped with teaching aides/simulators to enhance teaching/learning environments and competency-based skills transfer.

HEALTH INFORMATION SYSTEMS, MONITORING AND EVALUATION: Community HMIS indicators were developed and integrated in national reporting system; programme indicators were integrated in national HMIS tools; and MNDSR tools were developed and disseminated at county, health facility and community level for data collection. In three counties, functioning maternal and perinatal death and response mechanisms were established, and H4+ supported joint visits and supportive supervision.

HEALTH SERVICE DELIVERY: The programme intervention covers 3 counties. There are 61 health facilities out of which three CEmONC and 15 BEmONC facilities are supported for provision services. Provision of ancillary services has been improved in 10 health facilities.

DEMAND, INCLUDING COMMUNITY OWNERSHIP AND PARTICIPATION: Engaged parliamentarians in supporting reproductive, maternal, newborn and child health initiatives; improved communication facilities for reporting health coverage and surveillance; raised community awareness and engagement through community radio programmes and messages; trained 101 communities in FP, MNH and RH; and discussed SRMNCH issues at monthly meetings with men's and women's groups.

SELECTED RESULTS

1. Advocacy at policy level helped mobilize commitment and resources for the RMNCH sector.
2. Capacity development supported by H4+ increased the capacity for programme management and monitoring at the Reproductive Health Division of the Ministry of Health.
3. MoH, health regulations and training institutions received support to develop, review and revise RMNCH policy document and conduct PMTCT and supply chain bottleneck analysis to inform policy decision-making.

Sr. No	Country	Maternal health*	Newborn and infant care	HIV prevention and treatment	FP	Youth-friendly health care	Health care management	Health care technologies	Totals
1	Burkina Faso	361 (including 8 doctors in essential surgery)	232	25 (tutors)			115		733
2	Cameroon	130 (9 physicians and 121 nurses)	97 (7 physicians and 91 nurses)	0	60 (6 physicians and 54 nurses)	0	0	0	287
3	Côte d'Ivoire	656 (250 in orientation)	264		100	30	19	46	1,115
4	DRC	75		180	267		60		582
5	Ethiopia	1,634	1, 034 (137 physicians)	226			455 (GBV)		3,680
6	Guinea-Bissau	159					150 (GBV) 331		309
7	Liberia	72**	72**	0	111	72**		37	220
8	Sierra Leone	1,182			61	75			1,318
9	Zambia	40	15	60	40		40	20	215
10	Zimbabwe	331 (including clinical mentorship)	724 (including IYCF and growth monitoring)	589	0	60	147	0	1,851
Grand total		**4,640**	**2,366**	**1,080**	**639**	**165**	**1,317**	**103**	**10,310**

* EmONC/BEmONC/CEmONC, midwifery, MCH aides, SRMNCH, MDR, IFC approach.
** Joint training for RMNCH.

COMPLETED

Canada	
Sierra Leone	1. Using civil society to monitor supply chain management
Zambia	2. Implementing Mama Kits to increase institutional deliveries
Zimbabwe	3. Using PoC PIMA CD4 count machines
Sida	
Cameroon	1. Prepositioning obstetric kits
Ethiopia	2. Integrating emergency surgical and obstetric officers
Zimbabwe	3. Using PoC PIMA CD4 count machines (as #3 above)

PLANNED

Canada	
Burkina Faso	1. Sharing health care costs 2. Schools for Husbands
DRC	3. Using mannequins for EmONC training
Sierra Leone	4. Using m-Health to monitor stock outs and maternal health
Zambia	5. Hiring retired midwives to administer/manage health facilities
Zimbabwe	6. Use of social media to reach young people with SRH information
Sida	
Cameroon	7. Phone network for referral between facilities
Cote d'Ivoire	8. Community-based family planning distribution 9. Schools for Husbands
Ethiopia	10. Health development army initiative 11. Roll out of M&E system for PMTCT
Guinea-Bissau	12. Maternity waiting homes for women at higher risk
Liberia*	13. Use of motorcycle wagons to transport reproductive health commodities

*Due to EVD epidemic, the proposed intervention was interrupted.

Innovations: Both catalytic and sustainable

By the end of 2014, innovations had come to characterize the H4+ approach to improving reproductive, maternal, newborn and child health. Country-led, the on-going strategies are catalytic both within one country as the results and lessons learned are shared across districts and across the other nine countries. Countries also are shared with each other in H4+ annual inter-country meetings and by H4+ production and distribution of information sheets.

Incorporated into successive work plans, the innovations have set a foundation for the sustainability of change.

In Burkina Faso, 10 'Schools for Husbands' were established as an innovative approach to reducing maternal and neonatal mortality in the Kaya health district. The 'schools' trained 117 men to support their wives in their decisions to seek care during antenatal, childbirth and the postnatal period. The men then became a resource in their community, serving as models for other men, and also as drivers for women needing transport to a health facility for a safe delivery.

H4+ partners in Burkina Faso include: Mwangaza Action (NGO), Ministry of Health (Regional Direction, District of Kaya health centres).

In Cameroon, the Ministry of Health's innovative strategy for reducing maternal and neonatal deaths in the regions of Adamawa, North and Far North, some of the poorest areas in the country, was to pre-position obstetric kits with birthing kits and an emergency caesarean kit in health facilities. The prepositioning of the kits saved invaluable time from when a woman came to the facility and when her treatment started. It also allowed women unable to pay at point of service to be treated.

H4+ partners in Cameroon include: Ministry of Health, UNFPA, Sida and C2D (the debt reduction partnership framework with France).

In Ethiopia, the Government is using a task shifting strategy to provide integrated emergency and obstetrics surgery in previously under-resourced facilities in the country's rural areas and poor communities. This innovation is developing a cadre of mid-level health professionals through graduate level training at universities throughout the country, increasing the supply of clinicians, addressing the country's personnel shortage and redressing system inequities.

The H4+ partners in Ethiopia include: the Federal Ministry of Health, Federal Ministry of Education, and Averting Maternal Death and Disability.

A civil society network in Sierra Leone is strengthening the country's reproductive health commodity security system. The organizations have undertaken a unique and successful role in monitoring the drugs and supplies distribution system and advocating for a sustainable system that includes budgeting for reproductive health commodities in the national health budget. The H4+ partners in the Sierra Leone innovation include: Ministry of Health and Sanitation, civil society network of the Health for All Coalition, Directorate of Drugs and Medical Supplies, Anti-Corruption Commission, Sierra Leone Pharmacy Board, Statistics Sierra Leone, local councils and local media, and DFID.

Mama Kits in Zambia are being used as low-cost, non-monetary incentives to increase facility delivery rates in rural, sub-Saharan settings and so reduce the numbers of women and infants dying from complications during childbirth. The kits, containing nappies, cloth, a blanket, a bay vest, baby booties, Vaseline, a baby hat and soap, are given to pregnant women on the condition that they deliver in a health facility. The H4+ partners in Zambia include: the DFID-funded Demand Driven Evaluations for Decisions initiative, Zambia's Ministry of Health, Ministry of Community Development, Mother and Child Health, Clinton Health Access Initiative, Idinsight and district medical offices of Serenje and Chadiza.

Appendix 4:

Mid-term review—H4+ Canada collaboration

In addition to the monitoring process followed by global and country teams, a mid-term review was conducted in 2013–2014 of the five country programmes of the H4+ Canada collaboration, and of the adequacy, quality and effectiveness of inter-agency coordination at the global level. This review covered the period of 2011-2013.

Key findings and conclusions of the mid-term review of the H4+ Canada-supported activities during the 2011-2013 periods included:

- The H4+ initiative is relevant and consistent with national priorities and with international strategies to reduce maternal and neonatal mortality and morbidity.
- Inefficiencies in implementation were identified, mostly tied to funding and flow of funds.
- Despite indications of alignment, participation and ownership, which contribute toward sustainability, challenges such as political insecurity, capabilities for good governance and financial and human resources remained with national health systems.
- The H4+ initiative has been constructive and catalytic for collaboration between UN partners, although full involvement of all agencies still did not occur.

The review made three inter-related recommendations:

- Accelerate and intensify activities to improve monitoring and evaluation.
- Maximize the potential for demonstrating effectiveness by ensuring that catch-up activities are carried out when delays are identified, and by removing barriers to implementation.
- Further enhance inter-agency co-ordination by reflecting on current risks, planning in advance, providing structure to meetings and consistently encouraging participation of all UN agencies.

Mid-term review of global level activities

In 2014, the H4+ partners and the global technical team conducted a self-assessment of the performance of H4+ global level initiatives and the adequacy, quality and effectiveness of inter-agency coordination at the global level.

The review came to the following conclusions and recommendations:

CONCLUSIONS

1. The global technical team provided a range of products and services to support global reproductive, maternal, newborn and child health efforts and the operationalization of the UN Global Strategy for Women's and Children's Health.
2. Inter-agency collaboration and exchanges of information coupled with close and frequent contacts with H4+ country teams were seen as key value added of the global technical team.
3. Development and dissemination of global knowledge products and support services overall relied heavily on agency-specific resources and channels of the H4+ partners.
4. The stated role of H4+ as the 'technical arm of the Global Strategy' was not yet fully translated into the appropriate coordination, structure and work processes of the global technical team.
5. The global technical team lacked information on the use of its products by the target audiences in Countdown countries.
6. The H4+ processes for identifying and adjusting support needs have not (yet) systematically captured the diverse circumstances of the broadly defined target group.

RECOMMENDATIONS

1. Deliverables financed by H4+ should clearly show their support of the partnership on the cover in order to build partner ownership of the partnership.
2. Major H4+ global deliverables should be disseminated by all members of the H4+ partnership.
3. H4+ should organize systematic collection of feedback and information on the use and usefulness of the services and products of the global technical team. All partner agencies should actively contribute to this work.
4. Based on usage data, revise selected key H4+ products to increase their usefulness to different groups of stakeholders in different country circumstances.
5. H4+ partners should review options to better institutionalize the H4+ partnership within the work of the individual member agencies.

Appendix 5:

List of Countdown countries/High-Burden countries and H4+ countries

Countries
Participating in the H4+ Joint Programme—Canada and Sweden

Countries
Reporting Either Having A Dedicated H4+ Country Team or Having H4+ as Part of a UN Coordinating Team

Countries
Where More Than 95% of All Maternal And Child Deaths Occur

Burkina Faso
Cameroon
Democratic Republic of the Congo
Guinea-Bissau
Liberia
Sierra Leone
Zambia
Zimbabwe
Ethiopia
Côte d'Ivoire
Botswana
Burundi
Central African Republic
Congo
Benin
Guinea
Haiti
India
Indonesia
Kenya
Korea, Democratic People's Republic of
Kyrgyzstan
Lao People's Democratic Republic
Lesotho
Madagascar
Malawi
Mauritania
Morocco
Mozambique
Nigeria
Papua New Guinea
Philippines
Senegal
Somalia
Tajikistan
Uganda
Vietnam
Afghanistan
Angola
Azerbaijan
Bangladesh
Bolivia
Brazil
Cambodia
Chad
China
Comoros
Djibouti
Egypt
Equatorial Guinea
Eritrea
Gabon
Gambia
Ghana
Guatemala
Iraq
Mali
Mexico
Myanmar
Nepal
Niger
Pakistan
Peru
Rwanda
São Tomé and Principé
Solomon Islands
South Africa
South Sudan
Sudan
Swaziland
Tanzania, United Republic of
Togo
Turkmenistan
Uzbekistan
Yemen

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Sida

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