

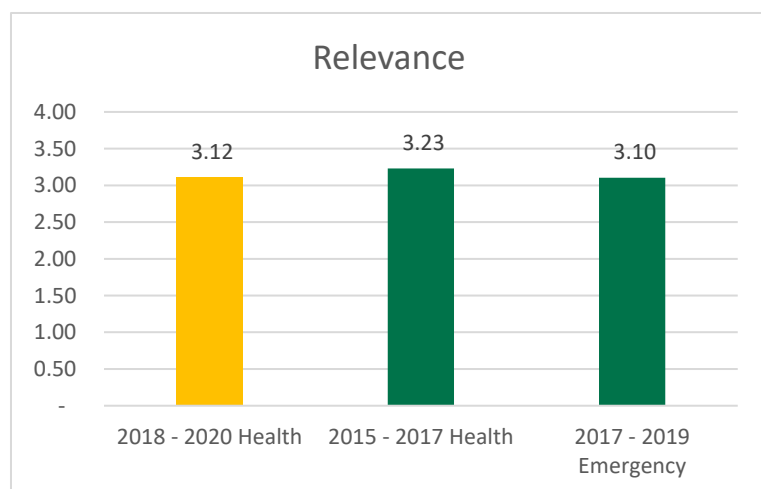
# Health Programme Meta-Evaluation Report, February 2021

## Executive Summary

Through our latest Health Policy (2019), Concern will contribute to a reduction in mortality and morbidity rates and to improved health security for all, with interventions in three specific areas, MNCH, Nutrition and WASH or environmental health. In 2019, we reached almost 3.6 million people directly with our development interventions and 2.6 million with our emergency health work. The Health System Strengthening work in Bangladesh and Kenya between them account for 62.7% of all people reached. A downward trend can be seen in terms of expenditure, with a drop in the recorded health spend between 2016 and 2019, from €28.4 to €12.9 million.

**Methodology:** This review utilised reports from 19 countries covering 28 programmes and projects, meaning the only countries where we have recorded beneficiaries under health interventions in the period 2018 to 2020 where an evaluation has not been included are DPRK and Malawi. Eight of the interventions evaluated incorporated elements of Health Service Delivery, 16 included activities on nutrition and 18 had WASH activities. The report is structured along the headings used for evaluations under the DAC and expanded DAC criteria for evaluations of development and humanitarian response, and a mean score has been calculated using a scale of 0 (low) to 4 (high), where 3 is considered to be performing as expected. **Limitations:** No evaluations of the Irish Aid PG have been included here as they were postponed to 2021. The large number of interventions now being described as ‘integrated’ in both the development and emergency response sphere makes it difficult to identify all the programmes that have a health component. Very few evaluations have been undertaken in 2020 due to Covid-19. We don’t have a realistic assessment (yet) of the impact of Covid-19 on our work.

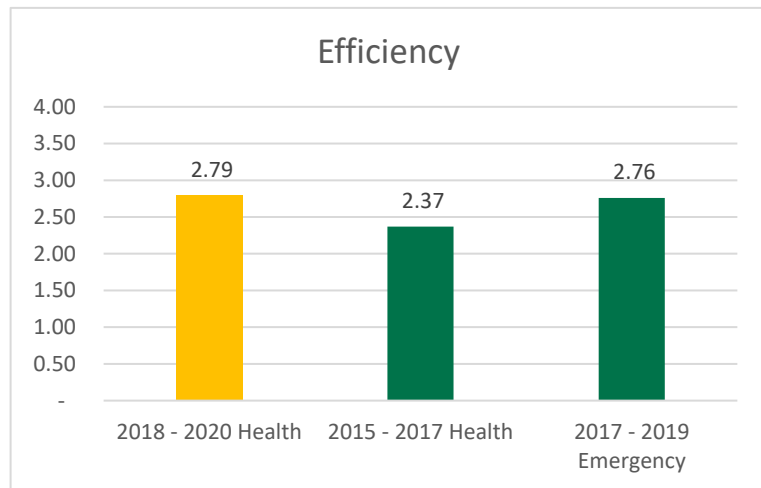
**Relevance:** Of the 28 evaluations included in this review, 26 addressed this issue, and based on the evidence presented in the reports all interventions were felt to fall in to one of the two upper categories, meaning that on average Concern’s Health interventions perform slightly above expectation in terms of their relevance. E.g. In the Sierra Leona ASRH [19] intervention, the evaluators identified how the project was built around the “need to reduce teenage pregnancy, which is a significant contributor to gender inequality and poverty.”



12 of the 17 programmes evaluated as emergency intervention and 6 of the 11 evaluated as development were considered to have had a clear targeting strategy to the extreme poor. Relevance continues to be the criteria that our programmes score best on, with evaluators highlighting how the interventions meet the need of the community.

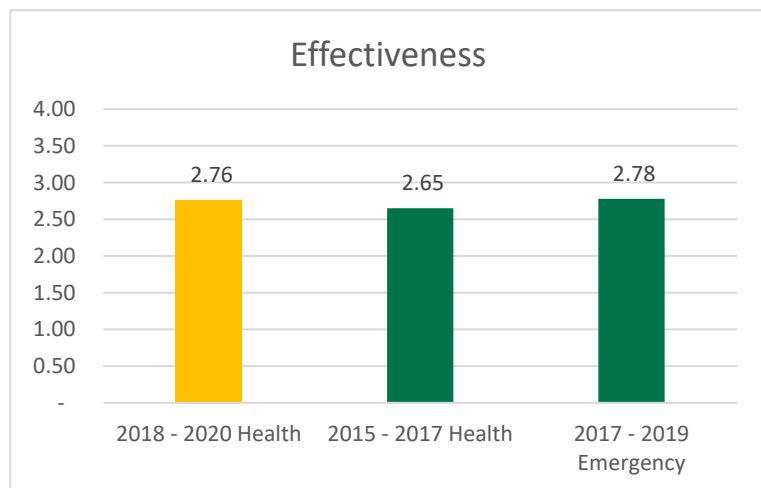
**Efficiency:** Of the 24 evaluations that provided enough data to make an assessment, 2 were considered highly satisfactory, 15 as satisfactory and 7 as satisfactory but with some reservations. E.g The Zambia FYNEP [27] evaluations highlights how the various activities and components were implemented in a ‘timely and efficient’ manner. the HPP in South Sudan [13], highlighted how, when the Health intervention is implemented alongside others, efficiency gains can be made.

Challenges identified, *not budgeting appropriately* and *not spending at an appropriate rate* [4, 23, 7, 10]. Inefficiencies are connected to *lacking staff and high levels of staff turnover* [11, 23]. One evaluation highlighted how efficiency gains could have been achieved in terms of “having a framework agreement, or pre-qualified suppliers, for the purchase of emergency response items” [3]. Historically, efficiency is one of the criteria Concern has struggled with the most.



**Effectiveness:** The reviewers, basing their conclusions on effectiveness on data available at the outcome level found only one programme, the Irish Aid funded HPP intervention in DRC [7] to be highly satisfactory, 17 to be satisfactory and 7 to be satisfactory, but with some (major) reservations.

The RAPID fund in Pakistan [5] have depended more in this assessment in terms of the numbers reached rather than how people are using the services provided. The report from Chad / Sudan [18] highlights how “according to endline data, in Chad the number of respondents using a borehole increased from 62 per cent at baseline to 88 per cent at endline”.

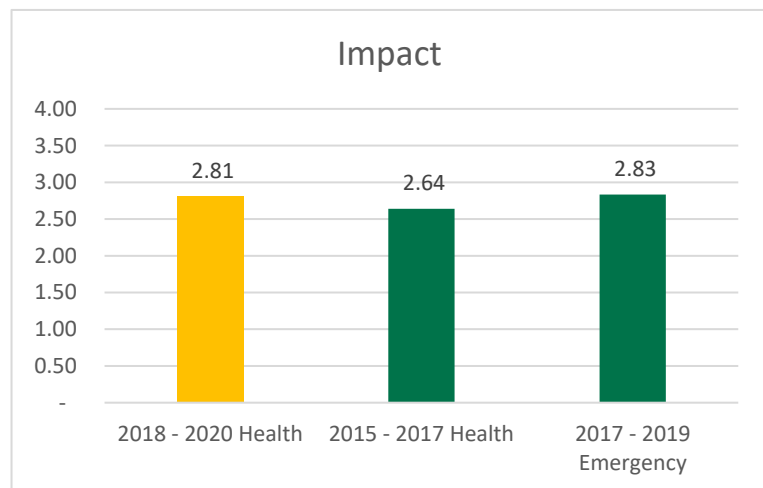


Issues flagged, included targets not being clearly identified in the RF making it impossible to know whether the progress was in line with expectations [20, 10, 13, 11]. Some evaluations

looked at the question of Value for Money (VfM) under effectiveness, in particular the two CMAM Surge evaluations [26 and 28]. A Cost-Effectiveness Assessment found that the Surge approach as implemented in Niger was highly cost effective”. The ability to assess an intervention’s effectiveness has been greatly enhanced by the availability of good quality baseline and endline data.

**Impact:** Overall, 21 of the 28 evaluations either provided a rating, or it was possible to estimate one based on the data provided in the report, with 17 assessing impact as satisfactory and 4 as satisfactory but with some reservation, suggesting our work overall is satisfactory in this regard. E.g. The evaluation of the Rohingya response [16] identified how “According to beneficiaries and target communities, Concern’s programme in Cox’s Bazar is making significant positive contribution to improve the social, economic, health and nutrition of Rohingya refugees and host communities. The new approach adopted in Bangladesh in terms of providing ‘health vouchers’ [22] was seen to “have generated greater impact on the lives of the beneficiaries, especially for the women of reproductive age, pregnant and lactating mothers and children under five years of age through greater awareness and health seeking behaviour. Impact was reported on work that targeted adolescent girls and their sexual and reproductive health, with reduced levels of teenage pregnancy.

A number of evaluations highlight areas that need more work to achieve a greater overall integration. In Lebanon [3] the evaluators highlight how “It was difficult to evaluate protection and WASH together and provide them with one rating. Attribution of impact to Concern’s work on its own can be challenging. E.g. The Kenya [21] evaluation highlighted how “improvement in nutrition situation in Marsabit County as a result of the project interventions alongside other intervening factors such as the rains that were witnessed in the month of April to May 2018”.



**Sustainability:** Amongst those classified as ‘Development’, 3 were considered to have addressed sustainability in a satisfactory manner, with 6 being assessed as satisfactory, but with shortcomings, with 2 not providing enough information to make the assessment. One area that is receiving greater attention under the health interventions is *strengthening capacities at district level*, often with government run facilities, and even in the more short-term interventions evaluated, such as in Burundi [2]. Working through partners in terms of reach of activities was highlighted in the Somalia report. The Health Voucher scheme in Bangladesh has been taken over by CCC and MHI by the project’s implementing partner, BRAC. Emergency evaluations in general do not look at issues of sustainability, looking instead at connectedness though 7 of the 17 reviewed did touch on it.

One of the biggest challenges to sustainability identified is a tendency to *do it ourselves*. This was brought to the fore in the emergency nutrition response in Ethiopia [24] where the evaluators highlighted, “The Concern team is doing direct implementation of CMAM and in July 2018 agreed to manage two stabilisation centres”. A point is raised in some evaluations – that it is very difficult to assess sustainability immediately at the end of a *short-term intervention*. In some evaluations, such as in the DRC WASH Consortium [2]. The issue of time frames is also raised in terms of the length of time necessary to take on board *behaviour change messages* in a way that will last. Also, this focus on the short term nature is at times seen to translate into a prioritisation of hardware over software, reported in the Liberia WASH Consortium evaluation [6].

**Advocacy and Policy Change:** The reviewers found that 13 of the 28 interventions having some form of a focus on advocacy or policy change. Some of these are in integrated programmes and not necessarily related to policy change for health, though some substantial progress can be seen on the WASH side. In some contexts, such as Ethiopia, the evaluation [24] highlights how challenging any advocacy work is, though suggests that some more informal approaches are not being undertaken.

Other achievements have been to convince other service providers to operate in the area where Concern operates in CAR [10]. Similarly, the evaluation of the ILUEP programme in Bangladesh [20] highlights how “Concern managed to increase access to clean drinking water and sanitation facilities for many without getting involved directly in the installation of hardware.”

Sustainability is the DAC Criteria where the evaluations suggest Concern’s programmes struggle most. It is an area that is difficult to assess at the end of a project. Other challenges point to a lack of understanding of the process required to bring about sustainable social and behaviour change and unrealistic expectations in terms of what can be achieved in a short implementation window.

**Coherence and HCUEP:** Coherence has only been assessed in 11 of the 17 emergency evaluations, but HCUEP has been applied particularly strongly in the HPP evaluations. A number of evaluations highlight the lack of a coherent or strong approach to addressing issues of inequality in our health interventions. E.g. Afghanistan [15] highlighted “More coherent strategies to address prevailing gender inequalities should be considered”. Concerns raised in the NES [4] evaluation were the lack of attention to issues of gender and disability in programme design. Risk and Vulnerability appears to be better addressed within the Health programming than in the Livelihoods and Education sectors. E.g. The Chad / Sudan BRACED evaluation [18] focus on how the activities undertaken have addressed the systemic risks. HIV and AIDS continues to be poorly addressed in health programmes however.

**Coverage and Connectedness:** Coverage was assessed in 11 of the 17 Emergency evaluations, with one being seen to be highly satisfactory, six satisfactory and four satisfactory with reservations. In South Sudan [13] the evaluators praised the work of the mobile clinics “Overall, the programme has been successful at reaching the most vulnerable.

The evaluators considered 7 of the emergency interventions satisfactory in this regard and a further 3 satisfactory but with reservations, with no assessment made for seven. Challenges were identified in Lebanon, with more positive reports from Syria in this regard.

**Innovation and Promising Practices:** These include CMAM Surge, in ASRH interventions, the Economic Approach introduced by the DRC WASH Consortium, Urban Early Warning Early Action approach as adopted in Kenya and Health Vouchers are being piloted in Bangladesh urban areas.

## Conclusion and Recommendations:

Our Health interventions continue to be highly relevant, and have made improvements in terms of efficiency, effectiveness, impact and sustainability since 2018.

1. In terms of the process and frequency of reporting, the review team recommends that the Meta Level reports are moved to a five year cycle. This would bring the reports in line with the time frames used for the strategies and would link these two processes. **Management Response:** *All concerned agree this makes sense, the Director SAL will produce a revised timetable to share with SMT for final approval by PMEC.*
2. All evaluations should include a section on unintended and unexpected impacts, and key cost data needs to be made available to the evaluator to allow them make consideration of questions of Value for Money. **Management Response:** *The planned Irish Aid evaluations for 2021 allow the opportunity to pilot and test an approach to doing this. There has been a cross-departmental Working Group on this subject, who will be encouraged to finalise their report and recommendations in time for the evaluations.*
3. While there is generally a good understanding of context, in longer-term interventions, there is scope to develop a better understanding of the policies, institutors and processes that are generally ignored in Contextual Analysis. This means we have to get better at thinking politically and having a strong understanding of existing service provision systems and their planning and budgeting processes as we work more within systems. A better understanding of context will also contribute to better targeting and target setting. **Management Response:** *The Context Analysis Guidelines are currently under review and revised guidelines will be available later in 2021.*
4. Our Health programming needs to improve its focus on equality, starting with gender equality. This suggests that work that intends to change the participation of women in certain activities or enhance their decision making has to work on a societal level as well as the individual or household level, with a series of activities planned from the start rather than added on at the end. **Management Response:** *The SAL team has prioritised the production of guidelines on Gender Transformative Programming across all of our areas of work in 2021, and will use the potential of the ERNE programme to roll approaches such as Father’s Groups for nutrition, out in 2021.*
5. Building on approaches that strengthen systems, either at community or at the broader health system level, will help to contribute to ownership and maybe to address issues of sustainability. We need to start moving away from doing everything ourselves in both our long and short-term work. **Management Response:** *The System Strengthening Approach is a key element of our three relevant strategies; however, the contexts in which we work do make this challenging. Greater guidance on what this looks like across all contexts will be produced by the SAL Team in 2021. The IPD Directorate will push for the inclusion of a System Strengthening approach in as many proposals as possible in 2021.*
6. We don’t have a realistic assessment (yet) of the impact of Covid-19 on our work; all evaluations should look into this in the 2021-2022 period. **Management Response:** *This will be done throughout 2021 with Desk Officers specifically supporting the inclusion of this in TORs for evaluations. There is also the opportunity to build on the light touch research undertaken in Malawi, Bangladesh, Sierra Leone, Somalia, DRC, Haiti, Ethiopia and Kenya and on the 2020 Country Annual Reports in this assessment.*