

Summative evaluation of the WHO Rapid Access Expansion (RAcE) Initiative

Management Response

Evaluation Title	Summative Evaluation of the WHO Rapid Access Expansion (RAcE) Initiative
Commissioning Unit	WHO Evaluation Office
Link to the evaluation report	<p>Synthesis report, country briefs, executive summary and annexes are available in English. Synthesis report, executive summary and relevant country briefs and annexes are also available in French and Portuguese: http://www.who.int/about/evaluation/RACE/en/#race_en</p> <p>Link to the synthesis report in English: http://www.who.int/about/evaluation/race_eval_synthesisreport_v1.pdf?ua=1</p>
Evaluation Plan	Organization-wide evaluation workplan 2016-2017
Unit Responsible for providing the management response	Global Malaria Programme (GMP)
<p>Overall Management Response:</p> <p>Summary of the overall reactions of senior management to the recommendations</p> <p>The RAcE Programme represents one of the few instances outside of emergency and epidemics where WHO has played a strong operational role, and the evaluation recognized the positive effect on policy, implementation quality and national, regional and global learning. The RAcE experience indicates that WHO has the capacity to balance the normative role with a strong operational role, and that the operational involvement strengthens WHO's normative and technical support roles. The WHO Secretariat welcomes the comprehensive report on the Summative Evaluation of the WHO Rapid Access Expansion (RAcE) Initiative which provides a thorough look into the achievements of the project and guidance for future programming.</p> <p>WHO has advocated the importance of iCCM as a key strategy to achieve Universal Health Coverage and reduce child mortality. But currently countries are struggling to integrate iCCM into their primary health care system and achieve impact with strategies delivered through their community health platforms. Previous evaluations of large scale iCCM programmes have been largely inconclusive, and this fills the knowledge gap. These conclusions will guide WHO and global stakeholders in funding, programme development, and implementation quality, and the RAcE experience has the potential to form the basis of a platform for WHO involvement in operational issues.</p> <p>The findings of this evaluation are mostly in line with our understanding of the results of the external evaluation and the observations of the RAcE Programme International Steering Committee and the Ministries of Health involved in RAcE. We note that in many cases, the recommendations ask that WHO assure conditions in national health systems, which is beyond the mandate of WHO. We used our understanding of the intent of the recommendation in our responses.</p>	

Management Response Status	In progress
Date	16 October 2018

Recommendations and Action Plan

<p>Recommendation 1. Considering that iCCM services established under the RAcE Initiative are threatened by financing gaps, WHO should take immediate action to assure that the achievements of the RAcE Initiative are not lost by:</p> <ul style="list-style-type: none"> Working with partner governments in assessing potential funding gaps for iCCM in RAcE programme areas and assisting ministries of health in resource mobilisation to assure that the services established in these areas continue without interruption. 				
Management response	<p>Partially accepted</p> <p>RAcE has proven that iCCM can be effective at a large scale as delivered through the Ministry of Health with strong partner support, and the Ministries and local governments are keen to continue and expand the service. While the RAcE project had an important role during the project period, only the national Governments can ultimately assure the institutionalisation of CHW and that iCCM services continue. This has been done in Malawi and Mozambique before the implementation of the RAcE project. WHO has taken a more strategic approach to address gaps in the context of health system financing and meeting child health targets. The sustainability planning process was designed to ensure that iCCM was included in the strategic and operational plans of Ministry of Health and stakeholders in other sectors. This included a process for identifying the appropriate local source of financing and the mechanism for programming the funding so that the health system has the capacity to support iCCM activities. WHO worked with Ministries to mobilize partner support for a continuation of quality services and to address any resource gaps. WHO has explored multiple avenues with GAC at global and country levels to ensure additional partial financial support to sustain iCCM services in the project countries, but the focus of international funding of the agency have evolved to different priorities in 2018.</p>			
Status	in progress			
Key actions	Responsible Officer	Deadline	Status	Comments
Advocate with the country's technical and funding partners to support iCCM scale-up under the financing of key strategies such as Child Health, Malaria Strategic Plans and new initiatives.	HQ RO WCO Governments	March 2018	completed	<p>In DRC, donor support following RAcE under USAID was identified at the beginning of the project, and WHO transitioned implementation support to USAID-PMI, in Tanganyika, and the systems support will continue under USAID's Integrated Health Project (IHP+). The DRC National IMCI National Strategic Plan (PCIMNE 2017-2021) and the 2018-2020 Community Health Strategic Plan include iCCM following the RAcE model, and both were developed with the full participation and commitment of the partners.</p> <p>In Nigeria the Gates Foundation has committed to support Niger State, and Abia State has included iCCM as a budget line in the State budget. Nationally, services delivered through iCCM have been included in the minimum service package (MSP) and WHO will support States to finalise the operational guideline for the basic health care provisional fund which cover key MNCH interventions.</p> <p>In Niger WHO supported the development of the National iCCM Scale-up Plan and financing continues with Ministry, UNICEF and Global Fund support.</p> <p>In Malawi iCCM implementation continues under Ministry of Health leadership with</p>

				broad partner support. In Mozambique the World Bank and UNICEF are supporting the programme areas supported under RAcE.
Support the country to implement the iCCM sustainability plan	WCO	2018 to 2019	in progress	The sustainability plans have multiple phases of implementation, and country offices are positioned to support and follow the progress.

<p>Recommendation 2. Considering the effectiveness of implementing the RAcE Initiative through sub-grantee contracts with non-state actors, WHO should:</p> <ul style="list-style-type: none"> • Include programme implementation through non-State actors (NSAs) as a possible alternate option to the established approach of direct implementation through governments, based on a contextual analysis and a capacity assessment of potential government and NSA programme partners. 				
Management response	<p>Partially accepted</p> <p>The RAcE project was implemented by NSAs as sub-grantees, under the stewardship role of the Ministry of Health in the respective countries. WHO recognizes the fundamental role of the government to provide access to essential health services and we acknowledge the complementary role of NSAs in supporting Ministry of Health to establish stable delivery of iCCM services to the population.</p> <p>The traditional donor approach for supporting iCCM in the countries has been through NSAs, which led to disjointed programmes with little Ministry engagement and ownership. RAcE represented a departure from this approach that empowered Ministries, which was central to the observed success. The NSAs received funding to implement iCCM, which was accomplished through government human and material resources, and the success of the RAcE programme was largely due to WHO's emphasis on Ministry of Health Leadership.</p> <p>We note that the role of NSAs in iCCM implementation is contingent on an assessment of government capacity, and agree that the complementary role of NSAs in providing specific expertise can be leveraged in the future. We acknowledge the value brought by the experience of NSAs, and we advocate that NSAs with specific expertise (for example in strengthening the supply chain, or social mobilization) are brought in based on the needs as defined by the Ministry of Health.</p>			
Status	in progress			
Key actions	Responsible Officer	Deadline	Status	Comments
WHO will play an active role in the national iCCM technical committees, to	WHO NPOs	2018-2019	In progress	This is ongoing at all RAcE sites, but this is contingent on a WHO country office with sufficient capacity.

convene partners for the purpose of defining and addressing the health system gaps.				
WHO will propose a stronger operational role in future programming, along with increased involvement of NSAs.	WHO	2018-2019	For future	Future involvement with NSAs will follow the WHO Framework of engagement with non-State actors (FENSA).

Recommendation 3. Considering that the RAcE Initiative generated new evidence on implementing iCCM as a health systems intervention for the achievement of universal health coverage which is, however, not yet fully documented and disseminated, WHO should:

- Consolidate and disseminate the lessons learned by RAcE and apply them in consultation with technical partners to updating the guidelines for ‘Caring for the Sick Child in the Community’ that are currently integrated in the multi-agency planning handbook ‘Caring for Newborns and Children in the Community’
- Initiate actions to close persistent knowledge gaps, by:
 - Supporting research to better understand the role and the effectiveness of community engagement strategies for iCCM, including an assessment of the community role in contributing to CHW motivation and retention.
 - Conducting, in collaboration with interested partners, a systematic review of gender equality issues in the supply and demand of iCCM in different social and cultural contexts.

Management response

Accepted

The RAcE implementation research results are being finalized and papers are expected to be published in the Journal of Global Health as a RAcE Programme collection.

An ICCM technical consultation in partnership with UNICEF and other global partners is being planned with the RAcE learning as a key input. This will provide the basis for updating the WHO guideline document: ‘Caring for the Sick Child in the Community’ and other ICCM operational guidelines.

WHO has developed a new Community Engagement Framework, which is being field tested in the context of the Global Malaria Programme Strategic Advisory Group on Malaria Eradication. This will provide quality operational level learning that can be adapted to iCCM programmes in the field.

We agree with the evaluators that there is very little evidence around gender issues in iCCM, therefore a systematic review of gender equality issues in the supply and demand of iCCM in different social and cultural contexts require more research to generate

	evidence that will be analysed in a systematic review.			
Status	in progress			
Key actions	Responsible Officer	Deadline	Status	Comments
WHO Country Offices to support national iCCM committees, to share the periodic implementation and evaluation reports and highlight lessons learned at a national level.	GMP/ WCO	June 2018	Completed	All the meetings at the national level are important opportunities to communicate achievements and share the lessons learned in the implementation of the RACE project. In Nigeria WCO organized National ICCM symposium which formed a platform to disseminate lesson learned from RACE Program May 2018 and Plan for a research priority meeting with researchers
WHO is working with the Global Child Health Task Force Implementation Science subgroup to support research on iCCM, including community engagement strategies and gender equality issues for iCCM.	WHO Global Child Health Task Force Implementation Science subgroup	December 2019	In progress	
Field testing of WHO Community Engagement Framework	GMP and HIS/SDS/QHC	March 2019	In progress	This will result in practical operational tools and guidance for implementing the community engagement framework.
WHO will commission a systematic review of gender equality in iCCM and community service delivery platforms	WHO	June 2020	In future	

Recommendation 4. Considering that the RAcE Initiative underlined the role of iCCM services in national health systems development for the achievement of universal health coverage, WHO should focus its technical and programme support on iCCM to ministries of health and development partners at country level on:

- **Targeting iCCM services at remote rural communities** living distant from health facilities, while in each case examining all possible options to assure that children have timely access to quality health care, including alternate options to iCCM if these exist.
- Embedding programme support to iCCM firmly in a system of a **continuum of care** by assuring that **first level referral facilities** for CHWs have the capacity to provide accessible and affordable quality services to referred children.
- Assuring that national systems are in place to manage the provision of an **uninterrupted supply of iCCM commodities** to the community level, or that support to iCCM programming is paralleled by support to the development of such national systems.
- Advocating for the **inclusion of CHWs in the national human resources for health framework** as a salaried workforce or, where this is not accepted by governments, as a volunteer cadre with a fixed minimal level of stipends and incentives that is commensurate to the scope of expected services.
- Supporting the development and implementation of quality **civil registration and vital statistics systems**, as well as the integration of reliable community health data in **national health management information systems** in order to generate valid information about the impact of iCCM on the reduction of child mortality.
- Assuring that financing of iCCM services (from domestic or international sources) is firmly embedded in the **national health financing framework**, keeping in mind that iCCM services easily break down when there are financing gaps interrupting supervision and the flow of commodities.

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Accepted

We agree with the evaluators' initiative to highlight the specific issues. However, the wordings of some recommendations are problematic. For example, WHO cannot "assure" any specific component in a national health system. WHO can proactively support countries to address these issues, and in all cases, has been supporting countries to address the issues listed by the evaluators.

Status	in progress			
Key actions	Responsible Officer	Deadline	Status	Comments
WHO will support countries to target iCCM services by mapping and identifying vulnerable populations, and integrate the results in national scale up plans.	FRH/Malaria	On-going	In Progress	Play active role in GF application preparation to ensure iCCM is appropriately reflected in the proposal, and appropriate funding is available.
WHO will advocate for and ensure that the following are adequately reflected in iCCM guidelines: that all iCCM programming includes assessment and building capacity of referral facilities to deliver quality services; promoting assisted referrals, and stronger monitoring of referral compliance and outcomes as part of the community component of iCCM.	WHO MCA and GMP	On-going	In Progress	This will be reflected in updated iCCM operational guidelines and training manuals and WHO's new child health strategy.
WHO will continue its role as a strong advocate for systems to deliver an uninterrupted supply of iCCM commodities	WHO MCA and GMP, RO and CO	Continuing	Completed	WHO has been a strong advocate for systems to deliver an uninterrupted supply of iCCM commodities, presenting evidence of the health impacts of broken supply chains, but has no direct role in managing, supervising or monitoring the supply chain.
WHO will address the CHWs role in the national human resources for health framework, as part of the new "WHO guidelines on health policy and system support to optimize community health worker programmes".	WHO HIS/HWF	Ongoing	Completed in October 2018	WHO will proactively disseminate the guidelines and WHO Country Offices assist countries to review their programmes as needed.
WHO will support integration of community health data in national health management information systems	WHO HIS	Ongoing	In Progress	In the national routine monitoring systems for the community, health outcome data is missing and WHO will work with countries to advocate and recommend adding the appropriate indicators and data collection methods.
WHO will work with partners to review the challenges countries face in financing community level services through the national health financing framework, and will work with Ministries and partners to address financing issues as part of UHC.	WHO Country Offices	Ongoing	In Progress	Based on guidance on public financing for UHC from HIS/HGF.