KNOWING WHAT WORKS

Project evaluation: summary report

Burundi: Strengthening Healthcare Structures for Family Planning and for Sexual and Reproductive Health and Rights (SRHR)

Project no.:	2011.2266.2
CRS purpose code:	13030 Family planning
Project objective:	Key actors are able to implement effective SRHR initiatives, especially in relation to training, national and regional coordination and access to high-value services.
Project term:	October 2012 – March 2016
Project volume:	4.000.000 EUR
Commissioning party:	German Federal Ministry for Economic Cooperation and Development (BMZ)
Lead executing agency:	*Ministère de la Santé Publique et de la Lutte contre le SIDA* (MSPLS) / Ministry of Public Health and the Fight Against AIDS
Implementing organisations (in the partner country):	• *Programme National de Santé de la Reproduction* (PNSR) / National Programme for Reproductive Health • *Institut National de Santé Publique* (INSP) / National Institute of Public Health • Decentralised structures within health districts*:* *Direction Provinciale de la Santé (DPS)*/Provincial Health Directorates and *Centres de Santé, CDS*)/Health Centres • Civil society organisations; national and local non-governmental organisations
Other participating development organisations:	EU-Project „*Amagara Meza*“
Target groups:	The population in the provinces of Mwaro, Muramvya und Gitega (a total of circa 1.500.000 inhabitants, around 70% of whom are poor). Through support to SRHR services, women and young people of both sexes are key beneficiaries of the programme.

Project description

With a total population of around 11 million inhabitants (421 people per km²), Burundi is faced with strong demographic pressures. The total fertility rate is an average of 6.2 births per woman. More than 50% of the population are younger than 17 years old and, at 3.2%, the population growth rate is very high. These demographic factors represent one of the most difficult challenges for Burundi's economic development and pose an important risk to stability within the country. Overall there are too few qualified personnel and well-trained health professionals, especially in rural areas such as those targeted by

the project. Unmet need for modern contraceptive methods is currently estimated at 30%; and young people lack access to adequate information and services related to sexual and reproductive health. The Burundian government's health sector strategy has prioritised controlling the rapid demographic growth and improving maternal and child health. In particular, it seeks to achieve these goals by reducing the unmet need for modern contraception and improving sexual and reproductive health and rights (SRHR). However the Burundian health system is too weak to fulfil these tasks, given the enormous challenges that they involve. In general, the key actors are not in a position to ensure the standard range of SRHR services or to provide the necessary training and further education at a sufficiently high standard. In addition to this, there are also difficulties guaranteeing the smooth coordination and management of the relevant thematic areas and stakeholders (partners and civil society bodies).

The project "Strengthening Healthcare Structures for Family Planning and for Sexual and Reproductive Health and Rights" concentrates specifically on this core problem and aims to enable key actors to implement effective SRHR interventions. The project is specifically focused on improving training and further education, as well as national and regional coordination and access to high-value services (module objective). Drawing on a coherent results logic, this ambitious goal is achieved in three action areas (AA) where there are well-established results hypotheses. By qualifying staff, the technical capacities and the quality of health services improves (AA1). Through better cooperation between the various SRHR actors at the national and district levels, demand for services increases and health-seeking behaviour within the population strengthens (AA2). Through quantitative and qualitative improvements in the range of services available at health facilities, it is possible for key actors to implement effective SRHR approaches (AA3). Overall, these measures lead to stronger health structures in the districts covered by the project and, in doing so, have a positive impact on the health of the population. During the course of the project, the Study and Expert Fund financed an additional measure to promote sustained improvements in health sector financing mechanisms (adjustment of the results logic). This further strengthened the sustainability of overall project objectives. However, the measure ended prematurely due to the partial suspension of cooperation in light of the ongoing political crisis.

The project is a key element of a programme-based approach (PBA) in the health sector. It is integrated into the national development plan and is harmonised with the assistance provided by other donors. The project complements the SRHR[1] approach taken by German financial cooperation (KfW). As part of its work to develop and quality-assure inclusive and integrated SRHR services, it places a particular focus on improving access for disadvantaged and vulnerable groups such as young people. The indicators were agreed upon together with the partner MSPLS (*Ministère de la Santé Publique et de la Lutte contre le SIDA* / Ministry of Public Health and Fight Against AIDS) and measure the achievement of the project objectives with reference to the aforementioned results logic. They were chosen on the basis of the national strategic plans. The original indicators were insufficiently specific, realistic and measurable. With the agreement of the BMZ and the Burundian partners, they were revised at a workshop during the first year of the project phase. Defining the criteria more clearly resulted in a more specific and measurable set of indicators. The target values were also corrected in order to take account of the (sometimes unrealistic) targets set out in the strategy papers. These adjustments to the 2012 project offer made no fundamental changes to the nature of the project but significantly increased the correspondence between the goals, methodological approach and partner context. The revised indicators fulfil the quality criteria for indicators[2]. However, it is necessary to first measure the sub-criteria before arriving at an assessment of specificity. Therefore, these criteria were analysed separately by the evaluation team (see chapter on effectiveness) in order to measure the achievement of the project objectives associated with the composite indicators.

The project is implemented in consultation with partners in the provinces of Mwaro, Muramvya und Gitega. However, it also operates at the national level, in particular in relation to action area 1. The instruments used include: advisory services of long- and short-term experts; human capacity development and cooperation with regional training institutes; materials and equipment; and a limited amount of financing. Local subsidies are used to enable non-governmental organisations to implement their own training measures and test new SRHR approaches.

[1] The shared programme section A is part of the programme proposal. However, the financial coopertation is more strongly affected by the partial suspension than the technical cooperation.

[2] SMART criteria: Specific, Measurable, Attainable, Relevant and Time-bound.

Basis for assessment of the OECD-DAC criteria:	Individual and overall rating of the OECD-DAC criteria:
The overall rating of the project is the arithmetic mean of the individual ratings for the five OECD-DAC criteria: 14 – 16 points: very successful 12 – 13 points: successful 10 – 11 points: rather successful 8 – 9 points: rather unsatisfactory 6 – 7 points: unsatisfactory 4 – 5 points: very unsatisfactory	Relevance: 16 points - very successful Effectiveness: 13 points - successful Impact: 11 points - rather successful Efficiency: 16 points - very successful Sustainability: 10 points - rather successful Overall, the TC measure is rated **successful** with a total of 13 out of 16 points.

Relevance (Are we doing the right thing?)

Given the demographic challenges, the Burundian government has prioritised controlling the country's high population growth and has implemented measures to expand family planning and sexual and reproductive health services. The project helps to address this issue at the national level and also within the three project provinces.

Within the intervention area, the project focuses systematically on the problems of selected vulnerable or underserved target groups. It improves access to sexual and reproductive health services where they are particularly limited. This is principally in areas where primary health care is provided by faith-based organisations that only offer a limited range of SRHR services. In these catchment areas, the Burundian policy is to provide access to modern contraceptive methods through so-called "secondary posts" (*postes secondaires)*. These secondary posts provide services that are specifically not offered by the faith-based health facilities. The project has provided support to improve the performance of existing secondary posts and to establish new secondary facilities within the project areas. District-level activities are focused on improving the accessibility and quality of services at a total of 90 health centres. Through a so-called "quality competition" (*concours qualité*), these improvements are initiated and carried out by the local personnel at the health centres. The measures focus on two service areas: Hygiene (cleanliness) and reception (customer orientation). Although they have improved sexual and reproductive health services (especially for young people), they have also improved health services overall. In doing so, the project has made an important contribution to health systems strengthening. As the accessibility and quality of services have improved, support to civil society organisations has increased demand by improving information and customer advice. In particular, this has been achieved through the formation of "small networks" (*petits réseaux*) around health centres and a strategic adjustment of the National Reproductive Health Programme (PNSR).Overall, the different civil society actors (including schools and religious leaders) are working better together. Following an operational analysis, the locally-adjusted project ideas developed by these partners have been promoted and strengthened in a sustainable manner by linking with the health sector. Through the "Little Aunts" Approach (the *Senge* pilot project), the project has also been able to address unmarried young mothers (*mères-célibataires*) - a vulnerable and overwhelmingly stigmatised target group. Whilst the approach has already been successfully implemented in Cameroon, its implementation is innovative within the Burundian context.

The project is integrated into the national health strategy for Burundi (*Plan National du Développement Sanitaire,* PNDS II 2011-2015), as well as the reproductive health sub-sector. It contributes to their key action areas: family planning, human resources, maternal and new-born health, improvement of service quality, health sector coordination mechanisms. It also contributes to the Ministry of Education's goal of reducing unwanted pregnancies among school-age girls. The project supports the Ministry of Health at the central level through active participation in the regular coordination meetings of the health-sector development partners (*Cadre de Concertation des Partenaires pour la Santé et le Développement*, CPSD), as well as in the meetings for thematic working groups 1 (health service) and 4 (resources). The project also provides direct technical advice to the National Reproductive Health Programme (PNSR), as well as health districts and provincial offices in Mwaro, Muramvya und Gitega. However, the project only advises the PNSR at an operational level due to the partial suspension of the cooperation. Project activities are agreed in close cooperation with the partners. They are also integrated into the operational plans of these decentralised organisational bodies or, according to partners interviewed for this evaluation report, they will be integrated following the renewal of these plans. In this way, the project also contributes to the decentralisation of the health system.

The measure to improve health centre quality is skilful in exploiting synergies with the National Programme on Performance-Based Financing (*financement basé sur la performance*; FBP). Asides from a few exceptions, the project activities are integrated into district-level operational plans and agreed with the key actors in these areas. Overall, the project contributes to the implementation of the Paris Declaration. Together with other partners such as the global programme, *Providing for Health (P4H)*, the project has also helped to develop a national health financing strategy that aims to achieve sufficient health care (*Universal Health Coverage*). However, due to the partial suspension of the cooperation, these project activities were terminated. The health financing strategy was completed but has yet to be approved by the Ministry.

The project also supports Burundian efforts to integrate with the East African Community (EAC). In particular, by providing technical advice to the National Institute of Public Health (INSP) to help adapt to the EAC "Bachelor, Master, PhD" standards. Improving quality and cooperation with civil society are not only important for the training and further education of health professionals, they are relevant themes for East African integration overall. Health is one of the main priorities in the cooperation between the German government and the East African Community. The project follows the German and international health sector guidelines. It supports Burundian efforts to achieve Millennium Development Goal 5 and draws on the BMZ initiative "Self-determined Family Planning and Maternal Health" (agreement at the G8 Summit in Muskoka) as well as the poverty reduction goal.

The relevance of the project is rated **very successful** with 16 points.

Effectiveness (Will we achieve the project's objective?)

The module objective is: "Key actors are able to implement effective SRHR initiatives, especially in relation to training and further education, national and regional coordination and access to high-value services." The achievement of these objectives is evaluated according to the following indicators:

Objectives indicator	Target value according to the offer	Current status according to the project evaluation
1. The proportion of SRHR services whose services meet the quality standards, as well as the most important criteria for accessibility, has increased from 10% (2011) to 60% (2015).	60% of the 90 health services in the directly supported provinces.	31.2% (09/2015) In September 2015, the proportion of the supported health services that met the criteria[3] was 31.2% (Gitega 31.3%, Muramvya 33.7%; Mwaro 31.3%). This represents a clear increase from the baseline value of 10%. However, the target value will not be achieved by the end of the project phase.
2. The training courses at INSP and the further education courses carried out by PNSR in the target provinces meet the essential (internationally accepted) quality standards[4]. Baseline value at the start of 2013: 24.2%.	50%	40% (09/2015) The project was on course to meet its targets at the time of the partial suspension in May 2015. However, due to the suspension of the cooperation with INSP, it is unlikely that the target values will be achieved by the end of the project phase.
3. At least 60% of the health centres and secondary posts (*postes secondaires)* in the target districts have established regular (at least biannual) network activities that focus on the sexual and reproductive health of young people. These activities are attended by health personnel representatives, secondary school teachers and non-governmental organisations. Baseline value: 0% (90 health services)	60%	42% (10/2015) Network activities were established in 38 of the 90 health centres in the supported districts. Representatives from schools, non-governmental organisations and health personnel are actively involved. However, despite considerable successes it is expected that the project will not meet the objective indicator.

[3] Criteria: i) Quality measured by the achievement of the PBF quality indicators (indicator for the correct diagnosis and treatment of sexually transmitte infections; and indicator for technical quality) . ii) Accessibility measured on the basis of three criteria: a) number of services where family planning is available as an integrated service; b) proportion of services that have been trained to address young people's sexual and reproductive health; and c)proportion of secondary posts for family planning that complement the catchment areas of a faith-based health centre.

[4] Criteria for quality standards measurement: state training courses for nurses and carers meets the standards outlined in the reference document; trainings are evaulated; work placements meet the chosen standards.

4. The proportion of services that offer integrated, gender-specific HIV/AIDS and SRHR services to the target groups rises by 50%. Total: 90 health services. Baseline value: Gitega: 19.2%, Muramvya: 18.5%, Mwaro: 18.3%.	50%	An average of 46% (09/2015): Muramvya: 49.4% Gitega: 48.2% Mwaro: 40.5% The objective indicator has been achieved for Muramvya und Gitega. Mwaro is also on course to meet this objective.

The evaluation team comes to the conclusion that objectives indicators 1, 2 and 3 will probably be *partly* achieved and objectives indicator 4 will probably be *fully* achieved by the end of the project.

Given the delays restarting the project and the difficulties stemming from the current political crisis, even the successes associated with the partially-achieved indicators represent a considerable accomplishment.

Many positive results are only partially illustrated by the indicators and, overall, the project has achieved its chosen objectives and has enabled key actors to implement effective SRHR approaches. The observed positive results include working with INSP to develop reference documents and enabling the INSP to develop training courses for health personnel, which meet standard criteria outlined by the East African Community (EAC: see reform Bachelor-Master-PhD). As a consequence of these successes, the INSP has been recognised as an EAC flagship project. INSP, PNSR and key actors in the supported districts have also been provided with assistance to enable them to use tools to evaluate quality improvement and, on this basis, to initiate their own quality improvement measures.

The coordination of SRHR actors has improved. At the central-level project support has been important in helping to create functioning coordination bodies and, through cross-cutting network activities (*petits réseaux*), coordination has also improved in the supported districts. Cooperation with religious leaders and faith-based institutions was specifically promoted and has already yielded some initial successes. The health centre networks have led to better information and communication with the population. In particular these efforts have focused on vulnerable groups such as young people (including those with no schooling) and unmarried women and girls. As a consequence, access to services has also improved for these groups. However, due to limited project resources, improved accessibility has not been extended to all vulnerable groups: the measures have not specifically addressed members of the Twa ethnic minority or individuals with disabilities.

No unexpected negative results associated with the project were observed.

Effectiveness of the project is rated **successful** with 13 points.

Overarching development results (impact) (Are we contributing to the achievement of overarching development results?)

The project contributes to the achievement of the shared over-arching development policy objectives of Burundian-German cooperation in the health sector, namely, the improvement of the health of the population. Meeting the need for family planning is one of the key challenges facing the Burundian society. It will serve to limit population growth in the medium term and is also of central importance to the country's economic and social development.

The technical cooperation module contributes to meeting the Millennium Development Goals (MDG) in the three project provinces. In particular, it contributes to Goal 5 (Maternal Health and Access to Reproductive Health), as well as Goals 4 (Child Health) and 6 (Combat HIV, Malaria and other diseases). Even if Burundi does not achieve the MDGs by the end of 2015, by the start of the current crisis in early 2015 the country had already made substantial progress in relation to reducing child- and maternal mortality and increasing the number of professionally supervised births and levels of contraceptive use. For example, contraceptive prevalence increased from 13% (DHS 2010) to 34.3% within 5 years (PNSR 2014). Contraceptive prevalence (use of contraceptives) in the project provinces has risen steadily during the course of the project. This reflects the improved access to family planning and SRHR services and information, as well as the accompanying improvements in service quality. In this way, the project contributes to the development policy objectives of the G8 Muskoka Initiative.

Given the thematic focus of the project, gender issues play a prominent role. Various approaches to raise awareness about gender-relevant topics were implemented together with local non-governmental organisations, for example SMS and radio programmes on taboo topics such as menstruation (partner organisation *SACODE).* The SRHR measures and networks, as well as the youth-friendly health services, help to strengthen equality between the sexes. An improvement in the living situation of women in rural regions has been achieved, especially in relation to sexual rights and access to modern and self-determined family planning. The "Little Aunts" approach focuses on unmarried young women and is particularly noteworthy here.

The geographical focus on rural regions with poor socio-economic indicators provides a clear illustration of the project's concern with poverty reduction. However, by improving the possibility of limiting family size through the use of modern family planning, the project also raises the chances of survival for children from poorer social strata and thereby improves the socio-economic situation of these families. The project supports non-governmental organisations that focus directly on

the rural target population and some of these organisations' activities also serve to directly reduce poverty. One example of this is the linking of awareness-raising work and microfinance interventions in Muramvya and Gitega. However, due to the socio-economic setbacks associated with the current political crisis, it has not been possible to exploit these poverty-reducing synergies.

Various project measures have attracted attention from outside the project provinces and are set to broaden their impact. Across the country there has been interest in using quality competitions (*Concours Qualité*) to improve health services. By promoting intrinsic motivation this innovative approach complemented the approach used by the national FBP (extrinsic motivation). In the education field, the experiences of developing reference documents for health personnel with the INSP (recognised as an EAC flagship project) have been used as a good example for other training and further education institutions. The adaptation of the national concept of "large multi-sectorial networking" to health centres was so successfully implemented in relation to "small networks" (*petits réseaux*) that it has been adopted by donors in other provinces. However, the broader impact has been rather limited. The available resources restricted the geographical focus to 5 health districts in 3 out of 18 provinces.

The impact of the project is rated **rather successful** with 11 points.

Efficiency (Are the objectives being achieved cost-effectively?)

The evaluation has analysed the cost-effectiveness of the resources used in relation to the achieved results and their interaction. The resources include personnel (5 long-term experts in addition to the team leader, of whom 3 are national personnel, national and international short-term experts, as well as consultants as they are needed); financial contributions; procured materials; and *Human Capacity Development* (HCD) such as training, further education, conference attendance and coaching. A monetary assessment of individual resources in relation to their results was not carried out.

The interaction of *Capacity Development* measures at different levels – individual, organisation and system – is key to the cost-effective use of resources. The efficiency of the evaluated project was especially high in those areas where it had sought to achieve improvements at more than one level, or where it was possible to exploit synergies between different action areas or other national approaches. The efficiency of the "Health System Strengthening" approach is particularly noteworthy: through the horizontal integration of SRHR services, the approach has supported overall improvements in health centres. The quality improvement measures focused on "Hygiene" and "Customer Orientation" and were chosen by the health personnel themselves. By focusing on these two dimensions, all health services were improved rather than just one area. The cost-effectiveness of this approach was strengthened by emphasising the service provider's own responsibilities ("intrinsic motivation"). Measures to improve services were developed by the personnel working in the health centres and were mainly financed out of the current budget or the budget of the FBP.

Valuable synergies emerged between action areas 2 and 3. The number of health service users was improved through quality improvements in the services (at the level of the individual and the organisational unit) and also by rising demand resulting from cross-cutting network cooperation. The efficiency of these measures was supported by good coordination within the political system, especially with the PNSR. Fewer synergies were achieved in relation to the action area 1 because it operated primarily at the national level. It was not possible to implement successful newly developed measures, such as quality standards for work placements, because the project was not active at the hospital level and it was not possible to pursue them at the organisational level.

At the human resources level, particular attention was given to the cost-effective use of resources. Through a careful and partly multi-faceted use of the available personnel, experiences and competencies were combined together skilfully. Project staff included junior experts with complementary skills, a development worker, experienced national professionals and an intermittently employed senior expert, as well as various support personnel (driver, office management, interns). At all levels of the hierarchy, team members were encouraged to show collegiality, trustful cooperation and transparency in the use of financial resources. Particular attention was also paid to the cost-effective use of resources in the accompanying research on quality competitions (*Concours Qualité)*. On the one hand this was achieved through the economical acquisition of human resources. On the other hand, through the use of these short-term experts not only for research activities but also for aspects of the project implementation such as monitoring and various training and further education measures.

Contributions from the partners and coordination with other donors have also helped the project to become more cost-effective. The Ministry of Health and its subordinate organisational units made staff available to help implement the agreed activities. The project implementation was largely carried out using existing structures, such as those associated with health centres or local non-governmental organisations. The organisational level and the supported provinces were agreed upon with the partners and the other donors. Taking account of the support provided by other donors at the hospital level, the project focused on the health centre level (*centres de santé*; CDS).

The project's flexibility was also evident in its work promoting educational reform with the INSP. Rather than focusing on the midwifery training course that was already supported by many donors, the project chose to concentrate on improving the training for nurses and carers (undergraduate) where no donors had previously been engaged. A smaller co-financing measure was also acquired in action area 1 with the EU project "*Amagara meza*".

The efficiency of the project measure is rated **very successful** with 16 points.

Sustainability (Are the positive results durable?)

To assess the sustainability of the project's positive results, the evaluation analysed the degree to which technical recommendations, approaches, instruments, methods and concepts had become integrated into the partner system. All measures aimed at promoting sexual and reproductive health and rights were designed with reference to national policy. As a consequence, the sustainability of the results is, in principle, evaluated positively.

Looking separately at the different action areas, it is clear that measures related to the quality improvement of health services (AA3) have particular relevance for sustainability. By developing measures in a way that encourages staff to use their own initiative and reflect on their experiences (capacity for introspection), the project establishes the expectation that the observed positive results change working practices in a sustainable way. It also ensures that improvements in the quality of services can persist without the need for long-term external support. Through the accompanying scientific research, the quality competition (*Concours Qualité)* also provides evidence that can be used to enable other donors to replicate a German technical cooperation approach.

Measures concerning partner coordination and networking with civil society (AA2), such as the *Peer Education of Young People* initiative, typically face challenges in terms of sustainability. Non-governmental organisations cannot operate without help from external financing but many measures have a high turnover (e.g. schoolchildren in the *Peer Education* initiative) and require continuous support in order to guarantee positive results. To achieve the greatest possible degree of sustainability, the project linked different measures and partners together as part of a network. In this way, the transient groups of peer educators were connected with permanent structures such as health services and permanent teaching staff in the schools. By strengthening management capacities, initial attempts were made to enable non-governmental organisations to carry out innovative measures and also to enable them to continue these activities following the end of GIZ support. In particular this work focused on measures involving work with young people or single mothers (pilot project *Senge*). By developing cross-cutting networks around health centres it is expected that there will be a sustainable impact on health and user behaviour within the community.

The sustainability of the training and further education results (AA1) is based on the development of reference documents in collaboration with the partner. These documents lay the groundwork for long-term quality improvements in this area and include training materials for nursing staff and work placements. According to various interviewees, it is unclear to what extent the supported partner is able to make use of these reference documents and also whether there are the necessary competencies and organisational structures to enable this approach to be used to develop other reference documents. This limits the degree to which it is possible to give a positive evaluation for this action area.

At present there are risks that pose a substantial threat to the long-term sustainability of results, such as the unstable political situation and insufficient financing within the health sector. The budget allocation to cover the running costs for health centres is insufficient and this clearly limits the extent to which the quality improvement measures are sustainable. The sustainable development of the sector is also threatened by an increasing imbalance in the FBP financing mechanism. The project takes account of these risk factors as much as possible but has a limited capacity to influence them. If the financing worsens, this will have a negative impact on the quality of services.

Sustainability of the project is rated **rather successful** with 10 points.

Published by

Deutsche Gesellschaft für
Internationale Zusammenarbeit (GIZ) GmbH

Registered offices
Bonn and Eschborn

Friedrich-Ebert-Allee 40
53113 Bonn, Germany
T +49 228 44 60 0
F +49 228 44 60 1766

Dag-Hammarskjöld-Weg 1–5
65760 Eschborn, Germany
T +49 61 96 79 0
F +49 61 96 79 1115

E info@giz.de
I www.giz.de