OBJECTIVES

1. To what extent has SSD’s approach improved the delivery of quality EHP services and health indicators at SSD-supported service delivery points?
2. To what extent has SSD’s health system strengthening (HSS) and capacity building approach (at central, zonal, and district levels) responded to specific bottlenecks in service delivery?
3. To what extent has SSD’s approach responded to client needs and supported providers in adjusting service delivery and health seeking behaviors?
4. To what extent has SSD’s approach to implementation of health interventions across SSD, and health indicators at SSD-supported service delivery points?
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METHODOLOGY

1. Site selection: 15 of SSD’s intervention districts selected based on:
   - Timeframe and coverage of project activities
   - Geographic and population representation
   - Availability of baseline and comparative data

2. Within each district, a district hospital, urban health center, and rural health center.

3. Two communities (urban and rural) within catchment areas of health centers for three focus group discussions (FGDs) per community.
   - Beneficiary woman
   - Beneficiary man
   - Community volunteers

4. Site selection based on:
   - Geographic situation (urban/rural)
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5. Two communities (urban and rural) within catchment areas of health centers for three focus group discussions (FGDs) per community.
   - Beneficiary woman
   - Beneficiary man
   - Community volunteers

FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

SSDI – SERVICES

Findings - Achievements
- Achieved or exceeded 50 of 108 targets for key outcome indicators by Year 3.
- Initially strengthened delivery of 15 interventions, later increased to 30 interventions at MOH-supported sites. (However, lack of Societal-Wide-SHIP (SWSH) financing caused activity to be stretched too thin.)
- Number of MOH-supported health centers increased from 1,200 to 1,400.

Findings - Communications
- Strengthened MOH’s Communication Unit (HEU) capacity to finalize National Communications Policy and develop communications strategies for all health sectors.
- Trained HEU staff, journalists, and private media partners at National Level.
- Developed a “Moyo mb’Mabira” (Life is Precious) platform: disseminated positive, preventive health messages via multi-media and inter-personal channels.
- Reached: 87.5% of participants who reported having heard positive messages through media and interpersonal channels.

Findings - Systems
- Strengthened MOH institutional capacity to:
  - Coordinate and develop evidence-based health policies by establishing Policy Development Units
  - Provide strategic leadership and management to strengthen health services through training, integrated supportive supervision, and mentorship
  - Revitalize and implement the MOH’s Performance Management System
  - Track health expenditure and develop health-financing tools for resource generation

Challenges
- Systems-related bottlenecks at district and facility levels that require regular follow-up.
- Delays in development activities due to diverging and competing demands from technical teams at USAID and MOH.
- Optimal use of smartphones for support supervision activities is hampered due to lack of appropriate training.
- Minimal participation of stakeholders at district level: no engagement of key civil-society organizations in policy development and analysis process.

Conclusions
- Progress towards achieving targets but final approval of policies and systems lies with MOH/GOM; so full achievement of targets is beyond USAID or IP control.
- There is progress towards achieving targets but final approval of policies and systems lies with MOH/GOM; so full achievement of targets is beyond USAID or IP control.
- Unlikely that the activity will be able to scale up interventions in all 15 districts and build adequate MOH capacity to institutionalize and sustain HSS interventions within the life of the project (~ five years).

Recommendations
- Align all partners at quarterly district and zonal performance reviews (DIP and ZIP) to enhance collaboration, leverage resources, and increase partner synergy.
- Generate district plans with DHMT to promote ownership and institutionalization.
- Provide focused training in districts that are already using smartphones for integrated supervision and monitor their use before further scale-up.
- Complete HSS pilot activities and disseminate best practices and lessons learned.

SSDI – COMMUNICATIONS

Findings - Achievements
- SSDI-Communications sub-projects achieved a 50% increase in all key indicators against the baseline.
- Communications sub-projects achieved a 50% increase in all key indicators against the baseline.
- Developed SBCC policies, strategies, and tool kits to support future SBCC activities.
- Reached: 43.9% of respondents reporting knowledge of family planning.

Recommendations
- Increase coordination of M&E between SSDI-Communications and Communications for better gains from BCC efforts.
- Focus BCC efforts on 15 interventions as recommended to Services.
- Carefully coordinate and integrate increasing demand for services only where services are accessible and available. Also consider gender equity issues.

SSDI – SYSTEMS

Findings - Achievements
- Central Level: Strengthened MOH institutional capacity to:
  - Coordinate and develop evidence-based health policies by establishing Policy Development Units
  - Provide strategic leadership and management to strengthen health services through training, integrated supportive supervision, and mentorship
  - Revitalize and implement the MOH’s Performance Management System
- District level: trained Zonal Health Officers and Coordinators in consolidated support supervision; performance management system; and supported stakeholder groups for improved coordination.

Conclusions
- There is progress towards achieving targets but final approval of policies and systems lies with MOH/GOM; so full achievement of targets is beyond USAID or IP control.
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