Review of IHP+ Country Grants:

Uses, Challenges and Perceived Results

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Executive Summary

As part of work on the future strategic direction of IHP+, the Core Team commissioned a review of country grants in order to assess their utility and impact, and to gauge whether the grants have filled an important gap in promoting effective development cooperation. This review has been informed by desk-based analysis of all grant-related documentation and questionnaire responses from at least one IHP+ focal point (Ministry of Health, WHO, and/or the World Bank) in 30 countries. Telephone interviews were carried out with focal points (and where possible, civil society) from six sample countries and with past/ present members of the Core Team.

Overview of IHP+ country grants

- Since 2008, 27 out of 36 eligible countries have received IHP+ catalytic grants. To date, a total of $7,508,980 has been disbursed, with countries receiving between $732,924 and $50,000.

- The most popular activity that countries requested funding for was to support the development of a national health plan or strategy (included in 22/27 proposals). The development of a Compact; strengthening M&E platforms; and support for a JAR or Mid-Term Review were each included in more than half of proposals.

- The average grant size per country steadily fell between 2009 and 2014 despite fewer countries requesting grants. This was due to both a reduction in the overall budget for country grants and because countries struggled to spend larger grants.

Key findings

From the perspective of recipient countries, IHP+ grants have been useful for driving forward health policy processes and strengthening coordination of partners. All recipient countries believed that their grant had had a significant or positive impact on efforts to advance the effective development cooperation agenda. Grants have also helped to sustain interest in the IHP+.

Although grants are relatively small, they are perceived as being uniquely flexible and able to fund activities that other donors will not. Only four countries relied upon the IHP+ grant as their sole source of funding. Most used IHP+ funds to complement national budgets and funds contributed by other partners. No country believed that their objectives could have been achieved in full without IHP+ funds.

Many examples were shared of how the IHP+ grants have contributed to stronger national health strategies, more robust planning and review processes, and coordination mechanisms that have set a precedent for more inclusive ways of working in the future. However, a number of factors – the nature of the activities funded by the grants; the varying grant sizes and levels of ambition; the decision not to include monitoring within the design of the grants – has made it challenging to draw conclusions about which grants have had the biggest impact, or to measure their collective impact.

Challenges

Only six countries reported challenges in implementing their grants, mainly due to delays in implementing activities. However, a number of countries experienced challenges in spending their full grants within the

Proposed modifications for future IHP+ country grants:

1. IHP+ grants should continue to be light, flexible and catalytic.
2. Whilst maintaining alignment with national priorities, each grant should be limited to supporting just a few strategic opportunities (e.g. action on one or two of the Seven Behaviours and/or IHP+ tools).
3. 12–24 month grants should be made available, up to a maximum value of $200,000.
4. Simple templates should be developed for proposals and reports.
5. Guidance for grants should be updated to include clearer information about grant criteria, and the proposal and reporting process.
6. In order to improve transparency and accountability whilst managing demand, the Core Team should develop a light communication strategy for grant process.
7. A small working group (comprised of DPs, civil society, etc) should be established to support the Core Team with proposal selection and regular monitoring of grants.

original grant period, which has resulted in many grants being extended or re-issued. Maximum grant sizes were reduced to $200,000 in 2010, and then to $100,000 in 2011 partly because recipients of earlier, higher-value grants were returning large underspends.

Light proposal and reporting requirements are part of the unique design of the IHP+ grants. From the perspective of countries there were few notable challenges in applying or reporting on the grants. However, from the point of view of the Core Team getting high quality and timely inputs from countries has been a persistent challenge. For example, the majority of reports are heavily focused on activities, and contain little analysis of outputs, outcomes or impact.

Grant guidelines state "Country grant activities should be defined and approved by the existing country-level coordination mechanism, which normally includes representatives of governments, development partners and civil society." In reality, the level of partners' involvement in the development, implementation and monitoring of grants has been mixed.

Demand for future grants

In recent years, the number of countries requesting grants has fallen. Out of a budget of $1.5 million for 2014–15, only $344,711 has been utilized so far. However, when countries were asked whether they think grants should continue to be made available – and if they would consider applying for them – 100% said yes, including those that have never received a grant. One possible explanation for this contradiction is that information about grants is not well communicated.

If further funding were made available, countries were keen to continue funding similar kinds of activities to strengthen national health planning processes and improve coordination. All respondents were keen

that any future IHP+ grants should continue to be flexible but many believed that the scope of future grants could be more focused and strategic. A common suggestion was to use the Seven Behaviours framework as a guide in addition to supporting key IHP+ instruments such as Compacts, JANS, JARS, etc.

Recommendations

The next IHP+ workplan should include a budget for catalytic grants. This would enable developing countries to continue advancing the development effectiveness agenda in line with their own national priorities. To reduce reliance on IHP+ funding in the future, local resources should also be identified to sustain and strengthen planning and coordination processes. Any future grant facility should, however, undergo some modifications to make it even more effective and to allow for the impact of grants to be better captured and communicated.

1. Introduction

The International Health Partnership

Launched in 2007, the International Health Partnership (IHP+) aims to achieve better health results by harmonizing donor funding commitments, and improving the way international agencies, donors and developing countries work together to develop and implement a single, country-led national health plan. IHP+ partners – currently 36 developing countries, 29 development partners and civil society – have all signed up to the IHP+ Global Compact. By doing so, they have committed to work together to put international principles for effective aid and development co-operation into practice in the health sector.

Catalytic grants

Although IHP+ is not a funding mechanism, catalytic grants have been made available to signatory developing countries to support processes related to the national health policy dialogue and the application of principles for effective development cooperation. IHP+ also provides support to countries through other channels to support specific activities such as JANS, Compact development, supporting the establishment of common platforms for information and accountability, and joint financial management assessments.

In line with IHP+ principles, country grants are designed to be flexible, with light proposal and reporting requirements. They are intended to fund locally discussed and jointly agreed activities, in support of:

(a) improving coordination across all health partners in country; and/or

(b) assessing, developing, implementing, monitoring and evaluation of the national health plan.

A guidance note[1] provides information on the current application process. In brief, local partners should jointly review and agree on a proposal, which is sent to the IHP+ Core Team via the WHO Country Representative. The Core Team reviews the proposal and approves it if the criteria of the application process have been met. Funds are disbursed by WHO (through the IHP+ Core Team) and managed locally by the WHO Country Office. Countries are asked to provide a brief narrative and financial report each year outlining how the funds have contributed to country processes. These reports then feed into the Annual Core Team Report.

Purpose of this review

In early 2009 a review[2] was carried out of the first 8 IHP+ country grants. It highlighted a number of challenges namely slow transfers of funds; slow implementation of activities; a heavy focus on analytical rather than coordination activities; and insufficient involvement of partners in implementation and oversight of activities. One outcome of the review was that the objectives of the grants became more focused on two areas – improving coordination and strengthening health policy processes. Changes were also made to how the grant facility was managed by WHO HQ, including swifter transfers of funds using the GSM system, and more regular monitoring of grants.

Since 2009, many more countries have joined IHP+ and become recipients of grants. Other than short summary reports in the Annual Core Team Report there has not been another comprehensive review of the country grants and their influence on country processes. The purpose of this review is to assess the

1 http://www.internationalhealthpartnership.net/fileadmin/uploads/ihp/Documents/About_IHP_/partners/IHP__Country_Grants_guidance_updatedAugust2013.pdf

2 Taylor, M: *IHP+ Review of Grants to Country Teams*, 2009.

utility and impact of past and current country grants, and to provide recommendations on any future investment in this area. Specifically, the scope of this review is to explore:

1. The utility of IHP+ grants for recipient countries, in terms of catalysing and supporting ongoing processes and advancing the effective development cooperation agenda.
2. Whether activities could have been funded by other sources, or whether IHP+ country grants have filled an important gap in promoting effective development cooperation.
3. Any challenges in the grants management process in terms of reporting requirements, financial management and accountability, including from the perspective of IHP+ Core Team.

Review methodology

An analysis of IHP+ country grants was carried out through a desk-based review of grant documentation including country proposals, narrative and financial management reports, plus Core Team guidance notes and Annual Reports.

In addition, questionnaires (see Annex 2) were sent by email to IHP+ focal points from the Ministry of Health, WHO Country Office and the World Bank Task Team in all IHP+ developing countries, including those who have not applied for grants. The response rate was good with questionnaires returned by at least one respondent from 30 out of the 36 countries (23 from countries that had received grants, and 7 from countries that had not).

Six sample countries (Cambodia, Cote D'Ivoire, Ethiopia, Guinea, Nigeria and Uganda) were selected to explore in greater depth. They were chosen as they represent a balance of geography, grant age and size, and types of activities funded. Key implementing partners from the Ministry of Health, WHO and the World Bank in each country were invited to complete the questionnaire and participate in a telephone interview. Where possible, the perspectives of civil society representatives from each sample country were also sought. Finally, phone interviews were carried out with past and present members of the IHP+ Core Team to gain their broader overview and perspectives as grant managers.

Readers and users of this review should be mindful of a number of limitations. For some countries, complete narrative and/or financial reports were not readily available. Not all countries responded to our requests for information. In some countries, only one partner contributed to the response and so the full picture may not be available. Inevitable staff changes meant that historical knowledge has, in some cases, been lost.

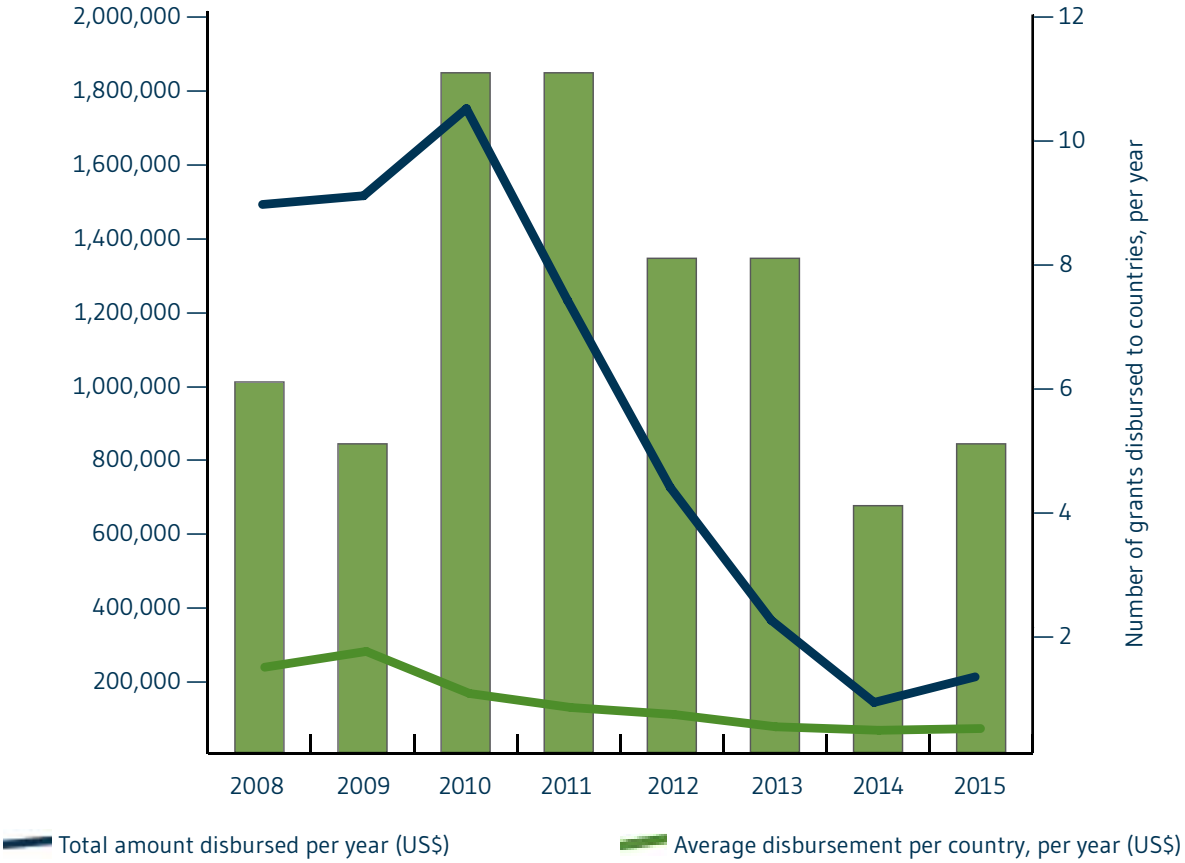
A major limitation of the whole review has been a heavy reliance on subjective views and perspectives. Information about the utility and impact of grants has predominantly depended upon the personal opinion and accurate recall of respondents. Even when carrying out objective comparisons of proposals and reports, there may have been differing interpretations of how activities should be classified.

2. Overview of IHP+ country grants

Table 1: IHP+ Country grants 2009–2015 – annual disbursements in US$

Country (Date joined IHP)	2008	2009	2010	2011	2012	2013	2014	2015	TOTAL (per country)
Benin Sept 2009					100,000				**100,000**
Burkina Faso Oct 2009				100,000					**100,000**
Burundi Sept 2007	265,803		134,197	100,000		50,000			**550,000**
Cambodia Sept 2007	267,019		147,981	100,000	50,000	20,000	25,000		**610,000**
Cameroon June 2010								50,000	**50,000**
Cape Verde May 2012						50,000			**50,000**
Chad March 2011				94,180	155,820	31,270			**281,270**
Cote d'Ivoire May 2012					64,251		50,000		**114,251**
Djibouti June 2009			95,358		89,355				**184,713**
D R Congo Nov 2009			200,000	145,000					**345,000**
Ethiopia Sept 2007	400,000		6,249		50,000	50,000			**506,249**
Gambia May 2012							50,000	50,000	**100,000**
Guinea May 2012						50,000			**50,000**
Guinea Bissau May 2013							2,100	47,900	**50,000**
Kenya Sept 2007	300,000	400,000							**700,000**
Mali Oct 2007		239,618	55,543			50,000			**345,161**
Mauritania May 2010			200,000	91,567				50,000	**341,567**
Mozambique Sept 2007	245,292			149,995					**395,287**
Nepal Sept 2007	41,170	383,565		66,436					**491,171**
Niger May 2009			200,000						**200,000**
Nigeria May 2008		327,890	347,745			57,289		8,775	**732,924**
Rwanda Feb 2009					113,171				**113,171**
Senegal Sept 2009				200,442	105,628				**306,070**
Sudan May 2011				100,000					**100,000**
Togo Jan 2010			200,000	100,000					**300,000**
Uganda Feb 2009			200,000						**200,000**
Zambia Sept 2007		192,146							**192,146**
Total $ per year	**1,519,284**	**1,543,219**	**1,787,073**	**1,247,620**	**728,225**	**358,559**	**127,100**	**197,900**	**$7,508,980**

Chart 1: IHP+ country grants, disbursements per year



Out of the 36 developing countries signed up to the IHP+, 27 have applied for grants since 2008. See Table 1 for the full list of countries and annual disbursements.

To date, a total of $7,508,980 has been disbursed, with an average grant size per country of $278,110. The country receiving the largest total grant is Nigeria with $732,924. Cameroon, Cape Verde, Guinea and Guinea-Bissau's grants (to date) are the smallest at $50,000 each. Almost three-quarters (19/27) of countries have received their grants in one or two tranches. Cambodia is exceptional in having been awarded funding in six tranches.

Changes in disbursements over time

In 2008, the first year that grants were made available, awards were given to six countries, all first wave signatories to the IHP+. As illustrated by the green bars in Chart 1, the number of countries receiving grants was at its highest in 2010 and 2011 with eleven grants disbursed per year.

The average disbursement per country (see the green line in Chart 1) peaked at $308,644 in 2009. After this time, the trend has been for the average disbursement size to fall (asides from a slight increase between 2014 and 2015) even though there have been fewer grants awarded. In 2015, there were the same number of grants awarded as in 2009 (five) yet the average grant size was approximately one-third less: $197,900.

In 2010, the total budget available for country grants was at its greatest ($1,787,073). Every year between 2010 and 2014 saw a fall in the total amount of funding disbursed (illustrated by the blue line in Chart 1). After the lowest annual disbursement of $127,100 in 2014 there was then a slight increase in 2015 to

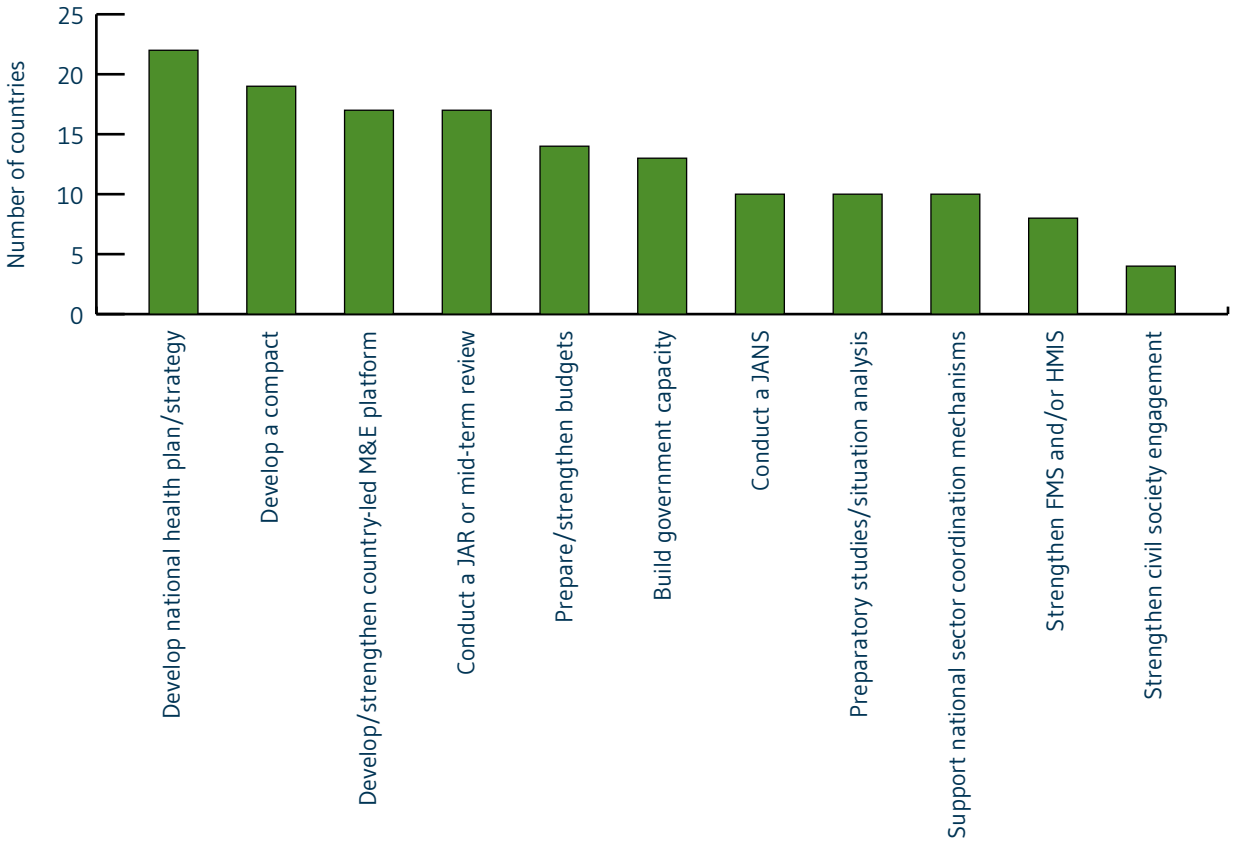
$197,900. For the period 2014–15, a total of $1,500,000 has been budgeted for country grants. As of 8th September 2015, just $344,711 has been utilised.

What have grants been requested for?

A review of the original proposals submitted to the IHP+ Core Team by 27 countries showed that all countries requested funding to support a range of complementary activities to improve coordination of health partners and strengthen health planning processes. Even proposals for the smaller grants included multiple objectives and activities.

Chart 2 below shows the most common activities described in country proposals. The most popular activity – included in 22 out of 27 proposals – was to support the development of a national health plan or strategy. The development of a country Compact; strengthening monitoring and evaluation platforms; and support to carry out a Joint Annual Review or Mid-Term Review of national health plans were each included in more than half of proposals.

Chart 2: Major activities included in proposals (27 countries)

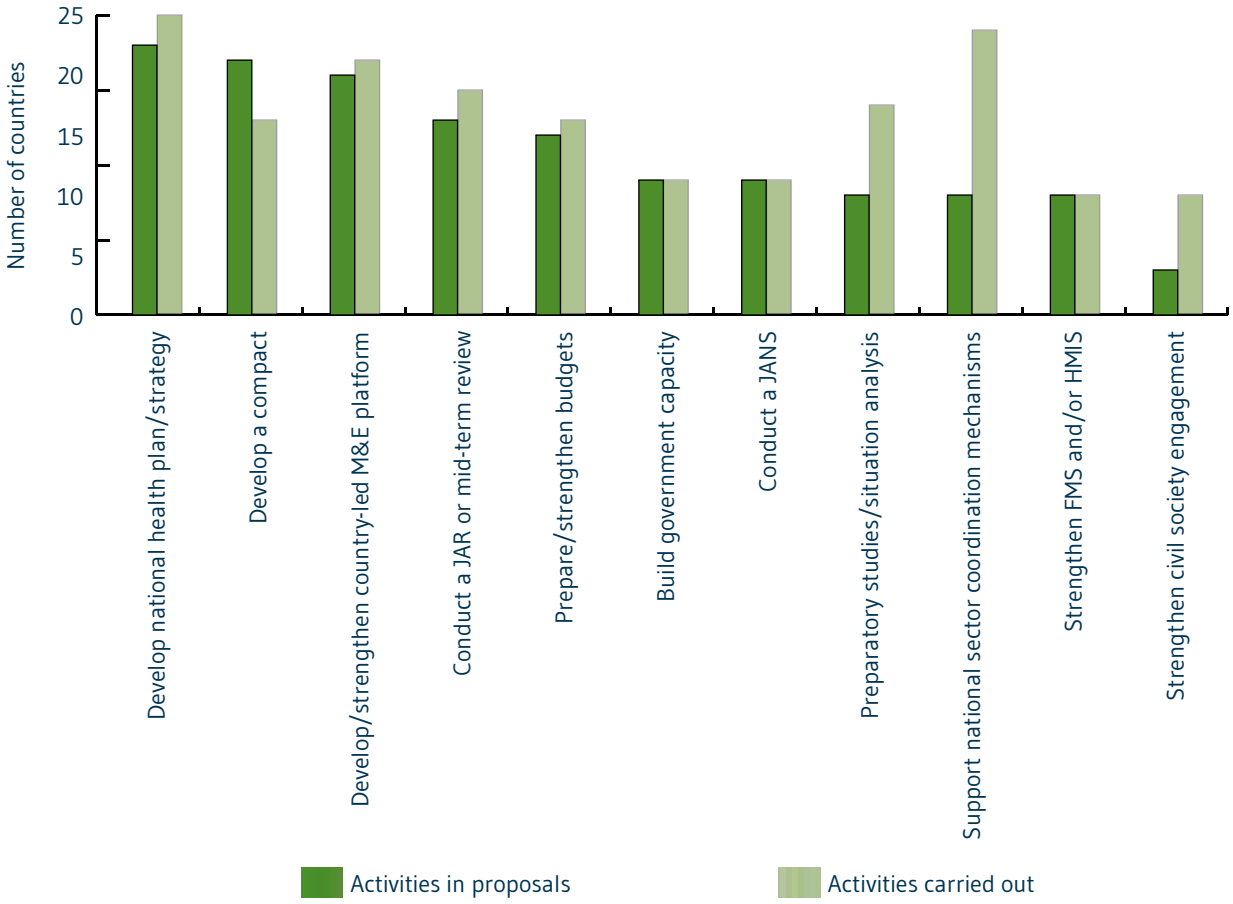


Were grants implemented as planned?

Of the 23 countries that responded to the questionnaire, 11 said that they had implemented their grants completely as planned and 10 said they had implemented them mostly as planned. Zambia said they had only implemented their grant partly as planned because of unexpected challenges that arose within the health sector preventing them from spending their full grant. In Djibouti, the grant was not implemented as planned due to changes within the Ministry of Health that resulted in delayed disbursement requests.

Countries were asked which activities they had used IHP+ funds for, in order to draw a comparison between proposed and actual activities.

Chart 3: Proposed vs actual activities (23 countries)



As Chart 3 shows, many countries reported a wider range of activities than were described in their original proposal. For example, 19 out of 23 countries selected 'Support for national sector coordination mechanisms' in the questionnaire whereas this was only explicitly described in eight proposals. Eight countries reported that they had strengthened civil society engagement whereas only three included this in their proposal. In both proposals and questionnaires the most common activity was 'Inclusive development of a national plan/strategy'.

Some level of discrepancy can be attributed to recall bias and different interpretations of the categories used in the questionnaire. For example, at least four of the countries that recalled using IHP+ grants

for supporting national coordination mechanisms make no reference to this in their narrative reports. A further three countries make reference to a technical committee (or equivalent) that played a role in coordination in their narrative report, but not a formal national coordination mechanism. Some interviewees also attributed the mismatch to the fact that so many of activities listed are complementary, and the implementation of one activity (say, developing a national health plan) required another (for example, strengthening a sector coordination mechanism) that weren't explicitly described in a proposal and/or report.

Why have some countries never applied for a grant?

Nine IHP+ developing countries[3] have not applied for a grant and were asked what the main reason for this was. Of the seven countries that responded, four said that they were not aware that grants were available. The reasons given by the other three countries were that they believed the application process to be too burdensome relative to the size of grant available; the time had not be right to request external assistance; and until now, they had been able to access other funding sources.

All seven countries said that they would be interested in applying for future grants if funds were made available. One (Viet Nam) said that there were currently in discussions with the Core Team about a potential grant application.

3 Afghanistan, Comoros, El Salvador, Haiti, Madagascar, Myanmar, Pakistan, Sierra Leone and Viet Nam.

3. Perceived impact of IHP+ country grants

Views on the impact of IHP+ grants were invited from partners in all recipient countries, as well as from past and present members of the Core Team.

Were the original objectives achieved?

Countries were asked to self-assess whether the objectives stated in their proposal had been achieved. Out of 23 respondents, 10 said they had completely achieved their objectives and 10 said that their objectives had been mostly achieved. Two countries said that their objectives had only partly been achieved because many national processes are still ongoing (Ethiopia) or because changes within the Ministry of Health meant that activities could not be implemented (Djibouti). One country (Burkina Faso) said that their objectives had been surpassed as they had been able to use reserves to fund a health and nutrition sector review. Again, there was no correlation between the size of grant, and perspectives on whether objectives had been achieved.

What impact have the IHP+ grants had?

Countries were then invited to describe the level of impact that they believed the IHP+ grant had had on efforts to advance the effective development cooperation agenda[4] in the health sector. There was consensus that the IHP+ grants had led to advancements: 14 out of 23 respondents believed that the IHP+ grant had a positive impact (i.e. it led to some improvements) and the remaining 9 said it had had a significant impact (i.e. it catalysed great advances). There was no correlation between size of grant and the level of impact that the grant was perceived to have.

All countries reported that the grant had helped to improve coordination across all health partners in their country, and that it had helped to strengthen health sector planning processes. Respondents talked of the grants helping to "drive processes forward", and having a "catalytic effect on improving coordination mechanisms among partners". The grants have "set a precedent" for regular plans and reviews of the health sector and have helped many countries to develop stronger and more evidence-based health strategies and plans. Numerous platforms and tools have been established which will continue to be used in the future. Strengthening the capacity of key actors in the field of planning, budgeting and monitoring and evaluation has been an important change for some countries, with the potential to have long-term benefits.

Thanks to the grants, a number of health sector coordination mechanisms have been established or strengthened. Such groups are now "meeting regularly", are "efficient and having an impact", and they "allow for open and frank discussion between partners". "Expectations have been set" for future processes to be more inclusive of civil society and other partners. In many settings, there is "improv[ed] dialogue between the government and other stakeholders".

A number of countries also noted that grants have helped to "raise awareness of the principles and tools for effective development cooperation" and have "kept IHP+ on the agenda".

4 Respondents were encouraged to visit http://www.internationalhealthpartnership.net/en/about-ihp/a-global-commitment/ for a reminder of the principles of effective development cooperation.

The most significant change

To help illustrate the impact of IHP+ grants, each country was asked to describe the most significant change that the grant had contribute to. Here are some of the examples shared by the six sample countries:

- In **Guinea**, the IHP+ grant was used to establish a Comité de Coordination du Secteur de la Santé (CCSS). Not only was this a key mechanism for the inclusive development of a national health strategy, but when the Ebola outbreak struck, the CCSS was used to facilitate the response, removing the need to create a new coordination structure.
- For **Nigeria**, the biggest impact of their grant was that it had enabled a number of Joint Annual Reviews to be carried out with the involvement of a wide range of partners. "The grant", one respondent said, "has given us a process that didn't really exist before".
- In **Cambodia**, support for a Technical Working Group on Health has also resulted in more effective and inclusive annual planning processes. Significantly, respondents also believed that the IHP+ grants had contributed to a change in the mindsets and behaviour of donors (even non-IHP+ members).
- In **Ethiopia**, the IHP+ grant has turned words into action. A number of activities, including strengthening the coordination of diaspora and private sector partners, had been previously agreed but the grant had helped to kick things off. It also helped the government create some key tools, including a resource mapping tool, which can now be kept regularly updated.
- For **Cote D'Ivoire** and **Uganda**, the most significant change has been the development of a national Compact. In Cote D'Ivoire, this quickly led to the creation of a coordination mechanism and the establishment of regular partners' meetings chaired by the Minister of Health. In Uganda, the Compact has built on the previous Sector Wide Approach and broadened the dialogue between more partners. It has made subsequent processes more inclusive and set a precedent for joint planning processes.

Measuring the collective impact of grants

Looking from a global perspective, Core Team members found it challenging to describe the collective impact of IHP+ country grants. This may be for a number of reasons. Firstly, the objectives set by countries are diverse and have varying levels of ambition. Not all countries are starting from the same point in the effective development cooperation journey. Some used their IHP+ grant to initiate discussions about coordination, whereas others are looking to sustain and strengthen processes that have been in place for many years. Grant sizes have also got smaller over time so expectations of grants should be proportionate.

Secondly, the types of activities generally supported by the IHP+ grants are hard to measure. The success of moving a health planning process along, or addressing a bottleneck in coordination efforts cannot be measured in concrete, quantifiable outcomes such as lives saved. Since grants are often pooled with funding from other sources, it also difficult to measure the attribution of an IHP+ grant towards an outcome.

Thirdly, impact monitoring was never part of the design of the grants. The grants were intended to be catalytic and therefore any judgement on the impact of grants has been largely delegated to the countries. The absence of any common metrics for impact monitoring and evaluation makes it difficult to compare and collate information from the various reports. If future grants are to be made available, the Core Team may wish to move away from relying exclusively on the valuable but subjective views of national partners, and introduce some clearer (but still light) metrics for measuring impact.

4. Added value of IHP+ country grants

A key objective of this review is to assess whether activities could have been funded by other sources, and whether IHP+ country grants have filled an important gap in promoting effective development cooperation. As with impact, judgements about the added value have been delegated to countries.

Was IHP+ the only source of funding?

To try and assess whether IHP+ grants are adding value, countries were asked whether this was the only source of funding used to carry out the proposed activities. Only 4 out of 23 countries said that the IHP+ was the sole source of funding. The other 19 countries reported that they had used IHP+ funds to complement national budgets and funds (often pooled funds) contributed by other partners. After national budgets, the most common source of funding mentioned was WHO, followed by UNICEF. A number of European donors were specifically mentioned: Belgium, Denmark, the EU, France, Luxembourg and Switzerland.

The fact that countries used a mix of funds is not in itself a reason to conclude that the grants are not adding value. The grants are relatively small, and were designed to be catalytic. Countries were actively encouraged by the Core Team to find additional, domestic sources of funding.

Could objectives have been achieved without the IHP+ grants?

When probed about whether countries could have achieved their objectives without the IHP+ grant, 14 out of 23 said that their objectives would have only been partly achieved if it had not been for the IHP+ funding. Six said that their objectives would probably have been achieved without IHP+ funding, but it would have happened later. Three countries (Djibouti, Togo and Zambia) said that their objectives could not have been achieved at all.

A number of countries noted that IHP+ funds were often useful to fill gaps. Many donors continue to prioritise programme-specific and more results-based interventions whereas the IHP+ grant is free from the same donor restrictions and can be used to support activities that strengthen to the whole health sector. Respondents from Uganda, for example, reiterated that whilst the IHP+ grant was small, it was very useful. Since sector plans are only about 40% funded, any grant that can support system-wide activities is welcome. Nigeria noted that there have been challenges in doing a recent JAR without additional funding from IHP+, further indicating that earlier grants did make a difference.

Alternative sources of funding

Most countries named a few different multilateral and bilateral agencies that could be potential future sources of funding for health coordination activities. Bilateral agencies that were specifically named were Belgium, the European Union, Luxembourg, Switzerland, UK and USA. Amongst multilateral agencies, WHO, UNICEF, UNFPA and the World Bank were mentioned, as well as the health system strengthening windows of the Global Fund and GAVI.

Most of the potential donors suggested were the same ones that have already been co-funding national health planning and coordination activities. However, when probed during interviews, respondents were divided about how willing bilateral donors in particular would be to fund process-focused and coordination activities that are harder to measure and don't fit well into a results-based agenda. There were some

positive cases where other donors had taken over funding of activities, such as in Uganda where multiple donors have pitched in for a review of HMIS.

Five African countries referred to an EU-Luxembourg-WHO programme on Universal Health Coverage[5] as an important additional source of funding for IHP-related activities. This partnership, established in 2011, has a common goal of strengthening national health planning processes. In recent years this programme has included elements that are in synergy with the IHP+, namely an objective around ensuring that international and national stakeholders are increasingly aligned around National Health Strategic Planning and adhere to other aid effectiveness principles. Since there is an overlap of countries involved in both initiatives, and WHO plays a lead role in administering both, further harmonisation opportunities could be explored.

Flexibility of the grant process

All[6] countries said that the grant application process was flexible enough to meet their particular needs. Overall, comments about the levels of flexibility were very positive and it was highlighted as a major selling point of the grant. Countries appreciated being able to align the proposal to national priorities, and to have funds re-issued where there were delays in implementation.

5 http://www.uhcpartnership.net

6 In their questionnaire, one respondent said the process was not sufficiently flexible. Follow-up revealed that this comment was relating to other TA and support offered by the Core Team, not their country grant.

5. Challenges

Respondents were asked to share any challenges that they have experienced with applying for, implementing, or reporting on the grant. Some of the challenges highlighted in the 2009 review of grants, namely a heavy focus on analytical work and slow disbursement of funds have been addressed. Some of the other challenges around involvement of partners, delays in implementation and poor quality reporting persist.

Application process

There was general consensus that the application process was simple and not burdensome in terms of time or cost. Others mentioned slight delays in the approval of grants due to the further information being requested, or negotiations over objectives, but did not consider this to be a notable challenge. Some respondents remarked that it would have been helpful to have a simple template to complete.

From the point of view of the Core Team there were significant challenges with some applications. The standard of proposals has been varied. Some had to be returned because the objectives and activities weren't clear or well justified. Others did not include detailed budgets. A number of proposals lacked evidence of sufficient consultation and joint preparation with partners.

Implementation

Six out of 23 countries reported challenges in implementing their grants, mainly delays in implementing planned activities. Delays were caused by a combination of factors including pausing to align with national planning calendars, interruptions in procuring technical assistance, and external factors beyond the control of partners such as changes in key personnel, or even governments. DRC had the specific challenge of an unexpected rise in the number of partners to be coordinated.

Although very few respondents raised this as an issue in questionnaires or interviews, a number of countries experienced challenges with spending their full grants within the originally agreed period (usually 12 or 18 months) despite reminders from the Core Team when grants were close to expiring. In order to complete their workplans, some countries have requested extensions or have had grants re-issued in subsequent years. Table 1 above shows that 11/27 countries received multiple tranches of funding over more than three consecutive years. Rather than simply issuing a one-off grant to countries, the Core Team has often had to manage multiple funding transactions.

Even with the option to have grants extended or re-issued, some countries have not been able to spend the full amount awarded to them (which was often less than they had originally requested). A closer look at six sample countries (see Table 2 below) shows that underspends, and the need to reissue grants, has been more typical among the earlier, higher-value grants. According to the Core Team, earlier grants may have been overly ambitious and didn't take into account national-level constraints that may delay implementation. This was one of the reasons for reducing grant sizes in more recent years. Smaller grants of $50,000 or $100,000 have generally been implemented within the original timeframe.

Table 2: Sample countries: grant requests, approvals & expenditure

Country	Original amount requested	Grant(s) approved	Notes	Total spent to date
Cambodia	$800,000 (2008)	$415,000 (2008) $100,000 (2011) $50,000 (2012) $20,000 (2013) $25,000 (2014)	$147,000 underspend from grant 1 re-issued in 2010. Subsequent grants completed in time.	$610,000
Cote D'Ivoire	$354,000 (2012)	$50,000 (2012) $50,000 (2014)	$14,251 also given for additional country support, but managed by WHO	$114,251
Ethiopia	$800,000 (2008)	$400,000 (2008) $200,000 (2010)	$193,000 returned from grant 2 due to delays in implementation & was re-issued later in 2010. Underspend returned again and two further tranches of $50,000 transferred in 2012 & 2014.	$506,249
Guinea	$210,000 (2013)	$50,000 (2013)	Grant completed.	$50,000
Nigeria	$800,000 (2009)	$400,000 (2009) $200,000 (2010) $200,000 (2010)	$72,000 of tranche 1 mis-allocated by AFRO & retuned in 2011. $52,000 underspend from tranche 3 returned in 2012. Last grant of $77K re-issued in 2013 and of this amount, $19,711 was re-issued in 2015. A balance of $17,573 remains.	$732,924
Uganda	$350,000 (2010)	$200,000	Grant completed after 6-month extension agreed.	$200,000

Reporting

Five out of 23 countries said that they experienced challenges with reporting on their grants. Mostly, this was because of delays in getting information from partners to feed into national reports. A few countries said they would have found it helpful to have a reporting template and to have more notice of reporting deadlines.

Again, the assessment of the Core Team was different. From their perspective, getting timely reports is a persistent challenge. The guidance note for grants asks for bi-annual progress reports but in reality, this hasn't happened. A considerable amount of chasing is required to get narrative and financial reports to feed into the Annual Core Team Report, and even with reminders feedback from countries has tended to be slow.

The quality of reports has also been extremely varied. The majority are heavily focused on activities, and contain little analysis of outputs, outcomes or impact. A conscious decision was made by the Core Team early on not to develop a reporting template. The guidance note sent to countries is not explicit about how countries should monitor or evaluate their work, or about the expected structure or content of reports. The desire of all concerned to keep processes light may have come at the expense of quality reporting.

Involvement of partners

Grant guidelines say that grants can be used for "mutually-agreed activities" and that "Country grant activities should be defined and approved by the existing country-level coordination mechanism, which normally includes representatives of governments, development partners and civil society." The guidelines do not specify whether reports should be jointly developed and approved.

As was the case back in 2009, there is still a mixed picture when it comes to the involvement of all partners in IHP+ grants. The Core Team reported that some initial proposals did not demonstrate sufficient evidence that this criteria was met. As a result, the proposals were returned, and further clarification that partners had been consulted was requested, for example notes from a meeting where the IHP+ grant was discussed, or a jointly signed proposal application.

In the most extreme cases, respondents raised concerns that the WHO Country Office had developed proposals and managed grants without sufficient consultation with the Ministry of Health. Some also felt that WHO needed to improve communication amongst local partners about what the funds are for, and to share more information about grant progress and impact.

World Bank TTLs did not appear to be major partners in the development or implementation of grants. Further exploration is needed to understand why this is the case and how engagement with IHP+ activities could be prioritised within the heavy workload of TTLs.

Levels of civil society engagement also continue to be mixed. When probed about the involvement of civil society in proposal development, countries often reported that civil society was represented in working groups that fed into a proposal, rather than being closely involved. Some countries confessed that civil society was not invited to support proposal development because of short timeframes but again, they were involved in wider health planning processes. A good example of civil society engagement was shared by Cambodia where the health umbrella network MEDICAM was a major partner in all elements of the grant process.

CSOs from the six sample countries were invited to share their perspectives on the IHP+ grant and whether civil society was meaningfully engaged. Those who responded confirmed that civil society engagement slowly continues to improve and that civil society is regularly represented in groups that contribute to policy decisions (for example in Uganda, CSOs are represented in a Health Policy Advisory Committee and a range of technical working groups). However, an ongoing challenge for civil society in many countries is lack of coordination by the Ministry of Health. Only a limited number of CSOs are regularly informed about key events, and are often told about them at very short notice.

6. Demand for future grants

Is there demand?

In recent years, the number of countries requesting catalytic grants has fallen (reflected in Chart 1). Out of a budget of $1.5 million for 2014–15, only $344,711 has been utilized so far[7]. This has been interpreted by some Core Team members as evidence of reduced demand, and cause to question the rationale for a grant facility. However, when countries were asked whether they think grants should continue to be made available – and if they would consider applying for them – 100% said yes, including those that have never received a grant.

Perhaps this is unsurprising given that health budgets in many low and middle-income countries remain underfunded. Nonetheless, respondents were very clear that efforts to improve harmonization and alignment are ongoing; cycles of strategy development, implementation and review continue; and partner coordination still requires strengthening. Whilst other sources of funding are available, even small grants from IHP+ are attractive because of the relative ease with which they can fill gaps and complement other resources.

Communication

Given the positive feedback that so many respondents had about IHP+ grants, it is surprising that there have been so few grants requested in recent years. One possible explanation is that grants are not promoted. Today, information about grants is well hidden on the IHP+ website and at the end of Core Team Annual Reports.

There has never been an open call for proposals although the grant option was clearly communicated to countries upon joining IHP+. Instead, the Core Team has adopted a more targeted approach, for example using discussions at Country Health Team Meetings to inform partners about the grant facility, and including information about grants in briefings for new IHP+ signatories. Grants might have served as initial incentives for countries to join IHP+ but countries have been regularly reminded (for example in correspondence with the Core Team) that they should be seeking out alternative sources of funding, rather than rely on IHP+ grants.

There has been reluctance to advertise grants too widely because of fears that the available budget and Core Team capacity would be insufficient to manage a spike in applications. There has also been caution about setting false expectations of IHP+ as another funding stream. Since there is potentially such huge demand for funds, if the IHP+ is to continue issuing grants there needs to be a clear strategy on how to communicate this to the relevant stakeholders in a way that is fully transparent but sets realistic expectations.

What would future funds be used for?

If further funding were made available, countries had lots of ideas for how they would like to use it. In the main, these are the same activities that grants have traditionally been used for – a suggestion that they are still perceived as important. The most popular proposals were to use grants to support the review or evaluation of a national health strategy; develop a new health strategy; further strengthen national coordination mechanisms; establish or revise a national Compact; and to strengthen monitoring

7 Correct as of 8 September 2015

and evaluation mechanisms. Other suggestions included providing technical assistance to support mutual accountability; mapping donors and their activities; improving financial management systems; strengthening civil society engagement; and supporting upcoming JANS processes.

Recommended modifications to any future grant facility

All respondents were keen that any future IHP+ grants should continue to be flexible so that they can be aligned to national priorities and planning processes. However, many believed that the scope of future grants could be more focused and strategic. It was proposed that countries should be invited to prioritise just one or two key bottlenecks that are holding back effective development cooperation in the health sector. A number of respondents suggested using the Seven Behaviours[8] framework as a guide and there was a lot of interest in using grants to support the mutual accountability agenda. Respondents also believed that grants should continue to support key IHP+ instruments such as Compacts, JANS, JARS, etc.

Approximately half of countries explicitly said that they wanted to see larger grants made available, particularly for those countries that have achieved good results in the past. Some respondents questioned whether all IHP+ countries should remain eligible for grants and suggested that greater priority should be given to countries that have fewer donors and/or have made less progress with harmonisation and alignment.

Respondents wanted proposal and reporting requirements to remain light and in proportion to the size of grants. At the same time, there was a desire for a more systematic approach. More detailed guidelines on developing proposals, the grant management processes and reporting requirements were proposed. Simple and short templates for proposals and reports would help partners to be more results-focused. Respondents were keen that a more transparent mechanism for monitoring and evaluating the grants be created to ensure greater accountability among national partners, and to facilitate sharing of best practices between countries.

Most respondents were happy with the role that WHO has played in managing grants and would like to see this role continue whilst, ensuring that the government is always in the driving seat. A couple of countries went further by suggesting that future grants could be managed directly by national governments. Partners greatly appreciated the ease with which they can communicate with the Core Team though some felt that too much communication was based on ad-hoc email correspondence which is easily lost when staff change. A more thorough system of knowledge management allowing quick access to all relevant documents (including email correspondence) would be beneficial for both the Core Team and national partners. Simple modifications, such as including dates in file names would allow a user to more easily see the chronological order of documents and how they relate to each other.

8 http://www.internationalhealthpartnership.net/en/news-videos/ihp-news/article/seven-behaviours-how-development-partners-can-change-for-the-better-325359/

7. Summary and recommendations

From the perspective of recipient countries, IHP+ grants have been useful for driving forward health policy processes and strengthening coordination of partners. Although grants are relatively small, they have been welcomed because they are perceived as being uniquely flexible and able to fund activities that other donors will not. Even in the absence of objective and comparable metrics to evaluate the impact of grants, many concrete examples have been shared of how the IHP+ grants have contributed to stronger national health strategies, more robust planning and review processes, and coordination mechanisms that have set a precedent for more inclusive ways of working in the future.

Questionnaire and interview responses raised an interesting contradiction: all countries expressed a strong interest in applying for future catalytic grants yet the number of grants requested by countries over the past few years has been low. One possible explanation for this is that information about grants – their availability and impact to date – is not well communicated.

Based on the testimony of respondents, IHP+ grants are perceived to have advanced the effective development cooperation agenda in most recipient countries, even if it is difficult to measure exactly to what extent. The lack of uniformity between proposals and reports, plus the very different contexts in which each country operates, has made it challenging to draw conclusions about which grants have had the biggest impact. There is no strong evidence to suggest that larger grants have brought about demonstrably greater results. Past performance suggests that countries struggle to spend larger grants (at least over a standard grant period of 12–18 months).

Countries identified potential alternative sources of funding, but no donors stood out as major champions ready to take a lead in supporting countries to put principles of effective development cooperation into practice. IHP+ grants do therefore seem to have filled an important gap and need that is not yet being met by other donors. With many health budgets remaining underfunded, it is uncertain whether advances in harmonisation and alignment will be accelerated, or perhaps even sustained, without targeted funds. Competing priorities also mean that it is easy for the IHP+ and its principles to get relegated from a political priority to a technical issue. Even small grants help to keep IHP+ on the agenda.

Therefore, the conclusion of this review is that the next IHP+ workplan should include a budget for catalytic grants for developing country signatories, in addition to a budget to support specific IHP+ tools and approaches. This would enable countries to continue advancing the development effectiveness agenda in line with their own national priorities. To reduce reliance on IHP+ funding in the future, local resources should also be identified to sustain and strengthen planning and coordination processes.

Any future grant facility should, however, undergo some modifications to make it even more effective and to allow for the impact of grants to be better captured and communicated. Recommendations 4-6 would carry some upfront resource implications (in terms of the Core Team's time or the recruitment of a consultant) but should make reviewing proposals, monitoring grants and reporting easier down the line. To increase Core Team capacity it is recommended that a small working group be established. This would require some Core Team time and a small communication budget.

Recommendations for future IHP+ country grants:

1. IHP+ grants should continue to be light, flexible and catalytic. These are the most unique and valued features of past grants that should be preserved.

2. Whilst maintaining alignment with national priorities, each grant should be limited to supporting just a few strategic opportunities. Countries could select support for action on one or two of the Seven Behaviours and/or IHP+ tools[9].

3. 12–24 month grants should be made available, up to a maximum value of $200,000.

4. The Core Team should develop short and simple templates for proposals and reports. They should be designed to make it easy for countries to clearly articulate expected/ achieved outputs and outcomes, and how they will measure progress towards objectives.

5. Guidance for grants should be updated to include clearer information about grant criteria, and the proposal and reporting process. This should include:

    - What the grants can be used for – perhaps a menu of suggestions (highlighting the Seven Behaviours and IHP+ tools);
    - Guidance on completing the proposal template;
    - Clear instructions that proposals and reports must be developed in collaboration with others, and what evidence is required;
    - Summary of what will be required in narrative and financial reports;
    - Reporting timelines with clarity on when interim progress updates and annual reports should be submitted.

6. In order to improve transparency and accountability whilst managing demand, the Core Team should develop a light communication strategy for grant process. This could including the following elements:

    - A plan to inform key partners (including civil society) in eligible countries about the availability of grants and updated criteria for proposals;
    - A plan for how grants will be approved in the event that demand exceeds the available budget;
    - Clear messaging for countries about grants being short-term and catalytic and the need to identify sustainable local financing;
    - Renewed guidance for partners at country level (particularly WHO and World Bank staff) reminding them of their different roles and obligations;
    - A plan to promote best practices and lessons learned from the grants amongst the IHP+ community.

7. Strengthen the Core Team's grant management and oversight capacity by creating a small working group (comprised of DPs, civil society, etc) to support proposal selection and regular monitoring of grants.

9 http://www.internationalhealthpartnership.net/en/tools/

Annex 1 – Review terms of reference

Introduction

Since its inception, IHP+ provided catalytic grants to IHP+ signatory developing countries to support country processes related to the national health policy dialogue and the application of principles for effective development cooperation. The amounts varied from about 400,000USD per country at the start, to 50,000–100,000USD during the last 3–4 years. The country guidance note on the IHP+ website provides information on the application process, implying that local partners would review and agree on a proposal, which would be sent to the IHP+ Core Team, via the WHO Country Representative. The Core Team would review and approve if certain criteria of the application process were met. Funds were disbursed by WHO HQ (through IHP+ Core Team) and managed locally by the WHO Country office. A narrative and a financial report were requested at the end of the grant period, but the reporting was light, requesting in particular a narrative on how the funds contributed to country processes.

Table 1 provides an overview of the grants by country and amounts disbursed so far. The Core Team usually reports on the country grants in the Annual Core Team Report on the financial disbursements and main activities supported, but there has never been a comprehensive review of the use of country grants and their influence on country processes. It is proposed to conduct a more thorough analysis of the IHP+ country grants to have a better understanding of the use, challenges and perceived results of this area of work of IHP+, as a basis for recommending whether and how country grants should be offered in future. The outcome of the review will feed into the current work on the future strategic directions and work programme of IHP+.

Scope of work

1. Provide an overview of the grants provided by IHP+ to countries since inception in terms of financial amount and the types of activities supported.
2. Explore the utility of IHP+ grants for recipient countries, in terms of catalysing and supporting ongoing processes and advancing the effective development cooperation agenda.
3. Explore whether activities could have been funded by other sources, or whether IHP+ Country Grants have filled an important gap in promoting effective development cooperation.
4. Explore the challenges in the grants management process in terms of reporting requirements, financial management and accountability, including from the perspective of IHP+ Core team.
5. Provide recommendations for future investment in this area of work.

Methods of work

This will be a desk based study. It is expected that the work will include:

- review of IHP+ guidance and reports and grant documentation (country proposals, reports, financial management reports)

- phone interviews with a sample of recipient countries (MOH, WHO CO and WB TTL) to assess the extent to which IHP+ grants were useful in terms of catalysing and supporting ongoing processes and advancing the effective development cooperation
- interview with IHP+ Core Team, as well as the two previous IHP+ Core Team leads

IHP+ Core Team could assist with setting up teleconferences if needed.

Skills of the consultant

The consultant should have the following skills and expertise:

- be an expert in aid effectiveness/effective development cooperation
- have a broad understanding of country governance and planning processes, as well as donor coordination
- have good analytical skills

Timeline

The work should be conducted for 25 full working days between 15th July and 15 September 2015

Deliverables

1. an outline of the proposed approach to the review
2. a survey/questionnaire for the interviews to be reviewed by the Core Team before interviews start
3. a draft report for comments by the Core Team
4. a final report with recommendations (max 15 pages or 5,000 words)

Annex 2 – Questionnaire templates

a) Questions for grant recipient countries

Activities

1. What types of activities did you use the grant funding for?

   ❑ Supporting a joint assessment of national health strategies (JANS) process

   ❑ Development of a Compact

   ❑ Inclusive development of a national health plan / strategy

   ❑ Developing / strengthening a country-led platform for monitoring, evaluation and review of health sector progress and performance

   ❑ Conducting a joint annual health sector review (JAR)

   ❑ Budget preparation

   ❑ Strengthening budgeting processes

   ❑ Preparatory studies / situation analysis

   ❑ Support for national sector coordination mechanisms

   ❑ Harmonizing and aligning financial management systems

   ❑ Harmonizing and aligning procurement / supply systems

   ❑ Strengthening civil society engagement

   ❑ Capacity building of national government

   ❑ Other – please specify

Added value of the IHP+ grant

2. Was IHP+ the only source of funding used to support these activities?

   ❑ Yes ❑ No

   If you answered no, what other domestic/external sources of funding did you use to co-fund these activities?

3. Are you aware of any other sources of funding to improve coordination of health partners and/or strengthen health planning processes? If yes, please provide details

4. If the IHP+ grants had not been available, would your objectives:

   [Please tick the response the most closely applies]

   ❑ Have been achieved using alternative sources of funding

   ❑ Have only been partly achieved

   ❑ Probably have been achieved, but later

   ❑ Not been achieved at all

5. Was the grant application process flexible enough to meet the particular needs of your country?

   ❑ Yes ❑ No

Impact

6. To what extent has the grant been implemented as planned?

   ❑ Completely as planned

   ❑ Mostly as planned

   ❑ Only partly as planned

   ❑ Not at all as planned

   If the grant was not completely implemented as planned, please share details of any major changes to proposed activities, spending of resources, etc:

7. Have the grant's objectives been achieved?

   ❑ Objectives exceeded

   ❑ Completely achieved

   ❑ Mostly achieved

   ❑ Only partly achieved

   ❑ Not at all achieved

   If your objectives were exceeded or not met, please provide more details:

8. What impact has the IHP+ grant(s) had on efforts to advance the effective development cooperation agenda[10] in the health sector?

   ❑ Significant impact – The grant(s) catalyzed great advances in effective development cooperation

   ❑ Positive impact – The grant(s) led to some improvements in effective development cooperation

   ❑ No impact – The grant(s) led to no notable changes in the level of effective development cooperation

   ❑ Negative impact – The grant(s) resulted in less effective development cooperation

9. Has the IHP+ grant(s) helped to improve coordination across all health partners in your country?

   ❑ Yes ❑ No

10. Has the IHP+ grant(s) helped to strengthen health sector planning processes?

    ❑ Yes ❑ No

11. Please describe the most significant change or outcome that the IHP+ grant(s) supported in your country.

Challenges

12. Did you experience any challenges in…

    (a) applying for the grant? ❑Yes ❑ No

    (b) implementing the grant? ❑Yes ❑ No

    (c) reporting on the grant? ❑Yes ❑ No

    If yes, please explain further here:

Future grants

13. If the IHP were to make further grants available, would you apply for them?

    ❑ Yes ❑ No

    If yes, what would you want to use them for?

    If no, why not?

14. Do you have any recommendations on how the grant process could be improved in the future (in terms of the scope of grants and/or grant management processes)?

    If you have any further comments on the IHP+ grants, please share them here:

10 See http://www.internationalhealthpartnership.net/en/about-ihp/a-global-commitment/ for more on the principles of effective development cooperation

b) Questions for countries that have not received grants

1. Why have you not applied for IHP+ country grants?

   [Please select the main reason]

   ❑ No further efforts are currently needed to strengthen sector coordination mechanisms or the planning and monitoring of national health strategies

   ❑ Other sources of domestic/external funding are available to advance the development cooperation effectiveness agenda

   (Please share which sources you have used)

   ❑ The level of grant funding available is insufficient

   ❑ There is currently insufficient capacity within the health sector to prioritize effective development cooperation

   ❑ The grant application process was too complicated/burdensome in relation to the size of grants

   ❑ We were not aware that these grants were available

2. If the IHP+ were to make further grants available, would you apply for them?

   ❑ Yes ❑ No

   If yes, what would you want to use them for?

   If no, why not?

   If you have any further comments on the IHP+ grants, please share them here:

c) Questions for Core Team members

1. Why was the grant facility originally set up? (What was the need/gap that needed to be filled? Who instigated, supported, etc?)
2. What has been the Core Team's role in promoting, approving, issuing, managing and monitoring the grants?
3. Do you think the development of the grants at country level genuinely involved all partners?
4. Which grant(s) do you think has had the most tangible/biggest impact?
5. Can you give any examples of where a grant has led to a 'step change' in health aid coordination?
6. Where grants haven't led to a significant impact, what have been the reasons?

7. The following six sample questions have been selected to explore in greater depth. Based on your knowledge of the grants awarded to these countries, please can you share any insights into what worked/didn't work with regards to the implementation of their grant(s)?

   a. Cambodia

   b. Cote D'Ivoire

   c. Ethiopia

   d. Guinea

   e. Nigeria

   f. Uganda

8. Overall, what do you think has been the added value of the IHP+ grants?

9. A February 2009 review of the first 8 IHP+ country grants concluded that proposed activities by individual countries were broadly appropriate but unlikely to lead to a 'step change' because of slow transfers of funds; slow implementation, a heavy focus on analytical rather than coordination activities and insufficient involvement of 'Country Team' members in implementation and oversight of activities…

   What changes were made to the grant facility as a result of this review?

10. In your opinion, do you think that any of the same challenges have continued?

    – Underspends

    – slow transfers of funds

    – slow implementation

    – a heavy focus on analytical rather than coordination activities

    – insufficient involvement of 'country team' members in implementation and oversight of activities

11. Have any new challenges/issues come up since the 2009 review?

12. The proposal & reporting requirements were designed to be light, has this made it easier to get timely proposals / reports? Have the proposals and reports contained sufficient information?

13. How easy/difficult has it been to ensure accountability?

14. Do you think the grant facility should continue? Why?

15. If so, do you think any further modifications are needed? If yes, what and why?

16. Do you have any other comments or remarks?

Annex 3 – List of respondents

Sincere thanks to the following individuals for taking the time to complete a questionnaire and/or participate in an interview.

Core Team, past and present	
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Niger	Magagi Gagara (WHO)
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Zambia	Soloman Kagulula (WHO)