

FINAL EVALUATION OF THE COMIC RELIEF GSK 'FIGHTING MALARIA, IMPROVING HEALTH' PARTNERSHIP EXECUTIVE SUMMARY



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EVALUATION PERIOD 2016 – 2021

COUNTRIES Ghana, Tanzania, Sierra Leone, Mozambique,
Cambodia, Laos and Myanmar

REGION Africa and Asia

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TIMING August 2020 – July 2021

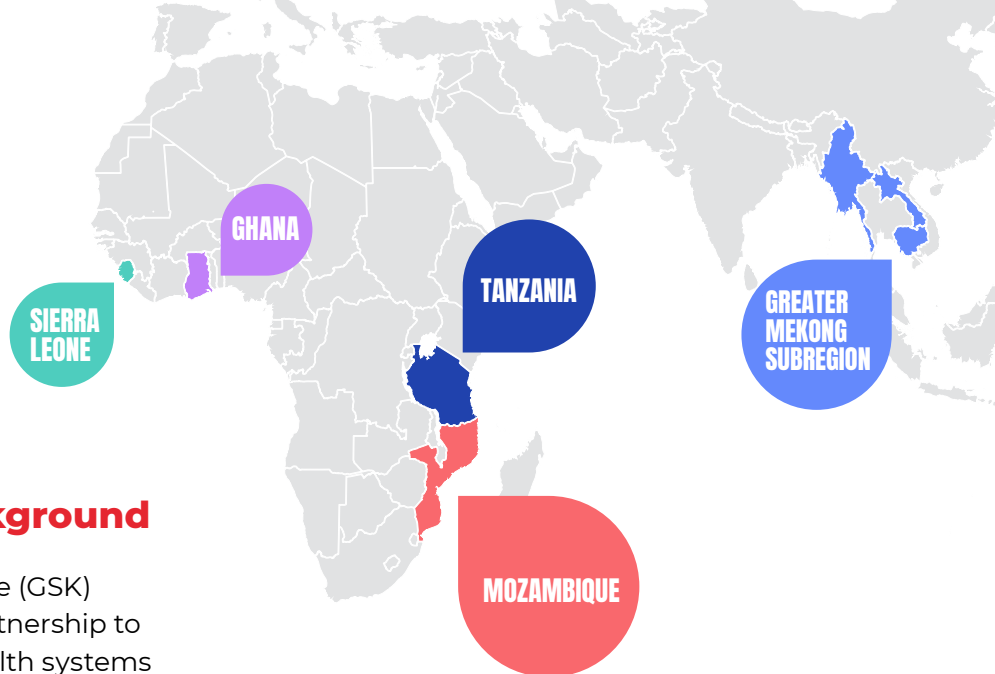
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10 July 2021



EXECUTIVE SUMMARY



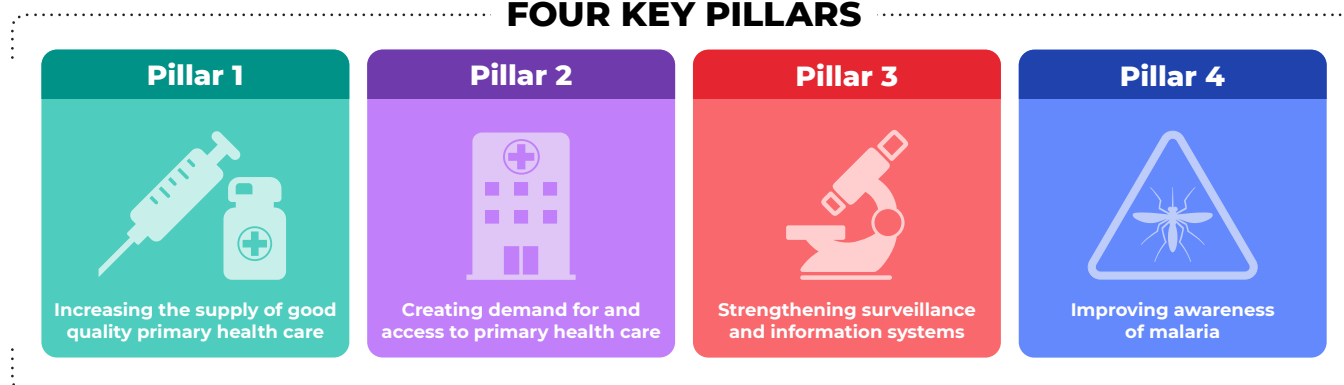
Introduction and Background

Comic Relief and GlaxoSmithKline (GSK) formed a five year £22million partnership to fight malaria and strengthen health systems in some of the countries most affected by the disease. Activities from 2016 to 2021 were jointly funded by GSK and Comic Relief, which contributed £17 million and £5million respectively to the Partnership. Comic Relief oversaw grant management while communication and advocacy activities in the UK and focus countries were jointly managed by GSK and Comic Relief. The Partnership awarded grants to 25 organisations on the frontline in four malaria-endemic countries in sub-Saharan Africa: Sierra Leone, Ghana, Tanzania and Mozambique, along with three countries across the Greater Mekong Sub-region (GMS): Cambodia, Laos and Myanmar. These grants supported a diverse set of organisations, made up of international and local Non-Governmental Organisations, with each funded partner delivering projects designed to meet different community and national needs in the fight against malaria. The core focus of the Partnership was to improve malaria control through Health Systems Strengthening (HSE) under four key pillars:

This report is a final evaluation of the achievements and outcomes of the Partnership and Comic Relief's approach to grant-making and management conducted from November 2020 to May 2021. It set out to:

- **Determine the relevance and coherence of the funded partners' projects in addressing the priority issues of malaria elimination and Health Systems Strengthening**
- **Assess the effectiveness of the Partnership concerning the programme's intended outcomes; and the sustainability of the projects' efforts to tackle malaria and strengthen health systems in the focus countries**
- **Review the effectiveness of Comic Relief's grant making, grant management and partnership approach.**

FOUR KEY PILLARS





Methodology

A pre-test/post-test approach was used for evaluation. A cross-sectional exploratory study using mixed methods in focal Comic Relief-GSK project areas was conducted as the end line assessment. Baselines were constructed from the programme's information package including projects' monitoring data. Quantitative methods included secondary analysis of funded partners' monitoring data and available country-level data to assess changes attributable to the project in terms of expected outcomes. Qualitative methods consisted of an extensive document review and Semi-Structured Interviews (SSI) with key partnership stakeholders including Comic Relief, GSK, funded partners in the five geographies, as well as government and private-sector stakeholders.

Results

RELEVANCE

The Partnership's coherence with global priorities was demonstrated by the degree of its alignment with the World Health Organisation (WHO) Global Technical Strategy (GTS) 2016–2030. The non-prescriptive approach in grant-making enhanced relevance at the country levels. Overall, the Partnership's funded projects addressed the contextual realities in the focal countries using tailored approaches and innovative tools and solutions to address

the problem of malaria elimination and reduction. The scoping exercise by the London School of Hygiene and Tropical Medicine (LSHTM) set the stage for this.

EFFECTIVENESS

Within the five years of the project, over 6.3 million people were reached: with about 3,668,699 people benefitting directly from the Partnership. At the output and outcomes levels, most of the projects showed consistent progress across most of their quantitative indicators. There was evidence of effectiveness in achieving intended outcomes including increasing the number of people who accessed improved diagnostic services; improved quality of referral services and treatment services; and the number of health care providers with greater capacity to prevent, diagnose or treat malaria. By 2021, the number of people who had accessed improved diagnostic services (in Tanzania, Sierra Leone, GMS and Ghana) due to the Partnership's interventions was 1,659,301. Similarly, 969,172 people had accessed improved quality of treatment services across the programme's five focal geographies.

The programme also contributed to a reduction in malaria prevalence in intervention areas. For instance, in Sierra Leone, malaria prevalence in Tonkolili was 68.3% in 2017. The 2020 malaria indicator survey conducted by the National Malaria Control Programme (NMCP) estimated malaria prevalence in Tonkolili at 35.2%. The Empowering Communities to Treat and Prevent malaria (TAP) project was implemented by Concern Worldwide in 25 out of 91 communities in Tonkolili and had a significant influence on community behaviour. Similarly, the prevalence of Malaria in the Geita region of Tanzania was over 50% at baseline (2017) of the Association of Private Health Facilities in Tanzania (APHFTA) Malaria project and at end line in 2021 is now below 20%.

Top five achievements of the partnership include:

■ Improved capacity of health workers

This was observed in public and private-sectors as well as at the community level across the four pillars. This was seen as a key change by national and provincial government stakeholders and the funded partners. It was attributed to extensive training and frequent supervision supported by funded partners. By 2021, 4,046 community health workers (including volunteers), 3,385 private-sector health care providers and 2,768 Primary level government health staff had been trained by funded partners in the five geographies.

■ Increased awareness and knowledge of Malaria

This led to improved health-seeking behaviour. Innovative Social Behaviour Change Communication (SBCC) strategies were implemented in all the countries. Community-level approaches which amplified community voices saw some quick wins. By 2021, funded partners' monitoring data displayed 1,443,800 people with increased knowledge of malaria prevention, diagnosis and /or treatment; and 2,600,116 people applying their malaria prevention, diagnosis or treatment knowledge and demonstrating health-seeking behaviour.

■ Private informal sector was strengthened and better integrated into the formal health system

A core innovation was the work done with the private informal sector - partnerships with the formal private-sector are more usual and integration of data from the private-sector into the public sector is atypical. The private informal (health) sector in several countries was strengthened by the funded projects, examples include private community providers in Cambodia, private outlet providers in Myanmar, accredited drug dispensing outlets (ADDOS) and autonomous laboratories in Tanzania, and licensed chemical sellers in Ghana. Capacities were built, referrals between



private and public parties were improved, and information management and surveillance systems were strengthened. The integration of private-sector data into public sector data was an important gap filled by the Partnership in some geographies including Tanzania, GMS and Ghana.

■ Evidence of broader Health Systems Strengthening

In Sierra Leone, the NMCP scaled up an International Rescue Committee (IRC) project from 38 to 100 pharmacies and used the model for other healthcare initiatives beyond Rapid Diagnostic Tests (RDTs) and the malaria sector. In Tanzania, the Clinton Health Access Initiative (CHAI) project influenced the NMCP to position the intervention for scale-up via a Global Fund Application. The integrated approach - which led to the expansion of a new modified drug register introduced by CHAI beyond the four project intervention regions to seven more regions in collaboration with the NMCP and other partners - was a plus for Health Systems Strengthening. Capacity was also strengthened beyond the malaria sector. In Myanmar, Population Services International (PSI) worked in 16 project townships located along the Indian border where the government was not able to support. The project strengthened the capacity of more than 850 community private providers in malaria and TB, HIV, Leprosy, Diarrhoea, and infectious diseases.

■ Overall advocacy and communications strategy and activities enabled several achievements

Communities were supported in telling their own stories and sharing their own experiences with over 70 case studies and a series of films created to support the goal of spreading awareness. The advocacy grants contributed to setting the malaria agenda at national and international levels. The grants mobilised important political, social and (to a limited extent) financial verbal commitments from decision-makers and political leaders. However, these had not yet been translated to significant national-level policy change or release of funding to the sector by the end of the Partnership. The advocacy efforts of the other funded partners seemed more effective in securing policy change and contributing to strategic direction in the various contexts. For instance, PSI contributed to changes made to the Myanmar national malaria advocacy policy – a new advocacy policy for the national programme was introduced to raise funds through the regional advocacy workshop for Cambodia, Lao and Myanmar. The Community Based Management of Acute Malnutrition (CMAM) Surge approach used by Concern Worldwide in Sierra Leone was adopted in the country's next 5-year malaria strategy. It appeared that advocacy efforts yielded better outcomes when combined with implementation focused on the other three pillars. This may be because the evidence generated from project outcomes were more effective in convincing decision-makers to act?



DRIVERS OF CHANGE

The successes achieved in the five geographies have been through integrated efforts and mobilisation of international and local resources, including collective learning-driven research on malaria. In summary:

- Integrated approaches were the most effective. These included projects that focused on febrile case management and not just malaria.
- Projects that were already embedded in the contexts especially due to long interaction with the NMCP before the Partnership achieved stronger outcomes.
- The flexibility of projects to address problems on the ground responsively enhanced effectiveness. For instance, projects were able to re-direct funds rapidly, to tackle emerging problems such as Dengue and COVID-19 outbreaks.

This responsiveness was driven by the flexibility of Comic Relief's grant management style

- Collaboration with government stakeholders at national, regional and provincial levels was crucial in enabling transformation. Achieving a participatory process of generating evidence drove change.
- In the collaboration between Comic Relief and GSK, The Partnership Advisory Group (PAG) was an innovative model – it provided oversight, guidance and direction to the programme; and was a driving force of the Partnership.

COVID-19 limitations and adaptations

COVID-19 pandemic was a major challenge to project activities. This was especially the case for advocacy funded partners. Convenings, meetings were disrupted by the pandemic and the subsequent national emergency declarations in the different geographies. Also, the pandemic created a distraction for many of the national, provincial and local government stakeholders. Ministry of Health staff became more focused on addressing the health challenges resulting from the pandemic and malaria ranked low on the priority scale. The funded projects adapted in different ways. Advocacy groups used online communications to reach out to prospective targets. Funded partners collaborated with government stakeholders to respond immediately to the outbreak. Funded partners secured approvals from Comic Relief to re-assign their budgets to purchase emergency Personal Protective Equipment (PPE). The funded partner Health Poverty Action (HPA) was the first NGO to get PPE for malaria workers in their target areas in Cambodia. Kings College London (KCL) in Sierra Leone supported the reestablishment of the infectious disease unit built during Ebola time and quickly managed the COVID-19 testing with the laboratory staff in Connaught. In Ghana, Anglican Diocesan Development and Relief Organisation (ADDRO) intensified their household visit strategy, sensitizing volunteers and project officers to implement this safely. ADDRO also received support from Comic Relief to help procure PPEs for facilities in their intervention communities, the Ghana Health Service, volunteers, and ADDRO staff.



Key Learnings and reflections

WHAT WORKED WELL

The Partnership:

- contributed to re-positioning the malaria agenda at national and international levels.
- advocated strongly for mobilising funding for the malaria sector.
- stimulated research and development through its collective learning initiatives.
- improved access to cost-effective health interventions at country levels.
- supported national policy and strategies and strengthened the capacity of health service delivery.
- adapted advocacy initiatives at the start of the COVID-19 pandemic, especially during lockdowns, and this contributed to keeping malaria on the agenda in several focal countries in the face of shifted priorities.

The strategy of starting with a scoping exercise carried out by an academic institution positioned it for success. The fact that scoping was carried out by a reliable third-party increased its credibility. It set the stage for a properly structured partnership – designed intentionally to avoid several pitfalls recognised in literature.

The **flexibility of Comic Relief's grant management** including on the budget lines, **created space for the funded projects to provide innovative solutions** to emerging problems during implementation. This allowed the projects to adapt quickly and still achieve some milestones during the COVID-19 pandemic. This was a useful model as evidenced by funded partners who had other donor support with whom they reported delays of many months before they could achieve what they did with Comic Relief within weeks of the pandemic.

WHAT COULD HAVE BEEN DONE BETTER

Comic Relief's non-prescriptive approach to grant-making allowed the individual projects in the partnership to adjust easily to contextual realities, thereby ensuring relevance. It also made them more flexible and responsive, however, it had disadvantages. Though the Partnership's Bank of indicators (BOI) reflected international standards, many of the funded projects in their choices used indicators that were not in the BOI and which also did not align with international standards. It is also important to strengthen monitoring, evaluation and learning within these kinds of partnerships. The BOI should have been used to achieve aggregation of outcomes which would have yielded more evidence of the overall outcome of the Partnership's initiatives and provided more lessons on what works or does not work.

The collective learning mechanism provided organisations with an opportunity to draw on the extensive pool of knowledge from across the Partnership portfolio of projects while boosting their skills and knowledge around generating evidence relevant for their context and stakeholders. It was a good innovation and led to the development of several useful knowledge products. However, the success of that component was hampered because of the way it was structured. The purpose, structure and potential benefits of the collective learning component should have been clearly defined and introduced to the funded partners at the time of the request for proposals. This would have enabled the organisations to ascribe importance to it and assign the relevant resources – chiefly human and financial - and time to it.

Many elements provided opportunities for the sustainability of the Partnership's initiatives. However, a barrier to sustainability is that most of the funded projects did not have systematic exit strategies and transition plans were not in place.



Conclusion

The collaboration between Comic Relief and GSK provides an example of a successful global health partnership

Bringing together two different but complementary organisations that leveraged their collective strengths to achieve a common global health goal. The Partnership Advisory Group was an innovative model and a driving force of the Partnership.

The Partnership had a model of strong collaboration with governments including the National Malaria Control Programmes and embedded several its initiatives into existing structures within the health systems. Community-level approaches made quick gains in the intervention areas due to the amplification of community voices and empowered communities who took responsibility for action and displayed action-oriented behaviour. Improved capacity of health workers in the public and private-sectors, as well as at the community level, across the Partnership pillars, was a solid achievement. The combination of this and the strengthening of surveillance systems, including the integration of data from the private-sector into the public sector, led to some broader Health Systems Strengthening. However, Health Systems Strengthening was limited due to integral weaknesses within the health systems beyond the scope of the programme. There was potential for sustainability but challenges as well. It is hoped that the momentum created by the Partnership will be maintained by the wide variety of stakeholders at national, district, provincial and community levels with whom the funded partners collaborated.

RECOMMENDATIONS

TARGET AUDIENCE	RECOMMENDATIONS
COMIC RELIEF	<p>1. Theory of Change</p> <p>Future partnerships should ensure the intersection between key pillars and the assumptions which are tested are reflected clearly both in narrative text and in the TOC illustration. This will enable a better understanding of the non-linear nature of the issues and set the stage for better harmonisation of funded projects.</p> <p>2. Collective Learning</p> <p>Targets should be defined clearly, structured and introduced to applicants at the level of Request for Proposals (RFP) and embedded into their contracts with time and budgetary allocations.</p> <p>Consider the inclusion of collective learning products, such as peer-reviewed publications, as deliverables linked to disbursement to motivate more commitment to the process by funded partners.</p> <p>Funded partner feedback mechanisms should be integrated into the collective learning process. During implementation, the coordinators should ensure that feedback loops are always closed to maximize effectiveness.</p> <p>3. Review the project reporting template and make it more analytical</p> <p>Although most funded partners liked the light touch of the reports, Comic Relief could consider gaining more out of the annual reports by structuring the template to include more critical analytical questions. This could drive the learning agenda right from the first year of implementation by adding questions that reflect on possibilities for collective learning and what themes the partners would be keen on collaborating on.</p> <p>4. Ensure better harmonisation of funded partners and projects</p> <p>We recommend a budgetary allocation to a workshop to be attended by all the funded partners at the start of the Partnership. This would enable them to become acquainted with each other early enough in the Partnership. This may involve choosing an appropriate location they would go to for a few days. It has the advantage that they could present their planned projects including the intervention areas and establish a network right from the start of the projects.</p> <p>Consider more alignment of project intervention areas to ensure that different solutions are leveraged by different pillars. The discussions about how best the projects could be positioned within specific intervention areas to ensure better harmonisation could be held with national and local government stakeholders during the scoping exercise.</p>

TARGET AUDIENCE	RECOMMENDATIONS
COMIC RELIEF (continued)	<p>5. Consider restructuring the learning coordination function</p> <p>Future partnerships should either disaggregate the monitoring and evaluation (M&E) role from the learning role and provide two different positions to relevant experts, or structure a comprehensive MEL role to incorporate building capacity of the funded partners throughout the Partnership, including planning stages.</p> <p>For the M&E aspect, this will enable a clearer understanding of the impact measurement of the overall programme and better use of the Partnership's M&E tools by the funded partners with a better choice of indicators for project monitoring.</p> <p>Ensuring that the learning coordinators are focused entirely on the collective learning component would enable a quick kick-off of the activities and probably better facilitation of the process.</p> <p>6. Calls for advocacy concept notes and grants should be done at the same time as other funded projects</p> <p>At that time, it would be useful to review the potential for collaborations between advocacy grants and other funded projects.</p>
GSK	<p>Future partnerships should leverage the Partnership Advisory Group model</p> <p>This should apply to their operational and strategic processes. Effective communications between partners can then be structured right from the start of the partnership. This would enable:</p> <ul style="list-style-type: none"> ■ meaningful engagement and clear communication for the organisations to understand each other as quickly as possible. ■ Clarity on what different types of communication will be expected. ■ Mapping out communications goals and objectives and clarity about the difference between organisations, and the significance of that within the Partnership, which would enable clear understanding from the start.

TARGET AUDIENCE	RECOMMENDATIONS
FUNDED PARTNERS	<p>1. The micro-financing strategies should be sustained</p> <p>The private-sector needs to be motivated with strategies that highlight their gain to continue. Extrinsic motivation can be enhanced through financial strategies that outlast the projects and intrinsic motivation via associations and awards for contribution to health care in the public sector.</p> <p>2. Ensure an exit strategy from the start and a transition plan</p> <p>Comic Relief should ask for this more explicitly at the beginning of the project. Exit strategies and transition plans should be tailored to the contexts and could include the following:</p> <ul style="list-style-type: none"> ■ Beyond collaboration with the NMCP stakeholders at national levels, ensure that project initiatives are anchored at the local government (district and provincial) levels. The capacity built at the provincial level in the CUAMM project in Mozambique enabled the government stakeholders to continue some of the project activities after the project's exit. ■ Secure additional institutional support (including NMCP) to explore the possibility of initiatives involving community stakeholders, such as young advocates, to register as non-profit organisations. Provide fundraising training before the exit of the funded project. ■ Connect community champions and change agents to networks. For instance, networking meetings with civil society organisations, non-governmental organisations, and government agencies can be organised to link change agents and community champions with local networks. They can then work together beyond the projects' lifespan.
Other existing and potential donors – for future funding opportunities	<p>We recommend a review of the CR/GSK Partnership model as a best practice example in Global Health Partnerships. Several elements should be considered while structuring such partnerships:</p> <ul style="list-style-type: none"> ■ The partnerships should be long-term, preferably not less than five years. ■ Scoping studies at the start would position programmes for relevance and coherence with the contexts. A good strategy would be to prioritize organisations that are already established within the contexts for funding. It is also important to ensure that other partners that have the potential to work well within the contexts are also considered. ■ Flexibility in grant-making creates an enabling environment for innovative solutions. ■ A partnership advisory group supports the strategic direction and enables clear communications and drives success. ■ Organisations should maintain awareness that strategic shifts may occur over the long term and build flexibility to ensure that the partnership goal is kept in focus. ■ Collective Learning is a good strategy. It has the possibility of contributing to the evidence base and generating knowledge/ learning products for advocacy. However, it should be structured properly and introduced early in the programme.

About the partners

Comic Relief is a charity based in the UK which strives to create a just world free from poverty. Our mission is to drive positive change through the power of entertainment. Find out more at **www.comicrelief.com**

GSK is a science-led global healthcare company with a special purpose: to help people do more, feel better, live longer. For further information please visit **www.gsk.com/about-us**

