



Momentum Private Healthcare Delivery (MPHD): Midterm Performance Evaluation (MTE)

Background

Momentum Private Healthcare Delivery (MPHD) is a USAID funded five-year project (2020-2025). Its overall goal is to expand private sector healthcare coverage and improve health outcomes in Family Planning and Reproductive Health (FP/RH) as well as Maternal, Newborn, and Child Health (MNCH). In 2024 the MPHD project was extended through 2026 with a funding ceiling of US\$132 million. The implementing consortium is led by Population Services International (PSI), with partners JHPIEGO, ThinkWell, FHI 360, and Avenir Health. USAID requested Data for Impact (D4I) to conduct a midterm performance evaluation (MTE) of MPHD to assess the project's interventions, implementation status, quality to date, overall achievements and obstacles to date, and recommendations going forward.

Where was the study conducted?

The MPHD MTE covered all the countries where the project operates: Benin, Burundi, Ghana, India, Indonesia, Madagascar, Malawi, Mali, Mozambique, Nepal, Niger, Nigeria, Pakistan, Philippines, and Uganda. The evaluation team conducted field visits to Benin and Ghana. Interviews for the remaining countries were conducted virtually.



Visit to the ABMS pharmacy, Benin
Photo credit: Gael O'Sullivan

What methods were used to conduct this evaluation?

The evaluation focused on qualitative data that was triangulated with quantitative data obtained through program documents and secondary data sources. Data was gathered from: 1) program document reviews (work plans, reports, technical products), 2) key

informant interviews with country stakeholders, USAID/Washington staff, USAID mission staff, 3) field visits to Benin and Ghana, and 4) an online survey of USAID mission staff. Field work in Benin and Ghana included interviews with local implementing partners, government stakeholders, USAID mission staff, and observational visits to select clinics and hospitals.

NOTE: This brief summarizes [MOMENTUM Private Healthcare Delivery Midterm Performance Evaluation](#) by O'Sullivan, S., Appleford, G., Idrissou, D., and Isaac, S. (2024).

EVALUATION QUESTIONS (EQ)

EQ1: To what extent has the MPHD project achieved its objectives to-date, as identified in the conceptual framework, in the areas of FP/RH and MCHN?

EQ2: To what extent has MPHD been able to incorporate the three main technical approaches - total market approach, person-centered care, and localization - into its activities?

EQ3: How have project management, coordination, and collaboration affected achievement of project activities?

EQ4: How well has the project integrated cross-sectoral issues into project activities (focus on youth, gender, environment)?

EQ5: What are some areas for improvement in the remaining years of the project to ensure achievement of the MPHD key result areas and objectives?



What are the key results?

EQ1

MPHD has enabled local partners to extend and deepen FP/RH and MNCH activities and services with the private sector. There is variation in the capacity and interest in working with the private sector across stakeholders in countries. Integration of the private sector within health system financing and service delivery arrangements has remained a challenge in some contexts. While **progress has occurred in some country programs to increase uptake of priority quality health services**, efforts to improve access to products and services for targeted sub-populations, such as adolescents, have had limited reach and impact.

EQ2

Technical approaches have been implemented at policy level through to service delivery, but not always using a ‘whole system’ approach, which may perpetuate fragmentation. **The person-centered care approach is getting traction globally.** Respondents indicated that project duration, even with core funding, was short relative to the ‘ambition’ of technical approaches.

EQ3

Project management by PSI was viewed as a facilitator to the achievement of project objectives by consortium partners. Project resources have built upon existing consortium or partner structures and organizational policies and leveraged or strengthened these as part of project implementation.

EQ4

Cross-sectoral issues – youth, gender, and the environment – have not been consistently recognized or mainstreamed in project activities. Youth tend to prefer the private sector for FP/RH products and services and, as a result, youth are a priority audience in several countries.

EQ5

At the global level, important progress has occurred using core funds to advance technical priorities such as person-centered care, integrated FP/child health curricula, and quality service delivery. There are **opportunities for improvement across strategic priorities such as increased use of products and services, attention to adolescents/youth, expanded host country technical leadership, and global thought leadership.**

What does this mean?

Building on MPH D’s achievements to-date, priorities for the remainder of the project term include: 1) improve uptake of health products and services by linking more directly and effectively to demand generation efforts, 2) expand public-private sector collaboration strategies, 3) leverage thought leadership products and learnings for FP/RH and MNCH private-public partnership, 4) identify sustainability strategies, 5) strengthen country-level leadership and stewardship of private sector investments and programs, and 6) expand meaningful cross-sector collaboration.

This publication was produced with the support of the United States Agency for International Development (USAID) under the terms of the Data for Impact (D4I) associate award 7200AA18LA00008, which is implemented by the Carolina Population Center at the University of North Carolina at Chapel Hill, in partnership with Palladium International, LLC; ICF Macro, Inc.; John Snow, Inc.; and Tulane University. The views expressed in this publication do not necessarily reflect the views of USAID or the United States government. FS-24-714 D4I