

Country mapping exercise

May 2011



Purpose of the exercise

- During March Retreat, Minister of Health, Nigeria, requested WHO and Secretariat to get general views from the country representatives on the Board on the following aspects:
 - Stakeholder engagement and RMNCH actors;
 - Potential roles and mechanisms for PMNCH;
 - How can the PMNCH add value.

Process

- **Working group:**

- Liz Mason (WHO), Stefan Germann (WVI), Nkeiru Onuekwusi/ Tinu Taylor (MoH Nigeria), Rajiv Tandon (Save the Children, India) ,Anshu Mohan (MoHFW, India), Neema Rusibamayila (MoH Tanzania) and PMNCH Secretariat

- **Steps / process:**

- Questionnaire prepared
- Questionnaire emailed to PMNCH Board representatives from Governments: India, Tanzania, Nigeria and Bolivia
- Responses by email from governments and NGOs, with follow up phone calls
- Data summarized for Board presentation

Questions

1. Is RMNCH in the National Health Plan?
2. Is the MNCH plan costed?
3. Stakeholder engagement
4. What are the official RMNCH committees?
5. Coordination/alignment of efforts?
6. What is the regional or global alignment or possible links?
7. What is the role of global partnerships particularly PMNCH?

Lessons learned (process)

- Getting responses to questionnaire was difficult – even when using active PMNCH members (Board Members/ Alternates)
- Deadlines too short (to reach senior policy-makers)
- If follow up required:
 - Allow longer deadlines
 - Consider short phone interviews with senior people
 - Use online and word questionnaires to obtain a broader perspective from many stakeholders

I. RMNCH in National Health Plan?

- **INDIA:** Embedded in overall health plan (Five-year National Plan)
- **TANZANIA:** National Roadmap to accelerate reduction of MNC deaths embedded in National Health Plan
- **NIGERIA:** RMNCH plan is embedded in the National Strategy Health Development Plan
- **BOLIVIA:** Strategic Plan for Maternal, Peri-natal & Newborn Health Improvement embedded in Sectorial Strategic Health Plan

2. Is the RMNCH plan costed?

- **INDIA:** MDG 4 & 5 costed plan at district level; needs better definition of beneficiary population
- **TANZANIA:** Partially costed, implementation ongoing
- **NIGERIA:** Costed, implementation just beginning (costed in detail in some states)
- **BOLIVIA:** Costed and implemented

3. Stakeholder engagement?

- INDIA:
 - Extensive consultations with states, development partners, NGOs, experts and other stakeholders. Some key multi-lateral /bilateral
 - NGO view: felt there was insufficient inclusion of NGOs
- TANZANIA:
 - Donors (sector-wide approach), NGOs, and multilaterals, professional associations, health care providers
- NIGERIA:
 - Donors, NGOs, and multilaterals.
- BOLIVIA:
 - Donors, healthcare providers/associations, NGOs, and multilaterals

4. What are the official RMNCH committees?

- INDIA:
 - Various Expert Groups, Technical & Advisory Committees,
 - Task Forces and Thematic Groups - and this is only the national level
- TANZANIA:
 - MNCH Technical Working Group; sub-working groups (feed into TWG)
 - Nutrition working group
- NIGERIA:
 - National Partnership MNCH;
 - Core technical committee of NPMNCH;
 - National Reproductive Health
- BOLIVIA:
 - National Food Committee,
 - National Bureau for Safe Mother and Birth;
 - Bureau for Care Quality;
 - National Bureau for Sexual and Reproductive Rights

5. Coordination/alignment of efforts?

- **INDIA:** Alignment of state & regional programs to the national framework/guidelines for the achievement of the MDGs.
- **TANZANIA:** Coordination through SWAP committees and steering committees. Guidelines for planning at council and regional level aligned with national strategies.
- **NIGERIA:** Some coordination between Ministry of Health, Women's Affairs and MDG Office
- **BOLIVIA:** Partnerships coordinate with Govt agencies and support the MOH

6. Is there regional or global alignment/possible links?

- **INDIA:** GAVI, Global Fund, others
- **TANZANIA:** National priorities usually in line with WHO, GAVI, Global Fund, ALMA, Regional bodies and others
- **NIGERIA:** PMNCH, GAVI, The Global Fund (GHP)
- **BOLIVIA:** UNASUR, Organización Andina, MERCOSUR, Regional Neonatal Alliance

7. What is the role of global partnership particularly PMNCH?

Knowledge management and dissemination improved, and linked to on the ground program implementation , evaluation of innovation for best practices, facilitating skill-sharing.

Alignment guidance to governments on inclusive planning process, setting priorities, linkages to regional and global developments

Coordination - strengthening regional coordination, harmonisation rules, improved resource mobilization

Advocacy across levels and generation of political will in order to mobilize resources for RMNCH programs from within their own domestic budgets

Stakeholder engagement – bringing the different stakeholders in countries together to work on RMNCH

Thank you for your attention.