



THE PARTNERSHIP

For Maternal, Newborn & Child Health

**Consolidated Report on Work in Three Countries**



# Malawi, Mozambique and Burkina Faso

## MAIN FINDINGS OF COUNTRY

### Objective of the visits

To initiate the process of development of the National Plan of Action for strengthening rapid scale-up of maternal, newborn and child health interventions in the countries.

	MOZAMBIQUE	MALAWI	BURKINA
Dates of visit	03 -10 February 2007	12-20 February 2007	25 February - 04 March 2007
Team Members	<b>Mamadou H. Diallo</b> PMNCH <b>Thierry Lambrechts</b> WHO/CAH <b>Pascal Conceicao</b> WHO/AFRO CAH <b>Renée van de Weerd</b> UNICEF-HQ	<b>Mamadou H. Diallo</b> PMNCH <b>Bernadette Daelmans</b> FCH/CAH <b>Andrew Mbewe</b> WHO AFRO CAH <b>Vincent Fauveau</b> UNFPA <b>Ramishel Shoo</b> UNICEF ESARO	<b>Mamadou H. Diallo</b> PMNCH <b>Samira Aboubakeur</b> WHO CAH <b>Ornella Lincetto</b> WHO MPS <b>Phanuel Habimana</b> WHO AFRO CAH <b>Kouadogo Ouegraogo</b> UNFPA CST <b>Luc de Bernis</b> UNFPA AD <b>Genevieve Bekoyan</b> UNICEF WCARO <b>Renée van de Weerd</b> UNICEF-HQ. <b>Gaston Sorgho</b> World Bank
Initial Cluster for Country Support (To formally agreed)	<b>Pascoal da Conceição</b> WHO/AFRO <b>Marc Derveeuw</b> UNFPA CST Harare <b>Ramishel Shoo</b> UNICEF ESARO <i>Other partners to appoint members</i>	<b>Andrew Mbewe</b> WHO AFRO CAH <b>Florence Ebanyat</b> UNFPA CST Harare <b>Ramishel Shoo</b> UNICEF ESARO <i>Other partners to appoint members</i>	<b>Youssef Gamatie</b> WHO ICST CAH <b>Kouadogo Ouedraogo</b> UNFPA CST <b>Genevieve Begkoyan</b> UNICEFW CARO <i>Other partners to appoint members</i>
Local Core Team	<b>Lilia Jammis</b> MOH <b>Benedita da Silva</b> MOH <b>Atalia Macome</b> MOH <b>Daisy Trovoada</b> WHO <b>Alicia Carbonell</b> WHO <b>Maria da Luz Vaz</b> UNFPA <b>Roberto de Bernardi</b> UNICEF <b>Christiane Rudert</b> UNICEF <b>Humberto Cossa</b> WB <b>Verinica Reis</b> Forte Saude	<b>Douglas Lungu</b> Deputy Director Clinical Services MOH <b>Nindi</b> IMCI MOH, <b>Fannie Kachale</b> Assistant Deputy Director Reproductive Health <b>Susan Kambale</b> IMCI WHO <b>Miriam Chipimo</b> UNICEF <b>Anna Chinombo</b> UNFPA.	<b>Fatimata Zampaligre</b> Director Family Health MOH <b>Azara Bamba</b> WHO <b>Youssef Gamatie</b> WHO ICST CAH <b>Colette Geslin</b> WHO ICST CAH  MOH appointed a team of 20 members.



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<b>Proceedings</b>	<p>Meeting with Health Minister</p> <p>Meeting with technical staff of MOH</p> <p>Workshop (5 days) on Child Health Strategy with technical working group lead by MOH</p> <p>Meeting with grant architects</p> <p>Meeting with all Health Partners at "PRE SWAPS meeting" co-chaired by EU and WHO</p>	<p>Meeting with Health Minister</p> <p>Meeting with Permanent Secretary of MOH</p> <p>Meeting with MOH technical units</p> <p>Meeting with grant architects</p> <p>Meeting with SNL team</p> <p>Meeting with all bilateral Partners and NGO's</p> <p>Working sessions (daily) with core team.</p>	<p>Workshop (four days) on MNCH under MOH leadership.</p> <p>All partners were invited</p> <p>Meeting with Representatives of grant architects</p>
<b>Coordination Mechanism for MNCH</b>	<p>The existing RH and Maternal Health/ Child Health SWAP Technical Committee will serve as coordination body for MNCH in the country. The committee being large, it will establish task force for MNCH.</p>	<p>(Under the SWAp)</p> <p>Technical Working Group has been established for reproductive health which includes maternal health. In the area of child health, several Technical Working Groups are operational e.g. for Immunization, IMCI, Nutrition, Malaria and HIV/AIDS.</p> <p>Way forward:</p> <ul style="list-style-type: none"> <li>Establish a Technical Working Group on Child Health (possible home in IMCI unit)</li> <li>Establish a Task Force to coordinate between SRH a and Child Health Technical Working Groups</li> </ul>	<p>"Comité de suivi des Programmes et interventions en faveur de la Mère et de l'enfant"</p>
<b>Funds channelling mechanism</b>	<p>The Health Minister suggested funds to be channeled via one partner to SWAPS.</p>	<p>SWAPS discrete funds</p>	<p>SWAP discrete funds ("Panier commun ciblé")</p> <p>Partners mentioned being in favor of using one agency for channeling</p>
<b>Existing Strategic Plans in MNCH</b>	<p>SWAP</p> <p>Road Map for Maternal Mortality Reduction</p> <p>Child Health Policy</p> <p>Child a New Born Health Strategy (Draft)</p>	<p>Sector-wide Approach Programme of work 2004-2010</p> <p>Road Map for Reduction Maternal and Newborn Mortality</p> <p>IMCI/ACSD strategy 2006-2011</p>	<p>Road Map</p> <p>IMCI Stratégique Plan (Plan de couverture PCIME)</p>



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<b>Bottle necks</b>	Human Resources for programme management and services delivery Low funds absorption capacity	Human resource crisis with vacancy rates of nurses and doctors of over 60% Limited capacity for planning and management for MNCH in the context of the SWAP at district level Limited evidence of the extent to which Health Surveillance Assistants(CHW) are well integrated into the health system and possible overloading to deliver a broad menu of services Insufficient support supervision for MNCH health care providers at all levels	Human Resources for programme management and services delivery Community health worker non existent and not considered part of the health system where available.
<b>Next Steps for development of country implementation plan</b>	Finalize the National Child Health strategic plan including the matrix of interventions and the proposed indicators and targets. Conduct costing exercise for the roadmap and national strategic plan. Discuss joint mission to work on costing both plans. Send detailed guidelines to the country representatives on the implementation framework and budget (requested format, proposed budget breakdown, signature of document, ...) – <i>PMNCH</i> Clarify requirements for fund transfer to country (Note – need for signed Memo of Understanding between Country and PMNCH)	Develop an activity plan and budget for the preparation of the implementation plan, for submission to PMNCH Secretariat (draft available) Review results of recent MICS and identify disparities between districts in MNCH outcome and coverage indicators Conduct mapping of partners and additional funding sources already in pipeline (identify objectives, targets and expected results) Identify incremental costs for reaching high coverage of the intervention packages within ACSD (with TA of UNICEF, 4-10 March) Apply impact modeling of implementation options and start design of evaluation plan (with TA of JHSPH, if possible linked with previous activity)	Establish a core team with a work plan and budget by 5 March Establish an coordinating body (done) Hold a meeting of Partners in Health to share info on the proposal and the workshop report Share the outcomes of this mission with the Evaluation team share TOR of the Evaluation team with all partners and plan a conference-call with the Evaluation Team before their visit to Burkina Faso Communicate with the Evaluation Team outcome of this mission and facilitate plans for the evaluation Should ensure continuity between this workshop and foreseen evaluation mission



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<b>Next Steps for development of country implementation plan</b>	<p>Continue in-country discussion on procedures for transfer of PMNCH Funds to the MoH, on financial responsibility and accountability, etc.. - <i>MoH and partners</i></p> <p>Continue discussion on criteria for selecting first provinces for implementation during 9 Feb meeting in Maputo. The following criteria were proposed: epidemiology, population density, coverage of existing interventions</p> <p>Note – There has been subsequent decision of the MOH to have a national implementation.</p> <p>Draft TORs for MNCH focal point have been developed by MOH</p> <p>Recruitment procedures to be discussed with MOH and partners</p> <p>Develop scope, TORs and expected results of the needs assessment – (<i>MOH, Partners</i>)</p> <p>Decide on type of needs assessment and develop appropriate tools - <i>partners</i> (a possibility would be to conduct a Service Availability Mapping Survey, SAM of the region(s) where implementation will start).</p> <p>Identify consultant(s) for rapid assessment (<i>MOH and PMNCH partners, end of March</i>)</p> <p>Organize the MNCH needs assessment in selected regions/districts (<i>April</i>)</p> <p>Organize workshop week of April 16-23 to:</p> <ol style="list-style-type: none"> <li>adopt roadmap and National Child Health Strategic plan</li> <li>Finalize and adopt PMCH proposal/ implementation framework</li> <li>develop strategy to roll-out the adopted plan</li> <li>discuss link with external PMNCH evaluation</li> </ol> <p>Submit PMNCH proposal – <i>May 15: (MOH)</i></p>	<p>Set criteria and decide on initial districts for implementation;</p> <p>Assist districts in planning for MNCH, set district targets, and assess resource gaps;</p> <p>Identify activity categories, staffing and technical assistance to be covered in the implementation plan;</p> <p>Conduct a stakeholders meeting to discuss the plans;</p> <p>Develop the implementation plan and submit first draft by April 2007.</p>	<p>Establish a core team with a work plan and budget by 5 March</p> <p>Establish an coordinating body (done)</p> <p>Hold a meeting of Partners in Health to share info on the proposal and the workshop report</p> <p>Share the outcomes of this mission with the Evaluation team</p> <p>Share TOR of the Evaluation team with all partners and plan a conference-call with the Evaluation Team before their visit Burkina Faso</p> <p>Communicate with the Evaluation Team outcome of this mission and facilitate plans for the evaluation</p> <p>Should ensure continuity between this workshop and foreseen evaluation mission</p> <p>Working Group to:</p> <p>Take forward the recommendations made during the workshop and to finalize the selection of priority quick win interventions to be scaled up before the arrival of the Evaluation Team.</p> <p>Develop as suggested by the heads of agencies, a concept note on partnership, including coordination mechanisms, roles and responsibilities to be used as guiding principle for working together.</p> <p>Expand the scope of partnership to engage actively non UN partners.</p> <p>Draft country implementation plan to be developed by 31 Mars 2007</p>



Cross-cutting issues to be addressed:

1. Official channel of communication with countries and partners at country level
2. Funds channelling
3. Framework for country plans (See attached from PMNCH Secretariat)
4. Common tools for TA to Countries (costing, needs assessment)
5. Program impact interventions versus MNCH environment and policy issues
6. Leveraging funds in order obtain impact (25% Reduction of under 5 Mortality)
7. Involvement of non UN partners in grant implementation