



# THE PARTNERSHIP

For Maternal, Newborn & Child Health

## Secretariat Work Plan, 2007

*Goal of the Partnership: To invest in, deliver and advance maternal, newborn and child health and thereby put 50% of the 60 high-burden countries "on track" to achieve MDGs 4 and 5 in 5 years.*



## Background

**D**uring 2006, a Ten-Year Strategy and Partnership Work Plan were endorsed by the Interim Steering Committee and the Secretariat became operational with the recruitment of the Director, Deputy Director and other staff and establishment of the Secretariat at the World Health Organization. The main achievements during 2006 included a series of high-level visits to high-burden countries to raise awareness and resources for MNC mortality reduction and to align partners in support of one plan; approval of a \$35m grant from the Bill and Melinda Gates Foundation to rapidly scale-up high-impact interventions in six African countries, and publication of Opportunities for Africa's Newborn.. This Secretariat Work Plan complements and builds upon the broader Partnership Work Plan, and sets out a number of concrete activities which the Secretariat will take forward with support and collaboration from the PMNCH Working Groups and key partners.

## Scope of the Work Plan

Calendar year 2007 marks the first full year of Secretariat operations. This Secretariat 2007 Work Plan translates the Partnership's eight Strategic Objectives into detailed outputs, activities and milestones. For ease of communication, the eight Strategic Objectives are grouped into four main thematic areas: Country Support, Global Political Advocacy, Aligning Partners, and Monitoring & Governance.



Country Support, by far the largest set of activities, encompasses implementation of the Gates Foundation grant in six high-burden countries, and support to national MNC plan development in five additional countries in Asia and Africa. A specific activity is also included in this thematic area to support implementation of a national health workforce strategy and align it with MNC plans.

Global Political Advocacy includes work on the Global Business Plan for MDGs 4 and 5, in close collaboration with the Prime Minister of Norway's Office. The *Global Business Plan*, aimed at high-level decision makers, will provide a political impetus and targeted action to achieve MDGs 4 and 5. The Secretariat is also involved in the planning and supporting the Women Deliver conference later this year, in collaboration with a range of partners, including Family Care International. A high-profile event is also planned for the *Partner Forum* in April..

Aligning Partners incorporates the development of a Framework for Asia, in collaboration with AUSAID and other partners, to address the high rates of maternal and child mortality in this region. Also in this group of activities is an inaugural workshop to develop leadership and advocacy skills amongst Health Care Professionals in high-burden countries.

Monitoring and Governance covers activities aimed at monitoring key indicators within the scope of the Countdown to 2015 initiative, as well as several governance tasks and the organization of the first *Partner Forum* in Tanzania in April.

***The Interim Steering Committee is asked to approve the  
2007 Secretariat Work Plan and Budget in the amount  
US\$13,216,500***



## 2007 Estimated Costs by Strategic Objective, Funds Available, and Gap

### Country support

SO # 1 MNCH as a core component of national plans	\$ 410,000
SO # 4 Catalyze implementation at scale essential packages	\$ 7,843,000
SO # 5 Strengthen national health systems	\$ 164,000
SO # 6 Improve equity in coverage of essential MNCH services	\$ —
SO # 7 Increase demand for MNCH essential services	\$ —

### Global political advocacy

SO # 2 Mobilize resources and advocate for increased commitment	\$ 847,000
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### Aligning partners and increasing aid effectiveness

SO # 3 Align PMNCH partner resources and actions	\$ 746,500
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### Monitoring, Governance

SO # 8 Monitor progress towards MDGs 4 and 5	\$ 484,000
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### Governance

\$ 508,000

### Total program activities

\$ 11,012,500

### Total Staff costs

\$ 2,204,000

### TOTAL

\$ 13,216,500

### Funds in hand and expected, 2007

\$ 11,754,300

### BALANCE TO BE RAISED

\$ 1,462,200

#### Notes

- 1) Recruitment of staff is according to in the approved Secretariat organigram.
- 2) Sources of funds in hand and expected are provided in the detailed Secretariat Budget
- 3) Funds to be raised are not certain. Priority will be given to Country Support activities.
- 4) approval cycle : In future, the PMNCH Secretariat Work Plan will be submitted to the October/November meeting of the Steering Committee for the subsequent year's work. Reporting on achievements against the Work Plan will be submitted to the March/April meeting.



## COUNTRY SUPPORT

### INCLUDE MNCH AS A CORE COMPONENT OF NATIONAL DEVELOPMENT PLANS AND INVESTMENTS (SO # 1)

Sustained reduction of MNC deaths requires that MNCH is embedded in planning frameworks and budgets, at national, district and sub-district levels. The Partnership works closely with governments to reframe MNCH as an economic development issue and advocate for reducing maternal, newborn and child mortality as a primary development strategy.

**Output –** MNC is core component of National Health Plans in five focus countries.

**Supported by –** Working Groups on Country Support and M&E.

Activities/Milestones	Time line				Budget	Partners and collaborators	Focus countries
	Q1	Q2	Q3	Q4			
1. Plans developed			x		\$175'000	This work builds on activities initiated in 2006. The main collaborator is the Working Group on Country Support. The role of the Working Group on M & E is to provide technical assistance aimed at strengthening evaluation frameworks as part of country MNC plans. Contact person in the Secretariat is M. Diallo.	Cambodia India Pakistan Mali Tanzania
2. Partners aligned behind one plan				x	\$175'000		
3. Additional resources mobilized				x	\$60'000		



## CATALYZE IMPLEMENTATION AT SCALE OF NATIONAL MNCH PLANS AND ESSENTIAL PACKAGES OF INTERVENTIONS (SO # 4)

**Output (a)** – Increased resources for roll out of essential, high-impact packages of interventions in 3 high-burden countries, through value-added activities.

**Supported by** – Groups on Country Support, M&E, Effective Evaluation and the World Bank.

Activities/Milestones	Time line				Budget	Partners and collaborators	Focus countries
	Q1	Q2	Q3	Q4			
4. Gaps in existing MNCH plans identified, means to address them defined		x			\$141'000	Main focus of work in Ethiopia is on resource mobilization. In Nigeria the focus is on refining the plan. Work in DR Congo will begin after the health sector review is completed. Contact person in the Secretariat is M. Diallo.	Ethiopia Nigeria DR Congo
5. Partners aligned behind one plan			x		\$51'000		
6. Resources leveraged and mobilized				x	\$151'000		

**Output (b)** – High-impact MNC interventions rapidly expanded in 3 high-burden countries, through direct country support.

**Managed by** – Management Committee, chaired by WHO; members include the grant architects, WG chairs, members of the Evaluation Team, the Gates Foundation (Observer), and the PMNCH Secretariat.

Activities/Milestones	Time line				Budget	Partners and collaborators	Focus countries
	Q1	Q2	Q3	Q4			
7. Evaluation framework and country implementation plans developed		x			\$7'500'000	Overseen by the Grant Management Committee, in close collaboration with the Working Groups on Country Support and M&E. The grant architects play a key role in in-country implementation. Contact person in the Secretariat is M. Diallo.	Burkina Faso Malawi Mozambique
8. Packages agreed, coordination mechanism identified and strengthened		x					
9. Funding channel identified		x					
10. Resources leveraged and mobilized		x					
11. Funds disbursed			x				



### STRENGTHEN NATIONAL HEALTH SYSTEMS TO SUPPORT MNCH (SO # 5)

While health system strengthening will contribute to reduction of MNC deaths, concerted efforts need to be made to identify and address structural obstacles to the delivery of MNCH essential services, such as lack of leadership, gender bias, untimely and inadequate flow of funds, lack of skilled personnel, poor quality care. The Partnership helps to ensure that expansion of quality improvement of MNCH services is a core element in all health systems strengthening efforts, focusing especially on countries where systems are deteriorating.

**Output** – Partners' contributions to national strategies for strengthening the health workforce in high-burden countries fully facilitated to achieve MDGs 4 and 5.

**Supported by** – Working Group on Effective Interventions, and M&E.

Activities/Milestones	Time line				Budget	Partners and collaborators	Focus countries
	Q1	Q2	Q3	Q4			
12. Countries and approach identified			x		\$122'000	In collaboration with the WHO-based Global Health Workforce Alliance and GAVI health systems strengthening window.	<b>One country</b> , from amongst <b>DR Congo, Nigeria, Ethiopia</b>
13. Health workforce national strategies aligned with national MNC plans				x	\$42'000		



## GLOBAL POLITICAL ADVOCACY

MOBILIZE RESOURCES AND ADVOCATE FOR INCREASED COMMITMENT TO MATERNAL, NEWBORN AND CHILD HEALTH (SO # 2)

Current funding levels for maternal, newborn and child health are far below what is necessary to significantly reduce the numbers of preventable deaths. Bold leadership and singular commitment to mobilizing sufficient resources and engaging stakeholders at all levels in society is urgently needed. The Partnership engages developing-country leaders from within its membership to play a critical role in resource mobilization and advocacy.

**Output (a)** – A Global Business Plan (GBP) for MDGs 4 & 5 built on consensus which provides a political impetus and targeted action to achieve the MDGs, aimed at high-level decision makers among stakeholders in the south and the north, including civil society, international and development agencies.

**Supported by** – Working Group on Advocacy and key partners.

Activities/Milestones	Time line				Budget	Partners and collaborators	Focus countries
	Q1	Q2	Q3	Q4			
14. Contribute to preparatory work	x				\$18'000	The Office of the Prime Minister of Norway spearheads this initiative. Key allies are the UK Treasury, DFID and the Gates Foundation. The Secretariat has a facilitating role. An important aspect of this work is engaging a wide range of stakeholders and partners, especially countries from the beginning. This will ensure legitimacy and facilitate implementation. Contact person in the Secretariat is F. Bustreo.	Global
15. Outline presented to Partner Forum		x			\$0		
16. GBP launched			x		\$235'000		
17. High-level visits, policy workshops, gaps and donors identified			x		\$162'000		
18. Track financial resources, refine method for estimating investments			x	x	\$124'000		





**Output (b)** – Increased global awareness of maternal health and women's rights through a major advocacy and political events organized with partners.

**Supported by** – Working Group on Advocacy and key partners.

Activities/Milestones	Time line				Budget	Partners and collaborators	Focus countries
	Q1	Q2	Q3	Q4			
20. High profile advocacy event held at Partner Forum		x			\$80'000	The main collaborator for the event at the Partner Forum is the Tanzania MOH. The main collaborator for the Women Deliver event is Family Care International. The Secretariat will work with partners to develop a blueprint for action. Contact person in the Secretariat is L. McDougall.	Global
21. Media and communications aspects of Women Deliver planned and supported; follow-up identified				x	\$130'000		
22. Follow-up actions taken at political level				x	\$42'000		



## ALIGNING PARTNERS and INCREASING AID EFFECTIVENESS

### ALIGN PMNCH PARTNER RESOURCES AND ACTION (SO # 3)

Despite improved interventions, increased resources for better health outcomes, and success stories at both national and sub-national levels, there remains an enormous gap between what can be done and what is being done to reduce MNC deaths. All too often, policies are inconsistent with best practice, programs are fragmented, and leadership on MNCH issues is lacking. The Partnership works towards maximizing and synchronizing efforts of various existing MNC-related programs.

**Output (a)** – A consensus Framework for maternal, newborn and child health for Asia and the Pacific.

**Supported by** – Working Group on Effective Interventions.

Activities/Milestones	Time line				Budget	Partners and collaborators	Focus countries
	Q1	Q2	Q3	Q4			
23. Contribute to preparatory meeting in Sydney		x			\$49'000	The main collaborator is AUSAID. This work builds on the WHO/UNICEF Strategy on Child Survival for Asia and the Pacific, but takes a broader approach to encompass maternal and neonatal mortality reduction in high-burden countries in Asia. Contact person in the Secretariat is F. Bustreo.	Regional
24. Scope defined, key partners identified and convened			x		\$180'000		
25. Asia Framework drafted				x	\$70'000		

Activities/Milestones	Time line				Budget	Partners and collaborators	Focus countries
	Q1	Q2	Q3	Q4			
25. One multi-country workshop to develop advocacy and leadership skills among local HCPs.			x		\$127'500	The main collaborators are IPA, ICM and FIGO in close collaboration with the Secretariat, where a short-term, dedicated staff will be based. Contact person in the Secretariat to be identified.	Three high-burden countries, to be determined, to be invited to the workshop, venue will be either <b>Malawi or Burkina Faso</b>



**Output (b)** – Operational partnerships built within the Health Care Professionals (HCP) community at country level which are focused on reducing MNC deaths. (Note - focus is on HCP community during 2007, followed by another constituency for 2008).

**Supported by** – HCP members of the Steering Committee.

Activities/Milestones	Time line				Budget	Partners and collaborators	Focus countries
	Q1	Q2	Q3	Q4			
26. One multi-country workshop to develop advocacy and leadership skills among local HCPs.			x		\$127'500	The main collaborators are IPA, ICM and FIGO in close collaboration with the Secretariat, where a short-term, dedicated staff will be based. Contact person in the Secretariat to be identified.	Three high-burden countries, to be determined, to be invited to the workshop, venue will be either <b>Malawi or Burkina Faso</b>

**Output ('c)** – Strengthened communications among partners to align resources with actions.

**Supported by** – Working Group on Advocacy.

Activities/Milestones	Time line				Budget	Partners and collaborators	Focus countries
	Q1	Q2	Q3	Q4			
27. Electronic community-of-practice to connect partners and share information				x	\$148'000	Collaborators are not yet defined. Contact person in the Secretariat is L.McDougall.	
28. Updates, publications and communications products disseminated	x	x	x	x	\$172'000	Communications products are developed by Secretariat communications staff. Contact person in the Secretariat is L. McDougall	



## MONITORING AND ACCOUNTABILITY, GOVERNANCE

MONITOR PROGRESS TOWARDS THE ACHIEVEMENT OF MDGS 4 & 5 AND FEED RESULTS INTO DECISION MAKING PROCESSES AT ALL LEVELS (SO # 8)

**Output** – Increased accountability among donors and governments through a periodic, dynamic web-based report card.

**Supported by** – Working Group on Monitoring & Evaluation and key partners.

Activities/Milestones	Time line				Budget	Partners and collaborators	Focus countries
	Q1	Q2	Q3	Q4			
29. Countdown 2015 monitoring outputs identified, feedback processes defined		x			\$120'000	The main collaborating partners are WHO, UNICEF and the London School for Hygiene and Tropical Medicine. The CD to 2015 tracks coverage of effective interventions for maternal, newborn and child health, as well as track financial resources from OECD countries to MNCH. Contact person in the Secretariat is F. Bustreo.	<b>60 Countdown 2015 countries</b>
30. Web enhancements defined and firm contracted			x		\$192'000		
31. Quarterly reports issued			x	x	\$36'000		
32. Targeted follow-up actions taken at political level	x	x	x	x	\$136'000		



## METHODS OF WORK

**Output** – Fully-functional Partnership structures, including Steering Committee and Working Groups.

**Supported by** – Partner Forum planning group.

Activities/Milestones	Time line				Budget	Partners and collaborators	Focus countries
	Q1	Q2	Q3	Q4			
33. Partner Forum held, follow up actions identified		x			\$400'000	The main collaborator is the Dept of Reproductive Health, MOH Tanzania; assistance with local logistics is provided by CONNUTR, a Tanzanian NGO; subset of the iSC provides oversight of the event planning. Contact person in the Secretariat is L. McDougall.	Global
34. Working Groups formally constituted and program of work endorsed		x			\$48'000		
35. Face-to-face meeting of Steering Committee		x		x	\$60'000		