
***External Evaluation
of the Partnership
for Maternal,
Newborn and Child
Health***

Final report
22 July 2014



Independent Evaluation Committee (IEC)
World Health Organization
20, Avenue Appia (Room 5014)
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Switzerland

22 July 2014

Dear IEC members,

The PwC team is pleased to provide you with our final report of the External Evaluation of the Partnership for Maternal, Newborn and Child Health (PMNCH).

We prepared this report in accordance with our contract dated 28 February 2014 and the terms and conditions included herein. We conducted the PMNCH External Evaluation between February and June 2014.

We issued a preliminary report on 12 June 2014 which the IEC and the PMNCH Secretariat commented on. This final report reflects their feedback. The evaluation followed the United Nations Evaluation Group (UNEG) norms and standards for evaluations, as well as ethical guidelines, and reflects our independent view.

We remain at your disposal for any further information or clarification on this document and look forward to hearing from you.

Best wishes,

PricewaterhouseCoopers SA

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Glossary

ADG	WHO Assistant Director-General
AIDS	HIV/ Acquired Immune Deficiency Syndrome
APEC	Asia-Pacific Economic Cooperation
ARTIs	Academic, research and teaching institutions
ASEAN	Association of Southeast Asian Nations
CLSWG	Country Level Support Working Group
COIA	Commission on Information and Accountability
CSOs	Civil Society Organisations
EC	Executive Committee
ED	Executive Director
EIs	Essential Interventions
ENAP	Every Newborn Action Plan
EWEC	Every Women Every Child
FC	Finance Committee
FTE	Full-time equivalent
G-8	The Group of Eight Industrialised Nations
GAVI	Global Alliance for Vaccines and Immunisation
H4+	UNAIDS, UNFPA, UNICEF, UN Women, WHO, and the World Bank
HCPAs	Health Care Professionals Associations
HR	Human Resources
HRBA	Human Rights-Based Approach
ICCPR	International Convention on Civil and Political Rights
ICESCR	International Convention on Economic, Social and Cultural Rights
ICTs	Information and Communication Technologies
IEC	Independent Evaluation Committee
iERG	Independent Expert Review Group
IET	Independent Evaluation Team
IT	Information Technology
IWG	Innovation Working Group
KPIs	Key Performance Indicators
LSHTM	London School of Hygiene and Tropical Medicine
MDGs	Millennium Development Goals
MNCH	Maternal, Newborn and Child Health
MoH	Ministry of Health
MoU	Memorandum of Understanding
NGOs	Non-governmental organisations
PMDS	Performance Management Development System
PMNCH	The Partnership for Maternal, Newborn and Child Health
PMNCH members	A 'member' are those organisation who signed up for membership and who are included as one of PMNCH's seven constituencies. Our on-line survey was directed at the members of PMNCH
PMNCH partners	A 'partner' can be either a member organisation or an organisations not officially member but engaged in Partnership's activities
PSC	Programme Support Costs
PwC	PricewaterhouseCoopers
RMNCH	Reproductive, Maternal, Newborn and Child Health
SDGs	Sustainable Development Goals

SF	Strategic Framework
SOs	PMNCH's strategic objectives
ToR	Terms of reference
UDHR	Universal Declaration of Human Rights
UN	United Nations
UNAIDS	United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund Agency
UNICEF	United Nations Children's Fund
UNITAID	Not an acronym. Organisation cooperating with WHO and others on the MDGs.
UNSG	United Nations Secretary General
WBCSD	World Business Council on Sustainable Development
WHA	World Health Assembly
WHO	World Health Organization

1. *Executive summary*

In 2013 the PMNCH board commissioned the **External Evaluation of the Partnership for Maternal, Newborn and Child Health (PMNCH or Partnership)** to assess its overall performance and achievement of its goals and strategic objectives, for the period 2009 to 2013. The recommendations set out in the final report of the External Evaluation (evaluation) were presented to the PMNCH board at its annual meeting on 2 July 2014 for discussion. The PMNCH board's decisions will subsequently inform the PMNCH Strategic Framework for the period 2016-2020.

The evaluation focused on the following four core areas:

- **Vision, mission and strategy:** the relevance of PMNCH's vision and mission and the adequacy of PMNCH's strategy in line with its mandate.
- **Governance:** the level of effectiveness of the Partnership's governance mechanisms and processes.
- **Operations, monitoring and delivery:** the adequacy of the operational model and the results.
- **Performance and impact:** the level of achievement of results, outcomes and the impact of the Partnership's actions.

The primary audience for the evaluation is the board of PMNCH. The secondary audience will be the PMNCH secretariat, represented by its Executive Director (ED) and the tertiary audience will include all partners of PMNCH and their stakeholders. This evaluation presents an opportunity to take stock on progress made since the 2008 External Evaluation and to use the learnings from this evaluation for the next round of strategic planning.

The board delegated the oversight of the evaluation to an **Independent Evaluation Sub-Committee** (the Committee or IEC) composed of eight members nominated by Chairs of the PMNCH Constituencies, of whom two were current Executive Committee Members. The Committee reviewed the evaluation approach and methodology, ensured the independent nature of the evaluation work, reviewed progress and provided guidance throughout the performance of the evaluation.

Following a competitive bidding process, PwC was selected to carry out the evaluation.

In order to deliver on the core areas of this evaluation we adopted a structured and systematic approach, underpinned by a conceptual framework which builds on best practices for evaluations.

First, in an '**Evaluate Phase**' we prepared an inception report (endorsed by the IEC) and carried out a detailed analysis through a desk review; an online survey of over 600 PMNCH partners; three deep dives; comparisons with other international organisations; observation of a key meeting; 44 interviews with key stakeholders and secretariat staff and management; and an on-line dialogue. We organised specific meetings with the secretariat in order to collect feedback and to seek further views and to validate our findings.

Second, in a '**Strategise Phase**' we consolidated and further analysed findings, identified strengths and challenges, and proposed recommendations to underpin the preferred way forward.

Third, in the '**Synthesise and Report Phase**' we documented findings and recommendations in a preliminary report which was reviewed by the IEC. The PMNCH secretariat also had an opportunity to provide feedback on factual accuracy and completeness. This final report takes into account the feedback received from both parties.

The PwC team have encountered a number of challenges which delayed and limited the evaluation work including:

- A lack of or inaccurate baseline data for partners and initiatives
- Low partner engagement generally and from the country constituency in particular
- A low response rate for interviews and particularly for the on-line survey and the on-line dialogue
- A shortened Strategize and Report Phase given the delays at the beginning of the evaluation to finalise the contract, yet the need to report in time for the hard deadline for the submission of documents to the board in time for the meeting with them on July 2
- Country visits were not included in the scope of this evaluation

This executive summary highlights the key findings arising from the PMNCH External Evaluation together with the recognition of achievements to date, and recommendations to overcome the challenges we have identified.

Assessment of the PMNCH performance

PMNCH's work and support to partners is focused on three key Strategic Objectives (SOs):

- Promotion of knowledge and innovation for action in order to enhance policy, service delivery and financing mechanisms.
- Advocacy to mobilise and consolidate resources and greater engagement towards RMNCH.
- Promotion of accountability for resources and results in order to strengthen monitoring of RMNCH's efforts.

From 2009 to date, the partnership has been guided by the 2009 to 2011 PMNCH Strategy and Work plan and the 2012 to 2015 PMNCH Strategic Framework (SF), and its annual work plans.

Some of the most notable and tangible achievements to date include:

- PMNCH has achieved **significant visibility for the RMNCH cause**. PMNCH has established a **clear added value in bringing all partners together around a common agenda**. The increase in multi-year and un-earmarked funds seems to reflect **an increased trust** placed in the Partnership over the last few years.
- **The Forum is a PMNCH flagship event** where a range of high level delegates in the RMNCH space come together and draw significant value from the networking and sharing of ideas. There are many international meetings in the RMNCH calendar. The fact that this event attracts 1'000 participants speaks for the regard in which partners hold PMNCH.
- **The PMNCH board is inclusive** and provides a platform where all key groups of stakeholders from across the continuum of care come together to discuss and determine the way forward.
- The secretariat, operating with a defined number of staff, remains **committed to deliver a high quality service** to the board and PMNCH partners. **The secretariat has shown to be agile** in responding to and addressing gaps in the continuum of care landscape within the boundaries of their mandate.
- A key added value of PMNCH for partners comes from their ability **to access knowledge and information through the partnership**. Survey respondents and interviewees consider knowledge summaries as one of the most successful initiative PMNCH has engaged in. For example, PMNCH had a catalytic role in building consensus amongst partners on the development of an essential package of interventions for RMNCH.

- In the on-line survey partners commented consistently on **the strength and comparative advantage of PMNCH in the area of Advocacy (SO2)**. Some major highlights include:
 - PMNCH's key role in the development of the **Global Strategy for Women and Children**, under the UN Secretary General.
 - PMNCH's advocacy efforts since 2008 to **elevate MNCH issues at the G8 summits** among decision-makers, which resulted in the launch of the Muskoka Initiative in January 2010 by the Canadian Prime Minister Stephen Harper.
 - PMNCH led the efforts at the **World Prematurity day**, November 2012 which gained a lot of media coverage.
 - PMNCH coordination and advocacy role **in the launch and development of the ENAP** and its adoption as a resolution at the WHA 67th session in May 2014.

With three different strategic areas, over 600 partners from seven different sectors, a large board and only 12 secretariat staff, the scope of the PMNCH is an ambitious and complex endeavour. The results achieved are therefore impressive. Nevertheless our evaluation also shows that there is significant work that lies ahead of the partners, governing bodies and secretariat which together form the PMNCH.

Among the major challenges ahead we note:

- The **Strategic Framework (SF)** for 2012-2015 was developed in a consultative manner, but as a result **lacks the necessary focus and clarity** to provide proper direction to its partners and the secretariat. The role of PMNCH to mobilise partners and to report attributable impact at regional and country level carries an important weight in the strategy debate, but is currently unclear. The SF is broad and in some respects unclear. Further the SF is not underpinned by a business plan to set out the roadmap for implementation and evaluation.
- **Low and uneven partner engagement does not reflect a true partner centric model yet.** Partner involvement is generally very low (an estimated 20 to 30% of partners are engaged) and countries in particular are not well represented in working groups. The low engagement is also reflected by our on-line survey where only one country responded. In contrast, multi-lateral organisations and donors and foundations are over represented in PMNCH, working groups and board discussions. In addition, some of the partners who do engage admit seeing PMNCH as a vehicle to advance their own organisation's goals for which they need a global institutional platform to facilitate execution. PMNCH needs a strong and focussed board and a clear strategy to mobilise its partners to execute its own strategy.
- The PMNCH board has not yet clearly articulated **PMNCH's country engagement role**. When the partnership was restructured in 2008 following the HLSP evaluation, the board decided there was no need for PMNCH to operate as a separate entity in-country, and so PMNCH did not have a country strategy. PMNCH has facilitated and/or leveraged a number of opportunities for impact at country level, for example policy documents for governments, country case studies and workshops at the national level and support for conferences and investment frameworks, amongst other, at the regional level. However, **there is no country strategy and performance framework in place to measure the partnership's impact in country**. Considering this, PwC was not in the position to measure the results of actions intended to have a country impact.
- **A large board is not effective without the appropriate board committees** to ease decision-making at board level and free up time for appropriate strategic discussions. In addition, the board and Executive Committee are burdened by the **uneven engagement of its governing body members**. One critical result is that the board and the Executive Committee **do not play an adequate role in monitoring PMNCH's performance**.
- The WHO hosting arrangement results in both opportunities and challenges which are currently not independently and regularly reviewed. This is an important oversight task for the governing bodies to

ensure that hosting remains fit for purpose, including dual governance issues for the board and WHO.

- **PMNCH does not focus on results, outcome or impact.** There is no performance or monitoring framework in place that is used to track and report on the results produced by initiatives. **Partners who engage in initiatives do not have to report back on their results.** As a consequence, there are limited linkages in PMNCH's annual reporting between actions and results. Further there is no reporting on outcome and impact.
- The secretariat cannot function well to support a **partner driven organisation without the necessary processes at the secretariat level being in place to prioritise demands for support.** The secretariat is providing support to partners on demand without the necessary prioritisation. At the time of writing this report, the secretariat had not identified its total number of projects (around 170) and related partner engagements, nor established direct links between their actions and their outcome and impact. The large number of on-going projects puts pressure on secretariat staff capacity. Further, PMNCH board has not set any partner engagement criteria, yet partners are able to call upon the PMNCH secretariat whenever the need for support for their organisation arises.
- **A number of PMNCH initiatives/projects are executed wholly or partly by the PMNCH secretariat and/or by a wide range of short term consultants rather than by its partners.** At the time of the evaluation there were 71 contracts issued over a five month period for project and secretariat support. Around 65% of the secretariat budget is used for outsourcing tasks to implement initiatives. We question whether the secretariat capacity and budget should be invested at these levels in implementing projects, or whether the secretariat should focus purely on successfully undertaking its support and administrative functions (as listed in Annex B of the MoU¹) to support partners to implement the initiatives.
- PMNCH's role in tracking commitments made to the Global Strategy and producing its annual accountability reports constitutes a pillar of the iERG's report on commitments, and is clearly articulated in the SF through SO3 on accountability. However, **PMNCH should reconsider its role within SO3** as our evaluation has shown it has the least traction with its membership. Engaging partner countries for data collection on commitments is an increasingly challenging task, and coordination around accountability on the global strategy and RMNCH is sub-optimal. Accountability in the RMNCH space is a critical element. However going forward PMNCH will need to consider its own role in the area of accountability. Currently the secretariat has limited capacity and its comparative advantage in tracking accountabilities to RMNCH is questionable.

With the trend for donors to increase emphasis on value for money and for investments to have impact, the partnership will need to continue to re-assess and clearly set out the niche in which it operates. In the early years PMNCH may have suffered from typical start-up problems such as:

- weak strategic direction;
- mismatches between work planning and actual delivery;
- growing membership without strategic engagement; and
- high-level reporting on outputs, with no performance framework in place.

The general nature of the partnership's strategic framework and work plans have certainly allowed for it to remain agile and responsive to donor and member demands, which at times have proven extremely valuable with ENAP being one of the best examples. However, going forward, PMNCH will need to professionalise and respond better to the growing demands for measurement of results, outcome and impact and to provide

¹ (1) servicing the governance structure of the Partnership (2) managing the communications and information sharing (3) assisting the Partnership in mobilizing resources (4) representing the Partnership at meetings (5) reviewing evidence and providing up to date information on MNCH programs and synthesizing information into clear messages for advocacy purposes, and (6) providing administrative support.

answers to increasingly demanding donors about its add-value, and the concrete successes of its own actions. The partnership should pursue a pragmatic new strategy for the 2016 to 2020 period with concrete and sustainable programs validated, but also equally supported by its partners. In doing so it should consider the following tensions between:

- The strength of a large and **inclusive board** and the resulting related **weakness of effective strategic decision-making**.
- The need for **PMNCH's interventions to fill the gaps in the continuum of care** and the need for **partners to implement their own agendas** with possible support from PMNCH.
- The fact that **PMNCH works through its partners** and the need for **measuring the success of PMNCH** including its secretariat.
- The **number of opportunities** being identified by partners and the ability for PMNCH to catalyse **partners to commit and implement activities**.
- The desire by the board for a **very light secretariat** and the operational reality that arises from working with a growing and often **capacity constrained membership**.
- The increased **need for partner coordination at the country level** and the fact that the PMNCH board has **not yet clearly articulated PMNCH's country engagement role**.

Based on the findings of the evaluation, we have defined five overarching recommendations. These address the areas that require further improvement. However, PMNCH should continue to leverage its key strengths and achievements further.

- **Recommendation # 1: PMNCH board to define its role in the context of an evolving RMNCH landscape prior to the new Strategic Framework, including:**
 - the role of PMNCH at regional and country level, and especially the role in the post-2015 era. There is a real opportunity to reach out to national leaders through advocacy efforts, with the support of partner data to improve the lives of mothers and children.
 - an in-depth review of PMNCH's comparative advantage in tracking accountabilities
 - a review of the options for interaction with the RMNCH Steering Committee and Trust Fund

The results will enable the board to carve out PMNCH's added value post-2015 and should preface the next strategic planning cycle so that this important foundation is clear before articulating the next strategic imperatives. In the meantime, it will remain critical for the PMNCH secretariat to align its 2015 work plan to the emerging post 2015 objectives for RMNCH and to continue to contribute actively to the post 2015 agenda. Once the strategic framework is defined, the board will need to oversee **the preparation of a pragmatic business plan** to ensure that the PMNCH secretariat and partners can execute the new PMNCH SF in a transparent and effective manner.

- **Recommendation # 2: PMNCH board to take necessary action to improve its governance.** It should consider the introduction of Programme and Governance board committees. Also it should seek to improve the effectiveness of the Executive Committee. It also needs to reconsider the composition of the board and generally align the board manual to a more mature PMNCH. This will allow the board to approve evidence-based recommendations to facilitate decision-making. The time saved can then be used for strategic discussions and oversight at board level. In addition, there is a need for the PMNCH board to play a stronger role in the performance evaluation of the ED. The PMNCH board can set performance objectives for the ED that are subsequently reviewed by both the WHO cluster leader and the PMNCH board. Finally, the working groups and governance manuals in general will need to be assessed and revised.

- **Recommendation # 3: Board to regularly assess the adequacy of the WHO hosting arrangement**, including initiatives such as Countdown to 2015 or the Innovation Working Group that PMNCH is currently hosting. The board committees can identify key strengths and weaknesses of the hosting arrangements, taking into account the existing experience of other (de)hosted partnerships. Consideration should also be given to clarify the governance roles of the PMNCH board and of WHO, and to assess whether these roles are appropriately filled in practice.
- **Recommendation # 4: Secretariat to prepare, and the board to approve a theory of change and a performance and accountability framework for the secretariat and the partners.** The starting point for introduction of a performance framework can be the definition of a theory of change and a results-chain. Focus should notably be on ensuring that outputs and deliverables consider the whole theory of change to achieve impact. Thorough work should be done to define key performance indicators, through defining specific impact indicators demonstrating the benefit of PMNCH's actions. Another important element of success for the accountability framework is the inclusion of the key stakeholders during the development process of such a framework, to ensure full buy-in. On this basis, the scheduling within the secretariat and the progressive benefit realisation of PMNCH projects and initiatives should be articulated and reprioritised. Such a shift would enable the board and secretariat leadership to hold partners accountable for progress towards outcomes and impact on prioritised and fewer projects. It will also enable them to clarify the roles of partners and of the secretariat. The partners will need to be further leveraged to implement projects and initiatives. This will reduce dependence on external consultants for implementation which will free secretariat budget to support critical core functions including governance and member engagement.
- **Recommendation # 5: PMNCH secretariat to prepare and board to approve a tailored partner engagement strategy and approach.** PMNCH needs to be clear about the desired balance between the depth (quality) and breadth (size) of its member base. There remains considerable work to be done with regard to the existing member base potential and engagement including a systematic way of engaging with and across constituencies. We recommend a short study to review members' strategic alignment and potential support and interest in the PMNCH which will be critical for the next strategic framework. In particular, to leverage the large NGO membership and to unleash the potential of the partner country and private sector constituencies, PMNCH should focus on a specific NGO, partner country and private sector engagement approach.

The change in focus for 2016-2020 will require a new mentality for the PMNCH governing bodies, secretariat and its partners about how the partnership does business. Our team recognises that a tension will always exist between the member needs and donor funding. More importantly, the opportunity to bring PMNCH to the level of a mature player within the RMNCH landscape will benefit all its partners and far beyond to where it is needed, namely improving the health and well-being of women and children in resource poor settings.

Below we summarise the main and other actions to be taken in response to the findings of this evaluation. The legends in the table indicate the following:

	Within 3 months	Within 6 months	Within 1.5 years
Timeline	Immediate action required	After post-2015 goals are defined	Prior to the start of the new strategic framework

	High	Medium	Low
Priority	High priority and reflects areas of improvement for which we would recommend immediate action.	Medium priority and represents those of a lesser significance than the high priority, but which are still considered necessary.	Low priority and highlights issues that do not pose a direct threat, but should be addressed for efficiency or best practice purposes.

	High	Medium	Low
Cost	Significant time/ resources and/or expertise may be needed to implement the recommendation and that it may constitute a significant change from current procedures and practices.	Implementation of the recommendation is expected to require reasonable time/resources and/or expertise to put the recommendation in place and may require some degree of “cultural” adjustment.	Implementation of the recommendation is not expected to require a lot of time/ resources and/or expertise and may even simply be a one-off adjustment.

#	Five main recommendations	Owner	Timeline	Priority	Cost
1	Define the role of PMNCH's board in the context of an evolving RMNCH landscape prior to the new Strategic Framework : <ul style="list-style-type: none"> The role of PMNCH at a regional and country level Consider value added by PMNCH in tracking accountabilities A view on the linkages with the RMNCH Steering Committee and Trust Fund Align 2015 work plan to post-2015 agenda developments and continue to contribute actively to the post 2015 agenda Validate the value PMNCH adds and strategic prioritisation for the 2016 – 2020 period based on a solid theory of change 	Board	Within 3 months	High	Medium
2	Undertake the necessary action to improve PMNCH governance and reconsider: <ul style="list-style-type: none"> Board composition Board decision-making processes Number of board committees Effectiveness of the Executive Committee Inclusion of external independent board members Role of PMNCH board in the performance evaluation of the ED Governance roles of PMNCH board in particular WHO Development of manuals for the committees and PMNCH working groups 	Board	Within 6 months	High	Medium
3	Assess WHO hosting arrangement to: <ul style="list-style-type: none"> Build further on existing experience with hosting Ensure hosting is fit for purpose, including hosting of initiatives Ensure clarity of role in governance, e.g. in the performance assessment of the PMNCH ED 	Board	Within 1.5 years	Medium	Medium
4	Prepare a performance and accountability framework including: <ul style="list-style-type: none"> KPIs to monitor the implementation of the remainder of the current SF 2012-2015 for approval by the board and its Committees. 	Secretariat	Within 3 months	High	Low
5	Prepare a tailored strategy and approach for strengthened partner engagement for board approval including: <ul style="list-style-type: none"> Members' strategic alignment and support/ interest in PMNCH. Implement a strategic approach to membership acquisition/engagement with NGO, partner country and the private sector 	Secretariat	Within 6 months	High	Medium
	Additional recommendations	Owner	Timeline	Priority	Cost
6	Improve the future strategic framework including:				
6.1	Adopt a future strategy that sets out roles of the secretariat and members and funding targets.	Board	Within 1.5 years	High	Medium
6.2	Adopt a business plan to ensure that the secretariat works towards implementing the future strategic targets with clearly agreed roles, budgets and responsibilities.	Board	Within 1.5 years	High	Medium
7	Improve operations and delivery:				
7.1	Secretariat professionalises the work planning processes	Secretariat	Within 3 months	High	Low
7.2	Consider an independent Secretariat HR review to ensure appropriate capacity (after the strategic plan, theory of change, performance and accountability framework and partner engagement models are in place, so that the secretariat can right-sized for its functions)	Board	Within 1.5 years	High	Low
7.3	Develop a monitoring framework for the future strategy to oversee the results achieved by the secretariat and the partners for approval by the board	Secretariat	Within 1.5 years	High	Medium
7.4	Establish a reporting system for the execution of the future strategy and clear reporting guidelines for engaged partners	Secretariat	Within 1.5 years	High	Medium

2. Introduction

Background and objectives of the evaluation

The Partnership for Maternal, Newborn and Child Health (PMNCH or the partnership) is a global health partnership established in 2005 to accelerate progress towards achieving Millennium Development Goals (MDGs) 4 and 5. It was launched in 2005 through the merger of three existing partnerships, namely the Partnership for Safe Motherhood and Newborn Health, the Child Survival Partnership, and the Healthy Newborn Partnership.

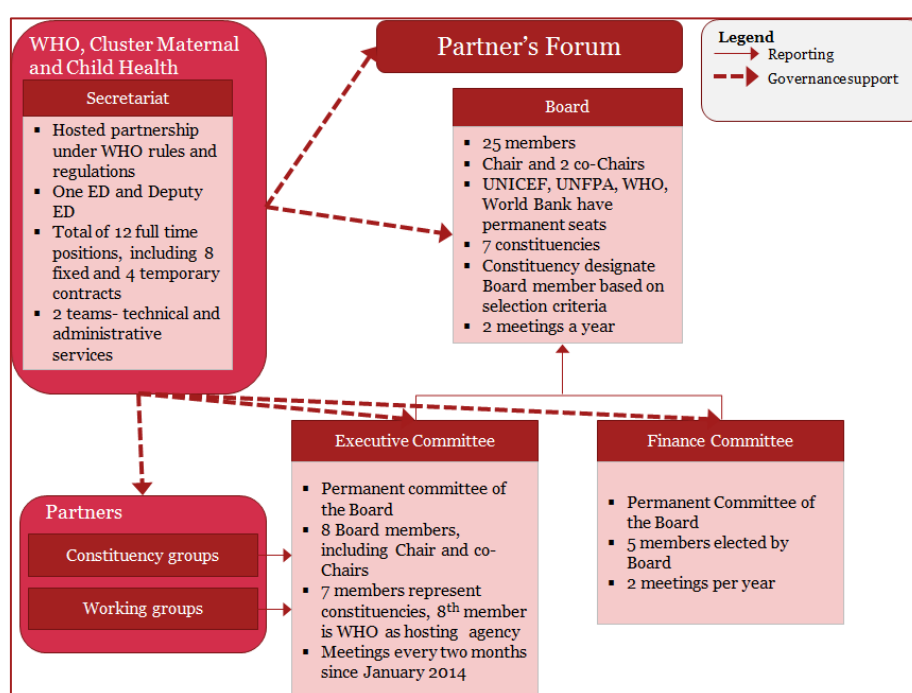
The partnership is recognised as an inclusive, multi-constituency platform that brings together reproductive, maternal, newborn and child health (RMNCH) partners around the Continuum of Care concept. This concept includes the integrated health service delivery for mothers and children from pre-pregnancy to delivery, the immediate postnatal period, and childhood. The Continuum of Care recognises that safe childbirth is critical to the health of both the woman and the newborn child, and that a healthy start in life is an essential step towards a productive life.

PMNCH has over 600 partners representing seven constituencies namely, partner countries, donors and foundations, multilateral organisations, non-governmental organisations, health care professionals associations, academic and research institutions and the private sector.

From 2009 to date, the partnership has been guided by the 2009 to 2011 PMNCH Strategy and Work plan and the 2012 to 2015 PMNCH Strategic Framework, and its annual costed work plans.

PMNCH is hosted by the World Health Organisation (WHO), but has its own governance structure which we set out in **Figure 1**.

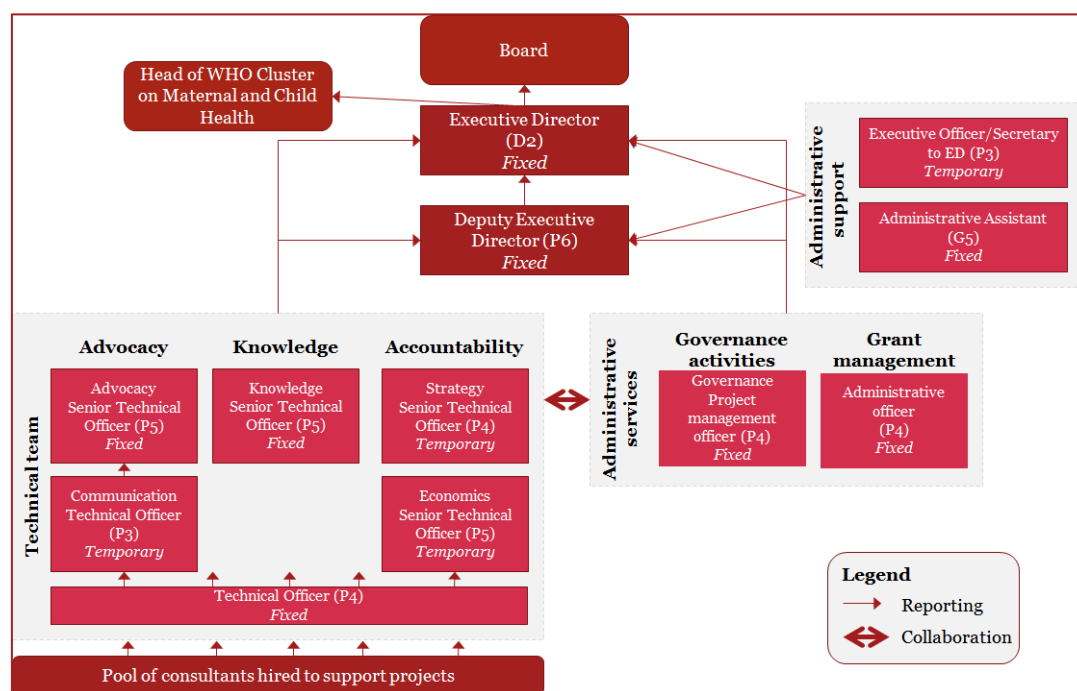
Figure 1. PMNCH's governance structure



Appendix A sets out the list of board members and board committee members. The board operates through two committees, the Executive Committee (EC) and the Finance Committee (FC) and is supported by nine working groups. We set out in **Appendix B** the working groups' composition.

We set out in **Figure 2** the organisation structure for the PMNCH secretariat.

Figure 2. PMNCH secretariat's organisation chart



Against this background, PMNCH's work and support to partners is currently focused on three key areas:

- Promotion of knowledge and innovation for action in order to enhance policy, service delivery and financing mechanisms.
- Advocacy to mobilise and consolidate resources and greater engagement towards RMNCH.
- Promotion of accountability for resources and results in order to strengthen monitoring of RMNCH's efforts.

These key areas above correspond to the PMNCH's three Strategic Objectives (SOs) as defined in the 2012 to 2015 PMNCH Strategic Framework.

In 2008, the PMNCH board commissioned a first performance evaluation of PMNCH. The findings and recommendations from the 2008 evaluation were key to further leverage the way in which the partnership was to be structured and to carry out its operations.

We summarise below the major recommendations stemming from the first evaluation and the way in which they were addressed by the secretariat and the board.

Table 1. Recommendations from the 2008 external evaluation and actions taken by the board and the secretariat

Themes	Recommendations issued by the 1 st evaluation	Actions taken by the secretariat
Future functions	PMNCH should consider focusing on a new limited “niche” role, initially in global advocacy with a focused and realistic costed work plan.	Board developed and approved strategy and work plan 2009-2011, agreeing a six priority action area framework for the partnership.
Membership	A marked difference in the level of involvement and engagement of different constituent groups.	A paper was discussed at the December 2009 board to improve engagement with existing and new members.
Working Groups and support functions	Essential that partner organisations are prepared to commit time to these groups for them to be effective, and that resources are found to support them where necessary.	The partnership moved towards a partner centric approach where it relies on the work of partners to achieve its objectives.
Board structure and processes	Need to change board processes to increase its effectiveness and efficiency by: <ul style="list-style-type: none"> - Drawing up a schedule of meetings in advance. - Agreeing on accountability/ monitoring schedule. - Improving the availability of supporting information for decision making. 	The board set up an Executive Committee to support the board with governance and monitoring issues in 2009.
Secretariat	With agreement on the future function of PMNCH, the board needs to confirm the functions it requires of the secretariat.	A new organogram for the secretariat was endorsed at the February 2009 board meeting.

In 2014, an Independent Evaluation Committee (IEC) was convened by the board, and the IEC commissioned PwC to conduct an evaluation of the partnership’s performance and achievements against its strategic goals and objectives 2009 to 2013. **Appendix C** sets out the terms of reference (ToR) for the evaluation.

The IEC, in charge on the oversight of the evaluation, comprises eight members nominated by the Chairs of the PMNCH Constituencies, of whom at least two are current Executive Committee members. **Appendix D** lists the members of the IEC. The IEC’s role has been to advise the PwC evaluation team on the approach and methodology, to safeguard the independent nature of the evaluation and to approve the quality and completion of our work.

The evaluation ToR as well as discussions with the IEC, focused our evaluation on providing practical and forward-looking recommendations around the following four core areas:

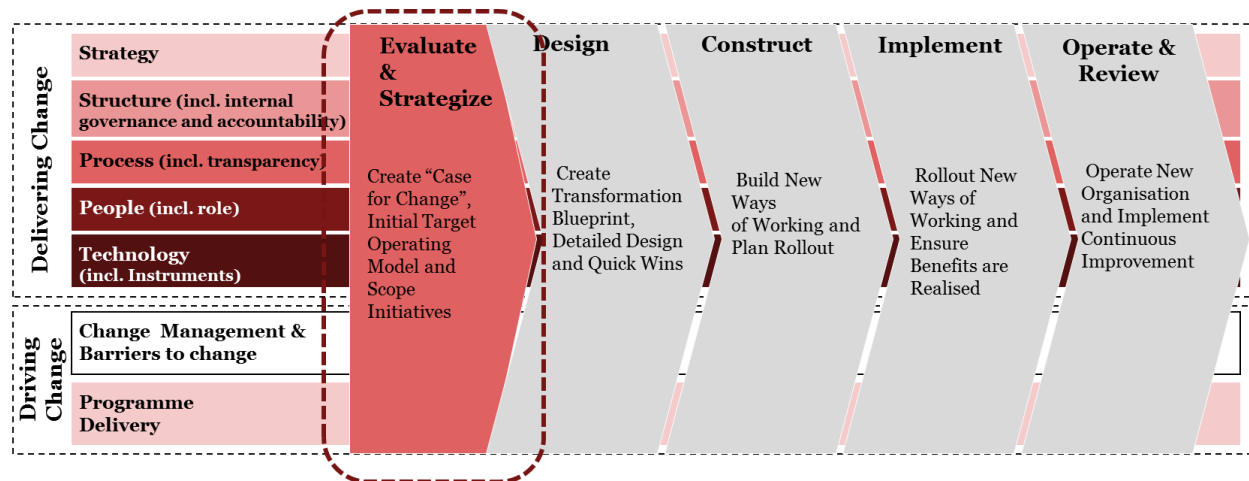
- Vision, mission and strategy
- Governance and structure
- Operations and delivery model
- Monitoring of results and impact

The evaluation presented an opportunity to take stock of progress made by PMNCH since 2009. Our report sets out our findings and recommendations to assist the board and the secretariat to shape the next round of strategic planning that will define PMNCH’s way forward.

Our methodology and approach

We anchored the 2014 PMNCH external evaluation in PwC's transformational methodology, which provides a framework to analyse the organisational changes that have affected strategy, processes, people, structure, technology and performance. The external evaluation falls within the first stage of our transformational methodology, namely the 'evaluate and strategize' stage as set out in Figure 3 below. The overall framework will support the PMNCH board and secretariat as they move forward with the implementation of the recommendations from this report.

Figure 3. PwC's transformational methodology



In line with the ToR for the evaluation, we tailored a structured and systematic approach that laid down the criteria for evaluation and the instruments for delivering on the evaluation. Our approach consisted of three distinct stages, namely to:

- Evaluate
- Strategize
- Synthesise and report

During the evaluate stage we used seven primary means to gather data related to the ToR of the evaluation:

- **44 interviews** conducted with representatives of PMNCH's seven constituencies and partner organisations using a detailed questionnaire. We set out in **Appendix E** the evaluation interview questions. We include in **Appendix F** the interviewees listed by constituency.
- **A partner survey on PMNCH's role and performance.** The survey was addressed to the focal points of PMNCH's partners across all seven constituencies, using the distribution list provided by the secretariat. That list enabled us to contact 579 potential participants. However many of addresses were inactive or invalid. The response rate to the survey was 19.3%, representing 102 respondents out of a pool of 528 partners who effectively received the survey link. In order to achieve this response rate we needed to make over 400 follow-up telephone calls to ensure participation and to validate and correct e-mail addresses, where possible.

The survey comprises three sections:

- Section 1: About you
- Section 2: Your views on PMNCH
- Section 3: Looking forward

Appendix G sets out the results of the member survey.

- **Desk review** of available documents. We set out in **Appendix H** the documents which we reviewed in the following thematic areas: Strategy, Governance, Operations and Monitoring.
- **Deep dives** into three selected PMNCH initiatives/projects. The deep dives consisted of a selection of three projects or initiatives conducted by PMNCH (its partners and the secretariat) to gain a better understanding of the partnership's operations and delivery. The secretariat was not able to provide a comprehensive list of projects. Our team therefore selected three projects from a list of highly visible initiatives shared by the secretariat, using a set of criteria that included alignment with the three SOs, added value in the context of the evaluation, geographical coverage, budget, secretariat's and partners' input and relevance for the post-2015 agenda.
- **Comparisons with other relevant partnership-based organisations** such as UNAIDS, UNITAID, GAVI and the World Business Council for Sustainable Development (WBCSD) for their best practices in working in a partner-centric organisation, setting strategy in a partnership setting, engaging partners, managing performance and communicating results.
- **The PMNCH evaluation dialogue (On-line platform)** to give partners an opportunity to further comment, discuss and provide their views on topics which are critical for the success of PMNCH going forward. The PMNCH Dialogue was launched on 22 May 2014 and will remain open until the PMNCH Partners' Forum, on 30 June 2014. However, partner take up has been extremely low.
- **Observations** of the Executive Committee teleconference call of 28 April 2014.
- **Exchanges with the IEC, board and secretariat.** The findings and recommendations of this evaluation have been presented by PwC to the IEC, secretariat and the PMNCH board. At the July 2014 board meeting, the PMNCH board and IEC agreed that board members could provide feedback to the IEC in writing up to two weeks after the board meeting. The PwC team has considered board feedback prior to the completion of this final report.

Against this background we set out the current situation and analysis in respect of the core areas covered by the evaluation. We then present the strengths and areas for improvement in each section as follows:

- Section 3: Vision, mission and strategy
- Section 4: Governance
- Section 5: Operations, monitoring and delivery
- Section 6: Performance and impact
- Section 7: Recommendations

Finally in Section 7 we set out our recommendations for consideration by the PMNCH board.

3. Vision, mission and strategy

In this section we provide key findings from our review of PMNCH's vision, mission and strategy including the assessment of PMNCH's comparative advantage and its theory of change. We review the definition of the strategic frameworks for the periods 2009 to 2011 and 2012 to 2015, the alignment of work plans to the strategic framework and reflect on critical elements for the positioning of PMNCH post-2015. Some of the key evaluation questions that have guided our work for this section include:

- To what extent are the strategic objectives and principles of PMNCH relevant?
- To what extent does PMNCH strategically leverage its membership?
- To what extent are partners seeing a need for PMNCH to get engaged at the country level?

Background

During the 2009 to 2013 period, the PMNCH has gone through major changes. It has experienced an 86% growth in membership, and a 135% increase in its budget. A new Executive Director took over the leadership in 2011 and steered the secretariat and the partnership through a shifting landscape which has seen the entrance of an increasing number of actors. Against this background, the PMNCH strategy and work plans during the evaluation period reflect the important changes in membership, strategy, leadership and expenditure.

Overview of the 2009-2011 strategic framework

The 2009 to 2011 strategic framework was the result of a highly collaborative process. It already referred to the current three main areas of work, namely advocacy, knowledge brokering and the promotion of accountability. It presented six separate priority action areas:

- MNCH knowledge management system
- MNCH core package of interventions
- Essential MNCH commodities
- Strengthening human resources for MNCH
- Advocacy for increased funding and for better positioning of MNCH in the development agenda
- Tracking progress and commitments towards MNCH

The overarching goal of the strategic framework was to achieve MDGs 4 and 5 by enhancing partners' interactions and the use of their comparative advantage to:

- Raise \$ 30 billion to improve maternal and child health through advocacy.
- Promote evidence-based high impact interventions and means to deliver them through harmonisation.
- Track partners' commitments and measurement of progress for accountability.

In September 2008 the PMNCH board adopted the following principles to underpin the strategy and for the partnership to:

- Ensure activities will be concrete and time bound, requiring specific and joint effort from partners.
- Make sure that initiatives have a clear concept and indicators of performance for all partners.
- Seek to align leadership of partner organisations for the agreed agenda, especially in high burden countries.
- Be responsive to country partner defined needs.
- Ensure inclusiveness and transparency in decision-making and information sharing.

Overview of the 2012-2015 strategic framework

Since 2012 PMNCH is working against the backdrop of a renewed 2012-2015 strategic framework with the following three Strategic Objectives (SOs) and sub-set of activities:

SO1: Broker knowledge and innovation for action with a focus on:

- Building consensus and strategic alignment (essential interventions, costing and investment, consensus statements, knowledge summaries, investment cases and costing tools).
- Facilitating the transition of knowledge (playing a brokering role for knowledge support for country policy making).
- Providing an overview of RMNCH knowledge and innovations and gaps (Countdown to 2015 reports and RMNCH portal).

SO2: Advocate for mobilising and aligning resources and for greater engagement with a focus on:

- Resource mobilisation.
- Visibility of RMNCH issues through a human rights framework.
- RMNCH policy development and implementation.

SO3: Promote accountability for resources and results with a focus on:

- Promoting the recommendations of the Commission on Information and Accountability (COIA).
- Monitoring of the commitments made to the Global Strategy by all partners.
- The Countdown to 2015.
- Accountability related to human rights.

The 2012 to 2015 strategy is underpinned by new operational principles, which in summary are to:

- Be partner-centric:
 - where partners, and high-burden countries in particular, are able to work together to achieve more than can be achieved alone; and
 - to support alignment and catalyse action by partners in areas of focus.
- Focus on convening and brokering.
- Be driven by country demand and regional priorities.
- Promote the Continuum of Care approach.

Theory of change

Over the last five years, theory of change approaches have become increasingly articulated in the international development field as a tool to demonstrate how impact can be achieved in an organisation. Theory of change approaches typically describe how a sequence of inputs and events can lead to a particular desired outcome.

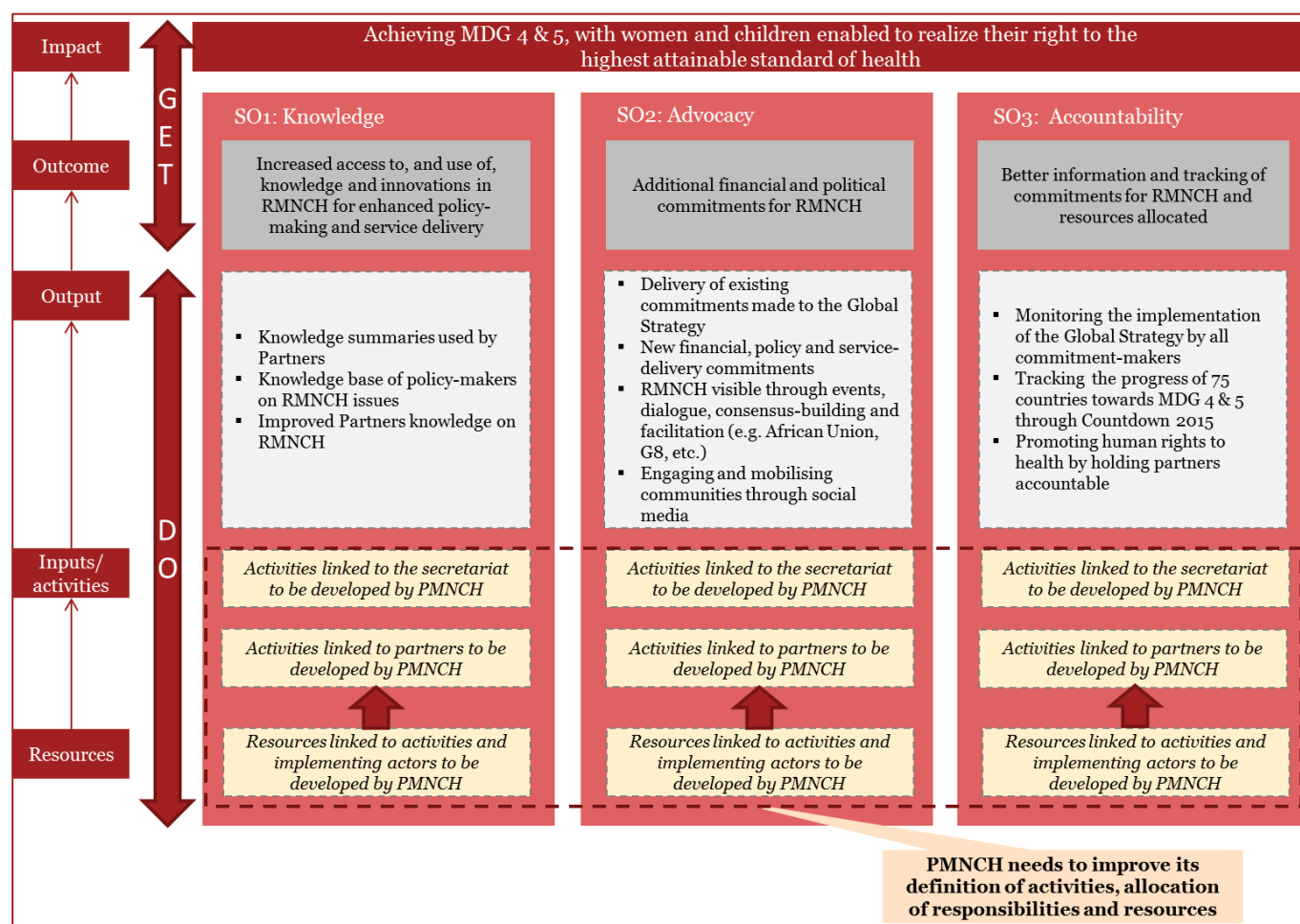
Our review of PMNCH's strategic documentation shows that the partnership has defined its vision, mandate and strategic objectives which have been consistent over the period of the evaluation 2009-2013. Indeed PMNCH's strategic direction has focused on advocating for MDGs 4 and 5 to raise funding for RMNCH, on promoting an evidence and knowledge base on RMNCH and on tracking partners' commitments to improve the health of mothers and children.

In its 2009-2011 strategic framework, the partnership provided an initial definition of PMNCH's logical framework. While this framework describes the outputs needed to be delivered by partners to achieve the priority actions, it does not describe the specific activities and processes required to achieve these outputs. These are necessary elements of a logical framework and the basis for a solid theory of change.

The 2012-2015 strategic framework on the other hand does not include PMNCH's logical framework. It does not explain how contributions from the secretariat and its partners can lead to the achievement of its goals. Consequently, there is a lack of clarity on the respective accountabilities of the secretariat and its partners. PMNCH's current strategic framework is also unclear on the impact the partnership aims to achieve at the community, sub-national, national and global levels.

In the absence of a theory of change and a clear log frame underlying the 2012-2015 strategic framework, we set out below in **Figure 4** an example of PMNCH's theory of change based on information extracted from the SF 2012-2015. Given the unavailability of information linking activities to results, we were only able to map the theory of change from the impact to the output level in the results-chain. We could not include specific activities in this example because the work plans were not specific enough, however Figure 4 shows how it can be done in the future.

Figure 4. Articulation of PMNCH's theory of change based on 2012-2015 strategic framework



Strategic strengths

In the following paragraphs we set out the views expressed through interviews with key stakeholders and responses to the partner survey.

PMNCH's strategic positioning is valid. 69% of all survey respondents agree that PMNCH has identified a niche within the international RMNCH community. 75% of donors and foundations agreed with this statement. However, nearly half (44%) of the Health Care Professionals Associations (HCPAs) respondents and 38% of the Academic, research and teaching institutions (ARTs) respondents disagreed. 21 out of 44 of interviewees find that PMNCH brings together all partners in the RMNCH field and some refer to PMNCH role as “a critical neutral broker” and value this as a key differentiation from other organisations.

PMNCH's role is unique and one that adds value. The breadth and inclusiveness of the multi-sectorial partnership brings legitimacy to PMNCH's voice and content. 11 out of 44 interviewees note that no other organisation is able to bring together all partners active in the RMNCH landscape to have a multi-dimensional dialogue. More than half of survey respondents (57%) agree that PMNCH does not duplicate the role of other or similar organisations. Interviewees often mention that PMNCH's key added value is to bring attention to the neglected elements of the continuum of care including adolescents and new-borns.

PMNCH's three SOs are appropriate. 81% of survey respondents overwhelmingly agree that PMNCH's SOs cover the main areas where coordinated action is required in the field of RMNCH. More than half of the survey respondents also agree that for each SO, PMNCH has a comparative advantage over other organisations that work in the same strategic area.

Human Rights Based Approach is integrated in PMNCH advocacy work

In 2003, the United Nations (UN) developed a common understanding of a Human Rights-Based Approach (HRBA) which includes the following key elements:

- Assess and identify the human rights claims of rights-holders and corresponding human rights obligations of duty-bearers, as well as causes when rights are not realised.
- Develop a strategy to build capacities for rights-holders to claim their rights and ensure duty-bearers fulfil their obligation.
- Implement the strategy.
- Monitor and evaluate outcomes and processes guided by human rights standards and principles.

In its strategic framework 2012 to 2015 (page 14) the partnership references the Bill of Rights² and recognises the right to health: all PMNCH partners, as moral ‘duty-bearers’, should undertake responsibilities towards safeguarding and ensuring the participation and the empowerment of women and children, the ‘rights-holders’, as well as reducing the discrimination against them. We set out below some ways in which PMNCH embraces HRBA.

PMNCH integrates HRBA in its strategic framework. This is evidenced by the inclusion in PMNCH strategy of the four HRBA elements set out by the UN. For example, in the 2012-2015 Strategic Framework, PMNCH recognises that national economic and social development can only be achieved if a country's women

² Article 25 of the Universal Declaration of Human Rights (UDRH). The International Bill of Rights: Universal Declaration of Human Rights 1948, International Convention on Civil and Political Rights (ICCPR), International Convention on Economic, Social and Cultural Rights (ICESCR) both adopted by a special resolution of the UN General Assembly in 1966, and others International instruments on high standard Rights such as the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment adopted in 1984.

and children are healthy³. Through its mandate it also aims to contribute to removing disparity between disadvantaged, marginalised and excluded groups, such as women and children, for them to enjoy healthy lives.

PMNCH takes HRBA into account in the execution of its advocacy work. PMNCH was involved in the development of the UN Secretary General's Global Strategy for Women's and Children's Health which built on human rights commitments. Further PMNCH tracks commitments to the Global Strategy, and plays a key role in tracking progress towards MDGs 4 and 5 through the Countdown to 2015. All these efforts have given visibility to women and children as marginalised groups.

PMNCH is not in a position to account for human rights country outcomes. PMNCH's focus is on high-level political advocacy. It is therefore challenging for the secretariat to track systematically the application of HRBA in the partnership's projects and initiatives. Further as HRBA is included in its performance framework, the secretariat does not monitor, nor report back on, concrete evidence on how it has contributed on the ground to remove disparities for women and children to enjoy healthy lives.

Going forward, the human rights approach to MNCH issues is becoming an increasingly important area for the donor community, and it will be critical for PMNCH to assess how countries view PMNCH's influence in this respect.

Areas for improvement

Below we set out key findings from our analysis which serves to underpin the recommendations in the final chapters of this report.

Unclear strategic focus

The 2012-2015 strategic framework is too general to provide direction. The strategic framework presents a set of principles and three high level strategic objectives. The broad nature of the document and its objectives reflect a process based on compromise between many different stakeholder groups, which is confirmed by the secretariat.

PMNCH SO3 has less traction than SO1 and SO2. According to the survey, more stakeholders engage with PMNCH with a focus on SO1 (79%) and SO2 (75%) than on SO3 (44%). From our interviews the partners' feedback is that they have less opportunity to engage with PMNCH on SO3 and so the partnership has a lower profile in terms of promoting accountability for resources and results. It is not possible from these two data sources to analyse which is the cause and which is the effect. However, the two results side by side suggest that SO3 requires an assessment prior to entering into the new strategic planning process. Survey respondents also identify that SO3 is perceived as the SO in which PMNCH has the least comparative advantage. 85% of respondents think that SO2 is a comparative advantage of PMNCH, and 78% think this is the case for SO1. A lower number of respondents believe that SO3 has a comparative advantage (70%); nevertheless this is still a relatively high number of respondents.

³ PMNCH Strategic framework 2012-2015 p. 7, 8, 9.

Box 1. RMNCH Steering Committee and RMNCH Trust Fund

The RMNCH Steering Committee (RMNCH SC) and the Trust Fund (TF) were set up in early 2013 and are essentially created to accelerate MDGs 4 and 5. The RMNCH TF is set up with the view to provide a final push for the MDG 4 and 5 and rapidly channel funding to countries in need of scaling-up their RMNCH response. It may not necessarily exist beyond 2015. The RMNCH TF is set-up through a Memorandum of Understanding co-signed by UNICEF, UNFPA and WHO in August 2013. Its purpose is to fund gaps in specific countries' national plans through H4+ partners and by setting-up innovative service delivery interventions. As it stands, its only funder is Norway which contributed \$ 9'000'000 in 2014, 84% of which will be directed to country operations. The RMNCH secretariat is composed of five staff seconded from UNICEF, UNFPA and WHO, hosted by UNICEF, and not foreseen to grow further.

The RMNCH SC is composed of 25 RMNCH stakeholders and recently expanded to include civil society actors. It is therefore increasingly mirroring PMNCH board's composition. While PMNCH sits on the SC, the relationship between the SC and the PMNCH board is unclear and tensions have arisen from the suggestions that the SC can step into the area of global advocacy, similarly to PMNCH. The RMNCH SC is also to bring more financing to bear than just for the Trust Fund. Considering PMNCH also has aims to support global resource mobilisation for RMNCH through advocacy, there is a real need to clarify the linkages between the SC and PMNCH and define a structured relationship between the two entities. There is no clarity about the exact roles of the SC and TF and these continue to evolve. Against this background, the PMNCH board will need to take regular stance on the relationship of the partnership with this new actor to continuously ensure synergies and avoid duplication.

Amongst PMNCH's offerings, networking & discussion is critical for partners. Survey respondents identified the core elements of the PMNCH mission, vision and strategy which mobilise partners around the partnership in order of priority. We set out below in Figure 5 the eight priority areas with the percentage of survey respondents who cited each element as follows:

Figure 5: PMNCH priority areas for survey respondents



These results show that, apart from global advocacy, attending events for discussion and networking is a key draw for PMNCH partners. Key events in this respect are governance meetings and the Partners' Forum. However, in the strategic framework no attention is given to these important functions which require significant secretariat inputs to be implemented successfully.

PMNCH Country engagement requires further strategic articulation

Quote 1. "PMNCH's specific role at the country level is frequently questioned, especially by those who are not familiar with PMNCH modus operandi and strategic objectives."

The role of PMNCH at country level carries an important weight in the debate about PMNCH's future. The 2008 evaluation by HLSP concluded that: "Support to countries was not judged to add value or to be effective by most board members, despite having an active Country Level Support Working Group

(CLSWG).” Subsequently the strategic framework 2012-2015 sets out that PMNCH “does not displace, replace or replicate the existing governance, accountability and delivery structures of individual partners.”⁴ When the partnership was restructured in 2008, the CLSWG was therefore abandoned. The board decided there was no need for PMNCH to operate as a separate entity in-country to represent the partners making up the partnership, given their ongoing operations in countries. The PMNCH principles and strategic framework set out for the period starting 2009 were nevertheless defined by PMNCH activities to be “**guided by country demand and regional priorities**”.

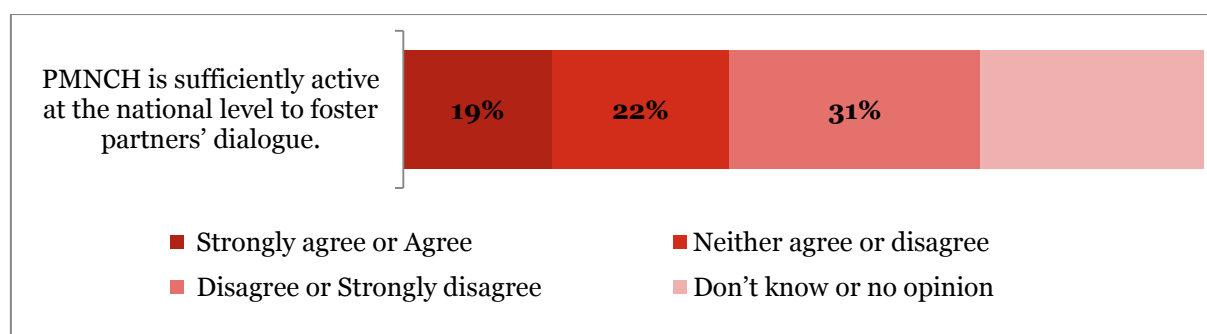
Nevertheless PMNCH has facilitated and/or leveraged a number of opportunities for impact at country level, for example policy documents for governments, country case studies and workshops at the national level and support for conferences and investment frameworks, amongst other, at the regional level. An example is the implementation of the essential interventions package in India which has brought about greater integration on RMNCH action in the country. However, it is important to note that **PMNCH does not monitor how partners or countries translate into actions the information from the reports prepared by PMNCH**. As there is no performance framework in place to measure the partnership’s impact in country and considering the scope of this evaluation, PwC was not in the position to measure the results of actions intended to have a country impact.

Quote 2. “PMNCH offers a real platform and opportunity to surface the voices and opinions at the country level and they could do much more here to amplify and coordinate.”

RMNCH actors need to be better aligned at regional and country levels, to achieve greater impact. 7 out of 44 partners interviewed consider the work of PMNCH to be too high-level and see a need to extend its scope to the country-level. However, they do recognise country-level impact is beyond the current mandate and that country engagement would require a board mandate and additional resources and capacity for implementation.

Stakeholders continue questioning if PMNCH is the correct actor to step into this space. The on-line survey results show that currently 36% of all respondents think that PMNCH is sufficiently focused on project/initiatives in those countries where the RMNCH burden is the highest, while 18% disagree or strongly disagree. Figure 6 below illustrates that there is no consistent view among stakeholders as to whether PMNCH is sufficiently active at the national level to foster partners’ dialogue. The findings reflect a need for further discussion and more importantly a specific articulation of PMNCH added value at the regional and country-level.

Figure 6: Partner dialogue at country level



⁴ SF 2012-2015

Limited strategic membership engagement

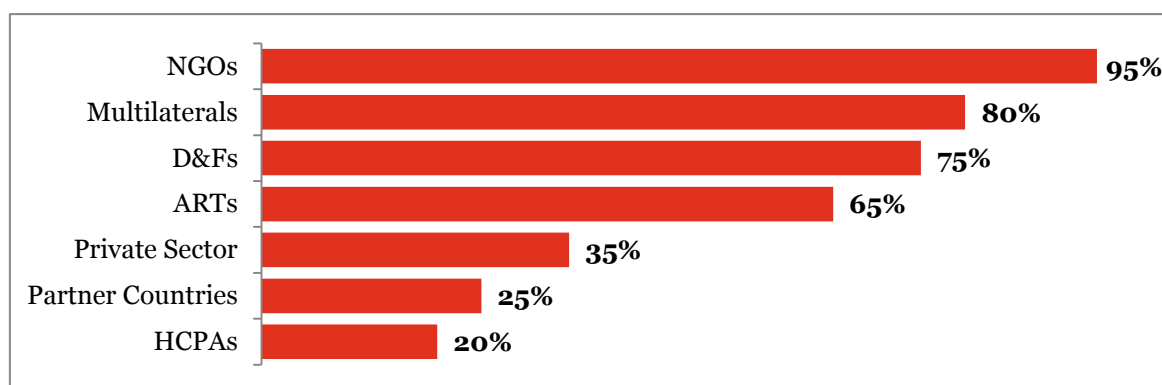
Quote 3. “I think PMNCH could more fully utilize the “partner-centric approach” to reach out to its members and ask them to take on specific tasks that they are asked to do, but which the secretariat does not have the capacity to carry out.”

For this section, please note the following distinction made by the PMNCH secretariat between members and partners.

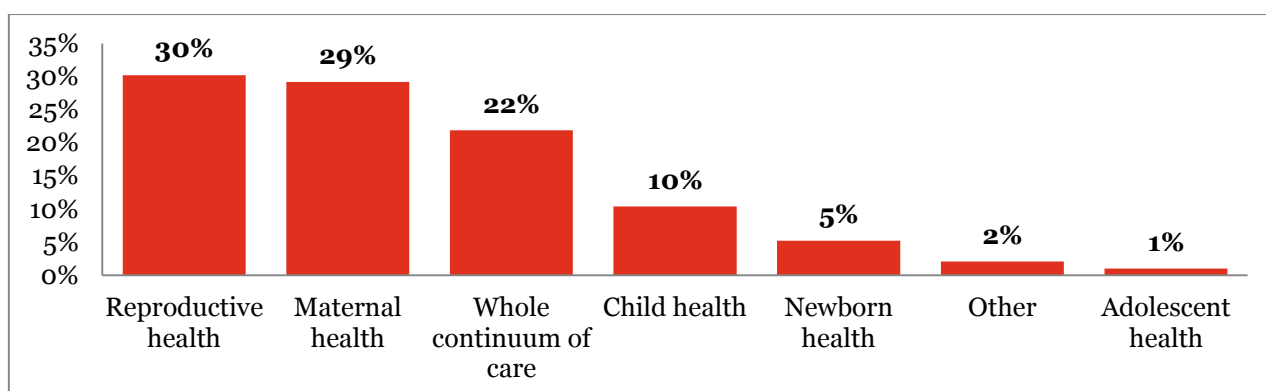
PMNCH members	A ‘member’ are those organisations who signed up for membership and who are included as one of PMNCH’s seven constituencies. Our on-line survey was directed at the members of PMNCH
PMNCH partners	A ‘partner’ can be either a member organisation or an organisation not officially member but engaged in Partnership’s activities

PMNCH can increase strategic partner leverage. A number of interviewees question whether PMNCH sufficiently leverages the collective and/or individual strength of its partnership base. Some survey respondents expressed strong concerns in the open text boxes mentioning that ‘the majority of partners are not playing the game’. The following findings support this point of view:

- **Responsiveness from members is low.** When the PMNCH secretariat requested partners to update their profiles only 165 out of 558 partners reacted (30%). An additional way to measure membership engagement is to monitor the rate of participation in constituency calls. An analysis of a sample of two constituency groups, the donors and foundations and the private sector constituency groups show a respective 58% (11 out of 19) and 43% (10 out of 23) participation in 2013. Further, as indicated in our introduction section, our on-line survey initially had a very poor response rate and only improved when we decided to reach out individually and by phone to 400 out of 600 partners with the request to complete the survey. Even then the response rate only just reached close to 20%.
- **Multilaterals, and to a lesser extent donors and foundations, are significantly overrepresented in PMNCH working groups in comparison with their proportional representation in the partnership, where they are amongst the smallest constituency.** Figure 7 shows that the two constituencies participate 75% and 80% respectively in working groups.
- **Country partners participate less in working groups than other constituencies.** Participation in 2013 and 2014 working groups per constituency shows that there is an under representation of the country constituency and to a lesser extent the HCPAs. Another measurement for constituency engagement with PMNCH is the frequency of taking a lead on major initiatives. For example, the HCPAs, which scored low in their participation in the Working Groups (20%), were a lead partner in one of the most significant projects in 2013, namely the implementation of Essential Interventions (EIs). The country partner constituency have limited role in leading the activities of the 2009 and 2010 work plans compared to other constituencies.

Figure 7. Participation in PMNCH working groups

PMNCH new priority areas are not yet well represented throughout the membership. By 2012 PMNCH had extended its mandate to cover all stages of the continuum of care. However, the survey results show that the majority of partners work primarily in reproductive health and maternal health and only a very low percentage of partners work in PMNCH's new priority areas such as new born or adolescent health. **Figure 8** below sets out thematic areas in which partners are active according to their survey responses. Please note that the areas of interest were provided by the PwC in the on-line survey. Any areas that are not covered in the figure, for example nutrition fall within the category "other".

Figure 8: Respondents per area of interest (in %)

Quote 4. "Partnership has so much potential but the partners are not playing the game."

There are opposing views on the effectiveness or level of PMNCH partner engagement. 52% of survey respondents think that PMNCH is effective in engaging with its partners while almost an equal number of respondents (48%) think this is not the case. To date PMNCH has a deliberately hands-off approach to partner engagement within the constituencies. Partners can express an interest to lead or participate in an initiative and once they are involved it is left to the partners of each constituency to determine how they will organise themselves. We found through the interviews that whenever a partner is not active in a working group or initiative it does not necessarily have any interaction with its constituency or with PMNCH on that topic, or even more broadly.

Views on the PMNCH strategy for the post-2015 period

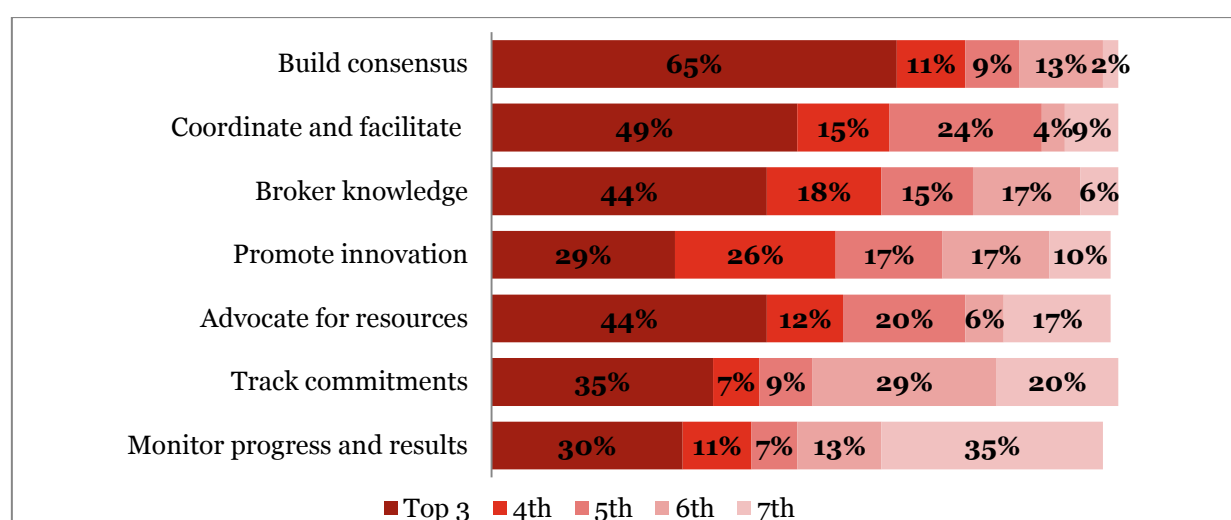
Quote 5. “It would be a major disaster if PMNCH would not continue. In such a divided and fragmented health world we would lose the voice on maternal and child health – with multiple goals post 2015 it will be even more important for that voice to be heard.”

Like most other international organisations facing the post-2015 MDG agenda, **PMNCH is at a cross roads**. In the future, PMNCH will be compared with other organisations that are increasingly becoming more action oriented in their approach. The board will need to define how it aims to position itself and ensure that some strategically aligned "quick wins" can demonstrate its added value in order to continue to maintain PMNCH's relevance post 2015.

Quote 6. “The post-2015 goals give PMNCH an opportunity to be ahead of them, to acknowledge that the world has changed and find the best way to serve this work.”

PMNCH's key strength is to bring partners together around a common agenda. Our survey requested respondents to identify their priorities for the PMNCH strategy post 2015. **Figure 9** sets out the results and illustrates that stakeholders endorse most of the current priorities. However, promote innovation, track commitments and monitoring progress and results score lowest.

Figure 9: Key priority areas for PMNCH post 2015



PMNCH's SOs remain relevant post-2015. Most respondents (88%) think PMNCH's SOs are still relevant for the future.

PMNCH needs to consider whether to widen or deepen its membership

Quote 7. "Nutrition is critical for the health of the mother and the child, involvement of actors in food and nutrition security could add value."

64% survey respondents think PMNCH should consider expanding its constituencies beyond health and the RMNCH community for the following reasons:

- Maternal health is multi-sectorial and includes water, sanitation, empowerment, human rights, governance, participation, financing, management, human resources, nutrition, food, transport, infrastructure and education, which are all relevant to improving the continuum of care.

- A multi-sectorial approach will be consistent with the proposed scope of the Sustainable Development Goals (SDGs) post 2015.

Quote 8. “We should work with other sectors beyond health, but not necessarily establish constituencies. Having so many already is challenging enough.”

However, 35% of survey respondents made strong comments on the fact that PMNCH should first learn to manage and leverage its existing membership base before considering vertical or horizontal expansion for the following reasons:

- Although it will enhance PMNCH’s profile to work with other sectors beyond health, the addition of constituencies will overburden the secretariat which is already working at capacity.
- Drawing in and consolidating views within the RMNCH community is already a major endeavour and the feasibility of extending the reach is questionable.
- PMNCH has created a unique niche and may jeopardise this comparative advantage by becoming too broad and undifferentiated.

4. Governance

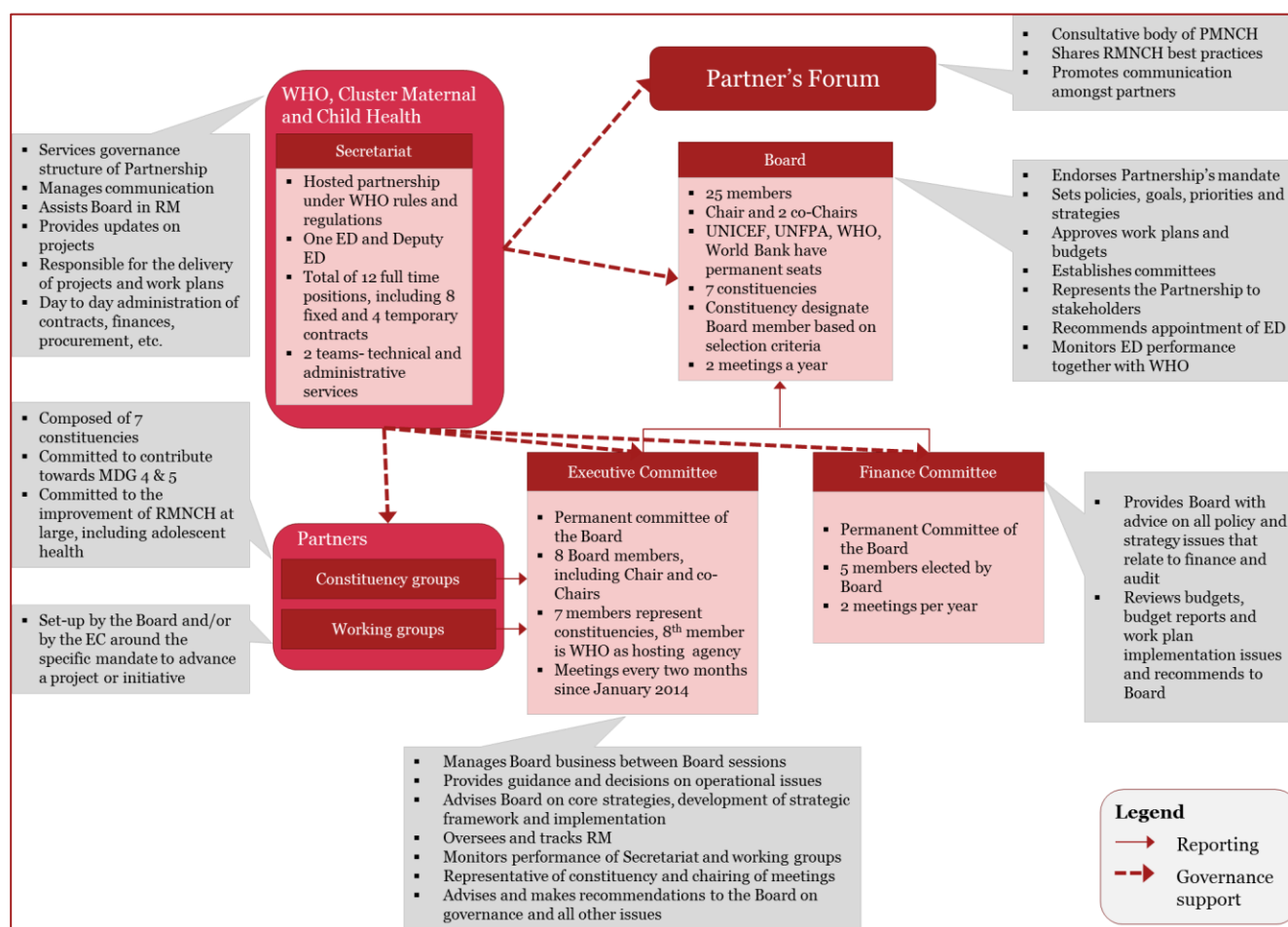
In this section we provide key findings from our review of PMNCH's governance structure including the Partners' Forum, the board, its committees and the Executive Director (ED). We also assess the level of alignment and communication between PMNCH's governing bodies. Some of the key evaluation questions that have guided our work are:

- Is there sufficient oversight and strategic direction from the board over the partnership?
- Does the governance set-up truly represent all constituencies and does it serve its purpose?
- What is the role of the committees and are they leveraged to their full potential?
- What is the relationship between the secretariat and the various governance entities?
- How adequate is PMNCH's hosting arrangement within World Health Organization (WHO)?

Background

PMNCH is a partnership-based organisation composed of around 600+ partners. It is hosted by the WHO and is run by a secretariat of 12 staff. PMNCH's governance structure is set in the revised board manual (January 2014) and illustrated in the figure below.

Figure 10. PMNCH's governance structure



We set out below some key highlights of PMNCH's governance structure:

Constituency groups

The partnership is composed of seven constituencies⁵. In line with the constituency guidelines, the main responsibility of each constituency is to commit to contribute towards achieving MDGs 4 and 5, to participate fully in board meetings and to support PMNCH advocacy efforts. Each constituency is chaired by a representative, usually the board/EC member of the constituency. Constituencies hold teleconference calls at varying frequencies, but at a minimum every three months. The EC representative is responsible for debriefing on governance decisions taken at the board and EC meetings and provides update on ongoing projects. Each constituency group has a dedicated focal point at the secretariat that is responsible for facilitating the constituency meetings and discussions.

PMNCH board

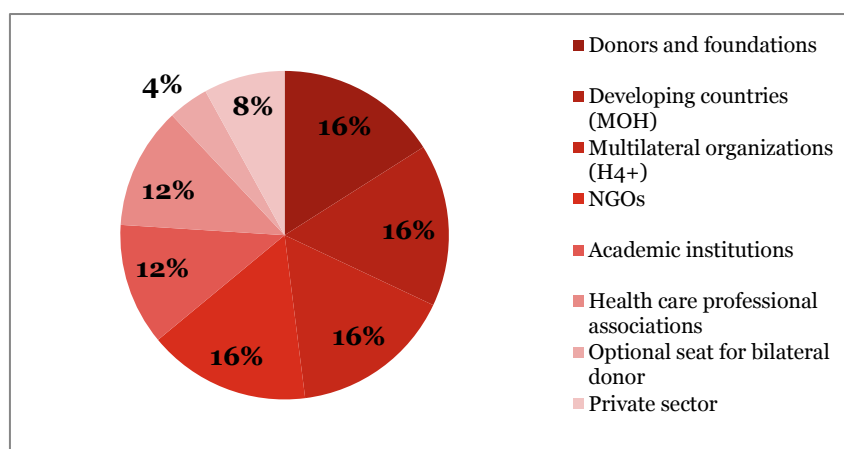
The PMNCH board was set-up in 2007 and comprises 25 representatives from PMNCH's seven constituencies. The board is chaired by a chair and two co-chairs. Together, board members are responsible for providing strategic direction to PMNCH, overseeing its activities at a high-level, approving work plans and budgets, establishing committees and working groups as required, recommending the appointment of the ED, and monitoring its performance.

We outline below key elements of the board's current way of working:

- **Meetings.** The board meets twice a year. Since 2013 the meetings have taken place once in person and once virtually. The board members consider the virtual meeting has been cost-effective and will test it further going forward.
- **Board representation.** The civil society constituency has the most seats with eight seats split between the Non-governmental organisations (NGOs) and the HCPAs constituencies. The combined donors and foundations and multi-lateral agencies is the group most represented with 36% of board members. National governments represent 16% of board members. Youth is not represented on the board.

The seats on the board are allocated as illustrated in the figure below.

Figure 11. PMNCH board representation



⁵ PMNCH's seven constituencies are: 1) academic, research and teaching institutions (ART), 2) donors and foundations, 3) health care professional associations (HCPA), 4) multilateral organizations, 5) non-governmental organizations, 6) partner countries, 7) private sector.

- **Selection of board members.** United Nations Children's Fund (UNICEF), United Nations Population Fund Agency (UNFPA), WHO and the World Bank, the four agencies representing the H4+ group, hold permanent seats on the board. Constituencies elect all other board members every 2 years. Their term of office is renewable as agreed by the constituency. There is no formal process for the selection of board members. However the secretariat offers guidance on setting up a formal selection process and is also available to facilitate the process.
- **Decision-making process.** The board should make all efforts to reach consensus. If not reached, any member of the board with voting privileges may call for a vote. The board can continue only if a simple majority of board members are present.
- **Induction of board members.** On induction, new board members receive a handbook with a presentation on PMNCH's mandate, its strategic framework and board member responsibilities. The ED also offers briefing to new board members in advance of the board meetings.
- **Oversight.** The board receives progress updates on the partnership through multiple channels. At a macro-level, the ED reports twice a year to the board on progress made by the secretariat and partners' projects. The PMNCH annual report is also a source of macro-level progress on a selection of major projects and initiatives. Board members of the EC also have access to the operational progress made by the partnership.
- **ED's performance.** The ED has a dual reporting line to both the PMNCH board and the WHO Assistant Director-General (ADG) of the Cluster for Family, Women's and Children's where PMNCH is hosted. The Board and the ADG share the responsibility for monitoring the performance of the ED. The ADG supervises the ED's performance and activities through the Performance Management Development System (PMDS) of WHO and receives feedback on the performance of the ED from the PMNCH board prior to completing her/his annual appraisal.

Board Committees

There are two board committees, the Executive Committee and the Finance Committee.

The Executive Committee (EC)

The EC is a permanent committee of the board and consists of eight board members, including the chair and two co-chairs of the board. These individuals also act in most instances as chair of their constituency group. The EC manages the board's business between board meetings and provides guidance and recommendations to the board on operational issues. The EC is responsible for monitoring the work of the secretariat and the Partnership's working groups.

We outline below key elements of the EC's current way of working:

- **Meetings.** In 2014 the number of EC meetings was reduced from one monthly teleconference call to one every two months. This change was made to ensure EC members would make themselves available for the calls.
- **Agenda items.** The agenda for EC meetings is prepared by the governance officer in the secretariat, and includes governance and finance as standing items. Other items are defined on the basis of the action points discussed at the previous meeting and include current or upcoming projects. For example at the February and April EC meetings, EC members discussed current topics such as the 2014 Partners' Forum and the

PMNCH external evaluation. Over the year, the EC meetings will typically cover all SOs and outcome areas. The governance officer consults on the agendas with EC members prior to adoption.

- **Work plan monitoring.** The secretariat is responsible for providing the updates on each governance related agenda item. Lead partners are responsible for updating on the projects they are engaged in. EC members monitor the work plan at a high-level rather than at an output level. We found from the notes of meetings of EC calls that action points from each meeting are attributed to entities (EC, secretariat, etc.) rather than to teams and individuals. Consequently it is difficult for the governance officer and EC members to monitor follow up on the actions.

The Finance Committee (FC)

The FC is the second permanent committee of the board and comprises of 5 FC members elected by the board. Its role is to provide the board with advice on all policy and strategy issues that relate to finance and audit. It meets twice a year in advance of board meetings. Our review of the financial reports shows there is a need to focus on tracking expenditures to budget at an activity and output level.

Working groups

The board also establishes working groups which are generally structured around an agreed mandate and are time-limited. They convene partners to work specifically on a thematic area that will advance a project or initiative. In collaboration with lead partners, the secretariat prepares the terms of reference for the working groups which set out the roles and responsibilities of the partners. The terms of reference are reviewed by the EC and approved by the board. Our review of a sample of ToRs demonstrates an adequate definition of mandate, roles and responsibilities.

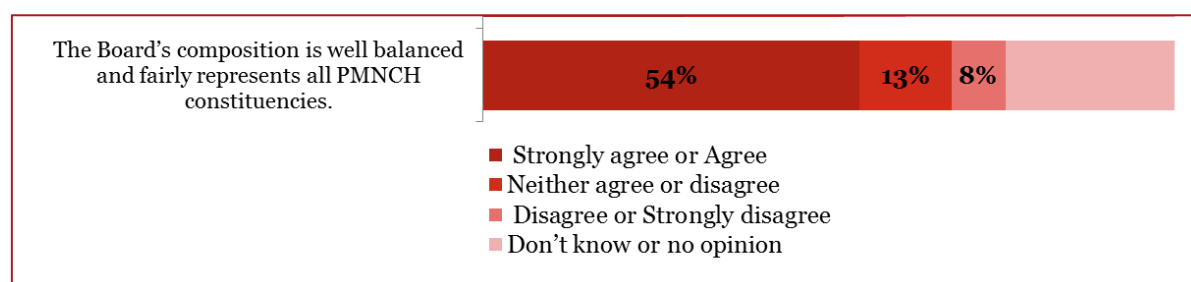
Partners' Forum

The Partners' Forum is not a general assembly and thus does not have decision-making authority over the partnership's strategy and operations. The forum is a consultative body that convenes all PMNCH's partners, shares best practices on RMNCH and promotes communication among all partners across the Continuum of Care. The forum is held every 2-4 years as decided by the board although the frequency of the forum is not set out in the Board Manual. The forum is an opportunity for partners to come together to discuss new innovations and technical and advocacy related issues. It is also an opportunity for constituencies to re-affirm their commitment to MDG 4 and 5 and a mechanism to strengthen partner accountabilities.

Strengths

Partners value the rich diversity of PMNCH's board. All seven constituencies of PMNCH have a seat on the board. The board is an inclusive platform where constituency representatives across the Continuum of Care can have a say in PMNCH's decision-making. Most interviewees consider the board's inclusiveness a real strength. More than half of survey respondents agree and think the board's composition is well balanced and fairly represents all PMNCH constituencies, although there is room for improvement. The diversity of the board supports the partnership's mandate to serve as a convener of actors in the RMNCH space.

Figure 12: Board composition and representation



Board meetings are successfully leveraged for advocacy purposes. The board and committee meetings have created important opportunities for PMNCH to advocate for its initiatives, notably the Global Strategy for Women's and Children's health. For example, the 12th and 13th board meetings in 2012 created opportunities where PMNCH leveraged the presence of key individuals in the RMNCH space to conduct high-level political advocacy.

PMNCH's WHO hosting arrangement is seen as an advantage for the partnership. We set out in **Appendix I** the framework for the hosting arrangement between WHO and PMNCH. The existing hosting arrangements give credibility and reputational value to PMNCH. 54% of survey respondents see PMNCH's hosting agreement with WHO as appropriate and allowing the secretariat to execute its tasks. Some partners interviewed strongly see PMNCH's hosting arrangement in WHO as complementary and as added value. Most interviewees consider that PMNCH's advocacy functions complement WHO's technical and normative work and knowledge base. Further, there has been no clear cost benefit analysis of the hosting arrangement. The Director General has recently commissioned a study of all hosted entities. One part of this may lead to full costs recovery on certain services provided to the hosted entity. Since the parameter for the majority of costs will be the number of staff members in the hosted entity, PMNCH is likely to be advantaged by this new regime with regard to costs for Information Technology (IT), security and some Human Resources (HR) services.

The Partners' Forum is one of PMNCH's flagship projects. The secretariat has been praised for its work organising the Partners' Forum which to date has taken place in 2007 and 2011 with the upcoming forum in June 2014. The Partners' Forum is seen by some partners whom we interviewed as a unique platform mainly due to its power to reach out to and convene more than 200+ delegates from governments and RMNCH organisations across the continuum of care.

Areas for improvement

Quote 9. "There is an imbalance in terms of decision making with donors and foundations, and multilateral organisations dominating the agenda 'behind the scene'."

Limited strategic direction from the board

The current governance structure does not favour effective decision-making. A number of interviewees, notably those involved in PMNCH's governance, have noted that the board is too large for it to engage in strategic decision-making. Exchanges are considered to be too high-level, unstructured and provide little room for strategic discussions between board members.

The board composition has not been revisited over the last five years to reflect the growth of PMNCH. Some stakeholders interviewed were vocal about the need to rotate the organisations on the H4+ group consisting of four permanent seats including the WHO, the World Bank, UNFPA and UNICEF. This would allow for more diversity and appropriateness for a maturing PMNCH. There is currently a disproportionately large representation of donors and multilateral organisations on the board (36%). In addition a revision of the composition could allow for potential new board representatives to join, for example youth.

Some members appear to be overly vocal at board meetings resulting in an unbalanced engagement from constituencies in agenda-setting and decision-making. Some stakeholders interviewed have strong views that only a selected few, notably donors and UN agencies, are active in discussions and therefore drive the agenda at board meetings. This may be caused by the fact that donors and multilaterals have a proportionally larger representation on the board than other groups. More interviewees confirmed that the engagement of other constituencies at board meetings, notably partner countries and civil society, is not strong enough. Indications show that there are challenges involved in the preparation of board meetings for those constituencies, largely linked to capacity issues. For example, the partner countries constituency was only represented by two Ministries of Health at the 13th PMNCH Board meeting in 2012 while four seats are assigned to this group according to the Board Manual.

Selection of board and Executive Committee members is currently at the discretion of the constituency group. The secretariat offers guidelines for setting up a formal selection process but the guidelines are not implemented systematically across all constituencies. The Board Manual offers some criteria for board member selection, but this also is not systematically applied, nor is it monitored to validate and ensure the appointment of the most appropriately skilled and engaged representative. As it stands the ED conducts the induction of new board members while this should ideally be done by the chair, co-chairs or an external individual to ensure segregation of duties between board and secretariat responsibilities.

The board is regarded as a networking event, seen by some as an opportunity to match projects with interested funders. We recognise that one of the major benefits of joining PMNCH is to gain access to RMNCH knowledge, stakeholders and financial resources. However, some interviewees have shared their concern that some partners see the board as an opportunity to present their projects for funding. The same interviewees, including the secretariat, consider these practices inappropriate as they divert the board from its core mandate to provide strategic oversight to the work of the partnership.

The Executive Committee role is not fully leveraged

The Executive Committee is burdened by the uneven engagement of its members. As a result the committee members have not exercised their role fully. Ensuring consistent participation of EC members has been a challenge given their senior positions and competing engagements. To address this, the EC

reduced its meeting frequency from once a month to every two months in early 2014. However, we question whether this will not further dilute the effectiveness of the EC. In addition, minutes of EC meetings show that EC members do not consistently consult their constituency members and often bring the view of their own organisation to the meeting rather than a consolidated one.

The nature of the EC calls is one of sharing views among organisation's representatives. The information sharing nature of the call and the time allocated to the conference calls (one hour) does not allow for the EC to effectively analyse evidence and prepare recommendations for the board. It does not reflect the role the EC has been assigned as a preparatory body for decision-making at the board level.

There is no systematic follow-up of action points from last EC meetings. The transcription of the notes for the record of the EC calls is the responsibility of the governance officer at the secretariat. Since October 2013, the secretariat introduced an action list to the minutes of EC calls which is a positive improvement. However, our observation of the 28 April 2014 EC phone call and a review of last EC notes for the record show that action items are not followed-up systematically. In collaboration with EC members, the secretariat attributes focal points and timelines to each action points for follow-up. This is not monitored, however, nor reported on at the next meeting. Against this background neither the EC members nor the secretariat are held accountable.

There is no prioritisation of issues or risk register which could guide the EC discussions in a more strategic way. The topics discussed during the EC calls are not categorised according to their risk level. This could support the prioritisation of issues to be discussed. Draft prioritisation guidelines, entitled “*PMNCH Projects Priority Criteria*” were developed and reviewed by the EC to address this challenge. However the policy was not endorsed for implementation.

The EC does not exercise regular oversight of progress against work plans. From our review of the notes for the record of EC calls, the EC members only share information on a selected number of initiatives throughout the year, usually those that are visible or current. While the EC discusses high-level strategic and governance issues, there is no emphasis on results and accountabilities. As evidenced by the current governance structure there is no oversight system in place to hold partners accountable to deliver on projects that they commit resources and time to.

The EC does not exercise a gate keeping role to review the operational feasibility of new projects proposed by partners and to approve them or not. The secretariat receives multiple requests from partners during a work plan year to incubate and facilitate projects and initiatives. As it stands the EC does not conduct an analysis to assess the feasibility (HR, financial, strategic) for the partnership to take on new projects. This is at the source of a lack of visibility at the secretariat on all past, current and future pipeline PMNCH projects.

The hosting arrangement requires a regular ‘fit for purpose’ assessment

Quote 10. “WHO systems and procedures are cumbersome and significantly slow down and reduce agility for PMNCH operations.”

While interviewees generally find PMNCH's advocacy function complementary to WHO's normative work, the secretariat and some donors have also expressed critical views on the hosting arrangement. As mentioned earlier in this section some of the opportunities identified from the hosting arrangements include:

- Credibility and reputational value
- Access to WHO's brand
- Proximity and ability to tap into country offices and Ministry of Health (MoH)

-
- Access to WHO's administrative systems which otherwise would be costly for the partnership

However some of the challenges identified from the hosting arrangements include:

- Sub-optimal recruitment services
- Dual governance (WHO and PMNCH board) leading to unclear accountabilities
- Influence of WHO which may lead to issues of independence for PMNCH

We understand from interviews with the Secretariat that to date PMNCH and WHO have built up a collaborative way of working but that some of the challenges listed above, in particular those related to governance and human resources, remain areas of concern.

We know that PMNCH is itself currently hosting the secretariats of two initiatives namely:

- Countdown to 2015 – Maternal, newborn and child survival
- Innovation Working Group (IWG)

In the context of the potential risks listed above, the PMNCH Board should review these two initiatives to ensure they align to the work of PMNCH and ensure they are appropriately staffed so that PMNCH can deliver on its core tasks. Consideration of hosting of other initiatives in the future should also receive careful board analysis.

5. Operations, monitoring and delivery

In this section we review PMNCH's organisational delivery model and processes. We also review the framework for monitoring and reporting on results across the partnership. Some of the key evaluation questions guiding the work have been:

- How is PMNCH structured to deliver on its mandate?
- What have been the major challenges faced by the PMNCH secretariat in managing its pool of members and projects?
- How effectively are the three strategic objectives executed?
- Has PMNCH been effective in monitoring its work in alignment with its work plans and SOs?

Background

Operational model

Quote 11. "It can be difficult to see the partnership approach in the PMNCH. It seems to be very tightly run from the secretariat and is not very involving or consultative."

The secretariat's role has evolved during the evaluation period which is evidenced by an assessment of the work plans and individual interviews with senior management at the PMNCH secretariat. Following the 2008 external evaluation the secretariat was scaled back from around 23 staff positions to 9 which were later increased to 12 staff. Further the partnership was to become partner-centric. As a result, since 2009 the smaller sized secretariat worked with a variety of models to ensure that partners are central to PMNCH activities.

The board created the first model around the priority action areas set out in the 2009 to 2011 strategic framework. The model involved the board allocating lead and contributing partners to the action areas. Different individuals in the partner organisation would be then responsible for implementation. The model proved challenging with regard to the commitment and motivation required from the organisation's individuals.

In response to the new strategic framework 2012 to 2015 the second model involved grouping partners to coordinate the SOs in collaboration. The model was tested in 2012 but created a certain silo mentality. The approach was inappropriate as PMNCH activities are relevant across all three SOs. It was also unclear whether it was appropriate for SO coordinators' organisations to review the work of the SO group as well as delivering.

The third model that has evolved and has become the main way of working with partners is centred on Working Groups. Working Groups evolve when some partners come together to address an initiative or project. Working Groups typically attract those partners who have enthusiasm and capacity to be involved in PMNCH initiatives.

The Working Group members either execute specific deliverables or act as reviewers of the process or delivery. In order to ensure adequate delivery capacity the PMNCH secretariat also engages consultants to deliver some of the agreed tasks. There are nine Working Groups and each has different ways of engaging with partners depending on the goal and objectives. Further, there is no harmonised reporting requirement for the Working Groups. The partnership models used include but are not limited to:

- Constituency consultations around global strategies and action plans, such as the United Nations Secretary General's (UNSG) Global Strategy and Every Newborn Action Plan (ENAP).
- Consensus development meetings such as Essential Interventions and the post-2015 position statement.

- Country multi-stakeholder policy dialogues on women's and children's health such as the Manila meeting and Success Factors.
- Project-specific working groups such as knowledge summaries, mHealth and the Information and Communication Technologies' (ICTs) workbook.
- Advisory and review groups such as the accountability reports.
- Partner design and implementation of works streams, with the secretariat in a supporting role as for the donor harmonisation report.
- Outsourcing specific tasks to partners or contractors through relevant procurement processes.

Using these models PMNCH has successfully delivered projects and initiatives with a high degree of country and regional engagement, for example:

- Facilitating Multi-Stakeholder Action to Support Country-led Health Plan
 - India as pilot country
 - PMNCH facilitated multi-stakeholder action plans
- Success Factors
 - Peru, Rwanda, Ethiopia, Egypt, Nepal, Bangladesh, Lao PDR, Cambodia, Viet Nam and China are using the guide for their reviews
 - PMNCH developed a guide to undertake a multi-stakeholder review to understand 'success factors for women's and children's health' in policy and programme strategies
- Implementation analyses to identify national RMNCH priorities
 - Bangladesh, Nepal, India, Indonesia, Papua New Guinea and the Solomon Islands, Fiji, Kiribas, Vanuatu and the Federated States of Micronesia and RMNH Alliance's focus countries in Africa.
 - PMNCH provided support for national implementation analyses
- Every Newborn Action Plan (ENAP)
 - Country level: Uganda, Pakistan, Kenya, Bangladesh, Afghanistan, Vietnam and Nigeria. Regional level: West and Central Africa Regional Every Newborn workshop, Third International Confederation of Midwives Africa Regional Consultation and Asia.
 - PMNCH facilitated multi-stakeholder country consultations
- Regional Initiatives and South-South cooperation for RMNCH
 - Asia-Pacific Economic Community (APEC), Association of Southeast Asian Nations (ASEAN) and others
 - PMNCH engaged with emerging regional networks
- Activities to support the African Union
 - Support to the African Union including position paper, policy review of over 800 African Union policies between 1943 and 2013 and 10 strategy briefs for dissemination at the International Conference on Maternal, Newborn & Child Health in August and several advocacy related efforts led by the African Union
- Post-2015 Open Working Group
 - Country outreach in 38 countries
 - Support to the process to develop a set of sustainable development goals (SDGs).
- Information and Communication Technologies for Women's and Children's Health: A Planning Workbook for Multi-Stakeholder Action
 - Support for the design of a workbook- ICTs for Women's and Children's Health.

In addition to the Working Groups, the partner models and efforts for country and regional engagement described above, partners can also engage directly with the PMNCH secretariat on specific requests or needs. PMNCH is partner driven and responds to a large number of requests from partners.

The partnership has a very general Strategic Framework and has therefore difficulty ensuring a gate keeping policy to prioritize requests for support from its partners. It has proven difficult during this evaluation for us to capture the actual activity and results at the secretariat level. The secretariat estimates that there are a total of 170 projects and initiatives that are currently taking place across the partnership but could not confirm a

definitive list of projects. Some projects have started as small seeds and have grown into large global advocacy events. Others may be many smaller projects that go relatively unnoticed but may take up a lot of human resources. The secretariat does not keep a log of all these on-going projects and the partners involved, nor does it report on their progress and impact.

There is a large degree of uncertainty in the fast moving RMNCH space as to which initiative will have traction and which will not. Some of the largest PMNCH projects were not initially planned but emerged organically in the RMNCH space, one recent example being ENAP. However, PMNCH is not striking a balance yet between fluid work planning and delivery to be agile and to respond effectively to partners' needs. As a result the secretariat finds itself continuously pulled into too many directions and will not have the resources to be able to continue to deliver results in the long term.

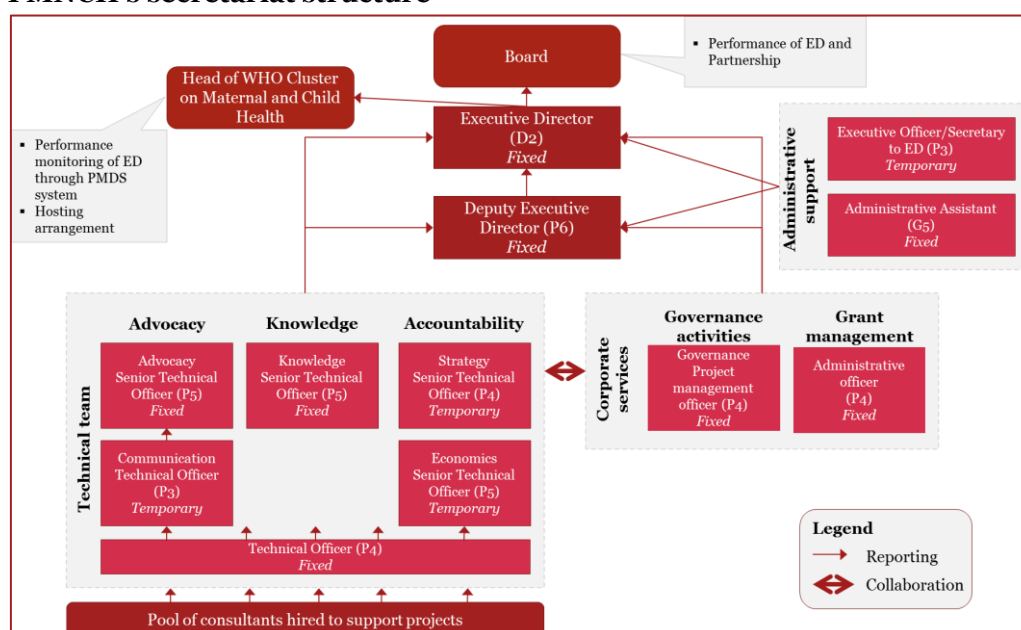
The PMNCH secretariat has not put a performance or monitoring & evaluation framework in place for all its activities. The secretariat has put results frameworks and log frames in place that are agreed with individual donors to monitor and report on specific grants. However with the increasing unrestricted funding coming in there is a need for PMNCH to track the performance of the work of the secretariat and of its partners effectively. This area is generally weak and measuring the impact of the secretariat's and partner efforts is one of the major deficiencies of the partnership.

Organisational structure

The PMNCH secretariat is hosted by the WHO and comprises twelve full time positions. The number of staff increased from nine to twelve in 2009 following the external review of the organisation. There are eight fixed positions and four temporary ones, which provide the secretariat with greater flexibility to respond to the work plan requirements. Fixed positions can be more time consuming to fill considering WHO's HR policies and can take up to 4-6 months from initial advertisement of a post to a final decision⁶.

Figure 13 illustrates the organogram of the secretariat structure and reporting lines. Roles and responsibilities are further discussed in details in the section.

Figure 13. PMNCH's secretariat structure



⁶ Human resources: annual report, Report by the Secretariat, A66/36, 14 May 2013

The management team comprises the Executive Director (ED) and the Deputy Executive Director. Their main responsibilities are to:

- Oversee the operations of the secretariat
- Support the board in resource mobilisation
- Represent the partnership at donor and partner meetings
- Advocate for the partnership's values and mandate.

The management team is supported by a **technical team** of six technical officers working across the three SOs of the partnership (advocacy, knowledge and accountability). The technical team is responsible for project leadership, facilitation and delivery, to report to the Executive Committee on progress made to date, to participate in annual work planning exercises and to manage corporate communication. The management team is also supported by two administrative assistants.

The corporate services team comprises two staff who focus on governance and grant management. One dedicated governance officer is responsible for the planning, organisation and facilitation of governance meetings (board, EC and FC), while also overseeing aspects of work planning and monitoring and partnership management. The finance administrative officer is responsible for the management of grants and contracts, while also monitoring the budget and liaising with the FC.

All team members are fully involved in the preparation and execution of the Partner's Forum which takes place generally every 2-4 years. In addition to the forum, most of the secretariat staff are involved in the preparation of the board and Executive Committee meetings.

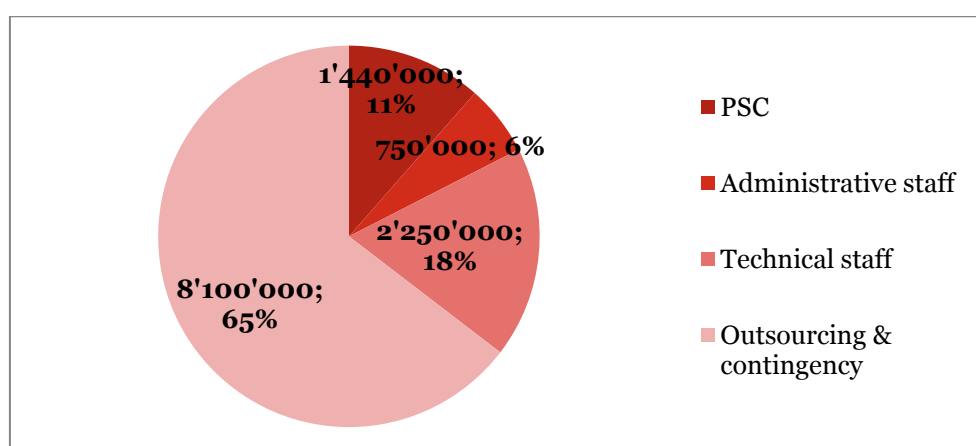
Given the lean structure of the secretariat, a number of consultants are hired to fill capacity gaps at the secretariat and to support the implementation of specific initiatives. A good example of this is tracking commitments to the Global Strategy.

The secretariat outsources activities to supplement its capacity or skills. At the time of our evaluation there were 71 active supplier contracts supporting the delivery of projects. The technical team is responsible for supervising and monitoring the quality of the consultants' work on their respective projects.

In 2014, the total secretariat staff budget amounts to \$ 3'000'000 (24%) out of which \$ 2'250'000 is for technical staff and \$ 750'000 for administrative staff. Outsourcing costs fund mainly supplier contracts and amount to \$ 8'100'000 (65%) while Programme Support Costs (PSC)⁷ charged by WHO on the basis of the existing hosting arrangement amount to \$ 1'440'000 (11%).

Figure 14 shows that outsourcing costs represent 65% of the partnership's total budget, while the secretariat's technical staff related costs represent only 18% of the total budget. This reflects the modus operandi of the partnership and allows the secretariat to mobilise the resources required to implement the work plan and counterbalance its limited capacity.

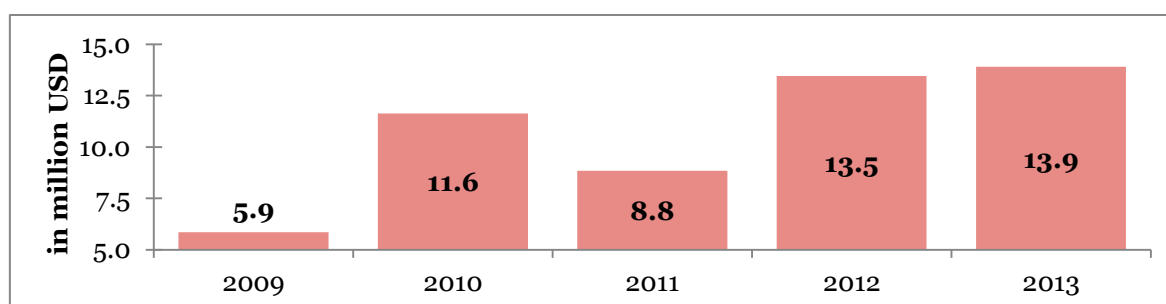
⁷ Programme Support Costs (PSC) are charged by WHO at 13% of the total PMNCH budget.

Figure 14. 2014 PMNCH budget breakdown

Appendix J sets out a detailed budget and expenditure analysis for the evaluation period (2009 - 2013).

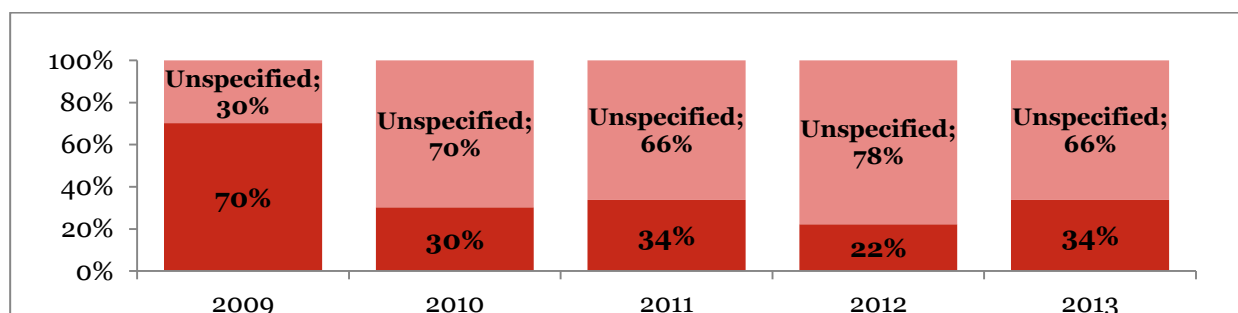
PMNCH funding patterns

Overall, PMNCH's funding has increased from \$ 5.86 million in 2009 to \$ 13.90 million in 2013. However, there are fluctuations between years in particular in 2011.

Figure 15. Overall funding growth, 2009 – 2013

Source: PMNCH secretariat financial figures, May 2014

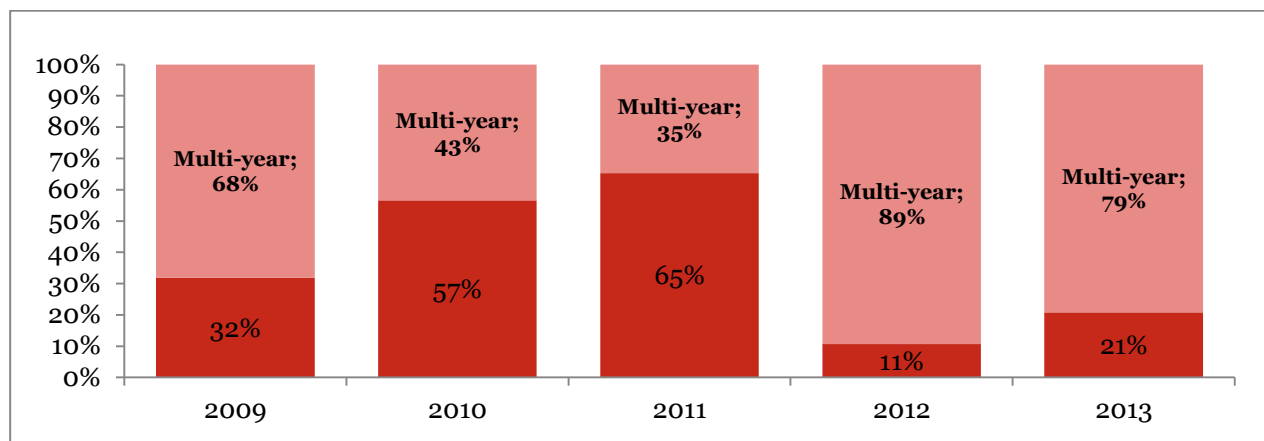
It is possible that the increase in funding demonstrates donor trust. However, a more certain measure of this trust is the level of unspecified funding (un-earmarked), which has increased from 30% in 2009 to 66% in 2013.

Figure 16. Unspecified versus specified funding, 2009 – 2013

Source: PMNCH secretariat financial figures, May 2014

Moreover, since 2009 multi-year grant funding has increased to almost 80% in 2013, reflecting that PMNCH's eleven donors (two foundations and nine countries) have confidence in the implementation of the strategic framework for the period 2012 to 2015. This gives greater predictability of funding to PMNCH.

Figure 17: Single versus multi-year agreements, 2009 – 2013



Source: PMNCH secretariat financial figures, May 2014

Finally, some existing grants ended in 2013 and were not renewed. However the Executive Director has been successful in mobilising new donor funding for the partnership. Nevertheless PMNCH's financial situation requires continued oversight and pro-active management.

Strengths

The leadership and advocacy efforts of the previous and current Executive Director (ED) have been praised. Both Flavia Bustreo (since December 2006 Deputy Director and from 2009 to 2011 Director of PMNCH) and Carole Presern (2011-to date) have been key to the success of the partnership, notably in building the confidence of partners and in advocating for RMNCH in high-level UN and The Group of Eight Industrialised Nations (G-8) meetings and giving it visibility on the global agenda. 8 out of 44 interviewees specifically mentioned that the secretariat and the current ED have done a good job to build confidence among partners.

The secretariat staff is motivated to deliver a high quality service. We witnessed a high level of dedication within the secretariat and the willingness of its staff to serve high quality and in a responsive manner. Staff has a high ability to connect partners, manage relations and manoeuvre partner interests. The high level of collaboration amongst staff is an asset especially during peaks (e.g. Partners' Forum) resulting in a high service-orientation.

The secretariat has been effective in securing multi-year grants and increasing its funding between 2009 and 2013. The latter doubled from \$ 5'900'000 to \$ 13'900'000. The level of unspecified funding also increased from 30% in 2009 to 66% in 2013 demonstrating the increased trust that donors have in PMNCH. In particular, the diplomatic background of the current ED has been instrumental in improving the funding of the partnership.

Areas for improvement

Management of member information at the secretariat is inadequate. Our evaluation work was challenged because there was no easy access to the full list of projects/initiatives that are on-going at PMNCH, nor was it possible to identify which partners are involved and what role they play. The secretariat does not have a database that allows the secretariat to retrieve or consolidate member information easily.

The level of responsiveness of partners is very low. To ensure that the evaluation's survey response rate was at a statistically acceptable level the team had to reach 400 out of 600 PMNCH members by telephone, which is rare for a member based survey. Even after this exercise only 1% of survey respondents were partner country representatives, demonstrating the difficulty PMNCH has to secure their engagement in particular. This is in line with 36% of partners (12 out of 33) interviewed who consider that PMNCH's work is not reaching the country constituency.

Working Group participation is not necessarily motivated by achievement of success for the partnership. Several interviewees commented that most working group members see the Working Group involvement as a vehicle for their individual organisation's advancement of their goals, but for which they require a neutral institutional platform to facilitate or provide direction.

The secretariat has to be proactive to ensure active partner participation. The process for joining Working Groups appears loose with all members being informed. In reality the secretariat recruits and energises members around a new initiative. Partners should be forthcoming themselves. The need for the secretariat to play such a role is a drain on the few resources they have.

In **Box 2** we set out a good practice in terms of mobilising members. We acknowledge WBCSD is a member and not a partner organisation. However, in our view there are valuable practices which the secretariat can draw on.

A number of PMNCH initiatives/projects are executed wholly or partly by the PMNCH secretariat and/or a wide range of short term consultants rather than by its partners. At the time of the evaluation there were 71 contracts issued over a 5 months period for project and secretariat support. Around 65% of the secretariat budget is used for outsourcing tasks to implement initiatives. We question whether the secretariat capacity and budget should be invested in implementation projects, or whether the secretariat should focus purely on successfully undertaking its support and administrative functions (as listed in Annex B of the MoU (1) servicing the governance structure of the Partnership (2) managing the communications and information sharing (3) assisting the Partnership in mobilizing resources (4) representing the Partnership at meetings (5) reviewing evidence and providing up to date information on MNCH programs and synthesizing information into clear messages for advocacy purposes, and (6) providing administrative support.) to support partners to implement the initiatives.

Box 2: The experience of WBCSD in membership management

The World Business Council for Sustainable Development (WBCSD) is a member-based organisation composed of around 200 member companies committed to sustainable business. Although it has members who pay an annual membership fee, there are lessons to be learned from the way they engage with their members. Members are involved in projects linked to the organisation's corporate strategy and organised in working groups. Each project is overseen by a Director who is a member of the Management team that provides facilitation and content oriented support to the project boards and working groups in the relevant area of work. Management regularly discuss progress at the team meetings at the secretariat level. WBCSD is keen to attract engaged and active partners.

WBCSD has set clear membership conditions that specify the need for Members to demonstrate their business contribution to sustainable development on an annual basis. The organisation has taken steps to map the level of engagement across its membership and classifies them as, for example, vanguards, opportunities, learners, laggards. The council then further developed a tailored strategy for each of these categories to maintain and grow member engagement and participation. There are three full time staff responsible for membership management and attraction. Two of the positions are at managerial level. Together with one administrator they are responsible for 200 members.

Work planning is sub-optimal

Work plans since 2009 have not provided a clear enough framework on detailed activities, responsibilities, targets and timeline for the achievement of outputs. Over the years, PMNCH work plans have not been robust enough in assigning clear responsibilities. The high level work plans that are prepared and signed off by the board are the only tools the secretariat works with to manage its activities. Detailed work plan sheets with allocation of partner and secretariat roles, time lines and milestones and budget are also the missing link on which a robust monitoring framework would be based. The wide scope of the Strategic Framework and the general nature of the work plan makes it difficult to define a clear performance framework. The secretariat has developed some log frames and indicators for specific donor grants and this experience can be used for the development of an overall performance framework for the next strategy period.

The work plan approval cycle is not aligned with incoming funding cycles. The board approves work plans on an annual basis while the amount of multi-year grants provided by donors has significantly grown. Some organisations are moving to multi-year planning (up to 4 years) to provide a timeframe that allows for clear targets long-term and for measurable impact. If the work planning is not changed, it may create risks that donor demands overly dictate the work planning of the PMNCH.

Separate roles are not adequately defined to ensure accountability for the effective execution of the work plans. The 2013 work plan simply lists all lead partners per main activity but does not set out their actual contributions per partner or partner group. Similarly the actual roles of the secretariat for delivering on PMNCH's work plan activities are not well defined. This makes it impossible for the evaluation team to assess the achievements of the secretariat or of the partners separately leading to a very low level of accountability.

There is no approval process in place for members' requests for PMNCH support. PMNCH members can approach the secretariat with requests for support, coordination, facilitation, evidence based knowledge or other. However, there is no transparent and structured assessment process to filter and allocate demands from members to ensure strategic fit and staff availability at the secretariat. This is partly due to the fact that the Strategic Framework is too vague to be properly interpreted by the secretariat but also shows that there is a lack of managerial capacity at the secretariat to develop and implement such processes. This situation results in an over-stretched secretariat with little guidance on the projects that it can or cannot take on.

The secretariat is operating with limited staff capacity

There has been a significant rise in membership, budget and activity but the secretariat staff capacity has not increased in a comparable manner. Rising demand for PMNCH interventions, particularly since the launch of the Global Strategy in 2010 have been supported by a substantial increase in budget. In parallel, the membership has almost tripled over the last five years. However, the number of staff increased with one third from 9 to 12 full time positions. One third of the interviewees have specifically noted that they are concerned that the PMNCH secretariat is not properly staffed to carry out its work. For example one officer has 0.25 Full Time Equivalent (FTE) for the management of PMNCH's 600+ members. In comparison, the WBCSD, a membership-based organisation with one third of the total of PMNCH members (200) and double the PMNCH budget, has 3 staff fully dedicated to the management of its membership.

Some functions in the PMNCH secretariat have fewer resources than others. Most similar membership organisations have also invested more in other key functions such as governance, communications and outreach, event and project management and IT. Governing body events (the Partners' Forum, the board, and the committees) provide a significant contribution to the partnership performance and value partners derive. However, there is only one governance officer and other staff have to contribute during peak periods. Some of the core functions like IT (and up to recently communications) have been outsourced for many years at the risk of loss of institutional memory.

Lack of monitoring framework and KPIs

PMNCH lacks a monitoring and accountability framework to track and report on all the results produced by its initiatives, showing the secretariat's and partners' efforts separately. The majority of partners agree this is a major deficiency of PMNCH and that it has been particularly challenging to track PMNCH overall results over the years. Work plans since 2009 have not provided a clear enough framework on detailed activities, responsibilities, targets and timelines for the achievements of outputs. Although the 2012-2015 strategy improved from the previous period, it has not provided proper direction for the setting of Key Performance Indicators (KPIs). As a result, there is no regular tracking of results nor oversight by the board of PMNCH's performance.

The responsibility for monitoring the results of the partnership is not clear. A number of partners have noted that evaluating impact should be a shared responsibility of the secretariat and its partners. However, currently Partners do not report back at all and the secretariat has not allocated responsibility to any specific individual for monitoring and evaluation of its own activities.

Monitoring of all PMNCH activities is not done frequently. A consolidated overview of projects and results is done in preparation for the progress reports presented bi-annually by the ED to the board. The monthly e-blasts give partners event highlights, but no regular monitoring of all ongoing projects. Partners have been asking for more updates on the status of the partnership's activities. The work of partners is not monitored on a continuous basis. Interviews show that partners consider the frequency of reporting is also insufficient.

PMNCH has encountered challenges in monitoring the outreach of its initiatives and their impact, similar to other global advocacy partnerships. The partnerships activities and results related to global advocacy (lobbying, organising, influencing and facilitating) are difficult to quantify. Nevertheless, the lack of clear metrics and KPIs is a deficiency.

We set out below an example of how another partnership organisation effectively managed a similar situation

Box 3: The experience of UNAIDS in monitoring results

Over the years, donors have been increasingly pushing UNAIDS and its co-sponsors (similar to co-leads of members on PMNCH initiatives) to demonstrate accountability for results. Since 2012, the organisation set up a new and improved monitoring framework, the Unified Budgets Results and Accountability Framework (UBRAF), with the aim to hold UNAIDS and its co-sponsors accountable to UNAIDS strategy and work plan. The framework includes a business plan, results and accountability framework and a budget and provides clear guidance on the division of labour between the secretariat and its co-sponsors. It also sets out global and country level indicators that need to be reported on yearly by the co-sponsors.

The budget allocation is also set out which is approved by the board at the beginning of each biennium. UBRAF is linked to a reporting system, the Joint Programme Monitoring System (JPMS). This is an innovative online tool that allows co-sponsors at country (Joint teams) and at the global level to report yearly on the indicators that are relevant to their work. This tool also allows tracking of budget utilisation, a feature that was not in place during the previous biennium. Each year, the data collected through JPMS is consolidated and presented at the June Programme Coordinating Board (PCB). UBRAF and JPMS have proven to give donors greater levels of confidence in the way funds are being utilised and how results are achieved at UNAIDS for the HIV response.

PMNCH reporting on results is minimal

Quote 12. “Regular updates of the work of PMNCH should be forwarded to PMNCH member organisations. It would be beneficial for everyone.”

Overall reporting to the board has become less detailed under the new strategic framework 2012-15. We note that between 2010 and 2011, reporting to the board had a focus on data and was more limited in respect of the narrative and success stories of PMNCH’s efforts. Since 2012, reporting has shifted to highlighting success stories and achievements with limited reference to data. Both approaches could be integrated to create a more balanced way of reporting. PMNCH annual reports are not supported by a reporting tool, such as a dashboard that includes status of actions, responsibilities and associated risks to allow for follow-up and tracking.

The process for reporting on results does not follow clear guidelines. The secretariat does not have an overview on the progress and ongoing activities of all the partnership’s active projects. While EC members convene their constituencies, the format of the discussions is more informative than reporting in nature. The secretariat also does not feed the EC with detailed reporting on work plan execution at EC teleconferences, even though monitoring work plan execution is in the EC’s terms of reference. As a result, it is currently very challenging to measure the results and related impact of the partnership’s work and initiatives on maternal and child health and to evaluate its contribution towards the achievement of MDGs 4 and 5.

PMNCH reporting does not sufficiently link results to the partnership’s efforts. 75% of donors interviewed think it is time for PMNCH to improve accountability. They would like PMNCH to demonstrate better the linkages between its actions. The RMNCH space is crowded and donors need to manage their funding risks. They are keen to know that the partnership adds value and that it is not duplicating the activities of other organisations in the RMNCH space. For PMNCH to maintain its prominence, it needs to demonstrate concrete results and report more effectively on them.

6. Performance and impact

In this section we assess the extent to which PMNCH has achieved the SOs by reviewing the results produced by the partnership from 2009 to 2013 and the impact the partnership has had on MDGs 4 and 5. Some of the key evaluation questions guiding the work have been:

- To what extent are PMNCH's strategic objectives achieved?
- What are the major factors influencing optimal achievement /non-achievement?
- Have partners been satisfied with PMNCH's overall performance?
- Are PMNCH's activities making a real difference for beneficiaries and stakeholders impacted by PMNCH and for the achievement of MDGs 4 and 5?

This section provides highlights of PMNCH's key achievements at the global level and specifically against the SOs, and draws on the analysis of the work plans as well as on the survey results for partners' views on the impact of PMNCH on their work.

Key PMNCH contributions to improve the achievement of maternal and child health

Quote 13. "PMNCH is a policy and advocacy structure – they are not a fund – so to have that amount of influence without bringing a bank with you is actually very impressive."

Through the activities of its partners, PMNCH has managed to contribute to the achievement of important developments and results to improve maternal and child health. At the global level, with the support from PMNCH and its partners, the RMNCH community has enjoyed significant further momentum and visibility over the past five years. In particular there is:

- Significant increase in resources and results for RMNCH, partly due to the **consensus building efforts by PMNCH** amongst all the alliances and partners seeking to contribute to the implementation of the UN Secretary General's Global Strategy for Women's and Children's Health, which emanated from the 'Every Woman, Every Child' movement.
- A growing consensus for action on the Continuum of Care, whereby **PMNCH's convening power at the highest political levels** is contributing to a more cohesive message, in particular leading to the Global Investment Framework and the current shaping of the post-2015 agenda and beyond.
- Increased harmonisation of global advocacy with **PMNCH bringing attention to neglected parts of the Continuum of Care**, for example early marriage or newborn health leading to the success of the Every Newborn Action Plan.
- Increased global visibility and understanding of the maternal and child health issues with **PMNCH contributing to significant media campaigns**, for example the Born Too Soon campaign.
- Increased **global commitment and accountability tracking** with critical contributions from PMNCH.
- Increased levels of interaction between the health care constituency members due to **PMNCH bringing together all practice groups in the Continuum of Care**.

The partnership model with its **inclusive membership combined with its focus on the whole Continuum of Care** has created a **unique vehicle** for all RMNCH players to validate, advocate and aim to achieve higher impact by working in closer collaboration.

Results against strategic objectives

Overall the partnership has performed well in the area of global advocacy on RMNCH. Survey results indicate that PMNCH has a comparative advantage over other organisations in the RMNCH space. Its hosting arrangement within WHO has allowed it to have direct access to government authorities while also maintaining a level of agility to catalyse initiatives such as Every Newborn Action Plan; lead major media efforts around World Prematurity Day; or give visibility to the cause of child marriage in RMNCH fora. 2013 was also a fruitful year with the launch of the Global Investment Framework for Women's and Children's Health, which provides guidance to policy-makers on where to invest in RMNCH for most impact.

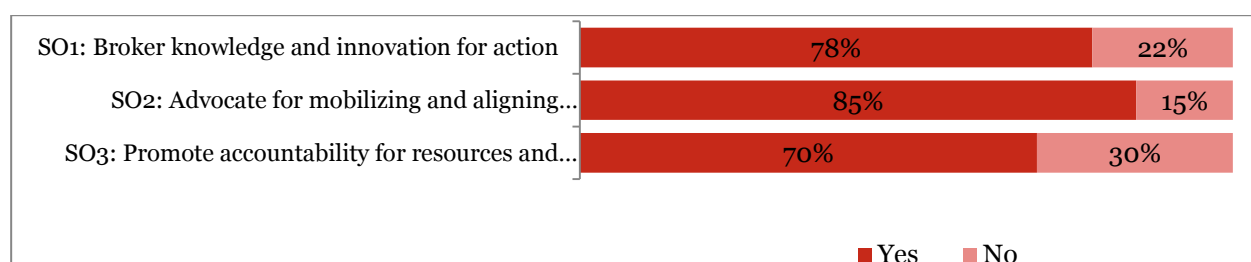
Partners also see its value in producing knowledge and guidance on RMNCH issues. Since 2011, the Partnership has continued to advance the topic of accountability to the Global Strategy on Women and Children although the task of tracking political and financial commitments made by commitment makers has been a challenging one. Going forward several stakeholders interviewed were of the view that PMNCH is well placed to identify mechanisms for improving commitments tracking and reinforcing accountabilities of stakeholders to push for action. However, it is also clear that the secretariat needs to be strengthened and gain credibility in this field to play this role in a more efficient and systematic way.

Overall, PMNCH is highly valued by its partners although there is a real demand for the partnership to identify strategies for better translating global advocacy work to country impact. Nevertheless there have been notable successes for example in India with the implementation of the essential interventions package. The endeavour allowed India to address RMNCH in a much more integrated manner, with a consideration for all aspects of the Continuum of Care and beyond. It also stirred in the country a discussion on determinants of health and its impact on maternal and child health. PMNCH therefore provided the government of India the necessary tools and platform to catalyse action on RMNCH in the country.

Based on survey results, for each of its SOs, PMNCH has comparative advantage over other organisations.

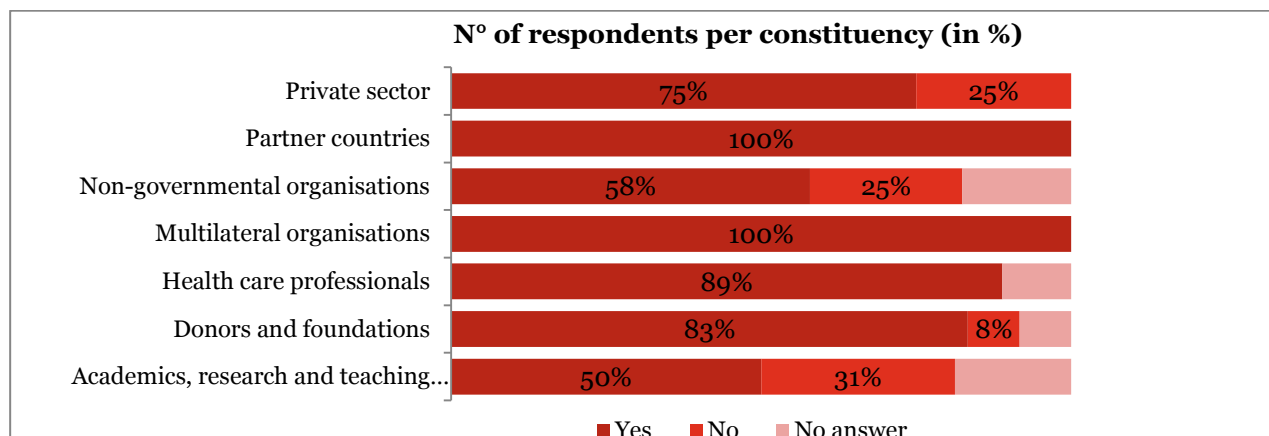
Compared to its other SOs, the area of global advocacy is seen by a majority of survey respondents (85%) as the area where PMNCH has the greatest comparative advantage. This is then followed by its ability to broker knowledge and promote accountability on RMNCH.

Figure 18. Comparative advantage



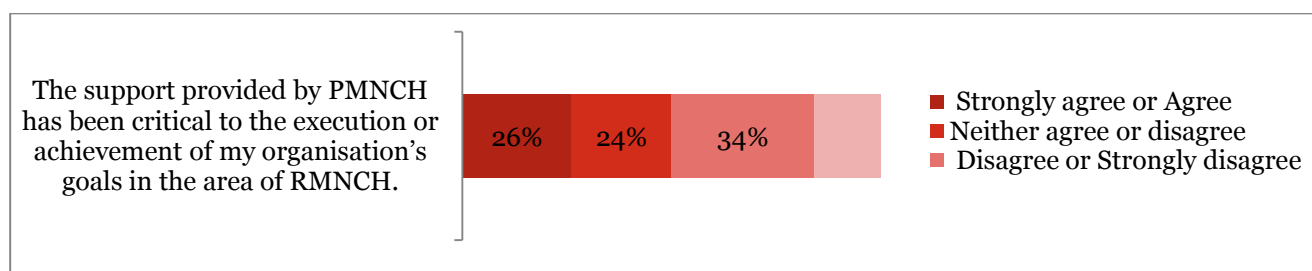
A large majority of survey respondents (76%) think that PMNCH has been effective in the execution of its strategy. Overall the ARTIs constituency group has been the least positive about the execution of PMNCH's strategy. We set out in **Figure 20** below the views per constituency group.

Figure 19. Effective execution of strategy

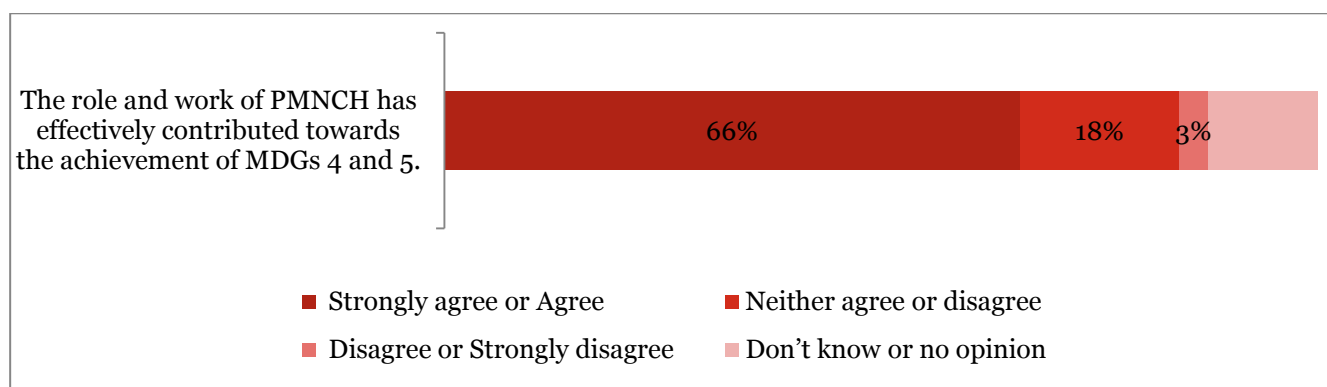


One quarter of respondents think that the support provided by PMNCH has been critical to the execution or achievement of their organisation's goals in the area of RMNCH. The message conveyed by partners is that PMNCH does not have a large influence steering their organisational direction.

Figure 20. PMNCH support



66% of respondents think the role and work of PMNCH has effectively contributed towards the achievement of MDGs 4 and 5. This is a positive result that indicates the trust partners have in PMNCH's core mandate.

Figure 21. Effective execution of strategy

The next section provides highlights of PMNCH's achievements for each of the strategic objectives (SOs).

Knowledge: Strategic Objective 1

SO 1: Broker knowledge and innovation for action, leading to increased access to, and use of, knowledge and innovations to enhance policy, service delivery and financing mechanisms.

Strengths

A key added value of PMNCH for partners comes from their ability to access knowledge and information through the partnership. Of the 83 survey respondents who commented, 35% indicated this is the major added value for their organisation. In addition, 75% of survey respondents noted that access to knowledge mobilises them around the partnership. Benefits include access to research to support project design, updated and evidence based information to inform policy-making, guidance on new RMNCH interventions and knowledge sharing with partners. This is an important result for the partnership.

Survey respondents and interviewees consider knowledge summaries as one of the most successful initiative PMNCH has engaged in. Partners see the summaries as useful tools to access RMNCH trends and best practices and also to be used as an advocacy tool.

PMNCH has built a catalytic role in building consensus amongst partners on the development of an essential package of interventions for RMNCH. Partners also see EIs as a successful project that has benefited them directly. The capacity to convene partners and build consensus was PMNCH's main added value to the initiative. PMNCH provided a neutral space for members to get together, discuss, agree and endorse the core package of EIs for RMNCH.

Areas for improvement

Knowledge management is an area where PMNCH could improve and professionalise. Partners noted that PMNCH needs to go beyond the production of knowledge, through its tools and summaries, to become a one stop shop on RMNCH knowledge for partners. Specifically partners commented on the need to define a mechanism for assessing the use and benefit of PMNCH tools by members.

Advocacy: Strategic Objective 2

SO 2: Advocate for mobilising and aligning resources and for greater engagement, leading to additional resource commitments for RMNCH, visibility of women's and children's health issues in relevant forums, and consensus on evidence-based policy development and implementation.

Strengths

The partnership has been successful in the area of global advocacy and has several notable achievements. Partners commented on the strength and comparative advantage of PMNCH in the area of advocacy. Some major highlights include:

- PMNCH's key role in the development of the **Global Strategy for Women and Children**, under the UN Secretary General which attracted over \$ 40 billion. PMNCH was instrumental in raising the profile of the Global Strategy and securing financial commitments.
- PMNCH's advocacy efforts since 2008 to **elevate RMNCH issues at the G-8 summits** among decision-making, which resulted in the launch of the Muskoka Initiative in January 2010 by the Canadian Prime Minister, Stephen Harper.
- PMNCH led the efforts at the **World Prematurity Day**, November 2012 which gained significant media coverage.
- PMNCH's coordination and advocacy role **in the launch and development of the ENAP** and its adoption as a resolution at the Women's Health Assembly (WHA) 67th session in May 2014.
- **Countdown 2015 has been a flagship project for PMNCH**, given its large budget of \$ 4 million⁸ and objective to track the progress of 75 countries towards the achievement of MDGs 4 and 5. PMNCH played an active role as host of the project since 2013.
- **PMNCH's key role in supporting the development of 10 national RMNCH Civil Society Organisations (CSOs) budgets and work plans.** This project aimed to mobilise networks of CSOs and build their capacity for joint advocacy to track the implementation of national commitments on RMNCH. This is a successful example of a project geared towards improving country impact.

Every Newborn Action Plan

The adoption of ENAP on May 22 at the 67th WHA session marks a key achievement for the initiative and reward after months of consultations with partners and advocacy on newborn health. While the impact of the ENAP cannot yet be assessed our interviews show that some partners have taken forward the newborn initiative at their own organisational level. Save the Children recently issued its own report 'Ending newborn deaths' (2014). The Ministry of Health of Cameroon plans to organise a conference on newborn health with in-country partners. This demonstrates the reach of ENAP outside of the secretariat.

Areas for improvement

Coordinating and aligning resource mobilisation efforts for RMNCH has not been the strength of PMNCH. There were several attempts at improving RMNCH funding situation. First the board approved

⁸ In 2013 and 2014 PMNCH channelled around \$ 2.1 million in funding to Countdown 2015 while the remaining was contributed by other non-PMNCH resources.

the set-up of a time limited ‘Financing for RMNCH Task Team’ which commissioned a piece of work ‘Options for Action Strengthening Global Financing for Reproductive, Maternal, Newborn and Child Health’ (February 2012). The report lays potential options for harmonising RMNCH funding. Following this the board approved the establishment of a PMNCH Financing Harmonisation Group at its October 2012 meeting to harmonise and coordinate efforts on RMNCH, under EC auspices. Leadership on this initiative however has been sub-optimal. As a consequence, other initiatives have emerged, notably the RMNCH Trust Fund which if it becomes operational would have the mandate of harmonising RMNCH funding streams. PMNCH needs to determine its position in this respect.

Accountability: Strategic Objective 3

SO 3: Promote accountability for resources and results, leading to better information to monitor RMNCH results, as well as better and more systematic tracking of how resource commitments are actually allocated.

Strengths

PMNCH’s role in tracking commitments made to the Global Strategy and producing its annual accountability reports constitutes a pillar of the Independent Expert Review Group’s (iERG) report on commitments. The board in 2013 noted that the reports have contributed to greater understanding of the efforts towards meeting these commitments, and also provided some further information for policy and decision makers. Partners agree that the secretariat is well positioned to lead this work considering its reach into the partnership base.

Reports on Global Strategy Commitments (SO3)

The reports have been well received by the RMNCH community and are used by the iERG to inform their report. Every Women Every Child, a close partner of PMNCH, is taking the lead on setting-up a new mechanism to regularly track partners’ commitments. This demonstrates partner engagement and commitment for greater accountability to the Global Strategy. The board indicated a need for PMNCH to modify its reporting approach, moving from a high-level review of commitments to tracking their actual implementation. PMNCH will need to showcase in the 2014 report greater focus on concrete country implementation and thematic areas and leverage its partners in doing so.

Areas for improvement

Accountability is a hard area both for PMNCH and its members. PMNCH has not been so strong in the area of accountability compared with the other SOs. This comes from the challenge PMNCH has to hold global and country partners accountable to the RMNCH agenda. A major challenge has been the difficulty to engage commitment-makers in the data collection phase and to obtain accurate data. All data is self-reported, making this challenge more acute. In addition, partner countries are overwhelmed with reporting requirements from different development agencies and the reporting burden has increased over the years. Another challenge has been the tracking of non-financial commitments due to the lack of baselines and targets.

The civil society and women’s group could be better leveraged in the accountability mechanism. There is a sense that the Partnership does not give enough attention to the real beneficiaries of its actions, notably women and children. Several partners noted that PMNCH has been weak at leveraging civil society or community based mechanisms in country as a vehicle for reinforcing accountability mechanisms at the national level. For interviews with partners, PMNCH plays a key role in accountability because other partners are already focusing on advocacy (UNICEF) and the production of knowledge and norms (WHO).

Coordination of RMNCH actors around accountability to the global strategy is not optimal. Every Women Every Child (EWEC), hosted within the Secretary General's office, together with WHO and PMNCH are jointly taking a lead to centralise better reporting and monitoring of commitments to the Global Strategy. Several other actors are also reporting to the iERG on progress towards commitments. As the board mentioned in its June 2013 meeting, 'the various accountability mechanisms that are designed for new and existing initiatives need better coordination to build on existing frameworks to avoid duplication and inefficiency'. The board needs to differentiate clearly what PMNCH does compared with other actors in the accountability field.

The secretariat has limited capacity and its comparative advantage in tracking accountabilities to RMNCH could be better defined. More work could be done to assess the impact of partners' actions on the ground. At the time of our evaluation, the secretariat does not have formal channels for partners to report on progress made towards the achievement of their commitments. PMNCH does not have tools in place to make its own partners accountable or to rate their performance and engagement. At the June 2013 board meeting, it was suggested that partners should engage in independent assessments of their own progress, and potentially use PMNCH as a means to identify some common templates and approaches for doing so.

Secretariat's contribution to PMNCH's key achievements

Our approach

For the review of the secretariat's contribution to PMNCH's key achievements over the period covered by the external evaluation (2009-2013), our approach consisted of the following key steps:

- Identification of PMNCH outputs;
- Identification of secretariat's main roles;
- Mapping of the secretariat's main roles against the outputs;
- Analysis.

The annual reports⁹ are the single data source of this review. However, the lack of clarity of the outputs and secretariat's role in these reports makes our results highly indicative. This exercise was required as PMNCH does not effectively report on results.

To facilitate the review, we grouped the secretariat's key roles under the following main categories:

- Implementation and provision of inputs for partners' implementation
- Coordination of partners' activities
- Facilitation of partners' activities (meetings /workshops)
- Representation of PMNCH
- Dissemination of knowledge, tools and information

We identified trends in performance and results which are presented below.

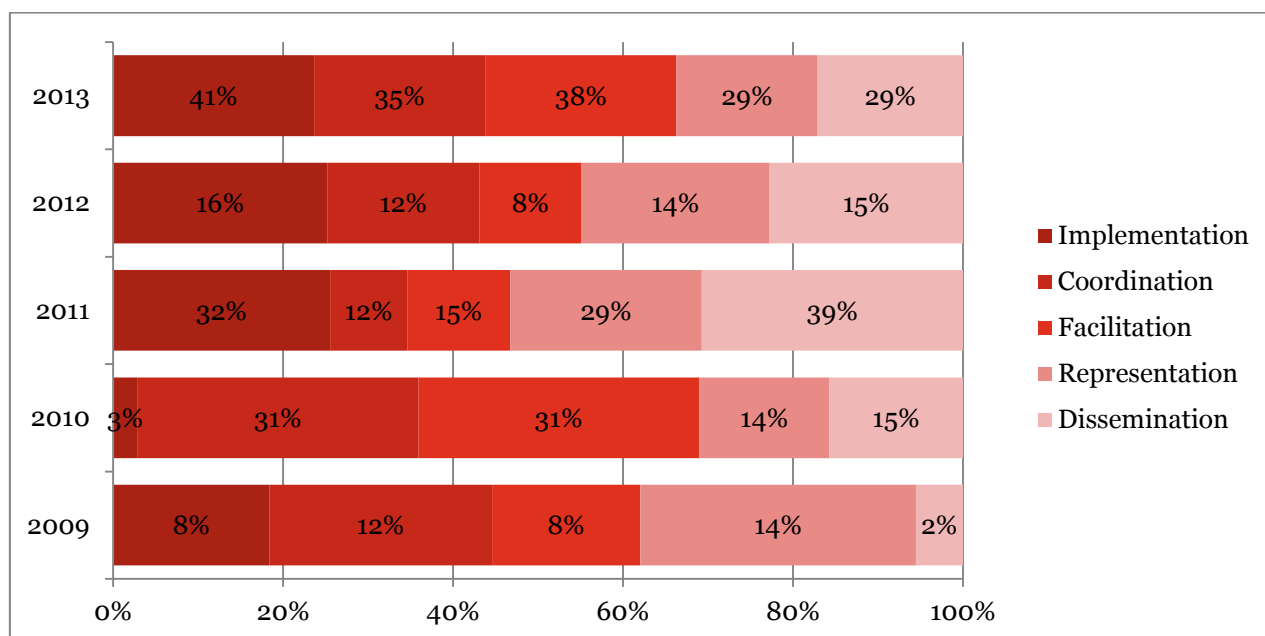
⁹ PMNCH annual progress reports:

- Implementation of PMNCH 2009-2011 Strategy and Work plan: Summary of activities in 2009 and rolling work plan for 2010
- Annual Report 2010: From Hope to Action
- PMNCH Progress Report 2011
- PMNCH Progress Report 2012
- The PMNCH 2013 Progress Report

Trends in results and performance of the PMNCH secretariat

Figure 22 below shows the evolution in the secretariat's core functions between 2009 and 2013 over the five years covered by the external evaluation.

Figure 22. Secretariat's contribution over the five years covered by the external evaluation



The trends presented in the figure above may indicate the following:

- Following the decision in 2009 to apply a partner-centric approach, there was an initial decrease in implementation and an increase in coordination and facilitation activities.
- It may be that the launch of the Global Strategy in 2010 was the reason for the high increase in dissemination activities peaking in 2011 at the cost of facilitation and coordination.
- The level of secretariat's activities declined in the first period of both strategic frameworks which may be related to lower funding levels at the start of a new strategy period.
- The year 2013 shows for the first time an aligned increase in all categories of the secretariat's activities. In fact 2013 was a prolific year for the secretariat in terms of facilitating and contributing to the delivery of key outputs (i.e. Every Newborn Action Plan, RMNCH Policy Compendium, Global Investment Framework for Women's and Children's Health, Handbook on MNCH for Parliamentarians, Accountability report).

The following section goes in greater detail into the three selected projects for the evaluation.

Results of three deep dives

The aim of the three deep dives was to gain a better understanding of the functioning and performance of PMNCH under the four areas covered by the external evaluation (vision, mission and strategy; Governance and organisation structure; Operations and delivery model; and Monitoring of results and impact).

As described in detail in **Appendix K**, the three deep dives were selected on the basis of the following criteria:

- Coverage of each of the three PMNCH strategic objectives

- Significant value added to achieve the objectives of the evaluation
- Profile of projects (high) and geographical coverage
- Financial, secretariat FTE and members' inputs
- High post 2015 relevance

Against this background, the following three initiatives/projects were selected for the deep dives and approved by the IEC on 27.03.2014:

- Deep dive 1: PMNCH accountability reports
- Deep dive 2: Every newborn action plan
- Deep dive 3: Essential interventions

Our framework for evaluating the performance of the three deep dives was performed against known best practices for programme management excellence. This framework puts an emphasis on the following elements:

Table 2. Deep dives' evaluation framework

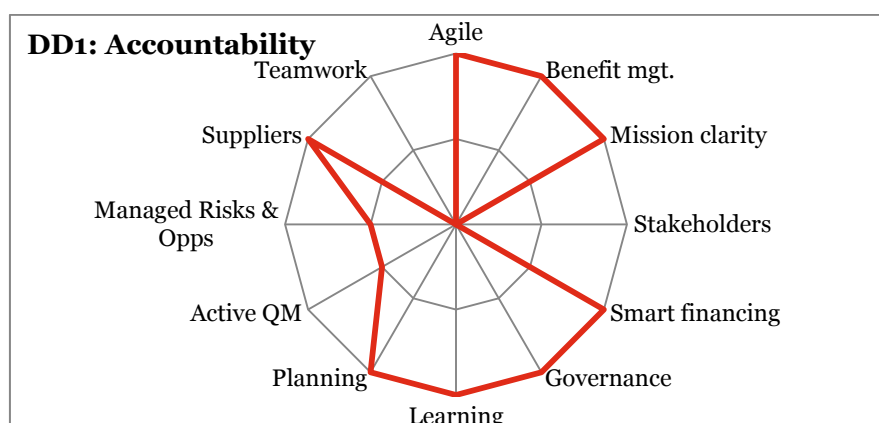
Organisational dimensions	Elements of programme management	Content
Strategy	Engaged stakeholders	This relates to the ability to identify and assess the stakeholders involved in the realisation of the programme and to facilitate consultation and communication.
	Clear scope	This relates to the ability to develop a detailed concept note that focuses on comparative advantage of the project and is aligned to PMNCH's SOs.
	Managed risks and opportunities	This relates to the ability to establish formal risk identification, assessment and mitigation processes and to identify risks to improve project outcome.
Governance	Governance enabling decision-making	This relates to the ability to set up operation an oversight mechanisms that enables decision making to occur in the organisation and that is embedded in the overall PMNCH governance structure
	Agile change control	This relates to the ability to minimise bureaucracy around change control to respond swiftly to dynamic environments.
Operations	Delivery-enabling plans	This relates to the ability to deliver against a plan by making sure that the appropriate resources, information and direction are provided.
	Focussed benefits management	This relates to the ability to identify quantifiable results at the outset of the project and create a framework to review and track achievement
	High performing teams	This relates to the ability to have a clear definition of roles/responsibilities and escalation paths and to define accountabilities.
	Smart financing.	This relates to the ability to establish programme costs, secure financing report on utilisation of budgets.
	Integrated suppliers	This relates to the ability to create an environment that fosters a strong, single team approach across multiple partners.
Monitoring and Evaluation	Active quality management	This relates to the ability to develop a robust quality strategy and a plan to be used.
	Embedded life-cycle assurance and learning	This relates to the ability to capture lessons learned and apply improvements.

Based on this framework, we have assessed the performance of each PMNCH project. The graphs below present the performance rating for each deep dive evaluated. The lines towards the outside indicate the highest rating, while the lines towards the inside indicate the lowest rating.

Accountability report

PMNCH was seen as an ideal partner to conduct the tracking of the commitments to the Global Strategy on Women and Children. PMNCH has produced to date three accountability reports (2011-2013) and the 2014 report is to be issued in September 2014. The secretariat outsources a large portion of the analysis and data gathering to contractors, while it is responsible for coordinating and overseeing their work. The project has been very time-consuming for the secretariat and staff management is not seen as optimal. However, PMNCH was and is still seen to be in a privileged position to conduct this work which is facilitated by its access to more than 600 partners, several of which are commitment makers in the Global Strategy.

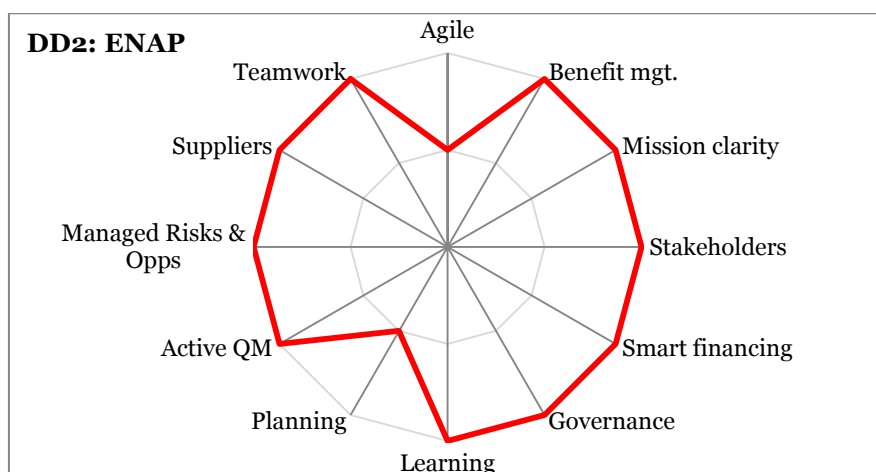
Figure 23. Accountability



Every Newborn Action Plan

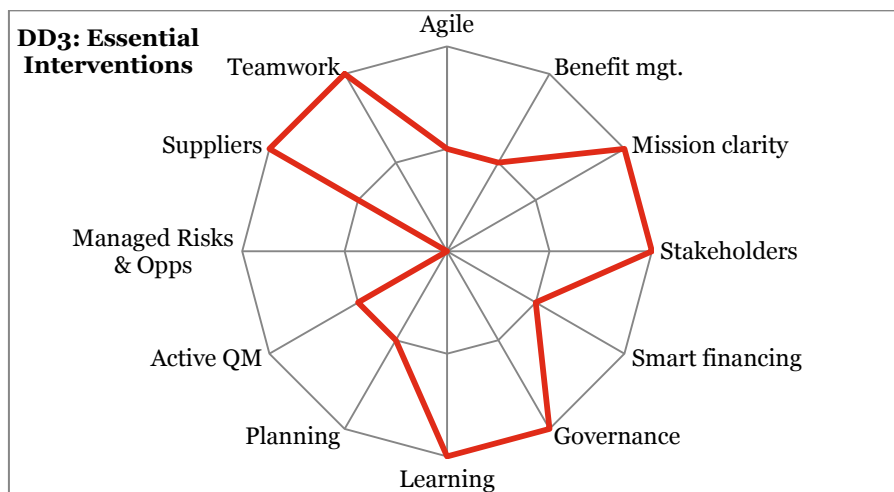
The goal of the ENAP was to take forward the Global Strategy for Women's and Children's Health by focusing specific attention on the neonatal period, an important, but neglected part of the continuum of care. The project was driven by a strong and dedicated management team with representation from WHO, UNICEF, Save the Children, London School of Hygiene and Tropical Medicine (LSHTM) and PMNCH and was enabled by a clear governance structure.

The process for development of the ENAP was underpinned by key activities that focused on raising awareness and consulting a broad range of stakeholders. This process allowed PMNCH and its core partners to gain strong buy-in on the plan and to ensure its successful adoption at the 67th WHA. ENAP is truly the result of collective efforts where PMNCH played a strong advocacy role and platform for discussing and reviewing the plan with a wide range of stakeholders including governments.

Figure 24. ENAP

Essential Interventions

The EIs initiative is an example of effective technical collaboration and consensus-building between PMNCH's partners, resulting in the publication in 2011 of the "Essential Interventions, Commodities and Guidelines for Reproductive, Maternal, Newborn and Child Health", which was very well received by partners. The development and publication of this EIs report is considered a main achievement in SO1 and an example of an initiative that has been taken forward at country level (e.g. implementation of EIs in India).

Figure 25. Essential Interventions

Overall there is strong support from partners for PMNCH's work in global advocacy for RMNCH. Partners see this as the partnership's comparative advantage. PMNCH's work tracking accountabilities to the Global Strategy has been more challenging, notably due to the difficulty in accessing data on financial and non-financial commitments from partner countries and other organisations.

Section 7 that follows develops detailed recommendations for addressing the key findings of this evaluation.

7. Recommendations

This section summarises the key findings set out in the previous four sections together with detailed recommendations in response to the findings, under the following headings:

- Vision, mission and strategy
- Governance
- Operations, monitoring and delivery
- Performance and impact

At the end of this section we present a table summarising the key recommendations for decision-making by the board, the Executive Committee and the secretariat senior management, indicating the priority and estimated cost level. Finally, we set out a number of strategic options for the way forward.

Vision, mission and strategy

The evaluation noted the following **strengths**:

- PMNCH's strategic positioning is valid.
- PMNCH's role is unique and one that adds value.
- PMNCH's strategic objectives are appropriate.

The evaluation also noted the following key **challenges**:

Unclear strategic focus:

- The 2012 to 2015 **strategic framework is too general** to provide proper direction to the over 600 partners and the secretariat.
- **The ability to network and discuss at governing body meetings and the Forum is critical for partners.** However the strategic framework does not refer to important secretariat functions such as governance and outreach.
- The strategic frameworks do not include a performance or accountability framework and are silent on the respective roles of the partners and the secretariat. The frameworks are also not underpinned by a practical business plan that ensures linkages between inputs, costs and results.
- SO3 has less traction than SO1 and SO2.

PMNCH Country engagement requires further strategic articulation:

- The role of PMNCH at country level carries an important weight in the current strategy debate amongst partners.
- PMNCH has facilitated and/or leveraged a number of opportunities for impact at country level but was not in the position to measure the impact of actions at country level.
- The shared view is that there is a general need for RMNCH actors to be more aligned at regional and country levels.
- The country constituency scores low in terms of engagement in PMNCH working groups and in taking the lead in PMNCH projects or initiatives.
- A significant group of the interviewees argue that PMNCH has an opportunity to provide a platform to facilitate actions at the country level.

Limited strategic membership engagement:

- PMNCH can increase strategic partner leverage.
- Responsiveness from members is low.
- Multilateral organisations, and to a lesser extent donors and foundations, are significantly over-represented in PMNCH's working groups, when they are, together with partner countries, smallest in size.
- Country partners participate less in working groups than other constituencies.

- Partners are not yet focusing on PMNCH's new priority areas (adolescent health and newborn) within their organisations.
- There are opposing views on the way PMNCH engages with its partners across the seven constituencies. 52% of survey respondents think that PMNCH is effective in engaging with its partners while almost an equal number of respondents (48%) think this is not the case.

Against the background of our findings above we **recommend** for:

- **PMNCH board to define their role in the context of an evolving RMNCH landscape prior to the new Strategic Framework.** The results will enable the appropriate board Committee to carve out PMNCH's added value post 2015. The strategic framework will require to be developed with the support of a transparent and focused process with inputs from PMNCH partners, potentially with input from independent advisors also. In the meantime, it will remain critical for the PMNCH secretariat to align its 2015 work plan to the emerging post 2015 objectives for reproductive, maternal, newborn and child health and to continue to actively contribute to the post 2015 agenda.
- **The board to clarify the role of PMNCH's regional and country engagement.** Coordination of partners in the country is in high demand and PMNCH could possibly be well placed to undertake such a role. However, there is an urgent need to define the role of PMNCH at the regional and country levels. This analysis should preface the next strategic planning cycle so that this important foundation is clear before articulating the next strategic imperatives.
- **The board to adopt a business plan** to ensure that the secretariat works towards implementing the 2016 - 2020 strategic targets with clearly agreed roles and responsibilities, budgets and results.
- **PMNCH secretariat to prepare and board to approve a performance and accountability framework for the PMNCH secretariat and its partners.** The PMNCH secretariat, with external support if necessary, should develop the performance and accountability framework for approval by the board and its committees. It will need to provide clarity on project commitments and delivery. Those who voice to commit will need to be held accountable for their performance including a monitoring of their actions and results. To improve accountability, board members need to take charge within their own organisations to follow through what they voted for, endorsed or decided upon. Partners also need to be more leveraged to implement projects and initiatives and thus reduce the dependence on external consultants for the delivery. This set-up will free the secretariat budget to support critical core functions including governance and member engagement.
- **The secretariat to prepare and board to approve a tailored partner engagement strategy and approach.** PMNCH needs to strike a balance between the depth (quality) and breadth (size) of its membership base. The secretariat defines members as those organisations who have signed up to be a member of PMNCH and are committed to the success of the partnership; these organizations are grouped into constituencies. In contrast, partners are referred to by the secretariat as encompassing both official and non-official members of the partnership but engaged in its activities. There remains considerable work to be done with regards to the existing member base potential and engagement. We recommend a short study to review members' strategic alignment and potential support and interest in PMNCH which will be critical for the next strategic framework. For example, the country constituency members are not fully engaged and this needs attention. Staff at the PMNCH secretariat estimate that around 75% of the members are dormant; our attempts to engage with the members during this evaluation corroborate this point. They may endorse the legitimacy of the PMNCH through the size of the membership, but without clear membership rights and obligations, this can become a burden rather than a key asset. We recommend that PMNCH adopts a more strategic approach to membership acquisition and invests in membership engagement. In particular, to leverage the large NGO membership and to unleash the potential of the partner country and private sector constituencies, PMNCH should focus specifically on its approach to engaging NGOs, partner country and the private sector.

Governance

The **strengths** identified by the evaluation are the following:

- Partners value the rich diversity of PMNCH's board.
- Board meetings are successfully leveraged for advocacy purposes.
- PMNCH's WHO hosting arrangement is seen as an advantage for the partnership.
- The Partners' Forum is one of PMNCH's flagship projects.

The evaluation also noted the following key **challenges**:

Limited strategic direction from the board:

- The current **governance structure does not favour effective decision-making**.
- The board representation is set by the Board manual and **does not reflect the representative share of constituencies within the partnership**.
- **Unbalanced engagement from constituencies** in agenda-setting and decision-making.
- Selection of Board and EC members is currently **at the discretion of the constituency group**.
- The Board is regarded as a **networking event**, seen by some as an opportunity to match projects with interested funders.

The role of the Executive Committee is not fully leveraged:

- The **EC has not exercised its role fully**, notably in monitoring the secretariat's operations and advising the board on strategic issues to be addressed.
- The nature of EC meetings does **not reflect a focus on priorities** or results.

The hosting arrangement requires a regular 'fit for purpose' assessment:

- While interviewees generally find PMNCH's advocacy function **complementary to WHO's normative work**, others have also expressed critical views on the ability of PMNCH to be flexible while operating within a WHO system.

Against the background of our findings above we **recommend** for:

The board to revisit:

- **Its own composition.** This is required to ensure that representation is still appropriate after the growth of PMNCH. After the results are validated, the Board Manual will need to subsequently be revised to reflect appropriate processes and composition to ensure fair representation and effective decision-making going forward.
- **Its decision-making processes including the appropriate level of seniority and skills of board and Committee members** to ensure continued engagement and commitment from the PMNCH members who are willing to invest in PMNCH. The board may include high level representatives of member organisations, which is highly valued as an important platform. In that case, however, the Partnership requires stronger oversight and direction which will need to be provided by the Committees and its members. The latter will need to be committed and have the skills and availability.
- **The appropriateness and number of board committees.** In more optimal governance settings in similar international organisations, whenever there is such a large board, several Committees (e.g. Programme Committee, Performance Committee and Governance Committee) and processes (e.g. clear board processes and criteria for pre-approval at Committee level) are in place to prepare and provide the board with evidence-based recommendations to facilitate decision-making. The time saved is used for strategic discussions and oversight at board level.
- **The need for including external independent board members** to increase the effectiveness of governing bodies and to provide oversight and guidance in the interest of PMNCH as a whole.

- **The possibility of increasing the role of the PMNCH board in the performance evaluation of the ED.** The PMNCH board can set performance objectives for the ED that are subsequently reviewed by both the WHO cluster leader and the PMNCH board. Performance review functions of the board vis-à-vis WHO should be clarified.
- **The possibility of developing manuals for the committees and PMNCH working groups.**

The board to assess the WHO hosting arrangements (including the hosting of initiatives, e.g. Countdown, IWG) taking into account existing experience with other hosted partnerships.

Operations, monitoring and delivery

We noted the following **strengths** in respect of operations, monitoring and delivery:

- The leadership and advocacy efforts of the previous and current ED have been praised.
- The secretariat staff is motivated to deliver a high quality service.
- The secretariat has been effective in securing multi-year grants and increasing its funding between 2009 and 2013.

The evaluation also noted the following key **challenges**:

Limited strategic partner engagement

- Management of member information at the secretariat is inadequate.
- The level of responsiveness of partners is very low.
- Working Group participation is not necessarily motivated by the achievement of success for the partnership, but rather to advance the member organisation itself.
- The secretariat has to be proactive to ensure active partner participation.

Work planning is sub-optimal

- Work plans do not link costs, inputs, roles & responsibilities, targets and timelines.
- Work plan cycle is not aligned with incoming funding cycles at the risk that donor demands overly dictate PMNCH activities.
- Roles for the secretariat and partners are not adequately defined to ensure accountability.
- Multilateral organisations and to a lesser extent donors and foundations are significantly over-represented in the PMNCH working groups.
- There is no approval process in place for members to request PMNCH support, which leads to an overload of projects as there is no priority setting at the secretariat.

The secretariat is operating with limited staff capacity

- Staff capacity has not been increased in a comparable manner considering the significant increases in budget, members and activities.
- PMNCH's projects and initiatives as well as the secretariat's functions are executed by partners as well as by a large group of external consultants on short term contracts.
- Some critical functions have fewer resources than others in particular IT, communications, governance and events management.

Lack of monitoring of results

- The secretariat does not track results produced by the totality of its initiatives and projects and does not report separately on the efforts and successes of partners and the secretariat.
- The roles of the secretariat and partners are unclear in relation to monitoring PMNCH's results.
- The secretariat finds it challenging to monitor advocacy activities.

PMNCH reporting on results is minimal

- Overall reporting has become less detailed under the new strategic framework 2012-2015.
- The process for reporting on results does not follow clear guidelines.
- PMNCH reporting does not sufficiently link results to the partnership's efforts.

Against the background of our findings above we recommend for:

- **The secretariat to professionalise its work planning processes and strengthen its work plans for greater accountability.** Work plans should be realistic and lay down the detailed forecasts of activities, linked to costs and results, over a number of years. To ensure agility, the work plans should be supported by a policy that sets out transparent mechanisms to include new initiatives if not agreed upfront. This should be based on a set of agreed criteria and a transparent approval process.
- **The board to consider an independent Secretariat HR review to ensure appropriate capacity and act upon it to ensure that the secretariat has the appropriate capacity and skill set to implement the work plan.** In particular, attention needs to be given to the areas of partner engagement, governance support, management, corporate communications, events management and monitoring and reporting. However, Secretariat capacity should be right-sized based on the new strategic framework, theory of change, performance and accountability framework, and partner engagement models.
- **The secretariat to define the appropriate monitoring framework to oversee the results achieved by the secretariat and the partners.** The monitoring framework needs to be linked to the performance framework developed prior.
- **The secretariat establishes a reporting system and clear reporting guidelines to hold partners accountable when they are engaged in PMNCH initiatives.** Once the monitoring framework with clear guidance on the division of roles between the Secretariat and the partners has been put in place, the secretariat can develop a system through which partners and the secretariat can report back regularly.

Performance and impact

The following strengths and areas for improvement have been identified per Strategic Objective.

Strategic Objective 1: Knowledge

Strengths in this are the following:

- A key added value of PMNCH for partners comes from their **ability to access knowledge** and information through the partnership.
- Survey respondents and interviewees consider **knowledge summaries as one of the most successful initiatives PMNCH has engaged in.**
- PMNCH has built a **catalytic role in building consensus** amongst partners on the development of an essential package of interventions for RMNCH.

The **area for improvement** is the following:

- **Knowledge is an area where PMNCH could improve and professionalise.** Partners noted that PMNCH needs to go beyond the production of knowledge, through its tools and summaries, to become a one stop shop on RMNCH knowledge for partners. Specifically partners commented on the need to define a mechanism for assessing the use and benefit of PMNCH tools by members, especially at regional and country levels.

Strategic Objective 2: Advocacy

Strengths in this area are the following:

- **The Partnership has been successful in the area of global advocacy which has contributed to securing financial commitments.** Partners overall strongly commented on the strength and comparative advantage of PMNCH in the area of global advocacy. For example, PMNCH played a key role in the development of the Global Strategy for Women and Children's health, under the UN Secretary General which attracted over \$ 40 billion. PMNCH was instrumental in raising the profile of the Global Strategy and securing financial commitments.

The **area for improvement** is the following:

- **Coordinating and aligning resource mobilisation efforts for RMNCH has not been the strength of PMNCH.** There were several attempts at improving and coordinating RMNCH funding, through the set-up of working groups on RMNCH financing. However, the board did not empower the secretariat to go forward with these initiatives.

Strategic Objective 3: Accountability

Strengths in this area are the following:

- PMNCH's role in **tracking commitments** made to the Global Strategy and producing its annual accountability reports **constitutes a pillar of the iERG's report on commitments.**

The **areas for improvement** are the following:

- **Accountability is a challenging area** both for PMNCH and its partners.
- **The civil society and women's groups could be better leveraged** in the accountability mechanism.
- **Coordination of RMNCH actors** around accountability to the global strategy **is not optimal.**

Against the background of our findings above we **recommend** for the three SOs:

- **The secretariat to define a mechanism to review the use of its knowledge tools and summaries and for the board to regularly assess their impact.**
- **The board to review and decide on its future relationship with the RMNCH Steering Committee and Trust Fund**
- **The board to reconsider the role of PMNCH in tracking accountabilities** to RMNCH focusing on the add value and role that PMNCH can provide.

The following table presents the detailed recommendations in line with our findings, defining ownership for taking these forward, the level of priority and estimation of costs.

For each of the proposed recommendations, we assign an indication of the timeline, priority and cost.

The legend indicates the following:

	Within 3 months	Within 6 months	Within 1.5 years
Timeline	Immediate action required	After post-2015 goals are defined	Prior to the start of the new strategic framework

	High	Medium	Low
Priority	High priority and reflects areas of improvement for which we would recommend immediate action.	Medium priority and represents those of a lesser significance than the high priority, but which are still considered necessary.	Low priority and highlights issues that do not pose a direct threat, but should be addressed for efficiency or best practice purposes.

	High	Medium	Low
Cost	Significant time/ resources and/or expertise may be needed to implement the recommendation and that it may constitute a significant change from current procedures and practices.	Implementation of the recommendation is expected to require reasonable time/resources and/or expertise to put the recommendation in place and may require some degree of “cultural” adjustment.	Implementation of the recommendation is not expected to require a lot of time/ resources and/or expertise and may even simply be a one-off adjustment.

#	Five main recommendations	Owner	Timeline	Priority	Cost
1	Define the role of PMNCH's board in the context of an evolving RMNCH landscape prior to the new Strategic Framework : <ul style="list-style-type: none"> The role of PMNCH at a regional and country level Consider value added by PMNCH in tracking accountabilities A view on the linkages with the RMNCH Steering Committee and Trust Fund Align 2015 work plan to post-2015 agenda developments and continue to contribute actively to the post 2015 agenda Validate the value PMNCH adds and strategic prioritisation for the 2016 – 2020 period based on a solid theory of change 	Board	Within 3 months	High	Medium
2	Undertake the necessary action to improve PMNCH governance and reconsider: <ul style="list-style-type: none"> Board composition Board decision-making processes Number of board committees Effectiveness of the Executive Committee Inclusion of external independent board members Role of PMNCH board in the performance evaluation of the ED Governance roles of PMNCH board in particular WHO Development of manuals for the committees and PMNCH working groups 	Board	Within 6 months	High	Medium
3	Assess WHO hosting arrangement to: <ul style="list-style-type: none"> Build further on existing experience with hosting Ensure hosting is fit for purpose, including hosting of initiatives Ensure clarity of role in governance, e.g. in the performance assessment of the PMNCH ED 	Board	Within 1.5 years	Medium	Medium
4	Prepare a performance and accountability framework including: <ul style="list-style-type: none"> KPIs to monitor the implementation of the remainder of the current SF 2012-2015 for approval by the board and its Committees. 	Secretariat	Within 3 months	High	Low
5	Prepare a tailored strategy and approach for strengthened partner engagement for board approval including: <ul style="list-style-type: none"> Members' strategic alignment and support/ interest in PMNCH. Implement a strategic approach to membership acquisition/engagement with NGO, partner country and the private sector 	Secretariat	Within 6 months	High	Medium
	Additional recommendations	Owner	Timeline	Priority	Cost
6	Improve the future strategic framework including:				
6.1	Adopt a future strategy that sets out roles of the secretariat and members and funding targets.	Board	Within 1.5 years	High	Medium
6.2	Adopt a business plan to ensure that the secretariat works towards implementing the future strategic targets with clearly agreed roles, budgets and responsibilities.	Board	Within 1.5 years	High	Medium
7	Improve operations and delivery:				
7.1	Secretariat professionalises the work planning processes	Secretariat	Within 3 months	High	Low
7.2	Consider an independent Secretariat HR review to ensure appropriate capacity (after the strategic plan, theory of change, performance and accountability framework and partner engagement models are in place, so that the secretariat can right-sized for its functions)	Board	Within 1.5 years	High	Low
7.3	Develop a monitoring framework for the future strategy to oversee the results achieved by the secretariat and the partners for approval by the board	Secretariat	Within 1.5 years	High	Medium
7.4	Establish a reporting system for the execution of the future strategy and clear reporting guidelines for engaged partners	Secretariat	Within 1.5 years	High	Medium

The way forward

In summary, the high-level recommendations for going forward are the following:

- **Evidence shows that a large majority of PMNCH partners are in favour of PMNCH continuing.** There is strong support from partners for PMNCH to continue beyond 2015. Partners see it as filling a key function by being a multi-stakeholder platform for convening partners in the RMNCH field.
- **Position PMNCH strategically in the RMNCH landscape.** PMNCH should carve out its comparative advantage within the post-2015 era. For its next round of strategy development, the appropriate board Committee will need to consider the role of PMNCH in the RMNCH landscape.
- **Reform PMNCH's governance.** The PMNCH's board should be strengthened with the set-up of relevant Committees, with a consideration to include independent members on the governing bodies who are able to commit time to the PMNCH. The EC should strengthen its monitoring and advisory role to the board and the board will need review the board manual to assess the number of seats allocated per constituency amongst other elements.
- **Ensure accountability and reporting on results is linked to strategic priorities.** With a better defined strategic framework going forward, there is an opportunity to invest in a theory of change and a performance framework to ensure accountability and focus on results. Processes for the regular monitoring and oversight of results need to be established.
- **Consider options for strengthening the partnership (either by strengthening the partners' involvement or the secretariat's capacity, or both).** Significant improvements are needed in PMNCH's operating model notably in its monitoring and reporting on results and its member engagement functions.

Any new partner model that is maturing like PMNCH regularly needs to re-assess the contradictions in its structure and approach to ensure it remains agile and fit for purpose to deal with external and global challenges. Below are some of the major challenges we identify for PMNCH going forward.

Challenges resulting from PMNCH's structure and operational model

Below are some of the key elements of the PMNCH model that need to be reconsidered when setting out the PMNCH strategy for the period 2016 to 2020. At this stage it is fair to say that the following tensions exist between:

- The strength of a large and **inclusive board** and the resulting related **weakness of effective strategic decision-making**.
- The need for **PMNCH's interventions to fill the gaps in the continuum of care** and the need for **partners to implement their own agendas** with possible support from PMNCH.
- The fact that **PMNCH works through its partners** and the need for **measuring the success of PMNCH** including its secretariat.
- The **number of opportunities** being identified by partners and the ability for PMNCH to catalyse **partners to commit and implement activities**.
- The desire by the board for a **very light secretariat** and the operational reality that arises from working with a growing and often **capacity constrained membership**.
- The increased **need for partner coordination at the country level** and the fact that the PMNCH board has **not yet clearly articulated PMNCH's country engagement role**.

From MDGs 4 and 5 to the 2020 Agenda and beyond

In 2005 PMNCH was born out of three different partnerships with an important emphasis to improve the global financial envelope for maternal and child health and to advance MDGs 4 and 5. For the post-2015 era **PMNCH will need to significantly redefine its purpose** and determine how it can best support the post-2015 agenda and beyond.

As the post-2015 discussions have a wide focus and emphasis on sustainable development and universal health coverage, it is a given that a broker who can continue **to unite the voice of all key RMNCH players will become even more critical**. Two other important trends will force PMNCH to reposition itself and to change, namely the RMNCH fragmentation and demands for increased accountability.

Fragmentation

One of the key challenges the partnership will be faced with is the **evolving global health architecture** and its fragmentation or diversification, in particular the arrival of new actors and the current funding streams. PMNCH's budget of \$ 12'500'000 (2014) is small, compared to the funding that other major global health players receive, including the Global Fund to fight AIDS, Malaria and Tuberculosis and the GAVI for immunisation programs. PMNCH is a policy and advocacy structure, and not a fund. Against this background it is impressive that the partnership brings to bear influence, for example by leading the Every Newborn Action Plan (ENAP), without bringing much money to the table.

This external evaluation found that **the role of the PMNCH and the need to become operational to coordinate partners at country level** carries an important weight in the debate about PMNCH's future. PMNCH has set out to achieve impact at country level and for its activities to be 'guided by country demand and regional priorities'¹⁰.

When the partnership was restructured in 2008, the Country Level Support Working Group was abandoned. The 2008 evaluation by HLSP concluded that: 'Support to countries was not judged to add value or to be effective by most Board members, despite having an active CLS working group'. It was therefore determined that PMNCH 'does not displace, replace or replicate the existing governance, accountability and delivery structures of individual Partners'¹¹. This reflects the nature of the discussion at the time which was to avoid confusion in countries by having the PMNCH as a separate entity, representing the partners making up the partnership, who themselves are operating in those countries.

The decision for the partnership to embark on a new operational model to convene partners in the countries should take account of this context. It will be **critical for PMNCH to avoid setting up a new mechanism at the country level**. Rather, PMNCH members who are already present in the country should play an important role in the design of such a new model. Often the global and local players, who are members of the PMNCH, are disconnected and require to be bridged in very concrete terms.

With the increasing fragmentation of health actors and funding streams, going forward it will become equally important for the partnership to **carve out clearly PMNCH's add value in the post 2015 era**. Most global, regional and national health actors have a responsibility for advocacy as part of their on-going activities. There are also a **number of other organisations at global level which focus particularly on the issue of RMNCH advocacy**. In addition, the evolving roles of the **RMNCH Steering Committee and the RMNCH Trust Fund** also require a pro-active and regular assessment by the board, including the **linkages between PMNCH and the RMNCH SC and TF going forward**.

¹⁰ STRATEGIC FRAMEWORK 2012-2105

¹¹ STRATEGIC FRAMEWORK 2012-2015

The unique character of PMNCH that distinguishes it from these and other organisations is its **seven constituencies** which undoubtedly strengthen the reach and **validate the impact of its initiatives and messages**. Further, its unique status also enables it to get seen and be heard, even with a very small secretariat.

However, the **membership engagement is not clear, nor strategically managed**. The interview and survey process for this evaluation have shown that there is a lack of member engagement as demonstrated by the very low response rates (and inaccuracy of partner contact information and their roles in PMNCH projects). A number of interviewees have also expressed concerns about the active engagement of some partners while most others are not sufficiently engaged.

Similarly for the constituency groups, a potential **strength of PMNCH is a multi-constituency approach to delivering the post-2015 goals**. As a result, the question of **how to engage and leverage the PMNCH membership should be a priority** for the strengthening of the PMNCH position in the fragmented post-2015 era. Finally, increased fragmentation also reinforces donors becoming more concerned about duplication of mandates and activities in the RMNCH space and calls for strengthening of accountability.

Accountability

With the trend for donors to increase emphasis on value for money and for investments to have impact, the partnership will need to continue to re-assess and clearly set out the niche in which it operates.

In the early years PMNCH appears to have suffered from typical start-up problems for such organisations including:

- weak strategic direction;
- mismatches between work planning and actual delivery;
- growing membership without strategic engagement; and
- high level reporting on results, with no central monitoring framework in place.

The general nature of the Partnership's strategic framework and work plans have certainly allowed for it to remain agile and responsive to donors and member demands, which at times have proven extremely worthwhile with ENAP being one of the best examples.

However, going forward, **PMNCH will be required to professionalise and respond better to the growing demands for measurement of results**, outcome and impact at country level and to provide answers to increasingly demanding donors about its added value, and the concrete successes of its own actions.

After five years of functioning in start-up mode, **the PMNCH modus operandi can no longer be mainly led by imminent member and donor requirements**. Instead, the Partnership should pursue a pragmatic new strategy for the 2016 to 2020 period with concrete and sustainable programs validated, but also equally supported by its partners.

The change in focus will require a new mentality for PMNCH's governing bodies, secretariat and its partners about how the partnership does business. Our team recognises that a tension will always exist between the member needs and donor funding even as PMNCH shifts from the start-up phase to an era of sustainability.

More importantly, the opportunity to bring PMNCH to the level of a mature player within the RMNCH landscape will benefit all its members and far beyond to where it is needed, namely improving the health and well-being of women and children in resource poor settings.

Next steps

The EC will distribute the final report to all constituencies for feedback. In response, the EC will prepare a management brief to the PMNCH board for input into the strategy development.