

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

27/01/2020

**FINAL REPORT**

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## ACRONYMS AND ABBREVIATIONS

Acronym	Full description
APW	Agreements for Performance of Work
ART	Academic, Research and Training Institution
AY	Adolescents and Youth
CEPA	Cambridge Economic Policy Associates
CSO	Civil Society Organisation
DAH	Development Assistance for Health
D&F	Donors and Foundations
EC	Executive Committee
ECD	Early Childhood Development
EERG	External Evaluation Reference Group
EOSG	Executive Office of the Secretary-General
EWEC	Every Woman Every Child
FP2020	Family Planning 2020
GFF	Global Financing Facility
GFM	Global Financing Mechanism
GHPs	Global Health Partnerships
GNC	Governance and Nominations Committee
H6	The H6 Partnership (UNAIDS, UNFPA, UNICEF, UN Women; World Bank and WHO)
HCPA	Healthcare Professional Association
HFS	Humanitarian and Fragile Settings
IAP	Independent Accountability Panel
IGO	Intergovernmental Organisation
IPU	Inter-Parliamentary Union
KIIs	Key informant interviews
M&E	Monitoring and evaluation
MDGs	Millennium Development Goals
MNCH	Maternal, Newborn and Child Health
MSF	Médecins Sans Frontières
MSH	Management Sciences for Health
MSP	Multi-Stakeholder Platform
NGO	Non-governmental Organisation
PG	Partner Government
PHC	Primary Health Care
PMNCH	The Partnership for Maternal, Newborn and Child Health
PS	Private Sector
PSCs	Programme Support Costs
QED	Quality, Equity and Dignity

RfP	Request for Proposals
RMNCH	Reproductive, Maternal, Newborn and Child Health
SC	Strategic Committee
SNA	Social Network Analysis
SUN	Scaling Up Nutrition
SDGs	Sustainable Development Goals
SRHR	Sexual and Reproductive Health and Rights
SRMNCAH	Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health
STCs	Short Term Consultants
SWOT	Strengths, weaknesses, opportunities and threats
ToC	Theory of Change
UHC	Universal Health Coverage
UNA	United Nations Agency
UNGA	United Nations General Assembly
UN HLM	United Nations High-Level Meeting
UNFPA	United Nations Population Fund
UNICEF	The United Nations Children's Fund
WCAH	Women's, Children's and Adolescents' Health
WHA	World Health Assembly
WHO	World Health Organization

# 1. EXECUTIVE SUMMARY

## Introduction

This evaluation is of strategic importance in the context of developing the next Strategic Plan for the Partnership for Maternal, Newborn and Child Health (PMNCH) for the period 2021-2025 and will contribute to, and will be used in conjunction with, other evaluations and review work ongoing or recently finalised.<sup>2</sup> Taken together, these works aim to provide an independent and reasoned view on the continued relevance and validity of the Partnership's mandate and mission, its governance structure and approach, its achievements, the effectiveness and impact of programming from 2014 through 2019, whilst also looking towards 2025.<sup>3</sup> The key target audiences for the evaluation are members of the PMNCH Board, the PMNCH Partnership and the PMNCH Secretariat.

## Evaluation approach and methodology

The evaluation uses a mixed methods approach, incorporating both qualitative and quantitative components, and has both a retrospective and prospective orientation. The evaluation spans the period from 2014 to 2019. Twenty-one overall evaluation questions were developed to guide the enquiry (see Section 3.1.1).

The evaluation drew on ten discrete but overlapping data collection processes: (i) desk-based documentation review; (ii) high level strategic discussions, including participation in the PMNCH November 2019 Board meeting; (iii) key informant interviews (KIIs); (iv) constituency-based group consultations; (v) a partnership e-based open enquiry; (vi) country case studies; (vii) a social network analysis (SNA); (viii) a partnership database analysis; (ix) a funding analysis, and; (x) an analysis of the strengths, weaknesses, opportunities and threats (SWOT) of global health partnerships (GHPs).

## Summary of key findings

### Vision and mission

**Key Finding I: The vision and mission of PMNCH are still relevant given the 'unfinished business' of Maternal, Newborn and Child Health (MNCH) related Millennium Development Goals (MDGs). However, the mandates of PMNCH and UHC2030 overlap and options for a close collaboration of PMNCH with UHC2030 should be carefully considered, while recognising concerns that this may dilute an exclusive focus on Women's Children's and Adolescents' Health (WCAH). Beyond UHC2030, increased collaboration with other GHPs could add value to tackling global Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health (SRMNCAH) issues.**

***The vision and mission of PMNCH are still relevant and valid given the 'unfinished business' of the MNCH related MDGs. There is some concern that the focus on MNCH in the global health community is being diluted within the push for Universal Health Coverage (UHC) by 2030, providing a clear advocacy mandate for PMNCH.***

In the era of the Sustainable Development Goals (SDGs), the global health agenda and supporting architecture has evolved and expanded beyond the earlier focus on MNCH. Yet there remains much MNCH 'unfinished business',<sup>4</sup> in particular in reaching the poorest and most vulnerable women, children and adolescents. Clearly, UHC cannot be achieved without focusing on the health needs of women, children and adolescents. The extent to which WCAH is

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<sup>2</sup> These reviews include: a recently completed audit of PMNCH by WHO external auditors, an evaluation of the Partnership's 2018 Partners Forum, an assessment of the Adolescent and Youth Constituency (AYC) of the Partnership which is ongoing, and an external evaluation of the IAP.

<sup>3</sup> WHO (2019). Request for Proposals (RfP): To conduct an external evaluation of PMNCH over 2014-19.

<sup>4</sup> 'Unfinished business' refers to the MDGs around Reproductive, Maternal, Newborn and Child Health (RMNCH) which have yet to be realised, with a focus on equity, to sustain efforts in countries that have fallen behind and to address the most marginalized, excluded and high-burden populations and settings.

being diluted within UHC2030 remains unclear. Some informants reported concerns that considerable advocacy was required to ensure that SRMNCAH was prioritised by member states in recent political declarations, such as in the recent Political Declaration for UHC at the United National (UN) High-Level Meeting (HLM) in September 2019. However, the Political Declaration included six “key asks” from the UHC movement, including the UHC movement’s ‘ask’ to ‘leave no-one behind’, which would be meaningless without including women and children. Membership of UHC2030 includes a range of stakeholders – governments, civil society organisations (CSOs), donors, private sector (PS) – and the objective of ‘move together’ is to establish multi-stakeholder mechanisms.<sup>5</sup> Hence, as noted by the majority of informants, there is substantial overlap between UHC2030’s mandate and the vision and mission of PMNCH. There is however diverging opinion on the topic of a formal collaboration for both organisations, with some informants concerned WCAH would get lost under UHC2030, whilst others noting that SRMNCAH does not make sense outside of UHC.

***PMNCH needs to review how it can collaborate with new GHPs and decide where it can add most value. Informants suggested a landscaping of SRMNCAH work across the global landscape to assess the Partnership’s specific value add and comparative advantage.***

In addition to carefully considering a closer collaboration with UHC2030, there are many other organisations and GHPs (such as the Global Financing Facility (GFF), Every Woman Every Child (EWEC), the H6 Partnership (H6), etc.) working in the same field as PMNCH. There were strong calls from informants, including those representing donors, for PMNCH, as part of the preparation for the 2021-25 strategy, to take stock of current initiatives, including conducting a landscaping of the WCAH global architecture, and to analyse the Partnership’s comparative advantage and added value within this space.

**Key Finding II: In the era of the SDGs/UHC2030 and broadening focus of health, PMNCH is being pulled in too many different directions: to both pursue a wider mandate and to focus on a few priority issues and populations. PMNCH needs to define its niche and demonstrate its value add, especially in the context of other organisations working on WCAH. PMNCH can add value through focusing and prioritising, and there is consensus among most informants that PMNCH should focus on ‘unfinished business’ in MNCH MDGs and the related SDG 3 targets. However, this has practical implications given the high risks and costs of reaching these populations who are often in fragile and/or hard-to-reach settings, and PMNCH needs to consider how it will engage with key humanitarian organisations working in humanitarian and fragile settings (HFS).**

***PMNCH’s value proposition: Whilst many active partners believe PMNCH has a potential unique role to address WCAH issues, the majority of informants suggest PMNCH has not yet clearly defined its role, or identity, under the SDGs.***

The majority of informant interviews at the global and national levels and the e-based open enquiry reported that the Partnership potentially has a unique and important role in addressing SRMNCAH priorities, in particular through its convening power, which can help streamline SRMNCAH activities across the 1,000+ membership. However, an overwhelming finding across data sources external to the Secretariat was that PMNCH has suffered from an “identity crisis” since the introduction of the SDGs in 2015 – without a clear technical focus or niche. PMNCH’s current strategy was seen by the majority of Board level stakeholders, wider partners and external stakeholders as “no longer fit for purpose”.

***There is a dominant opinion that the Partnership needs more focus and better prioritisation, with greater clarity on PMNCH’s goals, in order to maximise its added value. Some stakeholders voiced concerns on whether PMNCH has sufficient appetite for change.***

Given the breadth of the current strategy across the six thematic areas and the ‘4As’,<sup>6</sup> there is a clear tension between the pressure to do more in order to maintain relevance across the full spectrum of WCAH – and risking being spread too thin, versus a stronger focus on a few key areas where the Partnership has a clear comparative advantage – and risking less relevance across the full spectrum of WCAH. The majority of informants and respondents to the e-based

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<sup>5</sup> UHC2030 (2019) [UHC2030 news](#).

<sup>6</sup> To accomplish its mission, the Partnership aims to engage its partners and pursue its mission through deploying four core functions (the “4As”): alignment, analysis, accountability, and advocacy (see Box 2.2).

open enquiry suggested that PMNCH needs to focus and prioritise, supporting the SWOT analysis which found that successful GHPs need a simple, compelling and clearly defined goal. Further, the KIIs also suggest that PMNCH's current "full spectrum" strategy has led to perceptions that PMNCH is driven by donor priorities, funding opportunities and the priorities of "specific interest" groups. Some informants also noted that PMNCH is 'reactive' in nature, rather than maintaining a clear direction and focus. Concerns were raised across the KIIs over PMNCH's appetite for change, seeing the Partnership as more bureaucratic in nature, focused on consensus building rather than driving an agenda forward in a focused manner.

Moving forward, the evidence suggests that the Partnership needs to (i) improve partner engagement to develop capacity to fill this unique role; and (ii) focus and prioritise its Strategy. The main concern related to how PMNCH is prioritising and translating its vision and mission into practical actions. There is clear agreement that PMNCH can still add value for the 'unfinished business' in MNCH MDGs and PMNCH has already started extensive work in the HFS space through developing the HFS Platform. KIIs voiced three overarching considerations/ concerns related to PMNCH's HFS work: (i) beyond the HFS Platform (which is still being finalised), the most vulnerable populations are often living in fragile and/ or hard-to-reach areas which are expensive to access through service delivery and humanitarian operations – and PMNCH's budget remains at risk (as described in Section 4.4.2) (ii) some key humanitarian organisations that are operational in this space are not currently members of PMNCH; and (iii) PMNCH must not duplicate the work of other organisations which are already active in this space. Whilst the first and third considerations have been accounted for - PMNCH will take up a 'facilitator role' that will not duplicate existing networks or ongoing work, the second consideration remains as to whether there is a plan to engage with key humanitarian organisations working in HFS.

**Key Finding III: Advocacy is almost unanimously seen as the function where PMNCH has clear added value, including the potential to engage on politically and socially sensitive topics if consensus on foci can be reached and appetite can be galvanised. Advocacy efforts however need to become more strategic, streamlined and accessible to a range of partners.**

***There are diverging views over the Partnership's capacity to deliver on all the "4As"; although advocacy was almost unanimously seen as the function where PMNCH has a clear added value.***

The findings suggest that there are diverging views on PMNCH's capacity and comparative advantage to deliver across the "4As".

**Advocacy** at the global level - focused on niche areas, consolidating SRMNCAH technical products, identifying blind spots and developing tools that translate to country priorities – was almost unanimously seen as the function where PMNCH has a clear added value. There is a case for PMNCH – as a safe yet influential platform – to engage in more politically and socially-sensitive topics which impact negatively on WCAH. There was a lack of clarity amongst many informants not working closely with the Secretariat on how current advocacy efforts are prioritised, which is linked to the perception of some that current advocacy efforts are "*blowing in the wind*". An advocacy and communications strategy would enable more strategic, measurable and time-bound advocacy efforts.

Discussion related to the other three functions found that:

- **Analysis:** PMNCH's actual current role as a synthesiser, rather than a generator of analysis is not perceived or understood correctly by many external stakeholders, with many informants presuming that this relates to the generation of evidence, rather than evidence synthesis. A majority of informants agreed that the Partnership has a role in raising awareness through synthesising, packaging and sharing analytical evidence and lessons learned, rather than generating original research itself.
- **Alignment:** Whilst PMNCH did well in aligning MNCH organisations during the MDGs, the scope and direction of the Partnerships work in alignment under the SDGs is less clear, especially with the Partnership's current broader focus. While there is agreement that PMNCH can play an important convening role, there is still the question of where PMNCH should fit in terms of alignment in view of the uncertain future of EWEC and the emergence of new partnerships such as UHC2030.
- **Accountability:** There are many PMNCH members and beyond involved in global accountability work, including the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), Countdown, FP2020 and the H6 partners and PMNCH's niche in this is unclear. There are divergent views on the effectiveness of the Independent Accountability Panel (IAP) hosting arrangement. While some informants stated that the IAP hosting arrangement has been effective; and the funding allocation reflects PMNCH's prioritisation of the IAP, others felt that the hosting arrangement had marginalised IAP's role. The specific



role of the Secretariat and different accountability partners (including the IAP) within PMNCH needs clarification in the new Strategy.

## **Governance and internal accountability**

**Key Finding IV: PMNCH's governance is unwieldy. The expansion of the governance architecture is heavily related to the different thematic and geographic directions that PMNCH has been drawn into in the context of a changing global agenda.**

***The Secretariat's workload is unsustainable in terms of both volume and scope, largely driven by the need to be consistent with the breadth of the six PMNCH workstreams and four cross-cutting functions.***

The Secretariat leadership and staff are without exception very capable, committed and extremely hard working with strong organisational capacity. But we found that the Secretariat's workload is unsustainable, driven by the need to be consistent with the breadth of the six PMNCH workstreams and cross-cutting functions, the high reporting burden, the technical facilitation work required of the Secretariat which is demanding by nature and the need to service the Board and its committees. Linked to the high breadth of deliverables and scope of the Secretariat's work, findings suggested that the Secretariat is currently reactive, rather than proactive in its capacity to drive partner engagement across constituencies and workstreams.

***Professional staff costs (PSCs) have grown over the past decade as a proportion of the total PMNCH budget. The development of the new Strategy is an opportunity for PMNCH to undertake a skills assessment and to evaluate whether the current structure of the Secretariat is fit for purpose for delivery of the future strategy. This may provide an opportunity to free up more budget for PMNCH activities.***

Despite considerable efforts in resource mobilisation led by the Secretariat, the increasing scope in PMNCH interventions has not generally been met with increased resources. Thus, absent an overall budget increase, adding staff to reduce the Secretariat's unsustainable workload would further reduce the expenditure available to drive and deliver new initiatives through contracts and small grants, despite PMNCH's work being 'partner-led'. There may be a compelling argument for a radical shift in the structure and perhaps the skills profile of the Secretariat to facilitate more concerted efforts on a smaller number of activities.

There was considerable concern across informants that a high proportion of initiatives/ projects are being executed either wholly, or partly by the Secretariat, or short term consultants (STCs) in Geneva, rather than by a concerted effort to leverage the efforts of, or to stimulate action by partners.

***The opportunities and challenges related to the WHO hosting arrangement are extensive***, including challenges around high PSCs that amount to a 13% charge on all donor grants.

**Key finding V: A large majority of informants suggested the need to reform the governance structure and decision-making bodies for greater efficiency and effectiveness.**

***The Board's diversity and convening power is a strength to national-level stakeholders who are on the Board. But there is dichotomy between a large, inclusive and participatory Board and a Board that is too big and unwieldy for effective strategic decision-making.***

National level stakeholders, including those working for non-governmental organisations (NGOs) and CSOs stated that one of the key value adds of the current Board composition is its diversity and convening power, with the ability to bring high-level professionals from different constituencies into the same room to discuss key issues relevant to SRMNCAH and the Partnership. There are diverse views on the apparent dichotomy between a large, inclusive and participatory Board and a Board that is too big for effective strategic decision-making.

***Despite considerable effort at the Board level to provide clarity over PMNCH governance, informants revealed widespread confusion over roles, as well as who leads on decision making between the Board and the Executive Committee (EC), calling for further clarity around governance structures.***

Kills and the Partnership e-based open enquiry found considerable confusion between the roles of the PMNCH Secretariat, Board and wider partners in delivering Partnership activities. In particular, many informants lacked clarity on the roles of differing governing bodies responsible for decision-making, calling for the role of the Board and standing committees to be reviewed.

***Board meetings are largely viewed as a forum for discussion, consensus building and networking, rather than a strategic decision-making platform for PMNCH. They are largely viewed as not providing value for money.***

While the Nairobi Board meeting was regarded as a significant improvement, the lack of concrete decisions coming out of Board meetings was commonly voiced as a cause of frustration, with some senior-level Board members noting that they saw little value in attending. Time costs for participants are large. The Board is seen as being too large, with too many competing agendas, with a top-down structure with limited opportunity for less-engaged members to input, as well as a lack of timely dissemination of position papers and decision points. Whilst Board meeting decisions are followed-up and monitored by the Secretariat, there is no timeline, or resources set aside for the delivery of these decisions. Board meetings are also costly (see discussion under effectiveness, performance and impact).

***Whilst the Board's inclusivity is a strength to national-level stakeholders on the Board, a power-imbalance was recognised that inhibits participatory and equitable decision-making.***

Overall the Board is seen as a 'top-down' structure with limited capacity for non-Board or less-engaged Partnership members to input into the agenda. Informants noted that there may be insufficient appetite for change amongst some Board members. Challenges include: (i) the inequitable representation of constituencies creates concerns about power-imbalance in both voice and decision, including for example potential conflict of interests: partner organisations being represented on the Board may be in direct competition with PMNCH for funding; (ii) a lack of representation of faith-based groups in comparison to the proportion of service delivery and health training they provide; (iii) the Board is seen to be 'UN-focused', and decision-making is driven by a small group of organisations and individuals with political clout; and (iv) the Board is seen by many external stakeholders as a high-level "club" based on a historical web of intricate relationships.

#### ***Insufficient appetite for change.***

A challenge noted by some informants is the potential lack of appetite for change on the Board. Reasons cited included the Board being beneficial to a small number of organisations and individuals to network and match projects with interested funders.

**Key Finding VI: Despite efforts by the Secretariat, there remains a perceived lack of transparency on how PMNCH activities are prioritised, including expenditure on small-grants, and how funding decisions are made across the Business Plan.**

***PMNCH's financial reports, bidding process and annual reports are publicly available and efforts have been made to improve transparency in the breakdown of costs. However, many partners still perceive a lack of transparency on financial reporting, suggesting challenges in raising awareness of the availability of the reports.***

Many PMNCH Board members, wider Partners and external stakeholders, as well as the Partnership e-based open enquiry informants are unclear on (i) how PMNCH prioritises activities; (ii) how funding decisions are made; and (iii) the outcomes of PMNCH expenditure on contractual services and small grants. To note, most external informants questioned how the Secretariat, rather than PMNCH as a whole 'prioritises activities', highlighting the perception that these decisions are in fact Secretariat-led, and there was large concern that decisions are influenced by a small group of donor partners on the Board. This reported lack of clarity contrasted with the Secretariat's perspective who noted that the development of the Business Plans is "bottom-up", with considerable consultations with the Board, EC and broader PMNCH membership, and a public small grants bidding process. Further, PMNCH's financial reports are publicly available and the Secretariat noted that the outcomes of PMNCH expenditures are regularly reported (as explained in Section 4.2.3). Thus, the problem is not that the Secretariat withholds information, but that there are issues with communication of this information to Partners and a consequent perceived lack of transparency around the outcomes. This lack of clarity is perhaps highlighting the need to review and improve communication of financial reports, Business Plan development and other bidding-related processes to the Partnership as a whole.

#### **Partner and country engagement**

**Key finding VII: Whilst the Partnership currently has a high number of partners, active participation of PMNCH's wide membership base remains low, yet engagement systems and cross-constituency collaboration are being addressed.**

***Whilst the Partnership currently has a high number of partners, partner engagement continues to be a challenge with substantial questions about the meaningful engagement and participation of many partners. While measures have been taken to improve partner engagement and streamline the Partnership-centric approach, participation across the Partnership membership base remains low.***

While PMNCH has taken clear measures following the 2014 evaluation to improve partner engagement and streamline the Partnership-centric approach, participation across the membership base remains low as a result of a combination of factors: (i) the perception that PMNCH is driven by the Secretariat and a small number of partners, reducing motivation for more active engagement by others; (ii) less engaged members lacking information on how they can join active communication channels; (iii) a small number of like-minded participants are monopolising the dialogue on some constituency calls which disincentivises others to join; and (iv) practical challenges such as the communication channels being predominantly English-speaking and oriented around the Geneva and US time-zones.

***The two-way value proposition is unclear.***

The two-way value proposition (i.e. value for partners to participate in PMNCH and what they can bring to PMNCH) is unclear. Whilst the ability to collaborate and network with others, to access information and to raise awareness on WCAH were appreciated, this was not always seen by informants as sufficient incentive. There are other partnerships active in this space including FP2020, Women Deliver, Global Fund, GAVI, Stop TB, Maternal Health Task Force, Scaling Up Nutrition (SUN), GFF, amongst others and the majority of informants noted that PMNCH's unique competencies and value-add relative to other GHPs need to be clarified. Informants also noted that a value proposition should be developed that clarifies the benefits and expectations of being a PMNCH member.

***PMNCH's way of operating is perceived to be top-down and not conducive to a Partnership-centric approach.***

Partners participate mostly through constituency calls, although the frequency of engagement in these calls was reported to be sporadic. Informants external to the Secretariat appeared to view these calls as too often a dialogue between like-minded participants. Partners also reported that they are rarely consulted during workplan development, although they noted an improvement prior to the recent November Board meeting where constituency members had the opportunity to input into the Board agenda. Informants noted that these discussions need to be held and agendas shared further in advance of the meeting to give adequate time for constituencies to provide input (as further described in Section 4.2.2).

***PMNCH has effectively brought the CSO voice to the global level.***

Informants from CSOs that have been active within PMNCH stated that it has been a useful platform to bring their voice to global level discussions. These perspectives were also reported by the majority of global level informants who considered PMNCH a useful vehicle for high level participation of CSOs, especially in contrast to other United Nations Agencies (UNAs).

***Effective cross-constituency collaboration is being addressed by setting up cross-thematic working groups.***

The majority of informants and almost 80% of informants to the e-based open enquiry think that the Partnership needs to boost communication and involvement of partners across constituency groups. Under the leadership of the new Board Chair, the number of working groups is being reviewed and streamlined. Three cross-thematic working groups (Advocacy, Accountability and Knowledge and Evidence) and one Strategy Committee (SC) have been established. Further sub-working groups will be set up as needed.

***Cross-partnership communication and engagement systems, although not optimal, are being improved.***

Whilst the documentation review and clarifications provided by the Secretariat suggest that the Partnership is increasingly and effectively using social media and other digital communications, a majority of informants felt that this could be strengthened further. A dominant viewpoint shared by Board members and external informants was that PMNCH communication is one-way, with regular e-blasts and social media from the Secretariat, but little flowing in other directions. Informants commented that those stakeholders that do share such communications with the Secretariat are usually partners that are actively engaged or those who receive grants from the Secretariat. To address these issues, the Secretariat recently contracted a company to develop an interactive membership database for the Partnership.

**Key Finding VIII: There is lack of awareness and consensus on what country engagement means and how this is being achieved. It was widely believed that PMNCH does not have value to add by becoming operational at the country level.**

***Despite the development of a country engagement strategy and guidance notes in 2016, there appears to be little understanding beyond the Secretariat about 'country engagement', as well as low awareness of PMNCH supported country activities.***

A country engagement strategy and various guidance notes were developed in 2016, but the practical implementation has not been straight forward. There is widespread confusion over how countries express needs for additional support and concerns over the impact of PMNCH's additional funding amongst existing SRMNCAH efforts in countries. There is also a lack of clarity on the selection of priority countries. This information is not easily accessible on the website. Some informants also believe that the Partnership should identify issues that cut across countries, such as, for example, equity, rather than identify priority countries.

Whilst there is a general lack of awareness on what country engagement means and what is being done, the grants to support adolescents and youth (AY) were reported to be useful to strengthen the capacity and voice of youth and CSOs.

***The Secretariat believes it is too early to assess the impact of the country engagement strategy. Since these programmes are at still at an early stage, it is not surprising that there is little agreement amongst informants on their added value.***

Many partners have concerns about PMNCH's role in strengthening multi-stakeholder platforms (MSPs). Some partners that are closer to the PMNCH Secretariat suggested that the Partnership does have a role at the country level through supporting constituencies to participate in national platforms and coordination mechanisms, such as the GFF coordination platforms or government-led SRMNCAH platforms. Whilst this can be valuable, few informants were knowledgeable of how this is being done. Other partners provided suggestions for PMNCH's country role, including the Partnership connecting country partners to global level accountability or advocacy campaigns, or the Partnership developing messaging, guidelines and tools which country partners can use and implement.

## **Effectiveness, performance and impact**

**Key Finding IX: PMNCH has supported many activities that are aligned with its vision and mission but there are concerns about the number, focus and impact of activities. The effectiveness of the Partnership is undermined by institutional, management and capacity issues, and by trying to do too much with a relatively small budget.**

***PMNCH has supported many activities which are aligned with the vision and mission but there are concerns about (i) how decisions are made; (ii) the volume of programmes; and (iii) whether there is sufficient buy-in from members.***

The Partnership has provided support for a diverse range of activities including meetings, consultations, events, accountability and progress reports, developing frameworks and toolkits, sharing evidence, and building capacity (in particular of the CSO and AY constituencies). It is not clear how, or whether, events or products are followed up or evaluated, which may be a missed opportunity for useful feedback.

There are concerns on how the large number of activities contribute to the overall strategy i.e., 'are the activities more than the sum of their parts'? There is a risk that PMNCH – as a Partnership and through its Secretariat – expends energy and resources on a set of piecemeal and thinly spread activities, when a more coherent approach to deciding which activities together will be most likely deliver objectives in the most cost-effective way could increase overall impact.

There are concerns about unclear funding decision criteria and how the scope and depth of activities is considered in relation to achieving sustainable results.

***There are mixed views about the Partnership's role as a sub-granting mechanism.***

Some informants noted that sub-grants help strengthen the capacity and voice of under-resourced constituencies, while others are less certain that this is a priority area of focus. Issues related to sub-granting included (i) transaction costs for individual donors, depending on their individual donor organisational structures and operational realities, (ii)

lack of effective communication on decision-making criteria and processes; (iii) lack of capacity inhibiting the Secretariat's ability to issue small grants; (iv) lack of a strategic framework at country level and potential for duplication with small grants provided by other actors (as is the case for other GHPs and other actors in the wider global health space); (v) high transaction costs relative to the size of the grants; (vi) cumbersome WHO grant management processes; and (vii) limited evidence to allow assessment of the effectiveness or impact of grants.

***The Partnership is viewed as having been most effective in its global advocacy work, but actually assessing impact is difficult.***

Many informants agreed that PMNCH advocacy at the global level has made an important contribution, in particular in behind the scenes work and in galvanising member states and partners to ensure that WCAH issues have been included in high-level resolutions and agendas. Assessing the impact of the Partnership's advocacy, and indeed advocacy efforts more broadly, however, is difficult. Success of advocacy work such as campaigns cannot be measured in a linear manner around "attributable change" or policy impact and attributing the impact of the Partnership on advocacy outcomes as opposed to the efforts of its partners or other organisations is difficult.

***The effectiveness of the Partnership is undermined by institutional, management and capacity issues and by trying to do too much with too little.***

As highlighted in the report, PMNCH has extensive internal challenges including institutional politics, lack of clear governance and decision-making criteria, challenges associated with its hosting arrangement, lack of capacity and empowerment, and the Secretariat's excessive workload. Effective communication is also undermined by the complexity of PMNCH's 'structure'. Informants representing all constituencies, Board members and Secretariat staff commented that PMNCH is overloaded, "doing everything and doing nothing", and with a relatively small budget for activities, the work is spread too thinly.

**Key Finding X: There is little evidence that PMNCH has systematically considered value for money in its decision making around strategy and governance processes.**

***Donors allocated over US\$109m to PMNCH during 2010-2019. There are concerns about the cost-effectiveness and value for money of PMNCH governance meetings and the Partners' Forum.***

PMNCH follows WHO rules and regulations on procurement, which, according to the Secretariat, includes value for money considerations around small grants and other contractual services. That said, there is little evidence that PMNCH has systematically considered value for money in its decision making around strategy and governance processes. The 2016-2018 Business Plan budgeted US\$700,000 annually for Board and other governance meetings (5.2% of the total budget across the three-year Business Plan). This figure does not represent total Board costs as many partners finance travel for Board members out of their own budgets. The large majority of informants, including Board members, consider the costs of Board meetings and the Partners' Forum to be too high overall and relative to outcomes. Informants with knowledge and experience of Board meetings and Partners' Forums suggested that PMNCH adopt more efficient and cost-effective approaches to governance arrangements and to facilitating communication and sharing of experience and learning.

**Key Finding XI: PMNCH's current Theory of Change (ToC) and Results Framework is not fit for purpose as a tool for M&E. It is too high level, with too many deliverables to inform decisions about allocation of efforts and resources.**

***PMNCH's current ToC and Results Framework is difficult to use as a monitoring and evaluation (M&E) tool. The current key performance indicators of the 2018-20 Results Framework are over-broad, placing a heavy workload and expectations on the Secretariat.***

PMNCH's current ToC and Results Framework sets out the objectives and outcomes that PMNCH should be held accountable for and should contribute to. Priority objectives are expressed as far as possible in quantitative and measurable terms, thereby generating the Results Framework against which progress can be measured. The ToC and Results Framework also includes the EWEC Partners' Framework 2020 outcomes together with the Global Strategy's 2030 Objectives and related SDG targets. The current ToC and Results Framework is broad and high level – and focused on country outcomes. It assumes a direct link between the "4As" and the achievement of the priority objectives for each of the six thematic workstreams. However, it does not provide an explanation of how activities will contribute to results or make explicit the assumptions that underpin the anticipated change process.



Without this explanation, the activities listed in the Results Framework risk being seen as a list of activities without clarity on why these activities were prioritised and how these activities then contribute to the overall goal.

The documentation review found that the current Results Framework for the 2018-2020 Business Plan is more user-friendly than earlier versions. The “traffic light” updates to the Board provide periodic summaries of progress. However, very few partners or external stakeholders less engaged with the Secretariat are aware that the Results Framework exists. Additional transparency linked to the Results Framework could potentially encourage additional donor support.

A complicating issue is that the current Results Framework outlines approximately 250 separate deliverables for the Partnership during the biennium across the six workstreams (including organising and facilitating 100+ events). This would be very challenging for a much larger secretariat to monitor, update and/or deliver.

## **RECOMMENDATIONS**

### **Focus and prioritise.**

In preparation of the new 2021-2025 strategy, PMNCH should prioritise and focus on a smaller number of objectives, setting out clearly its priorities and what it aims to achieve within the timeframe of the new strategy. To support this, the Secretariat should carry out a landscape analysis of the global institutions and foundations working in WCAH (including UHC2030, GFF, UNAs, multilateral and bilateral agencies, major global CSOs and humanitarian organisations, foundations and other organisations working to implement the Global Strategy) to identify areas where Partnership engagement can add maximum value through its unique competencies. Given the timeline for preparation of the 2021-2025 Strategy, this landscape analysis should be conducted urgently and in parallel with the preparation of the Strategy.

As part of this landscaping effort, the Partnership may wish to consider how to increase collaboration and alignment with the UHC2030 Partnership.<sup>7</sup> Options include remaining as a standalone Partnership, whilst exploring opportunities for close collaboration and alignment with UHC2030 (notably PMNCH does not appear to be a partner in UHC2030); and establishing a more formal partnership with UHC2030, to minimise the risk of duplication. The benefits of a more formal collaboration might include increased focus on WCAH within the UHC agenda, ensuring that the voices of CSOs are strongly heard and ensuring that the rights of women, children and adolescents are strengthened. The challenges could be the converse – a close alignment with UHC2030 might risk diluting the voices of WCAH and access to high level policy makers (see also Section 4.2.1 on the WHO hosting arrangement for further discussion), as well as any potential financial, institutional or processual challenges from a formal collaboration that have yet to be explored.

As a part of this focusing and prioritisation effort, it will be important to study the implications for the Partnership and Secretariat in focusing on the “unfinished business”, particularly in HFS. The Partnership’s wide and diverse membership provides an excellent platform for focusing on the complex issues surrounding HFS (and indeed this work has already begun). A focus on HFS would also suggest actively engaging some humanitarian/ health organisations who are currently not members of PMNCH. But the risks of a strong focus on HFS, including high costs and potential for failure, should not be minimised.

Finally, PMNCH should carefully review its role in country engagement and how the country engagement objectives can be most successfully achieved through PMNCH partners. If PMNCH’s role at the country level is to strengthen the voices of its constituencies, this should be driven by country partners, rather than by the Secretariat. The Secretariat can facilitate partners in countries by developing guidelines, as well as providing resources and connecting partners to others.

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<sup>7</sup> As noted in Section 4.1, it is our understanding that there have already been informal discussions to enhance collaboration. Unfortunately, despite multiple attempts, we were unable to arrange an interview with senior UHC2030 officials to discuss this.

## **Develop a coherent advocacy and communications platform.**

PMNCH should develop a coherent advocacy and communications platform<sup>8</sup> alongside the new Strategy, that starts with a clear statement of the Partnership's mission, goals and objectives. Further, the current PMNCH website could be improved to provide a sharper picture of PMNCH's mission and goals. Synthesising and sharing information should be a continued focus, rather than generating knowledge, with the same approach applied to accountability - synthesising the findings from multiple global monitoring and accountability platforms and using this for communication and advocacy for WCAH. In regard to accountability, there is need for PMNCH to clearly articulate its specific role in global accountability for the Global Strategy relative to the work of others. Furthermore, PMNCH needs to reflect upon whether it has the capacity, independence and political clout to fulfil its function to collaborate with parliamentarians and the media.

The Secretariat should also continue to invest in communications technology to ensure that its messages reach the widest possible audience. The precise content of the platform will depend on the components of the new Strategy, but it will be important to include metrics for the advocacy and communications platform to determine value for money.

## **Develop a new governance structure with clarity around the roles and responsibilities of different governing bodies.**

Actions for governance and internal transparency arise directly from decisions taken concerning the new Strategy. Since form follows function, decisions on priorities (breadth versus depth), the role of the secretariat (direct action versus facilitation), on reporting (reducing the volume of reports etc.) will determine the size and skills profile of the Secretariat going forward. In deciding upon the new governance structure, the GNC should examine the composition of the Board, the relationship between the Board and Board standing committees, and the relationship of these to the Secretariat, particularly regarding decision making and the level of consultation required for different types of decisions. At the request of the External Evaluation Referencing Group (EERG), some options of what this new governance structure could look like have been provided below:

- **The Board.** With 30 available Board seats,<sup>9</sup> this is a large Board. Other multilateral institutions with large boards (e.g. the Global Fund, or Gavi) often have full time Board Secretariat staff to service the Board and its committees. Currently within PMNCH, this role is performed by the professional staff in the Secretariat, in addition to their other multiple functions.

One option would be to reduce the size of the board by limiting the number of board members per constituency. This could be considered in the new strategy, but it will likely be difficult to implement in the short term, requiring trade-offs by different constituencies and Board members. Another, perhaps more practicable option in the near term is to limit the number of board meetings. It is proposed therefore that the full board meet only once per year. This meeting would have a dual function:

a) to conduct an annual review of Strategy implementation and take any high-level decisions required for mid-course correction. These decisions would be informed by decision points developed by working groups and committees as appropriate. Decision points for the Board and EC should be costed, with appropriate timelines, metrics and milestones.

b) to act as an annual forum for exchange of new ideas and information amongst stakeholders.

- **The EC.** The EC would oversee the implementation of the Strategy and annual budget on behalf of the Board. The EC would be chaired by the Board chair, or in their absence, an EC member nominated by the Board chair, with the Secretariat ED an ex-officio member. To ensure voice in the oversight process, one option would be for each constituency to be represented by one member, but it means that the EC would be quite large. Another option could be to keep the EC small with five constituency members, who would rotate regularly to allow all constituencies to be represented during the five-year strategy cycle. This would require an increased level of communication and consultation to ensure adequate constituency voice. The EC would

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<sup>8</sup> This platform could take the form of a website and related social media channels that highlight clear messages related to PMNCH's goals, missions and objectives.

<sup>9</sup> As described in Section 4.2.1, PMNCH's Board is a 30-member and 30-alternate Board (30 available Board seats).

meet quarterly (usually as a virtual meeting) with a carefully structured agenda, including decision points and options to facilitate decision making.

- **The GNC and SC** would meet on an ad-hoc basis as needed.
- The Secretariat needs to move away from leading the charge on new projects, to facilitating other partners, and the roles and responsibilities of the Secretariat should be revised to clarify this. The precise structure and staffing of the **Secretariat** can only be determined during the preparation of the new Strategy. However, if the decision is taken to focus on a few priority areas, it may be worth considering structuring the Secretariat so that each priority area of focus has a senior staff member in charge to provide the necessary coordination and facilitation. Likewise, there should be recognised staff in charge of cross cutting themes such as communications and advocacy.

### **Build more meaningful partner engagement.**

PMNCH needs to strive for added value by clarifying and communicating its value proposition and ‘modus operandi’ for partners to engage. Partners agree that PMNCH should invest more in the quality of partner engagement, rather than in most cases, increasing membership, although some argued that there was a need to include more faith-based groups, the PS and so on. Managing these tensions in a membership of over 1,000 is clearly challenging. The decision to enrol new members once the new Strategy is under implementation should take into account factors such as close alignment with PMNCH’s mission and objectives and the benefit to the applicant and the Partnership from membership.

Not all members may wish to have similar roles and functions. It might be feasible to ask members whether they wish to take on an active role, or whether they prefer to have a more information-only role. Active members would be expected to contribute time and resources, as well as take roles on the Board, on standing committees and to participate in working groups (where relevant). Information-only members would be passive members of the Partnership. Members could be asked to define their participation annually with statements of their expected contribution to the Partnership. This would create a more tiered membership structure, with a core group of contributing active members. The risk with this is that it could increase perceptions of a power imbalance in the Partnership.

PMNCH has already made strides in communications and its Twitter followers now outnumber that of other global health initiatives such as SUN. The next step should be to develop a communication and engagement strategy, addressing inter alia such questions as digital strategies, linkages with other actors in sharing and disseminating information, operationalising the interactive membership database and using it as a collaborative tool, as well as measuring the impact of these investments.

### **Improve communication and transparency efforts.**

Based upon the data received, potential ideas in actioning this recommendation include, but are not limited to:

- Clearly articulating a ToC that captures PMNCH’s objectives, ways of working, contribution to change, and assumptions. Based on this, align the current Results Framework (which identifies PMNCH’s Secretariat and partners’ contributions to results), and make the Results Framework more transparent to partners and donors, so that this M&E tool can be used by all Partners to hold each other and the Secretariat accountable for delivery of the plan. The Results Framework should be simplified and downsized in the new strategy.
- Providing the Results Framework updates (i.e. the traffic light reports that are regularly shared with the PMNCH Board) to the full membership to improve perceptions of low transparency.
- Sharing financial reports that are publicly available more frequently with the whole Partnership (i.e. beyond the Board), and communication efforts of other products should be increased to overcome this perception around low transparency.
- Following up and/or sharing reports on selected activities to assess their value for money and impact.



## 2. INTRODUCTION

Cambridge Economic Policy Associates (CEPA) has been commissioned by the Board of the Partnership for Maternal, Newborn and Child Health (PMNCH) to conduct an external evaluation of PMNCH.

The introduction section outlines the evaluation purpose and objectives (Section 2.1), background and context for the evaluation (Section 2.2), background of PMNCH (Section 2.3) and the structure of the report (Section 2.4).

### 2.1. PURPOSE AND OBJECTIVES OF THE EVALUATION

This evaluation is of strategic importance in the context of developing the next Strategic Plan for PMNCH for the period 2021-2025. As outlined in the request for proposals (RfP), the evaluation will contribute to, and will be used in conjunction with, other ongoing evaluations and review work currently underway or recently finalised.<sup>10</sup> Taken together, these works aim to provide an independent and reasoned view on the continued relevance and validity of the Partnership's mandate and mission, its governance structure and approach, and its achievements, effectiveness and impact of programming from 2014 through 2019, whilst also looking forward towards 2025.<sup>11</sup> As such, the evaluation has adopted both a retrospective and prospective orientation. The key target audiences for the evaluation are members of the PMNCH Board, the PMNCH Partnership and the PMNCH Secretariat.

### 2.2. BACKGROUND AND CONTEXT FOR THE EVALUATION

There are important contextual factors to consider for this external review of PMNCH. These are outlined in this section.

#### **Within an evolving global context, there is an ongoing need to address women's, children's and adolescents' health (WCAH) as significant inequalities persist**

The last few decades have seen notable progress on sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH), with – for example – a reduction in the total number of deaths among children and young adolescents under 15 years of age by 56% from 14.2 million in 1990 to 6.2 million in 2018,<sup>12</sup> and the global under-five mortality rate falling to 39 deaths per 1,000 live births in 2018 from 93 in 1990 and 76 in 2000.<sup>13</sup> However, a steep challenge remains for WCAH. Approximately 6.2 million children under-15 years died in 2018 from preventable causes and over 290,000 women died due to complications during pregnancy and childbirth in 2017.<sup>14</sup> There are also considerable challenges due to poor nutrition, with approximately 151 million children stunted in 2018.<sup>15</sup> Significant inequalities in SRMNCAH persist, and evidence suggests that in some cases, these may be increasing. For example, two-thirds of countries that have made strong progress in reducing their under-five mortality rate have shown worsening inequalities since 1990.<sup>16</sup> Weak country health systems (resulting for example in unsafe service delivery) and non-health-sector drivers (e.g. conflict) are also major impediments to delivering high-quality services to all.<sup>17</sup> This is further complicated by the fact that the absence of good quality data in countries with a high health burden related to SRMNCAH issues can make progress difficult to track.

Looking forward, the evidence suggests that progress on WCAH will depend on and can be adversely affected by multiple rapidly evolving factors, including:

- socio-economic and cultural factors related to SRMNCAH, for example low socio-economic status of women, early marriage and childbearing, taboos surrounding pregnancy and safe abortion practices, use of untrained

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<sup>10</sup> These reviews include: a recently completed audit of PMNCH by WHO external auditors, an evaluation of the Partnership's 2018 Partners Forum, an assessment of the Adolescent and Youth Constituency (AYC) of the Partnership which is ongoing, and an external evaluation of the IAP which has recently been completed.

<sup>11</sup> WHO (2019), RfP: To conduct an external evaluation of PMNCH over 2014-19.

<sup>12</sup> United Nations Inter-agency Group for Child Mortality Estimation (UN IGME) 2019.

<sup>13</sup> United Nations Inter-agency Group for Child Mortality Estimation (UN IGME) 2019.

<sup>14</sup> UNICEF (2019) [Fact sheet](#).

<sup>15</sup> WHO (2019) [UN report: More women and children survive today than ever before](#).

<sup>16</sup> Bhutta, Z (2019) Maternal, Child & Adolescent Health Globally; Challenges & Opportunities.

<sup>17</sup> Boerma, T (2018) Countdown to 2030: tracking progress towards universal coverage for reproductive, maternal, newborn, and child health.

birth attendants, poor dietary practices and multiple other legal and social issues involving the rights of women, children and adolescents;

- geopolitical instability and fragility;
- progress in achieving universal health coverage (UHC), including strengthening health systems and service delivery;
- high numbers of refugees and migrants, both internal and international;
- climate change;
- political economy, including potential changes and/ or reforms in national health policies

This rapidly changing context in turn puts pressure on organisations and global health partnerships (GHPs) working in SRMNCAH to evolve and respond quickly to new challenges and events.

### **Concerns that WCAH, including rights, may be diluted within the overall mandate of reaching UHC by 2030**

The shift from the Millennium Development Goals (MDGs) to the Sustainable Development Goals (SDGs) has broadened the focus of the global health landscape from being, for example, tightly focused on MNCH goals, to a broader agenda focused on global health security and achieving UHC by 2030. The focus on UHC has also led to a shift from MNCH to the much broader WCAH agenda outlined above, the latter including a significant proportion of the global population. This broadened landscape has coincided with the emergence of more funders and GHPs. As explored in Section 4.1.1, there are concerns that the current approach to UHC may not be sufficiently prioritising WCAH, with implications for PMNCH's vision and mission in the current health landscape.

### **The proliferation of GHPs and growing awareness of their opportunities and challenges**

A global commitment to the sharing of knowledge and resources through international partnerships is critical to improving SRMNCAH outcomes. Since 2000, there has been a significant growth in the number of GHPs (particularly focused on financial commitments, monitoring and advocacy), with (in part) overlapping missions relevant to SRMNCAH. In addition to PMNCH, these include the Roll Back Malaria (RBM) Partnership to End Malaria; Stop TB Partnership; Gavi, the Vaccine Alliance (Gavi); the Global Fund to Fight AIDS; TB and Malaria (Global Fund); Scaling Up Nutrition (SUN); the Global Financing Facility (GFF); UHC2030; Every Woman Every Child (EWEC); and other civil society organisation (CSO) led partnerships focused on advocacy around SRMNCAH. Many GHPs face challenges within the current environment that are relevant to this evaluation, including:

- pressure to take on a wider role in promoting the SDGs while facing funding constraints and sometimes countervailing pressures to focus efforts;
- the challenge in attributing impact of the partnership as a whole (value for money) compared with the impact attributed to individual partners; and
- issues affecting governance, including decision making processes, engagement and communication with a broad base partner membership.

## **2.3. BACKGROUND TO PMNCH**

Founded in September 2005, to support both the achievement of the child mortality and maternal health MDGs and the alignment of many organisations working in MNCH, PMNCH was initially launched as a partnership of the world's three leading MNCH alliances: the Partnership for Safe Motherhood, hosted by the World Health Organization (WHO) in Geneva; the Healthy Newborn Partnership, based at Save the Children USA; and the Child Survival Partnership, hosted by the United Nations Children's Fund (UNICEF) in New York. Box 2.1 below outlines PMNCH's current vision and mission.

### Box 2.1: PMNCH's vision and mission<sup>18</sup>

**Vision:** A world in which every woman, child and adolescent in every setting realises their rights to physical and mental health and wellbeing, has social and economic opportunities, and is able to participate fully in shaping prosperous and sustainable societies.

**Mission:** To increase the engagement, alignment and accountability of partners, by creating a multi-stakeholder platform that will support the successful implementation of the Global Strategy for WCAH, enabling partners to achieve more together than any individual partner could do alone.

Source: PMNCH 2016-2020 Strategic Plan

PMNCH now claims to be the world's largest alliance for WCAH, linking (through signed up members) over 1,000 partner organisations across 192 countries (see Figure 2.1 on PMNCH's evolution over time). According to PMNCH data, its membership increased rapidly from 2009 onwards (for example growing from 58 members in 2009 to 427 partners in 2011) with the Partnership facilitating the development of the Global Strategy for Women's and Children's Health in 2010.<sup>19,20</sup> PMNCH's support to the development of the Global Strategy was reported by many key informant interviews (KIIs) as one of the most useful contributions of the Partnership since 2010, as discussed further in Section 4.4.1.

According to PMNCH's membership database, between 2013-2017 membership grew at an average rate of approximately 33% per year, with the highest growth in Africa, growing by 167% between 2014 and 2017. PMNCH today represents a total of ten constituencies with varying levels of membership and engagement activities, which include: partner countries; donors and foundations (D&F); intergovernmental organisations (IGO); non-governmental organisations (NGO); academic, research and training (ART) institutions; adolescents and youth (AY); healthcare professional associations (HCPAs); private sector (PS) partners; United Nations (UN) agencies; and global financing mechanisms (GFMs), with NGOs making up the majority (59%) of partners.<sup>21</sup> Questions about the engagement of the membership are explored in Section 4.3.1.

As described in Box 2.1 above, according to its mission statement, PMNCH works to increase the engagement, alignment and accountability of its partners through an MSP that supports successful implementation of the UN Secretary-General's (UNSG) 2016-2030 EWEK Global Strategy for WCAH (referred to from this point onwards as 'the Global Strategy') and the SDGs.<sup>22</sup>

Figure 2.1 below describes PMNCH's evolution over time, including key activities, number of partners and the scope of the Partnership. This information was summarised from PMNCH annual reports and results frameworks, it is not an exhaustive list, instead highlighting some high-level activities.

<sup>18</sup> PMNCH (2016) Strategic Plan 2016-2020.

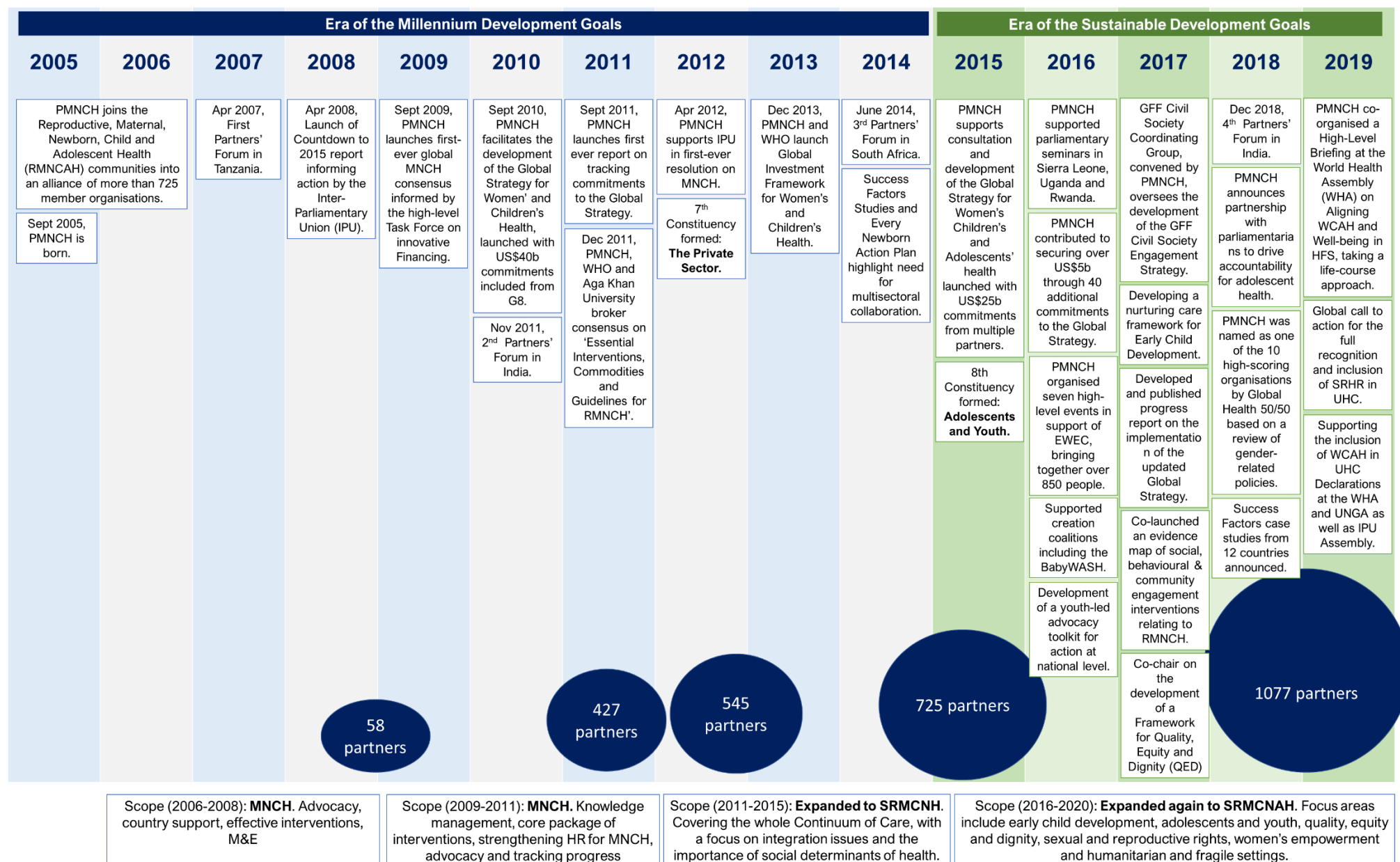
<sup>19</sup> UNSG (2010) Global strategy for Women's and Children's Health.

<sup>20</sup> PMNCH (2016) The Partnership for Maternal, Newborn & Child Health in support of Every Woman Every Child. Strategic Plan 2016-2020. Geneva, Switzerland: PMNCH.

<sup>21</sup> PMNCH (2016) The Partnership for Maternal, Newborn & Child Health in support of Every Woman Every Child. Strategic Plan 2016-2020. Geneva, Switzerland: PMNCH. Ibid

<sup>22</sup> Ibid

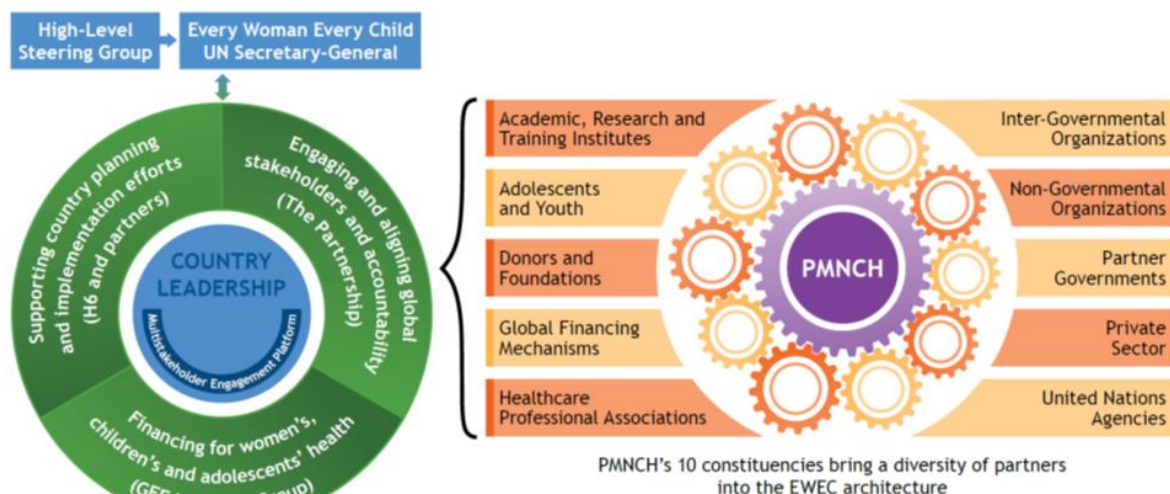
Figure 2.1: Key activities and evolution of PMNCH's scope over time





Launched in 2010, the EWEC movement aims “to intensify national and international commitment and action by governments, the UN, multilaterals, PS and civil society to keep WCAH and wellbeing at the heart of development.”<sup>23</sup> The four core entities of EWEC include the Executive Office of the Secretary-General (EOSG) / High Level Steering Group (HLSG); PMNCH; the H6 Partnership (UNAIDS, United Nations Population Fund (UNFPA), UNICEF, UN Women; World Bank and WHO, referred to as the ‘H6’ within the report); and the GFF). The EWEC architecture (Figure 2.2) below sets out the relationship between major global institutions in support of the Global Strategy’s vision, positioning country leadership at the centre of that vision.<sup>24</sup>

Figure 2.2: The role of PMNCH within the EWEC architecture



Source: PMNCH 2016-2020 Business Plan

PMNCH organises its work through annual workplans and bi-annual Business Plans that seek to contribute to the aims and objectives of (i) the Global Strategy and (ii) the SDGs, through the principle of Partnership-centric delivery: Doing more together than any one partner can do alone (see Figure 2.3 below).

Figure 2.3: PMNCH links to the EWEC Global Strategy and the SDGs



Source: PMNCH Business Plan, 2018-2020

To support the Global Strategy and the SDGs, PMNCH developed a five-year Strategic Plan (2016-2020) and two Business Plans (2016-2018 and 2018-2020). The themes of the workplans have evolved from the four original objectives of the 2016-2020 Strategy,<sup>25</sup> to six objectives corresponding to the six focus areas of the 2020 EWEC Partners’ Framework below (see Appendix N for these themes within PMNCH’s current Theory of Change (ToC) and

<sup>23</sup> UN (2019) *Every Woman Every Child*

<sup>24</sup> PMNCH (2018) PMNCH 2018-2020 Business Plan.

<sup>25</sup> (i) Prioritise engagement in countries; (ii) Drive accountability; (iii) Focus action for results, and (iv) Deepen partnerships.

Results Framework). These thematic focus areas were endorsed by the UNSG's HLSG in an attempt to prioritise key areas moving from the MDG to the SDGs, where focus was placed on the unfinished agenda, as well as key areas that were not adequately addressed during the MDGs:

- Workstream 1. **Early Childhood Development (ECD)**: Support integration of ECD programming in 5-10 existing national WCAH policies, services and programmes.
- Workstream 2. **Adolescents' Health and Well-Being**: Support partners to align around the development of 5-10 national plans for adolescents and support national youth-led coalitions to strengthen skills and knowledge of adolescents to exercise their rights to make informed choices.
- Workstream 3. **Quality, Equity and Dignity (QED) in Services**: Support partners to integrate QED in 5-10 national UHC plans and support five QED-related campaigns at national and global levels to improve WCAH.
- Workstream 4. **Sexual and Reproductive Health and Rights (SRHR)**: Ensure the adoption and promotion of a comprehensive, integrated definition of SRHR, and the inclusion of the essential sexual and reproductive health interventions in UHC in 5-10 countries.
- Workstream 5. **Empowerment of Women, Girls and Communities**: Support women, children and adolescents as agents of change, and strengthen community engagement in promoting laws, policies and social norms that advance WCAH and rights.
- Workstream 6. **Humanitarian and Fragile Settings (HFS)**: Support alignment, adoption and promotion of WCAH essential services in programmes and interventions in 5-10 HFS.

To accomplish its mission, the Partnership aims to engage its partners and pursue its mission through deploying four core functions (the "4As"): alignment, analysis, accountability, and advocacy (see Box 2.2 below). Together these "4As" were set up with the intention of forming "a reinforcing cycle that continuously drives purposeful action."<sup>26</sup>

Box 2.2: PMNCH's description of the "4A's"

**Analysis:** Through its members and with the support of the Secretariat, PMNCH synthesizes, translates and makes accessible vital research and evidence on WCAH, with a particular focus on high-impact interventions and innovations to drive WCAH outcomes. This evidence is used to guide policy and programming decisions, and to track progress towards global, regional and national goals.

**Alignment:** PMNCH uniquely brings together more than 10 different constituencies of partners (see Figure 2.2) to exchange information, discuss challenges and opportunities, and agree on policy, advocacy and evidence-based priorities for WCAH, within the framework of the EWEC Global Strategy in support of the SDGs and UHC. No other global platform brings together such diverse partners in such a structured, focused and effective way, generating deep and broad commitment to achieving WCAH global goals.

**Advocacy:** PMNCH helps to forge consensus on priority issues for WCAH, working through its constituency structure, Board meetings, online consultations and periodic Partners' Forums to unify its members around clear policy priorities and common advocacy messages. PMNCH provides resources and platforms to equip, connect and amplify the voices of its partners. Amid the many issues and priorities competing for popular and political attention at national and global levels, PMNCH helps sustain focus on WCAH and well-being.

**Accountability:** PMNCH tracks commitments and synthesises progress towards achieving the EWEC Global Strategy's "survive, thrive and transform" objectives and their related SDG targets through its members and constituency groups, including a growing focus on collaboration with parliamentarians and the media. Its multi-constituency nature promotes constructive, open and truly inclusive dialogue. PMNCH also supports a panel of experts — the Independent Accountability Panel (IAP) — that reports annually on progress towards the global goals directly to the UNSG's EWEC HLSG."<sup>27</sup>

Source: PMNCH (2018) *Business Plan 2018 - 2020*

In addition to the five-year Strategic Plan and three-year Business Plans, PMNCH rolls the business plan on an annual basis, publishes an annual workplan documenting the key objectives and related activities to be undertaken

<sup>26</sup> PMNCH (2016) *The Partnership for Maternal, Newborn & Child Health in support of Every Woman Every Child. Strategic Plan 2016-2020*. Geneva, Switzerland: PMNCH.

<sup>27</sup> PMNCH (2016) *Business Plan 2016-2018*.

each calendar year. Furthermore, the Partnership develops an annual report detailing the activities and results accomplished every year.

The Results Framework of the Partnership follows the EWEC 2020 Partners' Framework which details process targets to be achieved by 2020 in a ToC that was endorsed by the UNSG's EWEC HLSG in 2017 (see Appendix N). The Partners' Framework delineated the agreed 2020 targets as well as the comparative added value functions of each of the EWEC core partners (including the H6, PMNCH and the GFF).<sup>28</sup> The current status of EWEC is unclear.

In terms of PMNCH funding, between 2010-2019, the Partnership was allocated over US\$109m from 26 donors.<sup>29</sup> PMNCH's annual budget peaked in 2013 at US\$14.7m (of which US\$4.5m was allocated to Countdown to 2015).<sup>30</sup> Following this, between 2013 – 2017, PMNCH's annual budget followed a decreasing trend over four years, from US\$14.7m in 2013 to US\$7.5m in 2017, before increasing again in 2018 to US\$11.1m.<sup>31</sup> The Secretariat is hosted by WHO and follows WHO/ UN rules and procedures.

## 2.4. STRUCTURE OF THE REPORT

The PMNCH External Evaluation is presented in two documents:

This Main Report, which is structured as follows: Section 1 provides the Executive Summary; Section 2 provides the introduction, including the purpose and objectives of the evaluation and the context of the evaluation; Section 3 introduces the evaluation approach and methodology; Section 4 details the findings, divided into the vision and mission (Section 4.1), governance and accountability (Section 4.2), partner and country engagement (Section 4.3) and effectiveness, performance and impact (Section 4.4); Section 5 provides the overall key findings, and; Section 6 includes the recommendations.

Supporting Appendices, on the methodology (Bibliography (Appendix A), list of key informants at global and country levels (Appendix B), abridged interview guide (Appendix C), mapping of evaluation questions to overall findings (Appendix D), limitations and risk mitigation strategies (Appendix E), background analysis and research (summary of PMNCH reported results between 2016-2020 (Appendix F), an analysis of strengths, weaknesses, opportunities and threats (SWOT) facing GHPs (Appendix G), the funding analysis (Appendix H), the Partnership e-based open enquiry (Appendix I), PMNCH Partnership database analysis (Appendix J), recommendations and actions by the Secretariat from previous evaluations and reviews (Appendix K), social network analysis (SNA) of adolescent advocacy toolkit (Appendix L), SNA of the Partnership (Appendix M), an overview of PMNCH's current ToC and Results Framework (Appendix N), selection factors for the three country case studies (Appendix O) and country case studies (India case study (Appendix P), Kenya case study (Appendix Q) and Nigeria case study (Appendix R).

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<sup>28</sup> EWEC (2020) [Introduction](#)

<sup>29</sup> This includes funds confirmed. Source: PMNCH (2019) 'PMNCH financial position - 2010 to 2022, as at Nov 2019'. See Appendix H for a breakdown of funds confirmed.

<sup>30</sup> PMNCH served as the Secretariat of Countdown. Established in 2005 as a multi-disciplinary, multi-institutional collaboration, Countdown to 2015 was a global movement that used country-specific data to stimulate and support country progress towards achieving the health-related MDGs. Countdown tracked progress in the 75 countries where more than 95% of all maternal and child deaths occurred, including the 49 lowest-income countries.

<sup>31</sup> PMNCH (2009-18) Financial reports; workplans and budgets.

### **3. EVALUATION APPROACH AND METHODOLOGY**

This section outlines the methodology employed for the evaluation.

#### **3.1. EVALUATION APPROACH**

The evaluation uses a mixed methods approach, incorporating both qualitative and quantitative components, and has both a retrospective and prospective orientation. The evaluation spans the period from 2014 to 2019.


##### **3.1.1. Scope of enquiry**

The evaluation's scope of enquiry focuses on the five themes of (i) vision and mission; (ii) governance and accountability; (iii) programming and delivery; (iv) partner and country engagement; and (v) effectiveness, performance and impact. Twenty-one evaluation questions are used to guide the evaluation (see Figure 3.1), and these were developed based on the RfP. Appendix D maps the evaluation questions against the key findings as described in the report.

The broad evaluation framework was approved by the External Evaluation Reference Group (EERG) in the Inception Phase. Based upon discussions with key informants, as well as other information received through the different methodological components during the evaluation, this framework evolved. The findings section has been re-structured to reflect this and to follow the logical flow of findings across different themes. For example, the majority of the 'programming and delivery' questions are grouped into the effectiveness, performance and impact section questions, and question 12 on "Do programmes add value to efforts already underway by partners or that partners could not initiate on their own?" is discussed in the vision and mission theme write-up, linked to other related findings in that section of the report.



Figure 3.1: Summary of evaluation questions by thematic area

	Vision and mission	Governance/ accountability	Programming and delivery	Partner and country engagement	Effectiveness, performance and impact
Evaluation questions	<p>1. Are the vision and mission and programming efforts still valid and relevant given the evolving global health landscape?</p> <p>2. Should there be further Partnership emphasis/prioritisation of specific thematic, geographic or demographic foci?</p> <p>3. Does the Partnership's theory of change provide a convincing logic model for its programming work? How does it drive programmatic decisions?</p>	<p>4. Does the structure of the Partnership (i.e. Board, membership and committee structures) encourage value add to members' existing efforts to achieve results?</p> <p>5. Does PMNCH offer an effective platform for members to build community and collaborative work and extend their reach?</p> <p>6. Are decision-making processes (consensus versus majority rule) optimal in terms of delivering decision points that guide achievement of impact?</p> <p>7. How can a culture of transparency and openness be more effectively supported?</p> <p>8. How can accountability mechanisms be strengthened?</p> <p>9. How can progress be more effectively tracked?</p>	<p>10. Has the Partnership developed programmes critical to its vision and mission?</p> <p>11. Is the volume of programming, and buy-in from members, sufficient and appropriate?</p> <p>12. Do programmes add value to efforts already underway by partners or that partners could not initiate on their own?</p> <p>13. Are programmes envisaged with sufficient depth and breadth to achieve results?</p> <p>14. Is the Partnership well placed to issue grants (i.e. to be a sub-granting mechanism) to drive achievement of planned work and programmes?</p>	<p>15. How can PMNCH prioritise effective country engagement? How can the Partnership add value in response to country needs? How can multi-stakeholder platforms in countries be usefully supported?</p> <p>16. How can PMNCH more effectively engage and align a broader range of partners so as to reflect the ambition and strategic objectives of the partnership?</p>	<p>17. How effective have PMNCH's advocacy activities been at global, regional and country levels?</p> <p>18. How can PMNCH share learning so as to accelerate and focus action and financing to deliver the Global Strategy for Women's, Children's and Adolescent's Health?</p> <p>19. Overall, what impacts have been achieved by the Partnership and at what cost? Have these been considered value for money?</p> <p>20. Could similar results have been achieved some other way or more (cost) effectively?</p> <p>21. How can the impact of PMNCH be more effectively assessed/promoted, given the impact attribution challenge?</p>
					Backward and forward looking enquiry

## 3.2. EVALUATION METHODOLOGY

### 3.2.1. Data collection and analysis

The evaluation draws on ten discrete but overlapping data collection processes: (i) desk-based documentation review; (ii) high level strategic discussions, including participation in the PMNCH November 2019 Board meeting; (iii) KIIs; (iv) constituency-based group consultations; (v) a partnership e-based open enquiry; (vi) country case studies; (vii) a SNA; (viii) a partnership database analysis; (ix) a funding analysis, and; (x) a SWOT analysis of GHPs. These are elaborated on in turn below and further details for each component can be found in the corresponding appendices:

- i. **Desk-based documentation review:** A comprehensive review of documentation relevant to PMNCH, including materials on PMNCH governing bodies (the Secretariat, Board and Executive Committee (EC)); annual reports; financial reports; workplans and budgets; PMNCH results monitoring and progress tracking documents; PMNCH commissioned evaluations, reviews and external audits; documentation on global accountability mechanisms on SRMNCAH; broader documentation on the evolving context/ landscape; documentation around the SWOTs of GHPs; and country and partner documentation. The documentation was systematically reviewed and triangulated with the other data sources. Appendix A provides the Bibliography.
- ii. **High-level strategic discussions:** To inform the overall scope of enquiry, evaluation emphasis and context, kick-off meetings were held with the PMNCH Secretariat on 13<sup>th</sup> September, a discussion with the Strategy Committee (SC) on 21<sup>st</sup> September, a discussion with the EERG on 25<sup>th</sup> September, an interview with the incoming Board chair on 31<sup>st</sup> October and participation in the November board retreat. The evaluation team also briefed the EERG and PMNCH Secretariat on progress throughout the evaluation. Notes from these discussions were logged by informant and were used to contextualise and inform the further scope of enquiry.
- iii. **KIIs:** 84 KIIs<sup>32</sup> were conducted between September – December 2019, of which 56 were with global level stakeholders and 28 national level stakeholders. Furthermore, one focus-group discussion was conducted with PMNCH Secretariat stakeholders, followed up with individual interviews with PMNCH Secretariat members (where possible) to facilitate sharing of personal experiences, perspectives and opinions. Informants included PMNCH Board members (EC, SC and Governance and Nominations committee (GNC)); PMNCH Secretariat (the Secretariat); all PMNCH constituencies (including D&F, United Nations Agencies (UNAs) and other key development partners); engaged members of the Partnership; other individual experts, organisations and partnerships with knowledge/ mandates related to issues around SRMNCAH (described as 'external stakeholders') and members in the membership database seen as 'less engaged' with the Partnership. Most informants were purposively selected in the Inception Phase, following which a finalised list of informants was accepted by the EERG before the core phase of the evaluation. 'Less engaged' members of PMNCH were identified through a random and also a purposive sampling methodology, whereby a random list of stakeholders was generated from the PMNCH membership database, and individuals from this list were identified purposively to ensure a broad representation across geographic region, constituency group, date of joining PMNCH and level (in terms of global, regional, national and sub-national).

Country level stakeholders were also interviewed to inform the country case studies as well as to boost the country perspective generally across the evaluation. The interviewers explained that all responses would be confidential and presented anonymously in the final report. A list of stakeholders consulted is included in Appendix B, and an abridged interview guide is included in Appendix C<sup>33</sup>. Each informant was given full disclosure and information on the evaluation. KII data (responses by informant) by stakeholder category was logged in a categorised Word document which was subjected to thematic content analysis conducted by members of the evaluation team. This involved team members reading and re-reading the interview notes to become familiar with the data, noting themes and sub-themes individually and then comparing these at a

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<sup>32</sup> Excluding the written response from one UNA at the end of the core phase.

<sup>33</sup> An abridged interview guide was used because the specific line of questioning, reflecting the overall line of enquiry, needed to be tailored to specific individuals, in line with standard qualitative practice for semi-structured interviews. However, some specific interview guides were developed for selected key informants which reflected key findings emerging or gaps in the data which we wished to discuss specifically, for example. The specific questions in the abridged interview guide also changed over time in response to emerging findings in the data. The version included in Appendix C of this report is the original abridged version.

team meeting in December 2019. Following discussions of emergent themes, output relating to each theme and subtheme was drafted and cross-checked between the evaluation team members.

- iv. **Constituency-based consultations:** Teleconferences were held with the AY, D&F and NGO constituencies prior to the Nairobi Board meeting to gain insight into a range of views/ perspectives relating to the overall strategic direction of PMNCH, as well as to pose some high level questions relating to the evaluation enquiry. The data available from this method was also specifically logged in a separate categorised Word file and subjected to thematic content analysis conducted by a number of members of the evaluation team.
- v. **Partnership e-based open enquiry:** An e-based enquiry was issued to better understand the views of the wider membership of PMNCH. The goal was to get input from PMNCH affiliates beyond the KIIs and to give the opportunity to the full scope of partner members to share their views. This was also expected to be insightful in terms of the volume of responses. In carrying out the enquiry, a 28-question e-survey (spanning the five evaluation themes) was sent to all PMNCH members using contact details from the PMNCH member master list. We analysed responses by constituency, region and other characteristics in Excel, with the extent of responses considered for each question. See Appendix I for the key findings.
- vi. **Country case studies:** Country case studies were undertaken in India, Kenya and Nigeria, all PMNCH focus countries. The selection criteria considered the spread of geographic region and population size; under-five mortality; maternal mortality; under-five stunting; immunisation coverage; whether the country is facing fragility; aid dependency; health systems barriers; qualitative factors such as whether a country has donated to PMNCH, whether the country was selected for MSP support in 2019, whether the country is implementing the AY toolkit; amongst other factors. The country case studies include document review and key country informant interviews and are primarily focused on country engagement. Interviews were conducted in person in both Nigeria (a country base of one of the evaluation team - ten KIIs) and Kenya (the location of the November 2019 Board meeting – 12 KIIs), and remotely for India - three KIIs. Country specific KII data was recorded separately to the broader KII data, though country specific data was analysed alongside broader non-country specific KII data and documentation through a content based thematic approach so as to develop the case studies. See Appendices P, Q and R for the key findings.
- vii. **SNA:**<sup>34</sup> Two types of SNA were conducted:
  - First, a ‘deep dive’ into PMNCH’s adolescent advocacy and accountability toolkit was conducted to understand how the Partnership implements country engagement strategies. We selected this toolkit because it was the most advanced in implementation. The SNA analysed the role of the PMNCH Secretariat and participating partners and assessed how collaboration, sharing of information and resources has taken place. Data were obtained via a tailored online survey and KIIs. All nine key actors involved in the roll-out of the toolkit were surveyed and/ or interviewed. The data obtained were considered sufficient for a full SNA as all relevant stakeholders were able to contribute.
  - Second, data obtained from three questions in the e-based survey were also used for a partial SNA. As the sample of respondents was not necessarily representative of the whole Partnership, no mathematical calculations of the network’s metrics were performed. Nevertheless, the results present a snapshot of how members who contributed to the e-based survey participate and collaborate with PMNCH.

Data from both surveys were analysed using Visible Network Labs’ PARTNER software. See Appendices L and M for the key findings.

- viii. **Partnership database analysis:** We conducted analysis of the current partnership membership, sourced from the PMNCH Secretariat, focusing on different variables in the partnership database including organisation; constituency; geographic region (including country); website; accepted status; submission date

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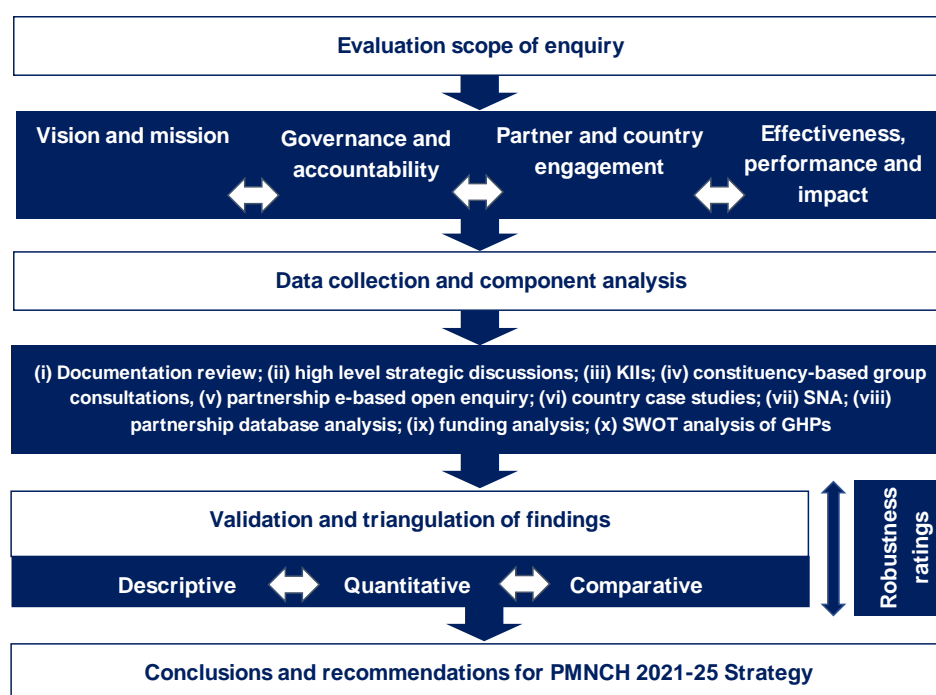
<sup>34</sup> SNA is defined as a “distinctive set of methods used for mapping, measuring and analysing the social relationships between people, groups and organisations”.<sup>34</sup> SNA helps to characterise relationships between organisations. The nodes in the network are the organisations while the links show relationships or flows between them. SNA provides both a visual and a mathematical analysis of organisational relationships.

and; the data processed into the database. We performed cross-sectional and time-series analysis across variables of interest in Excel. See Appendix J for the key findings.

- ix. **Funding analysis:** We conducted a quantitative analysis of financial data, including PMNCH Secretariat expenditure, using publicly available data in the 2010-2018 financial reports, as well as an analysis of PMNCH's budget allocation from the PMNCH business and workplans between 2016-2020. Using the PMNCH's donor funding database, we examined the sources of PMNCH funding and how these have changed over time. The aim of the funding analysis was to contribute insight on governance and accountability, as well as impact and the value-for-money of PMNCH. To support the forward-looking analysis, we reviewed PMNCH's changing donor base in order to analyse PMNCH's reliance on donors and potential risks to PMNCH's future funding. See Appendix H for the key findings of this analysis.
- x. **SWOT analysis:** We conducted a review of *secondary data* on the strengths, weaknesses, opportunities and threats of existing GHPs. The literature review focused on PubMed and Google Scholar searches as well as websites of key global health organisation websites. See Appendix G for the key findings of this analysis.

Following the component-based data analysis described above, findings across components were triangulated to generate the overall findings using the evaluation framework, as well as the overall key findings and recommendations. The methodology did not look at counter-factual scenarios, nor, given the limitations of time and available resources, did the agreed workplan in the Inception Report include a landscape analysis of other partnerships and actors in global WCAH. Figure 3.2 presents our data analysis framework.

Figure 3.2: Data analysis framework



### 3.2.2. Robustness ratings of findings

Bringing the findings from different data components together, we use a four-point scale for robustness ratings of findings. The robustness ratings essentially combine a) the quality/strength of the evidence; and b) the level of corroboration of the data, following the triangulation across all data components.

Firstly, in reviewing the quality/ strength of the evidence by data component, the following were considered:

- for qualitative data, risk of bias/ overgeneralisation and proximity to subject area/ quality of insight; and
- for quantitative data, the reliability of the source and risk of bias.

Secondly, at the triangulation point, the robustness ratings were developed for specific findings, drawing on both the underlying quality, as well as the overall quantity, or emphasis of the evidence. The ratings generated during the

analysis phase were discussed in detail by the full evaluation team on 4 December 2019. The robustness ratings are presented alongside key findings within the report and a description of each rating is described in Table 3.1 below.

While the robustness ratings draw on the full scope of the evidence generated by the methodology discussed in Section 3.2, we note that all robustness rankings are ultimately judgement-based and relative.

Table 3.1: Robustness rating for emerging themes/ main findings across data components

Rating	Description
Strong (A)	<ul style="list-style-type: none"> <li>The finding is supported by majority of the data and/or documentation which is categorised as being of good quality; and/ or</li> <li>The finding is supported by majority of informants, with relevant informant base for specific issues at hand.</li> </ul>
Good (B)	<ul style="list-style-type: none"> <li>The finding is supported by some of the data and /or documentation which is categorised as being of good quality; and/ or</li> <li>The finding is supported by majority of informants.</li> </ul>
Limited (C)	<ul style="list-style-type: none"> <li>The finding is supported by some data and/or documentation which is categorised as being of poorer quality; or</li> <li>The finding is supported by some informants.</li> </ul>
Poor (D)	<ul style="list-style-type: none"> <li>The finding is supported by various data and/or documents of poor quality; or</li> <li>The finding is supported by some/ few reports only and not by any of the data and/or documents being used for comparison; or</li> <li>The finding is supported only by a few informants or contradictory consultations.</li> </ul>

### 3.2.3. Limitations and risk mitigation actions

Several limitations were observed during the evaluation process with appropriate mitigation actions. These limitations and appropriate mitigation actions are summarised below and fully described in Table E.1 in Appendix E.

General limitations and *appropriate mitigation actions*:

- Timeline:** The data collection and analysis were limited by the limited time and budget available. *We believe that the range of data collection sources and analytical approaches, each with explored and accepted limitations, enabled a good exploration of breadth and depth in the enquiry. The entire evaluation team met in person in early December 2019 to review methodology, key findings and recommendations.*
- While this was not an impact assessment, but a strategic level evaluation, 'programming, effectiveness and impact' was an evaluation theme as proposed by PMNCH. However, there are **challenges in attributing impact to PMNCH at both global and country levels**, as well as **challenges in measuring the effect of advocacy** generally as a process, rather than an outcome focus. *The challenge of impact attribution has been referenced and discussed throughout the report, especially in Section 4.4 of the main report on effectiveness, performance and impact. Without pre-determined impact metrics (either qualitative or quantitative), the analysis of impact had to be undertaken largely on a qualitative basis.*
- All robustness rankings are relative and are ultimately judgment-based.** While based on a review of the quality and strength of the data across sources, as well as the level of agreement/consistency in findings within and across data sources, these are inherently subjective in nature. *The evaluation team met in early December 2019 to discuss the key findings and recommendations of the main report – this formed a key part of the corroboration exercise and development of robustness ratings of key findings. This meeting allowed time for further collective reflection on both the findings by methodological component, as well as the overall findings. During the drafting process, we continued to cross check the summary findings across evaluation theme to ensure consistency. Limitations of each data collection approach were explored prior to the corroboration/ triangulation effort so as to enable effective consideration of the strength of evidence and level of agreement when developing the overall key findings and recommendations.*

Specific methodology limitations and *appropriate mitigation actions*:



- **Potential selection and interviewee bias.** A foreseen limitation in interviewing stakeholders who were either familiar with PMNCH or active members/ Partners (or both) was that it may have resulted in a lack of broad diversity (geographic and opinion based). *A broad range of stakeholders were consulted (beyond the list that was accepted by the EERG during the Inception Phase of the evaluation). There was an 83% response rate to the initial KII list. In addition to the original list, the evaluation team interviewed other representatives of organisations identified as key in the Inception Phase (where possible) as well as interviewing other external stakeholders (as per the key informant list in Appendix B), to ensure diversity of opinion across key stakeholders relevant to PMNCH. We also consulted a wide range of independent experts who had external perspectives of PMNCH, whilst being heavily engaged in the SRMNCAH space. In addition, as described in Section 3.2.1, we carried out interviews with 'less-engaged' members.*
- **Constituency-based consultations:** There was low participation on the calls and also likely response bias given only the most active members were likely to participate in the teleconferences. *Due to low participation in the calls and more insightful data collected through other means (combined with time limitations), we did not continue to prioritise this data collection approach. Instead, to ensure adequate representation of perspectives across all constituencies, we held further KIIs with the constituency chairs as well as partners from each of the constituencies.*
- **Partnership e-based enquiry:** The results from the e-based enquiry should not be considered representative of the overall partnership. We received 87 responses, which constitutes 8% of total PMNCH membership according to the PMNCH membership database. The e-survey was delivered in English, which potentially limits the pool of respondents. Qualitative insights from the e-survey are limited. *The lack of representation and potential biases in responses were accepted, considered and noted at the analysis phase. They were also mitigated through corroboration with other data sources. The lack of English may be problematic, although it is noted that English is the language of communication for the Partnership.*
- **Full SNA for the adolescent advocacy toolkit:** Only seven out of the nine relevant stakeholders (who were all invited) participated in an online survey. The survey was made available in English only. *More qualitative information was collected through KIIs and desk review of the existing documents and monitoring tools.*
- **Partial SNA based on the results from the e-based enquiry:** These findings should not be considered representative of the overall partnership (see above and as further described in Appendix M). 87, an average of 64 informants completed the three questions used for the SNA. Further, there were no responses from either the GFMs or UNAs. *No mathematical calculations of the network's metrics were performed, as the sample was not sufficient to represent the whole Partnership. These members are therefore not represented in the SNA visuals. The potential bias is accepted and considered but mitigated through corroboration with other data sources.*
- **Country case studies:** A limitation of the country selection was that it did not include countries where PMNCH has had less traction – which may have presented a bias view of the role and potential value in a PMNCH country engagement. Due to time and budget constraints, the evaluation team was unable to carry out country visits to all countries. *We carried out in-country enquiry in two of the three countries, which explains the higher number of informants for these case studies compared with India (which relied on remote enquiry). The theme of country engagement was further explored through other data sources, in particular KIIs and the Partnership e-based enquiry.*
- **Partnership database analysis:** Membership entries extend only as far as July 2018, based on an updated list received on 21st November 2019. *No specific mitigating action was taken, but the potential bias is accepted and considered, but mitigated through corroboration with other data sources.*
- **Funding analysis:** It was not possible to break down the expenditure of the partnership in the 2017 financial year by PMNCH workstream as this expenditure information is not available in the financial reports. Therefore, we carried out an analysis of budget allocation (rather than expenditure) against the different workstreams, recognising this may not be representative of the exact amounts spent. *No specific mitigating action was taken, but the potential bias was accepted and considered, and corroborated where possible with other data sources including KIIs.*

- **SWOT analysis:** GHPs vary considerably and most evaluations have focused on GHPs that are financing mechanisms or private public partnerships (PPPs), very different in size and structure to PMNCH. The most relevant literature is often not recent, limiting its utility. There are inherent challenges in evaluating the outcomes of partnerships and attributing cause and effect. Additionally, time and budget limitations, as well as the scope of the evaluation did not allow for validation of some of the SWOT findings with other data sources, such as KIIs, or to compare PMNCH financial and institutional arrangements to analogous partnerships. *The SWOT analysis undertaken was based upon the finalised methodology as per the final inception report. Thus, the findings need to be contextualised within this scope. Where possible, the findings have been corroborated with other data sources including KIIs, the e-survey and SNA. Some key sources used in this analysis have limitations to their studies that have also been considered in the SWOT analysis write up in Appendix G.*

Despite these limitations, we are confident that the evidence collected and analysed is sufficient to form a basis on which sound findings and actionable recommendations can be made.

## 4. FINDINGS

In this section, we describe the main findings under each question, and sub-question, relating to the evaluation framework. We first provide findings under the vision and mission dimension (Section 4.1); followed by governance and internal accountability (Section 4.2); partner and country engagement (Section 4.3); and effectiveness, performance and impact (Section 4.4).

### 4.1. VISION AND MISSION

Findings under this thematic area are structured according to the key themes which emerged from the analysis in line with the overall evaluation questions listed below. Whereas aspects relating to the internal accountability of PMNCH are discussed later in Section 4.2 on governance and accountability, PMNCH's accountability portfolio (in terms of its global level work) is described in this Section.

**This section incorporates findings in response to the following evaluation questions:**

1. Are the vision and mission and programming efforts still valid and relevant given the evolving global health landscape?
2. Should there be further Partnership emphasis/prioritisation of specific thematic, geographic or demographic foci?
3. Does the Partnership's ToC provide a convincing logic model for its programming work? How does it drive programmatic decisions?
12. Do programmes add value to efforts already underway by partners or that partners could not initiate on their own?

#### 4.1.1. Relevance and validity of the vision and mission of PMNCH

***The vision and mission of PMNCH are still relevant and valid given the 'unfinished business' of MNCH MDGs. There is some concern that the focus on MNCH in the global health community is being diluted within UHC2030, providing a clear advocacy mandate for PMNCH.***

Global agreements and the supporting architecture on WCAH are constantly evolving, including moving from the MDGs to the SDGs, the 2018 Astana Declaration reaffirming primary health care (PHC)<sup>35</sup> and the 2019 Global Action

<sup>35</sup> The Global Conference on PHC in Astana, Kazakhstan in October 2018 endorsed a new declaration emphasizing the critical role of PHC around the world. The declaration aims to refocus efforts on PHC to ensure that everyone everywhere can enjoy

Plan for Healthy Lives and Well-being for All.<sup>36</sup> This evolving mandate has considerably broadened the focus of the global health landscape (and WCAH) since the period of the MDGs. As previously noted, the WCAH agenda now includes a wide array of topics ranging from “traditional” issues in SRMNCAH, to many with externalities which impact on WCAH such as rights, equity, education, fragility, violence, refugees and internally displaced people, climate change and so on. However, whilst the global health agenda has evolved and expanded beyond a biomedical focus on SRMNCAH outcomes, there remains much ‘unfinished business’, in particular in reaching the poorest and most vulnerable women, children and adolescents. For example, an estimated 2.8 million pregnant women and newborns die every year (1 every 11 seconds), mostly of preventable causes,<sup>37</sup> and inequities persist, with levels of maternal deaths estimated at nearly 50 times higher for women and their babies in sub-Saharan Africa compared to high-income countries.<sup>38</sup>

Clearly, the health and rights of women, children and adolescents cannot be achieved without focusing on UHC, including through a focus on PHC. Yet concerns were raised among stakeholders in the Secretariat, some Board members and the wider literature that the current approach to UHC is not prioritising these populations. For instance, the Declaration of Astana adopted at the 2018 Global Conference on PHC “*failed to prioritise women’s and children’s health, instead calling for a commitment to more general objectives related to UHC*”, and there was no reference to youth in the declaration.<sup>39</sup> Further, the 2019 World Health Assembly (WHA) resolution on UHC does not include “*any reference to children and only a weak reference to women.*”<sup>40</sup>

In this context, there is a strong rationale for the relevance and validity of an organisation focused on the prioritisation of WCAH to ensure proper attention to these population groups in their own right, and in order to move towards UHC. As one informant from a PMNCH constituency noted:

*“We need strong drivers to push and advocate for their cause and achieve not only the unfinished agenda but also the SDG agenda. In this scenario, the Partnership remains relevant and becomes even more important to help convene partners for multi-stakeholder and multi-sectoral action. PMNCH fills a gap in this space – there are platforms that speak to specific issues for example the SUN platform is dedicated to a single agenda point i.e. nutrition but PMNCH speaks to all that contributes to Women’s, Children’s and Adolescents’ Health and well-being.”*

Another stakeholder noted that PMNCH’s vision and mission

*“remains highly relevant because there is a lot of outstanding business from the basic MDG agenda including survival through childbirth, infancy and childhood. In addition, we now have the big push for UHC ... The SDGs have subsumed WCAH with their 169 targets and over 200 indicators”.*

Responses to the Partnership e-based open enquiry corroborated this finding, 63 (86% of) informants reporting that the vision and mission of PMNCH is still relevant in the evolving global context, although a smaller percentage (50%) reported that PMNCH’s vision and mission are relevant at country level (see Section 4.3.2 for further discussion on country engagement).<sup>41</sup>

***However, whether WCAH is being or will be diluted within UHC2030 remains relatively unclear. There is considerable overlap of PMNCH’s mandate and mission with UHC2030 which suggests a potential for more alignment collaboration.***

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the highest possible attainable standard of health. WHO. <https://www.who.int/docs/default-source/primary-health/declaration/gcphc-declaration.pdf>.

<sup>36</sup> WHO (2018) *Towards a Global Action Plan for Healthy Lives and Well-being for All*, launched in September 2019.

<sup>37</sup> UNICEF (2019) *Fact sheet*.

<sup>38</sup> UNICEF (2019) *Fact sheet*.

<sup>39</sup> WHO and UNICEF (2018) *Declaration of Astana*

<sup>40</sup> Bustreo, F and Doebbler, C (2019) *Universal Health Coverage: Are we losing our way on women’s and children’s health?*

<sup>41</sup> The Partnership e-based open enquiry findings on their own however cannot be considered as representative given the low response rate, as noted in Section 3.2.3.



The extent to which WCAH is being diluted within UHC2030 - and hence an argument for the continued relevance of PMNCH - remains unclear at this point and was heavily disputed by some informants including Board members. In September 2019, world leaders endorsed the political declaration for UHC at the United Nations High-Level Meeting (UN HLM), which included six “key asks” for the UHC movement, including “*to establish multi-stakeholder mechanisms for engaging the whole of society for a healthier world*”, “*to leave no-one behind*”, as well as one overarching ask on “*committing to gender equality and women’s and girl’s rights*”.<sup>42</sup> It would be difficult to ignore women and children in ‘leave no-one behind’, and within this ‘ask’ there is specific reference to children and youth. Membership of UHC2030 includes a range of stakeholders – governments, CSOs, donors, PS – and the objective of ‘move together’ is to establish multi-stakeholder mechanisms.<sup>43</sup> Hence, there is substantial overlap between PMNCH and UHC2030 in membership, mandate and mission.

On the other hand, whilst world leaders endorsed the political declaration for UHC at the 2019 UN HLM, informants from PMNCH Secretariat noted that it took considerable advocacy (reportedly spearheaded by PMNCH) to resist the deletion of paragraphs related to SRMNCAH in the declaration. An example of this push-back from some countries is the much-contested joint-statement on UHC during the United Nations General Assembly (UNGA) in September 2019 that was endorsed by 19 countries. The joint-statement stated that the 19 countries did not support – amongst other key SRMNCAH areas such as sex education - the use of language around SRHR in UN documents.<sup>44</sup> Another example of pushback is the US government’s Mexico City Policy.<sup>45</sup> Thus, whilst SRMNCAH issues have remained central to the UHC2030 Political Declaration, findings from the documentation review and some KIIs suggest that – whilst the declaration is a success in uniting member states around the “key asks” – the asks specific to SRMNCAH will require continued comprehensive efforts and focus for implementation due to the backlash against these topics from some member states.

Whilst the need for specific focus on SRMNCAH within UHC2030 requires further exploration and discussion, the similarity of PMNCH’s and UHC2030’s mandate and mission may have significant implications for PMNCH’s vision and mission in the next strategy. Options include remaining as a standalone Partnership, whilst exploring opportunities for close collaboration and alignment with UHC2030 (notably PMNCH does not appear to be a partner in UHC2030); and establishing a more formal partnership with UHC2030, to minimize the risk of duplication. See Section 6 for more discussion of options.

#### 4.1.2. PMNCH’s value proposition

***Whilst many active partners believe PMNCH has a potential unique role to address WCAH issues, the majority of informants suggest PMNCH has not yet clearly defined its role, or identity, under the SDGs.***

More than half of informants to the e-based open enquiry reported that the Partnership still fills a unique role in addressing WCAH priorities, with many citing PMNCH’s convening power to streamline activities for WCAH as a key possible niche. However, many respondents also noted the need to make partner engagement more effective (this is explored further in Section 4.3.1). A strong opinion emerged from the KIIs, including Board members, PMNCH members from a range of constituency groups, external stakeholders as well as some Secretariat members, that PMNCH has suffered an “*identity crisis*” since the introduction of the SDGs in 2015 – with insufficient prioritisation or clarity on the Partnership’s technical focus or role. The MDGs had much clearer goals for the Partnership to rally behind, whilst the SDGs are broad, situated within a more complex global health environment with a myriad of emerging issues including UHC, climate change, fragile states, social determinants, digital health, SRHR. PMNCH was seen by the majority of Board level stakeholders, wider partners and external stakeholders as “*no longer fit for purpose*” having insufficiently evolved from the MDGs to the SDGs – with the Partnership currently trying to join up disparate dots rather than having a strategic focus for impact. As one stakeholder commented, “*PMNCH has now*

<sup>42</sup> UHC2030 (2019) [UN HLM on UHC in 2019: Key targets, commitments and actions](#).

<sup>43</sup> UHC2030 (2019) [UHC2030 news](#).

<sup>44</sup> US Department of Health and Human Services (2019) [Remarks on Universal Health Coverage](#)

<sup>45</sup> This is a US government policy that blocks US federal funding for NGOs that provide abortion counselling or referrals, advocate to decriminalize abortion, or expand abortion services. While no financial data seems to be available, there is past evidence that the application of the US government’s then Mexico City Policy resulted in increased abortions and reduced uptake of contraceptives in Sub-Saharan Africa. Sources: US Government (2017) [Presidential Memorandum Regarding the Mexico City Policy](#) and KFF (2019) [The Mexico City Policy: An Explainer](#).

*become too big and unwieldy, with no clear added value*". One informant with wide knowledge of the Secretariat even commented, *"being clear about what we don't do is a conversation that we don't have"*.

There appears to be a clear tension between the tendency to do more in order to maintain relevance to a broader diversity of groups and organisations within the Partnership, versus doing less and focusing, yet running the risk of being less relevant to some partners. Secretariat informants reported that PMNCH has managed to narrow the large scope of the 2015 Global Strategy through the creation of a 2020 EWEC Partners' Results Framework, focusing on agreed urgent "gaps" for action, each backed by a partner-led working group with advocacy and accountability deliverables. The Secretariat noted that the results of this narrowing of scope are visible across PMNCH's work and are frequently communicated through the web, e-blast and other events. The Secretariat also reported that one of the benefits has been to surface many overlaps between PMNCH's functions in advocacy and communications, alignment and accountability, and introduced dialogue among partners on complementarity of their roles.

However, informants external to the Secretariat suggested that the breadth and diversity of PMNCH (through the six areas of the Results Framework) and more generally through the representation of the interests of a wide range of constituencies and partners, still contributed to the Partnership being pulled in too many different directions. Furthermore, some key Board informants and others raised concerns that the breadth of PMNCH's mandate was in large part driven by donor priorities, funding opportunities and the priorities and interests of Board members. This has resulted in a widespread perception across stakeholder groups (and somewhat contrary to the actions described above relating to the EWEC Partners' Results Framework) that PMNCH is 'reactive' to the donor environment, rather than maintaining a clear direction and focus.

A specific example was raised about PMNCH's planned move into digital health, an area where PMNCH was not seen to have a comparative advantage, with questions raised about the extent the decision was driven by the availability of funding. As one informant further explained, *"PMNCH needs a clear plan of what it is advocating for, which it currently does not have... Too often, PMNCH goes with campaigns that are important to one constituency or a particular Board member."* In addition, notes from recent EC and Board meetings show that there is a level of consensus within the EC on the need to prioritise PMNCH's efforts and to be clear on the focus areas of work for both the Partnership and the Secretariat.<sup>46</sup>

Thus, this risk reduction strategy of keeping PMNCH's mandate broad was seen to actually increase risks by (i) the Partnership being seen as reactive (increasing the risk for duplication of work with other organisations); (ii) the Partnership being at risk of losing focus on target WCAH populations due to specific Board member or donor interest; and (iii) the Partnership being seen to be 'doing everything and therefore doing nothing' with partners currently spread thin across a wide agenda. As one stakeholder explained, *"PMNCH is playing 'catch up' in relation to shifting trends and paradigms in the global health space"*. The root cause of PMNCH's struggle to focus its efforts over the past four years was widely discussed over the interviews, and can be summarised as follows:

- Decision making challenges at the Board itself. Board members, wider partners and external stakeholders noted that donors on the Board push for their agenda at the same time as the EC pushes for greater focus (see Section 4.2 for further discussion on challenges around decision-making within the Board);
- The participatory approach taken by the leadership of the Secretariat, to encourage empowerment of all voices, makes it challenging to present a clear and specific direction.

***There is a dominant opinion that the Partnership needs more focus and better prioritisation, with greater clarity on PMNCH's goals, in order to maximise its added value. Some stakeholders voiced concerns on whether PMNCH has sufficient appetite for change.***

There is a dominant opinion amongst informants that the greatest potential added value for PMNCH is to advocate for SRMNCAH issues, given the large unmet needs, growing inequities and the global backlash on SRHR.<sup>47</sup> However, the majority of interview informants suggested that PMNCH needs to focus and prioritise in order to achieve its value add in this space. In addition, thirty-eight (58%) of informants to the e-based open enquiry felt the scope of

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<sup>46</sup> Executive Committee (2019) NfR: 09 July 2019 / PMNCH (2019) NfR, 24<sup>th</sup> Board meeting, Nairobi.

<sup>47</sup> For example, Reis Brandao, E., & Cabral, C. D. S (2019) Sexual and reproductive rights under attack: the advance of political and moral conservatism in Brazil. *Sexual and Reproductive Health Matters*. 27, 76-86; Amnesty International (2015) Global backlash against women's rights is having devastating toll; IPPF (2018) Together against the backlash on reproductive rights

activities of the Partnership could be improved, although few of these informants contributed specific suggestions on the direction that the Partnership should move into, which may relate to a limitation of the Partnership e-based open enquiry methodology. In addition to focusing and prioritising, it was widely suggested through the KIs across all stakeholder groups that a clear and focused goal would likely enable the demonstration of an enhanced value add of the Partnership. Consistent with this, the SWOT on GHPs found that successful GHPs need “a *simple and compelling goal, and a clearly defined and focused scope (disease, geography, population, activities)*”<sup>48,49</sup> and to “*define their value proposition not only by ambitious goals, but by their distinctive contribution and comparative advantage in reaching those goals*”.<sup>50</sup> Yet, the document review found that while PMNCH’s vision and mission are laid out clearly in the PMNCH website, the goals are unclear. The website notes that:

*“PMNCH provides a platform for diverse organizations from donor agencies, national governments, the UN, academia, NGOs, the private sector, youth organizations and other groups to align objectives, strategies and resources, and to agree on evidence for action to support the attainment of the SDGs, including through UHC and PHC.*

*PMNCH allows members to deliver more collectively than they would alone. Improving the health and wellbeing of women, children and adolescents is the greatest collective endeavour of our time. Since its inception, PMNCH has worked to forge and strengthen partnerships and drive momentum towards the attainment of global targets for women’s, children’s and adolescents’ health.”*<sup>51</sup>

This, in our view, is neither simple or focused. In addition to a focused goal, the Chair of the SC recently explained that the new 2021-2025 Strategy must “*develop a clear and agreed value proposition, that has analytical integrity*”.<sup>52</sup>

Despite this widely recognised need for focusing and prioritising efforts, some stakeholders, including Board members, members of PMNCH constituencies and external stakeholders, question PMNCH’s capacity to change its institutional structures and refocus its strategic direction. Stakeholders noted that internally there is a drive for change, but this may not result in action. One example, raised by a number of PMNCH Secretariat and Board members, was the Board decision to merge with EWEC in December 2017.<sup>53</sup> Although we understand that this was not actioned due to decisions by the EOSG (which were beyond PMNCH’s control), it represents a lost opportunity for potential alignment of key stakeholders .

There have been many discussions at PMNCH’s Board about its positioning and re-branding, yet it seems that no decisions have been made for action to date.<sup>54</sup> Indeed, there are other relevant structural, political and broad situational factors which can impact on a Partnership’s opportunity to strategically flex but ‘appetite for change’ is nonetheless a key focus of feedback here. The 2014 PricewaterhouseCoopers (PwC) evaluation also highlighted the lack of focus and clarity of direction of PMNCH, calling for PMNCH to “*clearly set out the niche in which it operates*”<sup>55</sup> - yet the same challenge appears to remain five years later. A stakeholder explained,

*“I don’t ever recall anyone from the Secretariat explaining what it is or why it exists... So, there is an assumption that it just exists and others ought to already know this. And more substantially, I suspect that a group that does not think it needs to explain itself (or does not know how to) is not considering how to remain relevant and deliver for MNCAH in a continuously evolving environment”.*

These are strong words, but they were repeated in substance by many key informants.

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<sup>48</sup> Caines et al. (2004) Assessing the Impact of Global Health Partnerships.

<sup>49</sup> McKinsey & Company (2002) Developing Successful Global Health Alliances.

<sup>50</sup> Buse and Tanaka (2011) Global public-private health partnerships: lessons learned from ten years of experience and evaluation.

<sup>51</sup> PMNCH (2019) About PMNCH.

<sup>52</sup> Nordstrom, A (2019) PMNCH 2021-2025 Strategy process.

<sup>53</sup> PMNCH (2017) 21<sup>st</sup> Board meeting, note for the record.

<sup>54</sup> PMNCH (2018) Global Development Shifts and PMNCH’s Positioning and Rebranding: Ann Starrs.

<sup>55</sup> PwC (2014) External evaluation of the Partnership for Maternal, Newborn and Child Health.

Reasons for the perceived low potential for change that were suggested by the majority of informants from across stakeholder groups included the participatory culture of PMNCH and challenges around the Board size – the Board is seen as a forum for discussion and consensus building, rather than for strategic decision-making (further explored in Section 4.2.2). In addition to this, an informant noted that changes in Secretariat and Board leadership within the period under review constrained PMNCH’s capacity to deliver on focus and alignment, including with UHC partners.<sup>56</sup>

***PMNCH needs to review how it can collaborate with new GHPs and decide where it can add most value. Informants suggested a landscaping of SRMNCAH work across the global landscape to assess the Partnership’s specific value add and comparative advantage.***

Many organisations and GHPs (e.g. GFF, EWEC, H6, UHC2030 etc.) are working in the same field as PMNCH, and as a result, there has reportedly been, and continues to be, significant overlap of missions. As found in the SWOT analysis, a recent report by Colenso (2017) indicates that EWEC entities often overlap and the many additional global health initiatives further complicate the issue.<sup>57</sup> External stakeholders explained that there have been calls, including from donors, for PMNCH to clearly outline its role and comparative advantage against other partnerships - for example, the new initiatives such as UHC2030 and the associated Global Action Plan for Healthy Lives and Well-being for All, the latter of which brings together 12 multilateral health, development and humanitarian agencies to support countries to accelerate progress towards the health-related SDGs.<sup>58</sup> As one stakeholder commented,

*“PMNCH should also be careful not to duplicate what partners are already doing at global or country level – but to build on it.”*

As noted above, the Secretariat, among others, has highlighted, and worked to address the overlapping mandates and functions among EWEC partners, resulting in duplication and inefficiencies,<sup>59</sup> and unsuccessfully argued for merging PMNCH and EWEC.<sup>60</sup> Board members, wider partners and external stakeholders suggested that PMNCH needs to pause and take stock of all the current initiatives, and to carry out a landscaping of the current environment and analyse the Partnership’s comparative advantage and added value within this space, particularly to inform the new strategic period. As one informant explained,

*“Business as usual won’t work, we have to scan this environment to understand where the opportunities are and what the added value can be of PMNCH. We cannot try to do everything, but instead need to single out three top priorities and go for it, otherwise we get buried in the woodwork which in the end doesn’t add value”.*

#### **4.1.3. Applicability and relevance of the 4As**

***There are diverging views over the Partnership’s capacity to deliver on all the “4As”; although advocacy was almost unanimously seen as the function where PMNCH has a clear added value.***

PMNCH’s 2016-2018 Business Plan identifies the four functions as central to its value proposition (see Box 2.2 in Section 2.3). According to PMNCH Secretariat the four ‘As’ – Analysis, Alignment, Advocacy and Accountability - underpinning the ToC and Results Framework are meant to be sequential:

- i. synthesise and translate analysis,
- ii. then align partners around robust evidence,
- iii. then once there is a critical mass behind the message, carry out advocacy based on that evidence, and
- iv. then finally hold organisations/ countries/ individuals accountable to the commitment.

The “4As” were not necessarily an intentional focus of the enquiry but were raised by a high number of stakeholders across groups and so warranted a focus during data analysis. For PMNCH, the 4As are intended to be key drivers and interlinked, though some informants external to the Secretariat found the high amount of workstreams (six workstreams with four functions each) confusing and theory-based, with many not understanding the links between the 4As or their specific applicability to guiding the Partnership’s work. Hence, the 4As were seen as components of

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<sup>56</sup> For example, there were three changes to the Board chair in a 14-month period in 2018 and 2019).

<sup>57</sup> Mokoro (2015) Independent Comprehensive Evaluation of the Scaling Up Nutrition Movement

<sup>58</sup> WHO (2018) Towards a Global Action Plan for Healthy Lives and Well-being for All

<sup>59</sup> PMNCH (2018) PMNCH Position Paper. “Improving alignment among core partners of Every Woman Every Child”. 25 March 2018

<sup>60</sup> PMNCH (2017) PMNCH 21st Board meeting: Note for the record: 12-14 December 2017



more internal, structural considerations, rather than external value oriented. In terms of PMNCH's (partners and the Secretariat) capacity to deliver on the 4As, the interviews revealed diverging views between different stakeholders on where PMNCH and/ or the Secretariat has added advantage within these four areas and in which area attention should be focused – this is discussed further below.

**Analysis: PMNCH's role as a synthesiser, rather than a generator of analysis is not well understood, with many informants presuming that this relates more to the generation of evidence, rather than evidence synthesis.**

As described in Box 2.2 in Section 2.3, PMNCH's intended function in analysis is – through its members and the support of the Secretariat – *“to synthesise, translate and make accessible vital research and evidence on WCAH, with a particular focus on high-impact interventions and innovations to drive WCAH outcomes... to guide policy and programming decisions, and to track progress towards global, regional and national goals.”* Despite this being clearly outlined in the 2018-2020 Business Plan, many informants (external to the Secretariat) lacked understanding of PMNCH's role in analysis. However, the majority of informants agreed that the Partnership has a role in raising awareness through synthesising, packaging and sharing analytical evidence and lessons learned, rather than generating original research, which requires a significant time and resource effort, as well as very specific expertise. As one informant explained, PMNCH could be *“a go to place for information on MNCH information and action”* that provides links to other organisations and resources, and/ or with a think tank role that links policy, technical and advocacy work and identifying how partners can play a lead role in the area of analysis. Another stakeholder from the Board explained;

*“The Secretariat's role is synthesising the best of all of the above, to get a simple common shared understanding of what the issues are, drawing on what is out there and using that as the basis for advocacy.”*

Perhaps a good example of PMNCH aligning around an issue and generating an important research product is the *“Essential Interventions, Commodities and Guidelines for Reproductive, Maternal, Newborn and Child Health”*.<sup>61</sup> This was a collaboration in 2011 between PMNCH, WHO and the Aga Khan University, with various other technical organisations and individuals. A total of 142 Reproductive, Maternal, Newborn and Child Health (RMNCH) interventions were identified, assessed and selected for this review based on current WHO recommendations. The study was designed to facilitate decision-making in low- and middle-income countries (LMICs) about how to allocate limited resources for maximum impact on the health of women and children. The study reviewed more than 50,000 scientific papers to determine the proven effectiveness of interventions and impact on survival, identifying 56 essential interventions that when implemented in “packages” relevant to local settings, are most likely to save lives.<sup>62</sup>

Some other informants suggested that whilst analysis does not need to be done by the PMNCH Secretariat, an alternative approach, in line with the concept of a ‘partnership’, would be to sub-contract all analysis roles to a partner organisation with relevant capacity and expertise. The new PMNCH evidence and knowledge working group's TOR is aligned with these suggestions. Whether PMNCH would or could take on the oversight or quality control role needs to be carefully considered with the evidence and knowledge working group's emerging TOR.

**Alignment: Whilst PMNCH did well in aligning MNCH organisations during the MDGs, the scope and direction of the Partnerships work in alignment under the SDGs is less clear, especially with the Partnership's current broader focus.**

One of the key reasons PMNCH was created was to improve alignment of partners and initiatives around MNCH in an era when the global MNCH architecture was fragmented and duplicative. More recently, the rapid growth in global health movements, campaigns and initiatives, with their multiple public and private actors, again risks duplication and fragmentation at global and country levels. The need for alignment on strategic advocacy and programmatic collaboration, at both Board and Secretariat levels, is therefore greater than ever.<sup>63</sup> Most informants agree that EWEC is no longer relevant, but question how PMNCH can best fit in the emerging global health architecture, including

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<sup>61</sup> PMNCH (2011) *Essential Interventions, Commodities and Guidelines for Reproductive, Maternal, Newborn and Child Health*

<sup>62</sup> Ibid

<sup>63</sup> As mentioned in the Methodology section, due to time constraints the evaluators were unable to carry out a counterfactual analysis as a part of their methodology.

collaborating and aligning with other newer partnerships such as UHC2030 - questions that needs to be resolved in the new Strategic period.

***Advocacy (I): The Partnership appears to have an added value in advocacy, but needs a strategic communications plan to provide clear direction and focus. Attributing the impact of the Partnership's advocacy efforts on outcomes is difficult.***

Through its advocacy, PMNCH seeks to achieve “*the highest possible political commitment to women’s and children’s health and strengthened partner engagement and alignment nationally, regionally and globally*”.<sup>64</sup> Advocacy is the area which all informants considered to be a strength, also reflected in discussions at the 2019 Nairobi Board meeting. There is consensus that PMNCH has the potential to play an important role in articulating country and grass roots concerns at global level. As one informant noted, “*advocacy is what we do best*”. The PwC 2014 evaluation found that partners are more engaged with PMNCH on advocacy and knowledge and see PMNCH as having a comparative advantage in these areas, than is the case for example, for accountability.<sup>65</sup> However, it was noted by the Secretariat that advocacy is also the most visible or “*front facing*” function, whereas analysis and alignment were described by the Secretariat as occurring behind the scenes. As one member of the Secretariat explained, “*most people see advocacy as a strength, as it is the one they have come into contact with.*”

There are examples of successful global advocacy efforts such as PMNCH’s facilitating work on the Nurturing Care Framework for ECD<sup>66</sup> and PMNCH’s work on advocating for change for adolescents, through which PMNCH and Women Deliver produced a practical toolkit for young people to drive advocacy and accountability for improved adolescent health and well-being at subnational and national levels<sup>67</sup> (examples of successful advocacy at the country level are described in Section 4.3.2 and are further described in Appendix F). Stakeholders across different groups also commended PMNCH for keeping high-level representatives on the Board and attracting strong leadership, which was found to have helped gain political support for different advocacy campaigns. Balancing opportunities from this high-level representation, with the perceived power-imbalances in the current composition of the Board (as described in Section 4.2.2), need to be carefully thought through in the design of the next strategy.

PMNCH is also seen by some as adding value by bringing the NGO activist voice to the global level (which the UN does not do). But it is also important to mention that the NGO members vary significantly in size and coverage. Women Deliver and White Ribbon Alliance, for example, have strong advocacy voices of their own and use social media to good effect without needing help from PMNCH. Indeed, measuring the effectiveness of advocacy efforts and the impact that can be attributed to the Partnership is a challenge (further discussed in Section 4.4.1).

The Board approved an Advocacy and Communication Strategy for 2016-2018<sup>68</sup>, however this has not been updated and currently the Secretariat has no active strategy to guide the Partnership’s communications, marketing and branding, including around strategic advocacy campaigns. Members of the Board, wider partners and some Secretariat members noted that the lack of a communications strategy creates a perception that the Partnership’s work is “*blowing in the wind*”, with fragmented efforts spread thinly across the six workstreams.

In going forward, many stakeholders explained that there is a clear added value of partnership with regards to advocacy - consolidating the product, identifying blind spots and developing tools that translate to global or country priorities. During the November 2019 Board meeting, the Board decided that a “digital-first” umbrella campaign on WCAH and UHC advocacy emphasising increased domestic financing and measurable investments in priority areas and targeting key decision makers and influencers such as heads of state, parliamentarians, media, including through youth-led advocacy, could be an important approach to build on and link together ongoing efforts by PMNCH

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<sup>64</sup> PMNCH (2019) Advocacy.

<sup>65</sup> PwC (2014) External evaluation of the Partnership for Maternal, Newborn and Child Health.

<sup>66</sup> PMNCH (2017) ‘A partnership on the move’ PMNCH 2017 Annual Report.

<sup>67</sup> PMNCH (2017) ‘A partnership on the move’ PMNCH 2017 Annual Report.

<sup>68</sup> PMNCH (c 2016) PMNCH Advocacy and Communications Strategy 2016-2018

in their own domains.<sup>69</sup> Further, a digital strategy for PMNCH was drafted in 2019 which may provide further insight into how PMNCH can improve communications in the future.<sup>70</sup> This is consistent with feedback to this evaluation, which highlighted the need for PMNCH advocacy to be more strategic and to focus on specific issues and specific outcomes.

The KIIs provided broad consensus that advocacy should be at the global, rather than country level. Further, that there should be focus on niche areas of advocacy defined by what others are doing and bringing the partnership together around these defined areas, rather than funding country level advocacy (see Section 4.3.2 for further discussion around PMNCH's work at the country level). However, a recent assessment of the AYC constituency found that AYC country grants for the advocacy toolkit are one of PMNCH's most successful projects for AYC capacity building, coalition strengthening, advocacy, accountability.<sup>71</sup> The PMNCH advocacy working group reportedly understood that the November Board meeting decision on its mandate was to put countries at the heart of its design, consultation and implementation efforts, albeit through a global effort.

Many informants consider that PMNCH could usefully strengthen its role in knowledge management, or as a 'think tank'. Some informants also suggested that PMNCH could play a role in strengthening the capacity of CSOs for advocacy, through the civil society constituency and regional partners or networks with relevant skills, though it is understood that many may have been unaware of PMNCH's ongoing CSO capacity building work. Ideally any move in this direction should be done in coordination with other similar initiatives, e.g., SUN support for capacity building of CSOs for advocacy around nutrition, as well as recognise and potentially operate through existing CSO support hubs or mechanisms in-country (PMNCH's ongoing work on CSO capacity building is further discussed in Section 4.3.2). Meanwhile, CSOs are calling for greater coordination and alignment of support across GHPs and GHIs. A review of 88 grants from Family Planning 2020 (FP2020), PMNCH, GFF, the Global Fund, SUN, and Gavi found that 59% of grants support policy advocacy, 49% support capacity building, 41% support monitoring and accountability efforts, 40% support meetings, workshops and international conferences, 36% support communications efforts, and 32% support efforts to increase awareness; less support is provided for resource mobilisation, budget advocacy, and research. There is likely much overlap and duplication. Notably, PMNCH has recently supported a paper that outlines three practical options to strengthen alignment of global health initiative (GHI) funding to civil society.<sup>72</sup>

***Advocacy (ii): PMNCH should engage more with politically sensitive, yet important issues which have an impact on maternal health, though there is recognition of the risks of doing so.***

Despite the Secretariat reporting engagement on politically sensitive topics through its website and eBlast,<sup>73</sup> smaller NGOs have raised concerns that they find it difficult to speak out through PMNCH on issues that are "*politically sensitive*" (such as SHRH topics including abortion which should – according to many informants from NGOs – be priority advocacy issues). Smaller NGOs reported that there is a strong value-add for PMNCH in raising the profile of such topics so to pave the way for more specific efforts by smaller NGOs with less comparative political clout. However, whilst a few informants from NGOs felt that they were encouraged to network and communicate with senior officials at PMNCH board meetings, some NGO informants also noted that they were unable to raise their voices (this is further explained in Section 4.2.2 in relation to discussing the Board composition and decision making processes).

In going forward, if PMNCH is to be "Partnership-centric" and to give voice to neglected and priority issues around SRMNCAH, there is potentially a case for "cage rattling" advocacy from what ought to be a safe yet influential platform. Related to this, the bottlenecks to PMNCH's engagement in this space were seen to be (i) donor-related, and (ii) influenced by PMNCH's hosting arrangement with WHO, which was seen by many informants as concerning in terms of WHO's potential to shape the work of the Partnership under a 'UHC umbrella' as per WHO's mandate, and an impediment in terms of the Partnership's capacity to engage in more political topics which may not be

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<sup>69</sup> PMNCH (2019) PMNCH 24<sup>th</sup> Board meeting: Note for the record.

<sup>70</sup> PMNCH (c. 2019) Working Group Discussion Topics: PMNCH Digitalisation

<sup>71</sup> Swiss THP (2019) Assessment of the Adolescents and Youth Constituency of the Partnership for Maternal, Newborn and Child Health. Assessment Report Final Draft

<sup>72</sup> Hurd, S., Toure, K and Burgessm C (2019) Aligning GHI's support to Civil Society Organisations

<sup>73</sup> Cited examples have included eBlast on the consequences of the GAG rule (2017) and driving the call for action on SRHR in UHC (2018 and 2019).

supported by all member states. This is further discussed in Section 4.2.1. Advocacy in these sensitive spaces will require strong collective leadership from the Board.

**Accountability: In the era of the SDGs, this is a crowded arena and PMNCH's current role is unclear.**

The 2014 PwC evaluation noted that PMNCH was seen as an “*ideal partner*” to conduct the tracking of the commitments to the Global Strategy on Women and Children, whilst the evaluation also noted the contrary statement that “*currently PMNCH Secretariat has limited capacity and its comparative advantage in tracking accountabilities to RMNCH questionable*”. The evaluation recommended that PMNCH review its comparative advantage in tracking accountabilities.<sup>74</sup> In follow-up to this recommendation, PMNCH 2018-2020 Business Plan outlined PMNCH's role in global accountability:<sup>75</sup>

*“to track commitments and synthesise progress towards achieving the EWEC Global Strategy’s “survive, thrive and transform” objectives and their related SDG targets through its members and constituency groups, including a growing focus on collaboration with parliamentarians and the media. Its multi-constituency nature promotes constructive, open and truly inclusive dialogue. PMNCH also supports a panel of experts — the Independent Accountability Panel — that reports annually on progress towards the global goals directly to the United Nations Secretary-General’s EWEC High-Level Steering Group.”*<sup>76</sup>

Informants from the Secretariat reported that work on shaping and updating the role of PMNCH in tracking accountabilities has been ongoing, including *inter alia* hosting of the IAP. The Secretariat described PMNCH's activities for global accountability, which have included regularly reporting on commitments (e.g., commitment reports, UNGA accountability breakfasts), playing a leading role in ensuring a consolidation of accountability reporting processes, and working to support tracking official development assistance (ODA) and domestic financing of RMNCH.<sup>77</sup> This latter has included the implementation of the G8's Muskoka methodology (PMNCH used the Muskoka methods with a few modifications) to track disbursements in fulfilment of commitments to the Global Strategy for Women's and Children's Health (2010–2015) in their annual accountability reports.<sup>78</sup>

Broadly, informants raised three key issues over PMNCH's function on accountability:

**Firstly, there is need for PMNCH to clearly articulate its specific role in global accountability for the Global Strategy relative to the work of others.** There are many actors within the PMNCH membership and beyond involved in tracking progress towards global commitments (e.g., Countdown, FP2020, H6 partners), EWEC (whereby PMNCH has aligned with FP2020 and EWEC to be the lead on tracking commitments and has published the reports of these), the Global Strategy, and tracking indicator progress and ODA for RMNCH.<sup>79</sup> Related to this, there has been growing concern within and outside PMNCH about the multiplicity and apparent lack of coordination among reports that are produced by these many actors under the umbrella of ‘accountability’ in relation to the Global Strategy.<sup>80</sup> Indeed, between 2017-2018, a recent analysis found that a multitude of different reports on accountability in relation to the Global Strategy were released “*at different times of the year at different events by different entities within the EWEC architecture, with different thematic focuses and recommendations.*”<sup>81</sup>

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<sup>74</sup> PwC (2014) External evaluation of the Partnership for Maternal, Newborn and Child Health.

<sup>75</sup> To note, another separate function in terms of accountability is internal accountability and the work of the Secretariat in monitoring and evaluating PMNCH's own results, as well as tracking the work of partners. This is discussed later in Sections 4.2.3 and 4.4.2.

<sup>76</sup> PMNCH (2016) Business Plan 2016-2018.

<sup>77</sup> PMNCH (2018) Strengthening the tracking of official development assistance and domestic financing for women's, children's and adolescents' health.

<sup>78</sup> Pitt, A et al (2018) Tracking aid for global health goals: a systematic comparison of four approaches applied to reproductive, maternal, newborn, and child health.

<sup>79</sup> In regard to tracking EWEC commitments, PMNCH has aligned with FP2020 and EWEC to be the lead on tracking commitments and has published the reports of these.

<sup>80</sup> Starrs, A (2019) Final Analysis of Global Strategy Reporting on Progress and Accountability. 1 July 2019.

<sup>81</sup> Starrs, A (2019) Final Analysis of Global Strategy Reporting on Progress and Accountability. 1 July 2019.



Within the PMNCH Secretariat, there was some suggestion of “*extensive efforts*” to align global health partners on global reporting.<sup>82</sup> In contradiction, the majority of stakeholders external to the Secretariat, including Board members and partners, suggested that PMNCH’s work in accountability has contributed to this complexity (referring to the myriad of global health actors working in this space). Challenges for PMNCH in terms of accountability as discussed by some informants include (i) the current difficulty to obtain a clear picture of the key achievements, challenges and gaps in progress towards WCAH targets – making it difficult for people to follow up on recommendations made, and (ii) other organisations arguably better placed and resourced than PMNCH to lead in accountability.

Further, some informants suggested that the Secretariat’s tracking activities for the EWEC commitments are not an especially useful, or a good use of resources and that PMNCH could best add value by collating, making sense of and sharing accountability findings generated by other actors and then using these findings to inform advocacy. The proposed ‘one-stop’ website<sup>83</sup> could provide a useful start and would be consistent with the proposal to create an accountability ‘portal’ that would: summarise all commitments and pledges made by countries (and potentially other stakeholders) to WCAH; provide links to country profiles, health databases, and other sources of data linked to key indicators for WCAH; provide links to partner governments’ (PGs’) own reporting and data sources, including scorecards, annual progress reports related to WCAH; and offer a mechanism for individuals and organisations to comment on the implementation of commitments, sharing observations, stories, and data.<sup>84</sup>

**Secondly, PMNCH needs to review its capacity, independence and political clout to collaborate with parliamentarians and the media** in order to hold governments to account. As described in Section 4.2.1, some Board members and external stakeholders familiar with the WHO hosting arrangement questioned whether PMNCH can be truly independent whilst being hosted by WHO. In particular, the hosting arrangement was seen by some informants as a “*significant impediment*” to its ability to call out Member States related to their actions around SRMNAH.

**Thirdly, the respective accountability roles of PMNCH and the IAP are unclear, with divergent views on the effectiveness of PMNCH’s hosting arrangement with the IAP.** The creation of the IAP, with its mandate for independent monitoring and reporting to the UN Secretary General’s office was at its inception a unique mechanism, with considerable potential. As part of its role in coordinating global accountability efforts under a unified accountability framework, the PMNCH Board agreed in October 2015 to host the IAP Secretariat established in the updated Global Strategy.<sup>85</sup> Through this hosting arrangement the IAP’s budget is fully integrated into PMNCH’s overall budget.<sup>86</sup> Through this mechanism, PMNCH allocated 13% (US\$5.2m) of its total budget for the 2016-2018 Business Plan to the IAP.<sup>87</sup> The PMNCH 2017 annual report noted that

*“PMNCH will continue to host and support the IAP, and to promote its independent review function and role in ensuring progress towards implementing the Global Strategy from the specific lens of accountability. The IAP’s vision and ambitions for the future are to build on its achievements and encouraging developments, turning its recommendations into tangible actions by stakeholders – most importantly, at country level through increased opportunities for engagement and dialogue, in order to foster a culture of accountability.”*<sup>88</sup>

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<sup>82</sup> PMNCH Secretariat stakeholders noted that these efforts have culminated in the forthcoming BMJ Series (launching online on the 27<sup>th</sup> January 2020) on Leaving No Woman, No Child, No Adolescent Behind.

<sup>83</sup> PMNCH (2017) Annual Report. As noted by PMNCH in its 2017 Annual Report: “PMNCH will develop a “one-stop” website to direct and increase focus on accountability across results (e.g. Global Strategy progress reporting), resources (e.g. ODA, domestic financing for WCAH and EWEC commitments) and rights (including of adolescents, young women and people in humanitarian and fragile settings)”.

<sup>84</sup> Starrs, A (2019) Final Analysis of Global Strategy Reporting on Progress and Accountability. 1 July 2019.

<sup>85</sup> PMNCH (2015) ‘Achieving the World We Want for Women, Children and Adolescents’ PMNCH 2015 Annual Report.

<sup>86</sup> Some donors who fund PMNCH, earmark to the IAP some of the grant funding they provide. Last year this was, for example, DFID. Otherwise, IAP is funded from PMNCH’s available unearmarked resources.

<sup>87</sup> Source: PMNCH (2016) 2016-2018 Business Plan. The breakdown of funding specifically allocated to the IAP is not available for 2018-2020 in the Business Plan.

<sup>88</sup> PMNCH (2017) ‘A partnership on the move’ PMNCH 2017 Annual Report.

Whilst some Secretariat staff (but not all) stated that (i) the hosting arrangement has been effective, and (ii) the funding allocation reflects PMNCH's prioritisation of the IAP, a recent evaluation of the IAP reported that the IAP's budget has never been much more than minimally sufficient to enable it to fund the IAP Secretariat, IAP working meetings and report delivery, with insufficient resources to develop and expand its reach.<sup>89</sup>

Further, stakeholders including Board members, partners and other external stakeholders familiar with the IAP expressed concerns about the IAP's role, concerns corroborated by the IAP Evaluation which reported issues with the Partnership's support for and promotion of the role of the IAP's independent review function.<sup>90,91</sup> The Evaluation noted that, *"the consequences of this have been significant for both the IAP – in as much as it has limited its influence and reach – and for PMNCH (including PMNCH Board), which does not in practice, appear to see its role as that of championing IAP recommendations and ensuring that these recommendations are taken forward and implemented by relevant stakeholders despite the commitment in its strategic plan."*<sup>92</sup> Many informants also noted confusion, and - at times - competition between PMNCH and the IAP in terms of their mandates and roles, with for example, one informant noting that PMNCH has not used IAP findings and recommendations to inform advocacy: *"PMNCH has not used IAP's role in accountability to galvanise any support for any issues."*

The IAP evaluation recommended that the IAP become the independent accountability panel for SDG3, including reviewing progress against a set of core indicators, supporting country accountability processes and focusing on accountability among global health partners, and that it be hosted by WHO rather than by PMNCH.<sup>93</sup>

The three issues described above call for (i) an alignment across all organisations working in this space, and (ii) for PMNCH to clearly explain its niche and value add for accountability against other organisations and the IAP. The PMNCH Board at its 24<sup>th</sup> Board meeting in Nairobi, following on from a recommendation from the July 2019 Board meeting, proposed establishing an accountability working group, which would make recommendations on the respective accountability roles of PMNCH and the IAP and strengthen accountability through country MSPs. Clearly there is need for any future work on accountability to address the recommendations in the already cited Starrs report<sup>94</sup> as well as the recommendations in the recent IAP evaluation.<sup>95</sup>

#### 4.1.4. Priority focus areas

***There is consensus within PMNCH to focus on 'unfinished business' in reducing maternal and child mortality. This has practical implications given the high risks and costs of reaching these populations which are often in fragile and/ or hard-to-reach settings.***

The main concern among stakeholders related to how PMNCH is prioritising and translating its vision and mission into practical actions. The Board has identified the need to *"address the unfinished business of mortality"*, amongst other focus areas such as adolescent health and SRHR.<sup>96</sup> There is clear agreement that PMNCH can potentially add value given there are significant needs and opportunities, including the need to address geographic, wealth and age inequities in access to services. This could also include poor outcomes linked to fragile states and humanitarian contexts.

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<sup>89</sup> UNFPA (2019) Evaluation of the UNSG's IAP for Every Women, Every Child, Every Adolescent.

<sup>90</sup> UNFPA (2019) Evaluation of the UNSG's IAP for Every Women, Every Child, Every Adolescent.

<sup>91</sup> Horton, R (2019) Offline: The urgent need to protect global health accountability. The Lancet.

<sup>92</sup> Commission on Audit (2018) External audit of the Partnership for Maternal, Newborn and Child Health (PMNCH) as at 31 December 2018.

<sup>93</sup> UNFPA (2019) Evaluation of the UNSG's IAP for Every Women, Every Child, Every Adolescent: Recommendations and Protocol Worksheet.

<sup>94</sup> Recommendations included: clarifying the focus of reporting; decreasing the frequency of reporting; streamlining reporting; engaging more effectively with national and regional accountability mechanisms. Source: Starrs, A (2019) Final Analysis of Global Strategy Reporting on Progress and Accountability. 1 July 2019.

<sup>95</sup> UNFPA (2019) Evaluation of the UNSG's IAP for Every Women, Every Child, Every Adolescent.

<sup>96</sup> PMNCH (2019) PMNCH 24<sup>th</sup> Board meeting: Note for the record.

Related to this, the Secretariat in 2019 identified the current problems/ gaps in relation to the HFS workstream, as well as determining the added value of PMNCH in this space. A three-part survey was conducted by the Secretariat and key findings included that *“(i) at best, attention to the health and well-being of women, children and adolescents in HFS has been variable, and at worst, has been seriously lacking; (ii) very few of the initiatives focusing on addressing the health and well-being needs of women, children and adolescents in HFS have done so using a continuum-of-care approach; (iii) on the whole, there have been limited cases that have successfully linked humanitarian relief, and reconstruction and development efforts in ways that effectively address the pressing health needs of WCAH in HFS; and (iv) there continues to be a lack of alignment in the policies, plans, and approaches that have been taken to address health and wellbeing issues of women, children and adolescents caught in HFS.”*<sup>97</sup>

Based upon these findings, during a meeting in May 2019 attended by some PMNCH partners,<sup>98</sup> there was reportedly general consensus that the *“PMNCH platform is well placed to use its convening function to bring together stakeholders from across various sectors in order to bridge the development and humanitarian divide and improve the state of WCAH in HFS through a cohesive life course approach.”*<sup>99</sup> Since May 2019, an HFS Steering Group and Reference Group have been formed to facilitate the work, which collectively make up the PMNCH HFS Platform. The HFS Steering Group has decided that the HFS Platform should focus on the following functions and priorities which are in line with the agreed focus areas of PMNCH's HFS workstream:

- better-aligning policies, strategies and action on WCAH in HFS;
- advocacy for a better take-up of and investment in continuum of care and life course approaches in addressing WCAH in HFS;
- facilitating knowledge exchange and collective identification of critical gaps;
- supporting partners' and other stakeholders' access to best-practices and cutting-edge knowledge about effective healthcare delivery and technical approaches for WCAH in HFS; and
- pushing for and facilitating better accountability, including by making more timely use of digital technology and innovation.

Considerable work has gone into the HFS Platform. We note three key considerations/ concerns that were voiced by Board members and wider partners in relation to PMNCH's focus on 'unfinished business': (i) beyond the HFS Platform (which is still being finalised), the most vulnerable populations are often living in fragile and/ or hard-to-reach areas which are expensive to access through service delivery and humanitarian operations – and as described in Section 4.4 PMNCH's budget remains unstable, (ii) notably, key humanitarian organisations such as Médecins Sans Frontières (MSF) which are operational in this space are not currently members of PMNCH, (iii) PMNCH must not duplicate the work of other organisations which are already active in this space. Whilst the first concern is largely answered through the HFS Platform taking up a 'facilitator role', and related to the third concern - two informants noted that the purpose of PMNCH's efforts is not to duplicate existing networks or ongoing work, but rather to address gaps, the second consideration remains as to whether there is a plan to engage with operational organisations such as MSF.

***Beyond 'unfinished business', there are diverse views about what PMNCH should prioritise going forward. Candidate focal areas include adolescents, health systems strengthening, mental health and other non-communicable diseases.***

Whilst the dominant view across informants was that PMNCH needs to prioritise and should focus on 'unfinished business' in MNCH (as described above), there were also a wide variety of other suggestions. This of course

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<sup>97</sup> PMNCH Secretariat (2019) Email communication between CEPA and PMNCH Secretariat.

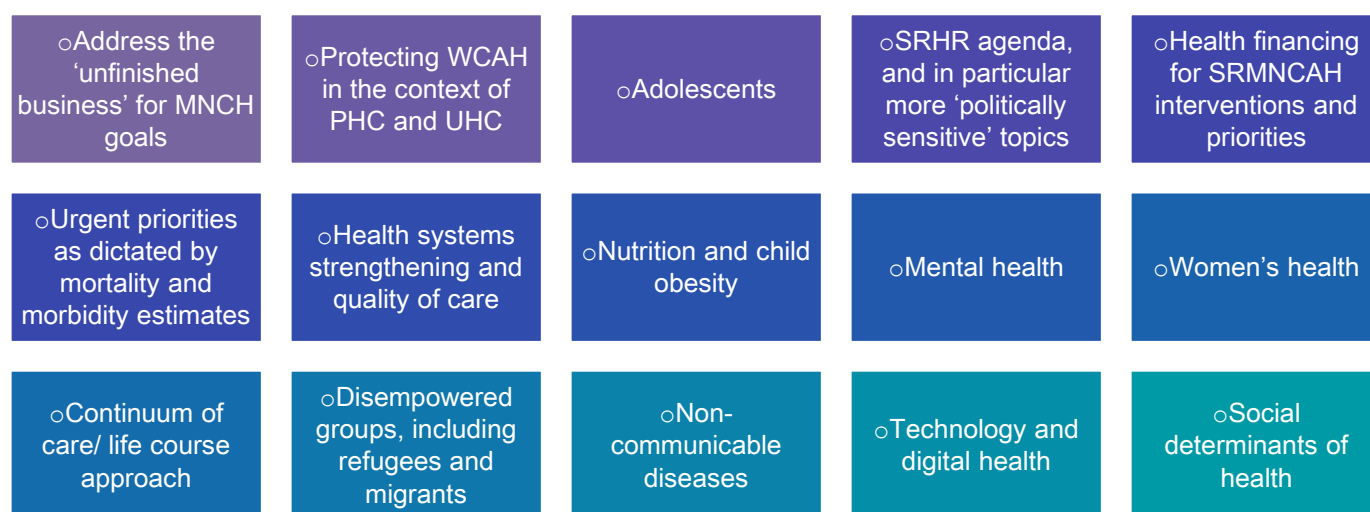
<sup>98</sup> We are not clear about who attended the meeting.

<sup>99</sup> PMNCH Secretariat (2019) Email communication between CEPA and PMNCH Secretariat.

illustrates the challenge in prioritising specific focal areas even if it is widely accepted that there needs to be greater strategic prioritisation. Whilst it is outside the scope of this evaluation to recommend specific priorities (and in any case, priorities must be determined through PMNCH partnership engagement mechanisms), the most commonly mentioned thematic focus areas mentioned by stakeholders through this evaluation are summarised in Figure 4.1.<sup>100</sup>

Given PMNCH has quite limited resources, it needs to become more adept at linking agendas, positioning its priorities within these agendas, and collaborating strategically to leverage action. Further, in going forward, the Secretariat will need to continue to address and improve upon the current breadth and depth of engagement with partners to (i) understand the scope and mandates of its members; and (ii) be able to capitalise off this. Notably efforts are underway in the Secretariat to improve the breadth and depth of engagement through the digitalisation strategy, for which there seems to be high expectations, though the Secretariat does notes that the digitalisation strategy alone will not permit meaningful interaction with 1000+ partners due to the Secretariat's relatively small size.

Figure 4.1: The most suggested future priority focus areas



#### 4.1.5. Theory of Change

***PMNCH's current ToC and Results Framework is difficult to use as a monitoring and evaluation (M&E) tool.***

Following a recommendation from the 2014 PwC evaluation, PMNCH developed and approved a ToC and Results Framework for the Secretariat and the partners,<sup>101</sup> the latest version of which is in the 2018-2020 Business Plan.<sup>102</sup> The ToC and Results Framework sets out the objectives and outcomes that PMNCH should be held accountable for and should contribute to (see Appendix N for PMNCH's current ToC and Results Framework).<sup>103</sup> PMNCH's priority objectives are expressed as far as possible in quantitative and measurable terms, thereby generating the Results Framework against which progress can be measured. The ToC and Results Framework also includes the EWEC Partners' Framework 2020 outcomes – the outcomes of the six focus areas and the five shared deliverables – together with the Global Strategy's 2030 Objectives and related SDG target. These 2020 mid-term goals (outcome-

<sup>100</sup> To note, Figure 4.1 is purely illustrative of ideas received by informants and does not represent the magnitude or distribution of "votes" for these specific topics. The ideas received will need further exploration during the next Strategy preparation.

<sup>101</sup> PwC (2014) External evaluation of the Partnership for Maternal, Newborn and Child Health.

<sup>102</sup> PMNCH (2018) 2018-2020 Business Plan.

<sup>103</sup> The priority objectives that the Partnership will deliver over the three-year period of the Business Plan and the results for which PMNCH should be held accountable (PMNCH attribution) are organised into six thematic workstreams<sup>103</sup> (aligning with the six focus areas of the EWEC Partners' Framework 2020) and PMNCH's "4As".

level) and 2030 longer-term goals (impact-level) of the Global Strategy and the SDGs are included to show how PMNCH's work will contribute directly to their achievements (PMNCH's contribution).

A ToC is a useful conceptual tool usually developed in a participatory way to consider causal links and assumptions in a results chain and to inform the development of a results framework or logical framework which is used for M&E purposes. The current ToC and Results Framework combine these different functions and assume a direct link between the four 'A' functions and the achievement of the priority objectives for each of the six thematic workstreams. They do not set out – in a simple, clear and comprehensive manner - which of, or how, the activities listed next to these functions will contribute to achievement of the objectives, or, as is usual with a ToC, provide an explanation of how activities will contribute to results, or make explicit the assumptions that underpin the anticipated change process,<sup>104,105,106</sup> including:

- Causal assumptions: How and why A is expected to lead to B?
- Contextual assumptions: What has to happen or not happen in the context for each anticipated change to emerge, other than the intervention? What role are others expected to play?
- Programme design and delivery assumptions: What does the programme have to do to make each anticipated change happen?



Furthermore, it is not clearly explained how all of the activities listed in PMNCH annual workplans and the 2018-2020 Results Framework aim to contribute to the overall objective of the focus area. Thus, there is need for a clear explanation as to how PMNCH activities will contribute to objectives. Without this explanation, the activities listed in the Results Framework could be misinterpreted as a list of activities that PMNCH is capable of doing, despite lack of clarity on (i) why these activities were prioritised over others, and (ii) how these activities then contribute to the overall goal.

The ToC and Results Framework incorporated into the 2018-2020 Business Plan provides a useful graphic to capture the core "4A" functions of the Partnership and the six thematic work areas in the context of the EWEC and Global Strategy. However, most respondents and the evaluation team considered that it was a hybrid of both, so could not be used as a M&E tool. Nor does it provide the theoretical pathway that allows a test of the hypothesis that the Partnership structure supported by the Secretariat will improve SRMNCAH outcomes.

In the context of the shift from the MDGs to the SDGs and wider objectives of UHC2030, combined with the emergence of new SRMNCAH entities, it is important to reconsider the ToC. This ToC will need to demonstrate why it is the best value for money to support the Partnership architecture, as opposed to, according to some respondents, simply funding SRMNCAH commodities which might arguably achieve similar results.

We note that the latest Excel version of the PMNCH Results Framework for the 2018-2020 Business Plan is more user-friendly than earlier Results Frameworks, using a traffic light update on progress (see below). The traffic light updates to the Board (via PMNCH Executive Director reports) provide periodic summaries of progress, by summarising the level of achievement against the traffic light criteria. Beyond this, it is important that this M&E tool can be used by all Partners to hold each other and the Secretariat accountable for delivery of the plan. It would also be useful to evaluators and donors. Therefore, sharing progress reports (focusing on the traffic lights) with stakeholders beyond the PMNCH Board would be advisable, especially to improve some perceptions of low transparency that were reported by informants external to the PMNCH Secretariat (as described later in Section 4.2.3).

Traffic light criteria for reporting progress:

-  Deliverable is completed
-  Started and seems to be on track

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<sup>104</sup> Funnell, S.C. and Rogers, P. J. (2011) Purposeful program theory: effective use of theories of change and logic models. San Francisco: Jossey-Bass/Wiley.

<sup>105</sup> James, C. (2011) Theory of Change Review: A report commissioned by Comic Relief. Available at: [https://www.actknowledge.org/resources/documents/James\\_ToC.pdf](https://www.actknowledge.org/resources/documents/James_ToC.pdf).

<sup>106</sup> Rogers, P. as quoted in Vogel, I. (2012) Review of the use of 'Theory of Change' in international development, Review Report. Available at: [https://assets.publishing.service.gov.uk/media/57a08a5ded915d3cfd00071a/DFID\\_ToC\\_Review\\_VogelV7.pdf](https://assets.publishing.service.gov.uk/media/57a08a5ded915d3cfd00071a/DFID_ToC_Review_VogelV7.pdf).



	In process but at risk - risks identified that may cause delay, budget overrun and / or alteration of plans
	Work has stopped and will not be delivered to plan and budget, due to, for example, lack of funds, change in priorities, other partners doing this work, etc.

***The current key performance indicators of the 2018-20 Results Framework are over-broad, placing a heavy workload and expectations on the Secretariat.***

In line with the earlier discussion on the breadth of the current workplan, the current 2018-20 Business Plan Results Framework outlines approximately 250 separate deliverables for the Partnership to deliver across the biennium across the six workstreams of the Partnership (including organising and facilitating 100+ events). This would be challenging for a much larger secretariat to facilitate, deliver and monitor. The Results Framework should be revisited, simplified and downsized in the new strategy. The challenges around the current workload on the Secretariat are further discussed below in Section 4.2.1, and further discussion on the effectiveness of the Results Frameworks follows in Section 4.4.

#### **4.1.6. Summary findings on vision and mission**

Table 4.1 below presents the summary findings as relating to PMNCH's vision and mission.

Table 4.1: Summary findings on vision and mission

Findings	Robustness rating and explanation	
Relevance and validity of the mission and vision of PMNCH		
The vision and mission of PMNCH are still relevant and valid given the ‘unfinished business’ of MNCH MDGs. There is some concern that the focus on MNCH in the global health community is being diluted within UHC2030, providing a clear advocacy mandate for PMNCH.	A	Assessment supported by majority of informants external to the Secretariat and documentation review. Findings corroborated by the Partnership e-based open enquiry results.
However, whether WCAH is being or will be diluted within UHC2030 remains relatively unclear. There is considerable overlap of PMNCH’s mandate and mission with UHC2030 which suggests a potential for more alignment collaboration.	C	Assessment supported by some informants, although these opinions were diverging. Findings corroborated with wider documentation review.
PMNCH value proposition		
Whilst many active partners believe PMNCH has a potential unique role to address WCAH issues, the majority of informants suggest PMNCH has not yet clearly defined its role, or identity, under the SDGs.	B	Assessment supported by majority of KIIs, although viewpoints diverged depending on stakeholder group. The Partnership e-based open enquiry findings were corroborated with KIIs.
There is a dominant opinion that the Partnership needs more focus and better prioritisation, with greater clarity on PMNCH’s goals, in order to maximise its added value. Some stakeholders voiced concerns on whether PMNCH has sufficient appetite for change.	A	Assessment supported by majority of informant responses, the Partnership e-based open enquiry findings and the SWOT analysis.
PMNCH needs to review how it can collaborate with new GHPs and decide where it can add most value. Informants suggested a landscaping of SRMNCAH work across the global landscape to assess the Partnership’s specific value add and comparative advantage.	A	Assessment supported by majority of informant responses.
Application and relevance of the 4As		
There are diverging views over the Partnership’s capacity to deliver on all the “4As”; although advocacy was almost unanimously seen as the function where PMNCH has a clear added value.	A	Assessment supported by majority of informant responses, the Partnership e-based open enquiry responses and wider documentation review.
Analysis: PMNCH’s role as a synthesiser, rather than a generator of analysis is not well understood, with many informants	B	Assessment supported by many of informant responses external to



presuming that this relates more to the generation of evidence, rather than evidence synthesis.		PMNCH Secretariat and documentation review.
Alignment: Whilst PMNCH did well in aligning MNCH organisations during the MDGs, the scope and direction of the Partnerships work in alignment under the SDGs is less clear, especially with the Partnership's current broader focus.	C	Assessment supported by some informants across stakeholder groups.
Advocacy (I): The Partnership appears to have an added value in advocacy, but needs a strategic communications plan to provide clear direction and focus. Attributing the impact of the Partnership's advocacy efforts on outcomes is difficult.	A	Assessment support by the majority of informants across stakeholder groups.
Advocacy (II): PMNCH should engage more with sensitive yet important issues which have an impact on maternal health, though there is recognition of the political sensitivities of doing so.	A/B	Assessment supported by majority of informant responses from stakeholder groups including Board members, partners and external stakeholders.
Accountability: In the era of the SDGs, this is a crowded arena and PMNCH's current role is unclear.	B	Assessment supported by many KIIs, although there were diverging views between informants internal and external to the Secretariat. Assessment also supported from the documentation review.
Priority focus areas		
There is consensus within PMNCH to focus on 'unfinished business' in reducing maternal and child mortality. This has practical implications given the high risks and costs of reaching these populations which are often in fragile and/ or hard-to-reach settings.	B	Assessment supported by many informants and the documentation review.
Beyond 'unfinished business', there are diverse views about what PMNCH should prioritise going forward. Candidate focal areas include adolescents, health systems strengthening, mental health and other non-communicable diseases.	B	Assessment of diverse views supported by many informants.
ToC		
PMNCH's current ToC and Results Framework is difficult to use as an M&E tool.	A	CEPA analysis based upon some informants and wider documentation review.
The current key performance indicators of the 2018-20 Results Framework are over-broad, placing a heavy workload and expectations on the Secretariat.	A	CEPA analysis based upon some informants and wider documentation review.

## 4.2. GOVERNANCE AND INTERNAL ACCOUNTABILITY

The findings under this thematic area are structured according to the key themes which emerged from the analysis in line with the overall evaluation questions listed below. Whereas PMNCH's accountability portfolio is described above in Section 4.1 on vision and mission, this Section will discuss internal accountability.

### This section incorporates findings in response to the following evaluation questions:

4. Does the structure of the Partnership (i.e. Board, membership and committee structures) add value to members' existing efforts to achieve results?
6. Are decision-making processes (consensus versus majority rule) optimal in terms of delivering decision points that guide achievement of impact?
7. How can a culture of transparency and openness be more effectively supported?

### 4.2.1. Partnership structure

#### *Overview of the Partnership's governance structure.*

The key bodies<sup>107</sup> that oversee PMNCH work are the PMNCH Board and its Committees. In addition to these governing bodies, PMNCH members are organised into **10 constituencies**, with each constituency fielding representatives to the Board. In addition, a number of cross-cutting working groups have been established with the aim of enhancing partner engagement (for example the Advocacy Working Group; Accountability Working Group and the Evidence and Knowledge Working Group). In addition, ad-hoc working groups have been established that are time limited (for example the Partnership-Centric Working Group; EERG; Partners Forum multiple working groups, amongst others). Furthermore, steering group structures have been established for some of the six workstreams.

**The Board:** PMNCH has a large Board, with a current composition of 29 Board Members and 28 Board Alternate members.<sup>108</sup> As per the Board Manual (revised April 2019), the purpose of the Board is to provide overall strategic direction for the Partnership and to oversee its relationship with the EWEC core partners.<sup>109</sup> The Board's focus is on medium and long-term plans, and strategic oversight and decision-making. The Board meets twice per year. As a part of PMNCH's governance strengthening process, over the last Strategic Period three permanent committees under the direction of the Board have been established:<sup>110</sup>

- **The Executive Committee:** The EC oversees the operations of the Partnership, implementing strategic priorities and approving the workplan and financial report on behalf of the Board. Whereas the Board meets twice annually, the EC meets on a bi-monthly basis. The term for the Chair of the EC (and Board Chair) is two years;
- **The Strategic Committee:** The SC works under the oversight of the Board and EC, and provides overarching advice and recommendations on strategic priorities related to WCAH and on the positioning of PMNCH in relation to the global health architecture;
- **The Governance and Nominations Committee:** The GNC ensures effective governance; oversees nominations processes, and addresses governance questions that may arise.<sup>111</sup>

**PMNCH Partners' Forum**, every four years, serves as a regular global platform for the renewal of commitment to the mission and purpose of the Partnership, for global high-level advocacy and for achieving broad consensus on the strategy and priorities of the Partnership.

**The Partnership Secretariat** is hosted and administered within the WHO in Geneva and undertakes day-to-day administration of the Partnership work plan.

The overview of the Partnership's current governance structure is visualised through Figure 4.2 on the next page.

Figure 4.2: Organogram of the Partnership's current governance structure

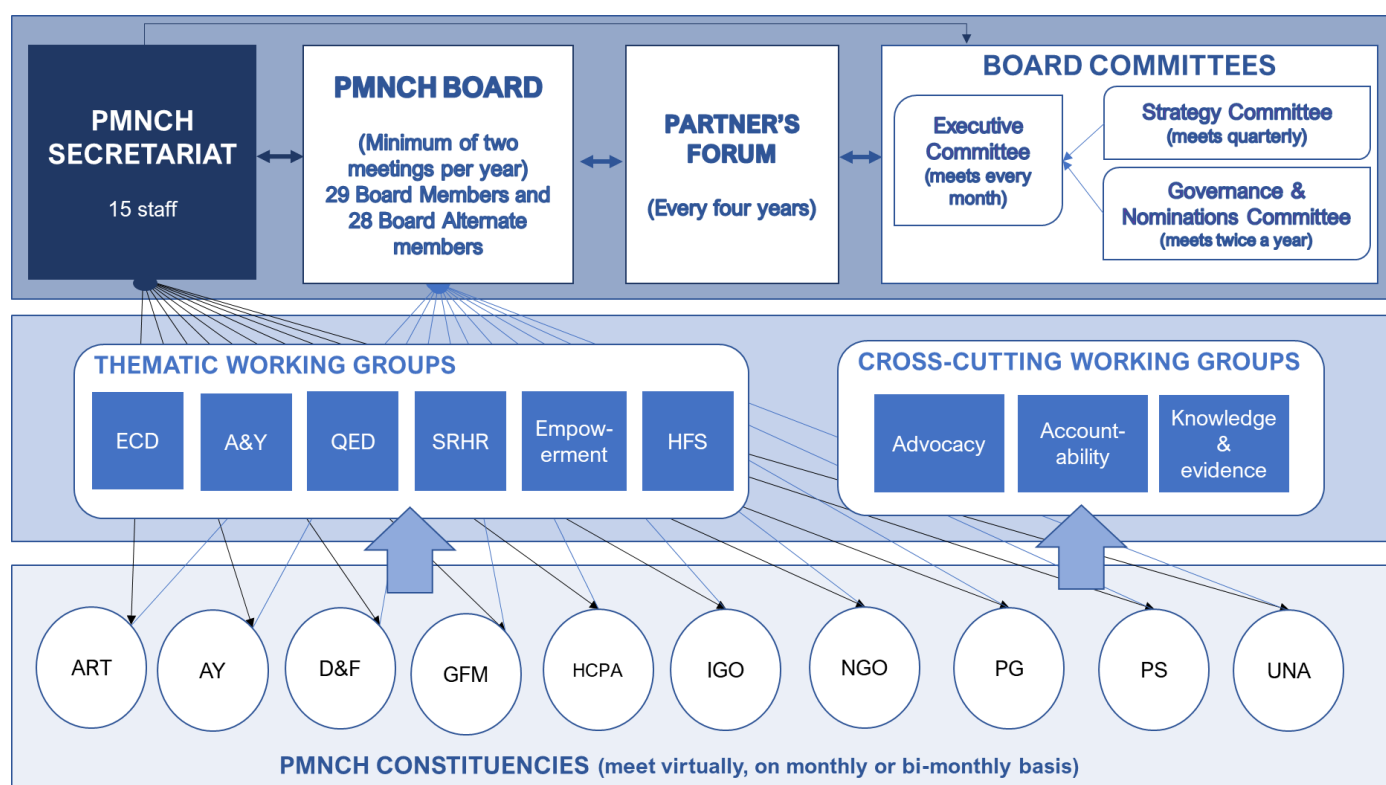
<sup>107</sup> PMNCH (2019) [Governance](#)

<sup>108</sup> As per the updated Board Manual (Revised April 2019), PMNCH's Board is a 30-member and 30-alternate Board (30 available Board seats) across the ten constituencies. Currently, there is one vacant seat for PS, and one seat for the EOSG (which is not included in the graph). Source: PMNCH (2019) Board Manual (Revised April 2019)

<sup>109</sup> PMNCH (2019) Board Manual (Revised April 2019)

<sup>110</sup> PMNCH (2019) PMNCH Strategy Committee; Draft ToR – 9 November 2019

<sup>111</sup> PMNCH (2019) Governance



Source: CEPA

## Secretariat

**The Secretariat's workload is unsustainable in both volume and breadth of scope, largely driven by the need to be consistent with the breadth of the six PMNCH workstreams and four cross-cutting functions.**

The PMNCH Secretariat currently comprises 15 core positions, whose work covers the broad mission of the Partnership as well as internal accountability, resource mobilisation and other tasks.<sup>112</sup> The current workload of the Secretariat was raised by a number of stakeholders (both PMNCH Secretariat, Board members, partners and external informants), who suggested it is “unsustainable” in both volume and breadth of scope,<sup>113</sup> which appears to be driven by the need to be consistent with the breadth of the six PMNCH workstreams and cross-cutting functions, the high reporting burden, the technical facilitation work required of the secretariat which is demanding by nature and the need to service the Board and its committees. For example:

- **The Secretariat is spread thin across the Partnership's function areas:** It needs to service the current six thematic workstreams of the 2018-2020 Business Plan and the cross-cutting functions as well as provide support to the constituency groups and governance structures. Although the staff members work across work areas, as per the organogram there is one Full Time Equivalent (FTE) technical officer for “partner and political engagement” for the management of the 1000+ membership;<sup>114</sup>
- **The breadth of deliverables is high:** The 2018-20 Business Plan outlines approximately 250 separate deliverables for the Partnership to deliver across the biennium across the six workstreams and four cross-cutting functions of the Partnership (including organising and facilitating 100+ events);<sup>115,116</sup>
- **The wide scope of work:** The documentation and KIIs identified key challenges for the Partnership based upon the Secretariat's workload, including the very wide scope of work, high reporting burden and regular need to prepare for and coordinate Board or other events (for example including working with several constituency groups and cross-cutting working groups in efforts to improve cross-constituency collaboration

<sup>112</sup> PMNCH (2019) PMNCH Organigram 20.08.2019

<sup>113</sup> Since the Secretariat does not use a time recording system, there are no records of how individual staff spend their time.

<sup>114</sup> In addition PMNCH supports three full time staff who work separately for the IAP.

<sup>115</sup> PMNCH (2019) PMNCH 2018-20 Results Framework (unpublished).

<sup>116</sup> PMNCH (2019) Donor reporting tracker.

and work, including most recently the pre-Board meetings in November 2019). This leaves the Secretariat with little time to facilitate meaningful partner engagement - one respondent commented that the Secretariat is “*too driven by hotel events than actually building capacity and connections of the different constituencies.*”

- **High reporting burden:** The Secretariat conducts the majority of the resource mobilisation and has a heavy reporting burden with approximately 56 different donor reports required in 2019,<sup>117</sup> which undoubtedly incurs heavy opportunity costs in terms of excessive staff time (as well as duplication and blurred accountability);
- **Coordinator/ facilitator roles:** The Secretariat also coordinates action across different partner groups and the ten constituencies, for example through facilitating constituency teleconferences and supporting over 30 working groups as of October 2018. Notably there have been efforts in 2019 to consolidate and streamline these working groups.<sup>118</sup>
- **Other roles:** The Secretariat is also currently tasked with regularly disseminating knowledge and key messages to support the mission of PMNCH (advocacy), identifying gaps and opportunities for action (analysis) and delivering accountability and country engagement workstreams (see Section 4.4 for discussion on the effectiveness of these specific workstreams).<sup>119</sup>

Linked to the high breadth of deliverables and scope of the Secretariat’s work, some stakeholders suggested that whilst the Secretariat is currently very responsive to requests, it is consequently reactive, rather than proactive in its capacity to drive partner engagement across constituencies and workstreams. For example, one informant commented that they “*haven’t seen a great sense of direction from the Secretariat*”. There also appears to be consequences for Secretariat staff from the significant work demands, with reports of burnout and sickness.

***There is need to consider a more radical shift in the structure of the Secretariat to facilitate more concerted efforts on a smaller number of deliverables.***

A small number of informants suggested that the Secretariat needs more resources to carry out this workload. However, an analysis of PMNCH’s expenditure raises questions around this suggested solution. It is noted that the largest proportion of expenditure in both the 2017 and 2018 calendar years was for professional staff costs (including benefits), with an average cost per person in 2018 of US\$216,000.<sup>120</sup> As shown in Figure 4.10 in Section 4.4, in 2017 staff costs were US\$4m, amounting to 54.2% of the total expenses of the Secretariat. In 2018 staff costs were just under US\$3.9m, amounting to 40% of the total expenditure.<sup>121</sup> In contrast to this, contractual services made up only a quarter (25.2%) of the total expenditure in 2018.<sup>122</sup> Thus, absent an overall budget increase, adding staff would further reduce the expenditure available to drive and deliver new initiatives through contracts and small grants, despite PMNCH’s work being ‘partnership-led’. For more information please see the funding analysis in Appendix H.

Adding to this challenge, Figure 4.12 in Section 4.4, shows that despite considerable efforts in resource mobilisation led by the Secretariat in recent years, the increasing scope in PMNCH interventions has not generally met with increased resources. Between 2013-17, PMNCH’s annual budget followed a decreasing trend for four years, from US\$14.7m in 2013 to US\$7.5m in 2017. Furthermore, the KIs revealed important concerns over the stability of donor support, with stakeholders raising concerns over key donors reducing or pulling out of funding. Therefore, with staff costs already a high proportion of spend, and concerns over the stability of funding overall, any argument for increased Secretariat resources does not appear to be particularly realistic for the immediate future.

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<sup>117</sup> PMNCH (2019) Donor reporting tracker.

<sup>118</sup> As laid out in the 2018-20 Business Plan, these “working groups” vary in size, scope and short-/ long-term nature, as per their specific purpose/ deliverable. They fall into various categories, being: (i) thematically focused; (ii) function-related; or (iii) aimed at governing PMNCH and its operations. They engage many partner organisations around common objectives, within the context of the overall direction of the Business Plan. Source: PMNCH (2018) PMNCH 2018-2020 Business Plan

<sup>119</sup> PMNCH (2018) PMNCH 2018-2020 Business Plan.

<sup>120</sup> PMNCH Financial reports for calendar years 2017 and 2018.

<sup>121</sup> These costs are inclusive of charges for base salary, post adjustment and other entitlements (e.g., pension and medical insurance, etc). Unfortunately it is not possible to disaggregate costs associated with administrative support staff, nor is it possible to breakdown staff costs into separate governance related activities (such as management of constituencies, committees, working groups and Board meetings) as PMNCH has not adopted a time recording system.

<sup>122</sup> Contractual services represent expenses associated with public procurement of service providers and sub-grants to counterparts, including (i) APW and STCs and (ii) letters of Agreement for research or capacity building grants issues to institutions and implementing partners.

A more compelling argument - as also voiced by a high number of informants (including Board members, partners and external stakeholders), is that there is need for a more radical shift in the structure and perhaps the skills profile of the Secretariat to facilitate more concerted efforts on a smaller number of deliverables. The scope of work by the Secretariat will need to be consistent with the mandate of a leaner organisation, considering the technical skills required in the Secretariat to deliver on that mandate and the share of budget that the Board is prepared to allocate to staff salaries.

***Considerable concerns from partners that initiatives are Secretariat-led rather than building off the efforts or stimulating action by partners. Further clarity is needed on the Secretariat's roles and responsibilities.***

There was considerable concern across informants that a high proportion of initiatives/ projects are being executed either wholly or partly by the Secretariat or short term consultants (STCs) in Geneva, rather than there being a concerted effort to build off the efforts, or to stimulate action by partners. This was also a finding in the 2014 evaluation. Corroborated with this, the Partnership e-based open enquiry found that only one-third (36% of) informants think the current governance and management structure of PMNCH is ineffective, citing challenges included a lack of clarity between the roles of the Secretariat, Board and other governance mechanisms, high levels of bureaucracy, and too much focus on process. As previously noted, a larger proportion of PMNCH's expenditure was spent on professional staff costs than contractual services (whereby the Secretariat works through partners to push the mission of the Partnership). Whilst some stakeholders noted that there is a tendency for the Secretariat to try to be operational (as is often the case within GHPs), the majority of informants noted that the Secretariat needs to move away from 'leading' to 'facilitating' initiatives. The majority of informants (external to the Secretariat) suggested that – despite the efforts made by the Secretariat to delineate the role of lead partners versus the Secretariat in the 2018-2020 Business Plan – there remains a lack of clarity/ awareness on the role of the Secretariat vs the partners. The tendency for GHPs to have “poorly defined roles and responsibilities of partners” was found to be commonplace through the SWOT analysis.<sup>123</sup> This needs resolution in the forthcoming Strategy.

## **WHO hosting arrangement**

***PMNCH's WHO hosting arrangement has benefits, including proximity to WHO normative and evidence-based work. Challenges include high transaction costs, cumbersome procurement and recruitment processes and concerns around the independence of the Secretariat.***

The majority of informants with insight into the hosting arrangement noted both benefits and challenges to PMNCH's WHO hosting arrangement. Opportunities cited included:

- **Capitalising from WHO's access and reach:** PMNCH is able to use WHO's platform to access WHO normative and evidence-based work, as well as capitalise from its convening power, such as through engaging with WHO country offices;
- **Access to high-level discussions and forums, leveraging from WHO's political 'clout':** Through WHO, PMNCH is able to attend high-level meetings and discussions that it may not be privy to outside of the UNA;
- **Access to WHO's audit, financial and human resource management systems:** The ongoing management and reporting of the Partnership's activities and funds against the 2018-20 Business Plan is stewarded by the Secretariat in accordance with WHO rules and regulations, through WHO's audit and financial management systems.<sup>124</sup> Such processes might be more expensive external to WHO.

On the other hand, challenges from the hosting arrangement include:

- **High programme support costs (PSCs):** PSCs charged by WHO on the basis of the existing hosting arrangement amount to a 13% charge on all donor grants to PMNCH. In 2017 this cost US\$661,100 (8.9% of total expenditure) and in 2018 this cost US\$528,000 (5.4% of total expenditure).<sup>125</sup> Combined, the direct staff costs and 13% service charge came to 63% of the total budget in 2017, and 45% of the budget in 2018.

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<sup>123</sup> Buse and Tanaka (2011) Global public-private health partnerships: lessons learned from ten years of experience and evaluation

<sup>124</sup> PMNCH (2016) Business Plan 2016-2018

<sup>125</sup> Ibid



- **Cumbersome procurement and recruitment processes:** Informants noted that it can take over six months to process an Agreements for Performance of Work (APW) contract to a partner or short-term consultant due to lengthy WHO contracting processes, reducing the timeliness, responsiveness and proactivity of the Partnership's work;
- **'UHC first' mantra and lack of clarity on PMNCH's 'independence':** The Executive Director of PMNCH reports to the Executive Director of the UHC/ Life Course cluster in WHO. Informants raised concerns over the potential conflict of interest of this relationship, and it's potential to shape the work of the Partnership under a 'UHC umbrella' as per WHO's mandate. For example, one external informant explained that *"a lot of PMNCH's work ends up supporting the WHO agenda"*. Although this can be rationalised since WCAH is key to the attainment of UHC, the majority of informants (external to the Secretariat) questioned PMNCH's independence whilst being hosted by WHO. In particular, the hosting arrangement was seen as a *"significant impediment"* to the Partnership not engaging further on more political topics such as unsafe abortion, as well as its ability to call out Member States related to their actions around SRMNCAH;
- **Mismatch between PMNCH and WHO reporting:** WHO's reporting structure operates on a biennium cycle, whereas PMNCH often needs to develop its work plan in the first quarter of the calendar year to most accurately reflect the changing operational landscape in which PMNCH operates. Due to this, PMNCH's work plan as recorded in WHO's Global Management System (GSM) for 2018 is not fully in line with the actual structure of the annual workplan or bi-annual Business Plan. As such, PMNCH has had to manage more manually its own reporting processes on the progress against these planning documents, potentially causing inefficient dual reporting systems."<sup>126</sup>

Despite the challenges of the current hosting arrangement, the legal and financial issues of moving PMNCH outside of WHO are likely to be substantial. That said, to date there has not been a cost-benefit analysis of the hosting arrangement conducted to more accurately determine benefits and challenges, as well as to identify any possible options to the WHO hosting arrangement.

## Constituencies and members

Key issues that came up related to the constituency structure are included in Section 4.3.1 on partner engagement, including (ii) low and inequitable split of participation across constituencies; (iii) lack of awareness from some constituency members of how to become more engaged in PMNCH, (iii) lack of effective cross-constituency collaboration, and (iv) cross-partnership communication and engagement systems.

## Partners' Forum

As described above, the PMNCH Partners' Forum serves as a regular global platform for the renewal of commitment to the mission and purpose of the Partnership, for global high-level advocacy and for achieving broad partner consensus on the strategy and priorities of the Partnership. Members from all constituencies are invited to participate in the Forum.<sup>127</sup> Issues related to the Partners' Forum governance mechanism are discussed in Section 4.3.1 on partner engagement in reference to cross-constituency collaboration, as well as Appendix P in the India case study.

## The Board, EC and other committees

***The Board's diversity and convening power is a strength to national-level stakeholders who are on the Board. But there is dichotomy between a large, inclusive and participatory Board and a Board that is too big and unwieldy for effective strategic decision-making.***

As described below in Section 4.2.2, outside the Secretariat there is confusion over the roles of the different governance bodies in decision making (summarised earlier in Section 4.2.1 through Figure 4.2). Further, there is a spectrum of opinion on the apparent dichotomy between a large, inclusive and participatory Board being too big for effective strategic decision-making. Beyond the size of the Board, the Board composition is inequitable across constituencies, causing concerns over a power-imbalance in both the voices heard in discussions and the ability for

<sup>126</sup> Commission on Audit (2018) External audit of the Partnership for Maternal, Newborn and Child Health (PMNCH) as at 31 December 2018

<sup>127</sup> PMNCH (2019) PMNCH Partners' Forum

decisions to be made that are reflective of the Partnership as a whole. This is described further in Section 4.2.2 below.

National level stakeholders, including those working for NGOs and CSOs stated that one of the key value adds of the current Board composition is its diversity and convening power, with the ability to bring high-level professionals from different constituencies into the same room to discuss key issues relevant to SRMNCAH and the Partnership. As an informant from a partner organisation noted, *“PMNCH clearly brings an added value in bringing other stakeholders to the table. We would drown in the WHO system. Some of the women that are chairing have an eye for this. The leadership opens doors and that is wonderful because they do make a difference”*. Whilst this opportunity for NGOs, CSOs and other national-level stakeholders to have a voice is important to those who are not privy to the same number of high-level meetings as the UNAs, D&F, the common consensus amongst other Board members, the wider partners and other external stakeholders is that overall the Board is seen as an unwieldy, ‘top-down’ structure with limited capacity for non-Board or less-engaged Partnership members to input into the agenda. Paraphrasing one informant, *“there are always some who are pushing their opinion and often not giving others a voice.”* This is further explained below in Section 4.2.2.

#### 4.2.2. Decision-making bodies

##### **The different decision-making bodies**

***Despite considerable effort at the Board level to provide clarity over PMNCH governance, informants revealed widespread confusion over roles, as well as who leads on decision making between the Board and the EC, calling for further clarity around governance structures.***

Informants revealed confusion on the role of the Board versus other governing bodies to make strategic decisions. Whilst informants noted that PMNCH is not a fund, and therefore the Board is not expected to be similar to GHPs such as the Global Fund or Gavi, the specific role of PMNCH's Board lacks clarity amongst its members and the broader Partnership. Many informants noted that whilst the EC's role is to oversee the operations of the Partnership, its functions are currently more like a Board. There is also confusion (outside of the Secretariat) on governing body reporting mechanisms, with informants unclear on whether the EC, SC and GNC are accountable to the Board or vice-versa – calling for further clarity around the governance structures.

##### **The Board size and its impact on effective strategic decision making**

***Board meetings are largely viewed as a forum for discussion, consensus building and networking, rather than a strategic decision-making platform for PMNCH. They are largely viewed as not providing value for money.***

As per the Board Manual (revised April 2019), the purpose of the Board is to provide overall strategic direction for the Partnership and to oversee its relationship with the EWEC core partners.<sup>128,129</sup> However, PMNCH Board meetings, although seen as effective in decision-making by some members of the Secretariat, were almost unanimously regarded by Board members, as well as non-Board members with insight into Board meetings, as knowledge-sharing forums for discussion, consensus building and networking, rather than as a platform for decision-making. As one informant noted, *“it is an excellent venue to be updated on MNCH issues twice a year, but it is an expensive update”*, whilst another noted *“this is a waste of time, too many people looking at their cell phones – I don't know what the outcome was for three days of 100 people”*. The lack of concrete decisions coming out of the Board meetings was commonly voiced as a cause for frustration, with some senior-level Board members explaining that they no longer see the value in attending such meetings, even for networking, whilst others explained they *“have to be there”* for political reasons while not seeing any return on their investment of time.

Key bottlenecks for strategic decision-making on the Board, as suggested by many informants included:

- **With 29 members, the Board is too big, with too many competing agendas across the constituencies:**  
Whilst informants valued the participatory nature of the Board, many noted that this makes it very hard to

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<sup>128</sup> However, since many EWEC core partners are represented on the Board, it is hard to see how this oversight would work in practice.

<sup>129</sup> PMNCH (2019) Board Manual (Revised April 2019).

reach consensus. That said, informants noted that under the incoming Chair's leadership, there has been some improvement through more focused discussion;

- **The Board is seen as a 'top-down' structure with limited capacity for non-Board or less-engaged Partnership members to input into the agenda. Board decisions are made ahead of time:** The current governance structure maintains that each Constituency Chair is responsible to consult with the members of their constituency to ensure that they represent the full constituency at PMNCH Board meetings. However, many Board members and partners feel that this mechanism is not working, and that decisions are made ahead of the Board meeting by a smaller group of individuals (including donors), and more grassroots organisations are often not included in the discussion. For example, a common complaint is the lack of opportunity to input into the content of the Board agendas or key focus themes, which are ultimately agreed upon by the EC and Board Chair. Although informants did note that for the November 2019 Board meeting the agenda was sent around a few weeks before the event, partners were not given the opportunity to feed into the content of the agenda itself. As one informant noted, *"there was never an invitation published by PMNCH to solicit member input into the agenda"*. This contributed to the feeling that decisions were being made prior to the Board meeting, through a Secretariat-led, rather than a Partnership-centric model. Corroborated with this finding, one third of the informants to the SNA e-based survey have not been engaged in any of PMNCH governance structures and several informants mentioned that they do not know how to be involved or engage with these. In contrast, some members of the Secretariat noted that the cross-constituency meetings prior to the Board meeting are a useful mechanism to ensure partners are engaging one another to aid streamlining of key messages – though participation in these is reportedly low, with some variation by constituency, and involving the *"usual suspects"*.
- **Lack of timely dissemination of position papers and decision points:** Information is presented at Board meetings in an iterative manner to create consensus around topics, rather than in advance from the analysis of different working committees from which Board members could come together and propose action. One informant commented,

*"the Board is totally ineffective, the Board has never presented anything substantial to deliberate upon, and Boards of this calibre should be making decisions"*.

There was broad agreement across informants that if the Board is to continue in its current form, Board members need to be better prepared in advance of Board meetings (by a month at minimum) with position papers, options and decision-points prepared for discussion. The November Board meeting agreed: *"Committees should produce background and options papers for Board meetings, with clear decision points; enabling Secretariat to spend more time facilitating partner engagement within and across committees and constituencies."*<sup>130</sup> However, while the lack of timely dissemination of position papers and decision points was raised frequently, we note that the main challenge for consideration is the purpose of the Board. Is it mainly a decision-making body, or largely a forum for discussion and consensus building?

Our analysis of the Board decisions since 2014 found that whilst decisions focused on the Partnership's overall strategy and planning are certainly made, until the two 2019 Board meetings these decisions were relatively high-level with no clear plan for follow up. One example of the Board making a decision on strategy was in December 2017, when it decided to "proceed towards closer alignment with EOSG, affirming the progress made in the definition of the EWEC Partners' Framework and assess the need to retain autonomy for the Partnership." However, in the same meeting, a Board decision on strengthening the EWEC architecture requested the EC to take a decision on strengthening alignment of and synergies between EWEC partners, contrary to this being clearly noted as a role of the Board.<sup>131</sup> It is worth noting that under the new Chair's leadership, Board decision points have been developed in a more structured format by the Secretariat, with a column of notes next to each action to write-up follow-up points and clear delineation of responsibilities for follow-up between Secretariat, lead partners, Constituencies, Board members and different committees.<sup>132</sup> These follow-up documents, however, whilst noting the responsible stakeholder for implementation, do not include a timeline, or resources for the delivery of each key decision point,

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<sup>130</sup> PMNCH (2019) 24<sup>th</sup> Board meeting, Nairobi, 9-11 November 2019.

<sup>131</sup> PMNCH (2017) Follow-up on Board decisions and EC decisions.

<sup>132</sup> PMNCH (2019) Status of decisions – PMNCH Board meeting, July 2019, The Hague

adding substantial burden and pressure on those responsible for follow-up, (in practice often the Secretariat) without consideration for time and resources required to do so.

Informants' dissatisfaction about Board meetings and their effectiveness is concerning when considering value for money: Board meetings were allocated US\$700,000 annually in PMNCH's 2018-20 Business Plan budget (representing 5.2% of the total budget across the three-year Plan).<sup>133</sup> This by no means represents total Board costs as PMNCH only funds participation from the AY, ART, NGO and HCPA constituencies; other partners finance attendance out of their own budgets. Nor does this include the opportunity costs of those participating in the meetings, for senior officials away from their daily duties or the time of Board members who prepare presentations for the meetings. As one participant noted,

*"I am shocked to think about how much time is taken out of Ministers of Health's work to attend these meetings. It is not valuable for them for more than one day".*

The SWOT analysis of GHPs also found that GHPs need to consider the limited time availability of different partners to input into discussions, and how to best maximise of their limited availability.<sup>134</sup>

In going forward, the GNC should re-think the function and frequency of Board meetings. Based upon the evidence we received, we suggest that the full Board meet once per year to take high level decisions and as a forum for networking and exchange of ideas, whilst the EC, with representation from each constituency meet (usually virtually) quarterly as a decision-making body, making regular progress reports publicly available. This recommendation is further expanded upon in Section 6.

### **The Board composition and its effect on participatory decision-making**

***Whilst the Board's inclusivity is a strength to national-level stakeholders on the Board, a power-imbalance was recognised that inhibits participatory and equitable decision-making.***

Whilst informants stated the importance of the convening power of PMNCH, the majority suggested key challenges with the current size and composition of the Board if its purpose is to make decisions on the Partnership's overall strategic direction: Firstly, **inequitable representation of constituencies creates concerns about power-imbalance in both voice and decision** (as further described earlier in Section 4.2.1). As shown in Figure 4.3 below, the D&F constituency has the highest Board representation with five seats (despite only representing 2.5% of the Partnership membership as found in the Partnership database analysis), whilst PS, IGO and GFM Constituencies all have one seat (currently there is one vacant seat for the PS constituency).<sup>135</sup> Furthermore, as found in the SNA, the D&F constituency is best represented across the different governance structures, participating in an average of five governance structures, whereas the majority of other constituencies participate in only two. Informants noted that there is a risk that this unbalanced engagement impacts agenda setting, especially considering 58% of the partners in PMNCH's membership are NGOs – a group that has less seats at the table than D&F who represent 2% of partners. Whilst having donors and funders at the Board meetings was seen as important, the power imbalance in terms of Board seats was seen as concerning in terms of agenda-setting and how this is currently being driven. One informant commented:

*"There is a power dynamic here, some Board members represent financial donors, some have political will, others are well respected, but there are some constituencies without this and there is a power dynamic... if you're not bringing 'money' per se, or a medical thought leader, then what is the point."*

A concern voiced by many informants related to Board members is potential conflict of interest: partner organisations represented on the Board are seen to be in direct competition with PMNCH for funding.

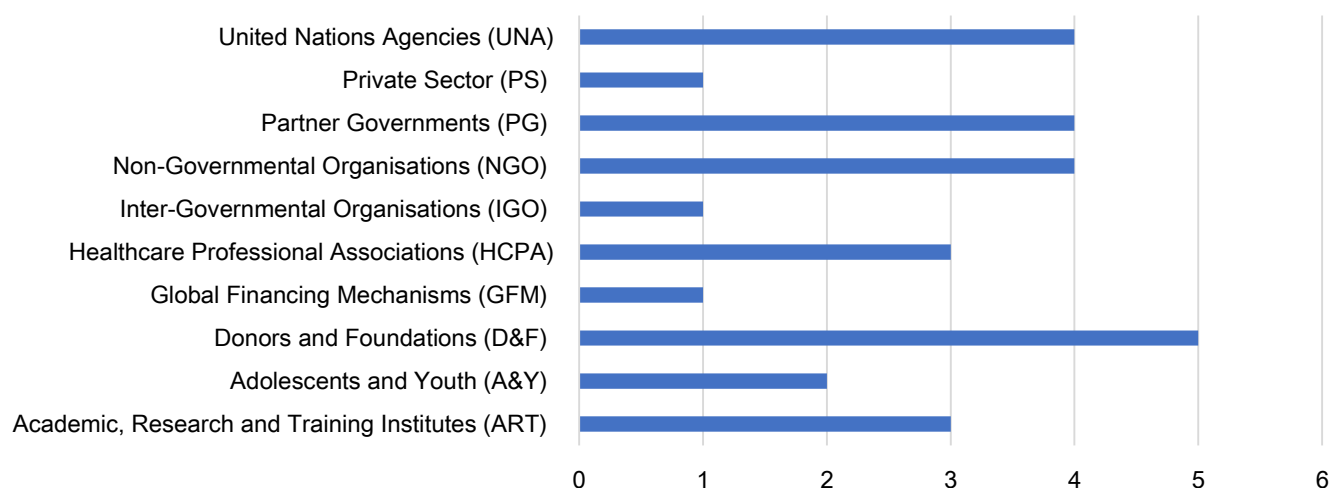
Figure 4.3: Constituency representation on PMNCH Board, December 2019

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<sup>133</sup> PMNCH (2017) Partnership 2017 Budget: Complete and Essential.

<sup>134</sup> Ibid

<sup>135</sup> PMNCH (2019) Private communication between PMNCH Secretariat and CEPA on 13 December 2019



Source: CEPA analysis, PMNCH Secretariat data

Secondly, whilst the diversity of the constituencies was seen as a value add of the partnership, in particular through its convening power in the Partners' Forums and Board meetings, some informants noted **concerns over the composition of the constituencies themselves, with informants stating that, for example, a lack of representation of faith-based groups in comparison to the proportion of service delivery and health training they provide**, especially for family planning, around the world. Furthermore, one informant noted that PMNCH should reduce the emphasis in representation of some of the constituencies, asking why the ARTs and HCPAs are not combined, for example.

Thirdly, informants suggested that **the Board is becoming increasingly 'UN-focused', and decision-making is being driven by a small group of organisations and individuals with political clout**. Currently, WHO, UNICEF, UNFPA and the World Bank all have permanent seats, and UN Women and UNAIDS have alternate seats. Whilst informants noted that it is important for the UN to be involved in discussions, they explained that their presence makes the Board both bureaucratic and technocratic in its functionality, and that this has had an impact through diminishing the voices of other constituencies without the same political clout. As one informant commented,

*"this is becoming a UN process, perhaps PMNCH is too close to the H6,"*

whilst another noted that

*"CSOs are not powerful in Boards such as these... the technocrats have not allowed them to come and play".*

Some Board members therefore don't feel empowered to speak candidly, instead voicing their opinions in corridor discussions. Clearly, if PMNCH wants to honour its own principles it needs to ensure all voices around the table are equally empowered and heard.

Fourthly, **the Board is seen by many informants as a high-level "club" based on a historical web of intricate relationships**. Many informants noted that Board decisions are led by a small group of individuals and Board members not part of this group have limited capacity to be heard. As one informant explained,

*"the most valuable thing for us [as a partner] is the Board seat. It gives us huge access to a lot of important people around the table... it gives us a platform to raise our voice. But it reinforces this 'high formality' and decisions should not be made this way".*

Corroborated with this, some informants responding to the Partnership e-based open enquiry (nine out of 66) (see Appendix I) also found that informants believe the governing structure is not entirely transparent, is very political and controlled by a small group; the same informants do not feel the Board is an effective decision-making platform.

A key challenge because of this "club effect" is that those who feel less engaged may not feel comfortable to speak up, even if they are representing an important voice of the Partnership, and ultimately the decision of the Partnership may end up benefiting a small group of individuals and their respective organisations. Furthermore, the dominant viewpoint across informants external to the Secretariat was that more useful discussions are reportedly made in the



corridors of the Board meetings amongst 'club members', rather than in official meeting forums. As one informant commented,

*"it sometime feels like a 'set up', a [discussion between] a 'group of friends' and the others are being silenced."*

Another explained,

*"what we do have right now is a highly political Board with no serious decision-making, with the potential of influencing the environment, but without the means to influence the environment. So, this is a group of people who are connected by a common agenda who find opportunities in coming together... sharing and advancing institutional agendas and in many cases individual agendas in the Board."*

Findings from the SWOT analysis revealed opportunities for improving transparency, fairness and inclusivity around processes of selecting board members, with explicit selection criteria based on an agreed balance of diversity and expertise.<sup>136</sup> Transparency was also found to be key to attract donor support in resource-competitive environments, combat duplication and highlight operational gaps.<sup>137</sup>

#### ***Insufficient appetite for change.***

Although there have been some examples of the Board's capacity for decision making, for example on the EWEC merger in 2017 (as described above in Section 4.1), informants external to the Secretariat almost unanimously referred to the Board's capacity for decision-making as sub-optimal. As described in Section 4.1, a key challenge noted by some is the potential lack of appetite for change, with one informant referring to the current participatory composition as *"the nature of the beast"*. Reasons for this cited in the interviews included the Board being beneficial to a small number of organisations and individuals to network and match projects with interested funders. As one informant explained, *"there is a lot of resistance to reduce the number, to potentially end a partnership of this kind, because of this entrenched relationship and connection of people who have been able to push their institutional and personal progress and career on the linkages to the partnership."*

### **4.2.3. Transparency and internal accountability**

***Despite efforts by the Secretariat, there remains a perceived lack of transparency on how PMNCH activities are prioritised, including expenditure on small-grants, and how funding decisions are made across the Business Plan.***

There appears to be some consensus across both Secretariat staff and Board members that the most effective way to finance PMNCH's broad set of activities (as per the 2018-20 Business Plan) is through grants that fund the whole Business Plan, rather than any specific activities within it. As noted in the funding analysis in Appendix H, the Partnership has done well to-date in securing un-earmarked funding, with the level of unspecified funding remaining above 59% since 2010 (with 98% of grants in 2016 being unspecified). One challenge with un-earmarked funding, however, is that it becomes more difficult to track funding without an adequate results framework for the agreed business plan objectives. There is need for clear communication of this framework, so stakeholders can understand why certain activities are being prioritised above others. However, interviews with both PMNCH Board members and other informants revealed widespread confusion on funding decisions, both in terms of (i) how PMNCH prioritises activities, and; (ii) how funding decisions are made. To note, most external informants questioned how the Secretariat, rather than PMNCH as a whole 'prioritises activities', and there was large concern over the 'Secretariat's decisions' being led by a small group of partners on the Board (and therefore heavily influenced by donor interests).

For example, many partners (including Board members) explained that they had little knowledge on how funds are distributed across the Business Plan, which as shown in Figure 4.4 below, is variant across PMNCH functions, with the lowest funds being allocated to analysis between 2018-20 (US\$5.2m, 17.4% of total) and the highest level of funding being allocated to accountability (US\$8.9m, 29.7% of total).<sup>138</sup> Furthermore, as shown in Figure 4.10, US\$3.6m was spent on contractual services in 2018, which represent expenses associated with public procurement

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<sup>136</sup> Ibid

<sup>137</sup> Ibid

<sup>138</sup> These accountability funds included those allocated to the IAP. As per PMNCH's 2018-20 Business Plan, the IAP Secretariat has three additional technical and administrative positions.

of service providers and sub-grants to counterparts spanning the 4A's and six workstreams, including (i) APW and STCs and (ii) letters of Agreement for research or capacity building grants issues to institutions and implementing partners.

Despite members of the Secretariat describing the development of the Business Plans as “*bottom-up*”, with considerable consultations with the Board, EC and broader PMNCH membership, as well as bids for small grants being public on bidding channels and PMNCH eBlast, and GFF CSO grants being reported on within the GFF Steering Group and membership structure, both donors as well as other partners explained they would like more transparency on:

- (i) how decisions are made for allocating money to small grants,
- (ii) the outcomes of this expenditure.

In regard to the outcomes of this expenditure, the Secretariat have noted that the outcomes of these expenditures are regularly reported on through (i) PMNCH working group structures (e.g. GFF CSO Structure, AY constituency) (ii) the EC and Board, and (iii) the PMNCH annual report. Furthermore, in terms of decision-making on small-grant allocation, the Secretariat reported that PMNCH constituencies have ownership over this grant-making process, including management of the grants and reporting in collaboration with the Secretariat. Thus, the problem is not that the Secretariat withholds information, but that there are issues with communication of this information to Partners and a consequent perceived lack of transparency around the outcomes. To improve on this, some informants suggested PMNCH create a page on their website on small-grant funding, so partners can more easily access and visualise the work of the Secretariat. See further discussion on small-grants results frameworks below in Section 4.3.2.

In addition to a perception from informants external to the Secretariat on a lack of transparency around decision-making and outcomes of small-grants, general confusion on how the Secretariat functions was dominantly reported by informants less familiar with the governance structures. As one informant commented:

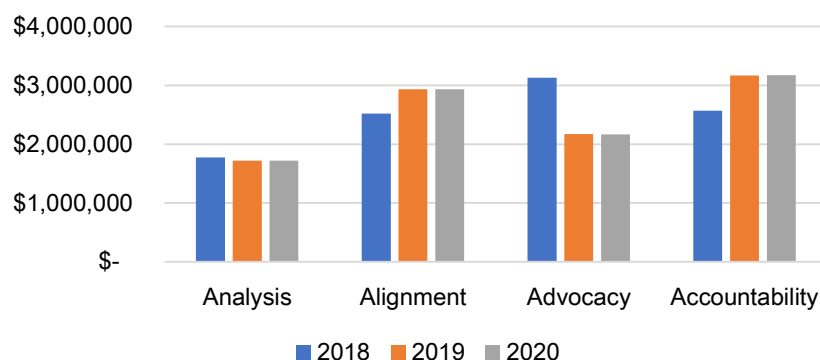
*“It is hard to pin down what the Secretariat does, not the individuals, but overall the way the Secretariat works. It is hard to understand what their priorities are and how these are decided and how efforts are channelled and why, and how different constituencies are brought into these activities.”*

However, again the Secretariat's functions are agreed upon by the Board in the Business Plan, which is publicly available, thus the challenge is not around withholding information, but a general lack of understanding of the Secretariat's day-to-day work.

These perceptions on low transparency around PMNCH were corroborated with the Partnership e-based open enquiry findings which found that only one third of informants felt there is a culture of transparency and openness within PMNCH, whilst 14% of informants said PMNCH does not have a culture of transparency and openness at all. In contrast to these findings, key informants commonly mentioned that there is a lot of information available online and that email updates are received from time to time, suggesting that the challenge is really around low access to the available information.

There were also varying levels of clarity within the Secretariat over how priorities and activities are set, with some technical officers explaining that they are not privy to these discussions, leaving them little control over the breadth and depth of their workloads. This lack of clarity around decision-making is especially note-worthy when analysing the distribution of PMNCH funding across the ‘4As’ (see Figure 4.4 below), whereby the essential PMNCH budget is variant across the PMNCH functions, with the lowest funds being allocated to analysis between 2018-20 (US\$5.2m, 17.4% of total) and the highest level of funding being allocated to accountability (US\$8.9m, 29.7% of total). The empowerment of Secretariat staff to participate in such decisions will need to be considered going forward, especially in consideration of the high work levels in the Secretariat. As one informant stated, “*the technical staff need to be more empowered*”.

Figure 4.4: ‘Essential’ PMNCH Budget of the 2018-20 Business Plan by function



Source: CEPA analysis. PMNCH (2018) Business Plan 2018-2020

**PMNCH's financial reports are publicly available and efforts have been made to improve transparency in the breakdown of costs. However, many partners still perceive a lack of transparency on financial reporting, suggesting challenges in raising awareness of the availability of the reports.**

All financial reports (i.e., between 2009-18) are publicly available on the PMNCH website.<sup>139</sup> Financial reporting has improved in recent years, for example in 2017 PMNCH streamlined its budgeting and reporting processes as per WHO's internal financial recording system and the financial reports now include a breakdown of the Partnership costs for PMNCH activities (including staff and other personnel costs, contractual services, transfers and grants to counterparts, travel and general operating and other direct costs, equipment and materials).

However, informants (external to the Secretariat and a handful of donors) described discomfort in the level of transparency on PMNCH's finances, with many partners lacking knowledge of the financial reporting. Whilst informants at the November Board meeting noted that the Executive Director had presented a slide on finances, there was consensus amongst informants external to the Secretariat that this could have been more clearly presented through either graphs or charts, so that Board members would have a better understanding of the budget.

Looking forward, informants stated they would like to see improved transparency and reporting around PMNCH's budgetary decision-making and finances, however perhaps – due to the issues raised – improving communication and awareness of documents and other sources that are already publicly available for decision-making and finances is more important. The wider literature also notes that transparency over work prioritisation has been key to attract donor support in resource-competitive environments, to combat duplication and highlight operational gaps.<sup>140</sup>

#### 4.2.4. Summary findings on governance and internal accountability

##### Summary findings on PMNCH's governance structure.

Table 4.2 below presents the summary findings as relating to PMNCH's governance structure.

Table 4.2: Summary findings on PMNCH's governance structure.

Findings		Robustness rating and explanation
Partnership structure		
The Secretariat's workload is unsustainable in both volume and breadth of scope, largely driven by the need to be consistent with the breadth of the six PMNCH workstreams and four cross-cutting functions.	A	Assessment supported by majority of informant responses across all stakeholder groups and corroborated with documentation review.
There is need to consider a more radical shift in the structure of the Secretariat to facilitate more concerted efforts on a smaller number of deliverables.	A	Assessment supported by majority of informant responses across all stakeholder groups and corroborated with the funding analysis, including analysis of donor funding.

<sup>139</sup> PMNCH (2019) Strategy and Finance Committee.

<sup>140</sup> [add]

Considerable concerns from partners that initiatives are Secretariat-led rather than building off the efforts or stimulating action by partners. Further clarity is needed on the Secretariat's roles and responsibilities.	B	Assessment supported by most informants, with some diverging opinion between stakeholders internal to and external to the Secretariat.
WHO hosting arrangement		
PMNCH's WHO hosting arrangement has benefits, including proximity to WHO normative and evidence-based work. Challenges include high transaction costs, cumbersome procurement and recruitment processes and concerns around the independence of the Secretariat.	A	Assessment supported by majority of informant responses across stakeholder groups and the documentation review.
The Board, EC and other committees		
The Board's diversity and convening power is a strength to national-level stakeholders who are on the Board. But there is dichotomy between a large, inclusive and participatory Board and a Board that is too big and unwieldy for effective strategic decision-making.	A	Assessment supported by majority of informant responses.

### Summary findings on PMNCH's decision-making bodies

Table 4.3 below presents the summary findings as relating to PMNCH's decision-making bodies.

Table 4.3: Summary findings on PMNCH's decision-making bodies.

Findings		Robustness rating and explanation	
The Board, EC and other governing bodies			
Despite considerable effort at the Board level to provide clarity over PMNCH governance, informants revealed widespread confusion over roles, as well as who leads on decision making between the Board and the EC, calling for further clarity around governance structures.	B	Assessment supported by many informant responses.	
The Board size and its impact on effective strategic decision making			
Board meetings are largely viewed as a forum for discussion, consensus building and networking, rather than a strategic decision-making platform for PMNCH. They are largely viewed as not providing value for money.	A	Assessment supported by majority of informant responses, funding analysis, and SWOT analysis.	
The Board composition and its effect on participatory decision-making			
Whilst the Board's inclusivity is a strength to national-level stakeholders on the Board, a power-imbalance was recognised that inhibits participatory and equitable decision-making. Concerns over this reported power-imbalance included: <ul style="list-style-type: none"><li>Firstly, the inequitable representation of constituencies creates concerns about power-imbalance in both voice and decision;</li><li>Secondly, some informants noted concerns over the composition of the constituencies themselves, with informants stating that, for example, a lack of representation of faith-based groups in comparison to the proportion of service delivery and health training they provide;</li><li>Thirdly, informants suggested that the Board is becoming increasingly 'UN-focused', and decision-making is being driven by a small group of organisations and individuals with political clout;</li><li>Fourthly, the Board is seen by many informants as a high-level "club" based on a historical web of intricate relationships.</li></ul>	A	Assessment supported by majority of interview and Partnership e-based open enquiry informant responses, documentation review, an analysis of the Partnership and Board data and the SWOT analysis.	
Insufficient appetite for change.	C	Supported by a few informants, with diverging opinions across stakeholder groups.	

### Summary findings on PMNCH's internal transparency.

Table 4.4 below presents the summary findings as relating to PMNCH's internal transparency.

Table 4.4: Summary findings on PMNCH's internal transparency

Findings	Robustness rating and explanation	
Despite efforts by the Secretariat, there remains a perceived lack of transparency on how PMNCH activities are prioritised, including expenditure on small-grants, and how funding decisions are made across the Business Plan.	B	Assessment supported by many stakeholders, however this varied by stakeholder group. The documentation review and funding analysis were corroborated against the KII data.
PMNCH's financial reports are publicly available and efforts have been made to improve transparency in the breakdown of costs. However, many partners still perceive a lack of transparency on financial reporting, suggesting challenges in raising awareness of the availability of the reports.	A	Assessment supported by many stakeholders, however this varied by stakeholder group and the documentation review.



### 4.3. PARTNER AND COUNTRY ENGAGEMENT

The findings under this thematic area are structured according to the key themes which emerged from the analysis in line with the overall evaluation questions listed below.

**This section incorporates findings in response to the following evaluation questions:**

15. How can PMNCH prioritise effective country engagement? How can the Partnership add value in response to country needs? How can multi-stakeholder platforms in countries be usefully supported?

16. How can PMNCH more effectively engage and align a broader range of partners so as to reflect the ambition and strategic objectives of the partnership?

5. Does PMNCH offer an effective platform for members to build community and collaborative work and extend their reach?

#### 4.3.1. Partnership engagement

##### *Overview of the Partnership*

According to the Partnership database analysis, overall membership grew at an average rate of 33% per year between 2013 and 2017, and as of July 2018 the total membership of PMNCH was 1,077, divided into ten constituencies. NGOs make up 59% of PMNCH partner organisations, followed by ARTs (17%) and AY (8%). UNAs and GFMs have the lowest representation, both making up less than 1% of total membership (see Table 4.5 below for more information on the Partnership membership by constituency).<sup>141</sup>

Table 4.5: Overview of partnership membership (as of July 2018)

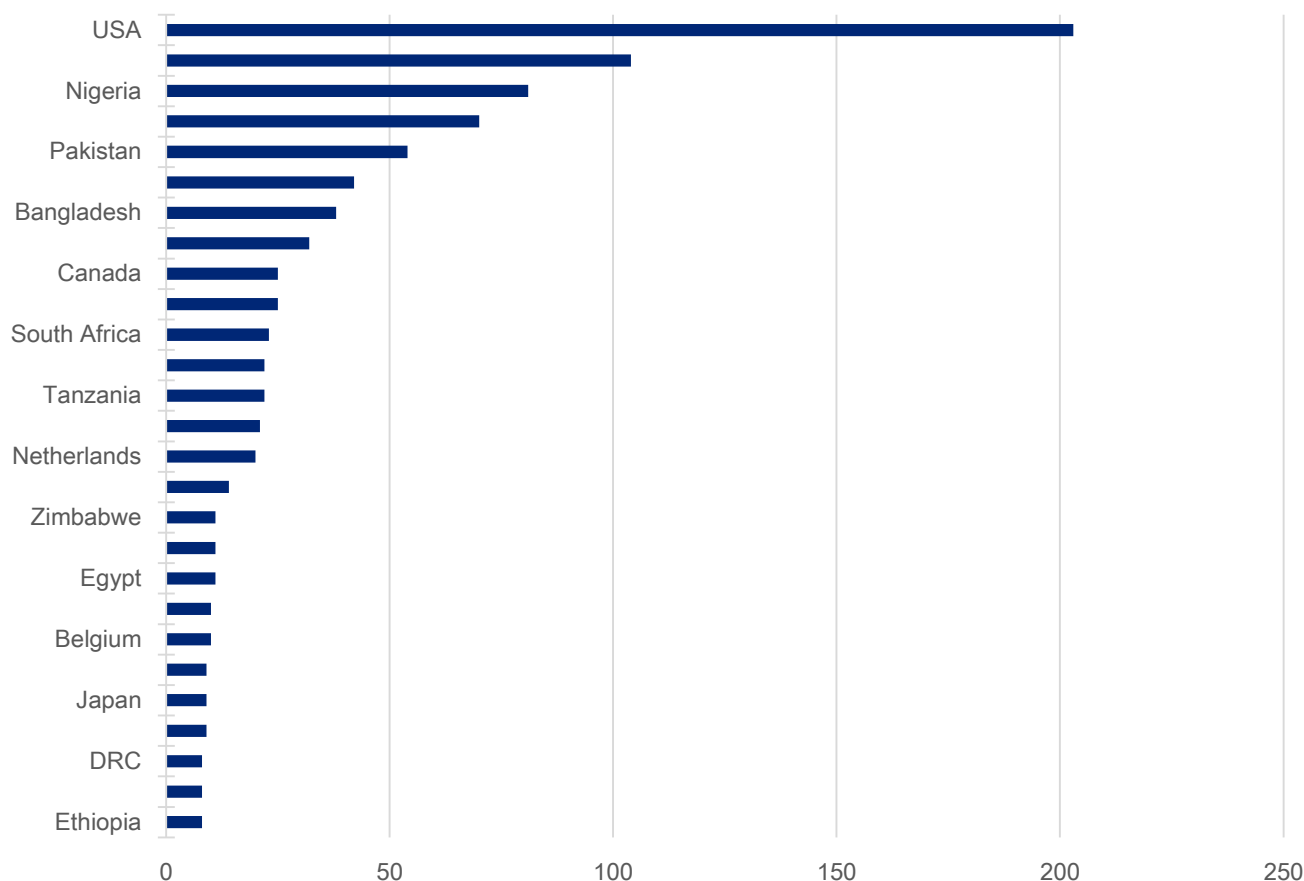
Constituency	AFRO	AMRO	EMRO	EURO	SEARO	WPRO	Grand Total
NGO	222	153	42	89	112	14	<b>632</b>
ART	27	49	26	43	23	14	<b>182</b>
AY	51	12	6	13	5	3	<b>90</b>
HCPA	5	19	4	22	4	3	<b>57</b>
PS	8	16	0	15	7	1	<b>47</b>
DF	0	8	0	15	1	3	<b>27</b>
PG	11	2	2	1	5	1	<b>22</b>
IGO	2	1	0	3	1	0	<b>7</b>
UNA	0	2	0	4	0	0	<b>6</b>
GFM	0	1	0	3	0	0	<b>4</b>
Undefined	0	1	0	0	1	0	<b>2</b>
<b>Grand Total</b>	<b>326</b>	<b>263</b>	<b>80</b>	<b>208</b>	<b>158</b>	<b>39</b>	<b>1076</b>

*NB: 1 entry has an undefined region and constituency*

The Africa region (AFRO) has the largest regional representation (30%), followed by the Americas region (25%). The Western Pacific Region (WPRO) has the smallest regional representation (4%). The United States has the largest number of members by country, making up 19% of total membership. The United States also has nearly double (195%) the membership of India, the second largest country by membership (see Figure 4.5 below). AFRO has the largest proportion of members (30%), yet AFRO only has one country (Nigeria) in the top five countries by membership. This implies low quantity of members per country but high diversity among African countries.

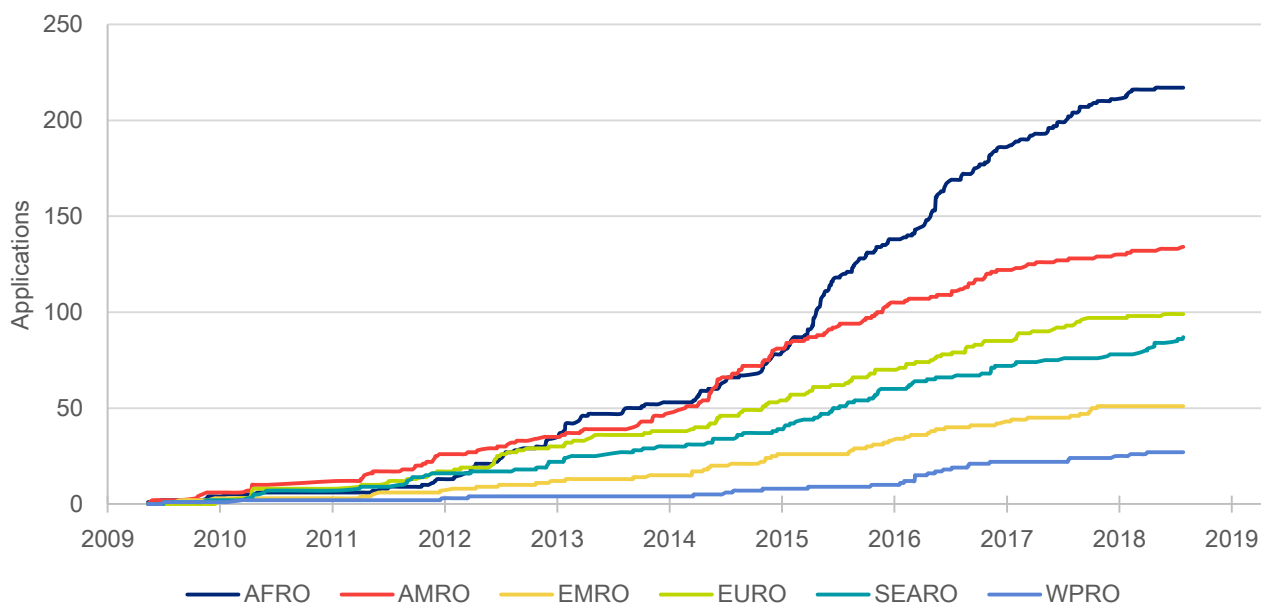
<sup>141</sup> This is expected given there are more limited UNAs and GFMs relative to other potential members, such as NGOs.

Figure 4.5: Membership by country (top 25 countries)



Since 2015, Africa has consistently had the highest application rate (average of 15% per year), although the other data sources did not provide any indication as to why, but this may be due to more awareness of PMNCH in Africa in comparison to other regions such as EMRO and WPRO (see Figure 4.6 below). As of July 2018, 30% of total membership applications came from Africa, and 25% from the Americas. The Americas had the largest volume of membership applications until 2013 (26%). For other insights on the composition of PMNCH constituencies and membership, see the partnership database analysis in Appendix J.

Figure 4.6: PMNCH membership applications by region time-series



***Whilst the Partnership currently has a high number of partners, partner engagement continues to be a challenge with substantial questions about meaningful engagement and participation of many partners. While measures have been taken to improve partner engagement and streamline the Partnership-centric approach, participation across the Partnership membership base remains low.***

PMNCH reports that it is the world's largest alliance for WCAH, combining over 1,000 partner organisations from ten diverse constituencies across 192 countries. As is stated on PMNCH's website:

*"No other partnership has the breadth, depth and diversity of PMNCH. From governments to private sector businesses, from health-care professionals to grassroots activists: our work connects the smallest village to the United Nations General Assembly and vice versa."*<sup>142</sup>

PMNCH's current Business Plan also notes that its value add is delivered through a *"Partnership-centric way of working, focusing on those activities where more can be achieved when partners work together rather than alone"*.<sup>143</sup>

The Partnership-centric approach was introduced in the 2009-2011 Strategy, where the Partnership is described as:

*"A unique entity, facilitating its members to work together to support governments of countries with a high burden of poor maternal, newborn and child health. It is a global alliance where members can plan and identify gaps together, discuss, agree and coordinate joint action, originally to towards achieving the MDGs 4 and 5 targets and now with a focus on the SDGs. Through shared learning and improved coordination PMNCH will focus on increasing effectiveness and efficiency of their partners' work."*<sup>144</sup>

According to this approach, the strength of the Partnership is dependent on the level of commitment of its partners to the shared values of alignment, coordination, evidence-based action, advocacy and accountability. However, the previous evaluation of PMNCH, carried out in 2014, highlighted that partner involvement was low and participation unequally split across different constituencies. The evaluation recommended a tailor-made partner engagement strategy as well as further reflection on whether the Partnership needs to widen or deepen its membership.<sup>145</sup> In response to the evaluation, a Partner Engagement Strategy was developed in 2016 to ensure that:

- (i) the right partners are on board to catalyse impact at global, regional and country levels;
- (ii) the current base of partners is fully engaged;
- (iii) challenges faced by some constituencies are addressed, and;
- (iv) PMNCH engages and coordinates with other partnerships that influence WCAH.<sup>146</sup>

This engagement strategy was included in the 2016-2020 PMNCH Strategic Plan under strategic objective 4 (SO 4) to 'Deepen partnership'.<sup>147</sup> Later, in recognition of the need to better deliver PMNCH's Partnership-centric approach, the Board (following discussions in November – December 2017) decided to set up an 'Ad-Hoc Partner-Centric Working Group' to provide recommendations on how operational structures could be updated.<sup>148</sup> The ad-hoc working group recommended a set of changes which were included in the 2018-2020 Business Plan.<sup>149</sup> These changes included moving *'improved partnership engagement'* from an outcome to a process by which PMNCH will achieve its objectives and structuring PMNCH workplans and implementation around context-specific working groups instead of SO working groups.<sup>150</sup> The Secretariat's role is to help partners catalyse these groups by contributing to the

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<sup>142</sup> PMNCH (2019) [About](#).

<sup>143</sup> PMNCH (2018) 2018-2020 Business Plan.

<sup>144</sup> PMNCH (2009) Strategy and Workplan 2009-2011. May 2009.

<sup>145</sup> PwC (2014) External evaluation of the Partnership for Maternal, Newborn and Child Health.

<sup>146</sup> PMNCH (2016) Partner Engagement Strategy. Executive Summary. October 2016.

<sup>147</sup> PMNCH (2016) The Partnership for Maternal, Newborn & Child Health in support of Every Woman Every Child. Strategic Plan 2016-2020. Geneva, Switzerland: PMNCH.

<sup>148</sup> PMNCH (2018) DRAFT: Updating PMNCH's Partner-Centric approaches for the SDG era: Ad-Hoc Partner-Centric Working Group – PMNCH.

<sup>149</sup> PMNCH (2018) PMNCH 2018-2020 Business Plan.

<sup>150</sup> The working groups are aimed at being opportunistic in nature, open to all interested partners and transparent in their work and processes as the primary implementing vehicles for PMNCH deliverables.

development of terms of reference and workplans, connecting interested partners, mobilising resources for activities, disseminating information about progress and results, and promoting synergies and collaboration among different working groups. Annex 4 of the 2018-2020 Business Plan lists over 30 working groups split between thematic areas and functions. Whilst the list shows that the work is largely driven by the partners (in contrast to the findings above that lean towards a more Secretariat-centric model), there is little information available on how these have functioned and the role of Partners vs the Secretariat. See Figure 4.2 in Section 4.2.1 on how the Partnership is structured and how the partners can engage with the different Partnership components.

Our findings from the KIIs, documentation review, e-based open enquiry and SNA of the Partnership have found various challenges in operationalising the Partnership-centric approach, both prior to 2017 and more recently through our evaluation findings. For example, an internal online survey, carried out in October 2017, found that most partners were infrequently involved in discussions and interactions as part of the SO working groups.<sup>151</sup> Participants reportedly wanted more targeted topics and discussions linked to clear results, more opportunities for meetings and discussions, more certainty that their participation would add value to their work and better technology for conducting calls.<sup>152</sup> In contrast to this, and perhaps showing an improvement in the Partnership-centric approach since 2017, the e-based open enquiry found that two-thirds of informants had engaged in a working group or PMNCH governance structure, although contradicting this five e-based open enquiry informants reported that they either did not know how to take part in structures such as the working groups, or had applications rejected. According to the Board Manual, the working groups should be comprised of a majority of Board members, including alternates and should be chaired by a Board member. This measure promotes a Board-centric approach and not a Partnership-centric approach.<sup>153</sup> Developing on these findings, the partial SNA of the Partnership (see Appendix M) suggests that there are roughly 20 partners across the different constituencies who are well engaged with PMNCH governance structures and working groups. This observation reinforces a statement made by several key informants that PMNCH seems to be driven by a small number of key partners. As one stakeholder explained:

*“Most partners don’t do much in terms of PMNCH engagement – just receive the e-blast. Can PMNCH say what they contribute to the partnership? PMNH is essentially a Partnership of 25 board members and 25 partners – what else is it?”*

Furthermore, the SNA of the Partnership found that whilst 35% of individual members and/ or organisations engage at least on a weekly or monthly basis with the Secretariat, one third of participants had not engaged across constituencies due to lack of knowledge on which other organisations are involved in the Partnership or what opportunities for collaboration exist. This is a high level of direct communication with the Secretariat, which is likely under-estimated given only a sample of organisations participated in the survey. Thus, the SNA findings (whilst limited by the low response rate to the e-survey and thus not representative of the whole Partnership) highlight that whilst members are engaged in PMNCH, this engagement is led or “*controlled*” by the Secretariat, putting onus on a Secretariat-centric structure rather than partner-led activities. It also highlights the heavy administrative workload in the Secretariat, as previously described in Section 4.2.1.

‘Less engaged’ members who were interviewed confirmed that they are not aware of how to be more involved with PMNCH, reflecting the potential need to improve clarity and/ or member motivation to join active communication channels. Furthermore, these members lacked knowledge of how they could actively contribute to PMNCH workplans and activities. Although it is ultimately up to members to engage with PMNCH Secretariat to support the Partnership, and to participate in constituency calls, our analysis of the three constituency calls we participated in was that there is relatively low participation in these calls. When probed during KIIs, key factors identified for low motivation to join such communication channels were:

- the perception that PMNCH is driven by the Secretariat and a small number of partners, reducing motivation for more active engagement by others (as described earlier in Section 4.2.1);

<sup>151</sup> PMNCH (2017) Improving PMNCH’s partner-centric approach. Presentation for the Cross-SO Retreat in Geneva, November 2017.

<sup>152</sup> PMNCH (2017) Improving PMNCH’s partner-centric approach. Presentation for the Cross-SO Retreat in Geneva, November 2017.

<sup>153</sup> This issue was noticed in the November 2019 meeting of the Governance and Nomination Committee and was asked to be amended.

- less engaged members lacking information on how they can join active communication channels;
- a small number of like-minded participants are monopolising the dialogue on some constituency calls which disincentivises others to join; and
- practical challenges such as the communication channels being predominantly English-speaking and oriented around the Geneva and US time-zones, making access from other time zones challenging.

Whilst the Partnership currently has a high number of partners, ***there are substantial questions about the quality (meaningful engagement and participation) of partners.*** Individual informants responding to the e-based open enquiry shared suggestions on improving partner engagement; these included tracking partner engagement, response times, and response quality; sending monthly or quarterly activity reports; implementing social audits; and having M&E processes inclusive of grassroots members.

***The two-way value proposition is unclear.***

PMNCH's Partner Engagement Strategy has identified a two-way value proposition for each constituency, highlighting why constituency members should be motivated to participate and what value they can bring to the Partnership. Also, in line with this Strategy, the membership leaflet was updated in 2016 and details PMNCH membership structure, membership criteria, partners' benefits and responsibilities, the operational principles and principles for engagement.<sup>154</sup>

The findings from the e-based open enquiry and KIs suggest varied opinion on the value of PMNCH to individual members and/ or organisations. For example, the e-based open enquiry found that approximately half (49%) of the informants feel that the Partnership adds value to their organisation, while 16% did not see any value. These findings are not representative, and thus findings across the whole membership could differ in terms of more or less value add. Among those that recognised the value add of the Partnership, the ability to collaborate and network with others, to access information and to raise awareness on WCAH were appreciated. However, almost half of the e-based open enquiry informants (46%) also claimed that there are other partnerships which are more effective in promoting their interests (see Appendix I). Examples provided included FP 2020, Women Deliver, Global Fund, GAVI, Stop TB, Maternal Health Task Force, SUN, GFF amongst others. In addition to this, the KIs found divergent opinions on the value of the Partnership to their work. Whilst informants noted that the PMNCH value proposition has – on the whole - become sharper and clearer in recent years, many informants noted remaining questions that need to be answered around PMNCH's unique competencies compared to other GHPs in SRMNCAH and PMNCH's overall priorities, again highlighting the need for PMNCH to focus. Without such clarity, concerns were raised (as described in Section 4.1) that PMNCH may get involved in areas of SRMNCAH where other organisations are better placed.

Findings from the documentation review of three recent constituency assessments for the AY, PS and ART constituencies suggest that the benefits and expectations of being a PMNCH member should be clarified.<sup>155</sup> For example, the AY members have expectations in terms of financial support (i.e. stipend for their participation and access to grants) and capacity building. However, they have not articulated what value they can bring to PMNCH. For the PS, the engagement does not lead to impact and there is no clarity on how they can contribute to the shared goals, or what value the Partnership can offer them. The ART members are generally unclear about how the Partnership contributes to the ART and vice versa. Informants from the NGO constituency also mentioned that some of the large international NGOs, such as those that work on service delivery, do not see any added value in participating in the Partnership.

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<sup>154</sup> PMNCH (n.d.) Membership flyer.

<sup>155</sup> Swiss THP (2019) Assessment of the Adolescents and Youth Constituency of the Partnership for Maternal, Newborn and Child Health. Assessment Report Final Draft; PMNCH (2019) Discussion Deck: PMNCH Private Sector Engagement; PMNCH (2019) Discussion Deck: PMNCH Private Sector Engagement.



In fact, when comparing the partners' 'benefits' and 'responsibilities', it is apparent that the responsibilities outweigh the benefits. Benefits are framed in terms of 'opportunities' for partnering, advocacy and participating in events, as well as the ability to share news and resources on PMNCH website. Whilst the Secretariat noted a clear benefit of members having open access to their constituency focal point to have any of their news/activities/call to actions promoted for free on the PMNCH website and in the e-blast, no other informants external to the Secretariat noted this as a benefit, potentially due to their lack of knowledge of this. Whilst members have free access to news and knowledge resources, these resources are also available to the wider public. In return, partners are expected to promote PMNCH, support the implementation of the annual workplans, contribute time, effort and resources to PMNCH activities, participate in consultations and request for information and share information and knowledge.<sup>156</sup> Many informants also reported that the opportunity cost of travelling to, and attending meetings was a disincentive.

***PMNCH's way of operating is considered top-down and not conducive to a Partnership-centric approach.***

To become a member of PMNCH, organisations must apply (via a simple form) through the PMNCH website – once contact details and brief information on the partner's focus and scope of work and the mechanism (constituency) through which the partner wishes to engage with PMNCH has been received, membership is understood to be generally accepted. Due diligence is reportedly done using the membership criteria, but there is little information available on how this process happens, although the Secretariat has noted that the GNC has recently established an ad-hoc working group which will review the current process and provide recommendations on due diligence in line with WHO's standards. An analysis of the partnership database, however, shows that at the start of 2017, for example, 530 applications were received of which 428 were accepted. As previously described, members are organised in ten constituency groups (see Figure 4.2 for the Partnership Structure) and engaged primarily through their respective constituency calls. Each constituency has a constituency chair who represents the constituency at PMNCH Board meetings. Other constituency members are also elected to be on the PMNCH Board (see Section 4.2 on Governance for further details).

Constituencies meet virtually; however, frequency of engagement and participation of members varies from once every month to twice every year. Informants external to the Secretariat appeared to view these calls as too often a dialogue between like-minded participants, that it is often "*the same people talking to each other*" and a lack of feedback from PMNCH Board members to their constituencies was mentioned by several informants. The ART assessment also highlighted a lack of a 'feedback loop' from the Board meetings.<sup>157</sup>

PMNCH has undertaken measures to address challenges faced by some constituencies. As proposed by the Partner Engagement Strategy, two partner engagement campaigns took place, one in 2016 for the PS constituency and one in 2017 for the AY constituency. The Secretariat has also put emphasis and resources into the promotion of meaningful youth engagement. A mentorship programme was developed and implemented to link AY members to other constituencies. AY members are now fully represented on the PMNCH Board and participate in all PMNCH governance structures and working groups. Four AY focal points (two board members and two alternates) receive a stipend of US\$250 per month to contribute to PMNCH activities, as they are not remunerated by their respective youth organisations. The Secretariat also developed a PS engagement strategy, which aims to increase PS members by 20%.<sup>158</sup>

The AY constituency has grown strongly in the past two years and is generally well organised, according to some, because of the financial support the coordinators receive. However, a few informants with good knowledge of the AY constituency felt that the Partnership uses a top-down approach with few opportunities to provide meaningful input. This was confirmed by other constituency members who stated that the calls are mostly used for providing feedback on specific issues or to prepare for Board meetings. These informants reported they are rarely consulted at the start

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<sup>156</sup> PMNCH (n.d.) Membership flyer ([https://www.who.int/pmnch/getinvolved/join/membership\\_flyer.pdf](https://www.who.int/pmnch/getinvolved/join/membership_flyer.pdf))

<sup>157</sup> PMNCH (2019) Interim report: Assessment of the ART Engagement and Contribution to PMNCH Business Plan 2018-20

<sup>158</sup> PMNCH (2019) Governance and Nomination Committee (GN&C) meeting notes: 24th September 2019

of and during workplan development, or to provide input into the Board or Forum agendas. This, according to several partners, is not a Partnership-centric approach.

PS engagement has reportedly not been optimal. Some PS informants considered PMNCH's processes as too bureaucratic, meetings inefficient and the value of engagement uncertain - it is generally felt that the Secretariat is unclear on how the Partnership can be positioned with respect to the PS. The PS group is also not homogenous, and it is difficult to expect it to behave as a traditional constituency group.<sup>159</sup> One informant stated,

*“Private sector delivery is growing and very important now, but they are not well represented in PMNCH. PMNCH could take on important constituents like this and liaise with them.”*

The review of the AY, ART and PS assessments and interviews with NGO and D&F informants indicate a need for a clearer 'modus operandi' on how members should contribute. Engagements are currently both 'ad-hoc' and 'opportunistic'. Strategic engagement could be improved by developing a constituency workplan linked to the overall PMNCH workplan. While this is assumed as one of the responsibilities of partners (see membership leaflet), this does not seem to be taken up in practice across all constituencies. For the PS, it is also important that different options for engagement are discussed and incorporated into the next strategy.

As noted in Section 4.2.1, although the Secretariat staff members work across work areas, as per the organogram there is only one Full Time Equivalent (FTE) technical officer for 'partner and political engagement', compared to three positions under 'country and regional engagement'.<sup>160</sup> It is unclear why the organogram is organised in this manner, which is misleading to those outside of the Secretariat. The existing position for 'partner and political engagement' focuses on governance and Board relations instead of wider partnership engagement. PMNCH is a partnership and it would seem logical to give priority to how partners engage and what their needs are from the Partnership.

***PMNCH has effectively brought the CSO voice to the global level.***

The NGO constituency is the largest constituency, representing 632 organisations. While some consideration has reportedly been given to the NGO constituencies representation on the Board to ensure that a mix of advocacy, service delivery and global/ regional/ national level organisations are represented, overall this constituency seems too large to be managed by the current system. That said, some informants from NGO constituencies (although notably NGOs that have been active with PMNCH) stated that PMNCH has been a useful platform to bring their voice to global level discussions. These perspectives were also reported through the majority of global level informants who considered PMNCH a useful vehicle for participation of CSOs at the higher level, especially in contrast to other UNAs which cannot bring the voices of CSOs to the global level as easily. Furthermore, PMNCH hosts the GFF civil society coordinating group which is constituted of mostly NGOs and AYC's. The Secretariat reported that this group has provided a space for bi-weekly engagement of the 20-member steering group, and regular engagement of the broader CSCG membership (+350 member organisations). While this groups includes only a subset of the NGO membership, the Secretariat reported that it has provided some NGO engagement through quarterly newsletters, webinars, events and the small grants programme.

***Effective cross-constituency collaboration is being addressed by setting up cross-thematic working groups.***

The PMNCH Partners Forum, every four years, provides a global platform for achieving broad consensus on the strategy and priorities of the Partnership. Members from all constituencies are invited to participate. There have been four Partners' Fora to date: 2008 in Tanzania, 2010 in India, 2014 in South Africa and 2018 again in India (see India case study). The Partners' Forum aims to provide an opportunity for cross-constituency collaboration and in the evaluation of the 2018 Partners' Forum, survey informants overwhelmingly cited that the greatest value was the opportunity for professional networking, advocacy and interaction with policy-makers (a view also supported by many

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<sup>159</sup> PMNCH (2019) Discussion Deck: PMNCH Private Sector Engagement

<sup>160</sup> In addition PMNCH supports three full time staff who work separately for the IAP.

key informants of this evaluation). However, there are concerns that the high financial and environmental costs for these Forums do not justify the benefits (see Section 4.4.2 on value for money below).

The SNA of the Partnership shows that there was a high level of cross-constituency collaboration in the past for at least two-thirds of participating organisations (see Appendix M). For example, the average interactions with other constituency members ranged from two (for the AYC constituency) to eleven (for the PG constituency). The AYC and ART members had the least number of interactions with other constituency members, compared to the PG, PS and HCPAs.<sup>161</sup> There are also good examples of cross-constituency collaboration promoted by the Partnership, such as through the GFF CSO Coordination Group, the Every Newborn Action Plan work or the Advocacy for Adolescent for Change! Toolkit programme. Also, the cross-constituency thematic discussions prior to the PMNCH Board meeting in November 2019 were useful examples of how the Partnership can bring together different stakeholders to discuss important topics. Informants to the e-based open enquiry, however, mentioned that their collaboration with other constituencies is not always a result of their engagement with PMNCH, i.e. they would already engage with these actors anyway. Furthermore, 79% of informants to the e-based open enquiry think that the Partnership needs to boost involvement of partners across constituency groups. Overall, it was felt there could be clearer avenues for meaningful involvement of members and that some members could be working on similar topics without knowing about each other's efforts. Findings from the KIs also found that engagement on the Board has contributed to cross constituency collaboration, but some informants noted that this often does not trickle down to the other members (see Section 4.2 on the Board composition and perceptions of the Board as a high-level "club"). Several informants, ranging from Board members, Secretariat staff and other members, mentioned that the Partnership could be more powerful if it encouraged more work across constituencies and issues, however, that the current structure of constituencies creates silos which limit more meaningful engagement.

Under leadership of the new Board Chair, the number of working groups is being reviewed and streamlined. Three cross-thematic working groups (Advocacy, Accountability and Knowledge and Evidence) and one SC are being established. Further sub-working groups can be set up to work on specific deliverables as needed.<sup>162</sup>

There is no agreement among key informants on whether PMNCH should continue to enlarge its membership. While most informants believe PMNCH should improve the depth of its engagement with existing partners, some also feel that other stakeholders such as the media, religious leaders or people with disabilities are not sufficiently represented.

***Cross-partnership communication and engagement systems, although not optimal, are being improved.***

The SNA of the Partnership (see Appendix M) indicates a high level of communication between PMNCH Secretariat and the partners, in particular with the AY and NGO constituencies. 67% of the e-based open enquiry informants were found to be in contact with PMNCH Secretariat at least once per quarter and more than 35% interact on a weekly or monthly basis. E-based open enquiry informants, however, perceive the communication to be top down, based on the needs of the Secretariat. In addition to this, three out of 29 informants responding to the e-based open enquiry raised concerns that PMNCH fails to maintain regular communication with Partnership members, stating that it does little to facilitate cross-constituency collaboration. There are no systematic engagement or communication processes to inform partners about what others are doing.

*"Communication with membership could also be improved by making it more two way, rather than the Secretariat reporting on what it has done."*

*"The partnership is partner-centric in many ways, but lack of communication is a challenge. PMNCH Secretariat doesn't have the capacity to communicate in a good way, to know what goes on with partners, - although we can see this in reports, there is not a continuous flow of reporting on this discussion, and there is need to improve this."*

As already mentioned in Section 4.1, the Secretariat does not currently have an active communications strategy, although an informant from the Secretariat reported that the 2016-2018 PMNCH Advocacy and Communications strategy continues to be highly relevant. Informants (both from within and external to the Secretariat) stated that a revised communication strategy for the current Business Plan would be helpful to streamline communications. Two

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<sup>161</sup> As discussed earlier, limitation of these findings is that the SNA responses only represent 8% of the total PMNCH membership.

<sup>162</sup> Conversations with PMNCH Secretariat staff.

staff members are responsible for communication at the Secretariat, but the communication manager's position is currently vacant.

The dominant viewpoint shared by Board members and external informants was that PMNCH communication follows a one-way direction with regular e-blasts being sent out, but with few partners sharing news with the Secretariat. Informants commented that those stakeholders that do share such communications with the Secretariat or between constituencies are usually partners who are actively engaged or receive grants from the Secretariat. Contrary to this, the documentation review and clarifications provided by the Secretariat suggest that PMNCH partners are increasingly using digital forms of communication, including webinar participation to engage in two-way communication systems (e.g., more than 800 partners joined five webinars on adolescent health during August and Sept 2019; the webinars were accompanied by Twitter engagement resulting in 2 million impressions and 789 Tweets over the five week period of the PMNCH webinars). This indicates that whilst PMNCH two-way communication channels are being used, there is still a perception amongst the majority of interviewees that these could be strengthened.

The 2018 'Ad-Hoc Partner-Centric Working Group' recommended investment in better ways to enhance partner engagement through interactive tools and collaborative workspaces, including a new website for the Partnership and an accountability portal, both of which were included in the Business Plan.<sup>163</sup> Furthermore, as described in Section 4.1.3 a digital strategy for PMNCH was drafted in 2019 to provide further insight into how PMNCH can digitalise its operations to improve communications in the future.<sup>164</sup>

The Secretariat recently contracted a company to develop a digital platform that will act as a centralised system for the entire Partnership. The platform is mapping all existing members against PMNCH priority areas. It is an interactive online tool using artificial intelligence to identify and map news (defined as any kind of online news ranging from academic journals, newspapers and social media posts) against PMNCH priority areas and its members. It allows PMNCH Secretariat to identify organisations that are currently not members, but have strong connections at country, regional or global level to the priority areas. In addition, the platform is designed to plan and monitor projects, as well as identify relevant national and international events.<sup>165</sup>

The Secretariat has high expectations for the new interactive membership database. While this can be a powerful tool providing an easy overview of what members are doing and who they relate to, it is also highly dependent on the accuracy of information available on the internet. Currently, different sources of information are pulled together (from biographies available on LinkedIn or organisational websites, to information on articles published, and social media posts or tweets). While the platform pulls together information which is already available on the internet, and is therefore compliant with General Data Protection Regulation, according to the developer, it is unclear to what extent members, and in particular individual staff of partner organisations, are fully aware that all the information available on them will be compiled in this digital platform. Furthermore, it is still unclear how the tool will be managed and used to promote stronger partner engagement. For example, whilst the Secretariat has suggested that members access to this digital platform will be an opportunity for improved connection across constituencies, as described above improved partner engagement is dependent on several factors<sup>166</sup> beyond people knowing what other partners are doing (which this tool will help with).

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<sup>163</sup> PMNCH (2018) DRAFT: Updating PMNCH's Partner-Centric approaches for the SDG era: Ad-Hoc Partner-Centric Working Group – PMNCH.

<sup>164</sup> PMNCH (c. 2019) Working Group Discussion Topics: PMNCH Digitalisation.

<sup>165</sup> Based on a virtual e-tour of the digital platform, discussions with PMNCH Secretariat and TORs for development of Digital Platform.

<sup>166</sup> As mentioned earlier in the Section, meaningful partner engagement depends on a number of factors including people knowing how to engage with the PMNCH workplans and working groups, a clear PMNCH value proposition and more meaningful communication mechanisms, amongst others.

### 4.3.2. Country engagement

***Despite the development of a country engagement strategy and guidance notes in 2016, there appears to be little understanding beyond the Secretariat about ‘country engagement’, as well as low awareness of PMNCH supported country activities.***

Prioritising engagement with countries was not a strategic objective of PMNCH until the 2016-2020 Strategy was launched.<sup>167</sup> Prior to this - in its first decade - PMNCH's mandate was to strengthen global alignment and build consensus around priority interventions to achieve MDGs 4 and 5.<sup>168</sup> In late 2011, in response to recommendations of the Commission on Information and Accountability for Women's and Children's Health (CoIA), the Partnership began to provide catalytic financial and technical support to develop or strengthen national civil society alliances for RMNCAH in ten countries. These grants of up to US\$35,000 were used to align priorities and activities in the context of existing national plans and processes.<sup>169</sup> PMNCH's prioritisation of country engagement in this current strategic period resulted from growing discussion amongst partners between 2011-2014 on whether the Partnership should leverage opportunities and facilitate actions at the country level.<sup>170</sup> Following its analysis of these discussions, the previous evaluation of PMNCH (2014) recommended the Board to clarify the role of PMNCH's regional and country engagement.<sup>171</sup>

In follow-up to this recommendation, the 2016-2020 Strategy prioritised country engagement as one of its four strategic objectives (see Appendix K for PMNCH's actions resulting from the other recommendations of the evaluation). Various guidance notes were developed in 2016 to clarify the approach to country engagement, which are available online.<sup>172</sup> Jointly these explain that the Partnership will prioritise strengthening existing MSPs and promoting partnerships in countries; ensure better coordination between global and in-country partners to avoid duplication at country level, and; ensure country focused efforts are guided and driven by in-country partners. More recently in 2017, PMNCH's value proposition at the country level was approved by the Board. Thus, as a caveat to the country engagement section, the Secretariat repeatedly stressed to the evaluation team that it is too early to assess the impact of the country engagement strategy. That said, informant perspectives on country engagement remain valid and important to inform the next PMNCH Strategy.

Yet, despite these myriad of documents (including guidance notes, the Board decisions and value proposition document), informant interviews (external to the Secretariat) revealed widespread confusion on what ‘country engagement’ means and what is being done. Whilst informants described a range of perspectives on what country engagement could entail (from Ministers attending PMNCH Board meetings, to strengthening MSPs, to issuing grants to country partners, to promoting South-South learning among PGs, to replicating a PMNCH-like structure at country level), only very few informants (mostly in the Secretariat) could explain in detail PMNCH's work at the country level. Informants consulted through the country case studies corroborated these global level findings (see Appendices P, Q and R). Several issues were reported as leading to this lack of clarity (both at the global and national levels) from the KIs, including:

- Poor communication from the Secretariat and the Board – as well as across constituencies and therefore between Partners on PMNCH's ongoing work at the country level;

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<sup>167</sup> PMNCH (2016) The Partnership for Maternal, Newborn & Child Health in support of Every Woman Every Child. Strategic Plan 2016-2020. Geneva, Switzerland: PMNCH.

<sup>168</sup> PMNCH (2019) About: History.

<sup>169</sup> PMNCH (2013) Strengthening National Advocacy Coalitions for Improved Women's and Children's Health.

<sup>170</sup> PwC (2014) External evaluation of the Partnership for Maternal, Newborn and Child Health

<sup>171</sup> PwC (2014) External evaluation of the Partnership for Maternal, Newborn and Child Health.

<sup>172</sup> PMNCH (2016) Guidance Note. Our universal approach to country engagement; PMNCH (2016) Guidance Note. Our engagement with focus countries in 2016; PMNCH (2016) SO1: Prioritise Engagement in Countries. Step-by-step Process



- Lack of understanding of PMNCH's 'niche' role at the country level amongst ongoing country efforts, and in particular some national level informants noted confusion between the roles of PMNCH and the GFF role (as is discussed in the Nigeria case study, see Appendix R);
- Amongst those who had read PMNCH's documents, lack of understanding of how PMNCH could translate these documents into actionable implementation at the country level.

Whilst PMNCH has reached consensus through a Board decision on country engagement, it was apparent through KIs that many stakeholders do not feel PMNCH should engage at the country level at all. Whilst these informants were knowledgeable of PMNCH's value proposition document, they did not understand how this would translate into meaningful and sustainable impact at the country level (beyond the adolescent advocacy toolkit, as described below). Furthermore, at the national level, whilst assessments of country needs have been carried out prior to allocation of the small-grants, MSP support and the adolescent toolkit, the country case studies found that support to CSOs and adolescents was not always discussed with partners prior to allocation of the grants.

Overall, PMNCH's theory of country engagement<sup>173</sup> (as described in the various guidance notes) is well articulated and hard to disagree with, however, the practical implementation and what is currently being done is not well understood by partners, in particular by (government) partners at country level, as is referenced in the country case studies in Appendices P, Q and R.

***The Secretariat believes it is too early to assess the impact of the country engagement strategy. Since these programmes are at still at an early stage, it is not surprising that there is little agreement amongst informants on their added value.***

In 2016 PMNCH outlined its value proposition at the country level, which was approved by the Board in 2017 and included in the 2018-2020 Business Plan.<sup>174</sup> The value proposition explains that the Partnership should leverage its experience of elevating SRMNCAH on the global agenda to replicate this success at country level; that the Partnership does not have a country presence but will work through its partners at country level and align their contributions, and; that the Partnership is not a financing facility, instead it brings together a wide group of organisations investing in SRMNCAH efforts.<sup>175</sup> As noted in the value proposition, however, limited funds are available to support specific activities to strengthen country-led MSPs, accountability mechanisms and joint advocacy at the country level.<sup>176</sup> Further, the value proposition notes that the Partnership's intended strength is that it can leverage the comparative advantages of its members, promote alignment and foster collaborative action for enhanced impact.<sup>177</sup>

As mentioned in Section 4.1.1, while almost all informants to the Partnership e-based open enquiry felt that the mission of PMNCH is relevant at the global level, there were diverging views on its value at the country level, with only 44% of the Partnership e-based open enquiry informants reporting that the Partnership is adding value at this level (see Appendix I). Of these informants, only 24% were from organisations at the global level. It should be noted that these findings are not representative of the opinions across the whole Partnership due to the low response rate of the Partnership e-based open enquiry. That said, this finding of diverging opinions on PMNCH's value at country level was corroborated with findings from the KIs. Opinions from informants ranged from not being clear where PMNCH's value is at country level (with key informants from different constituencies and the Secretariat reporting that the Partnership does not have a profile at country level, it is not well-known, nor understood) to some informants from the PMNCH Board and external stakeholders being overtly opposed to country engagement. Those in support of country engagement were those who were directly benefitting from the small grants (for example government officials working with the youth organisations). As one informant closely linked to the AY advocacy toolkit noted:

*"The work at the national level has been remarkable. For the AY advocacy toolkit, 5 youth coalitions received grants to roll out the toolkit. Due to the success this will now be extended to 10 countries. The country work is*

<sup>173</sup> PMNCH (n.d.) PMNCH's Value Proposition at Country Level.

<sup>174</sup> PMNCH (2018) Business Plan 2018-2020

<sup>175</sup> PMNCH (n.d.) PMNCH's value proposition at country level.

<sup>176</sup> PMNCH (n.d.) PMNCH's value proposition at country level.

<sup>177</sup> PMNCH (n.d.) PMNCH's value proposition at country level.

*important because resolutions are great on paper, but funding is required to turn them into reality. PMNCH added value of country work is that it can ensure alignment of the funding with the overall mandate of PMNCH.”*

Contrasting this, amongst those who were overtly opposed to country engagement, the general feeling is that PMNCH as a partnership does not have methods, resources or capacity to have much traction at country level and PMNCH is in many cases generally not effectively considering existing efforts to build capacity as relating to MNCH/WCAH at country level. Thus, although current country efforts on SRMNCAH may not be working, this doesn't mean that PMNCH has a direct role in replacement of other agencies such as the H6. As one informant (summarising the perspectives of these informants) noted:

*“PMNCH [Secretariat] shouldn't be working in country. They don't have the structure for it, and there are already CSOs and NGOs working in that space. Why do we need another organisation? That doesn't make sense.”*

The value proposition outlines five areas of work for PMNCH:<sup>178</sup>

- 1) *Promote inclusive and meaningful multi-stakeholder engagement* through facilitating multi-stakeholder consultations to review the SRMNCAH partner landscape, catalysing constituency building and strengthen existing partner networks; and reinforcing existing coordination mechanism to facilitate multi-stakeholder engagement.
- 2) *Strengthen and align accountability processes* through reviewing existing accountability mechanisms, to identify opportunities for promoting broader engagement in existing processes and support efforts to streamline accountability processes.
- 3) *Strengthen cross-sectoral linkages to facilitate dialogue* between health sector SRMNCAH partners and those in health-allied sectors.
- 4) *Support joint advocacy to foster a concerted approach to WCAH.* Leverage the expertise and resources of its partners to identify key priorities for advocacy, build local advocacy capacities and amplify advocacy messages.
- 5) *Facilitate learning and exchange across countries* through supporting and facilitating learning among country representatives.

While the Partnership has acted upon all these areas of work, the area of work which was commented on mostly was the '*promotion of inclusive and meaningful multi-stakeholder engagement*'.

### ***Strengthening MSPs: Overview of PMNCH's work thus far on strengthening MSPs.***

The guidance note on inclusive country MSPs, developed together with the GFF, H6 and EWEC in 2017 outlines how MSPs are key to the Global Strategy's successful implementation and lays out considerations for strengthening effective coordination platforms.<sup>179</sup> A further note elaborated in June 2018 clarifies how the H6 will support the strengthening of MSPs on behalf of PMNCH.<sup>180</sup> So far, 14 out of 25 countries have responded to an RfP expressing their interest to receive this support; ten countries<sup>181</sup> have an active H6 coordination platform and responded to an RfP, and; the other four countries<sup>182</sup> have been identified as potentially ready and interested, based on their ongoing engagement with PMNCH. So far, India is the only country which has received PMNCH financial support of US\$75,000 to strengthen its MSP. In terms of processes, one of the H6 agencies at country level is responsible to oversee the work. Financial reporting is done in line with the H6 agency's reporting timelines. A six-months activity report is shared with PMNCH.

### ***There is widespread confusion over how countries express needs for additional support and concerns over the impact of PMNCH's additional funding amongst existing SRMNCAH efforts in countries.***

Many stakeholders interviewed, including from H6 organisations, are sceptical about the Partnership's role in strengthening MSPs. Whilst the Board has already adopted a Decision giving PMNCH a mandate to support activities at the country level, many informants (including Board members) stated concerns over the effectiveness and impact

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<sup>178</sup> PMNCH (n.d.) PMNCH's value proposition at country level.

<sup>179</sup> PMNCH, H6, EWE, GFF (2017) Guidance Note: Inclusive Multi-stakeholder Country Platforms in Support of Every Woman Every Child.

<sup>180</sup> PMNCH (2018) Note on support to strengthening Multi-Stakeholder Platforms in Countries. Implemented by the H6 on behalf of the Partnership for Maternal, Newborn & Child Health.

<sup>181</sup> Burkina Faso, Burundi, Eswatini, Ghana, Liberia, Madagascar, Mauritania, Sierra Leone, Zambia and Zimbabwe.

<sup>182</sup> Afghanistan, India, Kenya and Nigeria.

that could be achieved through this. This was a surprising finding given the Board Decision, however perhaps lends itself to the discussion in Section 4.2.2 of Board members not expressing their true opinions in the Board discussions, instead through ‘corridor’ discussions. Some informants also question whether countries have expressed this need for support, or whether the need has been created by the Secretariat. Country stakeholders are unlikely to refuse financial support if it is presented as an opportunity. The India case study highlighted mixed views on whether the Partnership’s support for strengthening India’s (national) MSP is needed because of existing strong stewardship, with – for example – one informant noting: *“The government is firmly in the driving seat and partners rally around national priorities.”* However other informants indicated that national stewardship and alignment of partners is not a routine process in the health sector, or one which would be inclusive of non-state actors. For this reason, it is thought by some people that the Partnership can play a catalytic role in India, bringing fresh ideas of what is happening globally and strengthening the voices of those who are often excluded. See Appendix P for further discussion.

Some partners whom are closer to the PMNCH Secretariat suggested that the Partnership does have a role to support constituencies to participate in national platforms and coordination mechanisms, such as the GFF coordination platforms or government-led SRMNCAH platforms. The support to CSO coalitions at country level can be very valuable, however, few informants were aware of how this activity is currently unfolding (despite this information being available online through the PMNCH website). Also, these partners reported that a good role for the Partnership could be through being available at the global level to the country constituencies for guidance and alignment with the Partnership’s activities. Partners provided suggestions for this role including the Partnership connecting country partners to global level accountability or advocacy campaigns or the Partnership developing messaging, guidelines and tools which country partners can use and implement. As per the current country engagement work, partners in support of this role stated that if the Partnership works at country level, this work should be done through its members who participate in national coordination mechanisms and working groups.

#### ***PMNCH’s small grants: Overview of PMNCH’s work with small grants to promote capacity building of CSOs.***

The Secretariat has issued small grants to promote capacity building of CSOs in several countries, in line with the GFF Civil Society Engagement Strategy. Catalytic pilot grants to CSOs were issued in 2018 to demonstrate potential contributions by CSOs to the GFF processes. Four CSO networks in Cameroon, Kenya, Nigeria and Sierra Leone received grants ranging between US\$10,000-20,000 in 2018.<sup>183</sup> Following these pilots, a further ten small grants of around US\$ 70,000 each were issued to support CSOs in strengthening their coalition, advocacy and accountability efforts, support the implementation of GFF investment cases and improve the quality and coherence of CSO participation in national multi-stakeholder coordination platforms.<sup>184</sup> Management Sciences for Health (MSH) was contracted to manage this process. A total of 177 applications from 30 of 31 eligible countries were received. Following a selection process led by MSH and in collaboration with PMNCH Secretariat under the guidance of a multi-partner working group,<sup>185</sup> grants were issued to nine countries<sup>186</sup> in the last quarter of 2019.

The Secretariat also provided small grants to youth organisations in five countries<sup>187</sup> to adapt and implement the ‘Advocating for Change for Adolescents! Toolkit’ at country level. Since August 2017, the youth organisations received two small grants ranging between US\$ 10,000 and US\$ 15,000 each to develop a country-level adaptation of the global toolkit and develop and implement an ‘Advocacy Action Roadmap’. In the first period (August 2017 to August 2018), grant management was overseen by Women Deliver. In the second period (December 2018 to December 2019) grants were channelled directly to the youth organisations and technical assistance was provided

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<sup>183</sup> GFF (n.d.) Catalytic pilot grants to strengthen civil society engagement in national Global Financing Facility processes: Implementation report.

<sup>184</sup> PMNCH (2018). 2018 Workplan and Budget.

<sup>185</sup> The Secretariat reported that partners in this working group have been responsible for vetting the development of grant documents and all graded the final shortlist of candidates.

<sup>186</sup> Burkina Faso, Cambodia, Cameroon, Kenya, Malawi, Mozambique, Nigeria, Rwanda, and Uganda.

<sup>187</sup> India, Cameroon, Nigeria, Malawi and Kenya.

by the Regional Advisor for Southern Africa from Girls' Globe. A third round of grants has just been approved and will be extended to five more countries.<sup>188</sup>

In 2019, small grants are also being planned to support HCPA networks in two-five countries to strengthen HCPA engagement, as well as support to five-ten national parliaments to support WCAH issues in their countries. PMNCH has supported a handbook for strengthening capacity of parliamentarians on WCAH that is currently being finalised as well as capacity building for parliamentarians through global events and discussions held at the PMNCH partners forum and two inter-parliamentary union (IPU) assemblies held in 2019. Furthermore, PMNCH has also supported a number of in-country workshops for capacity building of parliamentarians (using the handbooks and resolutions as a resource) including in Uganda, Rwanda and Tanzania.<sup>189</sup>

***Recipients of small grants considered the support relevant. The grants to support AY were reported to be particularly useful to strengthen the capacity and voice of youth and CSOs for adolescent health issues.***

The recipients of small grants, and to some extent the government counterparts with whom they interacted, interviewed in the country case studies, as well as some informants at the global level with knowledge on the advocacy toolkit implementation considered the support provided at country level relevant and useful. These informants reported that the grants have strengthened the capacity and voice of youth and CSOs on adolescent health issues and – to some extent - their ability to engage more meaningfully with the GFF process and SRMNAH+N planning and implementation in Kenya, Malawi and Nigeria. Furthermore, informants noted that the youth organisations have increased their engagement with the Ministry of Health (in particular this is noted in the Kenya and India case studies), and this has been facilitated by the Secretariat (as described in the SNA of Adolescent Toolkit in Appendix L). As noted by the GFF, CSOs can contribute to strengthening country platforms for effective engagement, but national platforms need to be functional in the first place.<sup>190</sup> More notable outcomes of the support to CSO coalitions and youth organisations in both Nigeria and Kenya are around CSO coordination, advocacy, financing and RMNCAH score cards, and other efforts by CSOs to improve coordination around accountability frameworks around health systems.

However, there is little recognition of PMNCH's contribution to these outcomes at either global or country levels (see Kenya and Nigeria case studies in Appendices Q and R). Furthermore, in contrast to these perspectives set forth by informants closely linked to or recipients of small grants, and the findings from the assessment of the AY constituency (previously described), the KIIs found broad consensus across all other informant groups that advocacy should be at the global rather than country level and that there should be focus on niche areas defined by what others are doing and bringing the partnership together around these defined areas, rather than funding country level advocacy. For example, as described in Section 4.1.3 many informants consider that PMNCH could usefully strengthen its role in knowledge management or as a 'think tank'.

In addition, some grantees, but also other informants including the majority of country informants interviewed, believe that the resources available for country engagement are not enough and funds are spread too thinly across different countries. There is also the question of whether these resources can sustain scale and impact, which is a requirement listed in the RfPs of small grants that call for partners to build measures to drive sustainability into their work. Instead of spreading financial resources equally across countries, resources could be used to fill gaps, i.e. in those countries where the activities cannot be funded by other PMNCH partners.

***There are very few examples yet of PMNCH's country work beyond small grants and it is too early to assess the impact of the country engagement strategy.***

Few people consulted as part of the evaluation were able to provide examples of country engagements, besides those implementing grants. The IPU mentioned that the Secretariat has facilitated engagement with NGOs in Uganda, for example, but the IPU has also received small grants from the Secretariat to strengthen capacity building of parliamentarians at country level. Others also mentioned that what PMNCH does well is connecting partners within and across the countries, for example, identifying partners to support others in the implementation of their activities.

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<sup>188</sup> Ghana, Liberia, Sierra Leone, Zambia and Zimbabwe.

<sup>189</sup> Clarifications provided by PMNCH Secretariat in January 2020.

<sup>190</sup> GFF (n.d.) Catalytic pilot grants to strengthen civil society engagement in national Global Financing Facility processes: Implementation report.



As noted at the beginning of this section, PMNCH Secretariat stressed that it is too early to assess the impact of the country engagement strategy.

***While it is still too early to assess the impact of the country engagement strategy, in particular the results of the support to MSPs, the activities implemented so far are leading in some instances to better coordination among country partners. There has been increased collaboration, in particular among those that receive small grants (AYC and NGO members that received grants) and to some extent also between AYC and the government. However, other PMNCH members operating at country level, such as ART, PHC or PS are not seeing much benefit from the country engagement activities so far.***

The principles of country engagement outline that PMNCH will ensure better coordination between global and in-country partners, as well as ensure that efforts are guided and driven by in-country partners. The Kenya country case study shows that PMNCH Secretariat has promoted cross-constituency learning and collaboration across the two grants issued to CSO and the youth organisation. However, besides those who are involved with grant implementation, very few PMNCH partners were aware of the support provided and how they could engage with the activities. Collaboration with H6 partners, but also with ART and HCPA seems to be missing, although it is understood that this collaboration will soon begin under a MSP grant being led by the UN Resident Coordinator office in Kenya.

The Kenya and Nigeria country case studies show that while the implementation of the small grants to CSOs and AYCs are driven by in-country partners, the scope of these grants is set by PMNCH workplans, which are approved by the Board. Country partners respond to an RfP and develop a proposal within certain limits. For example, the CSO coalitions should work on strengthening their alignment and coordination to improve their engagement with national stakeholder platforms and coordinate advocacy and accountability efforts around GFF processes. While the need for this derives from consultations with CSOs during the GFF CS Coordination Group and the fact that the proposal is developed by a country-based NGO, this may not necessarily reflect the needs of other PMNCH actors at country level. For example, in Kenya, the NGOs are supposed to push for the active functioning of the GFF MSP, but the country case study (see Appendix Q) found that there is little appetite from other stakeholders, including the government, due to existing functioning MSPs. Similarly, for the support to youth advocacy, youth organisations are supported to adapt the global toolkit to their national context and implement an advocacy action roadmap. While they have a lot of freedom in the way they do this, the framework of the activity is set by PMNCH and not by country stakeholders. So, while the grants may respond to needs from specific constituency groups in the countries, other country-based constituency groups – in particular country governments - are not necessarily consulted during the design of the grants.

***There is a lack of clarity on how priority countries for country engagement are selected.***

Information on selection of priority countries is not easily available on the website. Some informants also do not believe that it makes sense to have a list of priority countries, instead the Partnership should identify issues that cut across countries, such as, for example, equity. As one informant described:

*“While important to be responsive to the bottom 20% agenda, PMNCH can best add value by focusing on issues that cut across multiple countries e.g. equity. It does not make sense for PMNCH to identify priority focus countries.”*

25 countries were identified by the H6 for support from MSPs, based on maternal, newborn and child morbidity and mortality indicators and the existence of a (semi) functional MSP. From these 25, 10 countries responded to an RfP for support to their MSP. Four countries out of the 25 were identified directly by the Secretariat based on their strong existing engagements, a regional balance and strong existing youth networks. For the adolescent advocacy work, proposals were assessed on technical merit and capacity for managing the grant, as well as the alignment with PMNCH's vision and mission and other PMNCH investments. No indicators of adolescent health and well-being were used for assessing needs. For the CSO grants, proposals were received from 30 of 31 eligible countries<sup>191</sup> and a similar selection process was used based on technical merit and organisational capacity.

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<sup>191</sup> Afghanistan, Bangladesh, Burkina Faso, Cambodia, Cameroon, Central African Republic, Côte d'Ivoire, Democratic Republic of Congo, Egypt, Ethiopia, Ghana, Guatemala, Guinea, Haiti, India, Indonesia, Kenya, Liberia, Madagascar, Malawi, Mali, Mozambique, Myanmar, Nigeria, Rwanda, Senegal, Sierra Leone, Tanzania, Uganda, Vietnam, and Zambia.



*“PMNCH’s list of priority countries may need to be looked at again. These are chosen because of their high burden in terms of MNC health but not necessarily adolescent health. Latin America, for example, has 2<sup>nd</sup> highest burden of teenage pregnancies and this is not taken into consideration when selecting priority countries.”*

So far, partners in 20 countries have received or will receive support from PMNCH as part of the country engagement strategy (see Table 4.6 below). Two countries are (or will be) recipients of three types of support (Nigeria and Kenya) and another nine have (or will be) recipients for two different grants. 85% of countries are from the Africa region, one country from Eastern Mediterranean region, one country from Western Pacific region and one country from South-East Asia. Seven countries in Latin America and the Caribbean (Argentina, Chile, Dominican Republic, Guatemala, Honduras, Mexico and Peru) receive support through a joint initiative with EWEC LAC, focusing on adolescent health and well-being and accountability.

Table 4.6: Overview of countries (to be) supported as part of country engagement strategy

	MSPs	CSO coalition building	Adolescent advocacy
Nigeria	✓	✓	✓
Kenya	✓	✓	✓
Burkina Faso	✓	✓	
Cameroon		✓	✓
Ghana	✓		✓
Malawi		✓	✓
Liberia	✓		✓
Sierra Leone	✓		✓
Zambia	✓		✓
Zimbabwe	✓		✓
India	✓		✓
Burundi	✓		
Eswatini	✓		
Madagascar	✓		
Mauritania	✓		
Mozambique		✓	
Rwanda		✓	
Uganda		✓	
Afghanistan	✓		
Cambodia		✓	

Source: CEPA analysis. PMNCH (2019) Note on support to strengthening MSPs in countries

### 4.3.3. Summary findings on partner and country engagement

#### Summary findings on partner engagement

Table 4.7 below presents the summary findings as relating to partner engagement.

Table 4.7: Summary findings on partner engagement

Findings	Robustness rating and explanation	
Whilst the Partnership currently has a high quantity of partners, partner engagement continues to be a challenge with substantial questions about the meaningful engagement and	B	Supported by a many key informants and analysis of the Partnership e-based open enquiry responses; SWOT

participation of many partners. While measures have been taken to improve partner engagement and streamline the Partnership-centric approach, participation across the Partnership membership base remains low.		analysis and the broader documentation review, although opinion was not unanimous.
The two-way value proposition is unclear.	B	Supported by many key informants, three separate constituency assessments as well as the Partnership e-based open enquiry results point to this finding.
PMNCH's way of operating is perceived to be top-down and not conducive to a Partnership-centric approach.	B	Supported by three separate constituency assessments and majority of informants, although this varied by stakeholder group.
PMNCH has effectively brought the CSO voice to the global level.	B	Supported by many informants across stakeholder groups.
Effective cross-constituency collaboration is being addressed by setting up cross-thematic working groups.	A	Supported by the majority of informants and corroborated with the Partnership e-based open enquiry responses, the SNA and documentation review.
Cross-partnership communication and engagement systems, although not optimal, are being improved.	C	Supported by the Partnership e-based open enquiry responses and corroborated with informants, although there was diversity of opinions between stakeholder groups.

### **Summary findings on country engagement**

Table 4.8 below presents the summary findings as relating to country engagement

Table 4.8: Summary findings on country engagement

<b>Findings</b>	<b>Robustness rating and explanation</b>	
Despite the development of country engagement strategy and guidance notes in 2016, there appears to little understanding beyond the Secretariat about 'country engagement', as well as low awareness of PMNCH supported country activities.	A	Document review and assessment supported by majority of informant responses across all constituencies, PMNCH Board members and PMNCH Secretariat.
The Secretariat believes it is too early to assess the impact of the country engagement strategy. Since these programmes are at still at an early stage, it is not surprising that there is little agreement amongst informants on their added value.	A	Supported by the Partnership e-based open enquiry results, country case studies and all consultation responses.
There is widespread confusion over how countries express needs for additional support and concerns over the impact of PMNCH's additional funding amongst existing SRMNCAH efforts in countries.	C	Supported by some informants, the documentation review and country case studies.
Recipients of small grants considered the support relevant. The grants to support AY were reported to be particular useful to strengthen the capacity and voice of youth and CSOs for adolescent health issues.	C	Supported by some informants, the documentation review and country case studies.
There are very few examples yet of PMNCH's country work beyond small grants and it is too early to assess the impact of the country engagement strategy.	D	This finding is supported by informant interviews. However, the data was judged to be of poor quality given that it is too earlier to evaluate PMNCH's work at the country level.
While it is still too early to assess the impact of the country engagement strategy, in particular the results of the support to MSPs, the activities implemented so far are leading in some instances to better coordination among country partners. There has been increased collaboration, in particular among those that receive small grants (AYC and NGO members that received grants) and to some extent also between AYC and the government. However, other PMNCH members operating at	B	Supported by many informants at the national level, the documentation review and country case studies.

country level, such as ART, PHC or PS are not seeing much benefit from the country engagement activities so far.		
There is a lack of clarity on how priority countries for country engagement are selected.	C	Supported by some informants and the documentation review.

#### 4.4. EFFECTIVENESS, PERFORMANCE AND IMPACT

The findings under this thematic area are structured according to the key themes which emerged from the analysis in line with the overall evaluation questions listed below.

##### **This section incorporates findings in response to the following evaluation questions:**

10. Has the Partnership developed programmes critical to its vision and mission?
11. Is the volume of programming, and buy-in from members, sufficient and appropriate?
13. Are programmes envisaged with sufficient depth and breadth to achieve results?
14. Partnership well placed to issue grants (i.e. to be a sub-granting mechanism) to drive achievement of planned work and programmes?
17. How effective have PMNCH's advocacy activities been at global, regional and country levels?
18. How can PMNCH share learning so as to accelerate and focus action and financing to deliver the Global Strategy for Women's, Children's and Adolescent's Health?
19. Overall, what impacts have been achieved by the Partnership and at what cost? Have these been considered value for money?
20. Could similar results have been achieved some other way or more (cost) effectively?
21. How can the impact of PMNCH be more effectively assessed/promoted, given the impact attribution challenge?
8. How can accountability mechanisms be strengthened?
9. How can progress be more effectively tracked?

##### 4.4.1. Effectiveness and impact

***PMNCH has supported many activities which are aligned with the vision and mission but there are concerns about (i) how decisions are made, (ii) the volume of programmes, and (iii) whether there is sufficient buy-in from members. Despite examples of successes cited in PMNCH documentation in the current Strategic Period, the majority of informants struggled to identify more recent examples of the Partnership's impact. This may be due to poor communication of PMNCH's impact.***

The Partnership has provided useful support for meetings, consultations, events, the production of accountability and progress reports, the development of frameworks and toolkits, sharing evidence, and building capacity of constituencies, in particular of the CSO and AY constituencies. Furthermore, the SNA found that the Advocating for Change for Adolescents! Toolkit in five countries is aligned with the vision and mission of the Partnership. For example, the grants have contributed to an increased engagement of young people and youth-led organisations to lead the development of advocacy activities and organise action in their respective countries. The five youth organisations supported each with two small grants are forging stronger relationships with their governments, as well as developing networks with other organisations and platforms and jointly influencing policies, programmes, processes and decisions affecting adolescents' health and well-being in their countries. In addition, 24 (37% of) informants reported that PMNCH has been impactful over the last five years, stating that activities such as the Partnership's work on ensuring that WCAH remains relevant within UHC have been useful, as well as that specific products such as IAP reports and advocacy tools have been useful. Table F.1 in Appendix F summarises some of the key activities and results reported by the Partnership during the 2016 and 2018 period by function and by workstream.

Key successes from the desk review and those most commonly mentioned by key informants and the Partnership e-based open enquiry include:

Prior to 2015:

- developing the essential package of interventions;
- coordinating the Countdown to 2015 initiative during 2005-2015;
- helping to develop and build support for the Global Strategy and providing inputs to the Strategy's monitoring framework, including inclusion of an indicator on stillbirth;
- building support for the Every Newborn Action Plan;
- playing an instrumental role in the IPU resolution, which secured commitments from 140 parliaments in support of women's and children's health; and

Post-2015:

- playing a critical role in the consensus statement on AY engagement and ensuring that indicators related to adolescents were included in the SDGs;
- working with partners to develop the Framework for QED for MNH;
- convening expert groups e.g., on ECD and development of the Nurturing Care Framework;
- providing a voice and a platform for some constituencies at country level through the AY advocacy toolkit and supporting the Global CSOs Coordinating Group for the GFF.

These findings are consistent with the 2014 evaluation survey which identified influencing policy at global level, facilitating networking and providing a forum for discussion as the top three 'offerings' for PMNCH partners.<sup>192</sup>

Interestingly, however, the successes identified post-2015 were highlighted either from PMNCH Secretariat informants, those closely associated with PMNCH or the documentation review (including annual reviews from 2016-onwards). Informants less familiar with PMNCH, as well as other stakeholders including donors, did not appear to be aware of more recent examples of the Partnership's impact in the current Strategic Period beyond advocacy work behind the scenes to ensure WAH issues were included in global resolutions and agendas. This suggests that greater efforts are needed to communicate evidence of the impact of the Partnership's current work. For example, both of the donor constituency informants responding to the Partnership e-based open enquiry stated that they did not know whether PMNCH had been impactful, stated that there needed to be more partner engagement from the PMNCH Secretariat, and that activities should be improved.

Ongoing activities during 2019 include, among others, developing resources to support advocacy for WCAH in the context of UHC, developing case studies on CSO and youth engagement in national MSPs, supporting constituency networks and MSPs in selected countries, tracking commitments and strengthening accountability mechanisms, supporting integration of ECD in selected countries, promoting the Nurturing Care Framework, and developing knowledge briefs.<sup>193</sup>

These activities are to a large extent aligned with the vision and mission of the Partnership. However, there are concerns about what criteria are used for making decisions on the type of activities to support or not. As discussed in Section 4.2.2, several informants, particularly those who do not participate at the Board level, feel that Board members and donors often drive the programming and decision-making of the Partnership. This perceived poor transparency was mentioned as a disengaging factor for new partners.

As was observed in Section 4.3 on partner and country engagement, the buy-in from members into the Partnership's activities is limited to a small proportion of members, usually those who are represented at PMNCH Board, or those that receive small grants from PMNCH Secretariat. Engaging with this wider constituency provides a large opportunity for the Partnership.

***There is need for further consideration of programme depth and breadth to achieve sustainable results.***

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<sup>192</sup> PwC (2014) External evaluation of the Partnership for Maternal, Newborn and Child Health.

<sup>193</sup> PMNCH (2019) Progress report as of 1 January-30 June 2019 – PMNCH 2018-2020 Business Plan deliverables.

The large volume of programmes supported by PMNCH is perceived by many to lack focus, while at the same time, there is disagreement among partners on priority areas for the Partnership to focus on (see Section 4.1 on vision and mission). These concerns translate into questions about impact and contribution to implementation of the overall strategy i.e., ‘are the activities more than the sum of their parts’? There is a perception (and a risk) that the Partnership, through the Secretariat, expends energy and resources on piecemeal and thinly spread activities, when a more coherent approach to deciding which activities together will be most likely deliver PMNCH objectives in the most cost-effective way could increase overall impact. This will not be easy, given the diverse nature on Partners’ interests.

It is also difficult to assess the impact of individual activities supported by the Partnership, as there is a lack of systematic tracking and follow up, e.g., to see if documents are used or events have resulted in action. The 2014 evaluation recommended that the Secretariat “*define a mechanism to review the use of its knowledge tools and summaries and for the Board to regularly assess their impact*”.<sup>194</sup> This has not yet been done, although the Secretariat reports that an Evidence and Knowledge working group has recently been established and a new staff member has been hired to support this.

Furthermore, as was detailed in Section 4.3 on partner and country engagement, informants have yet to be convinced about impact of the Partnership at country level. The sceptics attribute impact to the actions of individual partners and they question whether the small grants programme can achieve scale and impact at country level.

***There are mixed views about the Partnership’s role as a sub-granting mechanism.***

This evaluation identified a range of challenges and concerns regarding grant making. An overarching issue is the lack of a clear overall objective for grant making and how the mechanism links to the Results Framework. A key finding from the SWOT analysis of GHPs is that “*impactful partnerships include implementation of capacity-building strategies, technical assistance and resources*.”<sup>195</sup> However, PMNCH does not have an explicit strategy for this. Instead, the small grants work is underpinned by the AYC mentorship programme and the workplan of the AYC.

There are diverse views about the Partnership’s involvement in grant making; some – in particular those that are closer to the Secretariat and more aware of the small grants mechanism - are of the view that this can add value, in particular to strengthen the capacity and voice of those under-resourced constituencies. Others, however, do not believe that this is where the Partnership should be focusing its efforts or resources.

While in the past the Secretariat has issued grants (for example for the ‘Catalytic CSO grants’ in 2018), the preferred route for granting is by sub-contracting an organisation (preferably a Partner) to manage the issuing of grants to country-based organisations. Sub-contracted organisations are responsible for issuing a call for proposals, selecting grantees, issuing contracts, providing technical assistance and M&E. They provide bi-annual progress reports to the Secretariat.

Some informants explained that sub-contracting organisations are busy with their own work and that the funding for small grants is not large enough to cover the extensive transaction costs. Other organisations were suggested by the Secretariat to have provided grants through PMNCH, as the transaction costs were lower than providing grants directly. The attractiveness of sub-contracting through PMNCH appears to depend on individual donor organisational structures and operational realities. On the one hand, some donors – due to the perceived substantial transaction costs of sub-granting through PMNCH – may prefer to fund grants directly; others may prefer to provide grants through the Secretariat.

There appear to have been issues with the PMNCH sub-granting process. For example, two different organisations were contracted to oversee the granting process for the adolescent advocacy toolkit grants. In the first phase, Women Deliver oversaw the whole process, while in the second phase grants were channelled via the WHO Country Office and a technical advisor from Girls’ Globe provided technical assistance. Financial reasons were the basis for changing the sub-granting mechanism, but this has not necessarily proved to be more efficient. The SNA observed that even with a technical advisor hired, the Secretariat has had a large workload overseeing and monitoring the progress of grantees (see Appendix M).

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<sup>194</sup> PwC (2014) External evaluation of the Partnership for Maternal, Newborn and Child Health.

<sup>195</sup> Caines et al. (2004) Assessing the Impact of Global Health Partnerships.



Other issues in relation to sub-granting observed by the evaluation include:

- lack of effective communication on decision-making criteria and processes, creating a perception of low transparency to some external stakeholders;
- insufficient capacity in the Secretariat inhibits capacity to manage small grants;
- lack of a strategic framework at country level and potential for duplication with small grants provided by other donors);
- high transaction costs relative to the size of the grants;
- cumbersome WHO grant management processes; and
- limited evidence to allow assessment of the effectiveness, or impact of grants.

***The Partnership is viewed as having been most effective in its global advocacy work, but actually assessing impact is difficult.***

Many informants closely associated with PMNCH agreed that PMNCH advocacy at the global level has made an important contribution, in particular in behind the scenes work and in galvanising member states and partners to ensure that WCAH issues have been included in high-level resolutions and agendas. Many informants also suggested that the Global Strategy would not have been developed without PMNCH and that it has also helped, together with other partners, to mobilise resources for and commitments to the Strategy; many of these commitments were mobilised or announced during the 2018 Partners' Forum.<sup>196</sup>

PMNCH support for the establishment of the GFF CSO constituency has also played an important role in enabling CSO perspectives to influence global debates and PMNCH has also played an important role in promoting the visibility of adolescent health at global level, developing an adolescent friendly package on Global Accelerated Action for the Health of Adolescents and Act Now for Adolescents, as well as advocating for the inclusion of young people in the GFF.

Assessing the impact of the Partnership's advocacy, and indeed advocacy efforts more broadly, however, is difficult, because the impact of advocacy work such as campaigns cannot easily be measured in a linear manner around "attributable change" or policy impact. In addition, it is difficult to attribute the impact of the Partnership as whole on advocacy outcomes as opposed to the efforts of individual partners or other organisations (this is further discussed below). Examples cited included getting adolescent health on to the agenda, the push for increased focus on ECD, and recognition of the need to address the needs of women, children and adolescents in humanitarian settings. Only 37% of informants to the evaluation the Partnership e-based open enquiry think that the Partnership has been impactful over the past five years, mainly around advocacy and bringing partners together around common objectives (however, as previously described, it should be noted that these responses are not representative of the whole Partnership due to the low response rate). Furthermore, a more dominant viewpoint across informants was that other actors, such as FP2020 and Women Deliver, are more effective, as they have a clear focus and targets and are nimbler and more effective advocates. More broadly, it is difficult to identify the impact of global level advocacy, statements, resolutions and strategies, such as the Global Strategy, on SRMNCAH outcomes at the country level, and especially difficult to attribute any impact of this work to PMNCH.

However, as described in Section 4.1, there is also a sense that advocacy has not been sufficiently strategic and has, on occasions, been risk averse, with the Partnership viewed as unwilling to engage in advocacy around more controversial topics.

Informants suggested that the Partnership should focus on action and better aligned political and financial commitments to deliver the Global Strategy objectives and related SDG targets. This is consistent with the conclusion of the EC retreat in Stockholm in August 2018, which requested the Secretariat to develop a political engagement strategy – and that its advocacy needs to maximise the opportunities presented by a Partnership-centric model, including sharing tools, lessons and success stories.<sup>197</sup> The Partnership e-based open enquiry informants suggested

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<sup>196</sup> WHO (2019) New commitments galvanised in support of Every Woman Every Child to help advance the UHC agenda

<sup>197</sup> PMNCH (2018) PMNCH's EC Meeting: Tuesday 28<sup>th</sup> August, 2018. Draft NfR

that a clearly defined scope and objectives, coupled with more effective communication, would be important to strengthen PMNCH's advocacy impact, as would a systematic approach to follow-up on one-off events. Corroborated with this suggestion, it was noted that effective communication was an area of renewed effort by the Secretariat in 2019, in particular through improved communications strategies for key events, including the accountability breakfast and other PMNCH events at the UNGA, the PMNCH Nairobi Board meeting and the Nairobi Summit on ICPD25, although no data appears to be available on the effectiveness of these strategies. Some informants also suggested learning lessons from other organisations that are effective global advocates.

***The effectiveness of the Partnership is undermined by institutional, management and capacity issues.***

These include issues discussed in more detail earlier in this report (see Section 4.2 and Section 4.3) and relate, in particular, to leadership, institutional politics, lack of clear governance and decision-making criteria, challenges associated with the hosting arrangement, lack of capacity and empowerment of the Secretariat and the excessive workload of Secretariat staff.

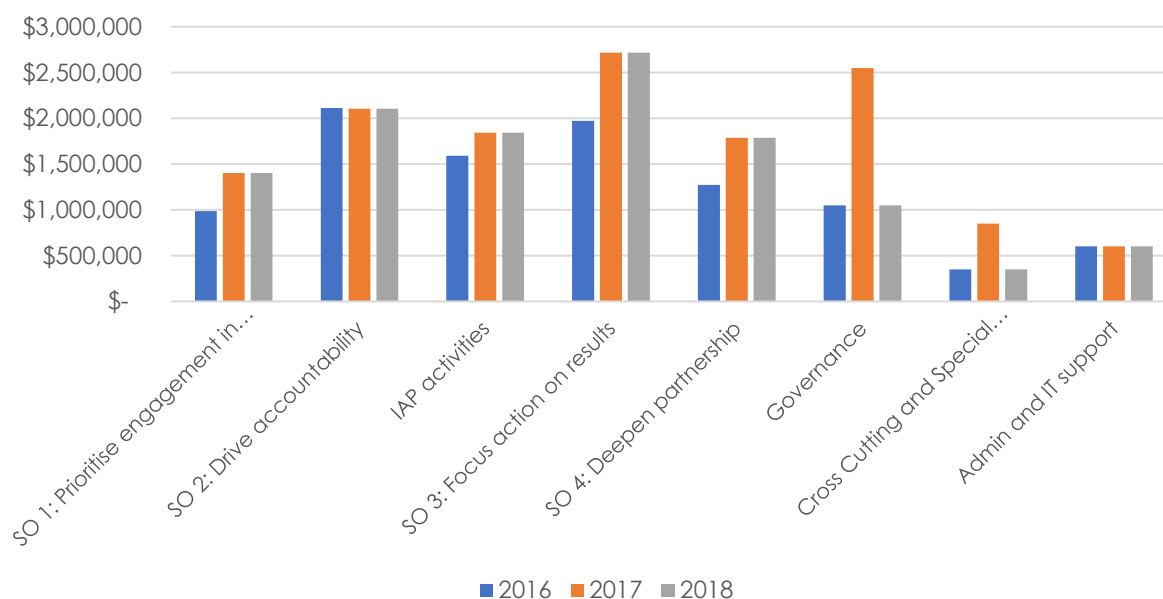
Effective communication is also suggested to be undermined by the complexity of PMNCH's 'structure' – the broad mix of strategic objectives, thematic areas and functions makes it difficult to communicate clearly to external stakeholders, as well as within the Partnership, what it aims to achieve, where it is focusing its efforts and what it does. Effective leveraging of the partnership is undermined by weaknesses in partnership engagement, including systems for communicating with partners and for ensuring that PMNCH has up to date information about what partners are doing. The evaluation, however, acknowledges the current work on the digital platform which may resolve some of these issues (see Section 4.3.1).

***The effectiveness of PMNCH is also limited by trying to do too much with too little.***

As described in Section 4.1, various informants from all constituencies including Board members and Secretariat staff, commented that PMNCH is taking on everything, *“doing everything and doing nothing”*, and that with a relatively small budget for activities, the work is spread too thinly. Some also have concerns about use of resources in technical areas where PMNCH has no comparative advantage.

The detailed funding analysis is shown in Appendix H. As shown in Figure 4.7 below, in the 2016-2018 Business Plan, the SOs that received the highest level of funding were SO3 (Focusing action on results) – which included US\$1.1m for advocacy at global and domestic level - and SO2 (Drive accountability) which included US\$5.2m for IAP activities and staff costs. Budgets available for prioritising country and partner engagement, on the other hand, were comparatively much smaller.

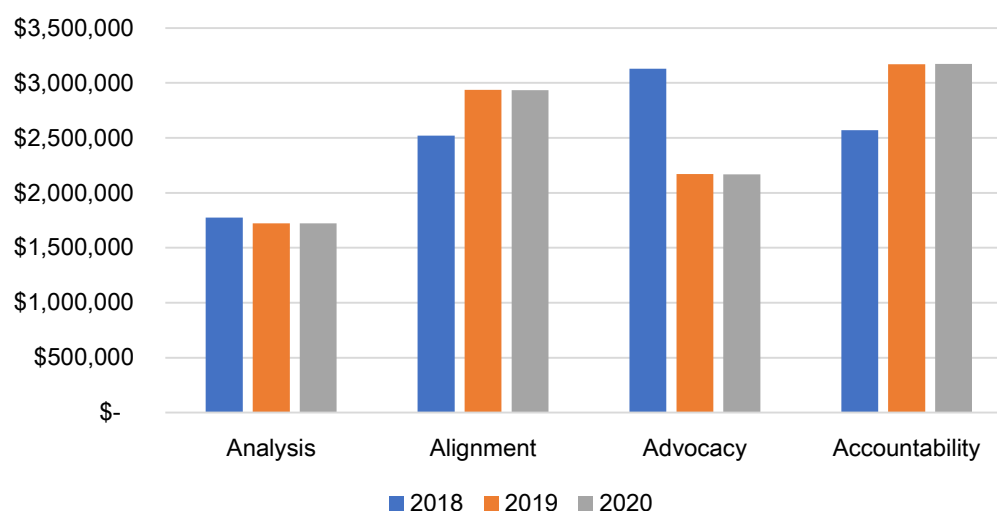
Figure 4.7: PMNCH budget 2016-18 Business Plan



Source: CEPA analysis. PMNCH (2018) Business Plan 2018-2020

In the 2018-2020 Business Plan, budgets were organised by function and the six priority areas, with the budget across the four functions shown in Figure 4.8 below. While, the essential budget is relatively similar across the six priority areas (see Figure H.6 in Appendix H), it varies across PMNCH functions, with the lowest funds being allocated to analysis (US\$5.2m, 17.4% of total) and the highest level of funding being allocated to accountability (US\$8.9m, 29.7% of total). These accountability funds included those allocated to the IAP.<sup>198</sup> US\$7.4m (24.9% of total) was allocated to advocacy and US\$8.4m to alignment (28% of total). It is worth noting that resources for advocacy, regarded by many informants as PMNCH's biggest success story, declined from 10.4% to 7.2% of the overall budget between 2018 – 2019-2020.

Figure 4.8: 'Essential' PMNCH Budget 2018-20 Business Plan by function



Source: CEPA analysis. PMNCH (2018) Business Plan 2018-2020

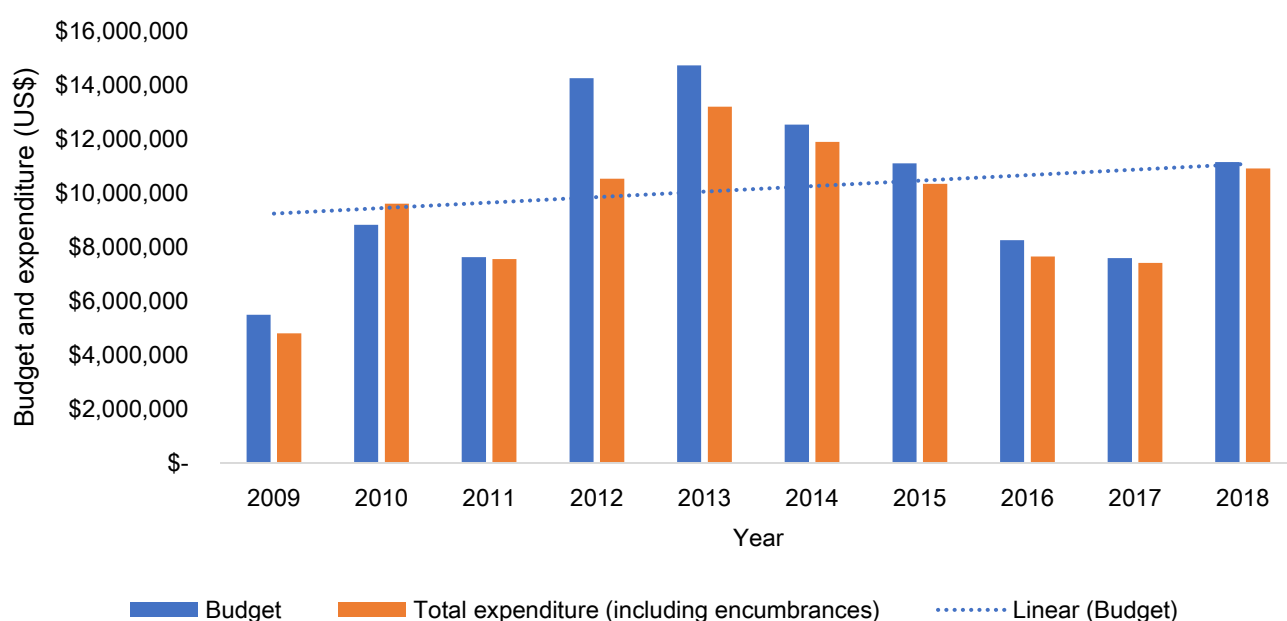
<sup>198</sup> As per PMNCH's 2018-20 Business Plan, the IAP Secretariat has three additional technical and administrative positions.

#### 4.4.2. Value for money

**Donors allocated over US\$109m to PMNCH during 2010-2019 for the following cost categories: staff costs, external consultants, small grants and out of pocket expenditures, such as travel.**

Based on quantitative analysis of data publicly available in 2010-2018 financial reports, and analysis of PMNCH's budget allocation based on PMNCH's business and workplans for 2016-2020, PMNCH has been allocated over US\$109m by 26 donors since 2010.<sup>199</sup> However, as shown in Figure 4.9 below, there have been significant variations in funding between years. PMNCH's annual budget peaked in 2013 at US\$14.7m (largely due to cross-cutting funding for Countdown to 2015 which amounted to US\$4.5m). Following this, the annual budget decreased from US\$14.7m in 2013 to US\$7.5m in 2017, before increasing again in 2018 to US\$11.1m.<sup>200</sup> Since 2018, the essential budget for PMNCH has been set at US\$10m per year, and the comprehensive budget at US\$15m per year.<sup>201</sup>

Figure 4.9: Annual budget and expenditure 2009-2018



Source: Source: CEPA analysis of PMNCH financial reports; workplans and budgets

As shown in Table 4.9, PMNCH's implementation rate against available funds has been over 93% since 2014, reaching 98% in 2017 and 2018.

Table 4.9: Annual budget and expenditure 2009-2018 and implementation rate

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
<b>Budget</b>	\$5.5m	\$8.8.	\$7.6m	\$14.2m	\$14.7m	\$12.5m	\$11.1m	\$8.2m	\$7.6m	\$11.1m
<b>Total expenditure</b>	\$4.8m	\$9.6m	\$7.5m	\$10.5m	\$13.2m	\$11.9m	\$10.3m	\$7.6m	\$7.4m	\$10.9m
<b>Implementation rate</b>	87%	109%	99%	74%	90%	95%	93%	93%	98%	98%

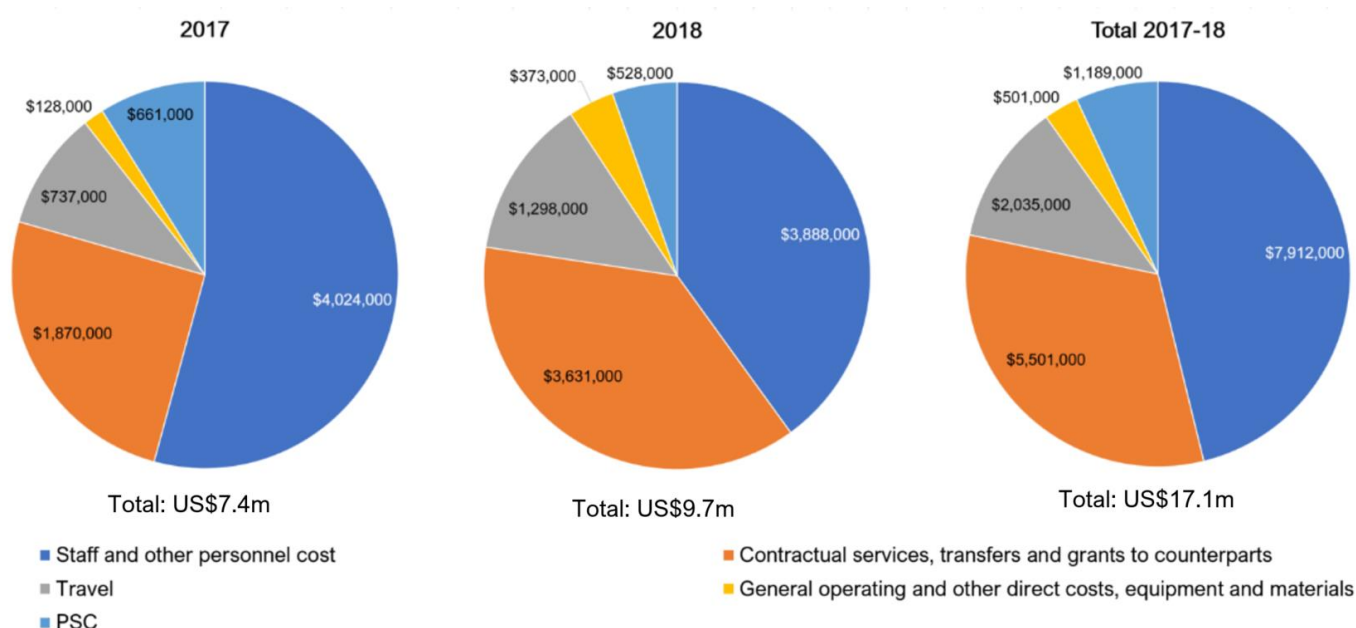
Source: CEPA analysis of PMNCH financial reports; workplans and budgets

<sup>199</sup> This includes funds confirmed. Source: PMNCH (2019) 'PMNCH financial position - 2010 to 2022, as at Nov 2019'. See Appendix H for a breakdown of funds confirmed.

<sup>200</sup> PMNCH (2009-18) Financial reports; workplans and budgets

<sup>201</sup> PMNCH's Board has a two-level budgetary planning process: "The first level refers to a **Comprehensive budget**, planned for a maximum set of activities that the Partnership would likely be able to deliver in any one year. This was set at US\$15m per year, should resources be available. The second level was an **Essential budget**, which noted a prioritised set of activities deemed most important by the Board." Source: PMNCH (2018) Financial Report

Figure 4.10: PMNCH Secretariat expenditure breakdown for calendar years 2017 and 2018 and average for 2017-18



Source: CEPA analysis. PMNCH Financial reports 2017 and 2018

As can be observed in Figure 4.10, the operational costs of the Partnership are high:

- Professional staff costs as a share of total expenditures have been rising over the past decade, from 23% in 2010 to 45% in 2018, with a peak of 63% in 2017. This rising share of expenditures on staff will squeeze out direct expenditures on other categories such as country engagement, small grants, communications and advocacy if not rigorously contained.
- Contractual services accounted for 25% of total expenditure in 2017 (US\$1.9m) and 37% in 2018 (US\$3.6m). As previously described, this covers expenditure associated with public procurement of service providers and sub-grants to counterparts, including (i) APWs and STCs and (ii) letters of Agreement for research or capacity building grants issues to institutions and implementing partners.<sup>202</sup>
- Travel costs represent the third largest share of expenditure in 2017 and 2018. Travel expenditure in 2018 was 13.4% of total expenditure (US\$1.3m). This was a substantial increase from US\$737,000 (9.9% of the total expenditure) in 2017, reflecting additional travel costs associated with the 2018 Partners' Forum in New Delhi (discussed further below).
- General operating and other direct costs such as equipment and materials were relatively lower than other expenditure in both 2017 (US\$128,000, 1.7% of total) and 2018 (US\$373,000, 3.8% of total).

This high expenditure on staff costs and PSCs, and its implications on the sustainability of the Partnership are further discussed in Section 4.2.1.

***There are concerns about the cost-effectiveness and value for money of PMNCH governance meetings and the Partners' Forum.***

The 2016-2018 Business Plan budgeted US\$700,000 annually for Board and other governance meetings (5.2% of the total budget across the three-year Business Plan). This figure does not represent total Board costs as many partners finance travel for Board members out of their own budgets. In addition, US\$350,000 was budgeted annually for constituency support (2.6% of the total budget across the three-year Business Plan).<sup>203</sup>

<sup>202</sup> PMNCH (2009-18) Financial reports; workplans and budgets

<sup>203</sup> PMNCH (2016) Business Plan 2016-2018



The large majority of informants, including Board members, consider the costs of Board meetings and the Partners' Forum to be too high overall and relative to outcomes. As noted above, travel expenditure in 2018 was a substantial increase over 2017, reflecting additional travel costs associated with the 2018 Partners' Forum in New Delhi, where PMNCH financed approximately 300 participants to attend. As described in the 2018 external audit of PMNCH, whilst advocacy work and building consensus amongst partners (both requiring travel expenditure) is core to the Partnership's work, there needs to be a trend towards value for money in relation to how this work is conducted.<sup>204</sup> For example, due to the lack of follow-up on the impact of commitments made at the Partners' Forum, many informants although noting the convening strength of the Partnership, also indicated that the Partnership had failed to articulate the impact of the Forum in terms of its value for money. Some informants also reported that the Forum was not justifiable in terms of the carbon footprint of the event. Whilst PMNCH did fund an independent review (using an e-survey methodology) following the forum, the e-survey only had an 8% response rate and because these findings were not corroborated against other data sources, they could not necessarily be considered representative of the views of participants.<sup>205</sup>

Informants with knowledge and experience of the Board meetings and Partners' Forum recommended that PMNCH adopt more efficient and cost-effective approaches to governance arrangements and for facilitating communication and sharing of experience and learning between partners. The external audit also highlighted the need for PMNCH to consider value for money and accountability in its advocacy work.<sup>206</sup> Suggestions made by informants included reducing the amount of PMNCH-related travel, making better use of digital communication and social media, holding 'virtual meetings', convening smaller, more action-focused meetings and "spending more on programmes than talking". One informant noted that PMNCH is "*too driven by hotel events*" when it should be building capacity and connections between constituencies and focusing on building coalitions for action at country level in particular. Further, findings from the SWOT found opportunities for improving governance through considering the limited time availability of different partners to input into discussions, and how to best maximise their limited availability.<sup>207</sup>

***PMNCH should more systematically consider value for money in strategy or governance decision-making, although PMNCH does follow WHO rules and regulations on all procurement-related decisions, including for small grants and contractual services.***

Strategic Objective 2 in the 2016-2020 Strategic Plan (Drive accountability) notes that "*the Partnership will also ensure it is held to account for its own delivery of agreed plans, commitments, value for money and contribution to results*".<sup>208</sup> The 2018-2020 Business Plan principles refer to "*utilizing emerging technologies to provide greater value to partners*".<sup>209</sup> There is effective use of Webinar, a strategy for digital technology, video conferencing and discussion around increased use of virtual conference attendance. Whilst noting this, informants and the documentation review also emphasise PMNCH's spend on meetings versus implementation of activities. For example, the cost of Board meetings (~US\$700,000) and the partners forum (~US\$1.5m) represent a significant proportion of the PMNCH budget and many respondents consider this as high spend for what they say are indeterminate outcomes. As one informant noted, "*PMNCH spends more on talking than programmes*".

PMNCH follows WHO rules and regulations on all its procurement, which according to the Secretariat includes value for money considerations including around small grants and other contractual services. That said, it appears that PMNCH could more systematically consider value for money in its decision making. A performance framework that can demonstrate how progress will be measured, distinguishing the Secretariat as distinct from the Partnership, will

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<sup>204</sup> Commission on Audit (2018) External audit of the Partnership for Maternal, Newborn and Child Health (PMNCH) as at 31 December 2018.

<sup>205</sup> Indigenous Peoples Knowledge (2019) PMNCH Partners' Forum evaluation – Draft presentation

<sup>206</sup> Commission on Audit (2018) External audit of the Partnership for Maternal, Newborn and Child Health (PMNCH) as at 31 December 2018.

<sup>207</sup> Ibid

<sup>208</sup> PMNCH (2016) Strategic Plan 2016-2020.

<sup>209</sup> PMNCH (2018) Business Plan 2018-2020.

help measure the efficiency and effectiveness of the Secretariat and its value for money and may help attract additional funding in the future.

Value for money indicators in a performance framework might include: economy (is the Secretariat using/ buying inputs of the appropriate quality at the right price, which is an explicit rule under the current hosting arrangement within WHO's procurement rules and regulation); efficiency (how well are we converting inputs into outputs and how efficiently are we handling contracts); effectiveness (how well are the outputs produced by an intervention having the intended effect?); cost-effectiveness (what is the intervention's ultimate impact on improving health outcomes, relative to the inputs that our agents or we invest in it?), and; equity (are benefits distributed equitably to impact on poor/marginalized people's lives?)<sup>210</sup>

The SWOT analysis identified a number of challenges around internal accountability from weak partnership performance evaluation frameworks, accountability mechanisms and transparency of governance.<sup>211</sup> For example, in the context of GHPs similar to PMNCH, Mokoro (2015) and Colenso (2017) indicated that the issue of poor M&E frameworks extends to SUN and the broad EWEC global landscape; Mokoro's SUN review outlined that the SUN evaluation framework is too subjective and not rigorous enough, and Colenso indicated that the EWEC landscape has too many accountability mechanisms lacking purpose and value.<sup>212,213</sup>

***Internal tracking of progress against the annual PMNCH workplan has improved, however the overall impact and value for money of the Partnership is difficult to assess, and there is need to improve the current ToC and Results Framework as an M&E tool.***

The SWOT analysis found that the use of mechanisms for measurement of performance against the strategic and operating plans of GHPs can be opportunities for improving governance and to frequently assess the relevance and impact of outputs and outcomes in moving towards the GHP's ultimate goal.<sup>214,215</sup> The SWOT found recommendations for GHPs to employ a formal system of accountability of partners – including work plans, deadlines, deliverables, and sanctions for non-performance. This was reported to be increasingly important as GHPs move from loose arrangements into durable, strategic partnerships.<sup>216</sup> Following recommendations of the previous evaluation on the 2012-15 Strategic Period to “prepare, and the board to approve a theory of change and a performance and accountability framework for the secretariat and the partners”,<sup>217</sup> the Secretariat has improved monitoring results and tracking progress: Whereas the 2012-15 Strategic Framework lacked a ToC and Results Framework, the 2016-2018 and 2018-2020 Business Plan's both included a Results Framework, with the latter dividing the thematic deliverables by PMNCH Partners, Secretariat and lead Partner(s) for the first time (enabling PMNCH to more effectively track progress based on the implementing body).<sup>218</sup> This was in line with suggestions from many informants for the Secretariat to have deliverables separate to those of the Partners to more clearly attribute impact.

As described in Section 4.1.5, the Secretariat's internal tracking of progress against the annual workplan has also improved, with the Secretariat adopting a 'traffic light' recording system to monitor progress against results from 2017 onwards.<sup>219</sup> The Secretariat explained that this results monitoring is now presented to the Board through a Word document so the Board is kept up to date on progress against Business Plan targets.

Despite the progress on monitoring as described above, the view was that the current Results Framework (referred to in the Business Plan) was insufficient to use as an M&E tool. Informants (from the Secretariat, Board members or

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<sup>210</sup> VfM is a standard approach to M&E in the health sector, using Inputs, Outputs and Outcomes to assess Economy, Efficiency, Effectiveness, Equity and Sustainability. See <https://www.nao.org.uk/successful-commissioning/general-principles/value-for-money/assessing-value-for-money/>, [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/49551/DFID-approach-value-money.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/49551/DFID-approach-value-money.pdf), <https://www.nice.org.uk/Media/Default/About/Who-we-are/Corporate-publications/Corporate-and-business-plans/business-plan-18-19.pdf>.

<sup>211</sup> Ibid

<sup>212</sup> Mokoro (2015) Independent Comprehensive Evaluation of the Scaling Up Nutrition Movement

<sup>213</sup> Colenso (2017) Improving alignment among core partners of Every Woman Every Child

<sup>214</sup> Caines et al. (2004) *Assessing the Impact of Global Health Partnerships*

<sup>215</sup> Ibid

<sup>216</sup> Buse and Tanaka (2011) *Global public-private health partnerships: lessons learned from ten years of experience and evaluation*

<sup>217</sup> PwC (2014) External evaluation of the Partnership for Maternal, Newborn and Child Health.

<sup>218</sup> PMNCH (2018) 2018-20 Business Plan: Annex 2.

<sup>219</sup> PMNCH (2017-19) Workplan and Business Plan Results Frameworks.

external stakeholders) were largely in agreement that a more robust Results Framework linked to a clearly articulated ToC, which effectively captures PMNCH's contribution to results, is necessary.

According to the 'membership responsibilities' outlined in the membership leaflet, members should contribute to the development of a constituency plan of contributions to implementing the workplan, but these constituency-based workplans do not seem to exist at the moment.

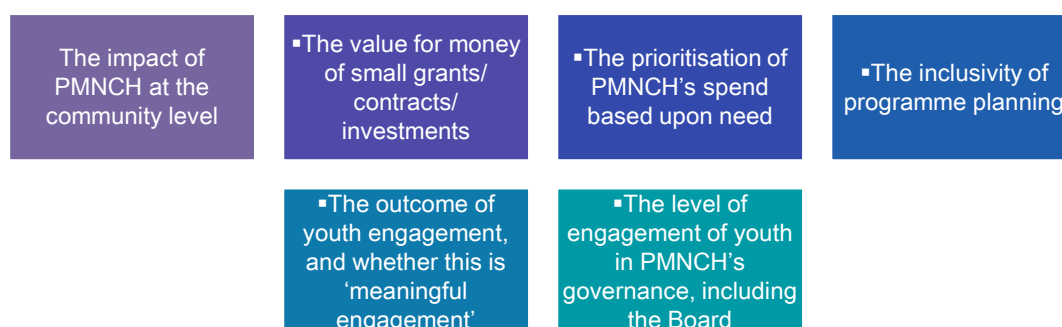
***The development of a new strategy provides the opportunity for development of a ToC that relates to the changed health ecosystem and a revised Results Framework with clear targets and milestones, and a clear results chain, linked to the ToC.*** In addition, Partners need to clearly spell out how and what they can/will contribute to the annual PMNCH workplan, so that these contributions can be included and attributed to the Partnership's results and outcomes.

***Despite substantial internal progress on developing Results Frameworks and tracking progress against targets, there is limited knowledge of these accountability mechanisms outside the Secretariat. Improved accountability and sharing of progress could drive resource mobilisation.***

Unfortunately, despite the Secretariat's extensive work that goes into results monitoring and progress tracking and the annual narrative report shared by the Secretariat to share progress and impact relating to the implementation of the Business Plan,<sup>220</sup> our interviews found that very few stakeholders (outside of the PMNCH Board) are aware of this monitoring and tracking. The results from the Partnership e-based open enquiry amplified this, although as previously noted the Partnership e-based open enquiry responses were not representative of the whole Partnership due to the low response rate. As noted above, 14% of respondents said PMNCH does not have a culture of transparency and openness. No respondents from ARTs, DFs, IGOs, INGOs, or PS definitively said that they recognised that PMNCH activities are effectively tracked or measured. Those informants that were aware of the results monitoring lacked clarity over its purpose and whether it is used to hold Partners to account or not. Another implication of this lack of awareness was on the counterfactual – some informants, both familiar and less familiar with the Board and Secretariat's work (however without knowledge of the Results Frameworks and their outputs) thought that nobody would notice if PMNCH were to close. Strong words, but a true reflection of the perceptions of some stakeholders.

Partners across the membership cited multiple areas where PMNCH should be improving accountability. We have summarised and grouped these together into Figure 4.11 below.

Figure 4.11: Suggestions from informants on PMNCH accountability mechanisms in the next Strategy



Source: Collation of responses from the KIs

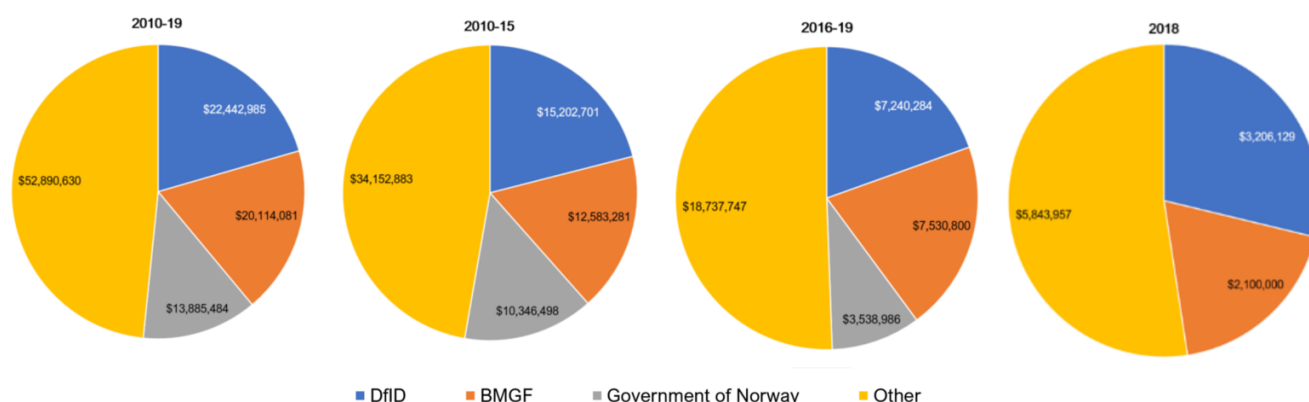
Because of perceived lack of transparency on the Results Frameworks, there is a perception amongst some informants that the Partnership is taking credit for the work of its individual partners. Going forward, in order to drive momentum behind targets and aid consolidation of progress across the different constituencies, it would be useful for the Secretariat to better present its baselines, targets and progress achieved to the Partnership as a whole (as well as the deliverables split between the Secretariat and partners, as is currently laid out in the 2018-2020 Results Framework). This would reduce blurred accountability and improve the Partnership's capacity to assess the added value of either the Partnership as a whole, or the Secretariat. Increased clarity of the Partnership's targets could also

<sup>220</sup> PMNCH (2018) PMNCH 2018-2020 Business Plan.

aid collaboration across constituencies through a clearer understanding of ongoing activities and the overall strategic direction of the work.

Improved transparency around the Partnership's results is also important given the current instability in donor funding. The SWOT analysis found that donor competition is an increasing threat to GHPs performance as "powerful GHPs operate in parallel to many multilateral organisations and directly compete for donor attention and resources. Global Health Governance has thus become more fragmented, uncoordinated and donor-driven."<sup>221</sup> As noted in Appendix H on the funding analysis, PMNCH has broadened its donor base in recent years, increasing from 10 donors in 2010 (six of whom were governments), to 18 donors in 2018 (eight governments, four private foundations, four multi-lateral, one bi-lateral and one PS organisation). Seven of these donors in 2018 were new donors: two private foundations (Bernard van leer Foundation and Ford Foundation), two PS organisations (Merck Sharp and Dohme Corp,) one government (the Government of Switzerland), and three multilateral organisations and UNAs (the GFF, UNICEF and UNFPA).<sup>222</sup> However, as seen in Figure 4.12 below, in 2018 despite the increase in diversity in donors, over 50% of the budget came from three donors – Government of Norway, DfID and BMGF. The continued high reliance on a small number of donors risks future budget stability. Improved accountability and sharing of progress could be useful to drive resource mobilisation.

Figure 4.12: Ratio of donor funding (total confirmed) to PMNCH between 2010-19



Source: CEPA analysis. PMNCH donor funding spreadsheet (2010-19)

#### 4.4.3. Summary findings on effectiveness, performance and impact

##### Summary findings on PMNCH's effectiveness and impact

Table 4.10 below presents the summary findings as relating to PMNCH's effectiveness and impact.

##### Summary findings on PMNCH's effectiveness and impact

Table 4.10 below presents the summary findings as relating to PMNCH's effectiveness and impact.

Table 4.10: Summary findings on PMNCH's effectiveness and impact

Findings		Robustness rating and explanation
Effectiveness and impact		
PMNCH has supported many activities which are aligned with the vision and mission but there are concerns about (i) how decisions are made, (ii) the volume of programmes, and (iii) whether there is sufficient buy-in from members. Despite examples of successes cited in PMNCH documentation in the current Strategic Period, the majority of informants struggled to identify more recent examples of the Partnership's impact. This may be due to poor communication of PMNCH's impact.	B	Supported by a many key informants, although opinion was not unanimous, analysis of the Partnership e-based open enquiry responses and the broader documentation review.

<sup>221</sup> Biesma et al. (2009) The effects of global health initiatives on country health systems: a review of the evidence from HIV/AIDS control

<sup>222</sup> PMNCH (2018) 2018 Financial Report: PMNCH.

There is need for further consideration of programme depth and breadth to achieve sustainable results.	B	Assessment supported by many informant responses and documentation review.
There are mixed views about the Partnership's role as a sub-granting mechanism.	B	Assessment supported by many informant responses and documentation review.
The Partnership is viewed as having been most effective in its global advocacy work, but actually assessing impact is difficult.	A	Assessment supported by majority of informant responses and corroborated with the documentation review.
The effectiveness of the Partnership is undermined by institutional, management and capacity issues.	A	Assessment supported by the majority of informant responses and corroborated with the funding analysis and documentation review.
The effectiveness of PMNCH is also limited by trying to do too much with too little.	A	Assessment supported by the majority of informant responses and corroborated with the funding analysis and documentation review.

### **Summary findings on PMNCH's value for money**

Table 4.11 below presents the summary findings as relating to PMNCH's value for money.

Table 4.11: Summary findings on PMNCH's value for money

Findings	Robustness rating and explanation	
Donors allocated over US\$109m to PMNCH during 2010-2019 for the following cost categories: staff costs, external consultants, small grants and out of pocket expenditures, such as travel.	A	Assessment supported by quantitative analysis of funding and documentation review.
There are concerns about the cost-effectiveness and value for money of PMNCH governance meetings and the Partners' Forum.	A	Assessment supported by majority of informant responses, although some divergent opinion between those internal to and external to the Secretariat.
PMNCH should more systematically consider value for money in strategy or governance decision-making, although PMNCH does follow WHO rules and regulations on all procurement-related decisions, including for small grants and contractual services.	C	Analysis of documentation and corroborated with some informant interviews, although opinion varied by stakeholder group.
Internal tracking of progress against the annual PMNCH workplan has improved, however the overall impact and value for money of the Partnership is difficult to assess, and there is need to improve the current ToC and Results Framework as an M&E tool.	A	CEPA analysis based upon some informants and wider documentation review.
The development of a new strategy provides the opportunity for development of a ToC that relates to the changed health ecosystem and a revised Results Framework with clear targets and milestones, and a clear results chain, linked to the ToC.	A	CEPA analysis based upon some informants and wider documentation review.
Despite substantial internal progress on developing results frameworks and tracking progress against targets, there is limited knowledge of these accountability mechanisms outside the Secretariat. Improved accountability and sharing of progress could drive resource mobilisation.	A	CEPA analysis based upon some informants and wider documentation review.



## 5. KEY FINDINGS

The key findings are laid out below. These are structured around the four dimensions of the evaluation framework (vision and mission, governance and accountability, partner and country engagement and effectiveness, performance and impact).

### 5.1. VISION AND MISSION

**I: The vision and mission of PMNCH are still relevant given the considerable ‘unfinished business’ in terms of addressing WCAH. This unfinished business includes the still high levels of maternal and child mortality in many lower and middle-income countries and in HFS. However, the environment in which PMNCH operates since the transition from the MDGs to the SDGs is rapidly changing, and new GHPs and public and private actors are emerging with broad mandates to resolve the multiple issues which impact WCAH. In addition, there is now a strong push for UHC by 2030, including a global action plan and the recently established UHC2030, whose mission overlaps with that of PMNCH. There are concerns that WCAH will lose focus in the context of UHC2030, providing a strong rationale for the Partnership. However, since UHC cannot be achieved without increased attention to WCAH, and WCAH will make significant gains if UHC is achieved, closer collaboration with the UHC2030 institutions should be considered. Beyond UHC2030, increased collaboration with other GHPs could add value to tackling global SRMNCAH issues.**

The global health agenda and supporting architecture has evolved and expanded beyond the earlier focus on MNCH. Yet there remains much ‘unfinished business’, in particular in reaching the poorest and most vulnerable women, children and adolescents. Clearly, UHC cannot be achieved without focusing on the health needs of women, children and adolescents, and there are concerns that the current approach to UHC is not prioritising these populations.

The extent to which WCAH is being diluted within UHC2030 - and hence an argument for the relevance of PMNCH - remains unclear (and was disputed by some informants, including PMNCH Board members). In September 2019, world leaders endorsed the political declaration for UHC at the UN HLM, which included six “key asks” from the UHC movement. There is substantial overlap between UHC2030’s mandate and the vision and mission of PMNCH, including the UHC movement’s ‘ask’ to ‘leave no-one behind’, which would be meaningless without including women, children and adolescents. There is currently no consensus on how PMNCH should collaborate with UHC2030: some informants were concerned that WCAH will lose focus under UHC2030 and therefore the Partnership is needed to ensure WCAH remains prominent on the global health agenda. Others emphasised that WCAH is so integral to UHC that the objectives and mission of PMNCH and UHC2030 are now virtually identical. Staff in the Secretariat, Board members, wider partners and external stakeholders all had wide-ranging views, citing potential opportunities from a formal collaboration, as well as risks.

In addition to carefully considering a closer collaboration with UHC2030, there were strong calls from informants, including those representing donors, for PMNCH to take stock of current initiatives, including conducting a landscaping of the WCAH global architecture, and to analyse the Partnership’s comparative advantage and added value within this space.<sup>223</sup>

**II: In the era of the SDGs/ UHC and the broadening focus of health, PMNCH is being pulled in seemingly opposite directions: to pursue the wider mandate dictated by the more holistic approach to WCAH envisaged in the SDGs, or, within this broad agenda, to focus on a few priority issues and populations. The Partnership needs to define its role and demonstrate its value add, especially in the context of other organisations working on WCAH. There appears to be a broad consensus that PMNCH should focus on helping HFS countries reduce maternal, child and infant mortality and related SDG 3 targets. However, this has practical implications given the high risks and costs of reaching these populations who are often in fragile and/or hard-to-reach settings, and PMNCH needs to consider how it will engage with key humanitarian organisations working in HFS.**

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<sup>223</sup> The landscaping exercise was not within the scope of this evaluation.

PMNCH has considerable opportunities to impact on WCAH outcomes, given the significant challenges in WCAH, growing inequities and changing socio-political agendas. However, there is a strong perception amongst partners that PMNCH has not sufficiently evolved its current Strategy for the SDGs – with the Partnership currently trying to “*join up disparate dots*” rather than having a strategic focus for impact. PMNCH has suffered an “*identity crisis*” since the introduction of the SDGs in 2015 – and the current Strategy has not sufficiently prioritised or provided clarity on the Partnership’s technical focus or niche. PMNCH’s current strategy was seen by the majority of Board level stakeholders, wider partners and external stakeholders as “*no longer fit for purpose*”. Given the breadth of the current strategy across the six thematic areas and ‘4As’, there is a clear tension between trying to maintain relevance across the full spectrum of WCAH - with the attendant risk of being spread too thin, versus a stronger focus on a few key areas where the Partnership has a clear comparative advantage – thereby risking less relevance across the spectrum of WCAH. The “full spectrum” strategy has led to perceptions that PMNCH is driven too much by donor priorities, funding opportunities and the priorities and interests of “specific interest” groups, and there is a commonly held view that PMNCH is ‘reactive’ in nature, rather than maintaining a clear direction and focus.

Moving forward, PMNCH could add value through focusing and prioritising its efforts within the SRMNCAH space, there being clear agreement that PMNCH is well placed to address the ‘unfinished business’ in maternal and child health. To make important strides towards further reducing maternal and child mortality and morbidity will in many cases require a focus on HFS populations. PMNCH has already initiated work in the HFS space by developing the HFS Platform and determining the potential added value of PMNCH in this space. Three overarching considerations/concerns were voiced by informants related to PMNCH’s HFS work: (i) beyond the HFS Platform (which is still being finalised), the most vulnerable populations are often living in fragile and/ or hard-to-reach areas which are expensive to access – and PMNCH’s budget remains unstable - and where the risks of failure may be high, (ii) some key humanitarian organisations which are operational in this space are not currently members of PMNCH and would need to become part of the dialogue and (iii) PMNCH should not duplicate the work of organisations which are already active in HFS.

Beyond this, there are diverse views about what else PMNCH should prioritise in the next Strategy, which calls for strong leadership within the SC, Board and Secretariat to guide the Strategy process.

**III: Advocacy is almost unanimously seen as the function where PMNCH has clear added value, including the potential to engage on politically and socially sensitive topics if consensus on foci can be reached and appetite can be galvanised. Advocacy efforts however need to become more strategic, streamlined and accessible to a range of partners.**

Whilst there are diverging views on PMNCH’s capacity and comparative advantage to deliver across the “4As”, advocacy at the global level – focused on niche areas, consolidating SRMNCAH technical products, identifying blind spots and developing tools that translate to country priorities – was almost unanimously seen as the function where PMNCH has a clear added value. There is a case for PMNCH, as a safe yet influential platform, to engage in more politically and socially-sensitive topics which impact negatively on WCAH. There is a lack of clarity across the Partnership on how current advocacy efforts are prioritised, which is linked to the perception among some, less close to the Secretariat, that advocacy efforts often “blow in the wind”. An overall advocacy and communications strategy, with identified goals, targets and roles, may encourage more strategic, measurable, cost-effective and time-bound advocacy efforts, accessible to a broad range of partners.<sup>224</sup>

The evaluation of the other three functions concluded that:

- **Analysis:** PMNCH’s actual current role as a synthesiser, rather than a generator of analysis is not perceived or understood correctly by many external stakeholders, with many informants presuming that this relates to the generation of evidence, rather than evidence synthesis. A majority of informants agreed that the Partnership has a role in raising awareness through synthesising, packaging and sharing analytical evidence and lessons learned, rather than generating original research itself.
- **Alignment:** Whilst PMNCH did well in aligning MNCH organisations during the MDGs, the scope and direction of the Partnerships work in alignment under the SDGs is less clear, especially with the Partnership’s current broader focus. While there is agreement that PMNCH can play an important convening role, there is

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<sup>224</sup> Advocacy strategies currently exist for each of the six topics in the current PMNCH strategy.

still the question of where PMNCH should best fit in terms of alignment in view of the uncertain future of EWEC and the emergence of new partnerships such as UHC2030.

- **Accountability:** There are many PMNCH members and beyond involved in global accountability work, including the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), Countdown, FP2020 and the H6 partners and PMNCH's niche in this is unclear. There are divergent views on the effectiveness of the Independent Accountability Panel (IAP) hosting arrangement. While some informants stated that the IAP hosting arrangement has been effective; and the funding allocation reflects PMNCH's prioritisation of the IAP, others felt that the hosting arrangement had marginalised IAP's role. The specific role of the Secretariat and different accountability partners (including the IAP) within PMNCH needs clarification in the new Strategy.

## **5.2. GOVERNANCE AND INTERNAL ACCOUNTABILITY**

**IV: PMNCH's governance is unwieldy. The expansion of the governance architecture is heavily related to the different thematic and geographic directions that PMNCH has been drawn into in the context of a changing global agenda.**

Key sub-findings include:

- **IV – a: The Secretariat's workload is unsustainable in terms of both volume and breadth.** The Secretariat leadership and staff are very capable, committed and hard working. As a team, they demonstrate strong organisational capacity and ability to attract high profile people to the Board. But the Secretariat's workload is unsustainable, driven by the need to be consistent with the breadth of the six PMNCH workstreams and cross-cutting functions, the high reporting burden, the technical facilitation work required of the Secretariat which is demanding by nature and the need to service the Board and its committees.
- **IV – b: Professional staff costs have grown over the past decade as a proportion of the total PMNCH budget.** Despite considerable efforts in resource mobilisation led by the Secretariat, the increasing scope in PMNCH interventions has not generally been met with increased resources. Thus, absent an overall budget increase, adding staff to reduce the Secretariat's unsustainable workload would further reduce the expenditure available to drive and deliver new initiatives through contracts and small grants, despite PMNCH's work being 'partner-led'. There may be a compelling argument for a radical shift in the structure and perhaps the skills profile of the Secretariat to facilitate more concerted efforts on a smaller number of activities.
- **IV – c: The Secretariat needs to move away from leading the charge on new projects to facilitating other partners, and the roles and responsibilities of the Secretariat should be revised to clarify this.** There was considerable concern across informants that a high proportion of initiatives/ projects are being executed either wholly, or partly by the Secretariat, or STCs in Geneva, rather than by a concerted effort to leverage the efforts of, or to stimulate action by partners.
- **IV – d: The opportunities and challenges related to the WHO hosting arrangement are extensive,** including challenges around high PSCs that amount to a 13% charge on all donor grants.

**V: A large majority of informants suggested the need to reform the governance structure and decision-making bodies for greater efficiency and effectiveness.**

Key sub-findings include:

- **V - a: The Board's diversity and convening power is a strength to national-level stakeholders who are on the Board. But there is dichotomy between a large, inclusive and participatory Board and a Board that is too big and unwieldy for effective strategic decision-making.** National level stakeholders, including those working for NGOs and CSOs stated that one of the key value adds of the current Board composition is its diversity and convening power, with the ability to bring high-level professionals from different constituencies into the same room to discuss key issues relevant to SRMNCAH and the Partnership. There are diverse views on the apparent dichotomy between a large, inclusive and participatory Board and a Board that is too big for effective strategic decision-making.

- **V - b: Despite considerable effort at the Board level to provide clarity over PMNCH governance, informants revealed widespread confusion over roles, as well as who leads on decision making between the Board and the EC, calling for further clarity around governance structures.** KIs and the e-based open inquiry found considerable confusion between the roles of the PMNCH Secretariat, Board and wider partners in delivering Partnership activities. In particular, many informants lacked clarity on the roles of differing governing bodies responsible for decision-making, calling for the role of the Board and standing committees to be reviewed.
- **V - c: Board meetings are largely viewed as a forum for discussion, consensus building and networking, rather than a strategic decision-making platform for PMNCH. They are largely viewed as not providing value for money.** While the Nairobi Board meeting was regarded as a significant improvement, the lack of concrete decisions coming out of Board meetings was commonly voiced as a cause of frustration, with some senior-level Board members noting that they saw little value in attending. Time costs for participants are large. The Board is seen as being too large, with too many competing agendas, with a top-down structure with limited opportunity for less-engaged members to input, as well as a lack of timely dissemination of position papers and decision points. Whilst Board meeting decisions are followed-up and monitored by the Secretariat, there is no timeline, or resources set aside for the delivery of these decisions. Board meetings are also costly (see discussion under effectiveness, performance and impact).
- **V - d: Whilst the Board's inclusivity is a strength to national-level stakeholders on the Board, a power-imbalance was recognised that inhibits participatory and equitable decision-making.** Overall the Board is seen as a 'top-down' structure with limited capacity for non-Board or less-engaged Partnership members to input into the agenda. Informants noted that there may be insufficient appetite for change amongst some Board members. Challenges include:
  - the inequitable representation of constituencies creates concerns about power-imbalance in both voice and decision, including for example potential conflict of interests: partner organisations being represented on the Board may be in direct competition with PMNCH for funding;
  - a lack of representation of faith-based groups in comparison to the proportion of service delivery and health training they provide;
  - the Board is seen to be 'UN-focused', and decision-making is driven by a small group of organisations and individuals with political clout; and
  - the Board is seen by many external stakeholders as a high-level "club" based on a historical web of intricate relationships.
  - insufficient appetite for change amongst some Board members.

**VI: Despite efforts by the Secretariat, there remains a perceived lack of transparency on how PMNCH activities are prioritised, including expenditure on small-grants, and how funding decisions are made across the Business Plan.** Many PMNCH Board members, wider Partners and external stakeholders, as well as e-based open inquiry informants are unclear on (i) how PMNCH prioritises activities; (ii) how funding decisions are made; and (iii) the outcomes of PMNCH expenditure on contractual services and small grants. To note, most external informants questioned how the Secretariat, rather than PMNCH as a whole 'prioritises activities', highlighting the perception that these decisions are in fact Secretariat-led, and there was large concern that decisions are influenced by a small group of donor partners on the Board. This reported lack of clarity contrasted the Secretariat's perspective which noted that the development of the Business Plans is "bottom-up", with considerable consultations with the Board, EC and broader PMNCH membership, and a public small grants bidding process. Further, PMNCH's financial reports are publicly available and the Secretariat noted that the outcomes of PMNCH expenditures are regularly reported (as explained in Section 4.2.3). Thus, the problem is not that the Secretariat withholds information, but that there are issues with communication of this information to Partners and a consequent perceived lack of transparency around the outcomes. This lack of clarity is perhaps highlighting the need to review and improve communication of financial reports, Business Plan development and other bidding-related processes to the Partnership as a whole.

### 5.3. PARTNER AND COUNTRY ENGAGEMENT

**VII: Whilst the Partnership currently has a high number of partners, active participation of PMNCH's wide membership remains low, yet engagement systems and cross-constituency collaboration are being addressed.**

While PMNCH has taken clear measures following the 2014 evaluation to improve partner engagement and streamline the Partnership-centric approach, participation across the membership base remains low as a result of a combination of factors. Key sub-findings include:

- **The two-way value proposition (i.e. value for partners to participate in PMNCH and what they can bring to PMNCH) is unclear.** Whilst the ability to collaborate and network with others, to access information and to raise awareness on WCAH are appreciated, this was not always seen by informants as sufficient incentive. There are other partnerships active in this space including FP2020, Women Deliver, Global Fund, GAVI, Stop TB, Maternal Health Task Force, SUN, GFF, amongst others and the majority of informants noted that PMNCH's unique competencies and value-add relative to other GHPs need to be clarified. Informants also noted that a value proposition should be developed that clarifies the benefits and expectations of being a PMNCH member.
- **PMNCH's way of operating is perceived to be top-down and not conducive to a Partnership-centric approach.** Partners participate mostly through constituency calls, although the frequency of engagement in these calls was reported to be sporadic. Informants external to the Secretariat appeared to view these calls as too often a dialogue between like-minded participants. Partners also reported that they are rarely consulted during workplan development, although they noted an improvement prior to the recent November Board meeting where constituency members had the opportunity to input into the Board agenda. Informants noted that these discussions need to be held and agendas shared further in advance of the meeting to give adequate time for constituencies to provide input.
- **PMNCH has effectively brought the CSO voice to the global level.** Informants from CSOs that have been active within PMNCH stated that it is a useful platform to bring their voice to global level discussions. These perspectives were also reported by the majority of global level informants who consider PMNCH a useful vehicle for high level participation of CSOs, especially in contrast to other UNAs.
- **Effective cross-constituency collaboration is being addressed by setting up cross-thematic working groups.** The majority of informants and 79% of informants to the e-based open enquiry think that the Partnership needs to boost communication and involvement of partners across constituency groups. Under the leadership of the new Board Chair, the number of working groups is being reviewed and streamlined. Three cross-thematic working groups (Advocacy, Accountability and Knowledge and Evidence) and one SC have been established. Further sub-working groups will be set up as needed.
- **Cross-partnership communication and engagement systems, although not optimal, are being improved.** Whilst the documentation review and clarifications provided by the Secretariat suggest that the Partnership is increasingly and effectively using social media and other digital communications, a majority of informants feel that this could be strengthened further. A dominant viewpoint shared by Board members and external informants was that PMNCH communication is one-way, with regular e-blasts and social media from the Secretariat, but little flowing in other directions. Informants commented that those stakeholders that do share such communications with the Secretariat are usually partners that are actively engaged or those who receive grants from the Secretariat. In an effort to address these issues, the Secretariat recently contracted a company to develop an interactive membership database for the Partnership.

**VIII: There is lack of awareness and consensus on what country engagement means and how this is being achieved. It was widely believed that PMNCH does not have value to add by becoming operational at the country level.**

Key sub-findings include:

- **Despite the development of a country engagement strategy and guidance notes in 2016, there appears to be little understanding beyond the Secretariat about 'country engagement', as well as low**



**awareness of PMNCH supported country activities.** A country engagement strategy and various guidance notes were developed in 2016, but the practical implementation has not been straightforward. There is widespread confusion over how countries express needs for additional support and concerns over the impact of PMNCH's additional funding amongst existing SRMNCAH efforts in countries. There is also a lack of clarity on the selection of priority countries. This information is not easily accessible on the website. Some informants also believe that the Partnership should identify issues that cut across countries, such as, for example, equity, rather than identify priority countries. Whilst there is a general lack of awareness on what country engagement means and what is being done, the grants to support AY were reported to be particularly useful to strengthen the capacity and voice of youth and CSOs.

- **The Secretariat believes it is too early to assess the impact of the country engagement strategy. Since these programmes are still at an early stage, it is not surprising that there is little agreement amongst informants on their added value.** Many partners have concerns about PMNCH's role in strengthening MSPs. Some partners that are closer to the PMNCH Secretariat suggested that the Partnership does have a role at the country level through supporting constituencies to participate in national platforms and coordination mechanisms, such as the GFF coordination platforms or government-led SRMNCAH platforms. Whilst this can be valuable, few informants were knowledgeable of how this is being done. Other partners provided suggestions for PMNCH's country role, including the Partnership connecting country partners to global level accountability or advocacy campaigns, or the Partnership developing messaging, guidelines and tools which country partners can use and implement.

#### **5.4. EFFECTIVENESS, PERFORMANCE AND IMPACT**

**IX: PMNCH has supported many activities that are aligned with its vision and mission but there are concerns about the number, focus and impact of activities. The effectiveness of the Partnership is undermined by institutional, management and capacity issues, and by trying to do too much with a relatively small budget.**

The Partnership has provided support for a diverse range of activities including meetings, consultations, events, producing accountability and progress reports, developing frameworks and toolkits, sharing evidence, and building capacity, in particular of the CSO and AY constituencies. It is not clear how, or whether, events or products are followed up or evaluated and this is a missed opportunity for useful feedback. There are mixed views about the Partnership's role as a sub-granting mechanism, with some noting that sub-grants help strengthen the capacity and voice of under-resourced constituencies, whilst others are less certain that this is a priority area of focus. There are concerns about lack of clear criteria for making decisions about what activities are funded and how the scope and depth of activities are considered in relation to achieving sustainable results. Although the Partnership is viewed as having been most effective in its global advocacy work, assessing the impact is difficult.

As highlighted in the report, PMNCH has extensive internal challenges including unclear governance and decision-making criteria, challenges associated with its hosting arrangement, lack of capacity and empowerment, and the Secretariat's excessive workload. Effective communication is also undermined by the complexity of PMNCH's 'structure'. Various informants, representing all constituencies, Board members and Secretariat staff, commented that PMNCH is overloaded, "*doing everything and doing nothing*", and with a relatively small budget for activities, the work is spread too thinly.

**X: There is little evidence that PMNCH has systematically considered value for money in its decision making around strategy and governance processes.**

There are concerns about the cost-effectiveness and value for money of PMNCH governance meetings and the Partners' Forum. PMNCH follows WHO rules and regulations on all its procurement, which according to the Secretariat includes value for money considerations for small grants and other contractual services. That said, there is little evidence that PMNCH has systematically considered value for money in its decision making around strategy and governance processes. The 2016-2018 Business Plan budgeted US\$700,000 annually for Board and other governance meetings (5.2% of the total budget across the three-year Business Plan). This figure does not represent total Board costs as many partners finance travel for Board members out of their own budgets. The large majority of informants, including Board members, consider the costs of Board meetings and the Partners' Forum to be too high overall and relative to outcomes. Informants with good knowledge and experience of the Board meetings and

Partners' Forum recommended that PMNCH adopt more efficient and cost-effective approaches to governance arrangements and for facilitating communication and sharing of experience and learning between partners.

**XI: PMNCH's current ToC and Results Framework is not fit for purpose as a tool for M&E. It is too high level, with too many deliverables to inform decisions about allocation of efforts and resources.**

The current ToC and Results Framework do not provide a useful logic model for PMNCH, nor do they appear to be of value in guiding decisions around the effective allocation of effort and resources. Furthermore, there is limited knowledge of these accountability mechanisms outside the Secretariat. The most recent version of the Results Framework (monitoring the implementation of the 2018-2020 Business Plan) is more user-friendly than previous versions, with a useful traffic light update on progress (which is available on the PMNCH website). However, very few partners and external stakeholders, beyond those who are close collaborators with the Secretariat, are aware that they exist. Informants who were familiar with the ToC were largely in agreement that the new Strategy needs a more robust ToC and that the Secretariat should share the Results Framework more widely (i.e. outside the Board) through regular updates on progress. This additional transparency linked to the Results Framework could also potentially encourage additional donor support.

A complicating issue is that the current Results Framework outlines approximately 250 separate deliverables for the Partnership during the biennium across the six workstreams (including organising and facilitating 100+ events). This would be very challenging for a much larger secretariat to monitor, update and/or deliver.

## 6. RECOMMENDATIONS

### Focus and prioritise.

In preparation of the new 2021-2025 strategy, PMNCH should prioritise and focus on a smaller number of objectives, setting out clearly its priorities and what it aims to achieve within the timeframe of the new strategy. To support this, the Secretariat should carry out a landscape analysis of the global institutions and foundations working in WCAH (including UHC2030, GFF, UNAs, multilateral and bilateral agencies, major global CSOs and humanitarian organisations, foundations and other organisations working to implement the Global Strategy) to identify areas where Partnership engagement can add maximum value through its unique competencies. Given the timeline for preparation of the 2021-2025 Strategy, this landscape analysis should be conducted urgently and in parallel with the preparation of the Strategy.

As part of this landscaping effort, the Partnership may wish to consider how to increase collaboration and alignment with the UHC2030 Partnership.<sup>225</sup> Options include remaining as a standalone Partnership, whilst exploring opportunities for close collaboration and alignment with UHC2030 (notably PMNCH does not appear to be a partner in UHC2030); and establishing a more formal partnership with UHC2030, to minimise the risk of duplication. The benefits of a more formal collaboration might include increased focus on WCAH within the UHC agenda, ensuring that the voices of CSOs are strongly heard and ensuring that the rights of women, children and adolescents are strengthened. The challenges could be the converse – a close alignment with UHC2030 might risk diluting the voices of WCAH and access to high level policy makers (see also Section 4.2.1 on the WHO hosting arrangement for further discussion), as well as any potential financial, institutional or processual challenges from a formal collaboration that have yet to be explored.

As a part of this focusing and prioritisation effort, it will be important to study the implications for the Partnership and Secretariat in focusing on the “unfinished business”, particularly in HFS. The Partnership's wide and diverse membership provides an excellent platform for focusing on the complex issues surrounding HFS (and indeed this work has already begun). A focus on HFS would also suggest actively engaging some humanitarian/ health organisations who are currently not members of PMNCH. But the risks of a strong focus on HFS, including high costs and potential for failure, should not be minimised.

Finally, PMNCH should carefully review its role in country engagement and how the country engagement objectives can be most successfully achieved through PMNCH partners. If PMNCH's role at the country level is to strengthen

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<sup>225</sup> As noted in Section 4.1, it is our understanding that there have already been informal discussions to enhance collaboration. Unfortunately, despite multiple attempts, we were unable to arrange an interview with senior UHC2030 officials to discuss this.

the voices of its constituencies, this should be driven by country partners, rather than by the Secretariat. The Secretariat can facilitate partners in countries by developing guidelines, as well as providing resources and connecting partners to others.

### **Develop a coherent advocacy and communications platform.**

PMNCH should develop a coherent advocacy and communications platform<sup>226</sup> alongside the new Strategy, that starts with a clear statement of the Partnership's mission, goals and objectives. Further, the current PMNCH website could be improved to provide a sharper picture of PMNCH's mission and goals. Synthesising and sharing information should be a continued focus, rather than generating knowledge, with the same approach applied to accountability - synthesising the findings from multiple global monitoring and accountability platforms and using this for communication and advocacy for WCAH. In regard to accountability, there is need for PMNCH to clearly articulate its specific role in global accountability for the Global Strategy relative to the work of others. Furthermore, PMNCH needs to reflect upon whether it has the capacity, independence and political clout to fulfil its function to collaborate with parliamentarians and the media.

The Secretariat should also continue to invest in communications technology to ensure that its messages reach the widest possible audience. The precise content of the platform will depend on the components of the new Strategy, but it will be important to include metrics for the advocacy and communications platform to determine value for money.

### **Develop a new governance structure with clarity around the roles and responsibilities of different governing bodies.**

Actions for governance and internal transparency arise directly from decisions taken concerning the new Strategy. Since form follows function, decisions on priorities (breadth versus depth), the role of the secretariat (direct action versus facilitation), on reporting (reducing the volume of reports etc.) will determine the size and skills profile of the Secretariat going forward. In deciding upon the new governance structure, the GNC should examine the composition of the Board, the relationship between the Board and Board standing committees, and the relationship of these to the Secretariat, particularly regarding decision making and the level of consultation required for different types of decisions. At the request of the External Evaluation Referencing Group (EERG), some options of what this new governance structure could look like have been provided below:

- **The Board.** With 30 available Board seats,<sup>227</sup> this is a large Board. Other multilateral institutions with large boards (e.g. the Global Fund, or Gavi) often have full time Board Secretariat staff to service the Board and its committees. Currently within PMNCH, this role is performed by the professional staff in the Secretariat, in addition to their other multiple functions.

One option would be to reduce the size of the board by limiting the number of board members per constituency. This could be considered in the new strategy, but it will likely be difficult to implement in the short term, requiring trade-offs by different constituencies and Board members. Another, perhaps more practicable option in the near term is to limit the number of board meetings. It is proposed therefore that the full board meet only once per year. This meeting would have a dual function:

a) to conduct an annual review of Strategy implementation and take any high-level decisions required for mid-course correction. These decisions would be informed by decision points developed by working groups and committees as appropriate. Decision points for the Board and EC should be costed, with appropriate timelines, metrics and milestones.

b) to act as an annual forum for exchange of new ideas and information amongst stakeholders.

- **The EC.** The EC would oversee the implementation of the Strategy and annual budget on behalf of the Board. The EC would be chaired by the Board chair, or in their absence, an EC member nominated by the Board chair, with the Secretariat ED an ex-officio member. To ensure voice in the oversight process, one option would be for each constituency to be represented by one member, but it means that the EC would be quite large. Another option could be to keep the EC small with five constituency members, who would rotate

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<sup>226</sup> This platform could take the form of a website and related social media channels that highlight clear messages related to PMNCH's goals, missions and objectives.

<sup>227</sup> As described in Section 4.2.1, PMNCH's Board is a 30-member and 30-alternate Board (30 available Board seats).

regularly to allow all constituencies to be represented during the five-year strategy cycle. This would require an increased level of communication and consultation to ensure adequate constituency voice. The EC would meet quarterly (usually as a virtual meeting) with a carefully structured agenda, including decision points and options to facilitate decision making.

- **The GNC and SC** would meet on an ad-hoc basis as needed.
- The Secretariat needs to move away from leading the charge on new projects, to facilitating other partners, and the roles and responsibilities of the Secretariat should be revised to clarify this. The precise structure and staffing of the **Secretariat** can only be determined during the preparation of the new Strategy. However, if the decision is taken to focus on a few priority areas, it may be worth considering structuring the Secretariat so that each priority area of focus has a senior staff member in charge to provide the necessary coordination and facilitation. Likewise, there should be recognised staff in charge of cross cutting themes such as communications and advocacy.

### **Build more meaningful partner engagement.**

PMNCH needs to strive for added value by clarifying and communicating its value proposition and ‘modus operandi’ for partners to engage. Partners agree that PMNCH should invest more in the quality of partner engagement, rather than in most cases, increasing membership, although some argued that there was a need to include more faith-based groups, the PS and so on. Managing these tensions in a membership of over 1,000 is clearly challenging. The decision to enrol new members once the new Strategy is under implementation should take into account factors such as close alignment with PMNCH’s mission and objectives and the benefit to the applicant and the Partnership from membership.

Not all members may wish to have similar roles and functions. It might be feasible to ask members whether they wish to take on an active role, or whether they prefer to have a more information-only role. Active members would be expected to contribute time and resources, as well as take roles on the Board, on standing committees and to participate in working groups (where relevant). Information-only members would be passive members of the Partnership. Members could be asked to define their participation annually with statements of their expected contribution to the Partnership. This would create a more tiered membership structure, with a core group of contributing active members. The risk with this is that it could increase perceptions of a power imbalance in the Partnership.

PMNCH has already made strides in communications and its Twitter followers now outnumber that of other global health initiatives such as SUN. The next step should be to develop a communication and engagement strategy, addressing inter alia such questions as digital strategies, linkages with other actors in sharing and disseminating information, operationalising the interactive membership database and using it as a collaborative tool, as well as measuring the impact of these investments.

### **Improve communication and transparency efforts.**

Based upon the data received, potential ideas in actioning this recommendation include, but are not limited to:

- Clearly articulating a ToC that captures PMNCH’s objectives, ways of working, contribution to change, and assumptions. Based on this, align the current Results Framework (which identifies PMNCH’s Secretariat and partners’ contributions to results), and make the Results Framework more transparent to partners and donors, so that this M&E tool can be used by all Partners to hold each other and the Secretariat accountable for delivery of the plan. The Results Framework should be simplified and downsized in the new strategy.
- Providing the Results Framework updates (i.e. the traffic light reports that are regularly shared with the PMNCH Board) to the full membership to improve perceptions of low transparency.
- Sharing financial reports that are publicly available more frequently with the whole Partnership (i.e. beyond the Board), and communication efforts of other products should be increased to overcome this perception around low transparency.
- Following up and/or sharing reports on selected activities to assess their value for money and impact.



## **UK**

Queens House

55-56 Lincoln's Inn Fields

London WC2A 3LJ

**T. +44 (0)20 7269 0210**

**E. [info@cepa.co.uk](mailto:info@cepa.co.uk)**

**[www.cepa.co.uk](http://www.cepa.co.uk)**



cepa-ltd



@cepaltd