1. Introduction

PMNCH’s 2021 to 2025 Strategy guides the partnership’s work towards improving the health and well-being of women, children and adolescents (WCA). It also provides a high-level overview of the PMNCH Results Framework for this strategic period.

PMNCH’s governance structure places partners firmly at the centre of conceptualizing, developing and implementing activities. An ad-hoc and time bound Results Framework Working Group (RFWG) consulted with partners during 2021, which resulted in an updated and refined 2021-2025 Results Framework, which was approved by the PMNCH Board in Dec 2021.

In 2022, PMNCH partners reviewed their approach to working with commitments for the health and well-being of WCA. They agreed at the July 2022 Board meeting (decision 2.1) to shift their focus towards accelerating the implementation of existing national commitments and mobilizing new commitments where clear gaps are identified. This change was approved by the PMNCH Executive Committee in February 2023, in a paper entitled ‘PMNCH advocacy and accountability for commitments related to women’s, children’s and adolescents’ health and well-being: A revised approach’, and was used as the key background paper to the PMNCH Work-planning Retreat in Feb 2023.

This shift in focus means that PMNCH needs to update its Results Framework for the 2021 to 2025 strategic period, including the relevant Theory of Change, as outlined in this document.

2. Objectives and structure of the PMNCH Results Framework

PMNCH’s Results Framework aims to:

- guide the work of PMNCH partners and the Secretariat;
- inform external stakeholders, including current and potential funders, about the work and value-add of PMNCH; and
- provide a basis for monitoring, evaluating, and learning.

The Results Framework, consistent with the PMNCH Strategy 2021-2025, distinguishes between:
• **PMNCH attribution**: targets within PMNCH’s control *(Outputs; Short-term Outcomes; Intermediate Outcomes)* and for which it can be held accountable; and

• **PMNCH contribution**: global targets beyond PMNCH’s direct control, but towards which it makes meaningful contributions *(High-level Outcomes; Impact)*.

The Results Framework also provides the basis for monitoring, evaluation, and learning through quantitative metrics and qualitative evaluations:

• **Monitoring**: Overseen by the PMNCH Secretariat and standing committees / working groups, progress is tracked on PMNCH’s attribution targets and stakeholders held accountable, with recommendations to course-correct accordingly and as needed.

• **Evaluation**: Conducted periodically by external organization(s) to gather evidence against the Theory of Change and Results Framework on whether and how PMNCH is supporting delivery of the full results chain up to Impact level.\(^1\)

• **Learning**: Focused on refining efforts, developing best practices, and updating approaches to ensure the greatest impact through critical analysis of strengths, weakness, and gaps in the operationalization of the strategy. A good example is the reflective processes in 2022, which led to the revised approach to engaging with WCA commitments.

The Results Framework informs the annual workplan development, overseen by the standing committees and working groups, and ultimately the Executive Committee, to identify outputs best placed to be managed by PMNCH.

PMNCH’s work aims to contribute to the delivery of the Sustainable Development Goals (SDGs) relevant to WCA health and well-being, leveraging existing frameworks and mechanisms such as UHC2030, Global Financing Facility (GFF), FP2030 and others. PMNCH’s efforts also aim to ensure that the whole spectrum of sexual, reproductive, maternal, newborn, child and adolescents’ health and well-being is anchored to, and/or included in the efforts to adopt, roll out and strengthen Universal Health Coverage (UHC) and Primary Health Care (PHC), as embedded in national (i.e., country-focused), regional and global commitments aligned with PMNCH goals *(Intermediate Outcomes of the Results Framework)*.

3. **PMNCH’s Theory of Change**

PMNCH’s Theory of Change has been fine-tuned based on its Results Framework (Annex 1).

It begins with PMNCH partners working together, with support from the Secretariat as needed, to conceptualize and develop a series of PMNCH-branded products (e.g., investment cases showing the benefits of investing in WCAH), events (e.g., virtual campaign events supporting accelerated implementation of existing national commitments), and/or processes (e.g., strengthening existing capacities of youth-led organizations), all of which meet the needs of countries, based on demand and

\(^1\) High Level Outcome and Impact indicators are drawn from already existing processes, such as the Sustainable Development Goals, Countdown to 2030 processes, GAMA, WHO policy database, etc. These have been purposefully selected to avoid any duplicative reporting by PMNCH.
joint action, always promoting equity and inclusion of those directly affected, “leaving no one behind”. These efforts are defined as **Outputs** in the Results Framework.

These outputs strengthen the knowledge, capabilities, and motivation of PMNCH members, empowering them to be agents of change, enabling new behaviours and actions, as articulated and measured by the **Short-term Outcomes**. Empowered partners can better advocate and have a greater impact in holding commitments makers accountable towards accelerating the implementation of existing commitments in at least 30 low- and middle-income countries (LMIC) and mobilizing new commitments, where gaps are identified. This work is represented and tracked by **Intermediate Outcomes**, and directly attributable to PMNCH’s work.

Accelerating the implementation of existing commitments, or mobilizing new commitments where gaps are identified leads to improvements in WCAH policies, financing and service coverage at the country, regional and global levels. This is PMNCH’s contribution to the **High-Level Outcomes**, that all stakeholders in the ecosystem are working towards.

These changes, in turn, contribute to the attainment of the overall **Impact** that PMNCH is aiming to support through the delivery of its Strategy. This is to contribute to the ongoing efforts to achieve: (i) reduced preventable maternal, newborn and child (MNC) morbidity and mortality, including stillbirths (Strategy Objective 1); (ii) improved Sexual and Reproductive Health and Rights (SRHR) outcomes (Strategy Objective 2); and (iii) improved Adolescent Well-being (Strategy Objective 3).
### PMNCH 2021 to 2025 Results Framework

**Intermediate outcome – Increased WCAH commitments** (realization of which is reflected in High-Level Outcomes)

<table>
<thead>
<tr>
<th>Impact</th>
<th>Reduced preventable MNC morbidity and mortality, including stillbirths</th>
<th>Improved SRHR outcomes</th>
<th>Improved AWB</th>
</tr>
</thead>
<tbody>
<tr>
<td>PMNCH Contribution</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Level Outcomes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Priority topics for commitment follow-up and mobilization</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. High-quality essential MNCH services through antenatal, childbirth and postnatal packages of care, including emergency obstetric and newborn care, and the prevention of stillbirths.
2. MNCH interventions embedded in UHC schemes, including financial protection and MNCH financing.
3. Health systems strengthening including MNCH data and accountability, human resources for health - especially midwifery and nursing - and essential medicines and commodities.
4. Intersectoral approaches for MNCH across the life-course, including nutrition, WASH, environment and gender equality.

<table>
<thead>
<tr>
<th>PMNCH Contribution</th>
<th>Intermediate outcome indicators: Commitments</th>
<th>2021</th>
<th>2022</th>
<th>2023</th>
<th>2024</th>
<th>Target 2025</th>
</tr>
</thead>
<tbody>
<tr>
<td>PMNCH partners advocate to and hold commitment makers accountable for implementation of existing policy, financing and/or service related WCA commitments, and mobilizing new commitments, if necessary, with an overall focus of &quot;leaving no-one behind&quot;.</td>
<td># of low- and middle-income countries where PMNCH supported partners actively advocate for implementation of existing WCA policy, financing and/or service commitments</td>
<td>15</td>
<td>15</td>
<td>25</td>
<td>30</td>
<td>30 Cumulative</td>
</tr>
<tr>
<td>Short-term outcome indicators: Knowledge, Attitude, Practices</td>
<td># of mobilized commitments for WCA, specifically in areas where gaps are identified</td>
<td>15</td>
<td>15</td>
<td>20</td>
<td>25</td>
<td>30 Cumulative</td>
</tr>
</tbody>
</table>

**Knowledge Synthesis**: Increased knowledge and evidence to underpin advocacy efforts

PMNCH partners report greater access to evidence on relevant WCA issues to support their advocacy efforts

**Partner Engagement**: Increased advocacy-related skills and stronger networks

PMNCH partners report increase in engagement with other partners and more constituencies engaged in their networks

**Campaigns & Outreach**: Greater advocacy reach and better access to decision makers

PMNCH partners report an increase in advocacy reach, access to decision makers and participation in campaigns and outreach efforts

**Outputs – Branded PMNCH products, events, processes developed and implemented by partners**

<table>
<thead>
<tr>
<th>Knowledge Synthesis: Evidence products synthesized and/or developed</th>
<th>Output aggregate indicators</th>
<th>Cumulative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of PMNCH Knowledge products coordinated and developed. (cumulative)</td>
<td>93</td>
<td>198</td>
</tr>
<tr>
<td>Number of partner products amplified and disseminated</td>
<td>300+</td>
<td>300+</td>
</tr>
<tr>
<td>Number of people’s &quot;voices&quot; collected and showcased through PMNCH (cumulative)</td>
<td>30k</td>
<td>30k</td>
</tr>
</tbody>
</table>

**Partner Engagement: Coalitions strengthened, and partners’ capacity built**

| Number of partners engaged in PMNCH advocacy efforts around WCAH (cumulative) | 2k+ | 2k+ |
| Number of high-level champions, including Global Leaders Network partners, engaged in WCAH advocacy supported by PMNCH | 137 | 198 |
| Number of coalitions strengthen to advocate for WCAH | 17 | 30 |

**Campaigns and Outreach: Advocacy campaigns organized and delivered**

| Number of PMNCH events organized, supported and disseminated, including Global Forum for Adolescents | 21m | 53m |
| Number of people reached through earned and social media, as well as other digital channels | 93 | 198 |

### Improved National Policies

Improved national policies. Increased country health expenditure per capita from domestic sources. Improved coverage and quality of essential services.

1. National policy and programmes for adolescent well-being (10-19 years) offering information and services in the public sector (e.g., health, education including for Adolescent Sexual and Reproductive Health and Rights (ASRHR) Comprehensive Sexual Education (CSE), nutrition, financial protection and vocational training).
2. National standards for delivery of AWB information and services to adolescents, including on user fee exemption.
3. Legal systems to protect the rights of adolescent girls and boys, with a specific focus on minimum age of consent (e.g., for marriage, sexual activity, and medical treatment without parental consent).
4. AWB is embedded in national policies and plans with dedicated financing for AWB programmes.
Annex 1: PMNCH Theory of Change

**Inputs**
- PMNCH partners work together to implement deliverables leading to agreed outcomes.
- PMNCH Secretariat supports partners through facilitation and coordination.

**Outputs**
- Knowledge Synthesis: Evidence products synthesized and/or developed.
- Partner Engagement: Coalitions strengthened and partnerships capacity built.
- Campaigns & Outreach: Advocacy campaigns organized and delivered.

**Short Term Outcomes**
- PMNCH partners have increased knowledge and evidence to underpin their advocacy efforts.
- PMNCH partners have increased advocacy-related skills and stronger networks.
- Lack of easily accessible and useable up-to-date evidence and knowledge, insufficient skills and networks among PMNCH partners, and limited access to key decision makers are major barriers to partners being able to advocate effectively for accelerated implementation of existing policy, financing and service commitments to WCA health and wellbeing, and for mobilizing new commitments where these are needed.

**High Level Outcomes**
- PMNCH supported partners actively advocate for implementation of existing WCA health and wellbeing policy, financing and/or service commitments.
- Low- and middle-income country governments, as well as global and/or regional bodies, make WCA-related, specifically in areas where gaps are identified.

**Intermediate Outcomes**
- Improved national policies.
- Increased country health expenditure.
- Improved coverage and quality of essential services.

**Assumptions**
- Partners making up PMNCH have the motivation, skills, and resources to lead the implementation of PMNCH deliverables.
- PMNCH Secretariat has the necessary resources (US$ 10 million per year) to provide PMNCH’s contribution to the implementation of identified deliverables.

**Impact**
- Inadequate policies, insufficient funding, and limited and potentially inappropriate service provision are some of the main barriers to equitably reducing MNC mortality and morbidity (including stillbirths), improving SRHR outcomes, and improving adolescent health and well-being.
- In addition, better national policies, more domestic funding, and expanded, high-quality national service provision are the main drivers to increased sustainability of outcomes and resilience to external shocks.