PMNCH 2021 to 2025 Results Framework

PMNCH partners delivering more together for women’s, children’s and adolescents’ health

Updated for decisions from PMNCH Executive Committee meetings (22 Jun 2022; 19 Oct 2022) and PMNCH Work Planning Retreat (20-21 Feb 2023)

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 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.

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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.
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 in action – Example:

- PMNCH convened and supported multi-stakeholder in-country networks to define advocacy roadmaps and evidence needs as related to prioritising SRHR in the context of adolescents’ well-being;
- PMNCH-branded knowledge synthesis product is conceptualised and developed by PMNCH members on SRHR issue (Output);
- product strengthens the existing advocacy capability of youth-led organisations in the context of national multi-stakeholder platforms (Short-term Outcome), who working together better engage with their governments on following up implementation of existing commitments to WCA;
- resulting in the accelerated implementation of national government’s financial commitment (Intermediate Outcome) to increase existing funding for SRHR services in the country;
- converting the commitment into reality through advocacy work raises government expenditure and increases access to SRHR services in the country by young people (High-Level Outcome); and
- sustainably contributing to the reduction in the adolescent fertility rate (Impact) in the country.

Examples of PMNCH support in action can be seen here.
**PMNCH 2021 to 2025 Results Framework**

**Impacts**
- Reduced preventable MNC morbidity and mortality, including stillbirths
- Improved SRHR outcomes
- Improved AWB

<table>
<thead>
<tr>
<th>High Level Outcomes</th>
<th>PMNCH Contribution</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved national policies. Increased country health expenditure per capita from domestic sources. Improved coverage and quality of essential services.</td>
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</table>

1. High-quality essential MNC services through antenatal, childbirth and postnatal packages of care, including emergency obstetric care 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>Intermediate outcome – Increased WCAH commitments (realization of which is reflected in High-Level Outcomes)</th>
<th>Intermediate outcome indicators: Commitments</th>
<th>Output aggregate indicators: Knowledge, Attitude, Practices</th>
</tr>
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<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 “leaving no-one behind”.</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>Knowledge synthesis: Evidence products synthesized and/or developed</td>
</tr>
<tr>
<td></td>
<td># of mobilized commitments for WCA, specifically in areas where gaps are identified</td>
<td>Number of PMNCH Knowledge products coordinated and developed. (cumulative)</td>
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<table>
<thead>
<tr>
<th>Knowledge Synthesis: Increased knowledge and evidence to underpin advocacy efforts</th>
<th>PMNCH partners report greater access to evidence on relevant WCA issues to support their advocacy efforts</th>
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<tbody>
<tr>
<td>Partner Engagement: Increased advocacy-related skills and stronger networks</td>
<td>PMNCH partners report increase in engagement with other partners and more constituencies engaged in their networks</td>
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<tr>
<td>Campagns &amp; Outreach: Greater advocacy reach and better access to decision makers</td>
<td>PMNCH partners report an increase in advocacy reach, access to decision makers and participation in campaigns and outreach efforts</td>
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| Knowledge Synthesis: Evidence products synthesized and/or developed |
|----------------------------------------------------------|----------------------------------------------------------|
| Number of PMNCH Knowledge products coordinated and developed. (cumulative) | 93 198 |
| Number of partner products amplified and disseminated | 300+ 300+ |
| Number of people’s “voices” collected and showcased through PMNCH (cumulative) | 30k 30k |

| 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 strengthened 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 |
Annex 1: PMNCH Theory of Change

Theory of Change and Results Framework

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

**OUTPUTS**
- Knowledge Synthesis: Evidence products synthesized and/or developed.
- Partner Engagement: Coalitions strengthened & partnership 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.
- PMNCH partners have greater advocacy reach and better access to decisions makers.

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

**IMPACT**
- Reduced preventable MNC morbidity and mortality including stillbirths.
- Improved health outcomes.
- Improved adolescent health and well-being.

**HIGH LEVEL OUTCOMES**
- Improved policies.
- Increased country health expenditure.
- Improved coverage and quality of essential services.

**INTERMEDIATE 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.

**ASSUMPTIONS**
- Inadequate policies, insufficient funding and limited and potentially inappropriate service provision are some of the main barriers to equitably reducing MNC morbidity and mortality (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.