



Delivering on country commitments for women's, children's and adolescents' health and well-being

1. Background

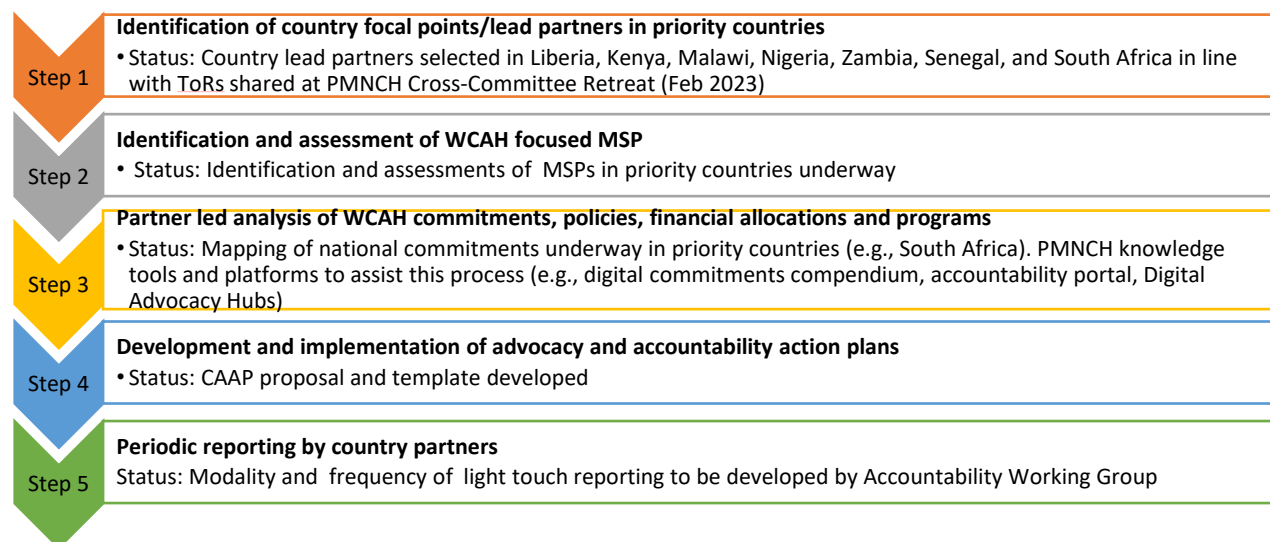
In 2022, the PMNCH Board agreed to a [revised approach to country accountability and advocacy](#) to accelerate progress on women, children and adolescent's health (WCAH) in 30 low- and middle-income countries (LMICs), as proposed in the PMNCH [Results Framework for 2021 – 2025](#). This approach will advance progress by harnessing partner efforts more effectively, deepening accountability of governments, and by leveraging the strength of regional and global pledging platforms.

At its February [2023 work planning retreat](#), PMNCH standing committees, working groups and constituencies agreed a phased approach to this effort during 2023-2024, focusing initially on 15 countries in 2023 and expanding further to a full set of 30 countries by the end of 2024. In up to 10 of these countries, PMNCH partners will develop a Collaborative Advocacy and Accountability Action Plan (CAAP). The CAAP is a joint action plan, developed and led by country partners, to accelerate implementation of existing commitments to maternal, newborn and child health (MNCH), sexual and reproductive health and rights (SRHR), and the mobilization of new adolescent health and well-being (AWB) commitments. Within each of these three thematic areas, PMNCH leaders have agreed to focus on [specific domains](#) where existing indicators can measure progress.

2. Implementing the Revised Approach to Commitments: Updates on approaches, tools and partnerships – initial experiences

In 2023 to date, PMNCH has supported partners in initiating CAAP processes in Liberia, Kenya, Malawi, Nigeria, Senegal, South Africa and Zambia. These processes have followed a common sequence, described below.

Figure 1: Status of the implementation of PMNCH's revised approach to commitments



¹ The 10 CAAP priority countries for 2023 are: Bangladesh, Ethiopia, Kenya, Liberia, Niger, Nigeria, Mali, Malawi, Sierra Leone, Senegal, South Africa, Tanzania and Zambia.





CAAP Step 1: Identification of lead partners in priority countries

In each country, a lead partner has been selected to organize and coordinate the CAAP process. Lead partners can be drawn from any PMNCH constituency. However, since CAAP advocacy efforts focus on commitments made by the government, lead partners will primarily be drawn from non-state organizations.

PMNCH is identifying lead partners through several different approaches. Partners can volunteer for this role. Indeed, the initial cohort of lead partners is made up of active PECC members who have volunteered for this role in Malawi, Nigeria, Senegal, South Africa and Zambia. An alternative route is through targeted outreach to partners by the PMNCH structures from its database of partners. The PMNCH Secretariat is in the process of finalizing lead partners in Bangladesh, Ethiopia, Kenya, Liberia, Niger, Mali, Sierra Leone and Tanzania. Lead partners undertake the PECC-approved [terms of reference](#) for this role, and will have a track record of collaborating with PMNCH, and/or are highly recommended by a trusted PMNCH partner.

Lead partners volunteer their own resources to the CAAP process and are supported by PMNCH with technical and coordination contributions. However, some partners are also asking PMNCH for financial resources to undertake this role. While limited resources may be available from PMNCH for this, the total amount is modest and will not replace partner contributions.

CAAP Step 2: Identification and assessment of WCAH-focused Multi-Stakeholder Platforms

Existing WCAH-focused multistakeholder platforms (MSPs) can be leveraged in countries to facilitate the development of effective collaborative advocacy and accountability plans. Early indications confirm that in many countries, such MSPs already exist; where possible, the CAAP process should build on such existing structures. However, not all existing MSPs are fully compliant with the [MSP Functionality Checklist](#), which has been developed for assessing suitability of existing MSPs. Often, MSPs do not include representatives from all 10 PMNCH constituencies, including youth-led organizations and parliamentarians. In these cases, lead partners can advocate for greater inclusion of these groups in national MSPs are part of its ToRs.

In countries where government-led MSP are inclusive of and meaningfully accessible to non-state actors, these MSPs can be used effectively as a platform for developing a CAAP. However, this is not always the case and it is therefore important for alternative, more inclusive dialogue mechanisms to be considered, such as digital advocacy hubs, WhatsApp groups, to name a few, where national actors can engage.

CAAP Step 3: Partner-led analysis of WCAH commitments, policies, financial allocations and programs

The CAAP development process is based on an initial country scoping of existing WCAH commitments, as well as in-depth review/assessment of the quality of existing commitments and their implementation status. This partner-led scoping exercise is being complemented by ministerial and parliamentarian dialogues facilitated by PMNCH, through which governments have indicated their openness to updating national MNCH and SRHR commitments, as well as making commitments to AWB. PMNCH will follow up these interactions by liaising with UN partners about issues arising during these meetings, including opportunities for UN agencies to provide focused technical support in priority areas indicated by governments – e.g., adolescent health and well-being national plans.

PMNCH is working on the development of a digital Commitment Compendium to facilitate this, with analysis informed by an agreed framework. These are described below:



Commitment compendium

Now under development, the PMNCH Digital Commitment Compendium will be an online database that brings together information on national WCAH commitments developed through global and regional initiatives as well as domestic processes. The commitment compendium will be a living database that provides easily accessible information on commitments pledged through a wide range of platforms ([Annex](#)).

More specifically, the Compendium will include information about existing: (1) WCAH commitments pledged through regional or global processes across thematic priorities for MNCH, SRHR and AHWB; (2) Recommended indicators to measure progress of these commitments; (3) Respective global/regional accountability mechanisms (across the “monitor, review, act and remedy” cycle).

In 10 selected countries (Bangladesh, Kenya, Liberia, Malawi, Nigeria, Senegal, Sierra Leone, South Africa, Tanzania and Zambia), PMNCH partners, coordinated by a lead country partner, will use the Compendium as a starting point to understand the breadth of pledges made by governments towards national WCAH priorities, and thereafter locate gaps in commitment-making and identify priorities for implementation, working through existing multi-stakeholder platforms, as well as the PMNCH national and global Digital Advocacy Hubs. Through this work, PMNCH partners will amplify the status of existing commitments and drive accountability through existing national, regional and global institutions.

Analytical framework

PMNCH will develop an analytical framework to support partner efforts to assess the quality and the status of implementation of national commitments. This will inform the efforts of each country lead partner in undertaking a scoping and review/assessment of country commitments. Consultants may be employed to facilitate this process, as has been the case in Ethiopia and South Africa. Also, PMNCH is currently finalizing an arrangement with the University of Oslo (UiO) to undertake background research, analysis and mapping exercises related to a sub-set of WCAH country commitments. As part of this work, UiO students will support the development of the analytical framework, including supporting the commitment analysis at the country level.

Accountability resources and guidance

The PMNCH Secretariat, under the leadership of the PMNCH Accountability Working Group, is working on a guidance document for commitment analysis, supporting the development and implementation of country advocacy and action plans (re: CAAP step 4, below). This guidance will cover such topics as how to collate resources, and how to use relevant accountability tools, resources, processes and mechanisms to be featured on the “PMNCH Accountability Portal”, expected for launch in Q3 of 2023 on the PMNCH website. This work will be complemented by tailored capacity building activities and products.

CAAP Step 4: Development and implementation of advocacy and accountability action plans

Following the PMNCH cross-committee work-planning retreat in February, the PMNCH Secretariat has developed a customizable template for the CAAPs. The template will support MSPs in their effort to coordinate partner actions. Lead partners will ensure the emerging action plans are mindful of, and responsive to the local context, including by addressing prevailing issues and challenges such as knowledge asymmetry and resource constraints among partners, political will (or lack thereof), coherence with priorities of development partners, among other concerns.

CAAP Step 5: Periodic reporting by country lead partner

The revised approach to accountability and commitment mobilization for WCAH encompasses accountability of partners in following through on the implementation of their CAAPs. The intention is to establish a light touch



report-back process, through which partners can share information useful to PMNCH structures for the purposes of global coordination of the process. More significantly, it is envisaged that the process will benefit partners to review, assess, document, and learn from their experiences, as well as to celebrate successes.

3. Reflections

Experiences to date with the CAAP process have yielded important lessons and observations.

First and foremost, the success of this process will be determined by the extent to which this process is led and owned by partners in countries. In countries where CAAP implementation is already underway, the inclusion of a wide range of partners (including youth-led organizations, parliamentarians, donors/foundations and the private sector) is a critical success factor.

Second, developing a shared understanding among partners of the wider determinants of health and well-being for women, children and adolescents requires capacity building and consensus-building among partners, as well as greater availability and access to agreed indicators. For example, the globally selected domains under MNCH, SRHR and AHWB for commitment-tracking will require more refinement and discussion among country partners, so that the selected domains/indicators for local tracking/accountability are relevant to local context.

Third, the great number of different commitment-pledging platforms (global, regional, national, sub-national) has made it difficult for partners to know about all relevant WCAH commitments. Also, in some geographies – especially in fragile and conflict contexts, including Mali and Niger – PMNCH needs to improve its network of relationships among local organizations to support knowledge-sharing.

Fourth, ministerial and parliamentary dialogues help PMNCH better understand and service national efforts through its governance structures, as well as strengthen coordination among in-country partners. These dialogues have to be followed with timely and concerted outreach to translate into action and impact.

Fifth, country partners are keen to make use of digital knowledge management and communication tools (e.g., PMNCH Digital Advocacy Hubs and the What Young People Want digital chatbot based on WhatsApp technology) to improve the effectiveness of collaborative advocacy efforts.

4. Next Steps

Collaborative advocacy and accountability plans are expected to be produced in at least 10 countries by December 2023. Experiences emerging from each of the 5 steps described above¹ will yield important lessons and will raise strategic questions for consideration by PMNCH governing structures, including the Board. The PMNCH Board is requested to provide guidance and oversight of the CAAP process as it expands to a further set of countries in 2024, reaching 30 countries in total, as set out in the PMNCH Results Framework.

¹ Identification of lead partner; selection of MSP; scoping and analysis of commitments; development and implementation of action plans and periodic reporting.