

*Item 5: Overview on progress on the Collaborative
Advocacy Action Plan process:
Update to the PMNCH Board*

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PMNCH Board Meeting
27 and 28 November 2023*



Recap: Engagement Principles Guiding Collaborative Advocacy Action Plan (CAAP) Efforts

- Recognize the leadership role by country partners (including national governments through, for example, the Ministry of Health and PMNCH partners in individual countries);
- Build/strengthen existing national multi-stakeholder/partner platforms, where these exist;
- Ensure inclusive and meaningful participation, engagement and decision making with country stakeholders, all PMNCH constituencies (especially those not currently included such as AYC, ART, and HCPA);
- Champion transparent communication and openness of the process to ensure mutual accountability in implementation and reporting.



Recap: Process Towards CAAPs

In 2023 development and implementation of CAAPs was proposed in Bangladesh, Kenya, Liberia, Malawi, Nigeria, Sierra Leone, Senegal, South Africa, Tanzania, Zambia using the following approach:

Step 1

Identification of coordinating partner in each priority country

By PMNCH

Step 2

Identification and assessment of WCAH focused, country-led Multi Stakeholder Platforms (MSPs)

Identification of most suitable MSP and the required actions to strengthen the MSP

Step 3

Partner-led scoping and analysis of WCAH national commitments, supported by PMNCH tools

Scoping of national commitments in MNCH, SRHR and AWB domains. Assessment to determine quality, implementation status & commitment gaps

Step 4

Development and implementation of CAAPs

Collaborative advocacy action plan in response to emerging findings. Mobilizing support for CAAP across constituencies

Step 5

Periodic reporting by country lead partner

Periodic reports for mutually accountability within MSP. Light touch updates to PMNCH

What Would Success Look Like?

- Existing WCAH commitments by governments are followed-up;
- New or additional commitments are mobilized (with a focus on adolescents);
- MSPs on WCAH are expanded to be more inclusive of all 10 constituencies;
- CAAPs are developed and owned by a broad spectrum of partners in countries; and
- CAAPs identify advocacy priorities to rally partners efforts for advancing implementation of national WCAH commitments



CAAP Progress To Date

Country	CAAP Lead Partner	Implementation Status
Bangladesh	White Ribbon Alliance	Proposal writing commencing
Ethiopia	Clinton Health Access Initiative	Assessment of targeted commitments commencing
Kenya	Health NGOs Network	Scoping of commitments underway
Liberia	Public Health Initiative of Liberia	Contracting completed
Malawi	Amref Health – Malawi	Scoping of commitments underway
Mali	MUSO Health	Commencing in 2024
Niger	WHO	Commencing in 2024
Nigeria	Africa Health Budget Network	Assessment of commitments underway
Senegal	Amref Health – Senegal	Contracting nearing completion
Sierra Leone	Clinton Health Access Initiative	Scoping of commitments commencing
South Africa	South African Civil Society for Women’s Adolescent’s and Children’s Health	Revision of commitment assessment report underway
Tanzania	Clinton Health Access Initiative	Scoping of commitments commencing
Zambia	Amref Health – Malawi	Proposal development being finalized

Emerging Lessons – From a global perspective

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- CAAPs provide an opportunity to demonstrate PMNCH's value add at country and regional levels while empowering partner voices and evidence
- The global economic climate has negatively impacted access to funding by many PMNCH partners, necessitating clear resource allocation for CAAP processes by PMNCH
- CAAP process can be complex, requires adequate time, resources and support to coordinating partners
- CAAP process can be political and must be socialized with governments at the very outset

At the same time:

- CAAPs can benefit from momentum established by AWB commitment mobilization drive
- CAAP process can create opportunities for underrepresented constituencies (e.g. adolescents) to meaningfully engage in national processes to advance WCAH issues
- CAAP process has the potential to facilitate domestic resource mobilization for partners
- The CAAP process provides opportunities for co-producing resources with country partners (e.g. Commitment Compendium and Digital Advocacy Hubs)

Emerging Lessons – The Experience of Nigeria

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Experience	Lesson Learned
Socializing the CAAP process with the Federal Ministry of Health (FMOH) at the very outset has been critical	Linking AHBN to the PMNCH ministerial dialogues, parliamentary engagement and other PMNCH supported efforts in the country (e.g., AY grantees, etc.) has been critical for joint action and ownership
Engaging the FMOH in the CAAP process has been a delicate balance as the CAAP process aims to advance accountability for WCAH issues	AHBN has leveraged its long and positive experience working with the FMOH to convey the accountability benefits of the CAAP to the government to get better coordination for accelerated efforts moving forward
- Adolescent and youth-led organizations are being meaningfully engaged in the CAAP process - Education as a Vaccine (an AYC grantee) is a co-lead of the process - Market women and people living with disabilities are being engaged in meetings and consultations	The CAAP process is creating opportunities for underrepresented constituencies to meaningfully engage in national processes to advance WCAH issues
Information on national commitments (e.g. commitments made towards the Generation Equality Forum) and their implementation status is not readily available	Consulting a range of in-country partners (from diverse constituencies) during this process is critical
The roll-out of the Digital Advocacy Hubs has generated excitement among partners	There is a demand among partners for digital collaboration tools that can facilitate cross-constituency coordination and collaboration
- The CAAP process is providing greater visibility to PMNCH at the country level by demonstrating its value addition: - The Multi-stakeholder-platform check list is contributing to efforts to strengthen the Federal Ministry of Health (FMOH)-led MSP - The administration of the partner survey is contributing to updating the partner database - The scoping review of commitments has informed the development of the revised national RMNCAEH+N Strategy	The CAAP process is demonstrating PMNCH's value add by better aligning, and amplifying the efforts/ voices of partners in Nigeria, informing on-going strategic processes and strengthening existing policy platforms

Thank You!

