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

PMNCH Board Meeting

27 and 28 November 2023

From Strategy to Action: Progress to Date

PMNCH Board approves the development of new approach to commitments (July 2022)

July 2022

Partner consultation on development of a new commitment approach (Sept – Oct 2022)

Sept-Oct 2022

PMNCH Committees and Working Groups agree on articulation of the commitments; first phase 10 CAAP countries*, TORs and workplan 2023 (Feb 2023)

Feb 2023

Implementation begins in Nigeria and South Africa (April 2023)

April 2023

PMNCH Board guides progress based on emerging lessons (June 2023)

June 2023

Discussions with prospective lead partners in other countries (June-August 2023)

June-Aug 2023

PECC & SAC review implementation progress and send report to EC ; Implementation begins in Malawi and Kenya (September 2023)

Sept-Oct 2023

Nov 2023

Next phase of implementation PECC and SAC meet to discuss strategic priorities for 2024-25 (November 2023)

**Bangladesh, Kenya, Malawi, Nigeria, Liberia, Sierra Leone, Senegal, South Africa Tanzania, Zambia*
Also 15 AWB commitment mobilizing countries

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.

Step-by-step Development of CAAPs: Progress Overview

Step 1

Identify country focal points/lead partners in priority countries to coordinate CAAP efforts

Status: Country lead partners confirmed in all 10 countries; country lead partners have also been identified in Ethiopia, Niger and Mali where the CAAP process will be adapted

Step 2

Identify and assess functional status of WCAH-focused, country-led MSPs to support CAAP development (leveraging existing MSPs and expand constituency representation)

Status: MSP identified in Kenya, Nigeria, South Africa, Malawi

Step 3

Map existing WCAH national commitments, and analyze their implementation status including AWB commitment gaps

Status: Underway in Kenya, Malawi, Nigeria, South Africa - simultaneously establishing Digital commitments compendium (guided by the PMNCH Knowledge & Evidence Working Group); and Digital Advocacy Hubs (guided by the Governance and Ethics Committee)

Step 4

Develop and implement CAAPs

Status: Lead partners will develop CAAPs after commitment assessment reports are finalized

Step 5

CAAP reporting by country lead partner*

Status: To be undertaken periodically, guided by the PMNCH Accountability Working Group

- This will be part of the Board meeting Agenda for 27-28 November where CAAP Status will be provided, with deep dive from a couple of countries discussed for further guidance

CAAP Progress Deep Dive

Country	CAAP Lead Partner	Implementation Status
Bangladesh	White Ribbon Alliance	Proposal commencing
Ethiopia	Clinton Health Access Initiative	Contracting near completion
Kenya	Health NGOs Network	Scoping of commitments underway
Liberia	Public Health Initiative of Liberia	Contracting near completion
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 commencing
Senegal	Amref Health – Senegal	Contracting nearing completion
Sierra Leone	Clinton Health Access Initiative	Contracting nearing completion
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	Contracting near completion
Zambia	Amref Health – Malawi	Proposal being finalized

What Does Success Look Like?

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

Emerging Lessons

Experience	Lesson Learned
Overall Reflections	
The CAAP process is providing greater visibility of PMNCH at the country and regional levels	CAAPs are demonstrating PMNCH's value add by better aligning, and amplifying the efforts/ voices of partners at country and regional levels (AU/Campaign on Accelerated Reduction of Maternal Mortality)
Implementation of the CAAP process steps is context specific and political	Requires time and flexibility, especially to appropriately link to or build on existing MSPs or processes
CAAP and adolescent well-being (AWB) commitment mobilization processes need to be better harmonized moving forward	Moving forward it will be important to fold in all the AWB mobilization into the CAAP activities so as to follow up implementation of new AWB commitments, etc.
Engagement with Partners	
Socializing the CAAP process with governments at the very outset is critical	Linking CAAP coordinating partner to the PMNCH ministerial dialogue and other PMNCH supported efforts in the country (e.g., AY grantees, etc.) is critical for joint action and ownership
Engaging governments in the CAAP process is a delicate balance as the CAAPs will/may include an accountability report of WCAH progress	Important to convey the accountability benefits of the CAAP to government to get better coordination for accelerated efforts moving forward.
AY led organizations are being meaningfully engaged in the CAAP process	The CAAP process is creating opportunities for underrepresented constituencies to meaningfully engage in national processes to advance WCAH issues

Emerging Lessons

Experience	Lesson Learned
Engagement with Partners (contd).	
Selection of a lead partner needs to be transparent and process-oriented with clear TORs and expectations	Need to have a process that ensures that the lead partner is well connected, respected and has adequate country intelligence
Administrative and Financial Support to Partners	
CAAP process and lead partners require more Secretariat follow up and financial support than originally anticipated	The global economic climate has had a tremendous impact on access to funding for many PMNCH partners and this necessitates clear resource allocation for CAAP processes by PMNCH
In South Africa, PMNCH facilitated financial and secretariat support to the CAAP process	The CAAP process has the potential to facilitate domestic resource mobilization for partners.
WHO procurement processes are time consuming	• Lead partners require clear guidance and secretariat support in navigating the steps • Adequate time must be built into the implementation process

Emerging Lessons

Experience	Lesson Learned
Scoping and Analysis of National WCAH Commitments	
Lead partners use different methodologies and contracting processes to under the scoping and analysis of commitments	Lead partners require clear guidance (through TOR/guides) and secretariat support in navigating the steps and communicating expectations to consultants (especially when they are directly hiring consultants), ensuring clarity of roles and responsibilities and that the focus of this exercise is to yield advocacy themes and actions
Information on national commitments and their implementation status is not always readily available, even at the country level	A range of in-country partners (from diverse constituencies) must be consulted during this process
Digital Advocacy Hubs	
Co-designing the country hubs with the lead partners has been a positive experience	Engaging lead partners on this topic immediately after affirmation of lead partner role facilitates early buy-in and utilization of the hubs for the entire CAAP process

Connecting CAAP and AWB Efforts

- TORs of CAAP lead partners specify responsibility to engage with AY lead organizations including PMNCH AYC grantees
- Secretariat facilitates introductions between CAAP lead partner and GFA lead partner in countries of overlap
  - In-country partners typically have a history of coordination and collaboration
- AYC electronically briefed on CAAP process and engagement solicited
- GFA's political advocacy action group to merge with commitments task team and to report to the PECC/SAC

Next Steps

Existing CAAP Countries:

- Proposals to be received from partners in Bangladesh and Niger
- Proposals to be finalized with partners in Kenya, Mali, Senegal and Zambia
- Contracts to be finalized with partners in Liberia, Sierra Leone, Tanzania, and Ethiopia
- Scoping reviews to be finalized in South Africa, Nigeria and to be supported in Malawi and Kenya

Phase 2 CAAP Priority Countries in 2024

- PECC has prioritized 5 additional countries for the CAAP process in 2024 - Ethiopia*, Ghana, Indonesia, Mali*, and Niger*

Thank You!