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# 2008 Added Value Work Plan

Nine-Month Progress Report  
(January-September 2008)



## 2008 Added Value Work Plan Nine-Month Progress Report (January-September 2008)

This report provides a survey of selected achievements by PMNCH partners and the Secretariat over the nine-month period, January to September 2008. The reason for presenting achievements of partners and Secretariat together is because most activities in the current work plan are in reality undertaken jointly. This is the essence of partnership. The format of this report is based on that of the approved 2008 Value-Added Work Plan.

The report is in two parts. Part I (p 3) summarizes achievements in terms of outputs (tangible products) and outcomes (the results that possibly stem from exposure to the output) in each of five work areas, which in turn reflect the Partnership's Ten-Year Strategy. Outputs and outcomes are expected to contribute towards impact of the Partnership. The intention here is to provide a readable "dashboard" summary of highlights.

Part II (p 5 onwards) provides details of implementation status of activities. "S" denotes activities undertaken by the Secretariat; "P" denotes activities led by partners. Partner activities retained in these pages are generally those which attracted funds during the year. Those which did not attract funds have been deleted, following a recommendation made by the Finance Committee. There are some activities (mostly in the Country Support work area) where activities were *not costed* because inputs were teleconference calls and other communications, as well as time spent by working group members or Secretariat staff. Where these *uncosted* activities contributed significantly to outputs, they were retained, and achievements reported.

### **Part I : Achievements of Partners and Secretariat**

**Achievements of partners and Secretariat are presented together in terms of outputs (tangible products) and outcomes (results that possibly stem from exposure to the output). These, in turn, are expected to contribute towards impact of the Partnership.**



WORK AREA	OUTPUTS	OUTCOMES
1. Political Advocacy	Successful funding and organization of Countdown conference in Cape Town, in conjunction with the 118th IPU Assembly.	Commitment from Parliamentarians of 68 high-burden countries and industrialized countries to move MNCH up their political agenda and report progress at the April 2009 IPU Assembly in Addis.
	Statement of commitment agreed to by Ministers, Parliamentarians and all participants of the Countdown conference and related press coverage	Partners' coherence, interaction and improved accountability to implement MNCH policies.
	Deliver Now Campaign: country launches (India and Tanzania); presidential speeches with MNCH (Senegal); regional launch in Chile	Enhanced visibility of MNCH as a development issue (India, Senegal, Tanzania) and in Latin American region.
	\$10.2 billion Global Call to G8 Leaders and Other Donors for investment in MNCH targeting the July G8 Summit agreed to, launched and promoted	Contributed to first G8 Summit commitment to focus on MNCH as an urgent priority. Increased partner cohesion in advocating for additional resources for MDGs 4 and 5
	Side event on MDGs 4 and 5 at the UN General Assembly	Statements of commitment to MNCH by heads of state, civil society and business leaders during the UN General Assembly week
2. Country Support and Facilitation	Completed template to map in-country activities and partner resources	Partners' interaction around mapping activities
	Review of 13 MNC costing tools and webpage	Agreement on the need for transparency and standardization of underlying assumptions.
	Support to strengthen national coordination in 4 countries (Ethiopia, Nigeria, DRC and Tanzania).	Action at national level on MNCH programmes including identification of external resource needs.
	Concrete proposals for MNCH capacity strengthening received and approved from 3 countries (Ethiopia, Nigeria, DRC).	Strategies for scale up in three countries developed.
3. Harmonizing Partners & Increasing Aid Effectiveness	Meeting to define a common framework for monitoring performance and evaluation of large-scale initiatives.	Convergence in measurement standards.
	Multi-country workshop of HCP associations in Burkina Faso.	Increased participation of HCP networks in national MNC health planning processes.
4. Monitoring & Evaluation	Countdown 2008 Report and special Lancet issue with best-to-date data on MNCH indicators.	Increased awareness by high-level policy makers of urgency of MNCH issues and need to accelerate actions towards MDGs 4 and 5.
	ODA tracking report produced and disseminated	Vastly improved understanding of ODA investments and policies
	External evaluation completed	Areas of strength and challenges identified



5. Core Partnership Functions	Expanded membership base (currently at about 250) and communities of practice initiated in selected areas.	Improved information flow amongst members
	Meetings of the Board, its committees, working groups and task forces held and reports circulated on timely basis. Regular meetings of Chairs and Co-Chairs also held.	Improved follow-up of Board and committee decisions.  Partnership's work areas re-defined.

IPU: Inter Parliamentary Union; MNCH: Maternal, Newborn and Child Health; HCP: Health Care Professionals.



## Part II

### Implementation Status of Activities by Work Area

<b>Area 1: Global, Regional and Country Political Advocacy</b> <b>Strategic Objective 2: Mobilize resources and advocate for increased commitment to maternal, newborn and child health</b> <b>Indicator/Target: By 2008, G8 leaders and other donor countries will have committed and begun to disburse an additional \$3.5b/yr of new funds for the achievement of MDGs 4 and 5</b>			
DEFINE			
Milestone	Partner Activities	Secretariat Activities	Status
Existing maternal, newborn and child health advocacy messages and tools mapped		S1.Coordinate mapping exercise of existing advocacy messages and tools in collaboration with partners	Advocacy Working Group (AWG) workshop in early 2008 initiated mapping exercise. At the request of the Group, messaging during the first half of the year focused on developing a common advocacy platform targeting the July G8 Summit. AWG served as a venue for partner exchange on messaging and campaigns via regular teleconferences. (S1).
Common vision and message platform for the continuum of care developed	P3. Save the Children/SNL, WHO RHR and Norway the lead funder: Gather evidence related to integration of MNCH services to prepare for publication in the Lancet MDG Integration series in 2009.	S2. Convene consultation resulting in initial vision statement and messaging platform	<p>New analysis of evidence and experience of health system integration (P3) of high-impact interventions for MDGs 4-6 and nutrition is well under way and will result in a Lancet series of papers on Integration, scheduled for 2009. However, the funds made available by the donor as significantly in excess of what is needed for this work (other funds were mobilized by partners), hence, the available funds will be re-profiled to support the Countdown to 2015 follow up work.</p> <p>An intensive partner communication exercise for the <i>Countdown to 2015</i> report, launch and conference produced a set of common messages, fact sheets, an executive summary, press materials and outreach to parliamentarians. This resulted in greater coherence and visibility for the continuum of care (C of C) concept by key stakeholders. (S2)</p>
UNITE			



Milestone	Partner Activities	Secretariat Activities	Status
Global level: Joint advocacy drive "Deliver Now for Women + Children" implemented		<p>S3. Engage a range of constituencies in influencing the G8 Summit agenda</p> <p>S4. Organize session at Inter-Parliamentary Union (IPU) Assembly to present main findings of Countdown to 2015 report, and related advocacy follow-up; follow up with selected countries through the IPU.</p>	<p>Global partner advocacy for MNCH in the first half of the year was focused on the \$10.2 billion Global Call to G8 Leaders launched at the <i>Countdown</i> conference in April 2008 (<b>S3</b>). This call was used extensively by civil society organizations in their advocacy with G8 leaders. The Partnership also developed an online campaign, including key messaging, public statements before and after the G8 Summit and a "G8 Watch" online monitoring tool.</p> <p>The Tokyo Framework for Action on Global Health issued by G8 Leaders in Japan pledges to take urgent action to invest in a continuum of care for women and children, the first such G8 commitment to MNCH.</p> <p>Advocacy outreach is currently under way to begin influencing the 2009 G8 Summit in Italy to back up their commitment with additional resources for MNCH (see <b>S9</b> below).</p> <p>The session at the 118<sup>th</sup> IPU in Cape Town resulted in a number of parliamentarians participating in the Countdown meeting, as well as a Statement of commitment to the Countdown to 2015 by Parliamentarians and participants (<b>S4</b>). An IPU/Countdown joint letter was sent to parliaments of the 68 Countdown priority countries in June 2008 asking for political commitment towards the health of mothers and children, increased government accountability, a budget for MNC and legislation to ensure universal access to essential care. PMNCH Director addressed the 119<sup>th</sup> IPU Assembly in Geneva in October, contact was made with the Ethiopian speaker (venue of the 120<sup>th</sup> Assembly); a booth was organized; and an invitation received from the Philippines Parliamentary Speaker for an address on MNC in Manila in November 2008.</p>



Milestone	Partner Activities	Secretariat Activities	Status
Regional level: Joint advocacy drive "Deliver Now for Women + Children" implemented at key regional events		<p>S5. Organize session at Tokyo International Conference for African Development (TICAD), Yokohama, Japan, to advocate for increased investment in MNCH from G8 countries</p> <p>S6. Organize session at 11th Session of Islamic Summit Conference of 2008 to advocate for increased investment in MNCH from Islamic countries</p> <p>S7. Coordinate regional launch of Deliver Now in Latin America (Sept 18); participate in MNCH side event at September 2008 UN High-Level Meeting in New York.</p>	<p>The Secretariat assisted with developing content for the First Ladies of Africa luncheon on MNCH during the TICAD. Also, first spouses and UN speakers were lobbied to include advocacy for increased investment in their interventions at the TICAD luncheon (<b>S5</b>).</p> <p>A short document "Investing in Mothers and Children in the OIC countries" (Organization of the Islamic Conference) which draws linkages between MNCH and poverty reduction was produced. An advocacy workshop for journalists in Dakar was co-hosted by Senegal's MOH and UN agencies, attracting good media coverage. President Wade of Senegal referred to the need for additional resources during his OIC speech and has since joined the Global Network of Leaders (<b>S6</b>).</p> <p>Both activities were completed; the Secretariat worked with partners Latin America to coordinate the regional launch (<b>S7</b>) of Deliver Now with President Bachelet and PM Stoltenberg present. Deliver Now was then suspended, per Board decision. Countries continue with related follow up. The High-Level meeting in New York in Sept 2008 resulted in increased commitment and visibility for the continuum of care, and MDG 5 in particular.</p>
Country level: Public and political support for MNCH generated	P11. White Ribbon Alliance (WRA): Roll-out the "Deliver Now" advocacy campaign at national and sub-national levels, which includes developing advocacy and leadership skills among NGOs and media capacity to report on MNCH (two states in India), and conducting social mobilization training of NGOs in five under-served districts in Tanzania		<p>The India country-level Deliver Now advocacy campaign led by the WRA was started in 12 districts in Orissa in April 2008 under the theme "Know Your Entitlements". Activities developed as of July included: training for local WRA advocates, public hearings on maternal deaths; establishment of a district level grievance office for MNCH issues and a plan for chief medical officers to present monthly data on MNCH services to council meetings. In July, a national consensus-building meeting, co-hosted by WRA and the Partnership in Delhi, was attended by over 60 stakeholders. A media campaign will run from January to May 2009. Its impact is being documented, with results to be available in July 2009. The Secretariat plays a facilitating role. (<b>P11</b>)</p>



Milestone	Partner Activities	Secretariat Activities	Status
		<p>S8. Support and collaborate with partners to roll out "Deliver Now" in two IHP first-wave countries (Tanzania and India)</p> <p>S9. Work with lead NGO in Italy towards G8 summit 2009. (<i>redrafted to improve clarity</i>)</p> <p>S10. Disseminate results of advocacy impact at country-level</p>	<p>Country launches of Deliver Now were carried out successfully in India (Delhi and Orissa) and in Tanzania. Deliver Now was suspended by the Board in September 2008 (<b>S8</b>).</p> <p>The Secretariat is working with AMREF to develop an advocacy strategy targeting Italian Government high-level decision makers, as they assume the G8 presidency for 2009. (<b>S9</b>)</p> <p>This unfunded activity (<b>S10</b>) is on hold, pending further Board advice.</p>





Milestone	Partner Activities	Secretariat Activities	Status
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SHOUT			
Media visibility for MNCH issues generated in cooperation with partners		<p>S11. Develop media campaign to promote global visibility for MNCH</p> <p>S12. Maximize coordination of media visibility for MNCH issues</p> <p>S13. Develop and execute media and communication strategy for Countdown to 2015 launch</p> <p>S14. Support media visibility for MNCH at Tokyo International Conference for African Development (TICAD), Yokohama, Japan</p> <p>S15. Support media visibility of MNCH at G8 Summit, Japan</p>	<p>A joint media and communication calendar was developed and posted to the communications Community of Practice, managed by the Secretariat. An RFP was developed to engage specialized media and public relations services to promote visibility for MNCH stories. This was put on hold in July pending further Board advice. The Secretariat continues to be responsive to journalists' calls and distributes enquiries to relevant partners (<b>S11, S12</b>).</p> <p>The Partnership Secretariat chaired a Working Group on Media, Communication and Advocacy for the <i>Countdown to 2015</i> report launch including The Lancet special issue. This coordinated messaging, materials production and media relations. Coordinated media outreach resulted in broad international media coverage (30 international radio interviews, 60 newspaper articles in 13 developing countries and globally.) A Countdown website was developed, currently being updated for a re-launch in early November. (<b>S13</b>).</p> <p>The Secretariat, in collaboration with partners such as JOICFP and UNFPA, issued a statement promoting TICAD commitments for consideration at the July G8 Summit. (<b>S14, S15</b>).</p>
Effective media and communication materials for web, TV, radio and print developed and disseminated		<p>S16. Develop and distribute media and communication materials which maximize cooperation with partner</p>	<p>The Secretariat collaborated with partners in the production and distribution of a range of communication materials, targeting specific events. Examples include: <i>Countdown to 2015</i> materials, including fact sheets, press releases, multi media materials and an Executive Summary (April); joint materials for the Rotary Annual convention (July) press materials for the Un High-level side event on MNCH (September) and media support for the BBC World TB series "Survival" programs on maternal and child health (September) (<b>S16</b>).</p>



Milestone	Partner Activities	Secretariat Activities	Status
Coordinated media calendar developed		S17. Develop a coordinated media and events calendar including planned events related to MNCH & advocacy opportunities, 2008-10	Secretariat maintains a proactive media and communications calendar with contributions from partners to foresee major media, communication and advocacy opportunities relevant to MNCH. This inter-active events calendar is published on the Partnership E-Forum communities as well as pmnch.org ( <b>S17</b> )
Champions for the cause of MNCH identified, enlisted and promoted	P17. Advocacy WG: Develop opportunities for public engagement of champions (op-eds, speeches, tours)	S18. Coordinate with partners to mobilize leaders and champions for MNCH	2008 has seen substantial progress in the engagement of high-level leaders and champions for MNCH, as evidenced at the Sept 2008 UN MDG week of events. Norway has played a particularly strong role in driving this engagement via the Global Network of Leaders ( <b>P17, S18</b> ). Sarah Brown, in her role as patron of the White Ribbon Alliance (a Partnership member) has taken a prominent role as a public voice for MDG5, rallying prominent women personalities to this cause. The Secretariat cooperates with the UK's First Lady in this outreach. The Secretariat has also worked with WHO Director General to name Mr Bondevik, past Norwegian Prime Minister, as a Goodwill Ambassador; a launch has been put on hold pending Board advice.
<b>TRACK</b>			
Mechanism to track political commitment and media coverage on MNCH put in place		S19. Monitor public statements, high-level meetings, signed commitments for MNCH S20. Put in place media monitoring tool and system for sharing with partners	Secretariat monitors international media coverage on political statements and stories regarding key events and initiatives on MNCH and MDGs 4&5 ( <b>S19</b> ). Media clips are shared with partners via the Partnership E-Forum and pmnch.org. The Secretariat developed a concept note to engage a professional media monitoring consultancy to carry out the work. The process is on hold pending further Board advice ( <b>S19, S20</b> ).



Milestone	Partner Activities	Secretariat Activities	Status
<p align="center"><b>Area 2: Country Support and Facilitation</b></p> <p align="center"><b>Strategic Objective 1: Include MNCH as a core component of national development and investment plans</b></p> <p align="center"><b>Indicator/Target: By 2011, 25 High-burden countries will have included MNCH as a core component of national development and investment plans</b></p>			
10 countries have access to technical support for planning and budgeting processes and for individual MNCH program components	<p>P22. CSWG: (<i>not costed</i>) Provide input on organizational and constituency capabilities and requirements to provide country assistance.</p> <p>P23: Partners (varies by country): (<i>not costed</i>) Conduct technical support activities in countries that have requested support, based on demand</p>	<p>S21. Define and map partner capacities to provide support</p> <p>S22. Identify requests for support</p> <p>S23. Coordinate provision of support</p> <p>24. Provide funding support for technical assistance by NGOs, professionals, and others without self-funding capacity - <i>combined with S51 below</i></p>	<p>The Secretariat published two mapping exercises on <a href="http://pmnch.org">pmnch.org</a>. The first measures technical support capacity of partners while the second maps country activities. A datacol (online information system) questionnaire was developed to facilitate information gathering via the Partnership membership application process. Datacol provides the ability to search and sort information on the website (<b>S21</b>). The CSWG core group played an important role in the development of the mapping templates and in gathering of information from their respective constituencies (<b>P22</b>). Other activities (<b>S22-S24</b>) were stopped due to the Country Support Working Group being disbanded. A proposal was received from JHPIEGO for a national NGO workshop in Nigeria; approval of the contract amount is in process (<b>S24, S51</b>)</p>
10 countries have access to useful models for integrated MNCH components in national health plans	<p>P24. CSWG, Secretariat, consultant: Identify tools for analysis and develop sample framework/template for identifying components for integrated MNCH plan.</p> <p>P25. CSWG: (<i>not costed</i>) identify good examples of integrated MNCH plans. Advocate for use of framework.</p>	<p>S25. Participate in development of framework</p> <p>S26. Hire consultant to develop framework for identifying components for integrated MNCH plan</p> <p>S27. Disseminate framework and MNCH "One Plan" examples</p>	<p>Preliminary discussions about a model framework were held in April and a consultant identified. On hold pending further Board advice (<b>P24, S25, S26</b>).</p> <p>Examples of model MNCH plans were identified by CSWG Core members and were posted to <a href="http://pmnch.org">pmnch.org</a>. (<b>S27</b>).</p>



Milestone	Partner Activities	Secretariat Activities	Status
60 countries have access to tools and experiences for MNCH scale up (costing, MNCH specific program)	<p>P26. CSWG, Secretariat, partners: <i>(not costed)</i> Determine most appropriate tools for planning and costing MNCH scale-up (based on outcomes of costing tool review)</p> <p>P27. CSWG, Secretariat: <i>(not costed)</i> advise countries on use of most appropriate tools</p>	<p>S28. Complete review of costing tools related to health MDGs, and develop user-friendly overview that describes the purpose of each tool, its use, and the resource needed to use it.</p> <p>S29. Make tools easily available to countries through various means of communication (website and others).</p> <p>S30. Develop effective mechanism to facilitate country requests for assistance from partner organizations in the U and adaptation of costing tool (incl. making list of agencies available on website).</p>	<p>The first phase of the costing tools work is complete <b>(S28)</b>. Products include a technical review of 13 costing tools, a meeting report of a technical consultation in Senegal in January 2008 (bringing together users and developers of the tools) and a website that provides information about, and access to, the 13 costing tools included in the technical review, incl. contact information for tool developers. Information about the website has been shared with partners through email newsletters and other forms of communication <b>(S29)</b>.</p> <p>The costing tools website has a dedicated email-address monitored by the WHO. Requests for support are forwarded to relevant tool developers and other partners. PMNCH is also in the process of developing a Community of Practice for costing tools <b>(S30)</b>.</p>
60 countries have access to different models and best practices on areas of scale up, equity, advocacy for MNCH	<p>P28, 29 CSWG: <i>(not costed)</i> Identify areas for which models and best practices are needed; identify best practices to be documented and shared;</p> <p>P30 CSWG: participate in review of documentation of selected practices.</p>	<p>S31. Coordinate planning for documentation of selected best practices and models; identify consultants and process of documentation; fund consultants as needed.</p> <p>S32. Coordinate planning, funding, implementation of multi-country experience-sharing activity on good practices in scaling up and strengthening health systems/capacity linked to improved MNCH coverage and outcomes.</p> <p>S33. Disseminate</p>	<p>Secretariat communicated Implementing Best Practices guidelines for the identification and documentation of best practices to the CSWG. Consultant terms of reference were developed. Selected best practices include: planning process in Nigeria and Tanzania, Health Extension Workers in Ethiopia, midwife mobilization in Senegal and equity in Vietnam. On hold pending further Board advice <b>(S 31, P28-P30)</b>.</p> <p><b>S32</b> was stopped pending further Board advice.</p>



Milestone	Partner Activities	Secretariat Activities	Status
	P31. Plan and participate in multi-country experience-sharing activity on good practices in coordination, scale-up, and health systems/capacity strengthening linked to improved MNCH coverage and outcomes	documented models and best practices to additional countries.	CSWG members felt a regional workshop was not needed, rather that funds be used to support the documentation of best practices using formats developed by WHO's best practices group (P31). These activities then put on hold, pending further Board advice. S33 not yet started; on hold pending further Board advice.

<b>Strategic Objective 4: Catalyze implementation at scale of national MNCH plans and essential packages of interventions</b> <b>Indicator/Target: By 2011, at least three highest impact maternal interventions, three highest impact child interventions, and at least two highest impact newborn care interventions, reach at last 80% of families in all high-burden countries</b>			
Country specific MNCH plan developed , budgeted and funding commitments obtained for 6 PMNCH grant recipient countries	<p>P32. CSWG: <i>(not costed)</i> Review proposals for support submitted by Nigeria, Ethiopia and DRC, and advise on necessary changes and way forward</p> <p>P33. Government of Nigeria: Implement Partnership approved proposal</p> <p>P34. Government of Ethiopia: Implement Partnership approved proposal</p> <p>P35. Government of DRC: <i>(not costed)</i> Identify a national MNCH coordination mechanism and needs for support to create an enabling environment for MNCH</p> <p>P36. CSWG <i>(not costed)</i> Identify experts for the provision of technical support</p>	<p>S34. Coordinate approval process for proposals submitted by Ethiopia</p> <p>S35. Coordinate and follow up on the provision of support requested in the proposal from, Nigeria and DRC.</p> <p>S36. Support meetings and function of PMNCH grant management committee.</p>	<p>Proposals from Nigeria and Ethiopia were reviewed and approved by the CSWG (P32, S34). Funds were disbursed to WHO/Nigeria. Funding for Ethiopia has been communicated to the MOH/Addis; the Secretariat has requested (but not yet received) a revised implementation plan. The Secretariat plays a facilitating role, i.e., no field visits. The proposal from DRC includes consultancy support to identify a national coordination mechanism (S35, P35)</p> <p>A first implementation report received from MOH/Nigeria indicates progress on these activities: information gathering about partner resources available for MNCH in 12 states, sensitization of decision makers especially regarding their involvement in the roll out of the program, and strengthening capacity of program managers (P33).</p> <p>No requests for additional support have been received (P36, S35).</p> <p>All three countries (Malawi, Mozambique, Burkina Faso) (P37) have held meetings coordinated by the MOH and involving a</p>



Milestone	Partner Activities	Secretariat Activities	Status
	<p>requested in proposals.</p> <p>P37. UNICEF/UNFPA/WHO: conduct workshops in Burkina Faso, Malawi and Mozambique which bring together MNCH professional and advocates to obtain balanced perspectives in country MNCH plans</p> <p>P38. WHO: (<i>not costed</i>) Chair PMNCH grant management committee.</p>		<p>number of partners, to finalise their plans for acceleration of MNCH activities and to develop implementation plans for the PMNCH grant. Plans have been approved, all are in line with the National MNCH plan and cover a spectrum of activities across the continuum of care. [from Dr. Mason]</p> <p>Secretariat supports regular meetings of the grant management committee through the provision of teleconferencing, meeting logistics and note taking. The Secretariat also prepares reports to the donor (<b>S36</b>). The meetings are chaired by WHO (<b>P38</b>)</p>
Capacity to support implementation of the MNCH component of national health plans in place in Burkina Faso, Malawi and Mozambique	<p>P39 - 41. UNICEF/UNFPA/WHO: undertake high level visits to regional and national political leaders to increase commitment and resources for implementation; conduct workshops on the operationalization of the MNCH component of the national health plans; provide technical support to partners involved in the implementation of the MNCH component of the work plan</p> <p>P42. CSWG and partners: (<i>not costed</i>) Support (above activities at country level) as requested.</p>	S37, S38. Organize and participate in advocacy efforts; assist with additional technical support if requested.	<p>Regarding <b>P39</b> - meetings have been held with the Ministers of Health of all three countries during the Countdown conference and in country. Many high-level meetings have been held, however as <b>P39</b> refers only to Burkina, Malawi specific separate high level visits have not been made to these countries. Though the advocacy has certainly been done in other ways. Regarding <b>P40</b>, this has been carried out in all three countries in a number of workshops. [from Dr. Mason]</p> <p>No requests were received for the Secretariat to participate in advocacy efforts or to provide additional technical support (<b>S37</b>, <b>S38</b>).</p>
Regionally based mechanism, investment case, and collaboration for supporting MNCH established for Asia	<p>P43. UNICEF/Bangkok: (<i>not costed</i>) host consultant and provide logistical support.</p> <p>P44. ADB: (<i>not costed</i>) Develop investment case.</p> <p>P45. Partners (<i>not costed</i>): provide input into the investment case during the developmental phase.</p>	<p>S39. Define <b>regional structure for increased effective involvement in Asia</b></p> <p>S40. Recruit senior consultant to be based in the region</p> <p>S41. Provide assistance and input to development</p>	<p>Secretariat facilitated establishment of informal "Cogee Beach Group" (CBG) (<b>S39</b>), and recruited a senior consultant based at the UNICEF Regional Office in Bangkok (<b>P43</b>, <b>S40</b>) to facilitate its work. The CBG is active and productive, has contributed, along with the Secretariat, to the investment case paper which is an advanced draft (<b>P44</b>, <b>P45</b>, <b>S41</b>). The Secretariat is also coordinating the production and printing of a short advocacy document which summarizes the methodology and findings of the investment case. An additional product (of the senior consultant) has been an analysis of GAVI HSS proposals in the</p>



Milestone	Partner Activities	Secretariat Activities	Status
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	P46: Partners ( <i>not costed</i> ) participate in collaborative advocacy and country level activities	of investment case	Asia/Pacific region.
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**Strategic Objective 5: Strengthen national health systems, including human resources, to support MNCH**  
**Indicator/Target: By 2011, fully functional health system delivers essential MNCH package in all high-burden countries**

Improved human resource capacity for MNCH at country level through strengthened national Health Care Professional Associations. 22 countries.	<p>P47. Health Care Professional Associations (HCPA) advisory group: provide guidance to national &amp; regional professional associations through workshops, TA, and in-country capacity development</p> <p>P48, P49. Partners: participate in workshops and increase involvement of professional associations in MNCH efforts in countries; implement recommendations made during workshop pertaining to their organizations</p>	S42. Organize regional workshops in Burkina Faso and Pakistan for health care professional associations; issue grant to organization to establish and maintain contact database for HCP associations.	<p>The HCPA advisory group has guided the design and roll out of HCPA workshops since mid 2007 (<b>P47</b>). The Burkina Faso HCPA workshop was held in March and a mechanism put in place to follow through on implementation of action plans (<b>S42</b>). The meeting brought together HCPs and government representatives from Mali, Burkina Faso, Senegal, Niger and the Democratic Republic of Congo. Work on the database on hold, pending further Board advice.</p> <p>PMNCH partners made presentations about the potential support they could provide to HCPAs (<b>P48</b>). Partners attending the workshops joined country teams and, with the HCPAs and MOH representatives, developed action plans and are expected to participate in implementation (<b>P49</b>)</p>
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**Area 3: Harmonizing Partners and Increasing Aid Effectiveness**  
**Strategic Objective 5: Strengthen national health systems, including human resources, to support MNCH**  
**Indicator/Target: By 2011, fully functional health system delivers essential MNCH package in all high-burden countries**



Milestone	Partner Activities	Secretariat Activities	Status
Global level: Policy statement and checklist for harmonization and alignment developed and adopted by the PMNCH Board	P51-53. In collaboration with HCPs WHO will: map and review evidence of essential MNCH interventions, packages and delivery strategies; identify gaps in knowledge and research; reach consensus on content of essential MNCH package/s through consensus meeting; disseminate essential MNCH interventions/packages	S43. Draft statement to ensure a uniform message, in collaboration with other partnerships  S44. Draft checklist based on Paris Declaration and the International Health Partnership (IHP) compact  S45. Participate in GAVI HSS Task Team, Health Metrics Network, Health Workforce Alliance, GFATM working groups and processes, and assist in developing MNCH content  S46. Disseminate report on essential MNCH packages to partners	Drafting of the statement and checklist are on hold, pending further Board advice ( <b>S43, S44</b> ). This work may be re-initiated once the new accountability framework has been defined.  Presentations were given to GAVI HSS workshops earlier in the year; however, this work was put on hold and new contacts not initiated, pending Board advice ( <b>S45</b> ).  Effective Interventions Working Group completed a landscape review of effective interventions earlier in the year; this incorporated a survey of Partnership members. However, there is not follow up since the working group was disbanded ( <b>S46, P51-53</b> ).
Regional level: Discussion of aid effectiveness for MNCH increased in key fora	P55. All partners: Introduce aid effectiveness for MNCH as an explicit discussion point in global and national fora, specifically the 2008 Accra meetings following up on the Paris Declaration, and Lancet MDG integration series (see also Area 1: 2.2)	S47. Write to Accra meeting organizers with a concept note on aid effectiveness S48. Contribute to paper on aid effectiveness for MNCH in the Lancet Integration series (2009)	P55, NO INFORMATION  A letter went to the Accra meeting organizers with suggestions for incorporating MNCH in these discussions ( <b>S 46</b> ). A review meeting of co authors of the 2008 integration series took place in London in June, supported by the Partnership ( <b>S48</b> )
Country level: Effective national coordination mechanism (including all six Partnership constituencies) for MNCH supported in 10 countries		S49. Disseminate 'Operationalizing Country Support' to countries.  S50. Determine capabilities for assistance in coordination-strengthening by HHA, UN	A paper on operationalizing country support ( <b>S49</b> ), prepared by the Country Support Working Group and other Secretariat staff was issued.  Requests from countries for technical assistance have not been forthcoming; also, this activity was put on hold pending further Board advice. ( <b>S50</b> ).





Milestone	Partner Activities	Secretariat Activities	Status
		<p>partner regional offices, and other mechanisms; manage coordination of inputs with these mechanisms.</p> <p>S51. Coordinate and manage planning, funding, and implementation of multi-country experience-sharing activity on good practices in coordination, scale-up, and health systems/capacity strengthening linked to improved MNCH coverage and outcomes</p>	<p>An in-country NGO workshop (<b>S51</b>) may go ahead in Nigeria based on a proposal received from JHPIEGO. This is currently on hold pending Board decisions. <i>Combined with S24 (above).</i></p>



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<p style="text-align: center;"><b>Area 4 Monitoring</b></p> <p style="text-align: center;"><b>Strategic Objective 8: Monitor progress towards the achievement of MDGs 4 and 5 and feed results into decision-making processes at all levels</b></p> <p style="text-align: center;"><b>Indicator/Target: By 2011, common set of MNCH indicators applied across the board and results fed back into country and global dialogue in</b></p>			
Global and country-level tracking of MNCH coverage, policy, equity, and financial flows conducted	<p>P60. London School of Hygiene and Tropical Medicine: update analysis of ODA to MNCH in priority countries with 2005 and 2006 data</p> <p>P61. Countdown Core Group - John Hopkins: Data analysis and reporting based on HMN and MICS for the writing of</p> <p>P62. Countdown Core Group-UNICEF: Compile information and complete Countdown country profiles</p> <p>P63. Countdown Core Group -Lancet: Publish Lancet Special Countdown Issue.</p> <p>P64. Countdown Core Group - WHO: Compile Analysis of indicators equity for coverage of MNCH intervention</p> <p>P65. M&amp;E WG: Collect and compile evidence on best practices for reducing inequities in MNCH</p> <p>P66. M&amp;E WG: Promote capacity development for M&amp;E at country level as part of country MNCH plan through workshops</p>	<p>S52. Disseminate findings of analysis of ODA and National Health Accounts sub-accounts analysis for MN</p> <p>S53. Lead organization, fund-raising effort, and promotion of the "Countdown 2015" conference</p> <p>S54. Facilitate Countdown Secretariat, Core Group and working groups</p> <p>S55. Disseminate results, reports and country profiles</p> <p>S56. Contribute to writing of articles for Lancet publication on inequities in MNCH and best practice.</p>	<p>The LSHTM completed the updated analysis of ODA to MNCH (<b>P60</b>). The findings were reported in the country profiles of the Countdown to 2015 main report and in the Lancet special issue on the Countdown. The findings were also presented at the Countdown conference in Cape Town in April 2008.</p> <p>Countdown Core Group completed all activities successfully (<b>P61-64</b>).</p> <p>Work on national health accounts and sub-accounts has not progressed (<b>S52</b>).</p> <p>The Secretariat elaborated a Conference budget, raised the necessary funds and tracked expenses of all partners. Promotional products included: CD-ROMs, executive summaries of the Countdown 2008 Report (English, French, Spanish), posters, visuals for the Conference and other relevant materials. The printing of the 2008 Report and its related Country Profiles was done by UNICEF/New York. The Secretariat was a lead co-author of the Countdown report, and helped to disseminate it at key events throughout the year. Key messages were carried to the Inter Parliamentary Union (IPU), a new stakeholder community. Secretariat staff contributed to writing of the commentary of the Lancet series on the Countdown entitled: Parliamentarians: leading the change for maternal, newborn and child survival? Secretariat staff also contributed to the</p>



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	P67. WHO: Conduct National Health Accounts (NHA) sub-accounts analysis in two countries		following articles: Mind the gap: equity and trends in coverage of maternal, newborn and child health services in 54 Countdown countries; and Making the Countdown count. ( <b>S53 to S56</b> ).
Platform for harmonization and strengthening of existing measurement mechanisms relevant for MNCH provided	<p>P68. M&amp;E WG: develop a monitoring strategy and evaluation framework for components of the Global Campaign for Health MDGs</p> <p>P69, P70: PMNCH grant evaluation team: develop and agree on an impact model and framework in each of the six PMNCH grant countries; organize training in the use of country level assessment and impact modelling tools for partners, MoH and technical consultants involved in the roll out of the PMNCH grant.</p> <p>P71. Johns Hopkins University: Develop impact model for MNCH interventions</p>	<p><b>S57.</b> Coordinate development of monitoring strategy and evaluation framework for components of Global Campaign for Health MDGs; and <b>S59</b> organize an event to promote harmonization of measurement.</p> <p>S58. Write research paper on harmonization of health MDG measurement.</p>	<p><b>P68</b> was not completed.</p> <p><b>P69 - P70</b> An impact model and framework has been developed for Burkina Faso, Malawi and Mozambique. To be finalized by end 2008.</p> <p>Following review of proposals and discussion earlier in 2008, a specific tool (<b>P71</b>) is not now being developed. A meeting at end November will ensure harmonization of approach in the three countries.</p> <p>The Partnership convened a round table on development of a common evaluation framework in Cape Town on 20 April 2008. Participants included leaders of global health initiatives and countries. The main outcomes included an understanding of the issues related to the measurement of impact of large scale interventions, and the agreement to produce a developed draft document which will synthesize all inputs discussed (<b>S57, S59</b>). Further work on this activity is pending further Board advice.</p> <p><b>S58</b> was stopped subsequent to the July Board meeting.</p>
Evidence of advocacy impact collected	<p>P72. Design and implement studies and indicators to guide and monitor public education campaigns, NGO and media capacity building</p> <p>P73. Design and implement studies to measure pre and post coverage of MNCH</p>	S60. Disseminate results of studies	<p>Conceptual work got under way to define indicators to use to document impact of advocacy work (<b>P72, P73</b>), especially at country level through the Deliver Now advocacy drive in India and Tanzania. The India campaign incorporates measurement of pre- and post-coverage. This work is on track (see S8 above); however, the Advocacy Working Group was disbanded mid year. Regarding dissemination, see <b>S8</b> (above).</p>



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External evaluation of PMNCH implemented Value-added work plan for 2009 developed	P74. M&E WG: Develop an evaluation framework for PMNCH and TORs for an external evaluation team	Comment: Evaluation to be led by the Board	The external evaluation was completed in June 2008 and findings presented to the July Board.
<b>Area 5: Core Partnership Functions</b>			
Value-added work plan for 2009 developed	P75. Ad-hoc work plan WG: support development of value-added work plan for 2009  P76. All WGs: participate in development of 2009 work plan	S61. Coordinate development of value-added work plan for 2009 through a collaborative, consultative process.  S62. Organize face-to-face meeting of ad-hoc work plan WG	The newly-established Task Force on Outputs is developing concrete recommendations for the Board on agreed outcomes, outputs and activities in the form of a new 3-Yr Strategy. The value-added work plan for 2009 will be based on this work; a consultant has been identified and recruited ( <b>S61</b> ) The 2009 work planning exercise is delayed until the new 3-Year Strategy is approved. ( <b>S62</b> ).
Partnership membership base increased		S63. Implement a strategic approach to expand membership base, including use of community of practice approach within the PMNCH website.  S64. Initiate preparation for Partners' Forum 2009 (Asia).	Membership expansion was put on hold in July. Moderated communities of practice were established in about twelve areas, and serve. The most active are communications, advocacy and health care professionals ( <b>S63</b> ).  The second Partner Forum ( <b>S64</b> ) may be organized for the second half of 2009, however, this is not a certainty and needs to be discussed. On hold.
Fully-functioning working groups sustained	P77. Chairs of WGs lead implementation of planned activities	S65. Facilitate WG meetings, at least two face-to-face meetings per WG and phone calls when necessary. S66. Share information	The Advocacy Working Group held a 3-day workshop in January to discuss implementation of work plan priorities. Regular teleconferences were held with AWG members, notably in relation to coordinated G8 advocacy and information sharing. The Working Group on Country Support held meetings during the first half of the year.



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		on working group activities.	Working Groups were disbanded by the Board in July ( <b>S65</b> ).  Information on working group activities was provided on pmmch.org and in periodic Updates. This work was discontinued mid year due to Board decision ( <b>S66</b> )
Fully functioning Board sustained	P78. Board members: Participate in board meetings  P 79 Board members: Identify high-profile opportunities and venues where the Partnership can enhance MNCH visibility	S67. Organize and facilitate two Board meetings during 2008; coordinate 3 Board subcommittees (finance, governance and publications).  S68. Engage consultant to draft Board manual review and finalize	Board meetings were held in April, July and September with a 4 <sup>th</sup> meeting planned for November ( <b>S67</b> ). The Governance Committee worked during the first half of the year to deal with assigned tasks arising from the December 2007 Board meeting. The Finance Committee met in July 2008 and continues to follow finance issues. There have been monthly meetings of the Chair and Co-Chairs with Directors. <b>S68</b> is on hold, pending further Board advice.
Fully-functioning Secretariat sustained		S69. Recruit staff per approved organigram  S70. Enhance and maintain main PMNCH website, including monthly E-Bulletins S71. Review adequacy of office space, as needed S72. Prepare financial sustainability analysis for the Partnership	Staff recruitment and contract renewal were put on hold by the Board in July ( <b>S69</b> ), however, hiring of a Senior Finance Officer is under way as authorized by the Board.  The website ( <b>S70</b> ) is updated regularly. User statistics are available via the WHO server system. Monthly E-Bulletins for Board members and review of office space are on hold pending further Board decisions ( <b>S71</b> ); financial sustainability analysis for the Partnership will be presented as part of the 2009 value-added work plan ( <b>S72</b> ).