

PMNCH Task Force on Structure  
10<sup>th</sup> & 11<sup>th</sup> November 2008



## Board Paper – Secretariat Structure

5<sup>th</sup> November 2008



## CONTENTS

|  |           |
|--|-----------|
| Glossary .....   | i         |
| Summary of recommendations on the Secretariat structure .....                | ii        |
| <b>1. Introduction .....</b>   | <b>1</b>  |
| <b>2. Proposed role of the Secretariat .....</b>                             | <b>2</b>  |
| 2.1. Introduction.....   | 2         |
| 2.2. Core functions of the Secretariat .....                                 | 2         |
| 2.3. Delivery of PMNCH activities – Secretariat role .....                   | 2         |
| 2.4. Task Force recommendation on delivery approach of PMNCH activities..... | 5         |
| <b>3. Illustrative Secretariat structure and composition.....</b>            | <b>14</b> |
| 3.1. Secretariat composition, skills and competencies .....                  | 14        |
| 3.2. Leadership role .....   | 18        |
| 3.3. Potential variants to the proposed Secretariat size/ composition .....  | 18        |
| 3.4. Task force judgement and recommendation .....                           | 19        |
| <b>4. Transition process and recommendation .....</b>                        | <b>21</b> |
| <b>Appendix 1: PMNCH value-added activities .....</b>                        | <b>22</b> |
| <b>Appendix 2: Bottom-up analysis of delivery of PMNCH activities .....</b>  | <b>23</b> |
| <b>Appendix 3: Current Secretariat structure (as of Oct 2008).....</b>       | <b>30</b> |
| <b>Appendix 4: Skills and competencies of the categories of staff .....</b>  | <b>31</b> |

## **GLOSSARY**

- Forum:** The Forum is currently a biennial meeting of a diverse range of members of the PMNCH with expertise/ experience in MNCH issues, which among other functions, currently also endorses the constituency nominations for representation on the PMNCH Board.
- Members:** All members of PMNCH, who represent the six constituencies of: (i) Multilateral Organisations; (ii) Professional Associations; (iii) Non-Governmental Organisations; (iv) Research and Academic Institutions; (v) Partner Countries; and (vi) Donors and Foundations.
- Board:** Also referred to as the Steering Committee in the PMNCH Conceptual and Institutional Framework, and currently made up of a maximum of 23 Members as selected by the constituency groups.
- Partnership:** PMNCH or Partnership used interchangeably.
- Secretariat:** The current and/ or future Secretariat to the Partnership.
- Partners:** All members of the PMNCH Forum, but the presumption is that in the majority of cases this will be those members who actually sit on the PMNCH Board.

## **SUMMARY OF RECOMMENDATIONS ON THE SECRETARIAT STRUCTURE**

Task Force on Structure recommends that the Board:

### **Recommendation 1 (Roles of Secretariat and task forces/ lead agencies):**

- That the Secretariat core functions are servicing the PMNCH governance structure; ensuring effective communication with Board members and constituencies; mobilising resources for Partnership activities; and administrative and other functions, such as financial and budget management.
- That the PMNCH value added activities (as agreed at the Geneva Retreat) should be delivered through a combination of:
  - a task force/ lead partners assuming overall responsibility for execution; and
  - Secretariat support as required for the activity, and drawing on external consultants/ specialists as required.
- That the exact combination of each party's role would:
  - vary case by case, depending on the nature of the task/activity;
  - reflect the partner-centric nature of the Partnership; and
  - be agreed by the task force in advance and be set out in the terms of reference of the task force/ lead partners.

### **Recommendation 2 (Secretariat composition and structure):**

- To constitute the PMNCH Secretariat, subject to the decision of the task forces/ partners on the precise delivery approaches, so that it:
  - includes up to 12 individuals as FTE staff members;
  - has one FTE staff (of these staff members) in the Secretariat leadership role;
  - consists of around three FTEs each in Senior and Junior Adviser/ Officer roles; and
  - has around two Administrative officer FTEs, two Secretarial FTE staff, and one FTE Financial Officer.

### **Recommendation 3 (Transition process):**

- That the implementation of the agreed Secretariat structure be overseen by the current Structure Task Force; with the detailed work in developing the Secretariat composition and staff roles, preparing a transition plan, and managing aspects of the implementation to be delegated to the Secretariat (working closely with WHO HR).
- That the option be explored of extending the contracts expiring in early 2009 on a temporary basis, where practical, until the future structure and skills required of the Secretariat staff are finalised.

## 1. INTRODUCTION

This Board paper sets out the key recommendations on the future role and structure of the Secretariat, as agreed by the PMNCH Task Force on Structure.<sup>1</sup> The paper has been prepared by Cambridge Economic Policy Associates (CEPA), on behalf of and in discussion with the Task Force. The Task Force met three times by telephone since the September Board Retreat to discuss the draft proposals and analyses,<sup>2</sup> and made comments and edits on draft documents by email.

In preparing this Board paper, members of the CEPA team have also benefited from input from Secretariat staff.

It is important to note the proposed Secretariat roles and structure are provisional, and are subject to the recommendations and decisions related to the work of the Task Force on Output. Further, the recommendations in this paper are also linked with the other two objectives of the Structure Task Force on PMNCH governance and the WHO hosting MOU.

The paper is structured as follows:

- Section 2 presents the Task Force's recommendation on the core functions of the Secretariat and its possible role in the execution of PMNCH value-added activities, based on a bottom-up analysis of different delivery approaches for the activities.
- Section 3 sets out a possible structure and composition of the Secretariat, based on the skills and competencies required for its role.
- Section 4 outlines the proposed process for transition from the current to the desired composition of the Secretariat, as agreed by the Task Force members.

The paper is supported by four Appendices:

- Appendix 1 presents the agreed value added activities of PMNCH at the Geneva Board Retreat in September 2008.
- Appendix 2 provide details of the key tasks and a bottom-up analysis for each of the value added PMNCH activities (as agreed by the Board at the Geneva Retreat in September). Please note that this analysis has not been undertaken for the accountability mechanism activities, since the Task Force agreed that this requires further Board discussion.
- Appendix 3 shows the current Secretariat organogram/ structure.
- Appendix 4 provides a general discussion of the range of potential skills/ competencies that might be required for five generic staff level categories.

---

<sup>1</sup> The Task Force on Structure was established by the PMNCH Board, during its Retreat in Geneva on 13<sup>th</sup> and 14<sup>th</sup> September 2008. It is composed of the following individuals: Ann Starrs (Family Care International) – Chair; Pius Okong (FIGO); Bridget Lynch (International Confederation of Midwives); Daisy Mafubelu (WHO); Purnima Mane (UNFPA); and Pascal Villeneuve (UNICEF).

<sup>2</sup> The three Task Force teleconference meetings were held on Friday, 3<sup>rd</sup> October; Friday, 17<sup>th</sup> October, and Friday, 31<sup>st</sup> October 2008.

## **2. PROPOSED ROLE OF THE SECRETARIAT**

### **2.1. Introduction**

In carrying out this work, the Task Force on Structure has been guided by the following key principles/ Board agreements:

- The structure of the Secretariat should follow its functions. The functions of the Secretariat should in turn be guided by the value-added activities<sup>3</sup>, outputs and outcomes of the Partnership (and therefore the work of the Task Force on Outputs).
- PMNCH is a partner-centric entity, where the partners are primarily responsible for fulfilling the agreed outcomes and activities of the Partnership under the direction of the Board.
- The appropriate size and composition of the Secretariat team will be based on its agreed role and the skills/ competencies and staffing requirements thereof.

### **2.2. Core functions of the Secretariat**

The Task Force agreed that there are a series of core functions that need to be undertaken by the Secretariat as a minimum. These core functions are as follows:

- servicing the governance structure, i.e. convening, facilitating, and supporting the Board, Board committees, task forces, and the Partnership members in the delivery of the PMNCH value added activities;
- managing intra-PMNCH communication and information sharing, such as keeping the Board/ partners informed of the Secretariat's activities, and the work of partners towards agreed MNCH outcomes;
- under the Board's guidance, mobilising resources for the Partnership, including identifying prospective donors, preparing any funding applications and reporting to donors; and
- administrative and other functions, including financial and budget management.

### **2.3. Delivery of PMNCH activities – Secretariat role**

In addition to the core functions of the Secretariat (noted above) the expectation is that Secretariat staff will play a role in supporting the Partners in delivery of PMNCH add-value activities. The Task Force has used an activity-led approach in carrying out the analysis.

The activity-led approach has involved:

---

<sup>3</sup> As agreed at the September retreat, added-value activities are only justified if the issues they address cannot be solved through existing mechanisms. More generally, a partnership approach is justified when the benefits of collective action relative to the transaction costs of partnering exceed the net benefits from the partners, using their normal instruments.

- breaking down each of the PMNCH value added activities, as agreed by the Board at its September Geneva Retreat (these are set out in Table A1.1 in Appendix 1, for ease of reference), into its various tasks/ processes<sup>4</sup>;
- considering the range of possible approaches that PMNCH might choose to deliver these tasks/ processes, including the potential role for the partners, the Secretariat and external agencies (consultants); and
- identifying for each PMNCH activity category a preferred or expected approach to its delivery – which involves different combinations of task force/ partners, Secretariat and outsourced tasks.

We continue to use the same grouping/ categorisation of PMNCH's value added activities as agreed at the September Retreat:

- I. Advocacy
- II. Learning/ knowledge sharing
- III. Facilitating dialogue/ coordination
- IV. Facilitating an independent accountability mechanism

Tables A2.1 to A2.3 in Appendix 2 provide details of the key tasks for each of the value added PMNCH activities (other than the accountability mechanism), and set out, based on a bottom-up analysis, potential alternate delivery approaches for these activities. We would encourage Board members to review these since they provide an important basis for our discussion – setting out, in effect a process for partner/ Secretariat activity in the respective areas.

Each of these alternate delivery approaches implies a different support role to be provided by the Secretariat.

- **Task force led:** In this option, the Board, based on agreed strategic priorities, assigns a time limited task force,<sup>5</sup> possibly together with lead partner(s), to be responsible for the execution and any monitoring/ follow-up of a particular activity. (The view of the Task Force on Structure is that, where possible, there should be more than one lead partner responsible for an activity to ensure sharing of work and greater inclusiveness). The task force/ lead partners may seek the support of other Forum members in undertaking specific tasks, as well as the Secretariat in coordination and/ or administration.<sup>6</sup>
- **Significant Secretariat involvement:** A task force/ lead partners would still be assigned to hold primary responsibility for the activity. However, as compared to the above approach of the task force/ partners executing all or most of the tasks, in this approach, the Secretariat would play an enhanced role in actively supporting and facilitating the task force/ lead partner in several of the tasks

---

<sup>4</sup> Please note that this has not been done in as much detail for the accountability mechanism activities.

<sup>5</sup> The presumption is that a time limited task force would be constituted for all major PMNCH activities. However, some activities might simply be carried out by one or more partners together or separately reporting back to the Board.

<sup>6</sup> Where a particular activity (e.g. that has significant financial outlay) requires decision by the Board or a Board sub-group (e.g. the proposed Executive Committee), the task force Chair/ lead partners can present the proposal for say, electronic decision by the Board or the Committee.

involved. For example, this may involve preparing the analysis/ draft proposals for consideration of the task force, and convening a meeting of relevant partners to make progress on an issue. Therefore, in this approach, the Secretariat's role requires appropriate technical and management skills and expertise.

- **Outsourced:** Specific tasks that require specialist inputs or extensive work may be allocated to an external agency/ consultant with a defined mandate and deliverables. (This option may not be amenable to all activities, i.e. it may not be possible/ cost-effective to outsource some activities.) The consultant would be accountable to the task force/ lead partners, and their work could be coordinated by the Secretariat, at the request of the task force/ lead partners.

The Task Force on Structure recognised that individual activities of the Partnership are likely to require some aspect of all three approaches described above – in effect a 'hybrid' approach to delivering the activities. For example, this may involve the task force/ lead partners setting the strategic priorities for the activity and overseeing/ guiding its implementation, the Secretariat preparing draft documents and providing convening and administrative support, and a consultant advising on specialist/ technical matters.

The Task Force also agreed that:

- The activities of the Secretariat will be determined on a case by case basis and will take account of what might be referred to as a subsidiarity principle. In a partner-centric approach, this principle implies that implementation of added-value activities by the Secretariat or by third parties (e.g. consultants) should only be pursued if it is agreed that the activities cannot or will not be undertaken fully and effectively by the partners themselves.
- The Secretariat is more likely to play a more significant role in PMNCH activities when it is important for the activity to be undertaken on a 'neutral' basis, i.e. not to be 'branded' as led by a particular agency/ organisation.

However, in order to make a judgement about the appropriate size and composition of the Secretariat it has been necessary for the Task Force to make some assumptions about these things. In doing so it has taken the following factors into account:

- *Time available to the members of the task force or lead partner in undertaking the specific tasks assigned:* Although PMNCH will be a partner-centric entity, given that the partners may have limited time for specific partnership activities, in some cases it may be appropriate/ necessary to mandate the Secretariat (or a consultant) to assist with specific tasks, reporting to the task force Chair/ lead partner.
- *Extent of coordination/ facilitation required:* Some activities involve multiple stakeholders, often at global, regional and national levels, and therefore require a greater degree of Secretariat support in coordination and convening – which implies a Secretariat function that is not purely administrative.
- *Knowledge/ expertise to undertake activities:* The specific skills and experience of the institutions or individuals need to be taken into account in assigning responsibilities, i.e. who is best placed to deliver the activity within the available time. For example, it may be cost effective to seek external support on areas of specialised knowledge (unless the skills are available within partner organizations)



or the Secretariat). However, a key principle is that PMNCH should not replicate existing pools of knowledge and expertise within the partner organisations.

## **2.4. Task Force recommendation on delivery approach of PMNCH activities**

Drawing on the analysis contained in this paper and its discussions, the Task Force has agreed both:

- a general proposed approach for delivering all Partnership activities; and
- a series of expected or preferred approaches for each of the PMNCH activity groupings on which to base its judgements on the appropriate competencies and size of the Secretariat.

These are discussed in turn below.

### **2.4.1. General approach**

The general *modus operandi* for delivering Partnership activities/ outputs would be as follows:

- For activities which will not to be carried out at Board level, a task force/ lead partners will be assigned by the Board for overall responsibility of an activity and to either ‘do the activity’ or provide guidance and oversight for its execution by others.
- The proposed Executive Committee will facilitate coordination of the work of the various task forces constituted to deliver the PMNCH activities.
- The role and involvement of the Secretariat will be agreed by the relevant task force on a case by case basis – taking account of the subsidiarity principle referred to above. In practice, this might involve one or more of the following tasks:
  - preparing any analysis/ draft papers/ proposals for consideration of the task force/ lead partners<sup>7</sup> (i.e. helping in carrying out specific Partnership tasks);
  - convening and coordinating with the partners/ stakeholders as required for the activity;
  - ensuring smooth communication and information sharing among the relevant stakeholders;
  - assisting the task force/ lead partners on any other matter, as requested (for example, coordinating and managing the work of consultants, where these are appointed; or representing the Partnership at an event); and
  - providing any administrative/ logistics support to the partners.

These tasks of the Secretariat are in addition to its core functions, as set out in Section 2.2 of this paper.

---

<sup>7</sup> For certain activities, this task may be outsourced to an external agency/ consultant. This may be the case when specialist expertise is required and/ or the Secretariat staff are busy on other activities.

- In case a particular activity/ task requires specialist inputs or extensive analysis, an external agency/ consultant could be commissioned to advise the task force/ lead partners and prepare draft papers/ analysis on an issue, as specified. The Secretariat would typically be expected to manage the process of identifying, selecting and appointing the consultant. They would also generally be expected (unless decided to the contrary) to manage the outputs of the consultant in consultation with the relevant task force.

The respective roles of partners, the Secretariat, and/or external consultants for the activity should be specified in the terms of reference for each Task Force. These terms of reference must be approved by the Executive Committee and shared with the full Board.

#### **2.4.2. Expected or preferred approach to delivering specific activities**

Given that the exact role of the Secretariat may vary for each activity, we set out a number of expected or preferred delivery approaches for each of the PMNCH activity categories, i.e. the possible mix of roles between Secretariat, task teams/ lead partners, and any consultants for activities related to advocacy, learning and knowledge sharing, facilitating dialogue and coordination, and accountability.

These are not expected to be definitive, but provide a basis on which an assessment can be made of the necessary competencies and number of staff in the Secretariat structure going forward.

These expected or preferred approaches are presented in Figures 2.1 to 2.4 below. For all activities, it is taken as read that the appropriate task force and/ or lead partners will oversee the work and provide strategic guidance.

##### *Expected / Preferred approach to Advocacy*

Figure 2.1 shows the expected/ preferred approach to delivering PMNCH advocacy activities – illustrated for a single activity agreed at the retreat. The Secretariat is generally expected to play an active support role to assist the task force/ lead partners in preparing strategy papers, gathering the evidence base, drafting papers/ proposals with the key advocacy message, and in any coordination and administration.

Points to note about Figure 2.1 are as follows:<sup>8</sup>

- a. An annual strategy paper should be prepared for the Board setting out the proposed strategic priorities for advocacy in the year ahead (and potentially longer term) – as agreed by the task force/ lead partners. The decisions would be taken by the Board, and the expectation is that partners would have significant input into defining the proposal. However, it is likely to be appropriate for the Secretariat to draft this strategy paper in the first instance, in discussion with the task force/ lead partners.
- b. The process for the next stage of activity will depend on whether the advocacy activity is part of the planned advocacy strategy or is ‘reactive or opportunistic’.

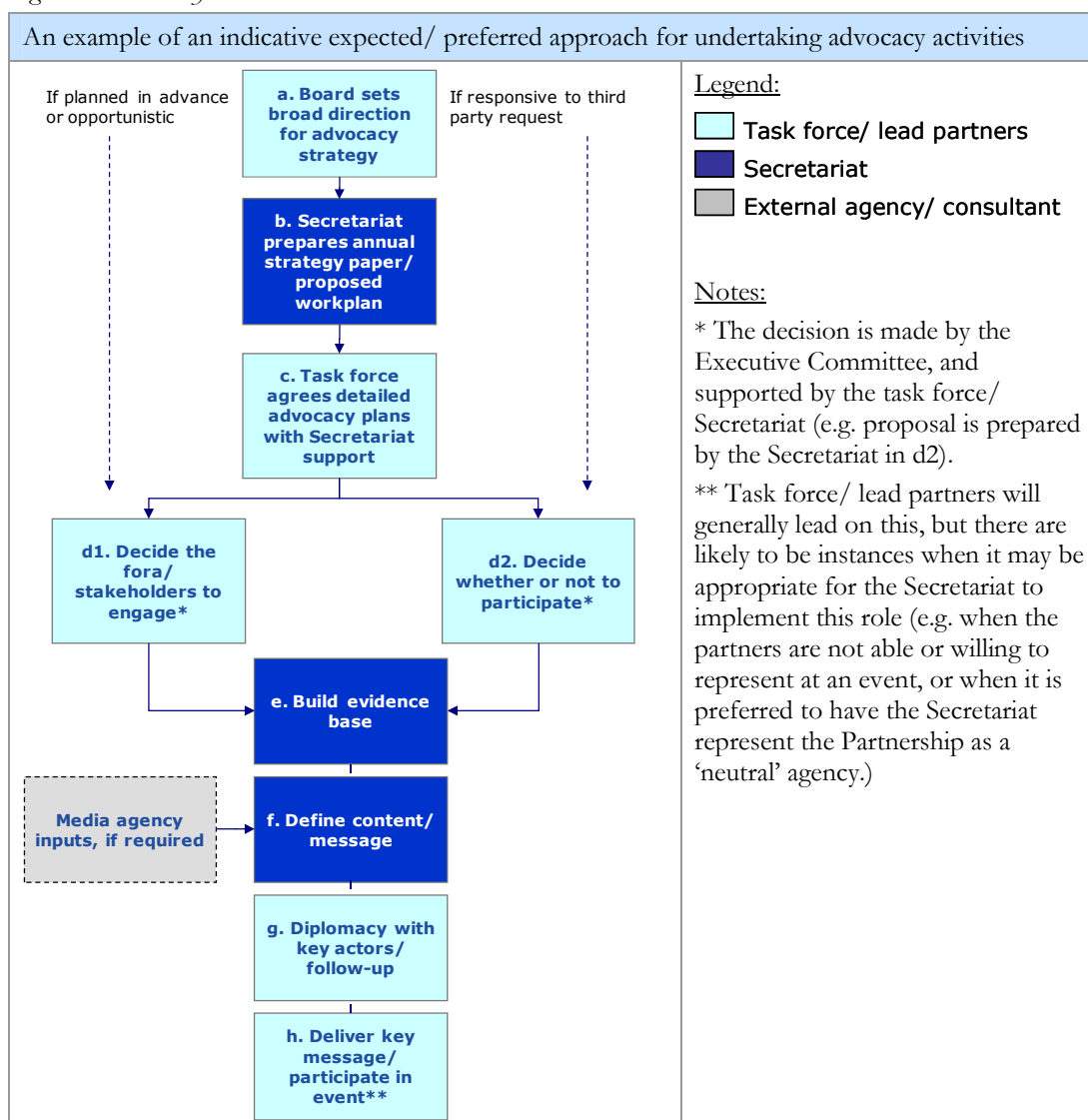
---

<sup>8</sup> Similar illustrative figures (Figures 2.2 to 2.4) have been provided for the other three PMNCH activity categories. However, the description of the expected/ preferred approach is provided in less exhaustive/ summary form for these.

In the former case, the expectation is that the task force would discuss and agree in appropriate detail the advocacy plan with support from the Secretariat. In the latter case, the expectation is that the Secretariat will receive the request – and will prepare a proposal for consideration by the relevant task force (or the proposed EC) as to whether to and, if so, how to respond to the request for this advocacy opportunity.

- c. The Secretariat is then expected to play an important facilitation role in bringing together the evidence base – drawing on the resources and knowledge of the partners.
- d. Similarly, the expectation is that the Secretariat would support the partners by providing drafts of PMNCH content/ key messages for agreement and decision by the partners. Both c. and d. could be undertaken or supplemented by external agency/ consultant input (in this scenario, the Secretariat would manage and coordinate the work of the consultant).
- e. The activities associated with liaising with key actors in order to gain support for key messages/ advocacy outputs is expected to be largely the role of the partners.
- f. Delivery of messages/ participation at major events would be led by partners (although probably by more than one partner, given the importance of the range of stakeholders). However, in some circumstances, it may be appropriate for the Secretariat, as the neutral representation of the Partnership, to participate in advocacy events, at the request of the task force/ lead partners.

Figure 2.1: Advocacy

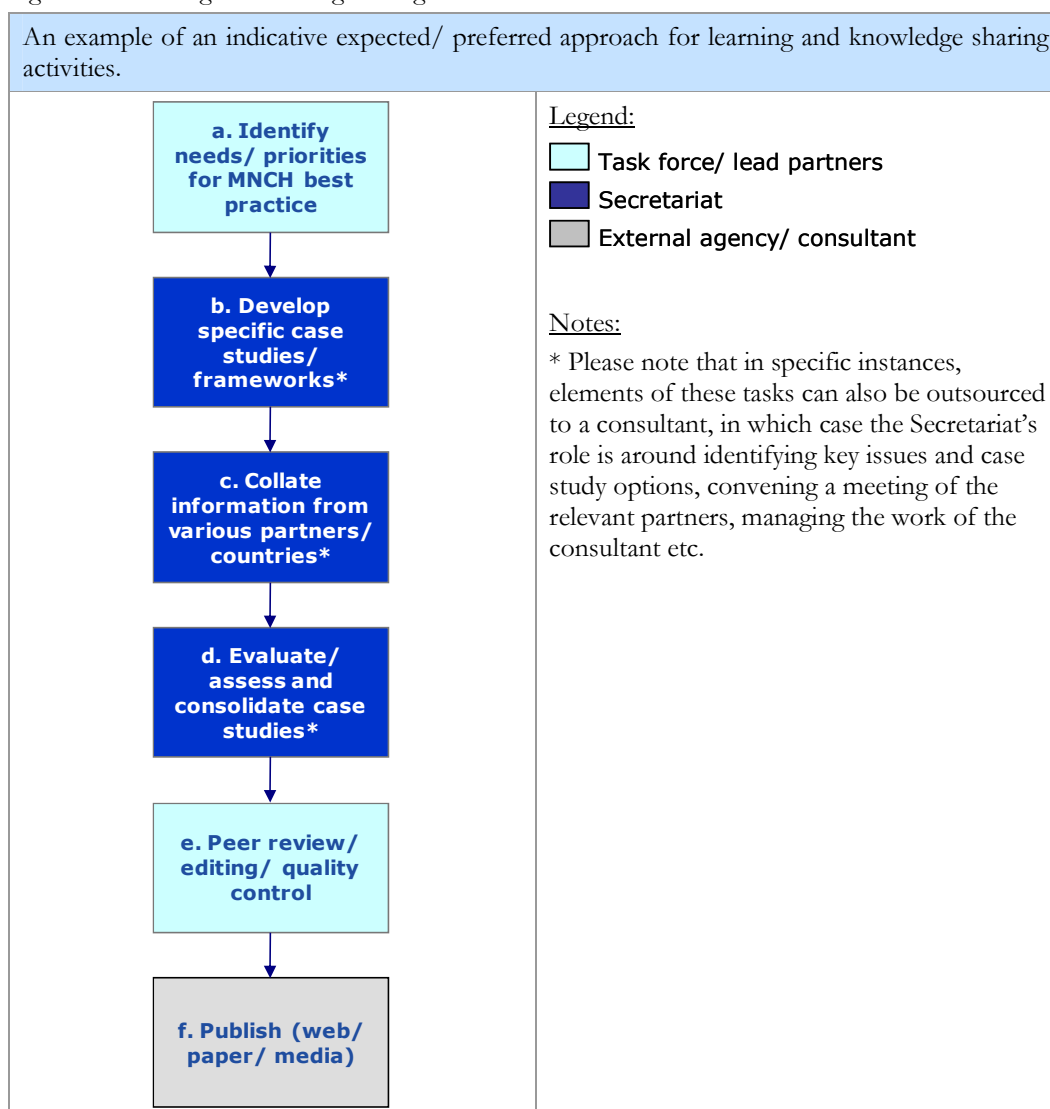


### Expected/ preferred approaches to improved learning and knowledge sharing

The expected/ preferred approach in this area of activity is illustrated in Figure 2.2 below – which relates to developing MNCH best practice/ case studies for improved learning and knowledge sharing among partners.

Subject to the case study/ country, the Secretariat may assist the task force/ lead partners in putting together the case framework, collating and evaluating information from various partners to package the best practice. Alternatively, if specialist knowledge or country experience is called for, this may be outsourced to a specialist. Essentially, the task force/ lead partners can make the decision as to who executes the activity on a case by case basis. Similarly, the Secretariat may have a staff member to assist with publications and maintaining/ updating the website. In cases where the levels of sophistication/ publishing skills required are higher, an external consultant can help with elements of this.

Figure 2.2: Learning and knowledge sharing

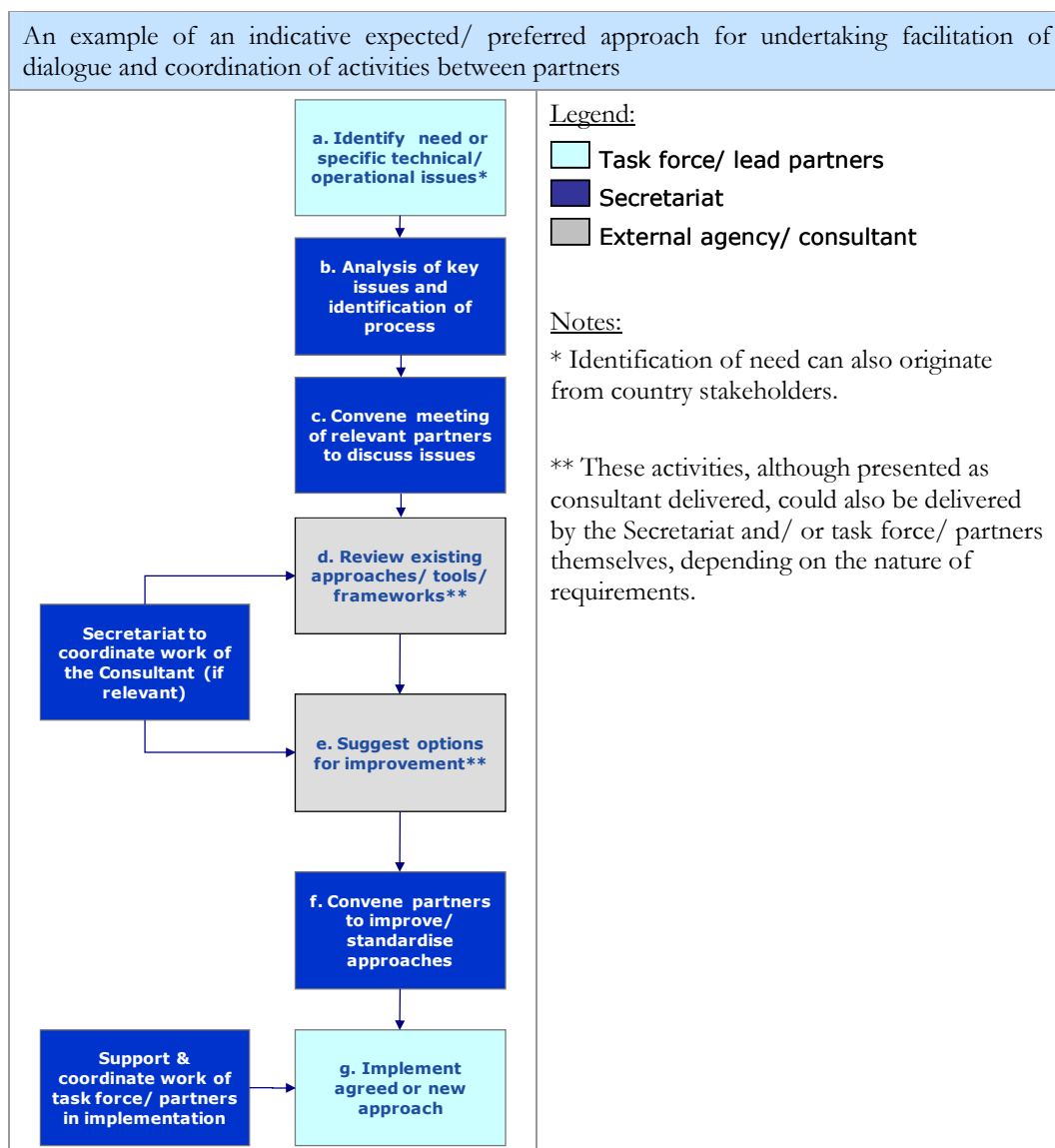


*Expected / Preferred approach to 'facilitating dialogue'/ coordination*

Figure 2.3 below illustrates one approach to facilitating dialogue/ coordination. The exact role of the Secretariat would depend on the activity that requires facilitation/ coordination. In any case, it is expected that the Secretariat would play a key facilitative role in convening the relevant partners to agree the key issues/ process, coordinate with any consultants and the partners in reviewing the tools/ frameworks, and then again provide 'neutral' support and convene the partners to review the recommendations and agree the way forward. Therefore, this is likely to involve a substantive role for the Secretariat – i.e. requiring significant technical knowledge and understanding of the tools/ frameworks and assisting in coordination. Figure 2.3 illustrates that where substantive, technical work is involved, this may be outsourced to external agency/ consultant. (For example, this may relate to the review of technical approaches/ costing tools to suggest options for improvement/ standardisation). In this case, the Secretariat coordinates and manages the consultant's work for successful delivery of the activity.

Alternatively, the Secretariat (if it has the requisite skills/ expertise) or the partners/ task force may take responsibility for these tasks.

*Figure 2.3: Facilitating dialogue and coordination*



*Expected/ preferred approach to accountability mechanisms*

The final area of activity is illustrated in Figures 2.4 and 2.5. It relates to developing and implementing an accountability mechanism for partners to be held responsible for MNCH activities. Board members should note that this activity has not been discussed in detail and agreed by the Structure Task Force within the available time. Further, the Outputs Task Force has also not developed final recommendations in this area. This suggests the need for further discussions by the Board (at its November meeting or thereafter) on the implementation of the accountability mechanism.

In principle, there may be two focuses for the proposed accountability framework:

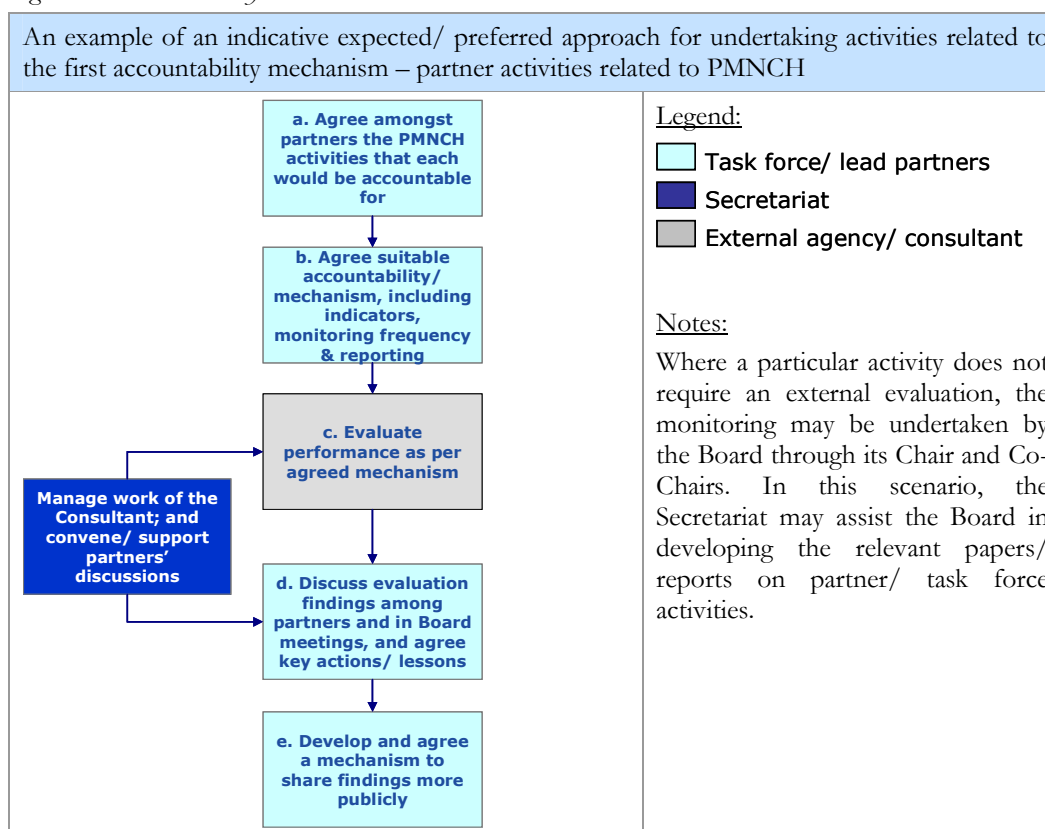
- The first relates to accountability amongst partners for their commitments to PMNCH (e.g. monitoring a lead partner's performance against their mandate on a PMNCH activity). This would involve agreeing the indicators on which partners would collectively report on progress on PMNCH activities, and also setting the frequency and monitoring mechanism through which these reports will be made. This is important to set in place, and we assume that it is a governance function carried out by the Board under the guidance of the Chair and Co-Chairs.
- The second, and potentially new area of accountability, relates to partner activities towards achieving MNCH objectives more broadly (e.g. specific country programmes of a partner towards reaching MDGs 4 and 5) – these could be activities undertaken by individual partner organisations, and those undertaken by various partners working together (e.g. implementation of a country programme, where healthcare practitioners, NGOs, and academics work together).

In general, across the above two possible focus areas, the Structure Task Force did not see as large a role for the Secretariat in the accountability related activities (compared to the other PMNCH activities). Their role is generally around providing logistics and convening support to partners in agreeing and implementing the accountability mechanisms. Where an external agency/ consultant is commissioned, the Secretariat would manage and coordinate the work of the consultant.

Figures 2.4 and 2.5 provide more detail on the two possible accountability functions:

- Figure 2.4 relates to the accountability amongst partners for PMNCH activities. As noted, this is most likely to be carried out by the Board. However, Figure 2.4. sets out a possible set of activities in the circumstance in which the Board or a task force wishes to undertake an independent evaluation of the PMNCH's activities and the contributions of the Partners. It presumes (although this is not necessary) that this would involve using external consultant to undertake an evaluation, to ensure neutrality of the review. The Secretariat may provide support in managing the work of the consultant and coordinating with the partners to ensure timely meetings/ discussions on the evaluation design and findings.

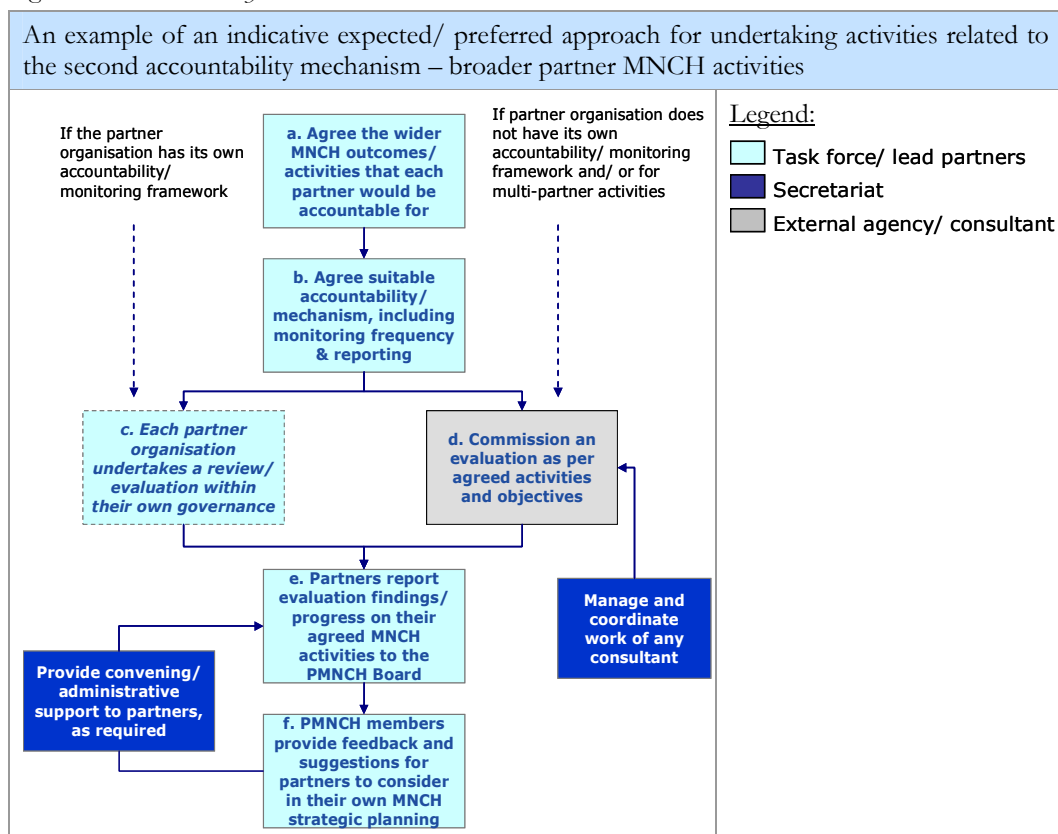
Figure 2.4: Accountability mechanism 1



- Figure 2.5 illustrates the second accountability mechanism. It shows two cases as follows:
  - In the first case, the presumption is that partners use their own internal governance/ accountability mechanisms, and merely report back to the PMNCH Board on progress of their relevant MNCH activities and consider any feedback/ actions suggested by the Board for their future strategic planning.
  - The second case might arise if partners do not have in place monitoring/ review mechanisms for MNCH activities (e.g. if they relate to more than one partner for example) or if the partners agree that additional monitoring should happen, the expectation is that independent evaluation activity is carried out or commissioned.



Figure 2.5: Accountability mechanism 2



### 3. ILLUSTRATIVE SECRETARIAT STRUCTURE AND COMPOSITION

In line with the ‘form follows function’ principle, this section first sets out the skills and experience levels required of the Secretariat staff in delivering their tasks as per the possible mix of roles outlined in Section 2.3 above. These skills and competencies are then mapped into a possible overall structure and composition of the Secretariat.

#### 3.1. Secretariat composition, skills and competencies

In order for the Secretariat to perform its roles in the PMNCH activities as well as for the overall administration of the Partnership activities, there are broadly five types of skills/ experience levels that are required. Please note that these do not necessarily correspond exactly to the WHO personnel specifications, but are intended to describe a broad set of competencies and levels of seniority that would be required in a Secretariat that is fit for purpose.

These staffing categories broadly relate to the expected combinations of Secretariat contribution across the PMNCH activities, as set out in the previous section. The five skills/ experience levels are set out below, with Appendix 4 setting out a more detailed set of skills and competencies assumed for each of these categories:

- **Leadership.** The leadership role within the Secretariat is to oversee the day to day running of the Secretariat business and the management and implementation of the approved work plan and budget. This role would report to the Board and/ or any sub-group (e.g. Executive Committee) on operational issues, and also be responsible for recruiting the Secretariat staff, and managing their performance (taking account of relevant WHO guidelines and procedures). Further, the leadership position would also play a key role in resource mobilisation. (see Section 3.2. below)
- **Senior Officer/ Adviser.** This refers to a senior technical role, where the individual will be expected to contribute substantively to the Secretariat’s tasks in the delivery of one or more of PMNCH’s value added activities – for example, developing the analysis and preparing supporting papers for the task force/ lead partners. Typically, senior officers/ advisers would have about 12 to 15 years of experience, and have strong technical knowledge and policy experience in the MNCH area.
- **Junior Officer/ Adviser.** A junior officer supports senior technical officers/ advisers and the Secretariat leadership in the analysis and delivery of an activity. They are also responsible for assisting with convening and coordination across stakeholders/ partners (unless it requires senior inputs), and consultants. A junior officer typically has at least 5 to 7 years of experience, ideally in MNCH and/or development issues more broadly.
- **Administrative Officer.** In addition to any assistance on the PMNCH value added activities, this type of staff will also provide general administrative support to the Board, any Board committees, task forces, and the partners engaged on

PMNCH related activities. This role is focused on providing administrative support (including preparation for and organisation of Board/ committee/ task force meetings), assisting with communication and information sharing on PMNCH activities amongst the partners and to the Board/ Board Committees, and providing support on the governance and human resources management of the Secretariat. In addition to an Administrative Officer role, the Secretariat would also have secretarial support staff to assist with logistics/ convening aspects of the work.

- **Senior Finance Officer.** This role is meant to provide wide-ranging finance, resource mobilisation and management support to the Board and the Finance Committee, as well as to the senior management of the Secretariat. The Officer will be an authority on resource management, and key tasks will include developing and applying approaches to presentation of budgets and work plan, devising principles and guidance for a clear and concise presentation of budgetary and financial analysis, developing internal accounting and workflow policies, coordinating preparation of financial and narrative reports, managing payments to suppliers/ contractors etc.

In Table 3.1, we have set out our initial view on the likely Full Time Equivalents (FTEs) of staff at the five experience levels described above and across the categories of Partnership activities as set out in Section 2.3 of this paper.

The provided estimates of FTEs are based on a combined judgement of the Task Force, CEPA and the Secretariat on the likely intensity and volume of activity that is assumed to happen within these categories. In particular, the broad view of what these activities might be are set out below:

- **Advocacy.** Within the advocacy category, for example, this is assumed to include dealing with around two major planned global advocacy events a year and a maximum of three smaller, reactive, advocacy events. In addition, the work is likely to include continuous, but lower intensity, advocacy work (e.g. media interaction, publications of articles/ papers, dissemination of messages via the web site), both globally but also within a selection of high burden countries.
- **Learning and knowledge sharing.** The work within this activity category is likely to include developing and maintaining a high level database of case studies/ success stories, collated from the PMNCH partners on their work in high burden countries. These will be made available through a web site (or through appropriate direction to the existing information sources, say, the websites of the relevant partners) but also through some active dissemination of information (through, for example, a biannual news letter). Structured discussions will also be organised/ managed at the Forum events to identify gaps in information and knowledge, and these will be followed up in a small number of cases between partners outside these events.
- **Facilitating dialogue and coordination.** Organise up to three technical seminars/ workshops a year for MNCH constituencies (e.g. health practitioners)

to facilitate dialogue on specific technical and operational issues and strengthen capacity building.<sup>9</sup> This would be supported by keeping abreast of international developments within the MNCH area, with the Secretariat acting as a convening agent for any other (e-mail, telephone and/ or in person) meetings and discussions between key PMNCH partners and international/ national experts. Finally, the work is also likely to include exploring opportunities for linking PMNCH work with other donor initiatives (e.g. IGP, GAVI) to promote synergies within MNCH.

- **Accountability mechanisms.** As mentioned, this activity area has not been discussed in detail and agreed by the Task Force. Therefore, this analysis is more provisional than the other activities and subject to Board discussion and decision. As noted in Section 2.3, there are likely to be two focuses for the proposed accountability framework. For the first of these, which relates to accountability amongst partners for their commitment to PMNCH, the work involved is likely to include some support to the Chair/ Co-Chairs and the Board on preparing reports on partner/ task force activity as mandated by the Board, or possibly managing consultants who are commissioned to undertake an external evaluation, if deemed necessary. The second focus, which relates to partner activities towards achieving MNCH objectives more broadly, is likely to require somewhat more work, depending on how it is undertaken and the partner agencies involved (i.e. whether they have their own accountability/ monitoring mechanisms).

---

<sup>9</sup> The suggested seminars are based on what was discussed/ agreed at the September Geneva Retreat, and subject to the work of the Output Task Force on this activity.

Table 3.1: Likely FTE requirements

| Activity/ Staffing  | Secretariat roles/ tasks   | Leadership | Senior Officer/ Adviser | Junior Officer/ Adviser | Admin Officer | Secretary | Senior Finance Officer | Total FTEs <sup>10</sup> |
|---|--|------------|-------------------------|-------------------------|---------------|-----------|------------------------|--------------------------|
| Advocacy  | <ul style="list-style-type: none"> <li>•Support development of advocacy strategy and plan</li> <li>•Prepare evidence base, and content</li> <li>•Communication/ website management</li> <li>•Participate in events, as required</li> </ul> | 0.25       | 0.5                     | 1                       | 0.125         | 0.5       | 0.25                   |                          |
| Learning/ knowledge sharing   | <ul style="list-style-type: none"> <li>•Develop specific case studies</li> <li>•Collate information from partners</li> <li>•Manage/ disseminate information</li> </ul>   | 0.125      | 1                       | 1                       | 0.25          |           |                        |                          |
| Facilitating dialogue/ coordination   | <ul style="list-style-type: none"> <li>•Convene partners to agree approaches</li> <li>•Coordinate/ manage consultants</li> <li>•Technical analysis of issues</li> </ul>  | 0.125      | 1                       |                         | 0.5           |           |                        |                          |
| Accountability  | <ul style="list-style-type: none"> <li>•Coordinate among partners and consultants to implement accountability mechanisms</li> </ul>  | 0.125      | 0.25                    | 0.25                    | 0.125         |           |                        |                          |
| Governance, financial management & admin support (core Secretariat functions) | <ul style="list-style-type: none"> <li>•Support to Board/ committees</li> <li>•Meeting arrangements and travel</li> <li>•Financial management and control</li> </ul>   | 0.125      |                         | 0.5                     | 0.5           | 0.5       | 0.5                    |                          |
| Resource mobilisation and overall Secretariat management                      | <ul style="list-style-type: none"> <li>•Recruitment/ staff management</li> <li>•Budget/ workplan management</li> <li>•Resource mobilisation</li> </ul>   | 0.25       | 0.25                    | 0.25                    | 0.5           | 1         | 0.25                   |                          |
| <b>Total FTEs</b>   |  | <b>1</b>   | <b>3</b>                | <b>3</b>                | <b>2</b>      | <b>2</b>  | <b>1</b>               | <b>12</b>                |

<sup>10</sup> The number of FTEs (12) is only an approximation at this stage. The actual number of staff will, among other things, depend on the work produced by the Task Force on Outputs as well as any Board decisions regarding the volume of activity.

### **3.2. Leadership role**

As set out in Table 3.1 above, the role of the Secretariat in undertaking its core functions and providing support to the activity-focused task forces, suggests the case for one leadership position. The specific functions of this role will be to:

- Assist in advocacy initiatives of the Partnership, as requested by the relevant task force/ lead partners. This will primarily be an ‘internal’ activity, and involve leading the Secretariat support in terms of preparing the advocacy plan, messages/ content, and evidence base. It is assumed that the partners would mostly represent the PMNCH at any advocacy event, and require that the Secretariat leadership participates and/ or represents at an event, only as requested by the partners or by invitation (for example when partners are not available, or it is preferred to have a ‘neutral agency’ represent the Partnership).
- Lead and oversee the Secretariat’s support on resource mobilisation activities.
- Oversee the tasks delegated by the task force/ lead partners to the Secretariat across other PMNCH activities – learning and knowledge sharing, facilitating dialogue/ coordination, and accountability mechanism.
- Be responsible for Secretariat oversight and management, including the execution of the Secretariat core functions, recruitment and performance management of staff, work plan and budget management etc.

The individual for the leadership role should therefore have at least 15 years of experience in leading similar multi-stakeholder entities or partnerships, and have skills in resource mobilisation, communication, convening, and staff management, among others.

We recognise that, compared with the current structure, there is one less position at the leadership level. For the avoidance of doubt:

- This only reflects the Task Force’s bottom up analysis of activities taking into account the proposed partner-centric approach. In particular, compared with the current approach, the expectation is that there will be a reduced requirement for a leadership position to play an external-facing representational role for the Partnership (which will primarily be led by the PMNCH partners).
- Notwithstanding this, it is essential that the Secretariat staff (and the leadership position in particular) has sufficient seniority and experience to be able to play this representational role, as requested by the partners, in a variety of fora.

### **3.3. Potential variants to the proposed Secretariat size/ composition**

The actual size of the Secretariat required to support PMNCH will depend on: (i) the volume of activity that is assumed to be undertaken with the expected/ preferred approach – that is maintaining the proposed role mix of Secretariat, task force/ partners and consultant broadly similar; and (ii) whether there are any changes to the expected/ preferred approach to undertaking the activity.

### **3.3.1. Changing the volume of activity undertaken**

Should the Board (task force/ partners) decide that more activity should be undertaken (e.g. four and instead of two major planned global advocacy events a year, with greater intensity of continuous advocacy work), then a commensurate increase in Secretariat staff would be required but with a broadly similar ratio of staff.

However, it is unlikely that doubling the work load would exactly double the staff requirements across the grades, as some economies of scale might be achievable.

Similarly, a reduction in staff is likely to be possible if the task force/ partners were to chose to reduce the volume of activity, although again the mix of staff would still be broadly similar.

### **3.3.2. Changing the approach to undertaking the PMNCH activity**

The more difficult variant to predict would be if the relevant task force/ partners were to decide to change the expected/ preferred approach to undertaking all or some of the activity categories. Their decision might be that the ‘facilitating dialogue/ coordination’ category of activities should be done without any input from the secretariat, but be fully under the auspices of a task force, with the ongoing support of external consultants. This approach would clearly change the requirements for the staff at the Secretariat – both in terms of the mix of staff required, but also in terms of the volume of FTEs.

## **3.4. Task force judgement and recommendation**

The Board agreed at the Geneva Retreat that PMNCH will be a partner centric organisation, where the activities will be managed by time limited and deliverable focused task forces and led by partners. As such, the nature and size of the Secretariat will fundamentally depend on the decision that the Board and partners make on how they would like to undertake the activities agreed at the retreat. This is illustrated in Section 3.2 by the types of variants that could be considered.

Nevertheless, and in advance of these key decision by the partners, we have suggested that a reasonable mix of Secretariat staff required to undertake the activity under the preferred/ expected approaches is as set out in Table 3.1 above. This suggests that a Secretariat of up to 12 individuals might be a sensible size.

Advantages of this, broadly ‘middle ground’ approach, include that it:

- allows a mix of task force/ partners, Secretariat and external agency/ consultant supported delivery across the four activity categories;
- enables PMNCH to retain the skills required from the current filled staff positions (even if some re-training might be required); and
- is easier to reduce the size of the Secretariat, if required, than to increase the staff numbers – potentially quite a time consuming process.

The Task Force's judgement is that a larger secretariat, given the proposed partner centric approach to delivering activities, is unlikely to be appropriate unless the volume of activity increases significantly. A much smaller Secretariat (with less senior competencies) is unlikely to be capable of providing the necessary support to partners without a significant reduction in the capability of the Partnership.

Given this, the Task Force on Structure recommends that, subject to any decision made by the task forces/ partners on activity delivery approaches, that the Board agrees that the appropriate structure for PMNCH for the near future is around 12 with broadly the mix of competencies/ skills as set out in Table 3.1. This can be subject to review when the next detailed evaluation/ external review of the Partnership takes place.



#### **4. TRANSITION PROCESS AND RECOMMENDATION**

The Task Force has considered the appropriate process for taking forward the issues in this paper in the light of the steer provided to it in the September Board meeting. The conclusion of this analysis is as follows:

- Subject to the Board agreeing on the appropriate high-level Secretariat size and structure, the Secretariat should be asked to work with WHO's HR department to prepare a detailed proposal for: (a) developing the proposed structure further in terms of exact composition of staff, their skills and competencies, terms of reference/ job descriptions, reporting structures etc.; and (b) how to move to the agreed structure from the current position (in terms of staffing as per WHO employee terms and conditions, and a transition plan).
- The Task Force on Structure would review the proposal and make a recommendation to the Board on a way forward.
- Where the proposal suggests change in senior staff profiles/ skills as a result of the new role of the Secretariat, subject to the re-negotiation of the WHO hosting MoU and to the extent possible under WHO procedures, a selection of Board members (including at least one of the Chair/ Co-Chairs) would be involved in the staffing process/ decision.
- The Task Force recommends that WHO ensures support from the human resource department in order to develop full terms of reference for each Secretariat position, the appropriate classification as well as advertisement and procedures for recruitment as an accelerated batch. This will ensure a smooth and rapid transition from the current Secretariat to any new structure, allowing staff to focus on the delivery of work plan and support to the Board and task forces.
- The Task Force recommends to the Board that the Chair explore the option of extending the contracts expiring in early 2009 on a temporary basis, where practical, until the future structure and skills required of the Secretariat staff are finalised.

## APPENDIX 1: PMNCH VALUE-ADDED ACTIVITIES

Table A1 below sets out the value added activities of the Partnership, as agreed by the Board at the Geneva Retreat in September. It is recognised that the specific activities need to be aligned with the work of the Output Task Force on outputs and activities.

*Table A1.1: PMNCH activities*

| Activity group  | PMNCH activities  |
|---|---|
| I. Advocacy   | <ol style="list-style-type: none"> <li>1. Actively canvas members of G8 and other international groups (e.g. IMF) and at global events (e.g. High Level Event in New York) to ensure inclusion of MNCH into their health and development communiqués.</li> <li>2. Actively canvas relevant donors, stakeholders and other global funds at global, regional and national levels for a greater provision of financial resources to MNCH issues.</li> <li>3. Develop core MNCH messages (e.g. investment case, equity) and promote the adoption of and support with evidence, where possible, the 'Continuum of care' concept in global, regional and national health policies.</li> <li>4. Actively canvass key individuals and institutions in non-health sectors (e.g. labour, education, transport) and other development partners with a view to influence relevant policies to the benefit of MNCH.</li> </ol> |
| II. Learning/<br>knowledge sharing                                | <ol style="list-style-type: none"> <li>1. Facilitate identification of gaps in MNCH information and knowledge, and encourage partners to fill these gaps.</li> <li>2. Consolidate information on MNCH continuum of care.</li> <li>3. Facilitate sharing of best practice in MNCH.</li> </ol>  |
| III. Facilitating<br>dialogue/<br>coordination                    | <ol style="list-style-type: none"> <li>1. Convene and facilitate dialogue on specific technical and operational issues: new areas (Vitamin A); areas of conflict (User fees; ST v LT interventions on maternal health); and approaches / frameworks.</li> <li>2. Link (including on technical issues) with other initiatives (e.g. IHP, GAVI) to promote MNCH.</li> </ol>   |
| IV. Facilitating an<br>independent<br>accountability<br>mechanism | <ol style="list-style-type: none"> <li>1. Agree what partners are doing alone or together with other partners for MNCH objectives.</li> <li>2. Define which areas of partner and Partnership activity will be subject to an accountability mechanism.</li> <li>3. Monitor performance against commitments.</li> <li>4. Develop an agreed mechanism to share findings publicly.</li> </ol>   |

## APPENDIX 2: BOTTOM-UP ANALYSIS OF DELIVERY OF PMNCH ACTIVITIES

This appendix presents the detailed analysis of possible delivery approaches of the PMNCH value-added activities (as agreed at the September Retreat) across the first three categories: Advocacy, Learning and Knowledge sharing, and Facilitating dialogue/ coordination, as agreed by the Structure Task Force. The fourth activity category on accountability mechanism requires further Board discussion, and has been set out in broad terms in relation to its focus areas in Section 2.4.2 of this Board paper.

Table A2.1: Advocacy activities

| PMNCH activity  | Key tasks/ processes  | Bottom-up analysis of delivery of PMNCH activities   |   |   |
|---|---|--|---|---|
|   |   | Task force/ lead-partner led   | Significant Secretariat involvement   | Outsourced  |
| 1. Actively canvas members of G8 and other international groups (e.g. IMF) and at global events (e.g. High Level Event in New York) to ensure inclusion of MNCH into their health and development communiqués | <pre> graph TD     A[a. Build evidence base] --&gt; B[b. Define content/message]     B --&gt; C[c. Diplomacy with key actors]     C --&gt; D[d. Deliver key message/participate in event]     D --&gt; A </pre> | <ul style="list-style-type: none"> <li>• A task force/ lead partner is assigned by the Board for this activity, who is then responsible for all of the key tasks - 1a, 1b, 1c and 1d.</li> <li>• Secretariat plays an administrative support and coordination role, as requested by the task force/ lead partner.</li> </ul> | <ul style="list-style-type: none"> <li>• Secretariat supports the task force/ lead partner in building the evidence base (1a) and defining the content/ message for advocacy (1b).</li> <li>• Task force/ Lead partner is responsible for diplomacy with key actors (1c) and delivery of message/ attendance at the event (1d).</li> <li>• Secretariat may help coordinate with stakeholders, and administrative support, at request of the task force / lead partner.</li> </ul> | <ul style="list-style-type: none"> <li>• Task force/ lead partner contracts an external agency/ consultant to assist in building the evidence base (1a) and defining the advocacy message/ content (1b). Secretariat may oversee the work of the consultant.</li> </ul> |

| PMNCH activity  | Key tasks/ processes  | Bottom-up analysis of delivery of PMNCH activities  |   |  |
|---|---|---|---|--|
|   |   | Task force/ lead-partner led  | Significant Secretariat involvement   | Outsourced   |
| 2. Actively canvas relevant donors, stakeholders and other global funds at global, regional and national levels for a greater provision of financial resources to MNCH issues | <pre> graph TD     A[a. Identify strategic priorities] --&gt; B[b. Shortlist fora/ stakeholders to canvas*]     B --&gt; C[Task force/ lead partner to decide whether to respond to request]     B --&gt; D[If responsive, Secretariat to prepare proposal to Task Force/ lead partner]     C --&gt; E[c. Build evidence base]     D --&gt; F[d. Define content/ message]     E --&gt; G[e. Deliver key message/ participate in event]     F --&gt; G     G --&gt; H[f. Diplomacy with key actors/ follow-up] </pre> <p>* Either planned in advance, or decided opportunistically, or responsive to request</p> | <ul style="list-style-type: none"> <li>• The Board identifies strategic priorities (2a).</li> <li>• A task force/ lead partner is assigned by the Board for this activity, who is then responsible for all of the following key tasks: 2b - 2f.</li> <li>• Secretariat provides administrative support and coordination, as requested by the task force/ lead partner.</li> <li>• Also, in case the Secretariat receives a request for canvassing at a particular event at global, regional or national level, it prepares a written proposal for decision by the task force/ lead partner on PMNCH's participation.</li> </ul> | <ul style="list-style-type: none"> <li>• The Board identifies strategic priorities (2a).</li> <li>• Secretariat presents proposals to the task force/ lead partner on fora to canvas (2b).</li> <li>• Also, in case the Secretariat receives a request for canvassing at a particular event, it prepares a written proposal for decision by the task force/ lead partner on PMNCH's participation.</li> <li>• Secretariat supports the task force/ lead partner in building the evidence base (2c) and defining the content/ message for advocacy (2d).</li> <li>• Task force/ lead partner is responsible for delivery (2e) and diplomacy (2f).</li> <li>• Secretariat may help coordinate with stakeholders, and administrative support, at request of the task force/ lead partner.</li> </ul> | <ul style="list-style-type: none"> <li>• The Board identifies strategic priorities (2a).</li> <li>• The task force/ lead partner is responsible for 2b.</li> <li>• As with above activity 1, task force/ lead partner contracts an external agency/ consultant to assist in building the evidence base (2c) and defining the advocacy message/ content (2d). Secretariat may oversee the work of the consultant.</li> <li>• Task force/ lead partner is responsible for delivery (2e) and diplomacy (2f).</li> </ul> |

| PMNCH activity   | Key tasks/ processes  | Bottom-up analysis of delivery of PMNCH activities   |   |  |
|--|---|--|---|--|
|  |   | Task force/ lead-partner led   | Significant Secretariat involvement   | Outsourced   |
| 3. Develop core MNCH messages (e.g. investment case, equity) and promote the adoption of and support with evidence, where possible, the 'Continuum of care' concept in global, regional and national health policies | <pre> graph LR     A[a. Identify health policies to include Continuum of Care] --&gt; B[b. Define core MNCH messages]     B --&gt; C[c. Build supporting evidence base]     C --&gt; D[d. Share key messages with PMNCH partners/members]     D --&gt; E[e. Influence policies (global, regional, national)] </pre> | <ul style="list-style-type: none"> <li>Task force/ lead partner defines core messages (3a) and builds evidence base (3b).</li> <li>Secretariat is responsible for sharing the agreed messages with other partners/ members (3c).</li> <li>All partners contribute to influencing policies, but task force/ lead partner to hold primary responsibility to ensure execution and monitoring (3d).</li> </ul> | <ul style="list-style-type: none"> <li>Secretariat actively supports task force/ lead partner in defining core messages (3a) and building evidence base (3b).</li> <li>Secretariat is responsible for sharing the agreed messages with other partners/ members (3c).</li> <li>Secretariat also, where possible, engages with policy makers to try and influence policies (3d).</li> </ul> | <ul style="list-style-type: none"> <li>Limited scope for outsourcing, as this is the core business of PMNCH. However, possible to seek external/ consultant support in defining core messages (3a) and building evidence base (3b).</li> </ul> |
| 4. Actively canvass key individuals and institutions in non-health sectors and other development partners with a view to influence relevant policies to the benefit of MNCH.   | <pre> graph LR     A[a. Identify non-health stakeholders to engage with] --&gt; B[b. Define areas of policy influence and develop messages]     B --&gt; C[c. Influence policies/diplomacy] </pre>  | <ul style="list-style-type: none"> <li>Task force/ lead partner identifies non-health/ development partners to engage with (4a) and defines areas of possible influence, including messages (4b).</li> </ul> <p>Task force/ lead partner, with help from other partners, engages with other actors with the aim to influence policies to be MNCH friendly.</p>   | <ul style="list-style-type: none"> <li>Secretariat assists task force/ lead partner in scanning the environment and in identifying actors/ policies to influence (4a and 4b).</li> <li>Task force/ lead partner remains responsible for diplomacy (4c).</li> </ul>  | <ul style="list-style-type: none"> <li>Not particularly amenable to outsourcing as not likely to be a major PMNCH activity.</li> </ul>   |

Table A2.2: Learning/ knowledge sharing activities

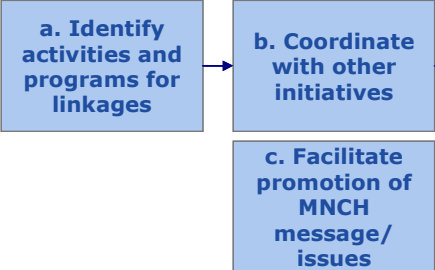
| PMNCH activity   | Key tasks/ processes  | Bottom-up analysis of delivery of PMNCH activities  |   |   |
|--|---|---|---|---|
|  |   | Task force/ lead-partner led  | Significant Secretariat involvement   | Outsourced  |
| 1. Facilitate identification of gaps in MNCH information and knowledge, and encourage partners to fill these gaps. | <pre> graph TD     a[a. Identify knowledge/ evidence gaps to reach MDGs 4 &amp; 5] --&gt; b[b. Identify partners responsible for information]     b --&gt; c[c. Develop best strategy to fill gaps]     c --&gt; d[d. Follow-up to keep information up-to-date]     d --&gt; a           </pre> | <ul style="list-style-type: none"> <li>Partners, either jointly or on their own, identify key knowledge gaps (1a).</li> <li>A task force/ lead partner is assigned by the Board to identify partners responsible for filling the gap and developing a strategy/ plan to do so (1b and 1c).</li> <li>The Secretariat, if requested, may assist the task force/ lead partner in following up (1d).</li> </ul> | <ul style="list-style-type: none"> <li>Partners, either jointly or on their own, identify key knowledge gaps. Alternatively, the Secretariat can bring to the partners'/ Board's attention any knowledge gap (1a).</li> <li>The Secretariat works with the task force/ lead partner in developing the best strategy to fill the gaps and helps coordinate across the partners responsible for the information, including follow-up (1b, 1c, 1d).</li> </ul> | <ul style="list-style-type: none"> <li>Not applicable, as it is assumed that the information resides among the various partners and any gaps can be identified and, if possible, filled by them.</li> </ul> |

| PMNCH activity  | Key tasks/ processes   | Bottom-up analysis of delivery of PMNCH activities  |   |  |
|---|--|---|---|--|
|   |  | Task force/ lead-partner led  | Significant Secretariat involvement   | Outsourced   |
| 2. Consolidate information on MNCH continuum of care. | <pre> graph TD     a[a. Define MNCH objectives/ outcomes for information] --&gt; b[b. Identify partners/ databases with source of information]     b --&gt; c[c. Consolidate information and standardise]     c --&gt; d[d. Peer review/ editing/ quality control]     d --&gt; e[e. Publish (web/ paper/ media)] </pre>   | <ul style="list-style-type: none"> <li>Partners or the Board agree objectives and outcomes for information sharing (2a).</li> <li>A task force/ lead partner is assigned by the Board to work with key agencies in implementing remaining tasks 2b – 2e.</li> <li>One or more of the other partners’ support may be enlisted for peer review and quality control (2d).</li> </ul> | <ul style="list-style-type: none"> <li>Partners or the Board agree objectives and outcomes for information sharing (2a).</li> <li>A task force/ lead partner is assigned by the Board to oversee the remaining tasks 2b – 2e. The Secretariat assists in the actual execution of tasks.</li> <li>The task force/ lead partner and/ or another identified partner to be responsible for peer review and quality control (2d).</li> </ul> | <ul style="list-style-type: none"> <li>Partners or the Board agree objectives and outcomes for information sharing (2a).</li> <li>Task force/ lead partner or Secretariat undertakes 2b.</li> <li>An information/ publishing specialist is commissioned to assist with 2c, 2d and 2e (partners may also undertake peer review and quality audit).</li> </ul> |
| 3. Facilitate sharing of best practice in MNCH        | <pre> graph TD     a[a. Identify need/ priorities for MNCH best practice] --&gt; b[b. Develop specific case studies/ frameworks]     b --&gt; c[c. Collate information from various partners/ countries]     c --&gt; d[d. Evaluate/ assess and consolidate case studies]     d --&gt; e[e. Peer review/ editing/ quality control]     e --&gt; f[f. Publish (web/ paper/ media)] </pre> | <ul style="list-style-type: none"> <li>Similar delineation of tasks as activity 2 above. Only difference is that this activity involves leveraging the experience of partners across the MNCH space in developing case studies/ success stories/ frameworks for best practice.</li> </ul>   |   | <ul style="list-style-type: none"> <li>Tasks 3c – 3e can be outsourced to an external specialist. In this option, it would be ideal if the appointed specialist is also involved in task 3b (for continuity and coherence).</li> </ul>   |

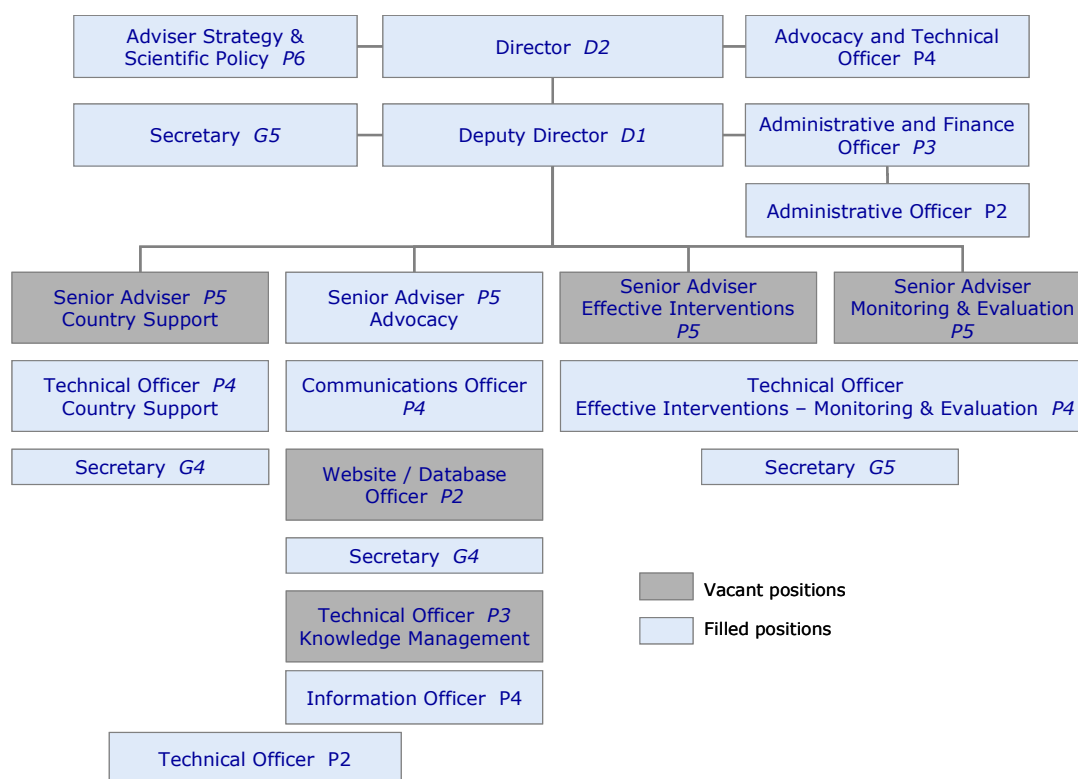
Table A2.3: Facilitating dialogue/ coordination activities

| PMNCH activity  | Key tasks/ processes   | Bottom-up analysis of delivery of PMNCH activities  |  |  |
|---|--|---|--|--|
|   |  | Task force/ lead-partner led  | Significant Secretariat involvement  | Outsourced   |
| 1. Convene and facilitate dialogue on specific technical and operational issues: new areas (Vitamin A); areas of conflict (User fees; ST v LT interventions on maternal health); and approaches / frameworks. | <pre> graph TD     a[a. Identify need or specific technical/operational issues] --&gt; b[b. Review existing approaches/tools/frameworks]     b --&gt; c[c. Convene partners to improve/standardise approaches]     c --&gt; d[d. Implement agreed or new approach]     d --&gt; a           </pre> | <ul style="list-style-type: none"> <li>• The need for convening dialogue on specific issues can arise from any partner (including country representatives) (1a).</li> <li>• A task force/ lead partner is assigned to review existing tools/ approaches and convene a meeting of relevant partners to improve approaches (1b and 1c).</li> <li>• Task force/ lead partner to oversee implementation by relevant partners (1d).</li> </ul> | <ul style="list-style-type: none"> <li>• The need for convening dialogue on specific issues can arise from any partner (including country representatives) (1a).</li> <li>• Secretariat coordinates the review of existing approaches, working with the partners (1b).</li> <li>• Secretariat facilitates a meeting of key partners to suggest improved ways of working (1c).</li> <li>• Relevant partners to implement agreed approach (1d).</li> </ul> | <ul style="list-style-type: none"> <li>• Need for convening dialogue on specific issues can arise from any partner (including country representatives) (1a).</li> <li>• An external specialist (especially for technical issues) is commissioned to review existing tools/ frameworks and work with partners to improve them (1b, 1c).</li> <li>• Relevant partners to implement with consultant support, if required (1d).</li> </ul> |



| PMNCH activity  | Key tasks/ processes  | Bottom-up analysis of delivery of PMNCH activities  |  |  |
|---|---|---|--|--|
|   |   | Task force/ lead-partner led  | Significant Secretariat involvement  | Outsourced   |
| 2. Link (including on technical issues) with other initiatives (e.g. IHP, GAVI) to promote MNCH |  <pre> graph LR     A[a. Identify activities and programs for linkages] --&gt; B[b. Coordinate with other initiatives]     B --&gt; C[c. Facilitate promotion of MNCH message/issues] </pre> | <ul style="list-style-type: none"> <li>The Board or partners identify activities (technical or advocacy) for linkages with other initiatives (2a).</li> <li>Task force/ lead partner is responsible for tasks 2b and 2c. A different lead partner may be assigned for each initiative.</li> </ul> | <ul style="list-style-type: none"> <li>The Board or partners identify activities (technical or advocacy) for linkages with other initiatives (2a).</li> <li>Secretariat may support the task force/ lead partner in coordination and facilitation with other initiatives (2b and 2c).</li> </ul> | <ul style="list-style-type: none"> <li>Not applicable</li> </ul> |

### APPENDIX 3: CURRENT SECRETARIAT STRUCTURE (AS OF OCT 2008)



Source: PMNCH Secretariat

## APPENDIX 4: SKILLS AND COMPETENCIES OF THE CATEGORIES OF STAFF

Table A4.1 below sets out the general skills and competencies required of the leadership role, functional/ technical skills of the Senior and Junior Advisers for the PMNCH activities, and those required of the administrative and finance officer positions. Please note that these skills and competencies are illustrative of the essential requirements of the role (keeping in mind the experience levels outlined above), and are not intended to be exhaustive. Also, it is important that the Secretariat staff have a mix of language skills, including English, French and Spanish, to ensure smooth communications in the focus geographic regions.

*Table A4.1: Mapping of Secretariat staffing levels to skills and competencies*

| Secretariat roles                      | Skills and competencies  |
|--|--|
| <b>1. Leadership / management role</b> |  |
| I. Leadership                          | <ul style="list-style-type: none"> <li>• Proven leadership skills and experience of having led similar multi-stakeholder entities or partnerships.</li> <li>• Excellent communication and inter-personal skills, including experience of working with multiple stakeholders/ partners.</li> <li>• Staff recruitment, management and performance monitoring of an organisation.</li> <li>• Skills and experience in resource mobilisation and advocacy/ high-profile events.</li> <li>• Strategic, work-planning and financial management skills, in the context of a multi-stakeholder partnership.</li> </ul> |
| <b>2. Senior and Junior Officers</b>   |  |
| I. Advocacy                            | <ul style="list-style-type: none"> <li>• Knowledge and track record of advocacy and fund raising, preferably for similar organisations.</li> <li>• Skills in identification and preparation of suitable advocacy approaches, messages, evidence and other materials.</li> <li>• Strong communication skills with partners and other stakeholders at global, regional and national levels.</li> <li>• Understanding of PMNCH activities, public health issues, and the context of PMNCH work.</li> <li>• Ability to innovate and work with media and communications.</li> </ul>                                 |
| II. Learning/ Knowledge sharing        | <ul style="list-style-type: none"> <li>• Technical knowledge of MNCH issues and MDGs 4 and 5.</li> <li>• Analytical skills and ability to synthesise a wide range of information/ databases/ research experience.</li> <li>• Skills in working collaboratively with partners and external stakeholders.</li> <li>• Strong oral and written communication skills, including experience of working on publications.</li> <li>• Data management skills, including experience with websites and other print media.</li> </ul>  |
| III. Facilitating dialogue/            | <ul style="list-style-type: none"> <li>• Ability to work with multiple stakeholders, including senior officials, and</li> </ul>  |

| Secretariat roles                              | Skills and competencies  |
|--|--|
| coordination                                   | <p>good skills in convening and coordination.</p> <ul style="list-style-type: none"> <li>• Technical knowledge and understanding of MNCH issues/ policies/ tools/ approaches towards reaching MDGs 4 and 5.</li> <li>• Project/ team management skills, and experience of managing work of consultants.</li> </ul>   |
| IV. Accountability                             | <ul style="list-style-type: none"> <li>• Experience of monitoring and evaluation of programmes and measuring results in the area of public health in developing countries.</li> <li>• Ability to work with partners/ implementing agencies, and good communication and inter-personal skills.</li> <li>• Experience in planning and analysis, including reviewing data.</li> </ul>   |
| <b>3. Administrative Officer</b>               |  |
| I. General administration/ information sharing | <ul style="list-style-type: none"> <li>• Good inter-personal skills and ability to work with multiple partners/ stakeholders at different levels in the organisation.</li> <li>• Strong oral and written communication skills.</li> <li>• Information management and IT experience.</li> <li>• Experience of HR management processes.</li> </ul>   |
| II. Secretarial                                | <ul style="list-style-type: none"> <li>• Logistics support to the Secretariat staff (diary management, travel etc.).</li> <li>• Organisation skills in relation to meetings, seminars, conferences etc. and to support participants, as required.</li> <li>• Working computer and IT knowledge; information/ documents management/ editing.</li> <li>• Knowledge of multilateral (such as WHO) procedures, rules and regulations.</li> </ul>   |
| <b>4. Senior Finance Officer</b>               |  |
| I. Financial support                           | <ul style="list-style-type: none"> <li>• Experience of developing and managing budgets.</li> <li>• Accounting and book-keeping knowledge.</li> <li>• Skills in financial management, analysis and control.</li> <li>• Ability to prepare financial papers for the Board/ Finance Committee.</li> <li>• Understanding of financial reporting procedures of multilaterals and donor requirements.</li> <li>• Experience in assisting with resource mobilisation for development-focussed organisations.</li> </ul> |