

RESULTS FRAMEWORK 2021-2025

Achieving more together than any one partner could achieve alone

1. CONTEXT OF PMNCH'S RESULTS FRAMEWORK

PMNCH plays a unique role in aligning a wide range of partners around WCAH, amplifying partners' voices and supporting evidence-based advocacy for change and accountability for outcomes. With people and governments at its centre, PMNCH is supported by stakeholders involved in research, normative guidance, advocacy, financing and the delivery of services.

Guided by successive five-year strategies¹, PMNCH's partners have achieved significant successes for women, children's and adolescents' health (WCAH). We have also learned a great deal and are eager to apply these lessons in future. This document sets out the PMNCH 2021 to 2025 Results Framework and annual workplans (starting with 2021), showing how we will continue to achieve more together than any one member could achieve alone.

2. INTRODUCTION

PMNCH has developed a draft 2021 to 2025 **Results Framework** (Section 3) and **Annual Workplan / Progress Report** (Section 4) as key tools for articulating, organizing, and measuring partner-led advocacy activities to achieve the objectives of its five year Strategy.

The Results Framework articulates the expected results by 2025 of our advocacy work, focusing on:

- [30] low- and middle-income countries make policy, financing and services commitments that promote equity and are aligned with PMNCH's advocacy efforts to support MNCH, SRHR and Adolescents impact objectives.
- [5] global political commitments on protecting and promoting MNCH, SRHR and Adolescents impact objectives, ensuring a focus on equity and aligned with PMNCH advocacy efforts (e.g. UN Resolutions, Declarations at high-level political forum, Global Call for Actions, etc.)

These outcomes represent important, sustainable and nationally-led, contributions to: (i) reducing preventable maternal, newborn and child mortality, including stillbirths; (ii) upholding and protecting SRHR; and (iii) advancing adolescent health and well-being.

PMNCH will monitor and measure its progress through milestones related to each output over the five years. These results, taken together, will support an assessment of our progress toward our outcomes, and in turn, the overall PMNCH contribution towards the community's desired impact.

As highlighted in the Progress Report (Section 4), PMNCH efforts are undertaken through specific partner-led activities organized in relation to three inter-dependent advocacy functions: (i) campaigns and outreach; (ii) partner engagement and governance; and (iii) knowledge synthesis.

¹ For more information, please refer to the [2021-2025 PMNCH strategy](#)

3. PMNCH 2021 TO 2025 RESULTS FRAMEWORK

PMNCH contribution	Impact	MNCH: To drive down preventable morbidity and mortality, including stillbirths, by advocating vigorously for the inclusion of essential MNCH services in costed country benefits packages.	SRHR: To uphold essential SRHR interventions and ensure continuous progress in financing and equitable access to comprehensive SRHR packages.	ADOLESCENTS: To advance the health and well-being of adolescents by engaging, aligning and capacitating partners on Adolescent Well-Being Framework and related policies and actions through a global Call to Action for Adolescents.
	Targets by 2030	SDGs Target 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all		
	Means of verification	<ul style="list-style-type: none"> Current country health expenditure per capita (including specifically on MNCH) financed from domestic sources (SDG 3.8.2) Coverage of essential MNCH services (SDG 3.8.1) 	<ul style="list-style-type: none"> Current country health expenditure per capita (including specifically on SRH) financed from domestic sources (SDG 3.8.2) Coverage of essential sexual and reproductive health services (SDG 3.8.1) 	<ul style="list-style-type: none"> Current country health expenditure per capita (including specifically on adolescent health) financed from domestic sources (SDG 3.8.2) Coverage of essential adolescent health services (SDG 3.8.1)

PMNCH Attribution	Outcome by 2025	<ul style="list-style-type: none"> [30] low- and middle-income countries make policy, financing and services commitments that promote equity and are aligned with PMNCH’s advocacy efforts to support MNCH, SRHR and Adolescents impact objectives. [5] global political commitments on protecting and promoting MNCH, SRHR and Adolescents impact objectives, ensuring a focus on equity and aligned with PMNCH advocacy efforts (e.g. UN Resolutions, Declarations at high-level political forum, Global Call for Actions, etc.) 				
	Outputs and (cumulative) milestones	Milestones 2021	Milestones 2022	Milestones 2023	Milestones 2024	Target 2025
	1. High level champions engaged in PMNCH advocacy efforts towards securing policy, financing and services commitments	[3 champions]	[6 champions]	[9 champions]	[12 champions]	[15 champions]
	2. Cohort of health leaders, policy makers and stakeholders (e.g. ministers, parliamentarians, practitioners, advocates, etc.) reached and engaged each year with latest WCAH knowledge information and tools to influence change	[5,000 stakeholders]	[5,000 stakeholders]	[5,000 stakeholders]	[5,000 stakeholders]	[5,000 stakeholders]
	3. General public reached with accessible information to influence public opinion on the importance of protecting and promoting WCAH	[1bn people]	[1.5bn people]	[2bn people]	[2.5bn people]	[3bn people]
	4. Youth, media and communities engaged, supported and capacitated in their efforts to promote commitments generation and accountability	[2,000 stakeholders]	[2,500 stakeholders]	[3,000 stakeholders]	[3,500 stakeholders]	[4,000 stakeholders]
	5. In-country and global partners engaged and consulted in commitment development and follow up (e.g. multi-stakeholder platforms, summits, Partners Forum, etc.)	[1,100 partners]	[1,200 partners]	[1,300 partners]	[1,400 partners]	[1,500 partners]
	6. Knowledge synthesis products developed, disseminated and accessed by partners to establish the evidence base for advocating on commitment generation and follow up	[300 products]	[400 products]	[500 products]	[600 products]	[700 products]
	7. Partners meaningfully engaged in delivery of PMNCH’s strategy through its institutional structures (e.g. Board, committees, working groups, etc.)	[100 partners]	[120 partners]	[130 partners]	[140 partners]	[150 partners]

4. PROGRESS REPORT

Tables below illustrates how PMNCH organizes advocacy activities through three main functions: Campaigns and Outreach; Partner Engagement and Governance; and Knowledge Synthesis.

The activities are measured by targets/indicators to guide progress toward delivering the outputs and thus achieving the outcomes cited in the Results Framework above (Section 3). Each target/indicator contributes to one of the seven noted outputs, and this labelled in the tables below. Please note that several targets (see below tables) may contribute to the same output in the Results Framework.

In addition, each function is supported by digital communication tools and platforms, including the newly revamped website, digital resources and toolkits, social media, a partner zone to include communities of practice, and other working and communication tools such as SharePoint and WhatsApp, to support and connect partners in carrying out these activities together.





The role of the PMNCH Standing Committees and Working Groups will be to guide the design and implementation of these activities; updating them as may be necessary in the course of workplan's implementation, monitor progress through the targets/indicators; and to report on progress to the PMNCH Executive Committee. These include the Strategic Advocacy Committee (SAC), Partner Engagement in Countries Committee (PECC) Governance and Ethics Committee (GEC), Knowledge and Evidence Working Group and Accountability Working Group.

The targets / indicators in the tables below build on work commenced in 2020 and draw on from the draft PMNCH 2021 Workplan, agreed by the Board in December 2020. Progress reports summary and traffic lights will be presented bi-annually to the PMNCH Executive Committee collectively by the PMNCH standing committees and working groups.

The table below represents the workplans according to the three advocacy functions: Campaigns and Outreach; Partner Engagement and Governance; Knowledge Synthesis.

Progress summary with traffic lights for 2021 (starting 1 January 2021 until 30 June 2021)

Status key at 6 months (30 June 2021) and at 1 year (31 December 2021)

-  Deliverable is completed
-  Started and is currently on track and will be completed by 31 December 2021
-  In process but at risk - risks identified that may cause delay, budget overrun and / or alteration of plans
-  Work has stopped and will not be delivered to plan and budget, due to, for example, lack of funds, change in priorities, other partners doing this work, etc.

CAMPAIGNS AND OUTREACH: MOBILIZING ALL PARTNERS IN A COORDINATED APPROACH TO ATTAIN COMMON ADVOCACY AND ACCOUNTABILITY GOALS, AMPLIFYING MESSAGES THROUGH CHAMPIONS, PARLIAMENTS, MEDIA AND OTHER INFLUENTIAL CHANNELS

1.1 Champion engagement: Mobilize high-level champions and influencers to amplify PMNCH messages and support commitment-making to current campaigns, including the PMNCH Call to Action on COVID-19 and the Call to Action on Adolescent Well-Being. Support champions by mapping global and regional events and bilateral opportunities; aligning champion efforts across networks to maximize efforts; and equipping champions with tailored evidence-based messages and tools

Target/Indicators linked to Outputs in RF	6m	1y	Progress summary
Minimum of 3 high level champions engaged to drive bilateral advocacy including disseminating their messages that reach 1bn earned media consumers (contributes to Output 1)			<ul style="list-style-type: none"> 5 head of state meetings + 20 letters to heads of states and event-based advocacy with at least 5 high-level appearances. A press release on the 20.6 bn committed by 11 partners in December 2020 generated over 900 articles in journals with an estimated combined reach of over 1bn, while the press release on Lives in the Balance: Equity in COVID-19 Response and Recovery reached nearly 2 bn. Four e-Summits were attended live, or viewed on demand, by more than 5,000 participants in more than 120 countries, informing and equipping national PMNCH partners to support implementation and accountability for commitments made around the Call to Action on COVID-19 and to amplify key messages for WCAH. More than 200 speakers, including high-level champions, have participated in these events. Social media for the events listed above has reached an estimated of 10 million users, including partner organizations and high-level champions such as Michele Bachelet, who got more than 1,000 likes and 1,200 comments in her tweet. The events have served as a platform to launch 15 government and 1 foundation commitments to date. PMNCH champions and constituency groups were instrumental to mobilize these commitments through direct/bilateral outreach facilitated by PMNCH through digital packages of resources, media outreach and commentaries, and participation in a range of high-level events. Additionally, to date, 12 national governments have endorsed The Call to Action for Adolescent Well-being.
WCAH advocacy information disseminated through minimum of 4 global summits or events that reach at least 5,000 global health stakeholders (Contributes to Output 2)			
key WCAH messaging through event-specific social media reaches at least 10m people (contributes to Output 3)			

1.2 Community engagement: Strengthen capacity of communities to express demand/experiences; to mobilize for commitments, and to support accountability for government-led commitments

Targets/Indicators	6m	1y	Progress summary
Supported 15 sub-national leaders to advocate on WCAH messages within their communities (contributes to Output 2)			<p>PMNCH facilitated capacity building, connecting and joint working of more than 250 partners in Nigeria, Kenya and Liberia to enable them to work together towards advocating for commitments. This was done through, among other things, providing small grants to civil society organizations, recruiting champions, workshops, and parliamentary hearings. These efforts have generated strong engagement from key communities, e.g. through WhatsApp groups on WCAH (an MP whatsapp group was created in Kenya to facilitate exchange between WCAH champions, and in Nigeria media have formed a WhatsApp group to advise each other on WCAH news opportunities).</p>
WCAH issues discussed at 15 parliamentarians hearings (reaching 3000 parliamentarians) and citizen hearings (reaching 100,000 people). (contributes to Output 2)			
Up to 1000 stakeholders in 15 countries engaged in commitment accountability, receiving technical assistance (including small grants) as needed (contributes to Output 4 and 5)			
Youth, media, parliamentarians capacitated through up to 15 workshops – approximately 1,000 participants (contributes to Output 4)			

1.3 Media engagement: Mobilize earned media in advocating for improved financing, policy and service delivery changes in line with the PMNCH Call to Action campaign

Targets/Indicators	6m	1y	Progress summary
WCAH media stories reach at least 1bn in earned media consumers and at least 10m through PMNCH's social media channels (contributes to Output 3)			<ul style="list-style-type: none"> PMNCH regularly publishes global press releases and engages with the media. For instance, PMNCH issued statements around critical political moments, including the rescinding of the Mexico City Policy, and press releases to disseminate the latest research and findings on WCAH, including the State of the World's Midwifery. A list can be found here. National press releases on commitments around the COVID Call to Action have also driven attention on WCAH, for instance in Nigeria 50 articles were published on the government's commitment. PMNCH has positioned its partners to contribute to at least 10 global interviews and commentaries, all of which can be found here. The visibility of issues has been further raised by the increased media participation in PMNCH summits and events and by the capacity building of national journalists, including 25 journalists in Nigeria, 53 journalists in Kenya and 18 journalists in Liberia. Their capacity building on WCAH and sustained access to information has encouraged reporting and involved the development of jointly devised strategies for media engagement and content development for the PMNCH Call to Action on COVID-19, which have brokered media participation in WCAH policy meetings. For instance, 12 of the trained journalists in Nigeria were invited to a subsequent meeting of the multistakeholder country platform chaired by the Hon. Minister of Health. Global media efforts on commitments to the PMNCH Call to Action on COVID-19 have also increased reach.
Minimum of 200 media personnel trained through capacity building workshops (contributes to Output 4)			

GOVERNANCE AND PARTNER: SUPPORTING THE DEVELOPMENT OF PARTNER KNOWLEDGE, SKILLS AND CAPACITY FOR JOINT ADVOCACY, MEANINGFUL INCLUSION AND GREATER ACCOUNTABILITY OF PARTNERS TO EACH OTHER AND TO EXTERNAL STAKEHOLDERS, INCLUDING THROUGH MULTI-STAKEHOLDER POLICY DIALOGUE

2.1 Partner engagement and capacity buildings: Strengthen motivation and capacity of individual PMNCH partners, constituencies and other external actors to mobilize for commitments and ensure implementation

Targets/Indicators	6m	1y	Progress summary
<i>Strengthened 14 in-country multi-stakeholder platforms, engaging more than 120 policy makers, to advocate for WCAH in UHC and in COVID-19 response (contributes to Output 5)</i>			<ul style="list-style-type: none"> • Evidence suggests that results in WCAH are best achieved through multi-sectoral and multi-stakeholder approaches. In this context, PMNCH working through the H6 are implementing grants in 14 countries to support multi-stakeholder platforms on a range of WCAH issues and which will further support both the making of new commitments and following up on those commitments that have been made. This was done to date in: Burkina Faso, Burundi, Eswatini, Ghana, Liberia, Madagascar, Mauritania, Sierra Leone, Zambia, Zimbabwe, as well as four PMNCH priority countries: Afghanistan, India, Kenya and Nigeria. • May 2021 report on youth consultations for the Adolescents Well-being Call to Action was the culmination of 1 global and 8 regional adolescent and youth consultations with the UN Major Group for Children and Youth to get inputs on the adolescent well-being call to action, conceptual framework and its application. More than 340 adolescents and young people from over 100 countries participated in the consultations. Sessions were run in English, Arabic, French and Spanish. • 8 regional multi-stakeholder consultations on implications of programming to promote adolescent well-being have been organized for June- August 2021, coordinated by the WHO Regional Offices in collaboration with WHO HQ and PMNCH. The consultations are with govt officials, programme managers, technical experts and young people to identify gaps adolescent programming at regional, national and sub-national levels. More than 300 technical experts from different sectors have participated in these consultations.
<i>1000 adolescent and young people in 100 countries and 80 partner organisations from various sectors engaged on the development and implementation of the Adolescent Well-being Initiative (contributes to Output 4)</i>			
<i>At least 20 partners across PMNCH constituencies take a lead role in facilitating commitment development towards the achievement of the Call to Action on COVID 19 (contributes to Output 7)</i>			<ul style="list-style-type: none"> • PMNCH's 10 constituencies form an essential institutional lever in PMNCH's ability to deliver on the 2021 – 2025 Strategy and therefore towards achieving the changes needed in finance, policy and services, as articulated for example by national commitments. For the Call to Action on COVID 19 campaign, PMNCH constituencies successfully used constituency specific resource packs to drive commitment mobilization efforts, which resulted in 5 commitments supported by constituency members. In addition, members of the Donors & Foundations constituency reached out to their country missions to encourage them to advocate to Ministries to commit to the Call to Action; the GFF provided intelligence collected by its national focal points on key COVID-19 impacts on WCAH and key gaps to inform commitment advocacy and the IPU secretary General wrote letters to speakers of parliaments from 20 countries encouraging commitment making and oversight for delivery of commitments. Individual partners have also played an important role in country-based advocacy for commitments.
<i>At least 1000 partners engaged in PMNCH's work through the use of digital platforms and tools to ensure partner leadership in all that PMNCH does (contributes to Output 7)</i>			<ul style="list-style-type: none"> • PMNCH engaged partners in events and media/social media campaigns to prioritize WCAH. Twitter alone has reached more than 500,000 impressions in a single month and more than 25,000 profile visits. In addition, LinkedIn has grown by 100% in the last 6 months, and Instagram has had a consistent growth rate of 20% and engagement. All these, in addition to an estimated reach of more than 10M people. • The PMNCH Digital Platform is providing an effective and vibrant means by which individual members of the 10 constituencies can communicate with their peers within and across constituencies. The website and Partner Zone have an average of 15,000 visits per month, the e-blasts is received by more than 7,000 people around the world, and the PMNCH WhatsApp channel and SharePoint have increased their reach by more than 30%. Interactive features, such as the PMNCH Events Hub, have amplified more than 300 events from partners on WCAH during 2021. Other interactive features where members engage directly include the Executive Director's Partner Spotlight and the Partner Zone. All of these digital platforms collectively serve to strengthen constituency engagement by enhancing connectivity and knowledge sharing between the constituencies • Constituency specific brochures outlining their value add and contribution towards the delivery of the 2021 - 2025 Strategy are being developed. These will also serve to recruit new members thereby expanding and strengthening the constituency base and reach. Furthermore, in order to ensure that constituencies are functioning optimally and therefore working effectively towards the delivery of the 2021 – 2025 Strategy Standard Operating Procedures for each constituency are being developed.
<i>Value add of the 10 constituencies articulated and institutional infrastructure supporting constituency work strengthened (contributes to Output 7)</i>			

2.2 Governance:

- Develop and implement the Governance Reform transition plan for the effective functioning of PMNCH. This was achieved by redefining the role, function and composition of the Board, Executive Committee, Standing Committees, Working Groups and Constituency Leadership.
- Develop and implement work on Good Governance and Management, including supporting the GEC ad-hoc working group

Targets/Indicators	6m 1y	Progress summary
<p><i>PMNCH Governance infrastructure redefined through the creation of 7 new and interconnected institutional structures (committees, working groups) composed of 120 people and significant youth membership, in order to drive forward partner led delivery of PMNCH workplans (contributes to Output 7)</i></p>		<ul style="list-style-type: none"> • PMNCH can achieve its goals if it has an effective and fit for purpose governance structure. The extensive governance reform transition process has ensured just that in 2021. The new governance structure is based on a high-level Board of Champions, an Executive Committee, three Standing Committees and two working groups, as well as 10 constituencies. In addition, extensive efforts were taken to include young leaders (<30 years) within the constituency, standing committee and working groups leadership groups. • Meaningful Adolescent and Youth Engagement (MAYE) has been integrated fully in all PMNCH constituency work. For instance, more than 40 youth representatives are in leaderships roles and as members participating in PMNCH’s various governance structures, working groups and standing committees. In this context, the Secretariat has further ensured an increase in for example young people, recognizing that as of June 2021 approximately a fifth of the Secretariat staff were under 30 and around a third were 35 and under, including a designated AYC coordinator.
<p><i>Membership increased by 15% and strengthened engagement and communication with the 1150+ partner organizations, with 100+ people attending information tutorials (contributes to Output 7)</i></p>		<ul style="list-style-type: none"> • PMNCH has developed digital tools to facilitate application, processing and engagement with members. The increase in applications and new members has allowed us to reach a stronger network across constituencies and regions. Direct communication to the 1,100+ members have been strengthened by the use of a member database in the Partner Zone, the use of listservs, SharePoint and social media. • In addition, our digital platform has also ensured that information sharing and transparency have been at the heart of the Governance transition. All documents and recordings related to this process have been shared on the PMNCH website on a rolling basis. This includes Terms of References, tutorials, webinars, presentations and results for each phase.
<p><i>PMNCH Good Governance review undertaken to further strengthen governance and ensure there is no unconscious bias (contributes to Output 7)</i></p>		<ul style="list-style-type: none"> • The work focuses on assessing governance-related issues and develop formal process to build on PMNCH’s successes to date in ensuring that formal systems are in place to ensure that there is no unconscious bias, youth tokenism and / or power imbalances in all that the partnership does today and in the future. An external consultancy (“MIND”) has recently been commissioned through an open procurement process to undertake this work, which is commencing in 2021. • The work will be overseen by a good Governance Working Group that has been established, with leaders in their respective field. • The PMNCH Governance manual is also currently being developed, it will include place holders for the results of this work.

KNOWLEDGE: TRANSLATING AND PACKAGING EVIDENCE TO HIGHLIGHT GAPS IN PROGRESS, SUPPORT CONSENSUS BUILDING ON ADVOCACY ASKS, AND EQUIP PARTNERS WITH EVIDENCE FOR ACTION AND GREATER ACCOUNTABILITY

3.1 Knowledge synthesis: Tailored knowledge synthesis and translation to facilitate targeted evidence-based advocacy by PMNCH champions, communities, constituencies and media, in line with the PMNCH Strategy outcomes (policy, financing, service delivery), focus areas (MNCH, AWB, SRHR) and the COVID-19 Call to Action Asks

Targets/Indicators	6m	1y Progress summary
<p><i>More than 100 million people reached with knowledge synthesis and translation efforts, including through digital strategies, to support WCAH evidence-based decision making and accountability (contributes to Output 3)</i></p>		<ul style="list-style-type: none"> • Advocacy has the greatest impact when underpinned by evidence. PMNCH has therefore focused its attention on ensuring that the debate on protecting and promoting WCAH relies on the most up to date knowledge. In this context, more than 30 knowledge synthesis products have been developed to facilitate evidence based multi-stakeholder advocacy and accountability, across the PMNCH focus areas of MNCH, SRHR and adolescent health and wellbeing, as well as key cross-cutting issues, including COVID-19. Not only do the facts support advocacy, but they are also an invaluable tool in enabling communities to look after themselves. PMNCH has employed innovative knowledge translation approaches to translate WCAH guidance in times of COVID-19, through a self-care video series with more than 113 million views till date, including animated films on adolescent mental health and responsive caregiving launched in Q1 2021 in 6 UN languages, in collaboration with WHO and UNICEF. • In knowledge briefs on Adolescent empowerment and Youth and climate change, PMNCH highlights the integral role of adolescent engagement for health and wellbeing. In an effort to support country commitment implementation for the COVID19 Call to Action, 7 Knowledge to Action Briefs were launched in February 2021, providing an evidence base of mitigation strategies employed to respond to the pandemic. PMNCH and its partners also developed knowledge syntheses to summarise and amplify robust and up-to-date evidence on WCAH in humanitarian and fragile settings (HFS), by supporting 5 Knowledge briefs highlighting the findings and recommendations from BRANCH Consortium’s body of evidence on SRMNCAN+N in conflict settings. Additionally, to highlight community voices in evidence based advocacy, PMNCH coordinated Finding Hope: Experiences of women, children and adolescents during the COVID-19 pandemic in their own words, which illustrates the lived experiences of over 30,000 people, mainly women and young people across 43 countries (Africa, Latin America and Caribbean and India). The media coverage for the press release published on 3rd June 2021 and based on figures provided by 32 of 39 media owners that disseminated the press release or part of it the estimated potential audience numbers within one week of publication is at c. 394,455,000. A new definition and a conceptual framework on adolescent well-being developed in partnership with more than 24 organizations including H6+, academia and youth led organization. 15 background papers on Adolescent well-being were also developed to synthesize evidence for adolescent wellbeing, in line with the Adolescent Well-Being Framework, with over 80 partners engaged across sectors. • The impact of commitments is elevated and strengthened if national and global stakeholders are held accountable for their promises. In this context, PMNCH has also worked on developing accountability-based tools to support the implementation of WCAH policies and commitments, including to PMNCH’s COVID-19 Call to Action. An accountability brief, outlining the latest evidence, trends and recommendations on WCAH - with a strong focus on equity - is launched at HLPF (July 2021) by PMNCH and the newly appointed UN Secretary-General’s Global Advocate for Every Woman Every Child, H.E. Kersti Kaljulaid. • Furthermore, PMNCH is collaborating with key partners including GFF and the World Bank to co-develop a Global Investment Framework for Women’s, Children’s and Adolescents’ Health and Wellbeing, and Preparedness and Response Measures, to be launched in 2022. In collaboration with ICM, UNFPA, WHO and Burnet Institute, PMNCH has also led evidence-based advocacy on the need to strengthen midwifery services, building on the key messages of SoWMy 2021 and synthesizing the evidence on quality midwifery care in humanitarian and fragile settings.
<p><i>More than a 100 partners engaged in knowledge synthesis and translation for priority WCAH issues, with a focus on equity-enhancing interventions, to ensure partners’ leadership and ownership of evidence processes (contributes to Output 7)</i></p>		
<p><i>More than 30,000 community voices showcased in knowledge synthesis and translations products to strengthen advocacy messages on commitment generation and follow up (contributes to Output 6)</i></p>		
<p><i>More than a 100 partners engaged to support the development of accountability resources for WCAH, to support holding all partners to account and thus contributing to policy change, increased financing and access to service (contributes to Output 7)</i></p>		

KNOWLEDGE: TRANSLATING AND PACKAGING EVIDENCE TO HIGHLIGHT GAPS IN PROGRESS, SUPPORT CONSENSUS BUILDING ON ADVOCACY ASKS, AND EQUIP PARTNERS WITH EVIDENCE FOR ACTION AND GREATER ACCOUNTABILITY

3.2 Knowledge dissemination

Dissemination of knowledge and evidence resources, with a focus on easily accessible digital formats, packaged and tailored to context/opportunity/demand, with a view of supporting the uptake of evidence for partner-led mobilization and implementation of commitments, action and accountability

<p><i>More than 1,000 policy makers and other stakeholders sensitised to latest knowledge on WCAH priorities, including a focus on COVID-19 to influence change, to enable them to advocate more powerfully for WCAH (contributes to Output 2)</i></p>		<ul style="list-style-type: none"> PMNCH is leveraging champions and multi-stakeholder voices for wide dissemination of WCAH knowledge and to support the COVID-19 advocacy campaign goals, including at country level. Key emerging issues across the WCAH continuum were highlighted through the development of evidence-based advocacy papers, focusing for instance on equity within the COVID-19 response (Jeune Afrique, H. Clark and M. Pate and BMJ, H. Clark and A. Gupta); Multi-sectoral action including WASH (CNN, H. Clark and L. Chinchilla); Health system strengthening including access to WCAH commodities (BMJ comment on investing in oxygen therapy for women and children, HCPA constituency); Adolescent health and well-being (BMJ, H. Clark, T. Ghebreyesus, et al); SRHR (press release and BBC interview); and WCAH in humanitarian and fragile settings (Lancet, H. Clark). PMNCH has also facilitated access to and uptake of partner knowledge resources by packaging and curating material using innovative digital approaches, including a digital series of toolkits on COVID-19 and WCAH; the PMNCH living Compendium of WCAH guidance in times of COVID19; and a partner toolkit on responsive caregiving to accompany the responsive caregiving video. The knowledge dissemination approach used in the COVID-19 toolkit series also includes knowledge resources tailored to the needs of specific constituencies, such as the COVID-19 and WCAH toolkit for parliamentarians, launched at 2021 IPU General Assembly and aiming to provide access to key partner resources that are targeted to parliamentarians, with the goal of helping them prioritize and address challenges around WCAH in debates and policies, and to ensure visibility of WCAH within response and recovery plans for COVID-19..
<p><i>4 multi-stakeholder discussions anchored in up to date WCAH knowledge, including trends in service coverage and financing, as a means to further commitment development and follow up process (contributes to Output 5)</i></p>		<ul style="list-style-type: none"> To promote policy dialogue and the uptake of new knowledge for equity-enhancing advocacy and action for WCAH, PMNCH supported the BRANCH Consortium in launching the Lancet Series on WCAH in Conflict Settings in January 2021. The launch event had a social media reach of 1.8 million and 1.3k unique viewers. PMNCH is also supporting the knowledge translation and dissemination of evidence around WCAH in HFS through the development of 3 policy briefs and multi-stakeholder consultations. The latter are held in the form of 3 regional workshops, building on BRANCH’s contextualized evidence and organized in Afghanistan/Pakistan (Q3), Middle East (Q3) and Western Africa (Q4). These locally led virtual workshops aim to increase knowledge and understanding of local stakeholders about the facilitators and barriers to improving WCAH in conflict settings, and strengthen multi-stakeholder linkages to drive evidence-based advocacy efforts for more responsive WCAH policy and action.
<p><i>More than 300 partner resources amplified and disseminated through PMNCH knowledge dissemination efforts, including through digital approaches and engagement of global champions, to establish the evidence base for advocating on commitment generation and follow up (contributes to Output 6)</i></p>		<ul style="list-style-type: none"> In addition, work is underway to develop digital Accountability Compendium on WCAH, to collate and facilitate the use of robust accountability resources developed by partners and integrated into the newly devised PMNCH digital platform. The Accountability Compendium will be piloted in 2021 (Q3-4) in Nigeria and Kenya as part of the multi-stakeholder dialogues/grants for advocacy and accountability for policies, financing and services for WCAH in the context of COVID-19, supporting the implementation of country commitments to the Call to Action. In addition, PMNCH is joining multi-stakeholder consultations under the Coalition of Partnerships for Global Health, which unites health leaders and advocates in a common goal to align advocacy and accountability efforts to achieve UHC and advance the SDGs, ensuring that WCAH is prioritized.