World Health Organization

External Evaluation of the Partnership for Maternal, Newborn and Child Health

Update and background to discussion

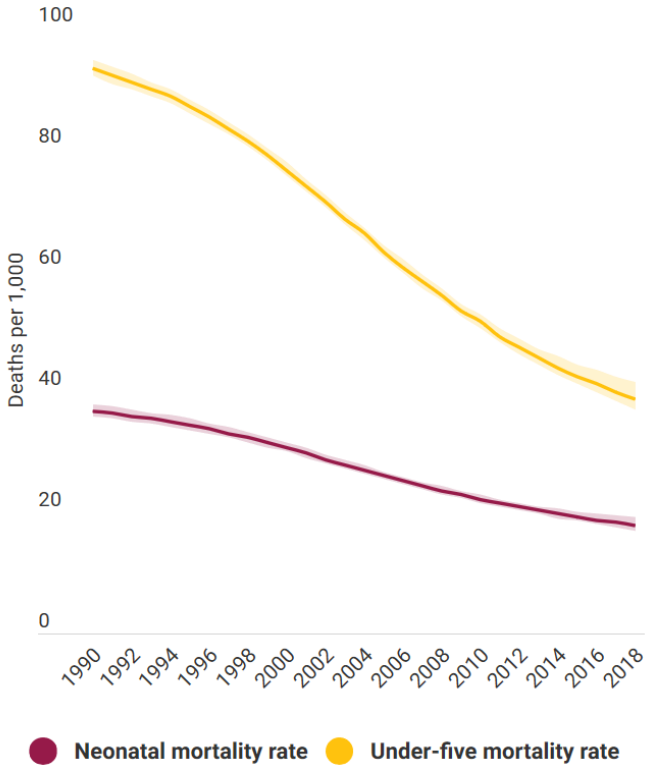
10th November 2019

SRMNCAH context

Notable progress over the last few decades…

- Total number of deaths among children and young adolescents under 15 years of age dropped by 56 per cent from 14.2 million in 1990 to 6.2 million in 2018[1]
- Global under-five mortality rate fell to 39 deaths per 1,000 live births in 2018 from 93 in 1990 and 76 in 2000[2]
- Neonatal mortality rate fell to 18 deaths per 1,000 live births in 2018 from 37 in 1990 and 31 in 2000[3]
- Annual rate of reduction in the global under-five mortality rate increased from 2.0 per cent in 1990–2000 to 3.8 per cent in 2000–2018[4]

Figure 1: Under-5 mortality rates 1990 - 2018



Source: UNICEF (2019) Under-five mortality data

1. *United Nations Inter-agency Group for Child Mortality Estimation (UN IGME) 2019*
2. *Ibid*
3. *Ibid*
4. *Ibid*

SRMNCAH context

However, steep challenges remain:

- Approximately **6.2 million children** under-15 years died in 2018 from preventable causes
- Over **290,000 women** died due to complications during pregnancy and childbirth in 2017
- Approximately **151 million children** were stunted in 2018[5]
- Two-thirds of countries that have made strong progress in reducing their under-five mortality rate have shown **worsening inequalities** since 1990[6]
- **Available services** in many countries are of **poor quality**, limiting the potential effect on RMNCH outcomes
- Health-sector (eg, **weak country health systems**) and non-health-sector drivers (eg, **conflict settings**) are major impediments to delivering high-quality services to all populations[7]
- The **absence of good quality data** in high SRMNCAH burden countries is striking, making progress difficult to track

5. WHO (2019) UN report: More women and children survive today than ever before
6. Bhutta, Z (2019) Maternal, Child & Adolescent Health Globally; Challenges & Opportunities
7. Boerma, T (2018) Countdown to 2030: tracking progress towards universal coverage for reproductive, maternal, newborn, and child health

Other shifts

Also a rapidly evolving global health landscape and focus:

- Shift from MNCH to SRMNCAH broadens scope and focus
- MDGs tightly focused on MNCH, whereas SDGs focus on increasing global health security and achieving UHC
- Discussion increasingly on targeting the the bottom 20%
- At the same time, the evolution from the 'survive' to 'thrive' agenda
- A less favourable political economy and emergence of new funding mechanisms
- Proliferation and challenges of Global Health Partnerships, with (in part) overlapping missions relevant to SRMNCAH
- SRMNCAH targets are impacted by multiple exogenous factors- refugees and migrants, women's rights, climate change, political economy, anti-globalisation movements, socio-economic and cultural factors related to disease and outbreak etc.

What is PMNCH's capacity to evolve and respond?

External evaluation of PMNCH - scope and objectives

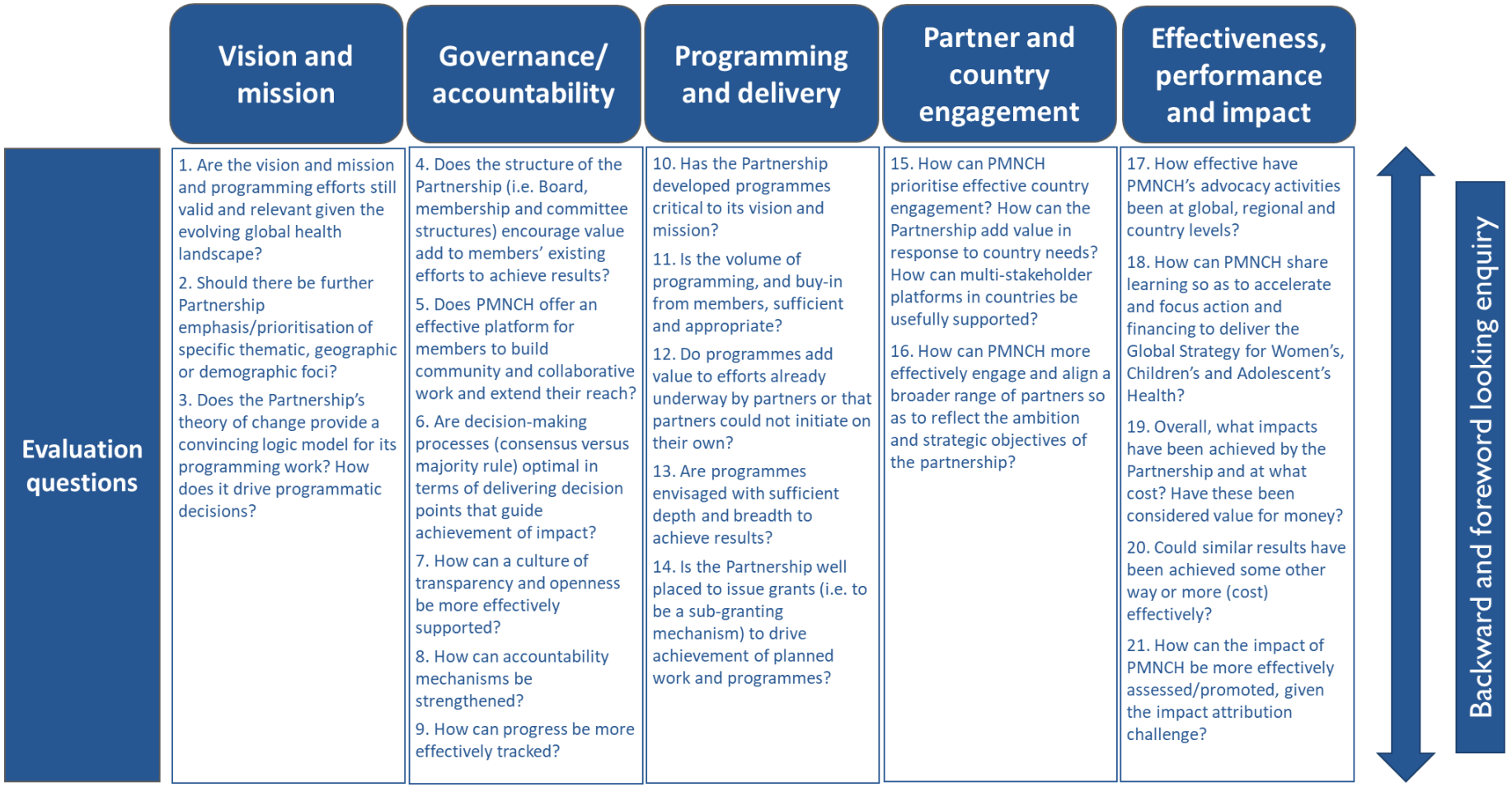
Scope:

To consider statements of vision and mission, planning processes and effectiveness of implementation of the Partnership's work plans from 2014 through 2019, while looking forward towards 2025

Objectives:

- To assess whether the Partnership's vision and mission, and more generally the Partnership's Theory of Change, remain valid, and
- To tackle a number of questions, which would lead to a clear understanding of (i) vision and mission; (ii) governance; (iii) relevance; (iv) programming and delivery, and; (v) effectiveness, performance and impact

Evaluation framework



Methodology

A mixed method evaluation approach, with ten discrete but overlapping data collection processes:

i. Desk-based documentation review
ii. High level strategic discussions (PMNCH secretariat, SFC, EERG, Board)
iii. Key informant interviews – global, regional and country
iv. Constituency-based group consultations
v. Partnership e-based open enquiry
vi. Country case studies (India, Kenya, Nigeria)
vii. Social network analysis (a focus on the Advocating for Change for Adolescents! toolkit)
viii. Partnership database analysis
ix. Funding analysis and analysis of expenditure allocation
x. SWOT analysis of Global Health Partnerships (secondary data analysis)

Timeframe

- Core evaluation phase began end October 2019
- Draft report submission: 13 December 2019
- Draft final report submission: 10 January 2020
- Final report submission: 31 January 2020

Questions for discussion

- **Vision and mission**. To what extent do you think the vision and mission of PMNCH is still relevant? How can PMNCH be more effectively positioned so as to further add value?
- **Governance and accountability.** Do you think the current structure of the Partnership encourages value add to members' existing efforts to achieve results? How can accountability mechanisms be strengthened? How can progress be more effectively tracked?
- **Programming and delivery**. Is the volume of programming, and buy-in from members, sufficient and appropriate? How can the scope or focus of programming be improved? What are the few things that PMNCH can focus on which others aren't focusing on?
- **Partner and country engagement**. How can PMNCH effectively and usefully prioritise country engagement and add value in response to country needs? How can PMNCH more effectively engage and align a broader range of partners so as to reflect the ambition and strategic objectives of the Partnership?
- **Effectiveness, performance and impact.** Overall, what key impacts has the Partnership contributed to? How can its impact be strengthened?