



# COMMON RMNCH APPROACH – A COUNTRY ENGAGEMENT PROCESS

*FOR DISCUSSION*



EVERY WOMAN  
EVERY CHILD

# What do we mean by 'RMNCH Country Engagement Process'?

## (A REMINDER)

### Principles

- Building on the principles of IHP+
- To 'bend the curve' towards achieving MDGs 4 & 5a and b.
- To align and coordinate funding streams towards critical gaps
- Led by MOH, includes all RMNCH stakeholder: DPs, civil society, etc.
- Very country specific: building on other major planning processes (NOT a new plan!!)

### Key activities

- A joint, rapid multi-stakeholder synthesis of the RMNCH landscape that brings together the various RMNCH-related plans, sub-plans, initiatives, etc.
- Prioritisation across the entire RMNCH continuum of care (where this has not already been done!)
- Commitment of development partners to support implementation of prioritised interventions – matching of existing and new funding streams to priorities and gaps

# A few emerging challenges (from a process perspective)

## Emerging challenge

## Response (January 2014)

## Situation (March 2014)

Communication gaps or confusion within Development Partners

More effort required from all partners to ensure a consistent message is being communicated at HQ, regional and country level

This remains a challenge, but as we move forward with examples from early movers, the understanding is growing

In-country capacity and bandwidth

Make available a pool of TA that can respond to country demands to help facilitate process (pulling plans together, filling any gaps in analysis, costing, etc. facilitating discussions, understanding various funding streams and options, etc.)

Where possible, will use in-country TA and/or will pair external consultant with local MOH focal point or TA

Pool of TA is in place and oriented, with deployments so far in Senegal, Malawi, Nigeria, Ethiopia and DRC

Weekly coordination call with Global Fund, UNICEF, WHO, UNFPA on joint management of TA pool and response to countries

# We have seen good progress on the RMNCH Country Engagement process

- Nigeria
- DRC
- Senegal
- Malawi
- Ethiopia

- Advanced discussions, under MOH leadership and with support of facilitating agencies
- Expected to conclude process within next few weeks, against which funding decisions from the RMNCH Trust Fund can be made (alongside other funding streams)

- Uganda
- Tanzania

- “RMNCH Country Engagement” not formally started, but in-country processes de facto moving in this direction
- Alignment of funding discussion well primed and could happen quickly

- Benin
- Burkina Faso
- Cameroon
- Kenya
- Liberia
- Mali
- Niger
- Sierra Leone
- Zambia
- Zimbabwe

- Discussion with partners and MOH still in early stages

- Burundi
- Haiti
- Pakistan
- Somalia
- South Sudan
- Sudan

- No discussion in this context started (which does not mean nothing is already happening!!)

# Country Coordination in DPWG priority countries



DRC

Ethiopia

Kenya

Niger

Nigeria

Pakistan

Tanzania

Uganda

Bangladesh

India

**Lead facilitating agency:** UNFPA/UNICEF

**Alignment opportunities:** GF, HRITF (WB), APR, UNCoLSC, GAPPD, H4+ (Canada), FP2020, UNICEF

**Status:**

- Joint mission week of Feb 3<sup>rd</sup> planned to coincide with GF and USAID visits, followed-up by in-country work including support from RMNCH TA pool
- Joint platform/approach in 189 Health Zones, including WB, Global Fund, UNICEF, UNFPA, RMNCH TF, other bilaterals along lines of Acceleration Framework
- RMNCH TF request to be submitted shortly for around US\$15m through end 2015

# Country Coordination in DPWG priority countries

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**Lead facilitating agency:** Ministry of Health

**Alignment opportunities:** GF, APR, UNCoLSC, GAPPD, WB (HRITF), H4+ (Sweden), FP2020

**Status:**

- Initial discussions with MoH after FP meeting in November 2013
- Solid costed plan (Health Sector Development Plan IV)
- RMNCH Country Engagement building on existing in-country plans (HSDP IV and others), mechanisms (e.g. Technical Working Groups under MCH directorate) and resource mapping
- Prioritized gap analysis focused on maternal and neonatal health; focus on under-performing regions
- Likely RMNCH TF support: US\$10m through end 2015

# Country Coordination in DPWG priority countries

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India

**Lead facilitating agency:** World Bank

**Alignment opportunities:** GF, GAPPD, WB (HRITF), FP2020

**Status:**

- Discussion just starting, but lots happening already
- Maternal and Neonatal Implementation Plan under development
- Devolution and MOH reform have been challenging (HRH, commodities, financing), but things starting to settle
- Suggestion to have rapid analysis of RMNCH situation – bringing things together and prioritization followed by joint mission of key stakeholders

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India

**Lead facilitating agency:** UNFPA

**Alignment opportunities:** GF, GAPPD, FP2020

**Status:**

- Initial RH-oriented grant in early
- Broader RMNCH discussion just starting
- RMNCH TA to assist with bringing plans together, resource mapping, gap analysis, etc.



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**Lead facilitating agency:** UNICEF/CHAI

**Alignment opportunities:** GF, UNCoLSC, GAPPD, FP2020, SURE-P (domestic), MDG pool fund (domestic)

**Status:**

- Mid-Nov joint country visit (UNSEO, UNICEF, RMNCH SCT)
- Development of Harmonized Plan with gap analysis
- On-going process to align resources against plan
- Request for support from RMNCH TF of US\$20m, under review; main focus on support to coordination and maternal and neonatal strategy in 3 northern states

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**Lead facilitating agency:** UNICEF

**Alignment opportunities:** WB (HRITF), GAPPD, FP2020

**Status:**

- Broader RMNCH discussion not started

# Country Coordination in DPWG priority countries

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Pakistan



Tanzania

Uganda

Bangladesh

India

**Lead facilitating agency:** FMOH

**Alignment opportunities:** GF, UNCoLSC, WB (HRITF), GAPPD, FP2020

**Status:**

- Many processes on-going: Launch of Countdown, APR, Scorecard
- Resource alignment discussion to follow thereafter
- This will also coincide with the GF new funding model dialogue

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Tanzania



Uganda

Bangladesh  
India

**Lead facilitating agency:** WHO and UNFPA

**Alignment opportunities:** GF, APR, UNCoLSC, GAPPD, FP2020

**Status:** Internal communication within WHO done

- WHO and UNFPA co-chair of the Convergence Group
- Opportunity to build on recent APR and its follow up
- Need to prioritize APR costing, which currently comes to ~\$600m/year
- Clear desire from senior MOH leadership to see various initiatives coming together (APR, Scorecard, UNCoLSC, Pneum/Diarrea scale-up, etc.).
- No clear RMNCH country engagement yet