

June 2013

The H4+ partnership

Joint country support to improve women's and children's health



Progress Report



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Acronyms and abbreviations

ADB	Asian Development Bank
AIDS	Acquired immunodeficiency syndrome
AusAID	Australian Agency for International Development
BTC	Belgian Development Agency
CARMMA	Campaign for the Accelerated Reduction of Maternal Mortality in Africa
CDC	Centers for Disease Control and Prevention (United States of America)
CIDA	Canadian International Development Agency
COIA	Commission on Information and Accountability
DFID	United Kingdom Department for International Development
EmONC	Emergency obstetric and neonatal care
EMTCT	Elimination of mother-to-child transmission
FP	Family planning
GAIN	Global Alliance for Improved Nutrition
GBV	Gender-based violence
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH, Germany
HIV	Human immunodeficiency virus
H4+	UNAIDS, UNFPA, UNICEF, UN Women, WHO and the World Bank
IDA	International Development Association
IHP+	International Health Partnership and related initiatives
ILO	International Labour Organization
IOM	International Organization for Migration
JICA	Japan International Cooperation Agency
KfW	KfW Entwicklungsbank (development bank, Germany)
M&E	Monitoring and evaluation
MDGs	Millennium Development Goals
MNCH	Maternal, newborn and child health
NGOs	Nongovernmental organizations
PSM	Procurement and supply management
RMNCAH	Reproductive, maternal, newborn, child and adolescent health
RMNCH	Reproductive, maternal, newborn and child health
Sida	Swedish International Development Agency
SMAGs	Safe motherhood action groups
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNSG	Secretary-General of the United Nations
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
USAID	United States Agency for International Development
WFP	World Food Programme
WHO	World Health Organization

Background

The H4+ partnership comprises six United Nations agencies: UNAIDS, UNFPA, UNICEF, UN Women, WHO and the World Bank.¹ These are the lead technical partners for the implementation of the Secretary-General of the United Nations (UNSG) Global Strategy for Women's and Children's Health. As the constituency with the most extensive reach in low-income/high burden countries, H4+ agencies have committed to facilitate implementation of the commitments made to the Global Strategy through the provision of equity-based, integrated support for countries' health plans.

Since September 2008, H4+ agencies have programmed joint support to countries for reproductive, maternal and newborn health. This support focuses on advancing the Millennium Development Goals (MDGs) 4 (Reduce child mortality) and 5 (Improve maternal health), but also touches upon MDG 6 (Combat HIV/AIDS, malaria and other diseases) and MDG 3 (Promote gender equality and empower women), when relevant. It also involves working with national teams to identify gaps, develop action plans and provide coordinated technical support in the implementation of those plans. After the launch of the Global Strategy in 2010, the scope was further expanded to child health and focused on helping countries put their commitments to the Strategy into action.

To ensure that the commitments to the Global Strategy are fulfilled, both in terms of improving health outcomes and also resources, a Commission on Information and Accountability (COIA) for Women's and Children's Health was established. This commission recommended a framework for global reporting, oversight and accountability. Through the 10 recommendations presented in its report *Keeping promises, measuring results (1)*, the Commission has proposed a mechanism to track whether donations for women's and children's health are made on time, resources are spent wisely and transparently, and desired results are achieved.

Several other initiatives followed in 2012, including the High Burden Country Initiative, the United Nations Commission on Life-Saving Commodities for Women and Children, Family Planning 2020, and A Promise Renewed (2). These aimed to renew the momentum for reaching the reproductive, maternal, newborn, child and adolescent health (RMNCAH) targets.

All of these emerging initiatives and platforms have influenced the H4+ 2012–2013 workplan (see page 3). As H4+ is the technical lead assisting countries to implement their commitments to the Global Strategy (also known as Every Woman Every Child), its agencies are involved in these various initiatives at the country level. The activities of these new initiatives are subsumed and integrated into the work of H4+, and the comparative advantage of each is used to advance work that can accelerate progress towards MDGs 3, 4, 5 and 6.

Objectives of the report

The report includes an assessment of the support the H4+ partnership has provided to countries in reaching their reproductive, maternal, newborn and child health (RMNCH) goals. The objectives are as follows:


- To provide a review of H4+ work in progress and to identify remaining gaps in its mandate of supporting countries in achieving MDGs 4 and 5 in line with their national plans and strategies.
- To bring together information on H4+ efforts to accelerate the implementation of the Global Strategy and contribute to the report to the WHO independent Expert Review Group.

Information sources

The work of H4+ is recorded in a variety of ways. This includes, among others, documentation of the development and implementation of individual country plans, monitoring reports of the implementation of specific grants for joint country support work, and a periodic survey of H4+ focus countries that have made commitments to the Global Strategy.

This report draws on data gathered from these sources to provide a brief description of the support that the H4+ partnership has provided to countries in progressing towards their RMNCH goals.

¹ See list of acronyms and abbreviations, page iv.



The survey of 58 countries conducted in 2013 aimed to provide a mapping of H4+ organization within each country and the support it provides. The exercise was carried out through an internet-based survey, using a semi-structured questionnaire to explore the extent of H4+ efforts towards supporting country implementation in line with the H4+ scope of work from 2010 to 2013. The 22 quantitative and qualitative questions aimed to capture information along three broad themes:

- general H4+ coordination and organization in the country;
- implementation of the H4+ scope of work in the country;
- ways in which H4+ is contributing to the mobilization of additional financial, technical and other resources for accelerating RMNCH in the country.

H4+ country teams completed the questionnaires in collaboration with government counterparts. One representative of each of H4+ agencies who was identified as the country focal point led the questionnaire process during the month of April 2013. Completed questionnaires were returned to a database managed by WHO headquarters. Data available for each country were synthesized quantitatively and qualitatively by grouping responses according to the above-mentioned themes. Out of the 58 targeted countries that received the questionnaire, 46 responded (79.3%); two questionnaires were incomplete. Information from a total of 44 questionnaires were synthesized. Summary data from this synthesis, together with information from other sources, were used in developing the following sections of this report.

Key issues

H4+ working together

Taking into account their comparative advantages, core technical expertise and experience, and collective strengths, the agencies jointly pledged to intensify their coordinated support to countries to improve RMNCH. This included working to achieve universal access to reproductive health, the MDG target that is currently lagging the most. Although the agencies collaborate at all levels, they are committed to working jointly in a more formalized way in the countries with the highest maternal and under-five mortality rates. To this end, H4+ identified priority countries, including:

- countries with a clear need for additional support from among those 75 countries that account for 98% of morbidity and mortality worldwide;
- countries committed to improving RMNCH results;
- countries where H4+ partners have a strong partnership with the national government;
- countries where additional H4+ support can be aligned with existing processes and complement existing funds and programmes; this includes countries that were supported by global H4+ grants, the Canadian International Development Agency (CIDA), the Swedish International Development Agency (Sida), or the French Muskoka Grant.

The agencies coordinate their support at the country level (guided by national health plans) and jointly contribute to strengthening national health systems, including the development, costing and financing of RMNCH components of national health plans.

Specifically, the agencies:

- support and/or strengthen activities that are already included in the national plans, such as country-level significant partnerships or global initiatives (including countries that are listed in the Global Plan for Elimination of Mother-to-Child Transmission of HIV [EMTCT] and the Roll Back Malaria Partnership), and ensure that RMNCH plans harmonize with International Health Partnership plans if present in countries;
- build on the work of or collaborate with existing RMNCH funding mechanisms and initiatives, including the Catalytic Initiative, the Maternal Health Thematic Fund, results-based financing frameworks and Family Planning 2020, among others.

Objectives of the H4+ 2012–2013 workplan

1. Support countries to conduct needs assessments in order to identify system constraints to improved RMNCH, and to ensure that health plans are MDG-driven and performance-based.
2. Develop and/or cost RMNCH modules of national health plans, and rapidly mobilize new or additional resources.
3. Scale up quality RMNCH service delivery in line with domestic priorities, ensuring linkages with malaria and HIV/AIDS initiatives, and strengthening procurement systems management.
4. Address the urgent need for skilled health workers, particularly midwives and other related cadres of personnel, including community health workers.
5. Support countries to address demand-side barriers to access to services, especially for the marginalized and most vulnerable.
6. Tackle the root causes of maternal, newborn and child mortality and morbidity, including gender inequality, low access to education (especially for girls), child marriage and adolescent pregnancy.
7. Strengthen monitoring and evaluation (M&E) systems to ensure availability of credible data in line with the recommendations of the COIA.



H4+ work at the global level

Technical review – H4+ provides expert review and advice to countries on an as-needed and as-requested basis to support implementation of health MDG plans, programmes and activities. This work may include:

- expert review of country plans and programmes in collaboration with national governments;
- review and support of technical proposals from strategic partners, including donors and the private sector, who channel resources through H4+;
- engagement with global research and knowledge forums to facilitate information sharing among academia, the private sector and other global initiatives;
- convening appropriate regional and country workshops to help develop explicit aspects of the H4+’s technical agenda/workplan.

Global advocacy and communications – The strategic communications and advocacy platform within H4+ is vital to continue creating awareness and mobilizing support for the UNSG Global Strategy and the Every Woman Every Child movement. The H4+ communications group is working to enhance the visibility and awareness of H4+ and its work among the international development community, including decision-makers, media, donors, development partners and the general public. As a first step, a website was established and updated to reflect H4+ activities.

Oversight, M&E, and implementation of the H4+ annual workplan – At the global level, H4+ ensures implementation of the workplan and M&E, oversight and technical support to countries as they engage in their workplan activities.

Resource mobilization – At the global level, the H4+ partnership has a technical arm for RMNCH and has received the political and financial engagement of several donors. Some examples include:

- CIDA has launched a five-year (2011–2016) US\$ 50 million joint programme to support the implementation of the commitments made to the UNSG Global Strategy in five African countries: Burkina Faso, the Democratic Republic of the Congo, Sierra Leone, Zambia and Zimbabwe.
- Sida granted US\$ 52 million over three years (2012–2015) in support of the implementation of the commitments to the UNSG Global Strategy in Cameroon, Côte d’Ivoire, Ethiopia, Guinea-Bissau, Liberia and Zimbabwe.
- The French Muskoka Grant, financed through the French Ministry of Foreign Affairs for €95 million (US\$ 133 million), will support strengthening of the health system blocks in 12 countries – Burkina Faso, Benin, the Central African Republic, Chad, Côte d’Ivoire, the Democratic Republic of the Congo, Equatorial Guinea, Haiti, Mali, the Niger, Senegal and Togo. This grant is implemented through UNICEF, UNFPA, UN Women and WHO.
- Johnson & Johnson is the first and only private sector partner that is funding H4+. In 2011 the company committed a four-year US\$ 4 million H4+ grant, with a total expected US\$ 1.5 million for UNFPA in the United Republic of Tanzania and US\$ 2.5 million for WHO in Ethiopia. The grant for the United Republic of Tanzania is intended to develop and implement a two- to three-year competence-based pre-service nursing and midwifery curriculum. The Ethiopia grant focuses on scaling up of human resources for health with a focus on the maternal and newborn health workforce; special emphasis is placed on pre-service midwifery training, in-service training on basic and comprehensive emergency obstetric care for the maternal, newborn and child health workforce, pre-service anaesthesia training and integrated emergency surgical officers training.

H4+ work at the country level

At the country level, based on its comparative advantage an agency is identified as the lead agency and oversees and coordinates the implementation through its focal-point. Often, H4+ and its coordinating agency are subsumed under existing coordination structures such as a United Nations Country Team (UNCT). Planning is done in collaboration with relevant national partners.

Figures 1 and 2 show the establishment of country H4+ teams, indicating that the majority (57%) were established in or after 2010. Since then country teams have been established in most countries. WHO, UNICEF and UNFPA have consistently been active partners in the country teams followed by UNAIDS, the World Bank and UN Women.

Figure 1: Percentage of H4+ teams established by year (2013 survey)

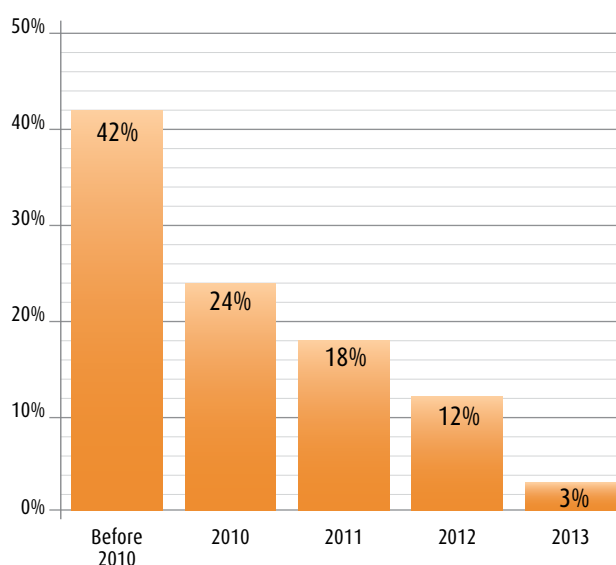
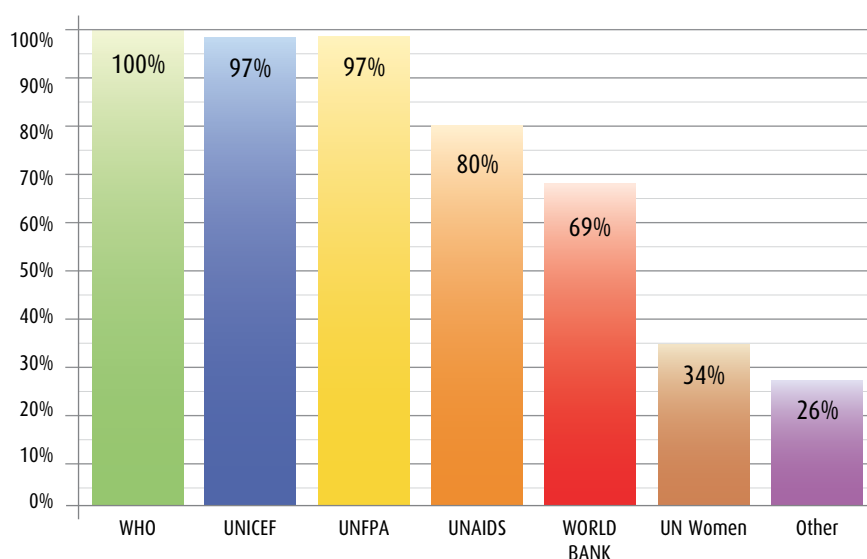


Figure 2: Percent of agency representation in a national H4+ team (2013 survey)



The process for establishing the H4+ country team varies from country to country and reflects the context in which the organizations work. The box on the next page summarizes the process followed by the Afghanistan H4+ team.

Afghanistan: Example of the process for establishing H4+ at country level

H4+ in Afghanistan was launched in March 2011, whereupon it developed and costed the H4+ Afghanistan Action Plan (H4+ A/AP). The Plan was approved by the Government of Afghanistan and is included in the 5th National Priority Programme – Health for All Afghans as sub-component 1.9: Maternal, Newborn and Child Health Care. The H4+ A/AP is composed of 74 activities grouped under 13 different deliverables that cover the continuum of care. WHO was selected as the H4+ coordinating agency for activities in Afghanistan, and focal points have been nominated for each H4+ United Nations agency.

Under the H4+ umbrella and in line with the recommendations of the COIA, the Ministry of Public Health (MoPH) has hosted the national workshop on developing the Country Accountability Framework Roadmap on Newborn and Child Health in Afghanistan. The Roadmap was finalized, adopted by the MoPH, and funds were allocated for implementation of priority activities in 2013.

The main challenge in the process of establishing the H4+ partnership was the lack of sufficient resources for many of the activities included in the workplan and to set up a H4+ Technical and Operational Support Unit as a platform for technical and managerial capacity strengthening of the MoPH.

H4+ country team joint planning – A very important aspect of H4+ work at the country level has been the development of joint plans among the agencies and the national partners. Among 44 respondents of the 2013 H4+ survey, 33 reported that H4+ is established. Working as a team has advanced the implementation of the H4+ scope of work.

Following the launch of the Global Strategy (2010 onwards), a high number of H4+ country teams (19) were established compared to the previous period (14). We also observed an increase in the development of joint plans from 24% to 62% in 2010 and 2012, respectively. This observation, most likely, reflects the engagement of H4+ to jointly support countries to implement their commitments to the Global Strategy.

Togo is one of the West African countries supported by the French Muskoka Grant through H4+. The plan funded by this grant is in line with the national plan and was jointly developed by the Ministry of Health and H4+. The image below shows the signatures of both by H4+ partners and the Minister of Health on the plan.



Resource mobilization at the country level – The information provided by the 2013 H4+ survey indicates that at least 12 country teams have been successful in mobilizing resources to support the implementation of H4+ joint plans among the agencies and the national partners. These resources are additional to those that each agency would invest in the country as part of its own mandate and plan.

Progress made in working with countries

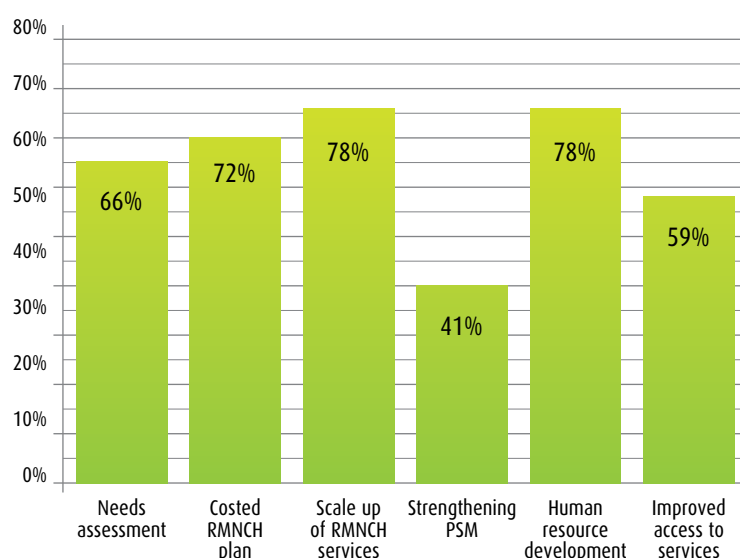
This section includes a brief description of progress made so far in countries. While a lot has been accomplished, much remains to be done as several countries are unlikely to meet their MDG targets. Key accomplishments include an evidence-based planning process established in H4+ supported countries and improved coordination. The communication platform has also produced some concrete results in terms of leveraging additional funds and engaging all stakeholders, including policy-makers, nongovernmental organizations (NGOs), multi- and bilateral donors. Capacity building in M&E, procurement systems, costing and service delivery is still in progress.

Countries have reported that efforts to achieving sustainability of results are embedded in areas such as, (1) capacity building of local institutions (training of trainers); (2) development of enforceable policies that ensure access and delivery of quality RMNCH services; (3) ownership and buy-in from the stakeholders; and (4) predictable sustained funding specifically allocated to RMNCH. Spillover benefits of interventions supported by H4+ include:

- knowledge and skills gained through planning and/or training events applied to other RMNCH activities outside of the H4+ scope;
- training methods and curriculum applied to broader areas of RMNCH training (pre-service and in-service, thereby building institutional capacity);
- expansion of knowledge and good practices in other geographic locations, for example, South–South exchanges.

Until December 2013, the H4+ partnership's largest contribution has been in the area of building high-quality human resource capacity and scaling up RMNCH services (Figure 3). The biggest room for progress is in the area of strengthening procurement and supply management (PSM) systems, which continue to remain woefully inadequate in most countries. This is one area of the health system where in most countries a donor-driven parallel procurement system exists to make up for the inadequacy in the national system; however, this does not strengthen the national system. More efforts are also needed to support equitable access to quality services for all women and children, including those living in the most deprived and hard-to-reach areas such as urban slums and rural settings.

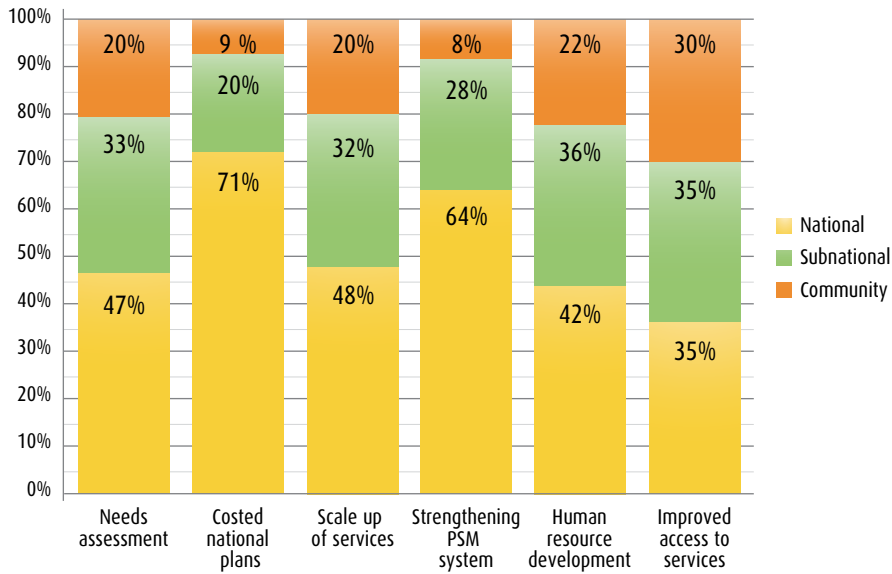
Figure 3: Proportion of H4+ countries that have implemented key areas of the H4+ scope of work (2013 survey)



Results of the 2013 H4+ survey indicate that, typically, H4+ efforts at the country level are concentrated most at the national and subnational levels, and least at the community level. Activities related to improving the health workforce and access to services are implemented across all levels (Figure 4).



Figure 4: Percentage of key areas of H4+ interventions implemented by level (2013 survey)

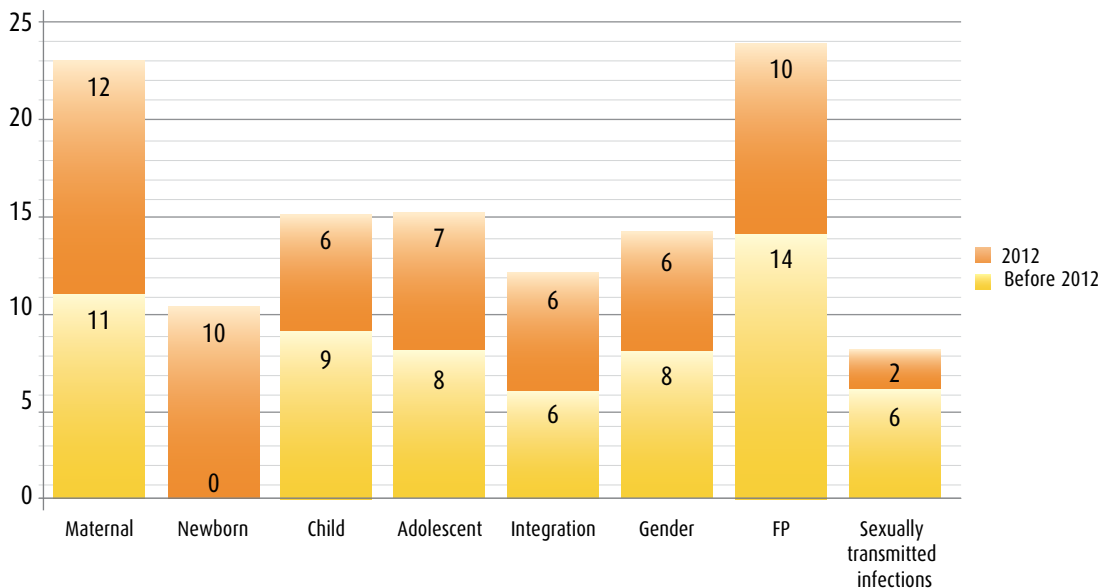


Overall, 2012 has been a productive year for H4+ support. The 2013 H4+ survey results show that the majority of activities were undertaken in 2012. Establishment of H4+ teams, development of joint plans as well as funding, especially through the Sida, CIDA and French Muskoka grants, are the primary reasons for the higher volume and faster pace of implementation of H4+ activities.

Key area 1: Assessing RMNCH needs and identifying bottlenecks

The 2013 H4+ survey results clearly show that all areas of continuum of care are covered by H4+ country teams. In most cases, country needs assessments were conducted in the field of family planning (24 countries) and maternal health (23 countries). It is interesting to note that assessments related to newborn health pick up for the first time in 2012, which coincides clearly with the global push to address this neglected area (Figure 5).

Figure 5: Number of countries supported by H4+ to assess health system bottlenecks in delivering RMNCH services (2013 survey)



Fourteen countries supported by the French Muskoka and CIDA grants have undertaken needs assessments and analysis to identify key bottlenecks in implementation RMNCH programmes, including: emergency obstetric care, family planning assessment, service availability response assessment and midwifery assessment.

Key area 2: Developing and costing evidence-based RMNCH plans

H4+ (WHO, UNICEF and UNFPA) in collaboration with countries of the WHO Eastern Mediterranean Region and partners have started an initiative to accelerate progress towards MDGs 4 and 5, focusing on 10 high burden countries in the region: Afghanistan, Djibouti, Egypt, Iraq, Morocco, Pakistan, Somalia, South Sudan, the Sudan and Yemen. A high-level meeting titled 'Saving the lives of mothers and children: rising to the challenge', held in Dubai, United Arab Emirates, (29–30 January 2013) was attended by 150 participants, including 10 ministers of health, senior officials and leading figures from 22 member states, as well as key partners and stakeholders. Through the Dubai Declaration, countries expressed their commitments to develop and execute plans for maternal and child health, take measurable steps to strengthen their health systems, and mobilize domestic and international resources to establish sustainable financing mechanisms. All participating organizations agreed to improve coordination and accountability between all partners and promote cooperation between countries in the region.

In preparation for the high-level meeting, a case for investing in maternal and child health was made, by indicating the price tag and impact of scaling up the provision of proven and cost-effective maternal, newborn and child health interventions in each of the 10 countries.

For each of the countries, two scenarios (A and B) were considered:

Scenario A: Accelerating implementation. An analysis was carried out to assess the potential impact realized if efforts to increase coverage were substantially increased above current coverage rates. For many interventions this entailed doubling existing coverage, if current trends continue to 2015.

Scenario B: Reaching the MDGs. A second scenario was developed with more ambitious targets set towards universal coverage (95%), in order to assess what the likely costs and impact would be. Coverage targets were modelled to maximize efforts required to reach MDGs 4 and 5 by 2015.

Figures 6 and 7 show the costs of scaling up interventions in the WHO Eastern Mediterranean Region in the two scenarios.

Figure 6: Scenario A - total annual estimated cost 2012–2015, in US\$ millions

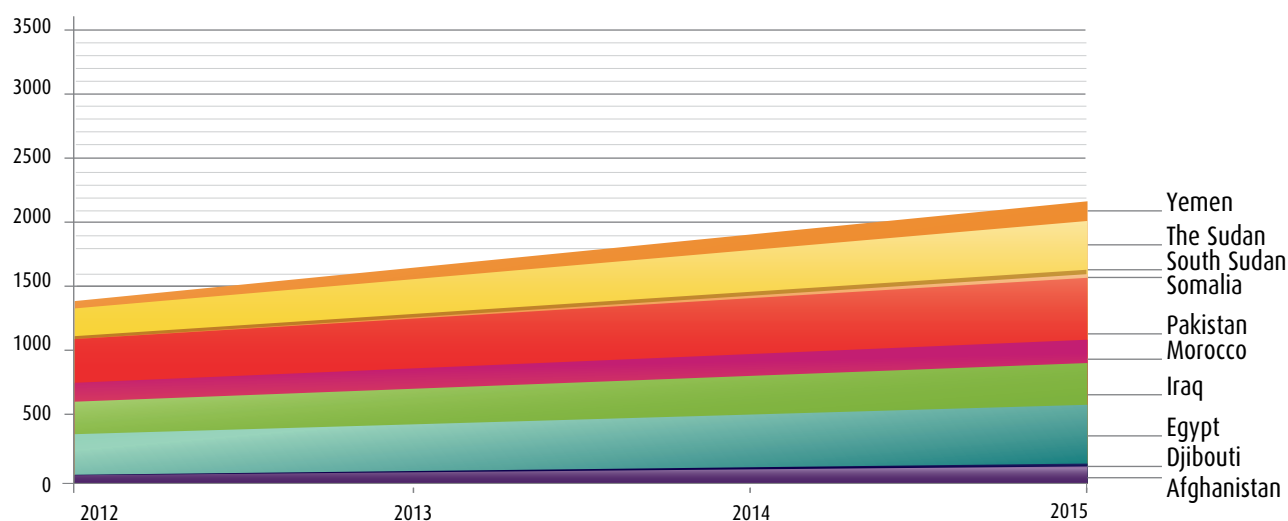
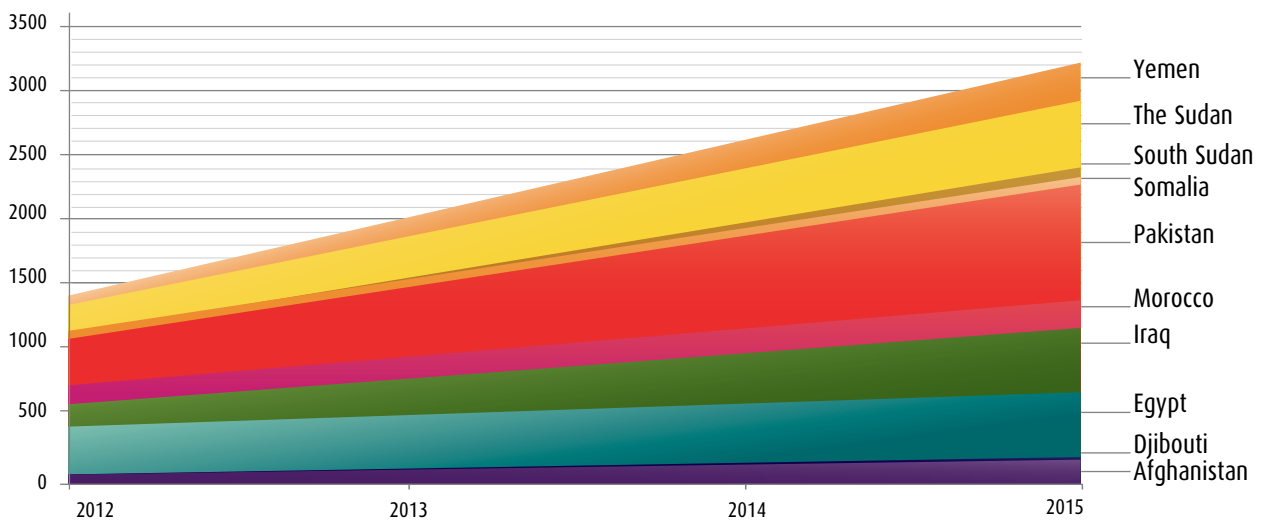




Figure 7: Scenario B – total annual estimated cost 2012–2015, in US\$ millions



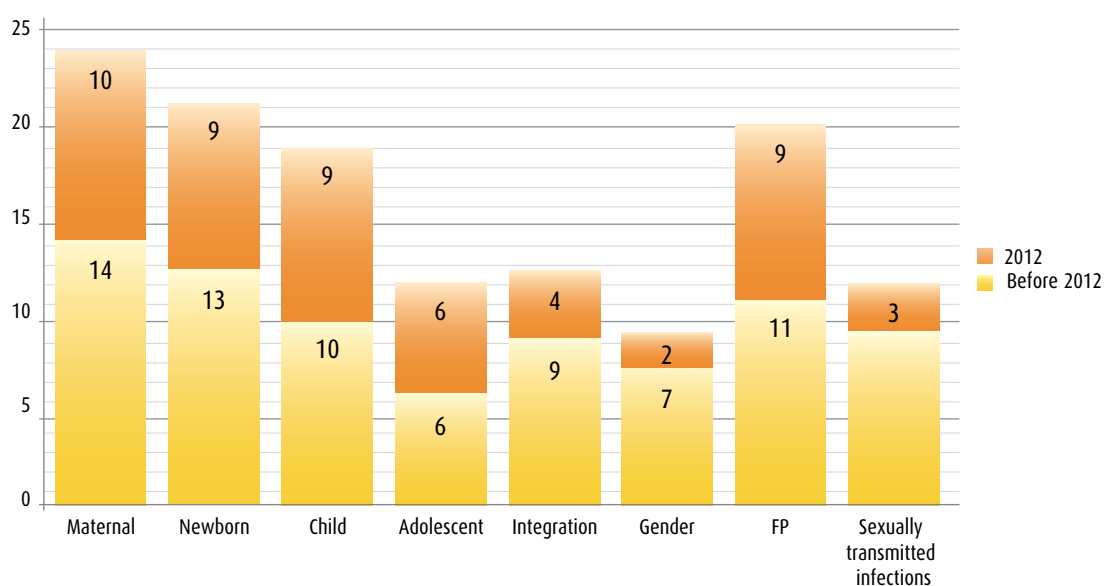
In summary, the analysis showed that accelerating implementation (Scenario A) would lead to more than 330 000 additional mothers' and children's lives saved between 2013 and 2015. Although some countries may find reaching the MDGs by 2015 (Scenario B) very challenging, scaling up effective interventions to almost universal coverage would have an enormous impact and could save the lives of almost 1 000 000 children under age five years and close to 20 000 mothers during the period 2013–2015.

In the follow-up to the high-level meeting and based on the above preliminary analysis, national acceleration plans are being developed in each of the 10 high burden countries with support from WHO, UNICEF and UNFPA.

Overall, H4+ country teams are continuously involved in assisting countries to develop and further sharpen their strategies and plans. The 2013 H4+ survey sheds some light into the areas of continuum of care that these plans have addressed (Figure 8). H4+ partners have further engaged with countries to develop the skills and knowledge needed to develop evidence-based costed plans. In the African Region, H4+ countries are now applying use of evidence-based planning and costing tools, including the OneHealth tool developed by the United Nations Inter-Agency Working Group on Costing. Some examples of achievements related to these key areas of work include:

- Sierra Leone developed and launched the Reproductive, Newborn and Child Health Strategy in 2012.
- In the Democratic Republic of the Congo, governments of provinces supported by the H4+/CIDA grant have committed to dedicate a budget line to maternal, newborn and child health, and to increase resources.
- It is also notable that the Democratic Republic of the Congo was able to stipulate an increased budget dedicated to maternal, newborn and child health programming.
- The Niger and Togo have assessed the costs and benefits of the removal of fees for services to women and children.
- Benin and Togo are exploring the use of performance-based financing as a system to manage and improve availability of resources and quality of services at the facility and community levels.

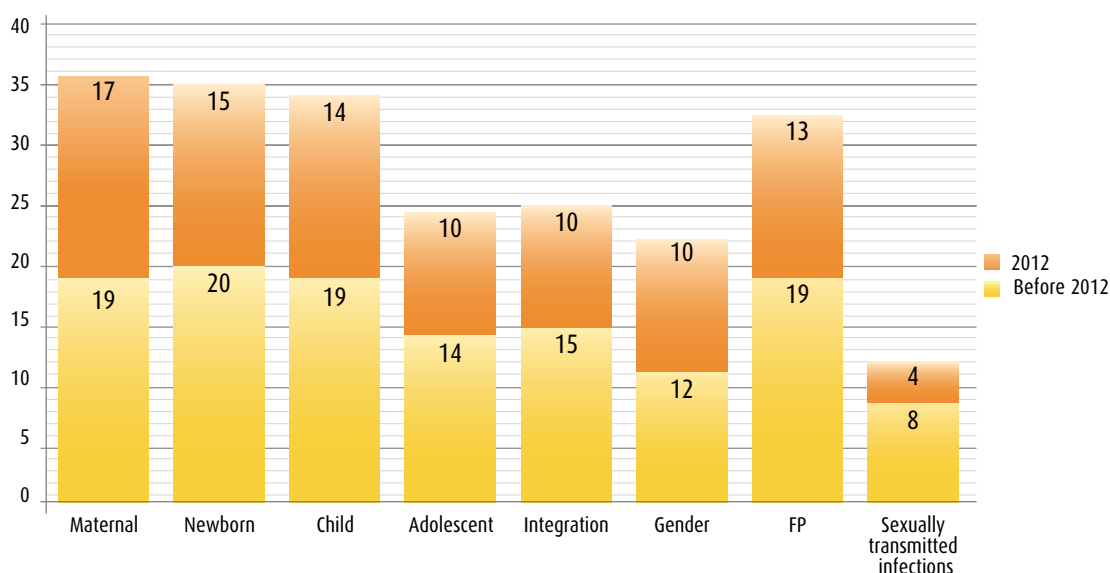
Figure 8: Number of countries supported to develop and/or cost RMNCH plans (2013 survey)



Key area 3: Scaling up quality RMNCH service delivery

The focus of most plans and developmental activities supported or facilitated by H4+ in countries has been on scaling up and improving the quality of RMNCH services. Figure 9 illustrates a breakdown of this information by area of continuum of care.

Figure 9: Number of countries supported by H4+ to scale up quality RMNCH services (2013 survey)



Examples related to the various efforts and results to improve quality of care and scale up RMNCH services include:

Maternal health

- Interventions to improve the availability and quality of Emergency Obstetric Care were implemented in Burkina Faso, Chad, the Democratic Republic of the Congo, the Niger and Zambia.



- Zambia supported the national training plan for scale-up of mobile phone technology to help provide reminders to pregnant women and mothers with newborn babies to attend follow-up services through community health workers.

Newborn health

- Support was provided to community health worker training programmes in newborn care at home in Burkina Faso, the Democratic Republic of the Congo and Zimbabwe.

Child health

- Benin organized a one-week child survival campaign, and reached out to 60 000 children.
- In Guinea, about 50% of districts are now covered by community-based implementation of Integrated Management of Neonatal and Childhood Illness.
- In Chad, support was provided for blanket feeding during the dry season.
- In Mali, about 4 000 000 children received Vitamin A during nutrition week.

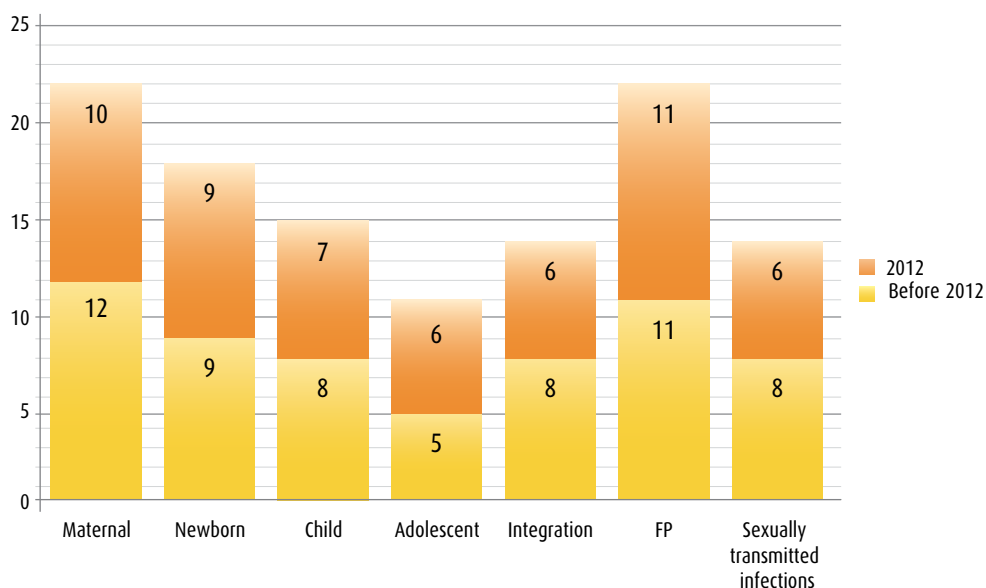
Family planning

- In the Democratic Republic of the Congo, community-based agents are being trained to distribute contraceptives in targeted districts.
- In Guinea, about 1000 women are now new users of long-term contraception.

Key area 4: Strengthening procurement and supply management systems for RMNCH

In October 2012, the Commission on Life-Saving Commodities recommendations and the Abuja Declaration recognized the need for strengthening PSM systems as a critical bottleneck to delivering life-saving RMNCH interventions. Despite a lower investment in implementation (41% of countries) as shown in Figure 3, this area is well recognized as being significant by countries and H4+ partners. Figure 10 indicates how H4+ technical assistance to strengthen PSM capacity at the country level has rolled out along the continuum of care over the past four years.

Figure 10: Number of countries supported by H4+ to strengthen procurement and supply management systems (2013 survey)



The French Muskoka Grant has recognized this issue since programme inception and has been an important engine behind country achievements in the area of procurement and development supply management systems. Following are several of these achievements:

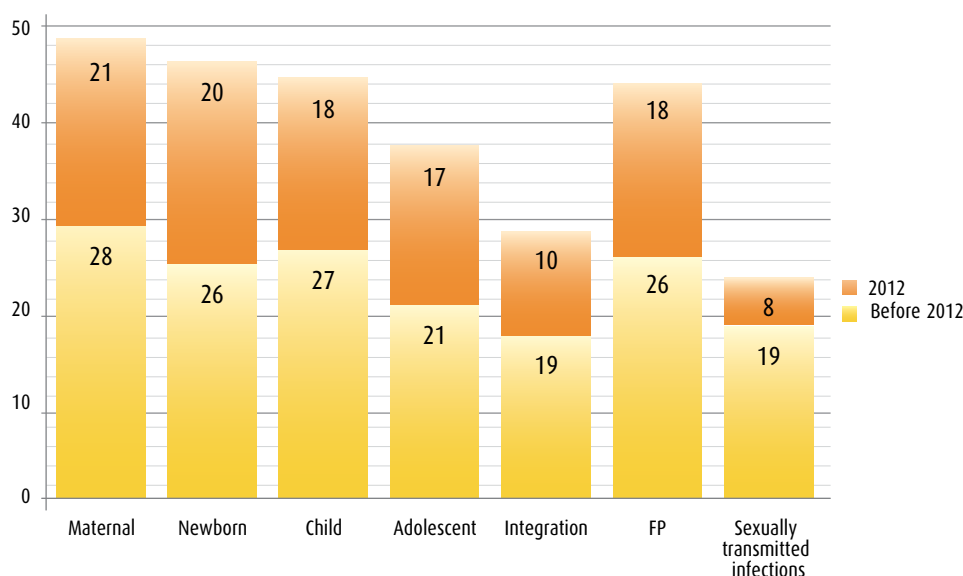
- National essential medicines lists, which include the priority commodities and supplies for RMNCH have been updated in Côte d'Ivoire, Guinea, Mali, Senegal and Togo.
- Procurement strategic plans for RMNCH commodities and supplies have been developed in Burkina Faso and the Democratic Republic of the Congo.
- Treatment protocols have been updated and pharmaceutical personnel have been trained in rational utilization of essential medicines (Côte d'Ivoire, the Democratic Republic of the Congo, Guinea and Senegal).
- Regional workshops addressed the needs of seven countries in developing capacities for reviewing and updating the essential medicines list.
- Sierra Leone has been supported in addressing supply, logistics and monitoring of the Free Health Care Initiative, which is the main mechanism for procurement, supply, logistics and distribution of medical commodities. A proposal has been finalized for using mobile phone technology for real-time monitoring of stock-outs of contraceptives and life-saving medicines.
- In Burkina Faso, rapid tests for early detection of HIV/AIDS have been provided with the support of H4+ to all facilities providing prevention of mother-to-child transmission of HIV services.

Key area 5: Address the urgent need for skilled health workers

Development and management of the health workforce is a critical component of all H4+ supported activities and plans at the country level (see Figure 11). The High Burden Country Initiative spearheaded by UNFPA brought H4+ focus into the issues related to RMNCH workforce development and management in the broader health systems context. Four country reports present a thorough analysis of midwifery workforce issues and options for accelerating midwifery workforce development.

Training of all cadres and community health workers is the most typical activity covered in the joint H4+ plans. The joint planning between agencies and ministries of health seems to result in reduced duplications and better harmonization of training activities. While in-service training courses remain important as a means to address the immediate shortage of knowledge and skills at the

Figure 11: Number of countries supported to address the RMNCH human resource gap (2013 survey)





work place, the efforts of H4+ have been focused mainly on supporting strategic activities related to curriculum development, training of trainers and pre-service training.

Some achievements reported in the area of development of skilled health workers include:

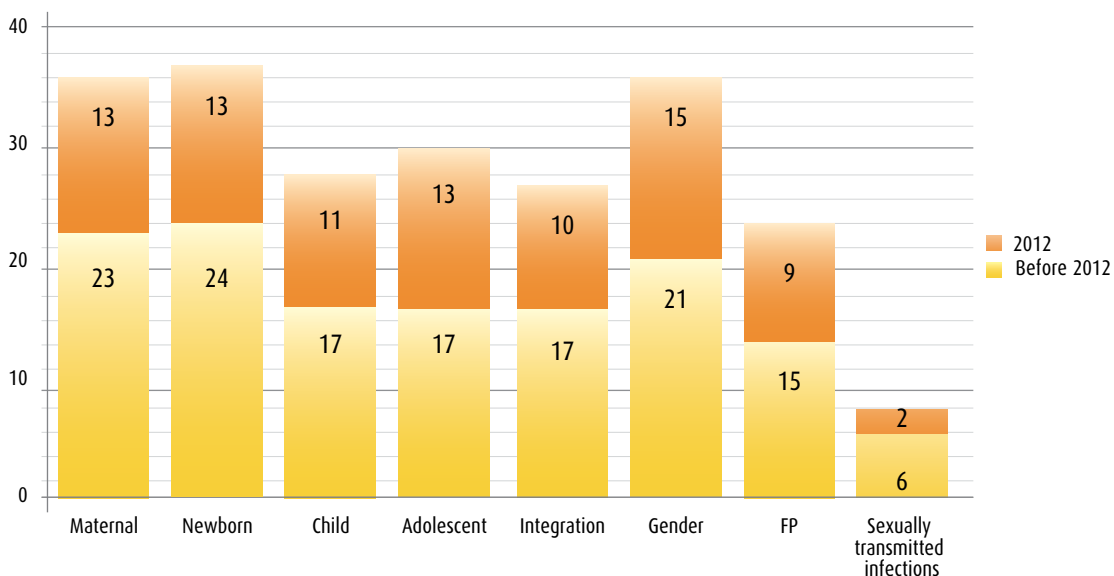
- Midwifery pre-service and in-service competencies have been strengthened and midwives supported with commodities and supplies in the Democratic Republic of the Congo and Zambia.
- Benin, Côte d'Ivoire, Mali and Togo worked to develop the competencies of community health workers to implement packages of integrated RMNCH services.
- Zambia recruited retired midwives and deployed them in areas that previously did not have staff with midwifery skills.
- Chad, Guinea and Togo supported recruitment and retention of midwives and community health workers for RMNCH.

Key area 6: Address demand-side barriers, especially for the most vulnerable

The joint H4+ plans address demand-side barriers across all areas of continuum of care. The 2013 survey provides a starting point in understanding how and where adolescent health is being prioritized, which is encouraging. Most of the innovation happening in this area involves communities – women and men alike – in a new combination of efforts to reduce social, economic and cultural barriers (see Figures 12 and 13). Following are some examples reported across H4+ supported countries:

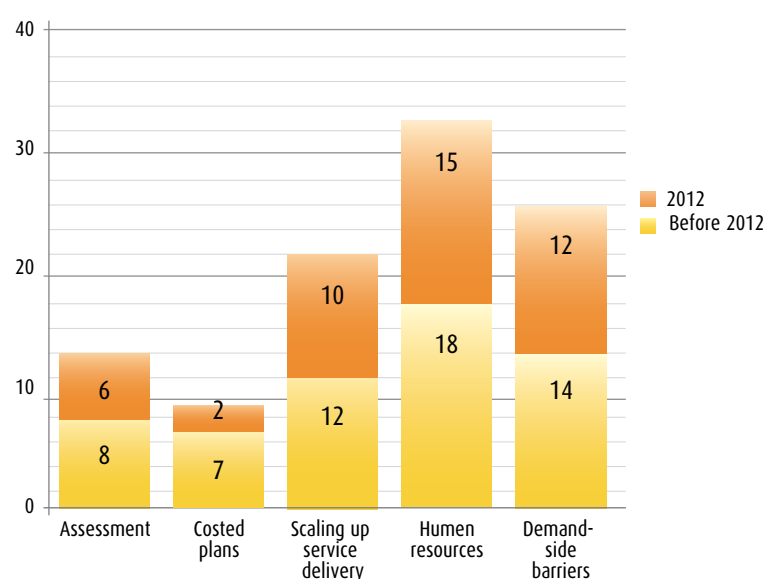
- Burkina Faso is developing the 'Husbands School' model for involving men in family planning.
- Zambia conducted community campaigns through national television spots to raising awareness of EMTCT and paediatric HIV care, support and treatment. Safe motherhood action groups and community-based distributors of family planning commodities were established in all districts. Local chiefs and community leaders participated in RMNCH review meetings.

Figure 12: Number of countries supported to address demand-side barriers in accessing services (2013 survey)



- Media campaigns in the Democratic Republic of the Congo, in collaboration with local NGOs, reached 50 000 households with messages on danger signs for mothers and children.
- Guinea has developed guidance on men's involvement in family planning.
- Mali has established couples' counselling through its 'maisons de la femme' project.
- Zimbabwe conducted community focus groups with community leaders, church leaders, parents, young people and health workers to raise awareness of adolescent sexual and reproductive health (SRH) and HIV services.
- Zimbabwe has also conducted a study to assess approaches and identify gaps, in order to better reach young people with SRH information and services.

Figure 13: Number of countries supported by H4+ to address gender inequality (2013 survey)



Gender is one of the key aspects that H4+ is addressing, with the strong support of UN Women, a newer member of the H4+ partnership. The country reports of H4+ supported grants give some indications of the type of initiatives that are being pursued to address the gender inequality gap:

- In Burkina Faso, H4+ has supported the development and dissemination of a soap opera on maternal health, family planning, gender, fistula, female genital mutilation and immunization. Some episodes are already in circulation.
- The Central African Republic, Guinea, Haiti, Mali, the Niger and Togo have prioritized gender-based violence (GBV) with the establishment of 'numéro vert' capacity building to develop campaigns and raise community awareness to prevent sexual violence.
- In Sierra Leone, the process is underway to establish a national voucher system and develop in-kind packages for vulnerable pregnant girls and women and hard-to-reach groups. The operational guidelines for both are completed and awaiting validation and dissemination.
- Also in Sierra Leone, with the support of H4+, male advocacy groups called Peer Educators Network and Community Wellness Advocacy Groups were formed to mobilize traditional and religious leaders to engage them on technical policy dialogue for the promotion of sexual and reproductive health and rights and prevention of GBV as part of the community mobilization programme.



Key area 7: Strengthen monitoring and evaluation systems by streamlining them with national systems

H4+ has paid special attention to M&E as a means of both tracking progress and increasing accountability in line with the recommendations of the COIA. Core indicators at impact and outcome levels are consistently linked to RMNCH indicators recommended by the COIA and the MDG Framework.

An H4+ Global M&E Reference Group was established in November 2011, and focal points were appointed by the respective agencies and the H4+ Steering Committee to support countries in monitoring, progress tracking and evaluation of RMNCH activities. For the H4+/CIDA Initiative, for example, the M&E reference group is working closely with:

- the Country M&E Focal Points responsible for the coordination and overall management of country-level activities relating to M&E;
- the lead United Nations agency H4+ Focal Point in the country responsible for the coordination of programme implementation;
- the consultant/national institution/partner who will develop and implement the overall plan for data collection, and for monitoring progress on implementation of interventions;
- the external institute/organization responsible for the mid-term and end-term independent evaluation of the initiative.

All countries funded by H4+ global grants were directly or indirectly supported with technical assistance in the areas of M&E and reviews. In most of these countries, M&E focal points have been identified and where available, the national M&E institutions are engaged to monitor the implementation of the grants.

To develop a common M&E framework, a CIDA-funded workshop was organized in Zambia in October 2012. One of the achievements was the collaborative review of suggested steps for the mid-term and end-term evaluation of the CIDA grant (proposed by the Independent Evaluation Institution) and the development of the H4+ Global Monitoring & Evaluation Framework. This Framework takes into consideration the country M&E plans and the implementation of COIA recommendations for each country. An inception report for the mid-term evaluation of the H4+/CIDA Initiative is currently under development and the mid-term evaluation will be initiated in second half of 2013.

Country case studies

Zambia – Coordination and planning of the H4+/CIDA Initiative UNICEF is the H4+ coordinating agency in Zambia

Even though United Nations heads of agencies meet under the broad umbrella of the United Nations Country Coordination Team led by the United Nations Resident Coordinator, H4+ agencies meet as a specific subgroup. The UNICEF representative takes the lead to coordinate the group.

At the beginning of 2012, with H4+/CIDA project funding:

- An H4+ Technical Working Group was established to oversee and monitor the implementation of the CIDA Grant.
- A project coordinator for the H4+ programme was recruited to provide technical and programmatic support and to liaise with the United Nations for project oversight. Also, the government – through the Maternal and Child Health (MCH) Department – appointed an H4+ Coordinator (Director of MCH).
- A global H4+ implementation meeting was held in Burkina Faso with all the five H4+ countries (Burkina Faso, the Democratic Republic of the Congo, Sierra Leone, Zambia and Zimbabwe) to kick off the project. Country delegations were led by the Ministry of Health and consisted of most of the H4+ agencies.
- An inception orientation and planning workshop was conducted to provide an opportunity for the five selected districts to have a common understanding of the goals and objectives of the CIDA initiative in March 2012. Forty participants attended the meeting, including key members of the District Health Management Teams. Resource persons included the Ministry of Health, Ministry of Community, Development and Mother and Child Health, the WHO Regional Office for Africa, United Nations H4+ agencies, and CIDA representatives.
- The WHO short programme review guide was used to conduct preliminary assessments in the districts. This provided the framework for the initial review by the districts of their current programmes. In June 2012, a comprehensive assessment of district RMNCH programmes was completed during UNICEF capacity building workshops on district health system strengthening for 100 managers from all five districts; this included results-based management and bottleneck analysis. The final outputs were strengthened evidence-based district action plans with specific activities identified for CIDA support.
- The University of Zambia Institute of Economic and Social Research (INESOR) was contracted to conduct baseline household and health-facility surveys in all five districts in June 2012. By September 2012, the Zambia M&E plan was finalized and consensus was reached on the core and additional indicators, with support from the United Nations, national-, provincial- and district-level staff. INESOR conduct M&E of the programme at the district level through quarterly visits and periodic surveys.
- The H4+/CIDA Initiative supports regular coordination meetings at national, provincial and district levels resulting in decentralized monitoring and supervisory activities.

Zambia (continued)

Implementing the H4+/CIDA Initiative by ensuring the continuum of care for women and children through health system strengthening and implementation of equity-focused strategies:

- Pre-pregnancy period: The focus is on increasing access to family planning services. UNFPA supports the provision of contraceptives. UNICEF is providing technical assistance for the promotion of maternal nutrition and health among women and in the communities.
- Pregnancy period: The aim is the promotion and delivery of focused antenatal care through safe mothers action groups (SMAGs) and health facilities. WHO provided training on existing guidelines and standards to health-care workers. UNICEF and UNFPA are responsible for the training of health-care workers in specific technical issues. Provision of supplies is under the responsibility of UNICEF as is the promotion of focused antenatal care at the community level through SMAGs.
- Childbirth period: The two main objectives are: (1) ensuring availability of delivery services – UNFPA is responsible for the training of skilled birth attendants at the health-facility level, while UNICEF provides assistance for the strengthening of procurement and supply management system by increasing the availability of Emergency Obstetric and Neonatal Care (EmONC) commodities; and (2) increasing access to institutional delivery for hard-to-reach pregnant women – UNFPA is supporting the refurbishment of maternity waiting homes and the hiring of retired midwives, while UNICEF is assisting the local government in the provision of EmONC supplies and the promotion of skilled delivery through SMAGs.
- Postnatal period: Technical assistance for the strengthening of postnatal care at the health-facility and community level is provided by UNFPA and UNICEF, respectively.

Issues and challenges

- There are challenges in having the subnational implementing levels (provinces and districts) take on the full coordination and eventually full ownership of the H4+/CIDA Initiative; for example, through the Provincial Development Coordinating Committee and District Coordinating Committee.
- H4+ has built and is building capacity for district health system strengthening. While this is now showing some gains (e.g. improved access through support for integrated outreach activities), it has also increased expectations at the implementation level for continuing support to accelerate specific activities (e.g. real-time monitoring and evidence-based planning).
- There is insufficient use of data for decision-making, programming and real-time monitoring.

Burkina Faso

WHO is the H4+ coordinating agency in Burkina Faso

- Burkina Faso has a dedicated H4+ country team that was established in 2011 with WHO as the H4+ coordinating agency. It has the active participation of all H4+ agencies except UN Women and has established several thematic groups to address specific issues. A joint H4+ workplan has been developed for 2011–2015 that is aligned to the national RMNCAH strategies and plans, and the activities are financed through the global H4+ funding mechanism, specifically through CIDA. The implementation was carried out in two regions. The total level of financing to the H4+ partnership is US\$ 7.04 million for the duration of the workplan.
- The coordination and financial support channelled through this partnership helped Burkina Faso accomplish several of its objectives. Several needs assessments were supported to gather evidence on baseline. A significant amount of effort has been invested in building human resource capacity for various skills in preparation for a scale up of RMNCAH services, including strengthening of PSM systems. An integrated training module on supply management is developed and is now included in the university curriculum. Another important output is the finalization of the country's Human Resources for Health Development Plan that will address the human resource constraints in the country. Extensive training and development of training curricula have led to building institutional capacity of the National School of Public Health and the central directorates.
- The supply side interventions were matched by activities undertaken to increase demand by increasing knowledge and creating awareness of health services through multimedia. An integrated approach encompassing two programmes called 'individuals, families and communities' and 'Husbands School' was launched to mobilize the entire community and engage men in the issues of reproductive health and family planning. This also helps to create favourable conditions for better use of RMNCAH services. A cost-sharing system at the community level has also been introduced in some health centres.
- Other key outputs include: community-based distribution of contraceptives increased from 12% in 2010 to 38% in 2012; coverage of essential newborn care increased from two to all nine regional hospitals in the same time period; 340 EmONC first line health service centres have been strengthened by providing the appropriate equipment and training; and there is now a plan in place to scale up the management of diarrhoea with oral rehydration salts and zinc. Another noteworthy achievement is the development of a community health policy which describes how to engage the community to address its health issues. For the 'Husbands School', a plan of action is approved by the stakeholders and a pilot project to create 10 such schools is being launched in Kaya in the North Central Region.

Issues and challenges

- A few of the implementation challenges include: delays in the launch of the program; difficulty in the selection of counterparts at the operational level due to high turnover of staff in both implementation regions; insufficient documentation at the operational level of good practices and lessons learnt. However, better planning and streamlining of processes has addressed some of these concerns.

Sierra Leone

UNFPA is the H4+ coordinating agency in Sierra Leone

- The key objective of the grant is to implement the programme at national level. The three expected results are: (1) quality primary health care, including PMTCT of HIV services and family planning at all levels, (2) quality Basic EmONC in every district, and (3) real-time information and communication for performance and accountability (mobile health, or mHealth). The duration of the CIDA workplan is 2011–2015. A gap analysis on maternal and child health curricula and other inputs contributed to the development of a comprehensive in-service training design framework to improve the overall skill level. A draft roadmap for systematic implementation of supportive supervision and mentoring is also developed based on a decentralized systems approach. Finally, the harmonization of the M&E plan with national health plan is almost complete.
- Noteworthy achievements include the establishment of a voucher system and in-kind packages for vulnerable pregnant girls and women; this serves as a demand-side intervention to increase access to RMNCH services. A proposal and budget are finalized for using mHealth for real-time monitoring of maternal and perinatal deaths, and of low stock of contraceptive and life-saving medicines.
- Health care providers in 50% of all peripheral health units are providing an integrated range of maternal, newborn and child health services. The impact of integration is stronger among the community health centres that are better equipped and staffed than more peripheral community health posts and MCH posts. Integration of services is cost effective and is more attractive to beneficiaries, thus it increases the demand for the services provided. The health workers also provide integrated services in the clinics, supported by integrated systems including data recording and registration, supportive supervision, and on-the-job training and mentoring. In five districts (Bombali, Bonthe, Kenema, Koinadugu and Pujehun) 150 hard-to-reach villages were served with integrated services by health personnel trained by the H4+ partnership.

Issues and challenges

- The volatile political environment in the country presented many challenges, including embargoes that imposed delays in training and immunization campaigns. The election period exacerbated some of those challenges. At the system level the Health Management Information System is inadequate and produces data that are incomplete, delayed and unreliable. However the programme is largely on track since the desired service delivery was attained and outreach activities to hard-to-reach areas were conducted.

What's next: Lessons learnt and challenges for the future

The 2013 H4+ survey asked country participants what worked well. The responses from 33 countries can be classified into three broad categories:

- The most important added value of the H4+ mechanism is improved coordination of various stakeholders at the country level. Most countries overwhelmingly attested to these benefits and how this forum facilitated a more efficient response to the RMNCH needs in their respective countries. As specified by the countries, the benefits of better coordination ranged from:
 - stronger leadership
 - joint planning and limited duplication of activities/efforts
 - streamlining implementation
 - refocusing of national priorities and plans
 - improved monitoring, progress tracking and evaluation mechanisms
 - improved advocacy for RMNCH issues.
- Another benefit was the technical assistance that H4+ agencies were able to provide, facilitate or financially support.
- Finally, the additional financing the H4+ partnership was able to leverage was greatly valued by the countries.

Building on the improved coordination facilitated by the H4+ partnership, several countries highlighted the support they received in developing strategic plans and documents for various components of the RMNCH. Another achievement of H4+ support is the various needs assessments conducted across several countries. These assessments generated critical evidence that informed the strategic documents. Piloting performance-based financing initiatives was also highlighted as one of the achievements for innovation.

What makes the H4+ partnership a success?

While collaboration and coordination is never easy and comes at a cost, the H4+ partnership has already demonstrated the many benefits and added value that this kind of partnership can leverage:

- The six lead United Nations agencies share a common platform of information and are able to galvanize support both externally and within a country for the RMNCH cause. This support ranges from political support and advocacy to leveraging additional financial resources.
- The partnership ensures standardization of methodologies, information and data, which enhances international comparability. Examples include the checklist for Rapid Review of RMNCH plans adapted from the Joint Assessment of National Health Strategies approach, the common H4+/CIDA M&E framework, and the OneHealth costing methodology.
- The partnership facilitates consistency in training materials to ensure standardized high-quality human capacity. This included building institutional capacity at universities in many countries.
- The partnership is becoming a 'one-stop shop' for countries to access technical and financial support for the entire spectrum of RMNCH issues. The coordination mechanism is simplified and streamlined for the countries by approaching a single H4+ coordinating team to access support.
- Bilateral donors like Sida, CIDA and France have considered the partnership as a valuable platform to operationalize their support for the Every Woman Every Child strategy.



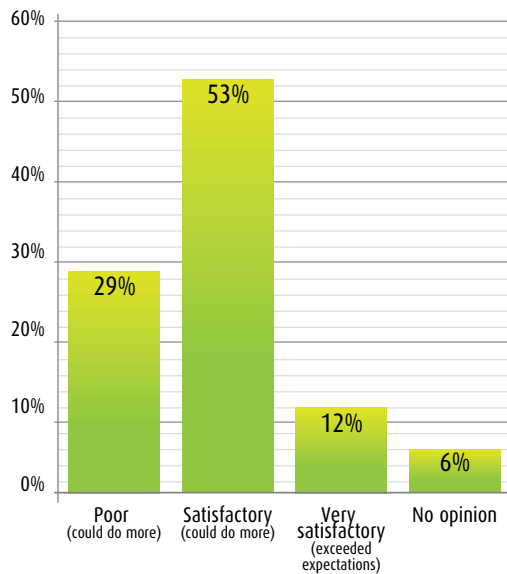
Challenges ahead

There are a number of factors that prevent the H4+ partnership from achieving its objectives optimally. The ever-increasing number of initiatives and targeted efforts to improve RMNCH results while maintaining country ownership and leadership is just one among them. Other key constraints are the lack of sufficient funding to implement some of the activities included in the joint workplan, limited human resource capacity, low ownership by implementing agencies, and fragmentation in H4+ agencies and national governments.

One of the most frequent issues raised by the country teams responding to the 2013 H4+ survey is the need to leverage increased funding for H4+ to help increase coordination among agencies. Another recurring subject was the need for more support to improve M&E systems. While H4+ has generally been applauded for its coordination role, a few countries have highlighted some room for improvement, particularly in better engaging with the World Bank. Some improvements could also be made in the area of better integration of RMNCH services with HIV and malaria campaigns. Finally, most countries continue to need support in the area of costing, which so far appears to be limited.

While the majority of the countries (22) perceived the performance of H4+ team as satisfactory or higher, almost one third of the countries (10) rated it poorly, signalling much scope for improvement (see Figure 14).

Figure 14: H4+ country teams' perceptions of their performance at the country level (2013 survey)



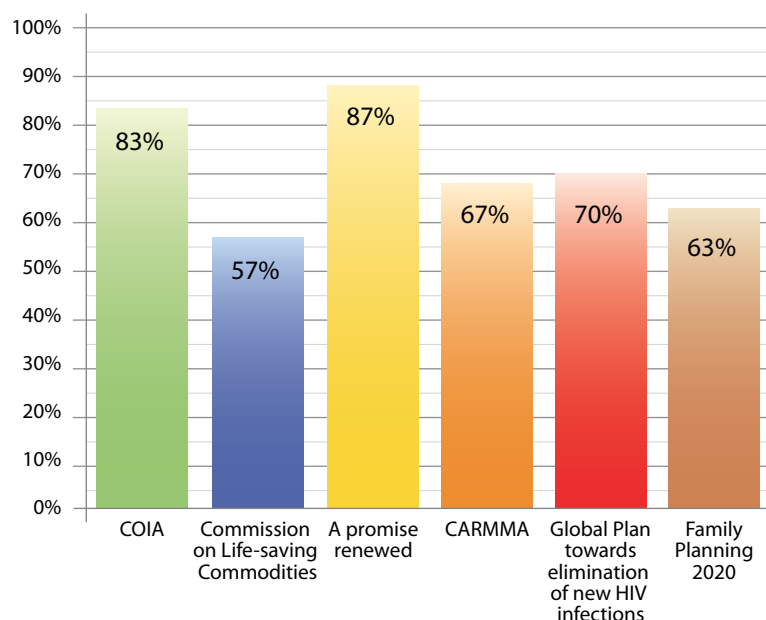
The next phase of H4+ support

The main message reiterated in the survey responses is to improve coordination in certain areas by engaging more actively with other United Nations partners in health, including the World Bank. Respondents cited the need for better streamlining of various initiatives to address specific needs and the need for better clarity on division of labour between the partners. Figure 15 highlights the degree of engagement of H4+ country teams with various initiatives. It takes resources to productively engage with and benefit from these initiatives.

The second clear message is to ensure sufficient funds to H4+ for more technical assistance, improved M&E systems, and stronger advocacy. One of the responding countries also highlighted an interesting issue of improved coordination, not only with HIV and malaria, but also to better address the social determinants of health. More systematic efforts should be made in optimizing the integration of RMNCH with HIV and malaria prevention and treatment.

Finally, the current work of the H4+ partnership is unfinished and it is imperative to continue to build on it. As reflected in some of the country responses, the key is to focus on high-impact interventions and work tirelessly towards universal access to quality sexual reproductive health care.

Figure 15: H4+ country teams engaged with accelerating implementation of global initiatives (2013 survey)



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Annex 1: Summary profiles for 34 countries

The objective of the 2013 H4+ survey was to explore the progress of the H4+ country teams in implementing the H4+ scope of work, from 2010 to December 2012. The survey was conducted between April and May 2013 using a web-based platform and targeting 58 countries. Forty-six countries responded to the survey (79.3% response rate) and 34 countries completed all sections. Information from the survey is presented in the 2013 H4+ report. In addition, the information collected is used to develop summary profiles of H4+ country teams for 34 countries.

AFGHANISTAN

H4+ COUNTRY TEAM PROFILE	H4+ country coordinating agency	WHO
	H4+ team established	2011
	H4+ country team composition	WHO, UNICEF, UNFPA, the World Bank, UN Women
	H4+ thematic working groups	RMNCH, Adolescent, FP, HIV/Malaria/RMNCH integration, STIs, Strategy development, planning and costing, Human resources, M&E, Other: gender equality (MDG 3)
	H4+ joint workplan covers	2011–2015
	H4+ joint activities funded by	Bilateral H4+: multi-donor trust fund
H4+ SCOPE OF WORK IMPLEMENTATION	H4+ national team facilitated or contributed to	
	Assessing the situation related to	MNCH, Adolescents, FP, STIs
	Development or costed plans for	MNCH, Adolescents, HIV/Malaria/RMNCH integration, FP, STIs
	Supporting procurement and supply management for	Maternal, Newborn, Adolescents, FP
	Development and strengthening of workforce for	MNCH, Adolescents, HIV/Malaria/RMNCH integration, Gender, FP, STIs
	Addressing demand-side barriers addressed, including gender related to	MNCH, Adolescents, HIV/Malaria/RMNCH integration, Gender, FP, STIs
	Implementation of national RMNCH priorities and initiatives including	Commission on Information and Accountability, Commission on Life-Saving Commodities, Family Planning 2020

BANGLADESH

H4+ COUNTRY TEAM PROFILE	H4+ country coordinator agency	
	H4+ team established	before 2010
	H4+ country team composition	WHO, UNICEF, UNFPA, UNAIDS, the World Bank
	H4+ thematic working groups	
	H4+ joint workplan covers	2011–2015
	H4+ joint activities funded by	Bilateral H4+: Through IDA credit and Pooled funds from development partners (AusAID, DFID, CIDA, Sida, KfW, UNFPA)
H4+ SCOPE OF WORK IMPLEMENTATION	H4+ national team facilitated or contributed to	
	Assessing the situation related to	
	Development or costed plans for	
	Supporting procurement and supply management for	
	Development and strengthening of workforce for	MNCH, Adolescents, FP
	Addressing demand-side barriers addressed, including gender related to	
Implementation of national RMNCH priorities and initiatives including		



BENIN

H4+ COUNTRY TEAM PROFILE	H4+ country coordinator agency	WHO
	H4+ team established	2010
	H4+ country team composition	WHO, UNICEF, UNFPA, UNAIDS, the World Bank
	H4+ thematic working groups	RMNCH, Adolescent, FP, HIV/Malaria/RMNCH integration, STIs, Strategy development, planning and costing, Human resources, M&E, Other: Violence against women and girls
	H4+ joint workplan covers	
	H4+ joint activities funded by	Global H4+: France/Muskoka
H4+ SCOPE OF WORK IMPLEMENTATION	H4+ national team facilitated or contributed to	
	Assessing the situation related to	
	Development or costed plans for	MNCH, HIV/Malaria/RMNCH integration, FP
	Supporting procurement and supply management for	
	Development and strengthening of workforce for	Maternal, Newborn, FP
	Addressing demand-side barriers addressed, including gender related to	MNCH, Adolescents, HIV/Malaria/RMNCH integration, Gender, FP, STIs
	Implementation of national RMNCH priorities and initiatives including	Child Survival Strategy (Promise renewed call to action), CARMMA, Global Plan Towards Elimination of New HIV Infections Among Children by 2015 and Keeping Mothers Alive, Family Planning 2020

BURKINA FASO

H4+ COUNTRY TEAM PROFILE	H4+ country coordinator agency	WHO
	H4+ team established	2011
	H4+ country team composition	WHO, UNICEF, UNFPA, UNAIDS, the World Bank
	H4+ thematic working groups	RMNCH, Adolescent, FP, HIV/Malaria/RMNCH integration, STIs, Strategy development, planning and costing, Human resources, M&E
	H4+ joint workplan covers	2011–2015
	H4+ joint activities funded by	Global H4+: CIDA
H4+ SCOPE OF WORK IMPLEMENTATION	H4+ national team facilitated or contributed to	
	Assessing the situation related to	MNCH, Adolescents, HIV/Malaria/RMNCH integration, Gender, FP, STIs
	Development or costed plans for	MNCH, FP
	Supporting procurement and supply management for	MNCH, Adolescents, HIV/Malaria/RMNCH integration, FP, STIs
	Development and strengthening of workforce for	MNCH, Adolescents, HIV/Malaria/RMNCH integration, Gender, FP, STIs
	Addressing demand-side barriers addressed, including gender related to	MNCH, Adolescents, HIV/Malaria/RMNCH integration, Gender, FP, STIs
	Implementation of national RMNCH priorities and initiatives including	Commission on Information and Accountability, Commission on Life-Saving Commodities, Child Survival Strategy (Promise renewed call to action), CARMMA, Global Plan Towards Elimination of New HIV Infections Among Children by 2015 and Keeping Mothers Alive, Family Planning 2020

CAMEROON

H4+ COUNTRY TEAM PROFILE	H4+ country coordinator agency	UNICEF (Core team: government-led coordination platform)
	H4+ team established	2011
	H4+ country team composition	WHO, UNICEF, UNFPA, UNAIDS, the World Bank, UN Women
	H4+ thematic working groups	
	H4+ joint workplan covers	2011–2015
	H4+ joint activities funded by	Global H4+: Sida. Bilateral H4+: United States Embassy
H4+ SCOPE OF WORK IMPLEMEN- TATION	H4+ national team facilitated or contributed to	
	Assessing the situation related to	MNCH, Adolescents, Gender, FP
	Development or costed plans for	MNCH, Adolescents, Gender, FP
	Supporting procurement and supply management for	
	Development and strengthening of workforce for	MNCH, Adolescents, HIV/Malaria/RMNCH integration, Gender, FP
	Addressing demand-side barriers addressed, including gender related to	Maternal, Newborn, Adolescents, FP
	Implementation of national RMNCH priorities and initiatives including	Commission on Information and Accountability, Commission on Life-Saving Commodities, Child Survival Strategy (Promise renewed call to action), CARMMA

CENTRAL AFRICAN REPUBLIC

H4+ COUNTRY TEAM PROFILE	H4+ country coordinator agency	UNCT
	H4+ team established	before 2010
	H4+ country team composition	WHO, UNICEF, UNFPA, UNAIDS
	H4+ thematic working groups	
	H4+ joint workplan covers	
	H4+ joint activities funded by	Bilateral H4+: France/Muskoka
H4+ SCOPE OF WORK IMPLEMENTATION	H4+ national team facilitated or contributed to	
	Assessing the situation related to	MNCH, HIV/Malaria/RMNCH integration, Gender, FP, STIs, Other: Health system
	Development or costed plans for	MNCH, HIV/Malaria/RMNCH integration, Gender, FP, STIs, Other: Assessing the health system in CAR
	Supporting procurement and supply management for	
	Development and strengthening of workforce for	
	Addressing demand-side barriers addressed, including gender related to	
	Implementation of national RMNCH priorities and initiatives including	CARMMA, Global Plan Towards Elimination of New HIV Infections Among Children by 2015 and Keeping Mothers Alive



CHINA

H4+ COUNTRY TEAM PROFILE	H4+ country coordinator agency	UNCT/UNICEF
	H4+ team established	before 2010
	H4+ country team composition	WHO, UNICEF, UNFPA, UNAIDS, the World Bank, UN Women, Other: Save the Children, GAIN, foundations and bilateral
	H4+ thematic working groups	
	H4+ joint workplan covers	
	H4+ joint activities funded by	no
	H4+ SCOPE OF WORK IMPLEMEN- TATION	H4+ national team facilitated or contributed to
Assessing the situation related to		
Development or costed plans for		
Supporting procurement and supply management for		
Development and strengthening of workforce for		
Addressing demand-side barriers addressed, including gender related to		
Implementation of national RMNCH priorities and initiatives including		Child Survival Strategy (Promise renewed call to action)

COMOROS

H4+ COUNTRY TEAM PROFILE	H4+ country coordinator agency	
	H4+ team established	2010
	H4+ country team composition	WHO, UNICEF, UNFPA
	H4+ thematic working groups	MNCH
	H4+ joint workplan covers	2010–2014
	H4+ joint activities funded by	Global H4+: Other: EWF
H4+ SCOPE OF WORK IMPLEMENTATION	H4+ national team facilitated or contributed to	
	Assessing the situation related to	
	Development or costed plans for	Maternal, Newborn
	Supporting procurement and supply management for	Maternal, Newborn
	Development and strengthening of workforce for	Maternal, Newborn
	Addressing demand-side barriers addressed, including gender related to	Maternal, Newborn
	Implementation of national RMNCH priorities and initiatives including	Commission on Information and Accountability, Commission on Life-Saving Commodities, Child Survival Strategy (Promise renewed call to action), CARMMA, Global Plan Towards Elimination of New HIV Infections Among Children by 2015 and Keeping Mothers Alive, Family Planning 2020

CONGO, THE DEMOCRATIC REPUBLIC OF THE

H4+ COUNTRY TEAM PROFILE	H4+ country coordinator agency	
	H4+ team established	before 2010
	H4+ country team composition	WHO, UNICEF, UNFPA, UNAIDS, the World Bank, UN Women
	H4+ thematic working groups	RMNCH, Adolescent, FP, HIV/Malaria/RMNCH integration, STIs, Strategy development, planning and costing, Human resources, M&E
	H4+ joint workplan covers	2011–2014
	H4+ joint activities funded by	Global H4+: CIDA, France/Muskoka, Other: Japan. Bilateral H4+: Japan
H4+ SCOPE OF WORK IMPLEMEN- TATION	H4+ national team facilitated or contributed to	
	Assessing the situation related to	Maternal, Newborn, Adolescents, HIV/Malaria/RMNCH integration, Gender, FP
	Development or costed plans for	MNCH, Adolescents, HIV/Malaria/RMNCH integration, FP, STIs, Other: Nutrition, Other: WASH
	Supporting procurement and supply management for	MNCH, FP
	Development and strengthening of workforce for	Maternal
	Addressing demand-side barriers addressed, including gender related to	Adolescents, FP
	Implementation of national RMNCH priorities and initiatives including	Commission on Information and Accountability, Commission on Life-Saving Commodities, Child Survival Strategy (Promise renewed call to action), CARMMA, Global Plan Towards Elimination of New HIV Infections Among Children by 2015 and Keeping Mothers Alive, Family Planning 2020

COTE D'IVOIRE

H4+ COUNTRY TEAM PROFILE	H4+ country coordinator agency	
	H4+ team established	2012
	H4+ country team composition	WHO, UNICEF, UNFPA, UNAIDS, the World Bank, UN Women
	H4+ thematic working groups	
	H4+ joint workplan covers	2012–2015
	H4+ joint activities funded by	Global H4+: CIDA, France/Muskoka, Sida
H4+ SCOPE OF WORK IMPLEMENTATION	H4+ national team facilitated or contributed to	
	Assessing the situation related to	MNCH, Adolescents, Gender, FP
	Development or costed plans for	MNCH, Adolescents, Gender, FP
	Supporting procurement and supply management for	
	Development and strengthening of workforce for	MNCH, Adolescents, Gender, FP
	Addressing demand-side barriers addressed, including gender related to	MNCH, Adolescents, Gender, FP
	Implementation of national RMNCH priorities and initiatives including	Commission on Information and Accountability, Commission on Life-Saving Commodities, Child Survival Strategy (Promise renewed call to action), CARMMA, Global Plan Towards Elimination of New HIV Infections Among Children by 2015 and Keeping Mothers Alive, Family Planning 2020



DJIBOUTI

H4+ COUNTRY TEAM PROFILE	H4+ country coordinator agency	
	H4+ team established	2011
	H4+ country team composition	WHO, UNICEF, UNFPA, UNAIDS
	H4+ thematic working groups	MNCH, HIV/Malaria/RMNCH integration, Strategy development, planning and costing, Other: It is really an MNCH group and another under the JUNTA for HIV
	H4+ joint workplan covers	
	H4+ joint activities funded by	no
H4+ SCOPE OF WORK IMPLEMENTATION	H4+ national team facilitated or contributed to	
	Assessing the situation related to	
	Development or costed plans for	
	Supporting procurement and supply management for	
	Development and strengthening of workforce for	
	Addressing demand-side barriers addressed, including gender related to	
	Implementation of national RMNCH priorities and initiatives including	Commission on Information and Accountability, Commission on Life-Saving Commodities, Child Survival Strategy (Promise renewed call to action), CARMMA, Global Plan Towards Elimination of New HIV Infections Among Children by 2015 and Keeping Mothers Alive, Family Planning 2020

ETHIOPIA

H4+ COUNTRY TEAM PROFILE	H4+ country coordinator agency	WHO
	H4+ team established	before 2010
	H4+ country team composition	WHO, UNICEF, UNFPA, UNAIDS, the World Bank, UN Women
	H4+ thematic working groups	
	H4+ joint workplan covers	2010–2015
	H4+ joint activities funded by	Bilateral H4+: J&J funding mobilized through global H4+ team and in Ethiopia, fund received by WHO
H4+ SCOPE OF WORK IMPLEMENTATION	H4+ national team facilitated or contributed to	
	Assessing the situation related to	
	Development or costed plans for	
	Supporting procurement and supply management for	
	Development and strengthening of workforce for	
	Addressing demand-side barriers addressed, including gender related to	
Implementation of national RMNCH priorities and initiatives including		

GHANA

H4+ COUNTRY TEAM PROFILE	H4+ country coordinator agency	UNCT/UNDAF
	H4+ team established	before 2010
	H4+ country team composition	WHO, UNICEF, UNFPA, UNAIDS, the World Bank, UN Women, Other: UNDP, WFP, IOM, ILO as part of UNDAF Outcome 6 Group
	H4+ thematic working groups	
	H4+ joint workplan covers	2012 –
	H4+ joint activities funded by	no
	H4+ SCOPE OF WORK IMPLEMENTATION	H4+ national team facilitated or contributed to
Assessing the situation related to		Maternal, Newborn, FP
Development or costed plans for		Maternal, Newborn, FP
Supporting procurement and supply management for		
Development and strengthening of workforce for		Maternal, Newborn, Adolescents, FP
Addressing demand-side barriers addressed, including gender related to		
Implementation of national RMNCH priorities and initiatives including		Commission on Information and Accountability, CARMMA, Global Plan Towards Elimination of New HIV Infections Among Children by 2015 and Keeping Mothers Alive

GUINEA-BISSAU

H4+ COUNTRY TEAM PROFILE	H4+ country coordinator agency	UNFPA
	H4+ team established	2013
	H4+ country team composition	WHO, UNICEF, UNFPA, UNAIDS, the World Bank, UN Women, Other: Resident Coordinator office as supporting entity
	H4+ thematic working groups	
	H4+ joint workplan covers	2013–2015
	H4+ joint activities funded by	Global H4+: Sida
H4+ SCOPE OF WORK IMPLEMENTATION	H4+ national team facilitated or contributed to	
	Assessing the situation related to	
	Development or costed plans for	
	Supporting procurement and supply management for	
	Development and strengthening of workforce for	
	Addressing demand-side barriers addressed, including gender related to	
	Implementation of national RMNCH priorities and initiatives including	Commission on Life-Saving Commodities, Child Survival Strategy (Promise renewed call to action), CARMMA, Global Plan Towards Elimination of New HIV Infections Among Children by 2015 and Keeping Mothers Alive, Family Planning 2020

HAITI

H4+ COUNTRY TEAM PROFILE	H4+ country coordinator agency	UNFPA
	H4+ team established	2011
	H4+ country team composition	WHO, UNICEF, UNFPA, UNAIDS, the World Bank, Other: CIDA, USAID, CDC, French Development Agency
	H4+ thematic working groups	
	H4+ joint workplan covers	
	H4+ joint activities funded by	no
	H4+ SCOPE OF WORK IMPLEMENTATION	H4+ national team facilitated or contributed to
Assessing the situation related to		Maternal, FP
Development or costed plans for		
Supporting procurement and supply management for		Maternal, FP
Development and strengthening of workforce for		
Addressing demand-side barriers addressed, including gender related to		
Implementation of national RMNCH priorities and initiatives including		

INDONESIA

H4+ COUNTRY TEAM PROFILE	H4+ country coordinator agency	
	H4+ team established	2010
	H4+ country team composition	WHO, UNICEF, UNFPA, UNAIDS, the World Bank
	H4+ thematic working groups	Reproductive, Maternal
	H4+ joint workplan covers	
	H4+ joint activities funded by	no
H4+ SCOPE OF WORK IMPLEMENTATION	H4+ national team facilitated or contributed to	
	Assessing the situation related to	Maternal, Newborn, Other: pre-service training nursing and midwifery
	Development or costed plans for	MNCH
	Supporting procurement and supply management for	
	Development and strengthening of workforce for	
	Addressing demand-side barriers addressed, including gender related to	
	Implementation of national RMNCH priorities and initiatives including	Commission on Information and Accountability, Child Survival Strategy (Promise renewed call to action)

KENYA

H4+ COUNTRY TEAM PROFILE	H4+ country coordinator agency	UNCT
	H4+ team established	before 2010
	H4+ country team composition	WHO, UNICEF, UNFPA, UNAIDS, the World Bank
	H4+ thematic working groups	Maternal, Newborn, HIV/Malaria/RMNCH integration
	H4+ joint workplan covers	2013–2014
	H4+ joint activities funded by	Bilateral H4+: Individual agencies
H4+ SCOPE OF WORK IMPLEMENTATION	H4+ national team facilitated or contributed to	
	Assessing the situation related to	HIV/Malaria/RMNCH integration
	Development or costed plans for	Maternal, Newborn, FP
	Supporting procurement and supply management for	MNCH, Adolescents, HIV/Malaria/RMNCH integration, FP, STIs
	Development and strengthening of workforce for	MNCH, Adolescents, HIV/Malaria/RMNCH integration, Gender, FP, STIs
	Addressing demand-side barriers addressed, including gender related to	MNCH, Adolescents, HIV/Malaria/RMNCH integration, Gender, FP, STIs
	Implementation of national RMNCH priorities and initiatives including	Commission on Information and Accountability, Child Survival Strategy (Promise renewed call to action), CARMMA, Global Plan Towards Elimination of New HIV Infections Among Children by 2015 and Keeping Mothers Alive, Family Planning 2020, Other: Country Countdown 2015

LESOTHO

H4+ COUNTRY TEAM PROFILE	H4+ country coordinator agency	UNCT
	H4+ team established	before 2010
	H4+ country team composition	WHO, UNICEF, UNFPA, Other: WFP, UNDP
	H4+ thematic working groups	
	H4+ joint workplan covers	
	H4+ joint activities funded by	Bilateral H4+: WHO, UNICEF, UNFPA, WFP, UNDP
H4+ SCOPE OF WORK IMPLEMENTATION	H4+ national team facilitated or contributed to	
	Assessing the situation related to	MNCH, Adolescents
	Development or costed plans for	Maternal, Newborn
	Supporting procurement and supply management for	
	Development and strengthening of workforce for	MNCH, Adolescents
	Addressing demand-side barriers addressed, including gender related to	
	Implementation of national RMNCH priorities and initiatives including	Commission on Information and Accountability, Child Survival Strategy (Promise renewed call to action), Global Plan Towards Elimination of New HIV Infections Among Children by 2015 and Keeping Mothers Alive

LIBERIA

H4+ COUNTRY TEAM PROFILE	H4+ country coordinator agency	UNCT/WHO
	H4+ team established	2010
	H4+ country team composition	WHO, UNICEF, UNFPA, UNAIDS, the World Bank, UN Women, Other: USAID and Ministry of Health is invited to H4+ meetings
	H4+ thematic working groups	Other: Integrated technical working group. Ad hoc subgroups are formed when necessary
	H4+ joint workplan covers	2010–2015
	H4+ joint activities funded by	Global H4+: Other: UN agencies funds, EU funding to the roadmap, proposal to be submitted to Sida.
	H4+ SCOPE OF WORK IMPLEMENTATION	H4+ national team facilitated or contributed to
Assessing the situation related to		MNCH, Adolescents, HIV/Malaria/RMNCH integration, Gender, FP, STIs
Development or costed plans for		MNCH, Adolescents, HIV/Malaria/RMNCH integration, Gender, FP, STIs
Supporting procurement and supply management for		
Development and strengthening of workforce for		MNCH, Adolescents, HIV/Malaria/RMNCH integration, Gender, FP, STIs
Addressing demand-side barriers addressed, including gender related to		
Implementation of national RMNCH priorities and initiatives including		Commission on Information and Accountability, Commission on Life-Saving Commodities, Child Survival Strategy (Promise renewed call to action), CARMMA, Global Plan Towards Elimination of New HIV Infections Among Children by 2015 and Keeping Mothers Alive, Family Planning 2020

MADAGASCAR

H4+ COUNTRY TEAM PROFILE	H4+ country coordinator agency	UNCT/UNFPA
	H4+ team established	2010
	H4+ country team composition	WHO, UNICEF, UNFPA, UNAIDS, the World Bank, Other: JICA, French Embassy, USAID/MCHIP
	H4+ thematic working groups	
	H4+ joint workplan covers	2013–2013
	H4+ joint activities funded by	Bilatéral H4+: Each member institution contributes to the realization of the interventions
H4+ SCOPE OF WORK IMPLEMENTATION	H4+ national team facilitated or contributed to	
	Assessing the situation related to	MNCH, Adolescents, HIV/Malaria/RMNCH integration, FP, Other: Vaccination, Other: Nutrition
	Development or costed plans for	MNCH, Adolescents, HIV/Malaria/RMNCH integration, Gender, FP, STIs, Other: Vaccination, Other: Nutrition
	Supporting procurement and supply management for	MNCH, Adolescents, HIV/Malaria/RMNCH integration, FP, STIs, Other: Vaccination, Other: Nutrition
	Development and strengthening of workforce for	MNCH, Adolescents, HIV/Malaria/RMNCH integration, Gender, FP, STIs, Other: Vaccination, Other: Nutrition
	Addressing demand-side barriers addressed, including gender related to	MNCH, Adolescents, HIV/Malaria/RMNCH integration, Gender, FP, STIs, Other: Vaccination, Other: Nutrition
	Implementation of national RMNCH priorities and initiatives including	Commission on Information and Accountability, Commission on Life-Saving Commodities, Child Survival Strategy (Promise renewed call to action), Other: Global strategies of the UNSG, Vaccination, Nutrition (Scaling up nutrition, 1000 days before the MDG deadline)

MALI

H4+ COUNTRY TEAM PROFILE	H4+ country coordinator agency	WHO
	H4+ team established	2010
	H4+ country team composition	WHO
	H4+ thematic working groups	RMNCH, Adolescents, FP, HIV/Malaria/RMNCH integration, Strategy development, planning and costing, Human resources, M&E
	H4+ joint workplan covers	2011–2015
	H4+ joint activities funded by	Global H4+: France/Muskoka
H4+ SCOPE OF WORK IMPLEMEN- TATION	H4+ national team facilitated or contributed to	
	Assessing the situation related to	MNCH, Adolescents, HIV/Malaria/RMNCH integration, Gender, FP, STIs
	Development or costed plans for	MNCH, Adolescents, HIV/Malaria/RMNCH integration, Gender, FP, STIs
	Supporting procurement and supply management for	MNCH, Adolescents, HIV/Malaria/RMNCH integration, FP, STIs
	Development and strengthening of workforce for	MNCH, Adolescents, HIV/Malaria/RMNCH integration, Gender, FP, STIs
	Addressing demand-side barriers addressed, including gender related to	MNCH, Adolescents, HIV/Malaria/RMNCH integration, Gender, FP, STIs
	Implementation of national RMNCH priorities and initiatives including	Commission on Information and Accountability, Commission on Life-Saving Commodities, Child Survival Strategy (Promise renewed call to action), CARMMA, Global Plan Towards Elimination of New HIV Infections Among Children by 2015 and Keeping Mothers Alive, Family Planning 2020

MONGOLIA

H4+ COUNTRY TEAM PROFILE	H4+ country coordinator agency	
	H4+ team established	before 2010
	H4+ country team composition	WHO, UNICEF, UNFPA, Other: we will invite UNAIDS/ the World Bank and ADB to join
	H4+ thematic working groups	RMNCH, Adolescent, FP, HIV/Malaria/RMNCH integration, STIs, Strategy development, planning and costing, Human resources, M&E, Other: commodity security
	H4+ joint workplan covers	Before 2010–2014
	H4+ joint activities funded by	Bilateral H4+: Use of own agency's funds
H4+ SCOPE OF WORK IMPLEMENTATION	H4+ national team facilitated or contributed to	
	Assessing the situation related to	Maternal, Newborn, Adolescents, Other: assessment of Key areas of Accountability Framework WCH
	Development or costed plans for	
	Supporting procurement and supply management for	Maternal, FP
	Development and strengthening of workforce for	MNCH, Adolescents, FP
	Addressing demand-side barriers addressed, including gender related to	
Implementation of national RMNCH priorities and initiatives including	Commission on Information and Accountability, Commission on Life-Saving Commodities, Child Survival Strategy (Promise renewed call to action)	



MOZAMBIQUE

H4+ COUNTRY TEAM PROFILE	H4+ country coordinator agency	
	H4+ team established	before 2010
	H4+ country team composition	WHO, UNICEF, UNFPA
	H4+ thematic working groups	
	H4+ joint workplan covers	2012–2015
	H4+ joint activities funded by	Bilateral H4+: CIDA
H4+ SCOPE OF WORK IMPLEMENTATION	H4+ national team facilitated or contributed to	
	Assessing the situation related to	Maternal, Newborn, FP
	Development or costed plans for	MNCH, FP, STIs
	Supporting procurement and supply management for	
	Development and strengthening of workforce for	MNCH, Adolescents, FP, STIs
	Addressing demand-side barriers addressed, including gender related to	Maternal, Newborn, FP
	Implementation of national RMNCH priorities and initiatives including	Commission on Information and Accountability, Child Survival Strategy (Promise renewed call to action), CARMMA, Global Plan Towards Elimination of New HIV Infections Among Children by 2015 and Keeping Mothers Alive, Family Planning 2020

NIGER

H4+ COUNTRY TEAM PROFILE	H4+ country coordinator agency	WHO
	H4+ team established	before 2010
	H4+ country team composition	WHO, UNICEF, UNFPA, UNAIDS, the World Bank, UN Women
	H4+ thematic working groups	
	H4+ joint workplan covers	
	H4+ joint activities funded by	Global H4+: CIDA, France/Muskoka, Sida. Bilateral H4+: Denmark, EU, Japan, Luxembourg, Spain
H4+ SCOPE OF WORK IMPLEMENTATION	H4+ national team facilitated or contributed to	
	Assessing the situation related to	
	Development or costed plans for	
	Supporting procurement and supply management for	MNCH, Adolescents, HIV/Malaria/RMNCH integration, FP, STIs
	Development and strengthening of workforce for	MNCH, Adolescents, HIV/Malaria/RMNCH integration, Gender, FP, STIs
	Addressing demand-side barriers addressed, including gender related to	MNCH, Adolescents, HIV/Malaria/RMNCH integration, FP, STIs
	Implementation of national RMNCH priorities and initiatives including	Commission on Information and Accountability, Commission on Life-Saving Commodities, Child Survival Strategy (Promise renewed call to action), CARMMA, Global Plan Towards Elimination of New HIV Infections Among Children by 2015 and Keeping Mothers Alive, Family Planning 2020



NIGERIA

H4+ COUNTRY TEAM PROFILE	H4+ country coordinator agency	WHO
	H4+ team established	2010
	H4+ country team composition	WHO, UNICEF, UNFPA, UNAIDS, the World Bank
	H4+ thematic working groups	
	H4+ joint workplan covers	2013–2014
	H4+ joint activities funded by	Bilateral H4+: CIDA
H4+ SCOPE OF WORK IMPLEMENTATION	H4+ national team facilitated or contributed to	
	Assessing the situation related to	Maternal, Gender, Other: Waste Management Baseline Survey
	Development or costed plans for	Maternal, Gender, Other: Waste Management
	Supporting procurement and supply management for	Newborn, FP
	Development and strengthening of workforce for	MNCH, Gender, FP
	Addressing demand-side barriers addressed, including gender related to	MNCH, Gender, FP
	Implementation of national RMNCH priorities and initiatives including	Commission on Information and Accountability, Commission on Life-Saving Commodities, Child Survival Strategy (Promise renewed call to action), CARMMA, Global Plan Towards Elimination of New HIV Infections Among Children by 2015 and Keeping Mothers Alive, Family Planning 2020

PAPUA NEW GUINEA

H4+ COUNTRY TEAM PROFILE	H4+ country coordinator agency	UNCT
	H4+ team established	before 2010
	H4+ country team composition	WHO, UNICEF, UNFPA, Other: The National Department of Health is participating at planning meetings and progress/follow-up, financial meetings
	H4+ thematic working groups	Reproductive, FP, Strategy development, planning and costing
	H4+ joint workplan covers	2010–2014
	H4+ joint activities funded by	Bilateral H4+: New Zealand and Australia
	H4+ SCOPE OF WORK IMPLEMENTATION	H4+ national team facilitated or contributed to
Assessing the situation related to		
Development or costed plans for		
Supporting procurement and supply management for		
Development and strengthening of workforce for		MNCH, Gender
Addressing demand-side barriers addressed, including gender related to		
Implementation of national RMNCH priorities and initiatives including		Commission on Information and Accountability, Child Survival Strategy (Promise renewed call to action), Global Plan Towards Elimination of New HIV Infections Among Children by 2015 and Keeping Mothers Alive, Family Planning 2020

RWANDA

H4+ COUNTRY TEAM PROFILE	H4+ country coordinator agency	
	H4+ team established	2010
	H4+ country team composition	WHO, UNICEF, UNFPA, UNAIDS, the World Bank
	H4+ thematic working groups	RMNCH, Adolescent, FP, HIV/Malaria/RMNCH integration, STIs, Strategy development, planning and costing, Human resources, M&E, Other: Gender, Population and Nutrition
	H4+ joint workplan covers	2010–2013
	H4+ joint activities funded by	Global H4+: CIDA, France/Muskoka. Bilateral H4+: DFID, USAID, BTC, EU, Lux-Development, Suisse, etc.
H4+ SCOPE OF WORK IMPLEMENTATION	H4+ national team facilitated or contributed to	
	Assessing the situation related to	MNCH, Adolescents, Gender, FP
	Development or costed plans for	MNCH, Adolescents, Gender, FP
	Supporting procurement and supply management for	MNCH, HIV/Malaria/RMNCH integration, FP, STIs
	Development and strengthening of workforce for	MNCH, Adolescents, HIV/Malaria/RMNCH integration, Gender, FP, STIs
	Addressing demand-side barriers addressed, including gender related to	MNCH, Adolescents, HIV/Malaria/RMNCH integration, Gender, FP, STIs
	Implementation of national RMNCH priorities and initiatives including	Commission on Information and Accountability, Commission on Life-Saving Commodities, Child Survival Strategy (Promise renewed call to action), CARMMA, Global Plan Towards Elimination of New HIV Infections Among Children by 2015 and Keeping Mothers Alive, Family Planning 2020

SOUTH SUDAN

H4+ COUNTRY TEAM PROFILE	H4+ country coordinator agency	
	H4+ team established	2012
	H4+ country team composition	WHO, UNICEF, UNFPA, UNAIDS
	H4+ thematic working groups	Other: The H4+TWG handles all technical issues across all the thematic areas as they arise from the H4+ Heads of agencies meetings
	H4+ joint workplan covers	
	H4+ joint activities funded by	no
H4+ SCOPE OF WORK IMPLEMENTATION	H4+ national team facilitated or contributed to	
	Assessing the situation related to	
	Development or costed plans for	
	Supporting procurement and supply management for	
	Development and strengthening of workforce for	Maternal
	Addressing demand-side barriers addressed, including gender related to	Maternal, Newborn
	Implementation of national RMNCH priorities and initiatives including	Commission on Information and Accountability, Child Survival Strategy (Promise renewed call to action)

TOGO

H4+ COUNTRY TEAM PROFILE	H4+ country coordinator agency	UNICEF
	H4+ team established	2011
	H4+ country team composition	WHO, UNICEF, UNFPA, UNAIDS, the World Bank
	H4+ thematic working groups	
	H4+ joint workplan covers	
	H4+ joint activities funded by	Bilateral H4+: France/Muskoka
H4+ SCOPE OF WORK IMPLEMENTATION	H4+ national team facilitated or contributed to	
	Assessing the situation related to	
	Development or costed plans for	Maternal, Newborn, FP
	Supporting procurement and supply management for	
	Development and strengthening of workforce for	MNCH, Adolescents, Gender, FP, Other: Nutrition
	Addressing demand-side barriers addressed, including gender related to	
	Implementation of national RMNCH priorities and initiatives including	Commission on Information and Accountability, Child Survival Strategy (Promise renewed call to action), CARMMA, Global Plan Towards Elimination of New HIV Infections Among Children by 2015 and Keeping Mothers Alive, Family Planning 2020

UGANDA

H4+ COUNTRY TEAM PROFILE	H4+ country coordinator agency	
	H4+ team established	before 2010
	H4+ country team composition	WHO, UNICEF, UNFPA, UNAIDS, the World Bank
	H4+ thematic working groups	
	H4+ joint workplan covers	2010–2014
	H4+ joint activities funded by	Bilateral H4+: DFID
H4+ SCOPE OF WORK IMPLEMENTATION	H4+ national team facilitated or contributed to	
	Assessing the situation related to	Maternal, Gender, FP
	Development or costed plans for	FP
	Supporting procurement and supply management for	Maternal, FP
	Development and strengthening of workforce for	MNCH, Adolescents, HIV/Malaria/RMNCH integration, Gender, FP
	Addressing demand-side barriers addressed, including gender related to	Maternal, Newborn, Adolescents, HIV/Malaria/RMNCH integration, Gender, FP
	Implementation of national RMNCH priorities and initiatives including	Commission on Information and Accountability, Commission on Life-Saving Commodities, Child Survival Strategy (Promise renewed call to action), CARMMA, Global Plan Towards Elimination of New HIV Infections Among Children by 2015 and Keeping Mothers Alive, Family Planning 2020, Other: The maternal and newborn roadmap, The National Commitment to Every Woman Every Child Initiative



UZBEKISTAN

H4+ COUNTRY TEAM PROFILE	H4+ country coordinator agency	UNCT
	H4+ team established	2011
	H4+ country team composition	WHO, UNICEF, UNFPA, UNAIDS, UN Women, Other: UNDP
	H4+ thematic working groups	
	H4+ joint workplan covers	2010–2015
	H4+ joint activities funded by	Bilateral H4+: GIZ, Human Security Trust, UNFPA, WHO, UNDP, UN Women
	H4+ SCOPE OF WORK IMPLEMEN- TATION	H4+ national team facilitated or contributed to
Assessing the situation related to		
Development or costed plans for		
Supporting procurement and supply management for		
Development and strengthening of workforce for		MNCH, Adolescents, Gender, FP, STIs
Addressing demand-side barriers addressed, including gender related to		
Implementation of national RMNCH priorities and initiatives including		Child Survival Strategy (Promise renewed call to action)

VIET NAM

H4+ COUNTRY TEAM PROFILE	H4+ country coordinator agency	UNFPA
	H4+ team established	2012
	H4+ country team composition	WHO, UNICEF, UNFPA, UNAIDS, the World Bank, UN Women
	H4+ thematic working groups	RMNCH, Adolescents, FP, HIV/Malaria/RMNCH integration, STIs, Strategy development, planning and costing, Human resources, M&E, Other: Maternal and child nutrition, WAS
	H4+ joint workplan covers	2012–2013
	H4+ joint activities funded by	Global H4+: Other: funding from individual H4+ agencies, not from global H4+ funding sources
H4+ SCOPE OF WORK IMPLEMENTATION	H4+ national team facilitated or contributed to	
	Assessing the situation related to	MNCH, Adolescents, HIV/Malaria/RMNCH integration, Gender, FP
	Development or costed plans for	
	Supporting procurement and supply management for	
	Development and strengthening of workforce for	MNCH, Adolescents, HIV/Malaria/RMNCH integration, Gender, FP, STIs
	Addressing demand-side barriers addressed, including gender related to	MNCH, Adolescents, HIV/Malaria/RMNCH integration, Gender, FP, STIs
	Implementation of national RMNCH priorities and initiatives including	Commission on Information and Accountability

ZAMBIA

H4+ COUNTRY TEAM PROFILE	H4+ country coordinator agency	UNICEF
	H4+ team established	2011
	H4+ country team composition	WHO, UNICEF, UNFPA, UNAIDS, the World Bank
	H4+ thematic working groups	
	H4+ joint workplan covers	2011–2013
	H4+ joint activities funded by	Global H4+: CIDA
H4+ SCOPE OF WORK IMPLEMENTATION	H4+ national team facilitated or contributed to	
	Assessing the situation related to	MNCH, Adolescents, HIV/Malaria/RMNCH integration, Gender, FP, STIs
	Development or costed plans for	MNCH, Adolescents, HIV/Malaria/RMNCH integration
	Supporting procurement and supply management for	
	Development and strengthening of workforce for	MNCH, Adolescents, HIV/Malaria/RMNCH integration, Gender, FP, Other: Bottleneck Analysis
	Addressing demand-side barriers addressed, including gender related to	MNCH, Adolescents, HIV/Malaria/RMNCH integration, Gender, FP, STIs
	Implementation of national RMNCH priorities and initiatives including	Commission on Information and Accountability, Commission on Life-Saving Commodities, Child Survival Strategy (Promise renewed call to action), CARMMA, Global Plan Towards Elimination of New HIV Infections Among Children by 2015 and Keeping Mothers Alive, Family Planning 2020

June 2013

The H4+ partnership

Joint country support to improve
women's and children's health

Progress Report



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