	UNFPA Management Response to MHTF Mid-term Evaluation Phase-III-2018-2022						
Evaluation Report Issue Date	Evaluation report tag [choose 1 from the list below]: 1. Country Programme Evaluation (CPE) 2. Regional Programme Evaluation (RPE) 3. Programme Level Evaluation (non CPE or RPE evaluations) 4. DAO (Delivering as One) Evaluation 5. UNDAF Evaluation 6. Humanitarian Evaluation 7. Meta-Evaluation 8. Evaluation Approach Paper 9. Evaluability Assessment	Additional attributes [Joint ,impact or institutional)	UNFPA Business Units Responsible for implementation	Heads of Responsible Business Units Final approvers	Responsible Unit Managing/Coordinating Focal Point Hemant Dwivedi, SRHB,TD dwivedi@unfpa.org	Date of submission	
22 February 2022	Programme Level Evaluation	Institutional	TD, ESARO, WCARO, EECARO, APRO, LACRO, ASRO, Country Offices	Pio Smith, OED Julitta Onabanjo, TD Anneka Knutsson, TD	SRHB Hemant Dwivedi dwivedi@unfpa.org	25 March 2022	

EVALUATION RECOMMENDATION(S) AND PROPOSED ACTION POINT(S) [List all recommendations below as they appear in the Evaluation Report]						
Recommendation No. 1	Strategic recommendation		Priority: High			
	As the key UNFPA vehicle for SRHR-MNH integration and support, continue and expand the MHTF into a new phase.					
	Operational implications:					
	 Set the ambition of Phase IV and the expected gap it will fill. Identify why the UNFPA contribution to filling this gap is best wrapped into a global programme approach rather than through routine country budgets. Develop Phase IV goals, objectives, strategies, targeted partnerships and investments, and expected outcomes (elaborate the new programme) working in collaboration with the Advisory Board and regional and country offices to strengthen buy-in, fundraising and stakeholder engagement. Develop a revised theory of change to guide Phase IV and ensure it identifies the role and positioning of the MHTF in relation to other UNFPA investments in MNH and the larger landscape of maternal mortality reduction. 					
Management Response to Re [Accepted/Partially Accepted/Rejected]	ecommendation acceptance status	Accepted				
If recommendation is partially acce	pted or rejected, provide reasons:	N/A				

If recommendation is accepted or parti	ally accepted, list, below, action(s) that will logically lead to its impler	mentation, ideally w	vithin a year of the date recomme	endation was issued	
Action point title	Action point text	Due date (year)	Lead implementing unit [specify <u>only one</u> per action point only]	Lead implementing and reporting staff Owner [specify only one per action point only]	Additional units involved in implementation (if any)
Phase IV of the MHTF will be based on an expanded theory of change that identifies the role and positioning of the MHTF in relation to other UNFPA investments in SRMNH and the larger, global landscape of maternal mortality reduction.	Develop a revised theory of change (TOC) or similar to guide the MHTF Phase IV. Identify the MHTF's role vis - à - vis other UNFPA investments in Maternal & Newborn Health and SRMNH along the continuum of care.	February 2023	Technical Division (Sexual and Reproductive Health Branch)	Willibald Zeck zeck@unfpa.org Geeta Lal lal@unfpa.org Jean Pierre Monet monet@unfpa.org Hemant Dwivedi dwivedi@unfpa.org	Technical Division (SRH Branch, CS Branch; gender Branch), Policy and Strategy Division, regional offices, Humanitarian Office, the MHTF Advisory Board
	Develop a "white paper" aligned with UNFPA's overall contribution towards SRMNH, Maternal Mortality Reduction and UNFPA's SP 2022-2025.	February 2023	Technical Division (Sexual and Reproductive Health Branch)	Willibald Zeck zeck@unfpa.org Geeta Lal lal@unfpa.org Jean Pierre Monet monet@unfpa.org Hemant Dwivedi dwivedi@unfpa.org	
	Develop a MHTF Phase IV business plan which articulates objectives, strategies, strategic partnerships, and investments, and expected outcomes in collaboration with all relevant UNFPA divisions/ branches, regional and country offices teams.	June 2023	Technical Division (Sexual and Reproductive Health Branch)	Willibald Zeck zeck@unfpa.org Geeta Lal lal@unfpa.org Jean Pierre Monet monet@unfpa.org Hemant Dwivedi dwivedi@unfpa.org	

Recommendation No. 2	Strategic recommendation	Priority: High				
	Position the MHTF within a comprehensive UNFPA maternal health strategy and action plan.					
	Operational implications:					
	 Develop a comprehensive cross-organizational maternal health strategy and action 2022-2025 and its transformative result of ending preventable maternal deaths. 	plan that is clearly situated in relation to the UNFPA organizational strategic plan				
	 Identify the MHTF contribution at the organizational level to this maternal health st 					
	Supplies Partnership (maternal health commodities) and other thematic funds (End	ling Child Marriage, FGM, and the HIV response), humanitarian resource and core				
	funds.					

• Clarify the role of the MHTF within UNFPA in relation to the maternal health strategy and action plan and in support of the UNFPA transformative result.

• Refine and update the MHTF logic chain in the next phase of the programme to reflect its contribution to the organizational maternal health strategy and action plan and its role as co-convenor of the global Ending Preventable Maternal Mortality initiative.

Management Response to Recommendation acceptance statu [Accepted/Partially Accepted/Rejected]	Accepted
If recommendation is partially accepted or rejected, provide reasons:	N/A

Action point title	Action point text	Due date	Lead implementing unit	Lead implementing and	Additional units
		(year)	[specify only one per action	reporting staff	involved in
			point only]	Owner	implementation (if any)
				[specify <u>only one</u> per action	
				point only]	
Drawing on the MHTF experience,	Develop a comprehensive cross-organizational Maternal	June 2023	Technical Division (Sexual	Anneka Knutsson	Technical Division (SRH
in anticipation of Phase IV, and in	and Newborn Health & Wellbeing* Strategy (including an		and Reproductive Health	knutsson@unfpa.org	Branch, CS Branch,
light of the 2022-2025 UNFPA	action plan) aligned with UNFPA's organizational strategic		Branch)	Willibald Zeck	Gender Branch, PD
strategic plan, develop a UNFPA	plan 2022-2025 and its transformative result of ending			zeck@unfpa.org	Branch), Policy and
organizational-level maternal	preventable maternal deaths. Establish a UNFPA			Geeta Lal	Strategy Division,
health strategy and action plan	Maternal and Newborn Health & Wellbeing Strategy			lal@unfpa.org	Humanitarian Office,
that clearly positions the MHTF	Reference Group. Articulate the role of the MHTF within				regional offices
and other UNFPA MNH efforts	the corporate Maternal and Newborn Health & Wellbeing				
including roles and	Strategy.				
responsibilities.	* Maternal and Newborn Health & <u>Wellbeing</u> entails a broader and more comprehensive approach to the SRHR life course and Women's Health.				

Recommendation No. 3	Build strong synergies between the Preventable Maternal Mortality (Newborn Action Plan (ENAP) at a country level. By building synergies, the global SRMNAH architecture. Strategic recommendation	EPMM) and Every lobal, regional and	June 2023		ical Division (Sexual eproductive Health h) Priority: High	Jean Pierre Monet monet@unfpa.org Willibald Zeck zeck@unfpa.org	
	Champion quality of care at the po	oint of delivery in	cluding respec	tful ca	nre.		
	Operational implications:						
	 In the UNFPA maternal health strategy and action plan (Recommendation 2), identify how UNFPA and the MHTF will contribute to developing and scaling-up knowledge and practice related to systematically delivering high quality, respectful SRHR-MNH care. Articulate programmatic investments to promote quality of care across the MHTF and to position respectful care at the centre of all MHTF technical areas at the strategic level. Develop and integrate an actionable programme model into the MHTF to promote respectful care in practice, especially through EmONC and midwifery (e.g., through the implementation of a midwife-led model of care). In the MHTF ROM system (Recommendation 9), include key performance indicators on community engagement, demand-side quality of care, and measures that track the experience of respectful care (embedding these in EmONC, midwifery, fistula, and MPDSR components more systematically). 						
Management Response to Re [Accepted/Partially Accepted/Rejected]	commendation acceptance status	Partially Acce	pted				
If recommendation is partially accepted or rejected, provide reasons: There is concurrence on the need to scale up and champion respectful care across the MI systematically addressing respectful care will be challenging given that the assessment and monit rather new public health concept which is still under development globally (such development be MHTF's rather limited financial resource pool. The MHTF business plan Phase IV will address and SRHR-MNH integrated services but interventions will have to be gradually implemented and out the above-mentioned, ongoing developments in global / public health.			at the assessment and monitoring bally (such development being le an Phase IV will address and incordually implemented and outcome	g of experience of care is a ad by WHO) and given the porate respectful care for			
If recommendation is accepted or part	ially accepted, list, below, action(s) that will lo			•	<u> </u>		
Action point title	Action point text		Due date (year)		d implementing unit ify <u>only one</u> per action point only]	Lead implementing and reporting staff Owner [specify only one per action point only]	Additional units involved in implementation (if any)

Build global leadership and scale up quality care/respectful care for	Ensure that quality of care, respectful care, and SRHR-MNH integrated care are incorporated in UNFPA's	June 2023	Technical Division (Sexual and Reproductive Health	Anneka Knutsson knutsson@unfpa.org	Regional Offices, Country Offices
SRHR-MNH integrated services.	Maternal and Newborn Health & Wellbeing Strategy and		Branch)	Willibald Zeck	
	 action plan in alignment with UNFPA's SP 2022-2025. Ensure that quality of care, including respectful care, and 	June 2023	Technical Division (Sexual	zeck@unfpa.org Anneka Knutsson	
	SRHR-MNH integrated in the MHTF business plan Phase	June 2025	and Reproductive Health	knutsson@unfpa.org	
	IV.		Branch)	Willibald Zeck	
				zeck@unfpa.org	
	Integrate respectful care for SRHR-MNH integrated	March 2024	Technical Division (Sexual	Michel Brun	
	services across EmONC health facilities and midwifery		and Reproductive Health Branch)	brun@unfpa.org Jean Pierre Monet	
	interventions (e.g., pre and in - service education etc.). Strengthen partnership around quality-of-care		Branch)	monet@unfpa.org	
	improvement including positive experience of care.			Geeta Lal	
				lal@unfpa.org	
				Sarah Bar-Zeev	
			D 1 1 7 7 1 7 7 7	bar-zeev@unfpa.org	
Recommendation No. 4	Strategic recommendation		Priority: High /Me	edium	
	Be more systematic about integrating community e	ngagement ac	ross all MHTF activities.		
	Operational implications:				
	The UNFPA maternal health strategy and action plan (Recommendation 1) should foresee how to integrate community-facing work across all MHTF dimensions and				
	 technical areas to include both supply- and demand-side co Ensure the orientation of the MHTF technical interventions 		ount of the first delay and syste	matically incorporates communit	u domand and
	engagement to the greatest extent possible. In particular:	s takes better acci	ount of the first delay and syste	ematically incorporates communit	y demand and
	Broaden the EmONC network approach to include com	munity health an	d household engagement in de	cisions to seek care and an increa	sed interface with
	community-based health workers where relevant				
	Orient midwifery to include community engagement and the second sec	nd demand creati	ion for all SRHR–MNH services	especially in support of ANC, fami	ly planning and fistula
	prevention 3. Where possible, include communities into MPDSR prod				
	where possible, include communities into MPDSR proc linvest in knowledge building around strengthening con		for care and health service resi	nonsiveness	
		amey acmana	To care and nearth service res	50.15.76116551	
	commendation acceptance status Partially Acceptance	pted			
[Accepted/Partially Accepted/Rejected]					

If recommendation is partially accepted or rejected, provide reasons:

There is concurrence on the need for stronger focus on community engagement. The MHTF's work in this respect is already in process with a push to accelerate. A systematic and comprehensive approach to community engagement that includes community demand interventions and engagement at a very decentralised (household) level will, however, require substantial additional financial investments. At this point, the MHTF would focus its limited financial resources on further strengthening the facility-based care and improve linkages to community level (including community health workers), essentially through midwifery. Based on financial resources available, specific work on demand for care could be done in targeted countries, in collaboration with other UNFPA funding streams and partners. UNFPA has no indication that MHTF donors would be willing or able to increase their financial contribution to the MHTF.

Action point title	Action point text	Due date (year)	Lead implementing unit [specify <u>only one</u> per action point only]	Lead implementing and reporting staff Owner [specify only one per action point only]	Additional units involved in implementation (if any)
Shape the MHTF to promote a more structured approach towards community engagement as part of a broader strategy to generate increased demand for timely and accessible MNH services. This reorientation should focus on increasing the timeliness and efficacy of decisions to seek care, to elect to deliver in a health facility, and to participate in death audits/reviews; all linked to improved quality of care.	 Ensure that MHTF technical interventions are oriented towards community demand generation and engagement. Broaden the EmONC network approach and include community engagement in decisions to seek care and an increased interface with community-based health workers where possible and financially possible for the MHTF. In the updated midwifery acceleration strategy, strengthen linkages between facility and community level. Invest in strengthening initiatives to prevent, identify and treat obstetric fistula and other morbidities at community level. This will be done through awareness raising and use of digital technology for utilisation of services and timely referrals. 	February 2024	Technical Division (Sexual and Reproductive Health Branch)	Michel Brun brun@unfpa.org Jean Pierre Monet monet@unfpa.org Geeta Lal lal@unfpa.org Sarah Bar-Zeev bar-zeev@unfpa.org Bridget Asiamah asiamah@unfpa.org	Regional offices, country offices, DCS, MCB, RMB
Recommendation No. 5	Governance recommendation Engage partners, especially donors, more actively in the MHTF progress. Operational implications:				

- Develop revised terms of reference for the Advisory Board, which includes its contribution to shaping the MHTF strategic direction, accountability to its members, and results monitoring roles.
- Establish an annual calendar of meetings (including the *ad hoc* participation of specific strategic, technical, or implementing partners).
- Develop a comprehensive communications strategy (building on *The MHTF Wins!*) around the role of the MHTF in relation to the UNFPA transformative result on ending preventable maternal deaths, its approach, and results achieved in programme countries. Tools and products should be designed as part of the strategy with tailored messaging to a wide and diverse audience, including key stakeholders (funding partners, other strategic and technical partners, country governments, implementing partners and beneficiaries).

Management Response to Recommendation acceptance status	Accept
[Accepted/Partially Accepted/Rejected]	
If recommendation is partially accepted or rejected, provide reasons:	N/A

Action point title	Action point text	Due date (year)	Lead implementing unit [specify only one per action	Lead implementing and reporting staff	Additional units involved in
			point only]	Owner [specify only one per action point only]	implementation (if any)
Invest in the role and functioning of the MHTF Advisory Board to strengthen accountability to funding partners, to increase participation in shaping strategic direction and to support improved	Establish an annual calendar of meetings that will guide MHTF business plan Phase IV development. Propose a revision of the terms of reference to the Advisory Board.	January 2023	Technical Division (Sexual and Reproductive Health Branch)	Willibald Zeck zeck@unfpa.org Geeta Lal lal@unfpa.org Jean Pierre Monet monet@unfpa.org	DCS, RMB, MCB
communication of results and performance.	Build a communications strategy as a key component of the MHTF business plan Phase IV. Focus will be given to global, regional and country advocacy initiatives and products.	June 2023	Technical Division (Sexual and Reproductive Health Branch)	Willibald Zeck zeck@unfpa.org Geeta Lal lal@unfpa.org Jean Pierre Monet monet@unfpa.org	DCS, RMB, MCB, regional offices and country offices
Recommendation No. 6	Operational recommendation		Priority: High		
	Improve the strategic coherence and responsiveness of the MHTF.				
	Operational implications:				

- Clarify the MHTF working arrangements so that linkages and inter-relationships among the four technical areas are clearer, and their tendency to operate as siloed areas of support is reduced.
- Consider developing an option to enable the MHTF to be more responsive to country priorities. This approach should enable countries to select their technical priority areas among the four MHTF technical areas and to access the MHTF support for further technical areas where relevant.
- Develop an application-based approach to allocate a portion of the MHTF funds with a country office matching arrangement, together with the MHTF brokered partnerships and technical expertise.
- This could be implemented through a range of approaches such as: (a) setting aside a portion of funds to be allocated to a limited number of countries each year through an application process; the process could be based on multi-year grants matched by core funds and/or other country-leveraged funding, or (b) selecting (based on consultation with country offices) a limited number of additional technical areas to focus on for a three to five-year period and accepting applications from countries wishing to work in these areas.

Management Response to Recommendation acceptance status [Accepted/Partially Accepted/Rejected]	Accepted
If recommendation is partially accepted or rejected, provide reasons:	N/A

Action point title	Action point text	Due date (year)	Lead implementing unit [specify <u>only one</u> per action point only]	Lead implementing and reporting staff Owner [specify only one per action point only]	Additional units involved in implementation (if any)
Clarify and streamline the linkages among the four technical areas and strengthen their coherence while also enabling more responsiveness to evolving MNH priorities and specific country needs.	 In the MHTF business plan Phase IV, specify and articulate linkages and integration across the four technical areas within the MHTF business plan Phase IV. Within the scope of the MHTF business plan Phase IV, allow country offices to flexibly choose their priority areas from within the business plan. Within the scope of the MHTF business plan Phase IV, develop a workplan format that will require country offices to create linkages with regular resources and overall CP priorities together with the MHTF brokered partnerships and technical expertise (matching arrangement). 	February 2024 February 2024	Technical Division (Sexual and Reproductive Health Branch) Technical Division (Sexual and Reproductive Health Branch) Technical Division (Sexual and Reproductive Health Branch)	Geeta Lal lal@unfpa.org Sarah Bar-Zeev bar-zeev@unfpa.org Bridget Asiamah asiamah@unfpa.org Michel Brun brun@unfpa.org Jean Pierre Monet monet@unfpa.org Hemant Dwivedi dwivedi@unfpa.org	Regional offices, country offices, PSD

Recommendation No. 7	Operational recommendation	Priority: High
	Embed the focus on midwifery and the health workforce environment a	across the MHTF.
	Operational implications:	
	 'Mainstream' midwifery across all other technical elements of the MHTF, identifyin and community engagement and demand. 	ng especially how midwifery support contributes to quality of care, respectful care,
	Reposition midwifery through analysing and planning more far-reaching intervention integrate the opportunity triangle analysis model to deepen midwifery inputs and plantages to be a second to the second triangle below to second the second triangle below to second the second triangle below to second triangle analysis.	programming more systematically at global and country levels. The opportunity

integrate the opportunity triangle analysis model to deepen midwifery inputs and programming more systematically at global and country levels. The opportunity triangle helps to separate out capacity (the skills element) from the incentives affecting decision-making and the motivation needed to apply knowledge consist taking account of critical environmental enabling factors, gender dynamics and systems context. Together, these elements reflect the opportunity that health we must do the right thing, at the right time, in the right way against a backdrop of a specific health system and gender and rights environment. The MHTF could us apply this approach to ensure it is investing in ways that sharpen the impact of midwives in practice, taking the MHTF foundation work on midwifery regulation, education, and professionalization to the next level.	ently, orkers sefully
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Management Response to Recommendation acceptance status [Accepted/Partially Accepted/Rejected]	Accepted
If recommendation is partially accepted or rejected, provide reasons:	N/A

Action point title	Action point text	Due date (year)	Lead implementing unit [specify <u>only one</u> per action point only]	Lead implementing and reporting staff Owner [specify only one per action point only]	Additional units involved in implementation (if any)
Further develop MHTF engagement in and leadership on midwifery and the health workforce environment as a key	Mainstream midwifery across all technical areas of the MHTF. Reflect these efforts in the MHTF business plan Phase IV, in the Maternal and Newborn Health & Wellbeing Strategy and in the updated UNFPA Midwifery	June 2023	Technical Division (Sexual and Reproductive Health Branch)	Geeta Lal lal@unfpa.org Sarah Bar-Zeev bar-zeev@unfpa.org	CSB, GHRB, ROs, Country offices, HO
entry point for MNH. Focus on embedding midwifery into community and primary care and into investments in health systems reforms, including the EmONC network expansion.	 Strategy. The elements of quality of care, and community engagement and demand will be specifically addressed. Undertake global, regional, and country level advocacy with major partners (e.g., H6, civil society, private sector) for further repositioning quality midwifery care and the creation of an enabling conducive work environment for 	June 2023	Technical Division (Sexual and Reproductive Health Branch)	Geeta Lal lal@unfpa.org Sarah Bar-Zeev bar-zeev@unfpa.org	

	 midwives. Take advantage of upcome the ICM Triennial Congress, Women and others. Systematically deepen midwifery prointerventions and generate evidence midwifery within and outside of the CUNFPA/ UN publications, peer review etc.). Follow the long-term aim to make essential component of health system processes. 	peliver, Align MNH gramme to reposition organisation (e.g., wed journal articles ake midwifery an	June 2023		nical Division (Sexual Leproductive Health Ch)	Geeta Lal lal@unfpa.org Sarah Bar-Zeev bar-zeev@unfpa.org	
Recommendation No. 8	Operational recommendation				Priority: High		
	Invest more in MHTF core value-a	adds: SRHR-MNH i	ntegration and	d pron	 noting catalytic resu	ılts.	
	Operational implications:		J	-	g ,		
	 Develop, regularly update, and share documenting and communicating cate. Develop, regularly update, and share barriers to integration. In the MHTF ROM system (Recomme Establish communities of practice to potential processes as well as partne 	talytic interventions ur widely with country a indation 9), include inc more methodically sha	nder the MHTF pr nd regional office licators to track p	ogramres, guid	me. ance on strengthening ir s on integration and the	ntegration, including approaches t	o removing gender cross all technical areas.
Management Response to Rec [Accepted/Partially Accepted/Rejected]	commendation acceptance status	Accepted					
If recommendation is partially accep	ted or rejected, provide reasons:	N/A					
If recommendation is accepted or parti	ally accepted, list, below, action(s) that will lo	gically lead to its impler	nentation, ideally	within a	year of the date recomme	endation was issued	
Action point title	Action point text		Due date (year)		d implementing unit cify <u>only one</u> per action point only]	Lead implementing and reporting staff Owner [specify only one per action point only]	Additional units involved in implementation (if any)

Develop and promote detailed and actionable guidance for country offices around the core strategies underpinning the MHTF: (i) integration of SRHR-MNH services, and (ii) guidance on planning, achieving and documenting catalytic effects.	 Through the MHTF business plan Phase IV provide guidance on catalytic measurement mechanisms in line with corporate guidelines and processes to track: Articulate clear guidance for regional and country offices for the integration of SRHR and MNH. In all MHTF annual reports, include a dedicated chapter addressing the catalytic impact of the programme. Strengthen existing MNH Communities of Practice within TD's overall knowledge management efforts. 	February 2024	Technical Division (S and Reproductive H Branch)		CSB, GHRB
	In the MHTF ROM system include indicators to track progress on integration and the catalytic effect of interventions.	February 2024	Technical Division (S and Reproductive H Branch)		
Recommendation No. 9	 Operational recommendation Refine results monitoring to improve understanding Operational implications: Refresh the MHTF theory of change and logic chain in line. Adapt the results framework and performance management immediate and intermediate outcome levels; develop key MHTF and UNFPA more broadly to MNH and integrated SR. The MHTF ROM system should be presented to enable para outcomes and capture information on the degree of succe. Regularly transmit and discuss results with the Advisory Box 	with previous recont approach to foo performance indic HR-MNH. tner countries (co	ommendations. cus on fewer, more relators tracked by all Nuntry offices) to see high interventions adoptions.	High /Medium e MHTF value-added in different co elevant results at output level but more me MHTF partner countries that help capture to how and whether they contribute toward to pted.	eaningful results at he value-added by the the achievement of MHTF

Management Response to Recommendation acceptance status	Accepted
[Accepted/Partially Accepted/Rejected]	1
If recommendation is partially accepted or rejected, provide reasons:	N/A

Action point title	Action point text	Due date (year)	Lead implementing unit [specify <u>only one</u> per action point only]	Lead implementing and reporting staff Owner [specify <u>only one</u> per action point only]	Additional units involved in implementation (if any)
Adapt the ROM system to track fewer, more immediately relevant results that can support a clear narrative about the MHTF contribution and value added in varied settings as well as its progress and achievements in relation to integrated SRHR-MNH services. The ROM should have a greater focus on perceptions of change among stakeholders. It should supplement the formal indicator framework with reporting through more use of qualitative information on the contribution to and progress toward outcomes, including to support increased understanding about what is working, when and where.	 Modify and adjust the results framework to focus on fewer results at output level. Streamline the indicator framework in the MHTF Business Plan Phase IV for easier tracking of MHTF contributions at immediate and intermediate outcome level. Develop an indicator for country offices to track the "MHTF's value add". Update the MHTF Theory of Change and Logic Chain within the MHTF Business Plan Phase IV. 	February 2023 February 2023	Technical Division (Sexual and Reproductive Health Branch) Technical Division (Sexual and Reproductive Health Branch)	Michel Brun brun@unfpa.org Hemant Dwivedi dwivedi@unfpa.org Geeta Lal lal@unfpa.org Willibald Zeck zeck@unfpa.org Jean Pierre Monet monet@unfpa.org Geeta Lal lal@unfpa.org Geeta Lal lal@unfpa.org Sarah Bar-Zeev bar- zeev@unfpa.org Bridget Asiamah asiamah@unfpa.org Michel Brun brun@unfpa.org Jean Pierre Monet monet@unfpa.org Hemant Dwivedi dwivedi@unfpa.org Willibald Zeck zeck@unfpa.org	Regional and Country Offices

Recommendation No. 10	 Keep the MHTF Advisory Board regularly inform through briefs/updates/ results (e.g., MHTF Win other briefs) aiming to strengthen buy – in, own and accountability for results. Operational recommendation 	s! and	Technical Division (Sexual and Reproductive Health Branch) Priority: High	Willibald Zeck zeck@unfpa.org Geeta Lal lal@unfpa.org	
	Invest in innovative financing approaches Operational implications: Elaborate a funding strategy to attract multi Build continuity in funding flows by creating	year commitments from e a bridging mechanism that	xisting donors and broaden the		
	 fallow periods and supporting sustained action. Undertake a fundraising campaign linked to quality of care and women's health across the life-course in the context of an organisational maternal health strategy and action plan. Establish mechanisms that enable the MHTF to strategically and carefully widen its programme model including through the use of an application-based match funding model for a portion of available funds aimed at leveraging additional resources from country offices and country-based partners, including bilateral donors (also see Recommendation 6). 				
	commendation acceptance status Partial	ly Accepted			
[Accepted/Partially Accepted or rejected, provide reasons: There is concurrence of a need for broadening the MHTF donor base, to attract new partners and increased multi-year commitments. Recent global developments must be taken into consideration for example additional challenges created by the COVID-19 pandemic or the recent conflicts including the Russia - Ukraine conflict, which will have an unforeseeable effect on European economies and subsequently donor commitments. This will probably make it more challenging to invest in fundraising and especially fundraising. That said, efforts to broaden the MHTF donor base will continue and would require strong leadership from senior management and RMB with support from the SRHB. The MHTF Phase IV Business Plan, and the Maternal and New-born health strategy which will contain a fund-raising and financing strategy, will be presented to a recently established corporate resource management committee and efforts will be made to explore private sector funding like the recent good example with Takeda and more advocacy for domestic financing.					challenges created by the inforeseeable effect on ging to invest in the early would require of Business Plan, and the presented to a recently
If recommendation is accepted or partially accepted, list, below, action(s) that will logically lead to its implementation, ideally within a year of the date recommendation was issued					
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Develop a funding model and	In close collaboration with RMB elaborate a fund raising	December	Technical Division (Sexual	Willibald Zeck	DCS/RM Branch,
financing plan to support the next	strategy as part of the new MHTF Phase IV Business Plan	2023	and Reproductive Health	zeck@unfpa.org	Technical division (CSB
phase of the MHTF that addresses	that would attract multi-year commitments from existing		Branch)	Geeta Lal	branch), regional
declining commitments,	and potential new donors.		·	lal@unfpa.org	offices, country offices
counteracts the negative effects of	·			Sarah Bar-Zeev	and MCB
onerous financial management				bar-zeev@unfpa.org	
processes, and enables the MHTF				Bridget Asiamah	
to strategically expand its scope				asiamah@unfpa.org	
and depth in its next phase.				Michel Brun	
				brun@unfpa.org	
				Jean Pierre Monet	
				monet@unfpa.org	
				Hemant Dwivedi	
				dwivedi@unfpa.org	
	In collaboration with RMB develop advocacy materials for	December	Technical Division (Sexual	Willibald Zeck	
	increased visibility vis-à-vis potential new donors, which	2023	and Reproductive Health	zeck@unfpa.org	
	will reflect UNFPA's MHTF Phase IV Business Plan and		Branch)	Geeta Lal	
	Maternal and Newborn Health & Wellbeing Strategy.			lal@unfpa.org	
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	In collaboration with SPB, proactively seek private sector	December	Technical Division (Sexual	Willibald Zeck	
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	innovative programming based on the MHTF Phase IV		Branch)	Geeta Lal	
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