

STANDARD ADMINISTRATIVE ARRANGEMENT FOR MULTI-DONOR TRUST FUNDS AND JOINT PROGRAMMES¹ USING PASS-THROUGH FUND MANAGEMENT²

¹ This instrument will also be for 'Delivering as One'/'One UN' Funds

² This Standard Administrative Arrangement has been agreed upon by the members of the United Nations Development Group (UNDG). Any substantial ('substantial' would imply changes that are linked to the legal relationships described in the Standard Administrative Arrangement, the governance mechanisms, reporting arrangements or equivalent) modification to the Standard Administrative Arrangement requires the prior written agreement of the Participating UN Organizations and Administrative Agent of the particular MDTF, and needs be cleared by the UNDG Advisory Group through the UN Development Operations Coordination Office (DOCO).

**Standard Administrative Arrangement
Between
the Government of Canada as represented by the Minister for International
Cooperation, through the Canadian International Development Agency
("CIDA")**

and

United Nations Fund for Population ("UNFPA")

WHEREAS, the United Nations Fund for Population (UNFPA), United Nations Fund For Children (UNICEF), the World Health Organization (WHO) that have signed a Memorandum of Understanding (hereinafter referred to collectively as the "Participating UN Organizations") have developed the H4 Global Initiative for Maternal and Newborn Health (hereinafter referred to as the "Fund/Programme") starting on March 29, 2011 and ending on March 31, 2016, as may be amended from time to time, as more fully described in the Terms of Reference of the Multi-Donor Trust Fund/ Joint Programme Document (hereinafter referred to as the "TOR/ Joint Programme Document")³, a copy of which is attached hereto as ANNEX A, and have agreed to establish a coordination mechanism (hereinafter referred to as the "Steering Committee")⁴ to facilitate the effective and efficient collaboration between the Participating UN Organizations for the implementation of the Fund/Programme;

WHEREAS, the Participating UN Organizations have agreed that they should adopt a coordinated approach to collaboration with donors who wish to support the implementation of the Fund/Programme and have developed a TOR/Joint Programme Document to use as the basis for mobilising resources for the Fund/Programme, and have further agreed that they should offer donors the opportunity to contribute to the Fund/Programme and receive reports on the Fund/Programme through a single channel; and

WHEREAS, the Participating UN Organizations have appointed **United Nations Population Fund (UNFPA)** (hereinafter referred to as the "Administrative Agent") (which is also a Participating UN Organisation in connection with the Fund/Programme)⁵ in a Memorandum of Understanding (hereinafter referred to as "MoU") concluded between, the Administrative Agent and Participating UN Organizations on March 2011, to serve as their administrative interface between donors and the Participating UN Organizations for these purposes. To that end the Administrative Agent has established a

³ The Joint Programme Document contains at a minimum a common work plan, a budget, the coordination and management mechanism and signature of all participants. In the case of MDTF, the TOR will be used as base document for the establishment of the Fund.

⁴ The composition of the Steering Committee or other body will include all the signatories to the Memorandum of Understanding, representative(s) from the host Government (if applicable), and may include donors, in accordance with UNDG approved Generic MDTF Steering Committee Terms of Reference dated 20 September 2007.

⁵ In most cases, the Administrative Agent will also be a Participating UN Organization. However, where the Administrative Agent is not a Participating UN Organization, this provision can be deleted.

separate ledger account under its financial regulations and rules for the receipt and administration of the funds received from donors who wish to provide financial support to the Fund/Programme through the Administrative Agent (hereinafter referred to as the "Fund/Programme Account"); and

WHEREAS, the Government of Canada, as represented by the Minister for International Cooperation acting through the Canadian International Development Agency (hereinafter referred to as the "Donor") wishes to provide financial support to the Fund/Programme on the basis of the TOR/Joint Programme Document as part of its development cooperation and wishes to do so through the Administrative Agent as proposed by the Participating UN Organizations.

NOW, THEREFORE, the Donor and the Administrative Agent (hereinafter referred to collectively as the "Participants") hereby decide as follows:

Section I
Disbursement of Funds to the Administrative Agent
and the Fund/Programme Account

1. The Donor decides to make a contribution of fifty million Canadian dollars (**CAD 50,000,000**) and such further amounts as it may decide (hereinafter referred to as the "Contribution") to support the Fund/Programme. The Contribution will enable the Participating UN Organizations to support the Fund/Programme in accordance with the TOR/Joint Programme Document, as amended from time to time in writing by the Steering Committee. The Donor authorizes the Administrative Agent to use the Contribution for the purposes of the Fund/Programme and in accordance with this Standard Administrative Arrangement (hereinafter referred to as "Arrangement"). The Donor acknowledges that the Contribution will be co-mingled with other contributions to the Fund/Programme Account and that it will not be separately identified or administered.

2. The Donor will deposit the Contribution by wire transfer, in accordance with the schedule of payments set out in ANNEX B to this Arrangement, in convertible currencies of unrestricted use, to the following account:

Bank Name: BANK OF AMERICA
Address: 200 Front St. West, 26th floor Toronto, Ontario, Canada M5V3L2
SWIFT Address: BOFACATT
Account Number: 711442252204
Account Name: UNFPA CONTRIBUTIONS
Currency: CAD Dollars

3. When making a transfer to the Administrative Agent, the Donor will notify the Administrative Agent's Treasury Operations of the following: (a) the amount transferred, (b) the value date of the transfer; and (c) that the transfer is from CIDA in respect of the

Fund/Programme pursuant to this Arrangement. The Administrative Agent will promptly acknowledge receipt of funds in writing.

4. All financial accounts and statements will be expressed in United States dollars.
5. The US dollar value of a contribution-payment, if made in currencies other than United States dollars, will be determined by applying the United Nations operational rate of exchange in effect on the date of receipt of the Contribution. The Administrative Agent will not absorb gains or losses on currency exchanges. Such amounts will increase or decrease the funds available for disbursements to Participating UN Organizations.
6. The Fund/Programme Account will be administered by the Administrative Agent in accordance with the regulations, rules, directives and procedures applicable to it, including those relating to interest. The Fund/Programme Account will be subject exclusively to the internal and external auditing procedures laid down in the financial regulations, rules, directives and procedures applicable to the Administrative Agent.
7. The Administrative Agent will be entitled to allocate an administrative fee of one percent (1%) of the Contribution by the Donor, to cover the Administrative Agent's costs of performing the Administrative Agent's functions.
8. The Steering Committee may request any of the Participating UN Organizations, to perform additional tasks in support of the Fund/Programme not related to the Administrative Agent functions detailed in Section I, Paragraph 2 of the Memorandum of Understanding and subject to the availability of funds. In this case, costs for such tasks will be decided in advance and with the approval of the Steering Committee be charged to the Fund/Programme as direct costs.

Section II

Disbursement of Funds to the Participating UN Organizations and a Separate Ledger Account

1. The Administrative Agent will make disbursements from the Fund/Programme Account in accordance with instructions from the Steering Committee, in line with the approved programmatic document⁶/Joint Programme Document, as amended in writing from time to time by the Steering Committee. The disbursement to the Participating UN Organizations will consist of direct and indirect costs as set out in the Programme budget.
2. Each Participating UN Organization will establish a separate ledger account under its financial regulations and rules for the receipt and administration of the funds disbursed to it from the Fund/Programme Account. Each Participating UN Organization assumes

⁶ As used in this document, an approved programmatic document refers to an annual work plan or a programme/project document, etc., which is approved by the Steering Committee for fund allocation purposes.

full programmatic and financial accountability for the funds disbursed to them by the Administrative Agent. That separate ledger account will be administered by each Participating UN Organization in accordance with its own regulations, rules, directives and procedures, including those relating to interest. That separate ledger account will be subject exclusively to the internal and external auditing procedures laid down in the financial regulations, rules, directives and procedures applicable to the Participating UN Organization.⁷

3. Where the balance in the Fund/Programme Account on the date of a scheduled disbursement is insufficient to make that disbursement, the Administrative Agent will consult with the Steering Committee and make a disbursement, if any, in accordance with the Steering Committee's instructions.

Section III **Implementation of the Programme**

1. The implementation of the programmatic activities which the Donor assists in financing under this Arrangement will be the responsibility of the Participating UN Organizations and will be carried out by each Participating UN Organization in accordance with its own applicable regulations, rules, policies and procedures including relating to procurement. The Donor will not be directly responsible or liable for the activities of any person employed by the Participating UN Organizations or the Administrative Agent as a result of this Arrangement,

2. The Participating UN Organizations will carry out the activities for which they are responsible, in line with the budget contained in the approved programmatic document/Joint Programme Document, as amended from time to time by the Steering Committee in accordance with the regulations, rules, directives and procedures applicable to it. Accordingly, personnel will be engaged and administered, equipment, supplies and services purchased, and contracts entered into in accordance with the provisions of such regulations, rules, directives and procedures.

3. Indirect costs of the Participating UN Organizations recovered through programme support costs will be 7%. In accordance with the UN General Assembly resolution 62/208 (2007 Triennial Comprehensive Policy Review principle of full cost recovery), all other costs incurred by each Participating UN Organization in carrying out the activities for which it is responsible under the Fund/Programme will be recovered as direct costs.

4. The Participating UN Organizations will commence and continue to conduct operations for the Programme activities only upon receipt of disbursements as instructed by the Steering Committee.

⁷ Where the Administrative Agent is also a Participating UN Organization, it will need to open its own separate ledger account and transfer funds from the Fund/Programme Account to its separate ledger account.

5. The Participating UN Organizations will not make any commitments above the budgeted amounts in approved programmatic document/Joint Programme Document, as amended from time to time by the Steering Committee.

6. If unforeseen expenditures arise, the Steering Committee will submit, through the Administrative Agent, a supplementary budget to the Donor showing the further financing that will be necessary. If no such further financing is available, the activities to be carried out under the approved programmatic document/Joint Programme Document may be reduced or, if necessary, terminated by the Participating UN Organizations. In no event will the Participating UN Organizations assume any liability in excess of the funds transferred from the Fund/Programme Account.

7. The Donor reserves the right to discontinue future contributions if reporting obligations are not met as set forth in this Arrangement; or if there are substantial deviations from agreed plans and budgets. If it is agreed among the Donor, the Administrative Agent and the concerned Participating UN Organization under the Arrangement that there is evidence of improper use of funds, the Participating UN Organization will use their best efforts, consistent with their regulations, rules, policies and procedures to recover any funds misused. The Participating UN Organization will, in consultation with the Steering Committee and the Administrative Agent, credit any funds so recovered to the Fund/Programme Account or agree with the Steering Committee to use these funds for a purpose mutually agreed upon. Before withholding future contributions or requesting recovery of funds and credit to the Fund/Programme Account, the Administrative Agent, the concerned Participating UN Organization and the Donor will consult with a view to promptly resolving the matter.

8. The Participants recognize that it is important to take all necessary precautions to avoid corrupt, fraudulent, collusive or coercive practices. To this end, as set out in the MoU between the Administrative Agent and Participating UN Organizations regarding the Operational Aspects of the H4 Global Initiative for Maternal and Newborn Health, each Participating UN Organization will maintain standards of conduct that govern the performance of its staff, including the prohibition of corrupt, fraudulent, collusive or coercive practices in connection with the award and administration of contracts, grants, or other benefits, as set forth in their Staff Regulations and Rules and the Financial Regulations and Rules, including regarding procurement.

Section IV

Equipment and Supplies

On the termination or expiration of this Arrangement, the matter of ownership of equipment and supplies will be determined in accordance with the regulations, rules, directives and procedures applicable to such Participating UN Organization, including any agreement with the relevant host Government if applicable.

Section V Reporting

1. The Administrative Agent will provide the Donor and the Steering Committee with the following statements and reports, based on submissions provided to the Administrative Agent by each Participating UN Organization prepared in accordance with the accounting and reporting procedures applicable to it, as set forth in the TOR/Joint Programme Document:

- (a) Annual consolidated narrative progress reports, based on annual narrative progress reports received from Participating UN Organizations, to be provided no later than five months (31 May) after the end of the calendar year;
- (b) Annual consolidated financial reports, based on annual financial statements and reports, to be received from the Participating UN Organizations, as of 31 December with respect to the funds disbursed to them from the Fund/Programme Account, to be provided no later than five months (31 May) after the end of the calendar year;
- (c) Final consolidated narrative report, based on final narrative reports received from Participating UN Organizations after the completion of the activities in the approved programmatic document/Joint Programme Document and including the final year of the activities in the approved programmatic document/Joint Programme Document, to be provided no later than seven months (31 July) of the year following the financial closing of the Fund/Programme. The final consolidated narrative report will contain a summary of the results and achievements compared to the goals and objectives of the Fund/Programme.
- (d) Final consolidated financial report, based on certified final financial statements and final financial reports received from Participating UN Organizations after the completion of the activities in the approved programmatic document/Joint Programme Document and including the final year of the activities in the approved programmatic document/Joint Programme Document, to be provided no later than seven months (31 July) of the year following the financial closing of the Fund/Programme.

2. The Administrative Agent will provide the Donor, Steering Committee and Participating UN Organizations with the following reports on its activities as Administrative Agent:

- (a) Certified annual financial statement ("Source and Use of Funds" as defined by UNDG guidelines) to be provided no later than five months (31 May) after the end of the calendar year; and

- (b) Certified final financial statement ("Source and Use of Funds") to be provided no later than seven months (31 July) of the year following the financial closing of the Fund/Programme.
3. Consolidated reports and related documents will be posted on the websites of the UN and the Administrative Agent www.unfpa.org.

Section VI

Monitoring and Evaluation

1. Monitoring and evaluation of the Fund/Programme including, as necessary and appropriate, joint evaluation by the Participating UN Organizations, the Administrative Agent, the Donor, the host Government (if applicable) and other partners will be undertaken in accordance with the TOR/Joint Programme Document.
2. The Donor, the Administrative Agent and the Participating UN Organizations will hold annual consultations as appropriate to review the status of the Fund/Programme.

Section VII

Joint Communication

1. Information given to the press, to the beneficiaries of the Fund/Programme, all related publicity material, official notices, reports and publications, will acknowledge the role of the donors, the Participating UN Organizations, the Administrative Agent and any other relevant entities.
2. The Administrative Agent in consultation with the Participating UN Organizations will ensure that decisions regarding the review and approval of the Fund/Programme as well as periodic reports on the progress of implementation of the Fund/Programme, associated external evaluations are posted, where appropriate, for public information on the websites of the Administrative Agent [www.unfpa.org]. Such reports and documents may include Steering Committee approved programmes and programmes awaiting approval, fund level annual financial and progress reports and external evaluations, as appropriate.

Section VIII

Expiration, Modification and Termination

1. The Administrative Agent will notify the Donor when it has received notice from all Participating UN Organizations that the activities for which they are responsible under the approved programmatic document/Joint Programme Document have been completed. The date of the last notification received from a Participating UN Organization will be

deemed to be the date of expiration of this Arrangement, subject to the continuance in force of paragraph 4 below for the purposes therein stated.

2. This Arrangement may be modified only by written agreement between the Participants.

3. This Arrangement may be terminated by either Participant on thirty (30) days of a written notice to the other Participants, subject to the continuance in force of paragraph 4 below for the purpose therein stated.

4. Commitments assumed by the Donor and the Administrative Agent under this Arrangement will survive the expiration or termination of this Arrangement to the extent necessary to permit the orderly conclusion of activities, the withdrawal of personnel, funds and property, the settlement of accounts between the Participants hereto and the Participating UN Organizations and the settlement of contractual liabilities required in respect of any subcontractors, consultants or suppliers. Any balance remaining in the Fund/Programme Account or in the individual Participating UN Organizations' separate ledger accounts upon completion of the Fund/Programme will be used for a purpose mutually agreed upon or returned to the donor(s) in proportion to their contribution to the Fund/Programme as decided upon by the donor(s) and the Steering Committee.

Section IX **Notices**

1. Any action required or permitted to be taken under this Arrangement may be taken on behalf of the Donor, by Ms. Jennifer Goosen, Director, Maternal and Child Health and Nutrition Division, Global Initiatives Directorate, or his or her designated representative, and on behalf of the Administrative Agent, by Mr. Heimo Laakkonen, Chief, Resource Mobilization Branch, IERD, or his or her designated representative.

2. Any notice or request required or permitted to be given or made in this Arrangement will be in writing. Such notice or request will be deemed to be duly given or made when it will have been delivered by hand, mail, or any other agreed means of communication to the party to which it is required to be given or made, at such party's address specified below or at such other address as the party will have specified in writing to the party giving such notice or making such request.

For the Donor:

Name: Jennifer Goosen

Title: Director, Maternal and Child Health and Nutrition Division,
Global Initiatives Directorate

Address: Canadian International Development Agency

200 Promenade du Portage, Gatineau, Quebec, K1A 0G4

Telephone: 819-956-0476 Facsimile: 819-997-6632

Electronic mail: jennifer.goosen@acdi-cida.gc.ca

For the Administrative Agent:

Name: Heimo Laakkonen
Title: Chief, Resource Mobilization Branch, IERD
Address: 605 Third Avenue, NY, NY 10158
Telephone: 1-212-297-5131
Facsimile: 1-212-297-4918
Electronic mail: laakkonen@unfpa.org

Section X
Entry into Effect

This Arrangement will come into effect upon signature thereof by the Participants and will continue in effect until it is expired or terminated.

Section XI
Settlement of Disputes

1. Any dispute arising out of the Donor's Contribution to the Fund/Programme will be resolved amicably through dialogue among the Donor, the Administrative Agent and the concerned Participating UN Organization.

[Section XII]
Privileges and Immunities]

1. Nothing in this Standard Administrative Arrangement will be deemed a waiver, express or implied, of any of the privileges and immunities of the United Nations, the Administrative Agent, or each Participating UN Organization.

IN WITNESS WHEREOF, the undersigned, being duly authorized by the respective Participants, have signed the present Arrangement in English in two copies.

ANNEX A: TOR/Joint Programme Document

ANNEX B: Schedule of Payments

ANNEX C: Background

Joint Programme Document - The H4 Global Initiative

Project Title: Accelerating Progress in Maternal and Newborn Health - Collaboration with Canada

Participating UN Organizations: UN Population Fund (UNFPA),
United Nations Children's Fund (UNICEF)
World Health Organization (WHO)

Collaborating organisations: The World Bank and UNAIDS

CIDA Grant: CAD 50 million

Duration: 5 years (March 2011 - March 2016)

Contact: Dr. Laura Laski, Chief of SRHB
Technical Division, UNFPA
1 (212) 297 5224; 1 212 297 4915 (fax);
Laski@unfpa.org

1.0 Purpose of the Programme

This proposal presents the first country level collaboration among the H4+ in support of the UN Secretariat General Global Strategy for Women's and Children's Health (the Global Strategy). Through providing support to five countries, the H4+ will facilitate the achievement of the country commitments to the Global Strategy and in the process, accelerate progress towards maternal and newborn health-related MDGs.

The goal of the programme is to assist countries in accelerating the implementation of the commitments already made to the Global Strategy in order to demonstrate progress towards MDGs 4 and 5, as well as to the women and children's health aspect of MDG 6 in selected countries.

Specifically, the Programme objectives are:

- To provide joint support for national scale-up of integrated Maternal Newborn and Child Health / Reproductive Health (MNCH/RH) interventions with a focus on equity, through maximizing the co-ordination and synergies between the agencies;
- To support the strengthening of national health systems, from stewardship through to the implementation and monitoring of maternal, newborn, adolescent and child health interventions, in partnership with others and guided by national health plans; and

- To collect and analyse data to identify, document and support innovative approaches and evidence of what works, for adaptation and roll-out in other high-burden countries.

This initiative is aimed to be catalytic and to accelerate country-level efforts through identification of implementation bottlenecks and gaps, and prioritization of innovations.

1.1 Guiding Principles

In order to ensure results from the Canadian support, the H4+'s work will be anchored by the following principles:

1. Aligning with country priorities including the commitments made to the Global Strategy;
2. Ensuring country-level focus, utilizing and strengthening existing processes wherever possible in order to minimize duplication and ensure sustainability;
3. Ensuring national capacity development at multiple levels through each planned activity;
4. Promoting use of integration, innovation, partnerships, best evidence and good practices to ensure early results, more health for the money, and more money for the health;
5. Addressing equity in coverage of interventions along several axes including vulnerable groups, age (adolescents), poorest quintiles, and geography;
6. Ensuring the health needs of women, adolescents, newborns, and children, are addressed comprehensively such as through integration of MNCH/RH with HIV, nutrition, malaria, and related issues;
7. Focusing initially on interventions likely to yield early results while ensuring simultaneous efforts on those with longer-term results; and,
8. Strengthening monitoring and evaluation, while at the same time contributing to increasing the country and global knowledge base.

2.0 Activities

H4+ work will be approached in a phased, rolling basis, allowing for different countries to be in different stages of implementation at the same point in time. All activities will be in alignment with national health plans, using CIDA's funding as catalytic for establishing or enhancing a minimum set of standards for women and children's health to which all important stakeholders can agree. At all stages, information will be shared on the status and experience of the work including the successes and bottlenecks encountered in order to contribute to information dissemination and advocacy at national, regional, and global levels.

Stream 1: Needs Assessment and Planning/Programming

Global Level activities:

In the H4+ 49+ priority countries, regularly updated mapping of activities supported at country level will identify needs and gaps, and define, assign and resource follow up actions; a database on country follow-up will be developed, accessible, and regularly updated; a web-base share point will be created; support to specific national mappings for equity will be provided; and work to identify solutions to accelerate progress toward reaching MDG 4 and 5 will be conducted.

Country Level activities:

In Stream 1, the H4+ will work with countries to conduct needs assessments that encompass the continuum of care related to pregnancy (contraception, antenatal care (ANC), childbirth and Emergency Obstetric and Newborn Care (EmONC), post-natal care including neonatal, and prevention of mother-to-child transmission of HIV/AIDS (PMTCT)), stakeholder analyses and consultations on MNCH/RH will be conducted. The results of this work will be used to develop strategic country action plans. All of the five countries that will be selected for this Programme will be undergoing or will have completed needs assessments for EmONC supported by UNFPA's Maternal Health Thematic Fund (MHTF) and UNICEF, based on the updated EmONC indicators led by WHO, and other types of assessments. The needs assessments play a critical role in ensuring a national-led approach within an equity perspective by identifying geographically underserved populations. Coupled with stakeholder analysis and other types of assessments they will assist in designing accurate strategies to reach marginalized populations. Those targeted may be identified by age, income (such as the poorest quintiles), ethnicity and geography (those living in rural, far-to-reach areas) according to different country contexts.

Subsequently, with H4+ facilitation, governments and other stakeholders will compare needs assessments side-by-side with the Global Strategy country commitments and the national health plans, in order to determine how to proceed for strategic planning. This work stream includes evaluating the availability of resources and technical capacity and shortfalls; planning and budgeting processes, as well as leveraging further support (technical, financial) from a range of sources, including governments, the private sector, philanthropies, Country Coordinating Mechanisms of the GFATM (CCMs), and the International Development Association (IDA).

Approaches will differ from country to country: in some countries women's and children's health (and therefore the commitment whose implementation the H4+ will support) has been prioritized as an integral component of a costed national health plan; others have prioritized women's and children's health in stand-alone plans, and in other situations MNCH has neither been prioritized nor integrated in national health and development frameworks. Where needed, countries will cost the proposed areas of intervention, in order to better understand the financing required and the gaps in relation

to which the H4+ can mobilize additional funding. This step will aim to ensure a costed, equity-based, nationally-owned plan integrated with other ongoing health-sector processes.

Stream 2: Scaling up Maternal Newborn and Child Health/ Reproductive Health (MNCH/RH) Services

Global Level activities:

- **Developing tools and building capacity for strategic planning, programme management, implementation and M&E for MNCH/RH:** Activities will include developing and disseminating tools for strategic planning, program management and implementation at national and sub-national (district) levels, building capacity for program planning and implementation, program monitoring, and use of data in planning.
- **Sharing of knowledge:** South-South collaboration will occur amongst the H4+ priority countries with the following activities: a) peer reviews of national MNCH/RH plans, and b) documentation and dissemination of lessons learned from country experiences.
- **Introducing and disseminating H4+ products for accelerated action in countries:** Intervention packages, global and national common indicators, and updated norms and standards will be developed and made available.
- **Developing communication activities:** To ensure accurate and harmonized messages at global and country levels will be implemented, activities will include: developing and using a reporting template, developing harmonized communications messages and other materials to be used by countries, developing a website for knowledge sharing, and supporting other country level communication activities.
- **Strengthening support to national procurement plans for essential medicines and commodities:** Activities will include: making an updated global list of essential maternal and newborn health and family planning medicines and devices available, supporting harmonization of global inter-agency procurement mechanisms, developing guidance on procurement, developing national and regional capacities, and mobilising resources.
- **Strengthening support to countries in improving human resources for MNH (in particular Skilled Birth Attendants (SBAs)) in number and quality:** Activities will include developing guidance on MNH human resources development and management plans, and supporting the development and implementation of national policies and plans on human resources for MNH.

Country Level activities:

The H4+ will support five countries to build and strengthen national capacity necessary to scale-up interventions and achieve results identified within each country work plan developed in the context of this proposal. Specific focus will be on the following areas:

Service delivery interventions

The H4+ will support countries to prioritize and scale-up quality health services to ensure universal access to MNCH services, especially quality ANC, skilled attendance at delivery, EmONC, family planning, reproductive health and IMCI newborn care, ensuring linkages with HIV/AIDS (especially PMTCT, HIV prevention and treatment) and malaria prevention and treatment. H4+ will provide technical support for the adoption, where necessary, and scaling up of evidence-based interventions for improving MNCH/RH and intervention packages developed by H4+, among other tools. The process of scaling up will be in alignment with the broader needs of the country health system, and will ensure the building and/or improvement of national capacity to perform and deliver quality care.

In addition, the H4+ will support the strengthening of management capacity and systems, emergency referral mechanisms, and national procurement and supply plans for essential medicines and commodities for MNCH/RH.

Capacity strengthening

The H4+ will support countries to address the urgent need for skilled health workers, ensuring motivated health workers in the right place at the right time, with the necessary infrastructure, drugs, equipment and regulations. With a particular focus on midwifery skills, H4+ will assist in development or strengthening and implementation of Human Resource for Health development and management plans, in collaboration with professional associations. This would include task-shifting and/or task-sharing, skills upgrading, supportive supervision, performance maintenance, development of strategies for motivation and incentivisation of the work force, and other relevant legislation/regulation, while pursuing the long-term goal of MNCH/RH workforce strengthening.

Based on commitments made to the Global Strategy, H4+ work will also focus on strengthening human capacity, in-line with country needs. Activities will include human resources support such as training programmes for national staff on the following skills: midwifery skills, evidence-based high impact MNCH interventions, management of human resources (with a focus on serving populations and geographical areas that are inadequately covered), addressing status, deployment, motivation and supervision issues, strengthening south-south cooperation, policy engagement, and leveraging national and development partner resources. These activities will draw from evidence-based plans and budgets and may support other specialized training for personnel.

The experience gained so far in building the capacity of health personnel with midwifery skills will be used to strengthen health worker training systems. CIDA funds will be used to support innovations in health worker training and re-training, such as new technologies for distance learning, and to leverage additional funds for these activities through establishing partnerships with the private sector.

Addressing barriers to access and utilization of services

The H4+ will support implementation of family and community-based approaches to improving household health related behaviors including demand creation and increased utilization of MNCH/RH services. The H4+ will focus on supporting countries in addressing financial, geographical, social, and cultural barriers to access and utilization of services. This includes enhancing countries' capacity to provide universal and equitable access to services for the most deprived groups of women and children.

Programme strategies will focus on:

- Communication and mobilization of community, linking communities to health facilities through innovative referral mechanisms; and,
- Scaling up community-based newborn care.

More specifically, support will be provided to scaling up community-level interventions that promote early care-seeking, and focused antenatal care to address the three delays that often determine the life or death of women during labor and delivery: the delay in decision-making to seek care, the delay in reaching the required care, and the delay in receiving care at the health facility.

The H4+ will support:

- Promotional and preventive activities related to antenatal, childbirth and maternal and newborn care;
- Facility-level interventions to improve health care workers attitudes towards beneficiaries and community health workers; and,
- Innovative interventions to address financial and geographical barriers to access and utilization of antenatal and childbirth care.

The H4+ agencies will ensure that:

- Current evidence on innovative approaches to financing and partnering with the private sector, including the use of both supply and demand-side financing (e.g., cash transfers, voucher), prepayment schemes (e.g., risk pooling), performance-based financing and results based financing, and public/private partnerships are shared with countries; and,
- Rural and hard-to reach locations, as well as other vulnerabilities such as those related to age are taken into account in the policy, planning and implementation process (including the availability of community-based emergency transport systems to health facilities, e-health and m-health interventions that link facilities with communities, and that information is more widely available and disseminated).

The H4+ will look for linkages with other programming such as education, water and sanitation, gender equality, women's empowerment, and other social determinants of health. The H4+ will also leverage partners and resources through initiatives on interventions that use the MNCH platform including PMTCT/HIV and malaria.

In addition to strengthening the quality and integration of MNCH services, the country programmes will develop strategies to ensure that the communities, including the poor, the marginalized and those living with HIV are supported.

Stream 3: Documentation and Dissemination

Global Level activities:

Documenting innovative approaches and development of program guidance:

Innovative approaches and lessons learned from this Programme will be documented and shared to support the scaling-up of MNCH/RH services in H4+ priority countries. Based on gap analyses, documentation will occur in the following areas: a) increasing access to, and use of maternal health and family planning services; b) increasing access to skilled health professionals during pregnancy, labour and post partum/natal periods; c) increasing access to and use of EmONC; d) integration/linkages of PMTCT, tetanus immunization (TTi), and malaria across the MNCH continuum; and e) community mobilization.

Monitoring of CIDA funded programme results and Steering Committee

management: A minimum common set of critical indicators across all five countries will be identified so as to monitoring Programme progress. Additional activities will include financial tracking, quarterly Steering Committee meetings to monitor progress and ensure timely decision-making, provision of support to the implementation of the Steering Committee decisions, and development of annual and final reports.

Country Level activities:

Data collection and management of health information

Data collection and health information management, a key area of weakness in health sectors in many developing countries, will be strengthened. This will enable the countries to track progress as well as assess impact of the programme. For both collection and appropriate use of information, H4+ will support innovative interventions with m-health, as well as utilizing other technological solutions, in partnership with private sector partners and other stakeholders. Other processes, such as the work of the Countdown, can be used at the national level. The H4 + will support the analysis of data at both national

and sub-national levels as well as use of the data for improved planning, quality of care and decision making.⁸

Knowledge working groups

Within the five countries to be supported by this Programme, the H4+ will support the establishment of knowledge working groups of key stakeholders. The scope will be shaped by the context in each country, building where appropriate on the existing coordination structures already in place in each country. It will not circumvent or undermine established processes but further capitalize where appropriate. Using existing technology, these working groups will provide peer support to their counterparts from other countries on key issues addressing maternal and newborn health.

Knowledge groups will be thematically organized and will include all stakeholders to the country plan, including donors and national research institutions. The groups will work to improve country-specific packages of interventions and best approaches for their effective delivery and scale -up, using the WHO guidelines and intervention packages developed by H4+, among other tools.

A mid-term review for knowledge sharing will be organized and the review outcomes published in the interest of larger knowledge sharing.

2.1 Criteria for Country Selection

The support from CIDA will go towards accelerating progress in five countries, of which some of them will be selected due to the high probability of achieving impact in a short time with the additional resources provided, the others with less existing capacities will be chosen due to their demonstrated need.

Programmatic alignment: CIDA funding will be used to help integrate and focus MNCH/RH programmes under government leadership. The countries selected will be countries in which the H4+ is already working. Funds will be used to ensure that work is integrated and focused on assisting countries work towards achieving their commitments made to the Global Strategy. Consequently, the Grant will be aligned with existing processes such as the work of UNFPA's MHTF, IDA in-country support and other existing processes. This support will complement already existing funds, allowing for more coherent progress and results. The CIDA Grant is also expected to leverage further funding. The H4+ will assist governments in the use of the results of the EmONC and

⁸ In a number of countries in Africa, such as Kenya, WHO is leading an effort to strengthen civil registration systems with a specific focus on improving attribution of cause-of-death for all causes, including maternal and child death causes and using the standard classification system for causes of maternal deaths recently developed by WHO. In December 2010, the World Bank in collaboration with WHO, UNICEF and UNFPA held a workshop in Nairobi, Kenya on "Improving National Capacity to Track Maternal Mortality Toward the Attainment of MDG 5". The workshop brought together members of academia, multilateral organizations and government officials to discuss the issues, challenges and progress in measuring maternal mortality in African countries.

other needs assessments, together with other available data to determine the nature of support needed by the countries.

Facilitating Policy Context: Countries chosen will be those in which the H4+ has pre-existing strong partnership from national stakeholders, in particular the government, from which to build on.

Priority in the Global Health Community: Countries selected will have high health burdens, recognized as priorities within the global health world, and can therefore serve as a model for H4+ alignment with the Global Strategy and MDGs 4 and 5. Selected countries will have:

- High maternal and newborn mortality;
- A number of other global health processes underway such as IHP+;
- Notable size of the HIV epidemic and appropriate country response with national commitment to eliminating mother-to-child transmission (MTCT) of HIV; and
- Clear need for additional support.

2.2 Management

Global and Country Plans

CIDA and the H4+ partners will come to a consensus on global and country level plans, including budgets and monitoring and evaluation plans. Consensus will be reached before funding is provided by UNFPA to each participating agency.

Detailed costed global and country-specific plans will be prepared and submitted to the Steering Committee⁹ for review and approval within three months following signature of this Arrangement. Funding allocation decisions will be based on a criteria agreed to by the Steering Committee.

The World Bank and UNAIDS, as full partners in the implementation of this initiative, will use their own funds to work at country level against the results of the initiative and report in accordance with the established reporting mechanism.

Steering Committee

A Steering Committee will be composed of a representative from each of the 5 agencies (WHO, UNICEF, World Bank, UNAIDS and UNFPA), and a UNFPA-designated programme coordinator who will act as secretary to the committee. CIDA will be a regular decision making participant to the Steering Committee. The Steering Committee will meet quarterly, and as needed, to monitor progress and to ensure timely decision-making.

⁹ CIDA will be a regular decision making participant to the Steering Committee, composed of representation by one member of each of the 5 agencies (WHO, UNICEF, World Bank, UNAIDS and UNFPA) and a UNFPA-based programme coordinator who will act as secretary to the Steering Committee.

The programme coordinator will support implementation of decisions made by the Steering Committee, including funding allocations, programme and financial reporting requests, preparation of annual reports and support to communication. Programme coordination and administration will be carried out by the team of UNFPA's MHTF.

2.3 Coordination and Approach

The programme will be coordinated by UNFPA and undertaken by the H4+. The H4+ agencies will undertake coordination at various levels.

At the global level: The H4+ will continue to work as an informal group for MNCH/RH, with regular meetings at both the technical and deputy executive levels. In addition at global level, the H4+ will work in the following main areas, with a special focus on the five selected countries but also for the benefit of all 49 countries involved in the Global Strategy:

- Ensuring overall coordination between and within agencies at all levels for the effective implementation of the planned activities and reporting;
- Ensuring continuous mapping of ongoing and achieved activities;
- Supporting knowledge sharing and peer reviews of country programmes through South-South collaboration and documentation of lessons learned; and
- Developing a communication strategy to promote harmonized messages about collaboration, key successes and results.

The agencies will endeavour to ensure strong linkages with all other existing global and country processes and partners (e.g. IHP+), and further streamline their communications strategy to ensure common messaging.

At the country level: The H4+ agencies will enhance existing coordination, while harmonizing their tools and technical approaches. The agencies will ensure that the Canadian funds channelled through the H4+ are focused on supporting the achievement of results at the country level.

Funding flow and country-level work: H4+ in-country teams, in collaboration with other partners, will prepare workplans with a focus on implementation of their country commitments to the Global Strategy.

2.4 Monitoring and Evaluation and Reporting

Reporting

Annual results-based narrative and financial reports will be submitted to CIDA in accordance with Section V. Reporting of the Standard Administrative Arrangement (SAA) between UNFPA and CIDA. The annual results-based narrative reports will provide quantitative and qualitative results, in-line with the country-level results frameworks and global-level workplan.

Monitoring and Evaluation

Country level monitoring and evaluation plans and associated results frameworks will be shared with the Steering Committee for review during the initial planning phase of the Programme. Monitoring and evaluation plans will include: information on the methods and designs to be used; how data will be collected; the required resources; and who will implement the various components of the M&E work plan.

It is envisioned that there will be ongoing (continuous) monitoring of the implementation of this Programme to allow for incorporation of lessons learned, and when necessary, mid-course correction during the lifecycle of the Programme.

National institutions and/or organizations will be engaged in the monitoring and evaluation of the Programme in-country, as building in-country capacity in this area is an important component of the overall Programme. This work will contribute to the independent mid-term and final evaluations.

Independent Evaluation

A mid-term and final independent evaluation of the Programme will be conducted. The mid-term independent evaluation will take place no later than 2.5 years following the date of signature of this Arrangement. The final independent evaluation will take place at completion of Programme activities.

An initial plan for the independent mid-term and final evaluations will be provided to CIDA within 3 months following signature of this Arrangement and a final plan within 6 months following signature. In agreement with CIDA, the evaluation plans will identify how the independent evaluation will be carried out, and the specific outcomes that will be evaluated, before the external evaluation is commissioned.

County-level plans

Details for country-level plans will include:

1. Clear and detailed objectives.
2. Detailed description of specific activities to be undertaken.
3. How the country government was involved in developing the workplan.
4. How the country government will work with the H4 for this Initiative.
5. Who will be the lead UN agency in each country; who the lead agencies will be for each component of the country workplan, and how funds will flow to the country office(s).
6. What will be the role of the UN Resident Coordinator in One UN countries.
7. How the H4+ will work within the One UN process in implicated countries.
8. How coordination will take place with:
 - a) Stakeholders - government (which ministries), CSOs, private sector, etc.
 - b) Existing country mechanisms
 - c) Global mechanisms
9. Which existing technical groups will be utilized, if and why there would be need for new technical groups.
10. Details on existing capacity issues and how this will impact the roll-out of activities in country.
11. Risks to achievement of objectives and mitigation strategies.
12. How the work will address gender issues.
13. Monitoring and Evaluation plan – what will be measured, how, when (and frequency), expected results.
14. Budget breakdown by year and activity

County-level results frameworks

Specific results frameworks will be developed for each country plan based on their commitments to the Global Strategy as well as related to activities specific to country proposals. The results frameworks will aim to show the contribution of the CIDA-support to the overall results to scaling-up MNCH/RH health services. Different countries may prioritize different outputs and outcomes within their respective results frameworks, with appropriate selection of indicators to measure and track results.

Key outputs and outcomes of this Programme would include:

1. *Country specific health packages of high impact, effective interventions and appropriate delivery strategies defined and integrated into national health plans and scaled up plans;*
2. *Improved number, quality and availability of human resources for MNCH/RH (e.g. midwifery skills);*
3. *Barriers to access MNCH/RH services identified and systems in place to address them, with a particular focus on equity.*

4. *Progress documented and experience and knowledge shared among the 5 countries and beyond in order to inform global and country efforts in achieving MDG4 and 5*
5. *Strengthened political and programmatic leadership on MNCH/RH in countries*

Country plans will include specific quantitative targets for each indicator and will report on progress made against baseline measurements. At a minimum, the results frameworks will include a subset of the indicators below. Indicators will be disaggregated by wealth quintile, sex, age, ethnicity, and rural-urban coverage, where appropriate and as possible, in line with country-level results frameworks.

MNCH/RH Indicators:

- Percent of live births assisted by skilled birth personnel;
- Percent of births in health facilities;
- Percent of mothers and newborns who received post-partum/ postnatal care visit within 3 days after childbirth;
- Percent of women using modern contraceptive method;
- Percent of women receiving Antenatal Care at least 4 times during pregnancy;
- Proportion (or number) of births among girls and adolescent women (aged 19 and under);
- Exclusive Breastfeeding rates (for the duration of 6 months);
- EmONC key indicators (including service delivery coverage); and,
- Additional MNCH/SRH indicators as judged appropriate by UNFPA and CIDA.

2.5 Sustainability

This Programme is sustainable because it will be aligned with already existing long-term commitments from countries and their national health plans. It is aligned with the Global Strategy, leveraging the high level political attention of the Secretary General to ensure success and results. It is aligned with UNFPA's MHTF, which is a multi-year commitment to countries, thus accessing more streams of funding to complement the Canada grant. It is also aligned to the commitment made by each of the H4+ organizations towards UNSG's Global Strategy for Women's and Children's Health. It is also in pursuit of the MDGs and will measure success in accordance to MDG indicators, making the project catalytic.

3.0 Budget

Prior to receiving funds from CIDA, a Memorandum of Understanding will be signed between the three agencies for this joint programme. Country-level activities will be supported by UNFPA, UNICEF and WHO, in collaboration with UNAIDS and The World Bank.

The Administrative Agent will be entitled to allocate an administrative fee of one percent (1%) of the Contribution by the Donor, to cover the Administrative Agent's costs of performing the Administrative Agent's functions. Funds will flow from CIDA to UNFPA as the Administrative Agent (AA) of the Joint Programme.

Description	Canadian \$
Program Activities - global level	\$9,305,000
Program Activities – country level	\$33,956,682
Independent Monitoring and Evaluation	\$3,000,000
Sub-Total Activities	\$46,261,682
Indirect costs (7% of activities)	\$3,238,318
Administrative agent fee (1%)	\$500,000
Total	\$50,000,000

4.0 Estimated Timeframe

Stream 1: Needs Assessment and planning/programming (March 2011 – December 2011)

Milestones

- Stakeholder analysis completed in country to identify target populations
- Needs and other assessments completed in country
- Steering Committee for review of proposals formed
- Country proposals (5) developed, and approved by Steering Committee
- Detailed annual workplans for year one agreed upon by Steering Committee
- Strategic plan of action developed in country
- Independent mid-term and final evaluation plans submitted to the Steering Committee for review and approval
- Additional milestones to be agreed by the Steering Committee

Stream2: Scaling - Up (January 2012 – March 2016)

Milestones

- Implementation initiated (technical assistance provided as needed; and jointly by H4+)
- Detailed annual workplans for subsequent years agreed upon by Steering Committee
- Mid-term independent evaluation conducted
- Additional milestones to be agreed by the Steering Committee

Stream 3: Documentation and Dissemination (January 2012 – March 2016)

Milestones

- Establishment of Knowledge Management working group in 5 countries
- Final independent evaluation conducted
- Additional milestones to be agreed by the Steering Committee

ANNEX B**SCHEDULE OF PAYMENTS****Schedule of Grant Payments:****Amount: CDN \$50,000,000**

1. By March 31, 2011 for the Donor's fiscal year 2010/2011, an amount of twenty million Canadian dollars (CAD 20,000,000);
2. By March 31, 2013 for the Donor's fiscal year 2012/2013, an amount of ten million Canadian dollars (CAD 10,000,000);
3. By March 31, 2014 for the Donor's fiscal year 2013/2014, an amount of ten million Canadian dollars (CAD 10,000,000);
4. By March 31, 2015 for the Donor's fiscal year 2014/2015, an amount of ten million Canadian dollars (CAD 10,000,000);

Minimum 80% of overall Contributions will be applied towards activities in sub-Saharan Africa.

Any changes to the Schedule of Grant Payments above, will be agreed to in writing between the Donor and the Administrative Agent.

Any payment to be made under this Arrangement is subject to there being an appropriation by the Parliament of Canada for the fiscal year in which the payment is to be made. If Canada's appropriation is changed by the Parliament of Canada, Canada may reduce the Contribution, or terminate this Arrangement.

ANNEX C

BACKGROUND

Since issuing a joint statement in September 2008, aimed at accelerating progress on maternal and newborn health, the H4+ have jointly programmed their maternal and newborn health work, building on existing partnerships and sector wide approaches, in countries such as Bangladesh, DRC, Ethiopia, Nigeria and Afghanistan. They have also identified gaps in their countries of support and roles and responsibilities in the 25 focus countries to ensure effective coordination; developed a Joint Action Plan; carried out joint technical support missions; and already coordinated support in some of the 25 countries with the highest burden of maternal mortality.

The H4+ are the key technical partners for the UN Secretary General's Global Strategy. The Global Strategy is a roadmap for collective global action to ensure universal access to essential health services and proven, life-saving interventions through strengthened health systems. While interventions in different countries depend on existing national resources and capacities, the Global Strategy supports a range of interventions from family planning and making childbirth safe, to increasing access to vaccines or treatment for HIV and AIDS, malaria, tuberculosis, pneumonia and other neglected diseases.

As the constituency with the most extensive reach in low-income/high burden countries, the H4+ agencies have facilitated country articulation of commitments towards the Global Strategy. The H4+ agencies will manage follow up on the commitments made to the Global Strategy through ensuring the provision of equity-based, integrated, and coordinated support to countries' health plans, in full compliance with the principles of Paris and Accra Agenda for Action. In doing so, they will take advantage of synergies across the health sector; share with countries evidence-based interventions, peer-country learning and best practices to improve Maternal Newborn and Child Health/Reproductive Health (MNCH/RH); and utilize the each agency's value-added at the country level to accelerate results in-line with existing coordinating processes.

