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FOREWORD

The past year was foundational. We used the time between the end of our first funding agreement (December 2015) and the beginning of our new agreement (March 2016) to assess where we came from, where we wanted to go and what we needed to do to get there. Our mission never changed; we have a laser-like focus on creating partnerships among Canadian stakeholders to do better, reach further and accomplish more for women and children's health. We had a chance to step back and think about how we could best reach those goals. We joined other networks and sought mentorship from coalitions and knowledge brokers who have been successful in amplifying impact. The Board, our working groups and our Partners provided thoughtful input and ideas for a revised 5-year strategy.

Our newly incorporated organization signed our funding agreement on March 4, 2016 with Global Affairs Canada. From there, we hit the ground running. Over the past seven months, our staff grew from three to nine, recruiting talented team members across Canada to work in a dynamic virtual office. We set up bank accounts, payroll systems, human resources policies and governance committees. As outlined in this report, from metrics workshops at the Hospital for Sick Children (Sick Kids) Global Child Health Program to the stage at Women Deliver 2016, we continued to push to reach our goals.

Buoyed by new Partners, expanded networks and deepened friendships over the past 12 months, we have carved out a refreshed vision to catalyze Canadian collaboration to improve women and children's health worldwide. As the newly named *Canadian Partnership for Women and Children's Health*, we aim to **capitalize on the data revolution, connect experts**, and **communicate our collective impact to Canadians**. Through the power of partnership, we are confident that we can and will achieve better results for women and children. I am grateful for this opportunity to share this journey with you.

Helen Scott

Helen Scott Executive Director

Cover photo: Danial Shah

LETTER FROM OUR CHAIR

There's no turning back now!

Around the globe, day after day, a tsunami of ideas, innovation and empowerment is changing the world for all of us. From Save the Children's efforts to end early and child forced marriage in Kenya to Action Against Hunger's determination to improve nutrition related health services in Guatemala to Grand Challenges Canada's acceleration of the development of a new delivery method of oxytocin to manage post partum haemorrhage, Canadians are part of a movement that will alter the course of the 21st Century.

Canadians have continued to demonstrate our unwavering commitment to championing health and rights for women and children worldwide. This commitment remains critical. Progress made on the Millennium Development Goals (MDGs) was uneven and MDGs related to health and nutrition fell the shortest for meeting targets, including MDG4: reduce child mortality, MDG5: improve maternal health, and MDG 6: combat HIV/AIDS, malaria and other diseases. Agenda 2030 is now one year into its mandate. The Global Strategy for Women's, Children's and Adolescent's Health notes that "the survival, health and well-being of women, children and adolescents are essential to ending extreme poverty, promoting development and resilience, and achieving the Sustainable Development Goals."

Canada's reputation on global health, including MNCH, has been built on decades of continued Canadian commitment and investment that has spanned all parties and governments. We must continue to leverage our strong global reputation for leadership on health and nutrition—which has resulted in crucial gains—and become the much needed global champion for promoting health equity for women, adolescents and children, including in the world's most fragile places. Canada has achieved lasting progress and must stay the course to address the women and children's health agenda globally. This not only reflects a wise investment, but also the values of millions of Canadians who support this effort.

Sincerely,

David Morley President and CEO, UNICEF Canada Chair, Canadian Network for Maternal, Newborn and Child Health



STRATEGIC FRAMEWORK

VISION WE E	WE ENVISION A WORLD WHERE EVERY WOMAN AND CHILD SURVIVES AND THRIVES.		
MISSION WE CATALYZE CANADIAN COLLABORATION TO IMPROVE WOMEN'S AND CHILDREN'S HEALTH WORLDWIDE.			
MEASURING RESULTS	SHARING KNOWLEDGE	ENGAGING CANADIANS	
 Capitalize on the data revolution to strengthe monitoring and evalua and data-driven policy engagement. 	en power of partnership, providing tion access to knowledge and	Communicate impact to stakeholders to improve programming and policy, profile results, and ensure accountability to women and children.	

The Canadian Network for Maternal, Newborn and Child Health provides lessons for how connectivity and capacity can be built across researchers, practitioners, policy-makers and the private sector. It exemplifies how pan-Canadian approaches can maximize impact and bolster global leadership.

• POLICY OPTIONS, SEPTEMBER 2016

HOW WE WORK

The Canadian Network for Maternal, Newborn and Child Health focuses on achieving an ambitious set of objectives, which are outlined in an annual work plan. This blueprint of our objectives and activities is centered on three strategic pillars: measuring results, knowledge exchange, and stakeholder engagement. Each pillar is shaped by a Working Group comprised of representatives from Partnering organizations. The Secretariat is instrumental in implementing activities to ensure that the mission and objectives of the Canadian Network are successful.

CREATING A FOUNDATION

CAN-MNCH is driven by a mandate to catalyze Canadian collaboration to achieve one goal: a world where every woman and child survives and thrives.

2015/2016 was a start up year for our newly incorporated organization. In March 2016, CAN-MNCH engaged in a \$14.4 million Contribution Agreement with Global Affairs Canada.

Over the past few months, we focused on:

 Setting up operations: Established and implemented operational policies and procedures, including finance management systems

- Canadian Partnership for WOMEN^{and} children's health
- **Rebranding:** Engaged in a broad consultation process to rebrand, reinvigorate and re-shape our vision, mission and value and to rename the organization
- Building capacity: Recruited eight talented staff (from May – August, 2016) across Canada with diverse skills, connected through a dynamic virtual work environment



Establishing governance: Transitioned from a Steering Committee to an effective governance structure with a new Board of Directors, relevant Committees, and rigorous oversight

MEASURING RESULTS

Improved use of data to inform decision making

OUR FOCUS:

- We are working towards the goal of improving Canadian accountability by driving enhanced use of data for performance and decision making, with a focus on building Canadian capacity.
- CAN-MNCH is partnering with the Institute for International Programs, Johns Hopkins University (JHU-IIP) to support our Partner's efforts to strengthen Canadian monitoring, evaluation and reporting. JHU-IIP is tasked with developing a suite of five tools for high quality, evidencebased programming and evaluation.

For organizations with projects starting up in Fall 2016, several of these tools were highly relevant for program design and baseline data collection. Canadian organizations with funding in three test countries (Mozambique, Tanzania and Mali) plus other organizations attended two two-day "program start-up" workshops, led by the JHU-IIP team and supported by CAN-MNCH, to explore the feasibility and value of the tools and focus in particular on the "light" coverage survey tool.



 We have begun work to significantly rebuild and refresh our online platform profiling new work by the Government of Canada (2015-2020) in RMNCAH. The first phase of this tool, which will display Canadian investments to date thematically and geographically, will be profiled for Partner feedback at the 2016 CAN-MNCH Annual Meeting.



"CAN-MNCH has acted as a forum for academics to meet with implementing organizations such as CARE, to better appreciate their unique priorities and perspectives, and to learn how our research can complement their work."

Dr. Arijit Nandi – Associate Professor & Principal Investigator, Public Policy and Population Health Observatory, McGill University

FEATURED PARTNERSHIP

PROJECT	Improving maternal and child health in under-served districts in Tanzania
PARTNERS	McGill University's Public Policy and Population Health Observatory, CARE Canada
EXPECTED OUTCOMES	Increased access to, and utilization of, quality maternal and newborn health services

McGill University's Public Policy and Population Health Observatory and CARE Canada are working in a unique partnership to implement and evaluate a multifaceted intervention in under-served districts in Tanzania. The project aims to improve maternal and child health by increasing access to, and utilization of, quality health services.

Driven by a desire for an improved ability to assess what works and why, the partnership brings together CARE Canada's extensive experience in program implementation in Tanzania with McGill's expertise in rigorous policy and program evaluation.

McGill and CARE Canada report that the key to success is close collaboration beginning at the project inception stage. This ensures that a rigorous evaluation is part of the project design and implementation, so that that outcomes will be measurable and meaningful for future efforts.

KNOWLEDGE EXCHANGE

Strengthening engagement of CAN-MNCH with its partners for improved results and engaged publics

OUR FOCUS:

Bringing Partners together

- Gathered over 200 delegates at the 2015 Annual Meeting, Roadmap to Results
- Hosted annual parliamentary event, Voice of a Woman in May 2016, including Parliamentary Secretary Karina Gould, Leader of the Opposition, Rona Ambrose, NDP Critic for the Status of Women, Sheila Malcolmson, over 60 Partner organizations and two dozen Members of Parliament and political staff from across the aisle
- Held a funding and programming workshop, in partnership with the Inter-Council Network

- Amplified and supported Partners' activities at Women Deliver 2016, Copenhagen and hosted multiple activities for Canadian participants, including a reception at the Canadian Embassy.
- Supported civil society activities at the 5th Global Fund Replenishment Conference in Montreal, Quebec, including partnering to host a two-day civil society workshop
- Along with Action Canada for Sexual Health and Rights, CCIC, Inter Pares, Oxfam Canada, IDRC and Global Canada, co-hosted an international conference on the neglected areas of Sexual Reproductive Health and Rights



Sharing news, expertise and resources

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- Online engagement with our Partners through a monthly newsletter, social media platforms and the job board
- Coordinated social media campaigns with our Partners at key moments, such as Women Deliver 2016, 5th Global Fund Replenishment Conference and Voice of a Woman





STAKEHOLDER ENGAGEMENT

Continued stakeholder investment and leadership in RMNCAH

OUR FOCUS:

Promoting Women and Children's Health Internationally

- Participated in Global Polio Eradication Initiative's activities to generate continued Government of Canada support for polio eradication.
- Contributed to the global consultation process for the Global Strategy on Women's, Children's and Adolescent Health
- Supported a Plan Canada-hosted sideevent at the UN Commission on the Status of Women
- Presented on the Role at Advocacy in Driving Change at Women Deliver 2016
- Collaborated with Partners (Interagency Coalition on AIDS and Development, RESULTS Canada, World

Vision Canada, Canadian Red Cross) to promote policy dialogue on key women's and children's health issues at the 5th Global Fund Replenishment Conference, Montreal

Engaging with the Canadian Government

- Engaged with Global Affairs Canada on opportunities for the Global Financing Facility to improve health outcomes in fragile contexts and promote sexual reproductive health and rights
- Supported by The Partnership for Maternal, Newborn & Child Health and the World Health Organization, CAN-MNCH engaged with the Minister of the Environment to promote the integration of the right to health more strongly into the final outcome document of the Paris Climate Change Accord, COP 21

- Participated in Ministerial Roundtables on the future direction of Canada's International Assistance agenda, focusing on Canada's investment in RMNACH, health and rights for women and children, and public engagement
- In consultation with our Partners, (the Board of Directors, the Stakeholder Engagement Working Group, a survey of Partners, and in communication with international partners), produced a robust submission to the International Assistance Review
- Participated in diverse consultations held in the context of the International Assistance Review, including on the health and rights of women and children

- Provided a submission to the prebudget consultation that focussed on the need for increased investment in the international development budget and specific additional investments in health
- Along with Action Canada for Sexual Health and Rights, Canadian Council for International Cooperation, Inter Pares, Oxfam Canada, International Development Research Centre and Global Canada, co-hosted an international conference on the neglected areas of Sexual Reproductive Health and Rights, and participated in the socialization of the conference results with key stakeholders including a follow up International Assistance Review submission

Engaging Partners in Evidence-Based Policy

- Held regular meetings of the Stakeholder Engagement Working Group, including a one-day meeting to identify key areas of policy focus and objectives in fall 2015; two consultations with all Partners on adolescent health and fragility; and a full day meeting in June to review the content and direction of the CAN-MNCH contribution to the International Assistance Review
- Participated in a dialogue on the role of research in advancing and changing how we achieve change in RMNCAH
- Produced numerous policy briefs focusing on key policy recommendations for the Government of Canada including: overview of the advocacy and government relations strategy approved by the Board; the Global Financing Facility; Universal Health Coverage; Official Development Assistance; and Global Fund Replenishment

Research and Rebrand

• Development of new brand identity, including logo development and the building of a socialization strategy



FEATURED PARTNERSHIP

The Canada-Africa Initiative to Address Maternal, Newborn and Child Mortality
Amref Health Africa, Christian Children's Fund of Canada, Centre for Global Child Health at the Hospital for Sick Children (SickKids) and WaterAid Canada
\$24.9 million from the Government of Canada (85% of the total project budget)
4 years (2016-2020)
To directly reach 1.7 million women, children and men across 20 districts in Ethiopia, Kenya, Malawi and Tanzania

The partners are working together with African communities to improve the delivery of essential health services to moms, pregnant women, newborns and children under the age of five, increase the use of these improved health services, and improve the consumption of nutritious foods and supplements.

Working in this partnership, the key ingredients to their success will be:

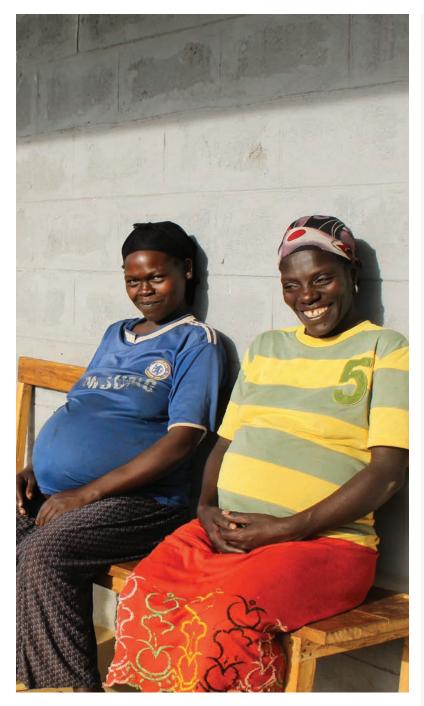
- Open Collaboration, with a shared common and clear vision of partnership objectives
- Sharing expertise
- Leveraging resources this is particularly important in the non-profit sector



"As a meeting place for Canadian organizations working in the area of RMNCAH, CAN-MNCH has broken down barriers and made collaboration possible. It has demonstrated the value and effectiveness of working together to deliver better health outcomes for women, children and adolescents, which has led to partnerships like the one we have forged for the Canada-Africa Initiative to Address Maternal, Newborn and Child Mortality. CAN-MNCH also plays an important role as a knowledge sharing platform."



Jennifer Foulds, Communications Director, Amref Health Africa



Funding Source: Global Affairs Canada

CAN-MNCH TEAM

CORE TEAM

Helen Scott – Executive Director Julia Anderson – Director, Operations Andy Cragg – Manager, Knowledge Exchange Charmaine Crockett – Manager, Strategic Communications and Member Engagement Robert Eisses – Director, Metrics Cindy Kozlowsky – Administrative Coordinator Katie Lloyd – Policy Officer Veronica Sanchez – Senior Coordinator, Communications and Events Wendy Therrien – Director, External Relations

BOARD OF DIRECTORS

David Morley, Chair – *President and CEO of UNICEF Canada*

Stanley Zlotkin, Vice Chair – *Chief, Centre* for Global Child Health, The Hospital for Sick Children

Jennifer Blake – CEO & President, The Society of Obstetricians and Gynaecologists of Canada (SOGC)

Patricia Erb – CEO & President, Save the Children Canada

Evelyne Guindon – CEO, CUSO International

Susan Johnson – Vice President and Director General International Operations and Movement Relations, Canadian Red Cross

Michael Messenger – President and Chief Executive Officer, World Vision Canada

Khalil Shariff – CEO, Aga Khan Foundation Canada

Peter Singer – CEO, Grand Challenges Canada

Joel Spicer – *President, Micronutrient Initiative*

Dorothy Shaw – Vice President, Medical Affairs, BC Women's Hospital and Healthcare; Clinical Professor, Department of Obstetrics and Gynaecology, University of British Columbia





A network of Canadian NGOs, health care professional associations and academic institutions working together to improve maternal, newborn and child health

www.can-mnch.ca