Background note on 2018 EWEC Commitments Update (September 2019)

Commitments overview

This analysis provides an overview of commitments that were made to implement the updated EWEC Global Strategy (2016-2030). EWEC Global Strategy commitments undergo a formal approval process, which is led by the *Every Woman Every Child* Secretariat. This analysis includes all EWEC Global Strategy commitments that were approved by the EOSG from September 2015 to December 2018, including FP2020 commitments. These commitments are available on the EWEC website.

Financial analysis

The amount of financing commitment-makers pledged in support of the EWEC Global Strategy was calculated based on the available commitment information (commitment text, commitment forms, and survey data). As part of this analysis, the amount of committed funding that was subject to double counting was estimated. For more methodological details, please refer to Annex 2 of the PMNCH 2018 report: Commitments to Every Woman Every Child's Global Strategy for Women's, Children's and Adolescents' Health (2016-2030):

https://www.who.int/pmnch/activities/advocacy/globalstrategy/2016_2030/commitments-report/en/

Survey analysis

To support the IAP's 2017 report recommendations to strengthen the EWEC commitments process overall⁴, PMNCH, in partnership with the EWEC Secretariat and FP2020, conducts an annual online survey for non-governmental commitment-makers to report on their progress. The survey is aligned with the EWEC Partners' Framework's six focus areas and the targets and indicators for the EWEC Global Strategy.

In 2018, the survey was sent to 164 non-governmental commitment-makers. Sixty-one percent of these commitment-makers (100 in total) responded to the survey and provided valuable data on implementation progress, including on target populations reached and services provided (see Box 1). Survey results were assessed manually to calculate the number of people reached in 2018.

Box 1: About the Progress Reporting Questionnaire

The progress reporting questionnaire serves as the annual reporting mechanism for non-governmental commitment makers to the EWEC Global Strategy. It includes:

Commitment progress summary: Commitment-makers describe their progress on commitment activities, including key achievements and how commitments have improved women's, children's, and adolescents' health.

Thematic commitment progress: Commitment-makers describe how their commitment-related activities contribute to the updated EWEC Global Strategy objectives and indicators, which EWEC focus areas are

¹ See EWEC: What is a Commitment? At: http://www.everywomaneverychild.org/what-is-a-commitment/

² This year's analysis includes two commitments, made by World Vision International and Antigua and Barbosa, which were made in 2018 and officially approved in 2019.

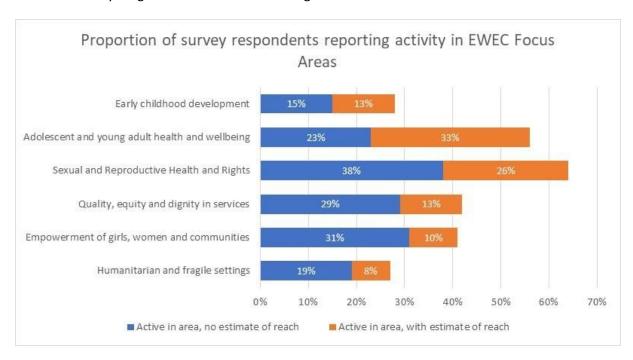
³ http://www.everywomaneverychild.org/commitments/

⁴ IAP, 2017. Transformative Accountability for Adolescents. At: https://iapewec.org/reports/2017report/

relevant, the activities implemented, and results achieved, and the number of people reached by target population.

Commitment-makers reported through the online survey on activities, results, and number of people reached through commitment-related activities across six focus areas from the 2020 EWEC Partners' Framework. These areas are: early childhood development; adolescent and young adult health and well-being; SRHR; quality, equity, and dignity in services; empowerment of women, girls, and communities; and humanitarian and fragile settings.

The figure below shows activity reported across each of these focus areas. For example, survey respondents provided a brief description of the activities they implemented, and results achieved. Sixty-four percent of survey respondents reported activities related to SRHR, and 56% related to adolescent and young adult health and well-being.



Once commitment-makers report if commitment-related activities are applicable to each of the six EWEC focus areas, they can - for each focus area selected report on the key activities implemented and results achieved, and whether commitment-related activities include service delivery. If service delivery is included, commitment-makers have the option to provide information on the relevant target populations reached and the number of people reached for each target population by year.

Not all questions are compulsory. For example, the structure of the survey allows for a commitment-maker to indicate that they have implemented commitment-related activities related to sexual and reproductive health but not provide an estimate of the number of women reached. In instances when a commitment-maker marked a focus area as applicable but did not provide an estimate of beneficiaries reached, text responses describing the activities implemented and results achieved were evaluated to identify information about the number and target population of beneficiaries. Still, several commitment-makers that marked an EWEC focus area as applicable did not provide any quantitative estimate of the number of beneficiaries reached.

One other limitation of the survey is that government commitment-makers do not participate in a survey, and only 61% of non-governmental commitment-makers completed the survey. The actual number of people reached as part of the commitment implementation process is much higher.

For more methodological details on the survey, please refer to Annex 4 of the PMNCH 2018 accountability report:

https://www.who.int/pmnch/activities/advocacy/globalstrategy/2016_2030/commitments-report/en/

Further details

More details on the methods and limitations of the commitment analysis can be found in PMNCH accountability reports, which are available at:

http://www.who.int/pmnch/activities/accountability/reports/en/.