

## **Developing a roadmap and meshwork for Millennium Development Goal 5**

Building a template for in-country implementation and a global collaborative network to accelerate achievement of MDGs 5&4

Parliamentarians Take Action on Maternal and Newborn Health  
The Hague, 26-28 November 2008.

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Version 1.1



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## Abstract

The experience from “Parliamentarians Take Action on Maternal and Newborn Health” sponsored and convened by the World Health Organization (WHO), Inter Parliamentary Union (IPU) and the House of Representatives of Dutch Parliament is relevant to people and organizations committed to achieving large-scale change, particularly in complex, multi-stakeholder challenges. It is often stated optimistically that we have all of the solutions and resources needed to meet the most demanding challenges of our time. It is clear from WHO data that this is true for Millennium Development Goals 4&5, Maternal and Newborn Health. This document outlines a process which builds on work of the WHO, IPU and the vision and advocacy of Chantal Gill’ard, Member of Dutch Parliament and her initiative “Meshwork for Mother Care” bringing together and aligning people, organizations, resources and solutions to achieve MDGs 4&5.

The process supported by WHO Department of Making Pregnancy Safer, combines leadership and convening by WHO and IPU, facilitation (by Center for Human Emergence Netherlands (CHE)), online collaboration and monitoring (supported by Gaiasoft) in preparation for large-scale implementation. This case study puts the Parliamentarians Take Action conference in the context as beginning Step 1 of a 3-step process to achieve large-scale change. Step 1: Develop a country MDG 4&5 roadmap and template; Step 2: Test and refine that template. Step 3: Scale implementation.

This case study reflects a longer term collaboration process for achieving MDGs 4&5 using “meshworking” - a highly effective collaboration of people and organizations, introduced by Dr. Don Beck, CHE Global, to achieve a shared purpose. This event “Parliamentarians Take Action!” used a rigorous process to develop pillars, conditions and success stories as a roadmap for in-country achievement of MDG5. The roadmap draws on experience of Chile in achieving MDG1 on poverty reduction and on the EU funded MIDIR project global best practice research findings. This roadmap provides the framework for collaboration within and between countries and the basis for in country monitoring and evaluation of progress and inter-country benchmarking and peer learning by finding what works, systematizing and replicating solutions. This case study introduces CHE’s term meshwork, provides a summary of the facilitation and knowledge capture process used, introduces Gaiasoft’s technology support for meshworking and large-scale change, and provides candid insights from facilitators on what worked and how to improve on it. In conclusion, continuing this process will significantly improve the synergy, speed and cost effectiveness of achieving MDGs 4&5.

## How this conference came about

This “Parliamentarians Take Action!” conference has its roots in the work of the WHO’s Department of Making Pregnancy Safer (MPS) and the Inter Parliamentary Union and more recently “Meshwork for Mothercare” in Holland bringing together Business, Government, NGOs, Media, the WHO MPS in a collaborative ‘meshwork’ to realise the vision of achieving MDG5. This case study relates to:

### Millennium Development Goal 4. Reduce child mortality:

- Reduce by two thirds the mortality rate among children under five.
- In high-fertility countries in sub-Saharan Africa, women have a one in 16 chance of dying in childbirth.

### Millennium Development Goal 5. Improve maternal health:

- Reduce by three quarters the maternal mortality ratio.
- Achieve, by 2015, universal access to reproductive health.

#### Parliamentarians Take Action on Maternal and Newborn Health

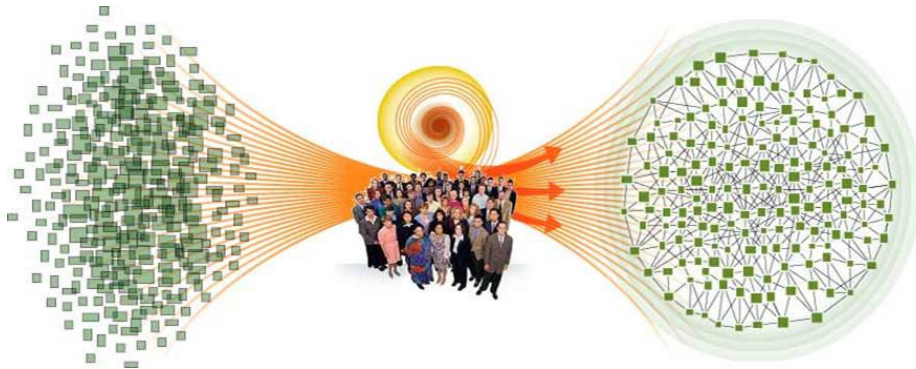
From 26 to 28 of November 2008 the ‘Parliamentarians Take Action on Maternal and Newborn Health’ conference took place in the Hague, the Netherlands. The conference was sponsored by a partnership between the Dutch Parliament, the World Health Organization (WHO), and the Inter Parliamentary Union (IPU) and attended by Parliamentarians from more than 35 countries, delegates from the United Nations and other Agencies and WHO secretariat members. A special visit took place by Her Dutch Royal Highness, Princess Maxima, wife of the Dutch heir to the throne. The conference had a primary focus on reaching Millennium Development Goal 5, to improve maternal and newborn health, and made use of a new innovative setup called ‘meshworking’. The initiators of the conference asked the Center for Human Emergence (CHE) to introduce and facilitate the process of meshworking as CHE has been successfully using this process for the Dutch MDG5 Meshwork for Mother Care, an initiative of Chantal Gill’ard, Member of Dutch Parliament. This meshwork contains 19 Dutch cross-sector partners and WHO Making pregnancy Safer, with the common goal of improving maternal and newborn health. Building on this experience the organizers courageously decided to go along with a new rigorous process to develop pillars, conditions and success stories as a roadmap for in-country achievement of MDGs 4&5.

The term meshwork is further described below and in appendix VII. This conference developed an initial template for in-country implementation of MDG5 and MDG4, representing the first step in a 3-Step Process for implementing large-scale change. The 3-Step Process, described below was proposed and agreed as an outcome of a WHO-hosted, CHE facilitated Meshwork for Mothercare meeting in Geneva, with the goal of objective of mobilizing people and resources globally to achieve MDG5. *The nature of a meshwork is to commit to a meaningful and ambitious goal and to find the people and resources and develop the structures to achieve fulfillment of the goal.*

## Meshworking

The term Meshworking was introduced by Dr. Don E. Beck of CHE Global to describe a process for highly effective collaboration. Meshworking creates radically more effective partnerships able to develop systemic solutions for complex multi-stakeholder challenges for example, Millennium Development Goals, National Transformation and Climate Adaptation and Mitigation. CHE Netherlands brought meshworking to MDGs 4&5 in facilitating the development of the Meshwork for Mothercare. CHE was privileged to be given the opportunity to assist in conference design and to facilitate group work.

The definition of a meshwork offered to participants is: “ a structured collaboration community. A meshwork aligns people around a shared purpose within a common framework. A meshwork connects people who have interests in particular locations and particular topics. A meshwork connects people across role, sector and organizational boundaries. A meshwork enables knowledge-accidents - helping people to find and ‘bump-into’ the people and resources they need to play their part in achieving the shared purpose<sup>1</sup>. ”



An effective meshwork is distinguished from a network or group in that interests, beliefs, behaviors and functions are aligned to and serving a common purpose. Many smaller parts act together as a larger functional whole. At one level, a meshwork is an alignment of hearts and minds around a common purpose. At another level, a meshwork is an alignment of forms, functions and resources to effectively achieve a larger functional purpose. In this conference, the goal was to continue development of a global human and online meshwork which will go forward to implement a solution to MDG5 in countries. This case study shows how an intentional facilitation process can be used to rapidly develop a roadmap for large-scale change. In this case, the roadmap developed is a roadmap for in-country achievement of MDG5. The diversity of the group increases the depth, breadth and wisdom of the resulting roadmap. The approach emerges or reveals collective wisdom, the ‘wisdom of the crowd’ and develops a coherent vision and roadmap for achieving it. Configuring Gaiasoft’s software meshworking and knowledge sharing platform was an essential and integral part of preparing for and facilitating the conference.

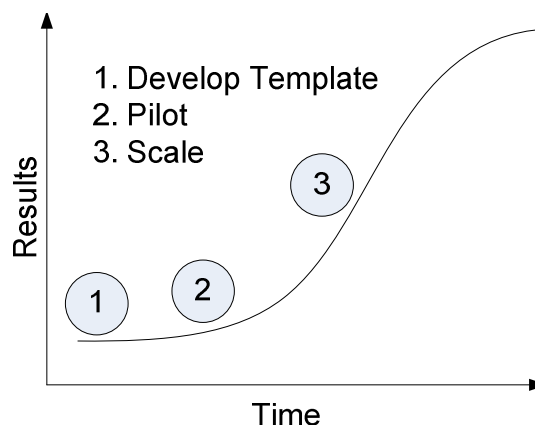
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<sup>1</sup> Source: Gaiasoft, “Creating a Gaiaspace Meshwork.”

### 3-Step Process for Large-Scale Change

The 3 Step process below<sup>2</sup> can be used to describe the steps of solution development piloting and large-scale implementation. It provides a context for why an in-country roadmap is important.

- 1: Develop a roadmap and template for achievement of the goal, MDGs 5 and 4.
- 2: Testing and refining the roadmap through implementation, in this case this means in-country implementation.
- 3: Scale implementation of the tested and refined roadmap and template, in this case implementation in countries.



This case study focuses on step 1 of the 3-Step

Process for achieving the intended large-scale change. *During the 'Parliamentarians Take Action on Maternal and Newborn Health' conference an initial roadmap and template for in-country achievement of MDG5 was developed.*

### MIDIR EU Global Best Practice Research Findings

The approach to large-scale implementation was confirmed by a global best practice review and research project, the "Multidimensional Integrated Risk Governance" or MIDIR project. This project, a coordinated action in the Sixth Framework Programme of the European Commission, reviewed 14 risk governance projects and frameworks to identify common themes to develop a comprehensive framework for large-scale risk governance. One of its key outcomes is use of Gaiasoft's approach to developing templates for scaling including measures of change with linked case studies or 'positive proof points'. This systematic approach allows rapid scaling of successes based upon a shared template and matches people with shared interests across organization boundaries to increase the value of knowledge sharing for every participant (MIDIR Report 2.4, 2008, MIDIR Report 1.2, 2007). The findings of the MIDIR project and the Gaiasoft tools that support it can be used to support a (local-provincial-national-international) meshwork and as a way to fast track global implementation of what is found to work at local levels. The roadmap developed for in-country implementation of MDGs 4&5 is developed for scaled implementation. The same approach can be applied to other global challenges, for example other MDGs, sustainable cities and global climate change response.

<sup>2</sup> 3-Step process is a simple model used to explain the lifecycle of a meshwork in terms of template development and implementation. A more complete model that addresses collaboration and capacity building is offered on page The Process on 9 and in the Collaboration Process and Architecture for MDG5 on page 11. Source Gaiasoft.

## Designing the Conference

The conference was designed by Anne-Marie Voorhoeve and Chantal Gill'ard as an experience (Pine II & Gilmore, 1999), with specific methods and tools of 'Art of Hosting' (ArtofHosting, 2008). Objective was that the participants could experience for themselves what the effects are of sharing their ideas and questions with different players in the system, the richness of having meaningful conversations with a large variety of perspectives (see box Holding the Space).

Prior to the conference the organizing parties (WHO, IPU, Dutch parliament team and CHE) focused primarily on getting the right mix of players into the system and to be clear that the focus of the conference was to build towards a shared goal and outcomes. CHE and Gaiasoft worked together to develop the process and supporting technology for the meshwork, consistent with the Collaboration Process and Architecture for MDG5 on page 11.

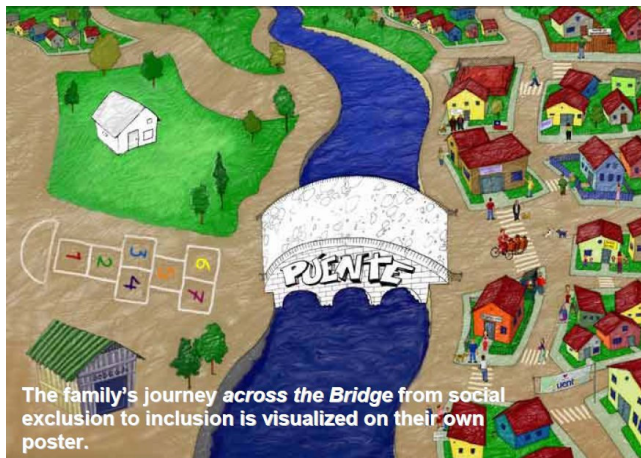
In this macro-design the following **Macro Design Principles** were used:

- The more involved the participants are, the more likely they are to own the outcomes and act on them
- The quality of relationship built will strongly influence the quality of action that emerges
- The complexity of the issue requires requisite diversity
- Participants may need to reach out to other sectors in society in order to be effective
- Developing and reinforcing a framework for shared understanding through organisation of physical space, collaboration processes and supporting technology
- High-level political support boosts belief in achievability
- For impact to be sustainable beyond the event itself, there must be a strong follow-up mechanism
- This is not just a one-off event, it is part of a long term process whose success will be measured in the achievement of MDGs 4&5 in countries and globally



## Chile's framework for reducing poverty – an example to learn from

To explain the process of developing a template to the participants, Chile's successful 'El Programa Puente' (The Bridge Program) was referenced. This program has been successful in achieving poverty reduction and social inclusion, MDG1, in Chile (The World Bank, 2004).



The project envisioned a bridge to enable each family to travel from social exclusion and poverty to social inclusion.

The pillars of the bridge are the major elements that must be in place for each family to move out of poverty. Each pillar is supported by a number of conditions which must be met for the family to move out of poverty.

The proposal for MDG5 is to develop the bridge for nations to move from unsafe to safe motherhood and newborn health - to achieve MDG 5. Using the language of pillars and conditions from the El Programa Puente, the flow for development of a template for MDG5 was as follows:

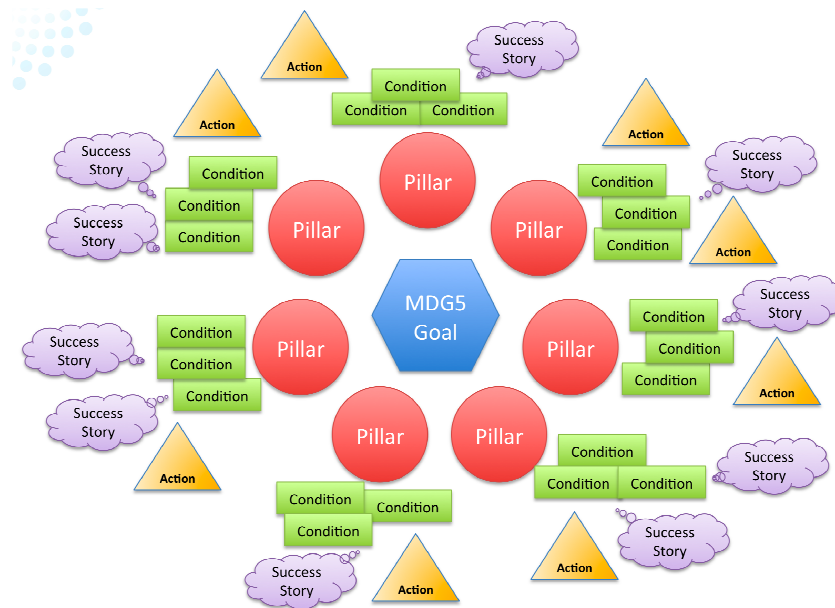
- Identify and align around the *need and purpose* which is to achieve MDG5).
- Identify the *core pillars* that would support a bridge to success at country level
- Identify the *conditions of success* for each pillar.
- Identify *stories of success* in the different pillars.
- Identify *next actions* for the parliamentarians.

In summary, the design makes use of the metaphor of a bridge<sup>3</sup> from the current to the desired situation. For each core pillar the conditions for success are identified and stories of success are gathered and recorded. The next actions to be taken by the parliamentarians are then defined. With this design of 'pillars', 'conditions', 'success stories' and 'actions' a roadmap for MDG5 emerges. This roadmap can be visualized according to the 'Performance Web' visualization of the Gaiasoft software shown below, with MDG5 at the centre, shown as a hexagon, pillars shown as circles, conditions shown as rectangles and success stories shown as thought bubbles and actions as triangles.

<sup>3</sup> See <http://public.programapuerta.cl/index.html>.



### Roadmap showing pillars, conditions, success stories and actions



### The Process

Peter Merry (Chair, CHE) Anne-Marie Voorhoeve (Strategic Connector, CHE) and Morel Fourman (CEO, Gaiasoft) designed and facilitated the meshworking process for the conference. The Gaiasoft team designed and implemented the technology support for online meshworking and to capture the outputs of roadmap design.

The development of a template and roadmap for in-country implementation as the first step in the 3-Step Process, can itself be seen as a part of the larger “Collaboration Process and Architecture for MDG5<sup>4</sup>” (Page 11) incorporating meshwork facilitation, development of roadmap, training of facilitators and in-country leaders, national and local mentoring, monitoring and evaluation, global knowledge sharing and learning. While not referred to during the conference, this process is proposed as a long-term collaboration approach to aligning resources to support the work of WHO MPS, IPU and others in achieving MDG’s 4&5.

The process of the conference relates to steps 1-5 in the following:

<sup>4</sup> The Collaboration Process and Architecture for MDG5, developed by Gaiasoft, CHE, Netherlands and The Hague Center is adapted from a Gaiasoft framework, with added insight from Young Women’s Leadership Institute of Kenya in grass-roots mobilisation and from CHE’s meshworking experience.

The following steps explain the table “Collaboration Process and Architecture for MDG5” on Page 11.

- ① The starting point is for a group to align on and commit to a goal, in this case MDGs 4&5.

This step requires engaging deep human commitment. This collective realisation and commitment happened for Meshwork for Mothercare members at the Geneva meeting hosted by WHO, when it became clear to twenty people in the room that the goal is achievable through commitment and collaboration. The experience of this conference was designed to demonstrate and presence the possibility and achievability of MDGs 4 & 5 and to call forth the individual and collective commitment of all present to achieving MDGs 4 & 5 in each country represented and globally.

- ② The second step is to develop a shared story of how the committed goal can be achieved.

In this conference, this step was addressed through presentations including the Chile example and the vision of a template for in-country implementation and mobilisation of local and global resources.

- ③ The third step is to develop a template consisting of pillars, conditions, success stories and knowledge base, using the Chile framework as an example. This step was the focus of this conference to develop a framework and template around which different stakeholders can collaborate to achieve the goal. The facilitation process used for the conference focussed on developing pillars, condition and success stories. Subsequent steps were also initiated during the conference.

- ④ The fourth uses the template to define a monitoring and evaluation system.

This process was initiated at the conference to produce a simple M&E system which can be developed to monitor progress of the pillars and conditions at country level. The M&E system can also be seen visually as shown

- ⑤ The fifth step is development of communities based on regions/countries and pillars.

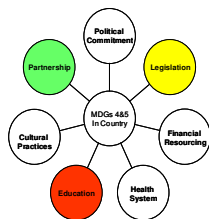

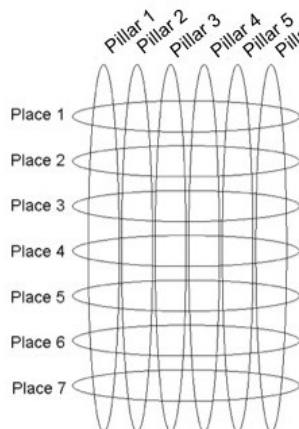
This process was begun during the conference, when participants were asked to place their photos and other information alongside their region and later underneath the particular of the template on which they wished to work. The resulting wall display of a meshwork - of pillar names along the top and place names down the side, with participant’s faces placed on the wall, is referred to as a Meshwall™. The same visual meshwork display was also presented within the Gaiaspace meshwork software at the end of the conference. This building of place and pillar-based communities is an ongoing process which will be important in accelerating global and in-country collaboration.

- ⑥ The sixth step aligns stakeholders across sectors to put in place pillars and conditions.

- ⑦ The seventh step trains and supports community members to scale implementation.

These final two steps relate to scaling implementation of the template globally.

## Collaboration Process and Architecture for MDG5<sup>5</sup>

① Starting point	Facilitation to establish: "It can be done!"																																						
② Facilitated process, dialogue or presentation	Develops a scenario or story of how the result will be achieved at each applicable level: global/national/local.																																						
③ Facilitate chosen network, task force or experts to develop "template" and roadmap for implementation.	A "template" of Pillars and Conditions for success and knowledge base and success stories. (Refer to Chile's MDG1 success with 'El Programa Puenta.')																																						
④ Implement collaborative web site monitoring and knowledge sharing. (The image shows traffic lights for Monitoring & Evaluation of the Conditions for Financial Resourcing Pillar. Gaiasoft's scorecard combines Monitoring & Evaluation for pillars and conditions with tracking measures and actions and stores success stories. )	Monitoring to track development of pillars and conditions over time, identify strengths, focus resources and fill gaps. Benchmarking to support peer learning. <table><tr><th>Pillar &gt; Condition</th><th>Mar-09</th><th>Apr-09</th><th>May-09</th><th>Jun-09</th></tr><tr><td><b>Financial Resourcing</b></td><td></td><td></td><td></td><td></td></tr><tr><td>Health Budgeting</td><td>Performing</td><td>Performing</td><td>Performing</td><td>Performing</td></tr><tr><td>Gender Budgeting</td><td>Developing</td><td>Developing</td><td>Performing</td><td>Performing</td></tr><tr><td>Insurance System</td><td>Beginning</td><td>Developing</td><td>Developing</td><td>Developing</td></tr><tr><td>Free Services</td><td>Beginning</td><td>Beginning</td><td>Beginning</td><td>Beginning</td></tr><tr><td>Taxation support</td><td>Developing</td><td>Performing</td><td>Performing</td><td>Performing</td></tr></table>				Pillar > Condition	Mar-09	Apr-09	May-09	Jun-09	<b>Financial Resourcing</b>					Health Budgeting	Performing	Performing	Performing	Performing	Gender Budgeting	Developing	Developing	Performing	Performing	Insurance System	Beginning	Developing	Developing	Developing	Free Services	Beginning	Beginning	Beginning	Beginning	Taxation support	Developing	Performing	Performing	Performing
Pillar > Condition	Mar-09	Apr-09	May-09	Jun-09																																			
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Free Services	Beginning	Beginning	Beginning	Beginning																																			
Taxation support	Developing	Performing	Performing	Performing																																			
⑤ Coordinate development of networks. This begins with a face-to-face meeting where a "meshwall" is used to connect people according to places and pillars. This process continues in an online meshwork Gaiaspace which other stakeholders can later join online. This step is to facilitate community building for collaboration.	Develop online communities aligned to pillars and places at global, country and local levels, sharing experience and success stories. Photo below shows development of the MDG4&5 meshwall. 																																						
⑥ Coordinate and align stakeholders working between different stakeholder groups and communities.	Coordinating government, business, community, media, etc using template to direct resources to identify pillars and conditions for success in each place, eg Kenya/Nairobi.																																						
⑦ Training of community development and coordination specialists to scale.	Training and support of network of local facilitators to align and coordinate stakeholders to implement enablers of success.																																						

<sup>5</sup> This table is a Gaiasoft framework adapted for MDG5 with Center for Human Emergence Netherlands and the Hague Center for Global Governance, Innovation and Emergence. The framework is copyright © Gaiasoft IP Ltd. 2006-2008. International Patents Pending. All rights reserved.

### Holding the Space

To introduce the concept of meshworking, ways to create an experience were used, where the participants could interconnect and experience for themselves how it feels to focus together on joint pragmatic actions for greater impact and influence, building on their own expertise and practice. Methods of 'Art of Hosting' were introduced (see Appendix VI) for meaningful conversations (ArtofHosting, 2008) and ideas built on Wheatley and Frieze's 'growing towards system of influence' (Wheatley & Frieze, 2006, see Appendix VIII).

In order for the meshworking process to work, the participants needed to be encouraged to cooperate freely and openly in a space where they could really 'meet each other'. Systems and structures were altered in order to create an environment/culture in which participants could interact free of perspective and address the matters that concern them most (see Appendix IX for a description of the process using the Integral Model).

In order to 'hold this space' the conference used as little formal protocol as possible. No formal seating; no platform for speakers to sit on; a transparent rostrum as support, not to hide behind; enough mobile microphones; music instead of ringing buzzers; drinks always available; food which is tasty, diverse and simple (no haute cuisine etcetera); round tables; break-out sessions in circles; sharing experiences instead of classroom presentations with beamers; presentations of site visits on simple tables close together; and a last lunch as a walking buffet with opportunities for networking and also the opportunity to share final impressions and the opportunity to say good-bye.

## The Flow

Based on the macro-design outlined in “Collaboration Process and Architecture for MDG5” (Page 11), and the principles identified in “Designing the Conference” on page 7 the meshworking process of the conference was designed to include a number of phases<sup>6</sup>.

The evening before the conference the core team came together to give final feedback and to create a common sense of the process they wanted to create, in order to be able to contribute to ‘holding space’.

After the formal opening in the morning of the first day, with speeches that laid out the challenge based on the current reality and a clear and committed video contribution from the Dutch Minister for Overseas Development, Bert Koenders, a World Café was started in the afternoon. The World Café is a method used for ‘awakening and engaging collective intelligence through conversations about questions that matter (TheWorldCafe, 2008). For the World Café a set of etiquette were used (see: World Café Etiquette). The World Café included two rounds of conversation using different tables. It was important to establish before starting the conversations that the goal of the conversation was not political consensus but an open discussion in which each participant was able to contribute from his or her own valuable perspective. Knowing that each participant has their own perspective, reduces the need to be defensive or cautious about contributing. The intention is that participants know where contributions are spoken from and are less likely to experience them as in conflict with their own perspective. The etiquette contributes to the quality of the open discussion.

### World Café Etiquette:

**Focus** on what matters

**Contribute** your thinking

**Speak** your mind and heart

**Listen** to understand

**Link and connect** ideas

**Listen together** for insights and deeper questions

**Draw and note** – write on the tablecloths

In the first ‘round’ the participants were asked what they believed to be the pillars with greatest possible impact for maternal and newborn health. After that round the participants were asked to find a new table and one person agreed to stay behind at the table as a ‘Host(ess)’ and give a short summary to the new group. All participants were invited to be ‘Ambassadors of Ideas’ from their first round conversations as they moved into the next round.



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<sup>6</sup> See Appendix IV for the conference draft agenda.

In the second round the participants were asked what they believed the three pillars with the potentially biggest impact (on their country) were and if the group could agree on seven pillars relevant to all or most of the participants. After that round one person from each table brought post-its containing their suggested pillars and put them on a wall. While posting on the wall they were asked to see if their pillars related to any of the other pillars in order to make groups.

The following seven groups were identified as core pillars:

- **Political Commitment**
- **Legislation**
- **Financial Resourcing**
- **Health System**
- **Education**
- **Cultural Practices**
- **Partnership**

After the World Café, HRH princess Maxima joined the conference. Anne-Marie Voorhoeve and Peter Merry shared the success story of the Dutch Meshwork for Mother Care and the learning they had gained from that, closing with a plenary sharing of experiences and ideas about the possibilities of meshworking in country. The day ended with inviting the participants to a marketplace with several organizations<sup>7</sup>, who play a role in the Dutch health systems, some already working on Millennium Development Goal 5, and to choose a site visit for the next day.



The second day in the afternoon, after the site visits took place in the morning, the participants were handed out an A5 profile with their name, function and in some cases a picture. A big Matrix was created on a wall of boards, with on the x-axis along the top the seven pillars as identified the day before and on the y-axis down the side, the six world regions: Africa; Eastern Mediterranean; Europe; South-East Asia from which participants came; The Americas; and

Western Pacific from which the participants came. The participants were asked to put their profile on the Matrix and group themselves according to the pillar they felt most inspired to work on creating a “meshwall”. In those groups, firstly they identified the conditions of success for that pillar, and secondly they shared any success stories that they were already aware of in that area. The stories were captured on a handout (see Appendix V), in which they had to categorize the story in

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<sup>7</sup> These organizations among other included Rabobank Foundation, Waternet, International Confederation of Midwives, KNOV the Dutch Court Audit and the city of the Hague.



certain ways to make it more useful to others who might want to find it. The categorization involved one question based on the four quadrants of the Integral model<sup>8</sup>.

Afterwards a second market place took place with ten organizations in the field of MDG5<sup>9</sup>. The participants were asked to choose one organization, sit down with them and share experiences in their work on MDG5.

In the evening there was the opening of an exhibition related to theme in a café, giving an example of how the Netherlands builds awareness of the general public and making contact possible with Dutch people.

In the morning of the third day, in a more formal plenary space setting, a summary was given of 'where we were', together with an illustration of the outputs from the conference in an online environment (see section: Online Meshwork) and an invitation to add to a list of existing suggested actions, as well as any amendments participants wanted to make to the pillars or conditions (see section: Outcomes). This led to an agreed final report, which was read out to participants and high-level representatives, NGO's and other guests. The conference was closed by the Dutch Minister for Health, Ab Klink.

## Online Meshwork

As the first steps were taken during the conference towards an international parliamentary meshwork for mother care, an online virtual collaboration environment (meshwork) was also created. The online meshwork builds on the face-to-face meeting outputs, in particular the pillars and regions of participants are used to create online communities of practice for each pillar and region. The pillars, conditions, success stories and actions are used to develop an online knowledge base and Monitoring & Evaluation system.



<sup>8</sup> Source: Ken Wilber, 2001

<sup>9</sup> Prisma, Woord en Daad, Stop Aids Now, Netherlands School of Public and Occupational Health (NSPOH), World Population Foundation (WPF)/MyBody, AMREF, WEMOS, Rutgers Nisso Groep, White Ribbon Alliance, AWEPA.



The purpose of the online meshwork is to enable further development of the meshwork to take place and to enable the meshwork members to build on the road map and implement the roadmap in country. The online virtual collaboration environment<sup>10</sup> was facilitated by Gaiasoft, a performance improvement and transformation technologies company that develops software products for empowering people to work easily and collaboratively toward change that is positive, meaningful and enduring. Gaiasoft has incorporated meshworking as both a core design principle and a technology-based capability. The online meshwork makes use of Gaiasoft's sister company product, Gaiaspace, which supports online meshworking dedicated to fast-tracking collaboration and results for positive change.

The virtual meshwork builds on the output and commitment gathered during the conference. Among other things it enables the members of the meshwork to:

- Have easy access to participant's **contact** information and profile description.
- **Find** quickly and easily, the most-relevant people, groups, ideas and other information and resources
- **Collaborate** and develop communities-of-interest so that effective engagement and appropriate exchange of ideas, opinions and knowledge can take place.
- **Monitor** and **evaluate** progress and development using scorecard templates
- **Share** with others, in safe privacy or complete openness (depending on user preferences), any communications, information and materials.
- **Learn from and contribute** to a library of the meshwork's best practices.
- **Report and display** the status on projects and goals from many perspectives.

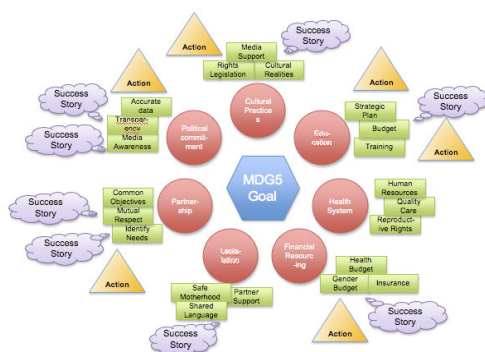
<sup>10</sup> See <http://mdg5.che.gaiaspace.org/>.

## Outcome

The outcome in the agreed final report showed the following conditions of success and parliamentary actions for the seven pillars. Here are the results for the Financial Resources Pillar. The results for this pillar and the other six pillars are listed in Appendix I.

Pillar	Conditions for Success	Parliamentary Action
<b>Financial Resourcing</b>	Health Budgeting Gender Budgeting Insurance System Free Services Taxation support	<ul style="list-style-type: none"> <li><i>Liaise/work with the budget/finance committee to pay particular focus on Health and MDG5</i></li> <li><i>Ask questions to Government during the budget debate and make MDG5 a budgetary priority</i></li> <li><i>Hold hearings with women and health associations on needs and priorities prior to the budget debate</i></li> <li><i>Ask that responsible ministers regularly report to parliament on use of funds on MDG5 so as to monitor work done</i></li> <li><i>Ensure that national budgets are gender-sensitive; sensitize and inform MPs on gender sensitive parliaments and train parliamentary staff</i></li> <li><i>Ensure that the national budget process makes use of sex-disaggregated data</i></li> <li><i>Organize a raising awareness/media/ event on MDG5 to put pressure during the budget debate</i></li> </ul>

These are to be seen as a starting point, from which the Pillars, Conditions and Actions can be further developed, informed by application stories. Using the outcome the roadmap for MDG5 can be visualized in software as follows either as a “Performance Web” showing pillars, conditions, success stories and actions, or below as a monitoring and evaluation scorecard.



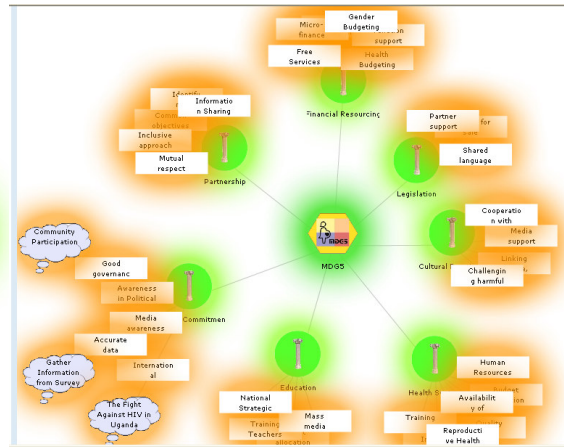
Performance Web for MDG4 & 5 Roadmap

Pillar > Condition	Mar	Apr
<b>Political Commitment</b>		
Accurate data	Beginning	Developing
Transparency	Developing	Developing
Media awareness	Beginning	Beginning
International pressure	Beginning	Beginning
Awareness in Political Parties	Beginning	Beginning
<b>Legislation</b>		
Support for safe motherhood	Beginning	Beginning
Shared language	Beginning	Beginning
Partner support and coordination	Beginning	Developing
<b>Financial Resourcing</b>		
Health Budgeting	Performing	Performing
Gender Budgeting	Developing	Developing
Insurance System	Beginning	Developing
Free Services	Beginning	Beginning
Taxation support	Developing	Performing
<b>Health System</b>		
Human Resources	Beginning	Beginning
Quality Care	Beginning	Developing

Monitoring & Evaluation Scorecard for Roadmap



Pillars for MDG4 & 5 Roadmap



Pillars, conditions and success stories for Roadmap

The roadmap, in the form of pillars, conditions for success and parliamentary action, is also used to setup the collaboration areas in the Online Meshwork, (see page 15 above). The success stories are also captured in order to share best practices.

The roadmap is designed as a framework to assist the participants in taking action in country. Using the virtual meshwork the participants can keep the roadmap alive, build on it and continue to share their experiences and help each other out to achieve change. Experience shows that this critical next phase requires comprehensive support.

## Feedback

The process of meshworking during the conference was considered a success (see Appendix III for a reflection by the facilitators, Peter Merry and Anne-Marie Voorhoeve, and Appendix II for the closing speech of conference by Ms Daisy Mafubelu). Both participants and the sponsoring parties recognised the significant benefits of the process as a step towards developing a template for national implementation of MDG5. The meshworking process was described as bringing ‘a new form of energy’, an energy of collaboration and action, improving collaboration and accelerating results.

Both the World Health Organization (WHO) and the Inter Parliamentary Union (IPU) have agreed to go ahead with the further development of the meshwork. It is clear that with support and follow-through the parliamentarians can support one another and be more effective in their own country context.

## Conclusions

This conference came about as a result of leadership from the Inter Parliamentary Union and WHO Department of Making Pregnancy Safer and Chantal Gill'ard, Member of Dutch Parliament. The approach of combining facilitation, meshworking, a shared template and online tools clearly has great potential to improve the effectiveness of all stakeholders in their efforts to fully implement MDG5 & MDG4 solutions. By creating and scaling successes, and through collaboration and peer learning, MDG5 & MDG4 can be addressed and met. As the conference came to an end, it was clear from the experiences gathered and shared that the replication of solutions has the great potential globally - to save time, cost and lives. At the start of this document, we noted that: *“The nature of a meshwork is to commit to a meaningful and ambitious goal and to find the people and resources and develop the structures to achieve fulfillment of the goal.”*

Appropriate resources for a global meshwork can support 1) collaboration, 2) knowledge-sharing and 3) benchmarking which are keys to accelerating achievement of MDGs 5&4. These three keys improve support for in-country implementation and reduce barriers to success. At a very practical level, the Parliamentarians Take Action on Maternal and Newborn Health conference, led to people meeting others with complimentary stories, ideas, insights and resources for achievement of MDGs 5&4. The long term approach outlined in “Collaboration Process and Architecture for MDG5” is a way to ensure sharing and re-using stories of success through collaboration, knowledge sharing and benchmarking. It is a way to enhance the likelihood of chance meetings leading to synergy and positive progress in-country and internationally.

Experience from the Meshwork for Mothercare in Holland suggests that building the global meshwork for MDGs 5&4 will require consistent, long term human, administrative and structural support. Given the people, resources and knowledge available, MDGs 4&5 can be achieved more effectively together through collaboration. It is now the task of the members of the meshwork “to find the people and resources to achieve the goal.”

We end by quoting the closing speech of MS Daisy Mafubelu, Assistant Director General, Family and Community Health of the WHO: “I believe that this is just a beginning. I very much trust that that you will go back to your countries with new ideas, a new action plan and the knowledge that you are not on your own but that there are many fellow lawmakers who are striving for the same goals and are often facing the same obstacles. And that many institutions from civil society as well as the UN agencies stand ready to support you. The President-elect of the United States Barack Obama has been quoted several times during the past few days and I re-echo his credo: **YES, WE CAN!**”

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## Appendix I: Outcome

The outcome in the agreed final report showed the following conditions of success and parliamentary actions for the seven pillars:

Pillar	Conditions for Success	Parliamentary Action
Political Commitment	Accurate data Transparency Media awareness International pressure Awareness in Political Parties	<i>Speak out in parliament and publicly for MDG 5</i>  <i>Champion MDG 5 and identify other parliamentary champions who will lead the way</i>  <i>Build cross party coalitions</i>  <i>Adopt a motion in parliament on MDG 5</i>  <i>Question government and call Ministers to account on their commitments</i>  <i>Hold briefings and hearings in parliament to convince and engage MPs and political leaders</i>  <i>Organize public events to sensitize the wider public and strengthen national commitment</i>
Legislation	Support for safe motherhood Shared language Partner support and coordination	<i>Identify one or several parliamentary committees to take the lead on legislating or reviewing legislation to facilitate maternal health</i>  <i>Hold hearings with government, civil society, private sector and other actors to identify legislative gaps, challenges and solutions</i>  <i>Initiate a review of existing laws to address gender discrimination and eliminate legal obstacles that limit women's access to health care services</i>
Financial Resourcing	Health Budgeting Gender Budgeting Insurance System Free Services Taxation support	<i>Liaise/work with the budget/finance committee to pay particular focus on Health and MDG5</i>  <i>Ask questions to Government during the budget debate and make MDG5 a budgetary priority</i>  <i>Hold hearings with women and health associations on needs and priorities prior to the budget debate</i>

		<p><i>Ask that responsible ministers regularly report to parliament on use of funds on MDG5 so as to monitor work done</i></p> <p><i>Ensure that national budgets are gender-sensitive; sensitize and inform MPs on gender sensitive parliaments and train parliamentary staff</i></p> <p><i>Ensure that the national budget process makes use of sex-disaggregated data</i></p> <p><i>Organize a raising awareness/media/ event on MDG5 to put pressure during the budget debate</i></p>
<b>Health System</b>	<p>Human Resources Quality Care</p> <p>Reproductive Health Rights</p> <p>Information and Data Training</p> <p>Availability of Services</p> <p>Budget Allocation</p>	<p><i>Use parliamentary oversight mechanisms (oral and written questions to government, enquiries, hearings, parliamentary committee work) to ensure accountability and meet health objective set</i></p> <p><i>During the budget process, pay particular attention to health allocations, ask questions and monitor allocated amounts and their effective use</i></p> <p><i>Support sufficient funding to build independent national statistics institutes; liaise with UN and other sources to access data</i></p> <p><i>Review legislation; start a debate in parliament on gender discrimination, especially harmful traditional practices</i></p>
<b>Education</b>	<p>National Strategic Plan</p> <p>Budget allocation for Education</p> <p>Training Teachers and Midwives</p> <p>Mass media</p>	<p><i>Use parliamentary oversight mechanisms to regularly monitoring and evaluate government work on education</i></p> <p><i>Request sex-disaggregated data to closely monitor the situation of girls</i></p> <p><i>During the budget process, pay particular attention to education budgetary allocations, ask questions and monitor allocated amounts and their effective use</i></p> <p><i>Organize events with the media to educate the public on maternal health issues</i></p>

		<p><i>Engage with communities</i></p> <p><i>Ensure that human rights and gender equality are part of the school curricula</i></p>
<b>Cultural Practices</b>	<p>Media support</p> <p>Linking culture, human rights and legislation</p> <p>Accepting cultural realities</p>	<p><i>Raise awareness in your constituencies and hold debates on harmful traditional practices</i></p> <p><i>Speak out publicly against them; set the example</i></p> <p><i>Debate harmful practices in parliament, within the framework of human rights standards and initiate legislation, if needed</i></p>
<b>Partnership</b>	<p>Common objectives</p> <p>Mutual respect</p> <p>Identify needs</p> <p>Inclusive approach and Cross-level co-operation</p> <p>Information Sharing</p>	<p><i>Build cross party coalitions</i></p> <p><i>Hold regular meetings with various partners (breakfast meetings with Ministries; regular sessions with civil society organization etc)</i></p> <p><i>Engage men parliamentarians on MDG5</i></p> <p><i>Reach out to communities, grassroot organizations and local partners</i></p>

These are to be seen as a starting point, from which the Pillars, Conditions and Actions can be further developed, informed by application stories.

Appendix II: Closing Speech of Conference by Ms Daisy Mafubelu



**PARLIAMENTARIANS TAKE ACTION ON  
MATERNAL AND NEWBORN HEALTH**  
*The Hague, Netherlands, 26-28 November 2008*

**ADDRESS BY MS DAISY MAFUBELU**  
*Assistant Director General, Family and Community Health*  
*World Health Organization*

**Closing speech of conference**

*The Hague, 28 November 2008*

***Excellencies, Honourable Members of Parliament, ladies and gentlemen,***

1. This has been a truly inspiring meeting. I am very pleased to see that this WHO initiative to improve maternal and newborn health gained momentum here in The Hague. The initiative to work more closely with you, Honourable Members of Parliament, was launched last year with the first parliamentary meeting that took place in London upon the invitation of the parliament of the United Kingdom and the Commonwealth Secretariat. This year, it continued here in the Staten-Generaal and we are extremely grateful to the Parliament of the Netherlands for having hosted this important conference. My special thanks go to Ms Chantal Gill'ard whose personal commitment and charming facilitation of this meeting made us all feel at home here in this historic assembly room in The Hague.

2. I also want to thank our second partner, the Inter-parliamentary Union and its Secretary-General Mr Anders Johnsson for their cooperation and support, and in particular Ms Kareen Jabre, who helped us during the last three days to stay focused on the role of parliamentarians and the scope of their responsibilities when we looked at how we can ensure maternal and newborn health for everyone.

3. And there are more partners who have been helping. I would like to thank the Dutch ministers and parliamentarians who have been grabbed by Chantal's spirit and a special thanks goes to Minister Bert Koenders for his support and commitment to make a difference for women and newborn in countries and to Minister Ab Klink for pushing the issue of maternal and newborn health on the global level. I want to thank UNICEF, UNFPA, the World Bank, as well as the international and Dutch NGOs for their active participation in this meeting.

My thanks certainly also go to Meshwork for bringing together the elements for the road map and parliamentary action, and in particular to Ms Anne-Marie Voorhoeve, who stopped us from only talking but forced us to put our heads together and work on concrete goals, conditions and actions. Thank you very much. Last but not least, I want to say thank you to each and everyone of you, Honourable Members of Parliament, coming from 36 countries, for your contribution, your support and your tireless fight for maternal and newborn health in your countries.

4. I believe that this is just a beginning. I very much trust that that you will go back to your countries with new ideas, a new action plan and the knowledge that you are not on your own but that there are many fellow lawmakers who are striving for the same goals and are often facing the same obstacles. And that many institutions from civil society as well as the



UN agencies stand ready to support you. The President-elect of the United States Barack Obama has been quoted several times during the past few days and I re-echo his credo: YES, WE CAN!

5. We all agree that maternal and newborn health is not a technical but a political problem. Here in The Hague it has become again very clear that you as parliamentarians have a key role to play in the achievement of Millennium Development Goal 5 and the prevention of the needless deaths of mothers and babies. You must take action, join forces with old and new partners, solicit political commitment, lobby for higher health budgets and hold your governments accountable for their pledge to reduce maternal mortality by three quarters by 2015. These are only some examples how you can make a difference and we at WHO will be at your side "beating the drum" for the survival of mothers and newborns everywhere in the world.

THANK YOU!



### Appendix III: Reflection by Designers and Facilitators

Anne-Marie Voorhoeve

My intentions when I started working on the first drafts of the program made by the WHO team, were to synnervate and introduce an experience of the concept of meshworking as a solution for MDG5. Chantal Gill'Ard (Dutch Parliament) and Dr. Monir Islam (WHO), both having experienced my and our (CHE) ways of working in the meshwork, went along with this and we co created the program further.

So I looked for ways to create an experience where we would interconnect and vitalize the participants and invite them to experience for themselves how it felt to focus together on joint pragmatic actions, building on their own expertise and practice and connecting for greater impact and influence. That is why I introduced forms of Art of Hosting for meaningful conversations. We built on the ideas of Margret Wheatley growing towards systems of influence.

And for the concept of Meshworks: the WHO team had already given us a slot in the program - what I did was design the event in such a way that the participants could actually experience for themselves what the effects are of sharing your ideas and questions with different players in the system, the richness of having meaningful conversations with a large variety of perspectives. Chantal really took this up and we defined different ways to bring different groups into the program, which would all contribute to the process of defining the Roadmap for MDG5. With the team I focused primarily on getting the right mix of players into the system and to be clear that the focus of the conference was to really build towards shared goal and outcomes. How the content of the Roadmap was to be created, I asked them if CHE & Gaiasoft could prepare that, together with Chantal and the confidence was given, which I really appreciate. Use of the architecture of Chile's El Programa Puente really helped us move forward in this. There is a good description of this part in the case study.

For the conference we needed to keep everyone's attention for all three days, in order to be able to build further in the road map process. So we looked for peak moments on every day. And we brought in different types of gatherings, including walks (site visits), going to the cafe for the exhibition, live music, and a tour of the building (optional).

In order to make sure everyone joined the Site visits (instead of taking the time off for other visits), we looked for ways to create some kind of social commitment ('pressure') to show up - that is how the idea of the marketplace and the dinner the evening before came up, where people had a 'live sneak preview' of what to expect and even had personally met with the hosts and written their

names on the lists together. We included another moment for shopping, thus acknowledging the possible need for some spare time

High-level political support boosts belief in achievability. Chantal did great work on this, and we specifically asked if HRH princess Maxima could attend the section of the program around Meshworks and the first connections to other partners in the system ((next day others would follow - NGO's on Thursday) to underline the call for wider introduction of this way of working and to contribute to taking the concept of meshworking seriously.

For impact to be sustainable beyond the event itself, there must be a strong follow-up mechanism and a clear commitment to a next momentum when the Roadmap will be on the agenda again. In this way we really show we are serious about working together, building strong networks and systems of influence. The WHO showed this by organizing a follow up of London 2007 - IPU arranged the longer term perspective through the commitment beforehand of IPU to take the outcomes forward to the IPU meeting in April 2009 and of the conversations about taking that forward to Cairo 2010.

The last session on Friday morning the question was put forward to everyone in the room: what are you going to do next to contribute to this Roadmap on MDG5? The energetic way this appeal was harvested by Monir Islam, Kareen Jabre and Chantal, with CHE holding space and together with me personally filming each spoken contribution created a real momentum with the promise of so many individual actions, joined together through the Roadmap and the perspective of collaboration now, tomorrow and in the future.

#### Large-scale press

We had originally planned to work on a large scale press program, bringing in Dutch and international civil society more and also generating more high level commitment. Due to budget restraints this was cut - we did work on press, but it was scaled down. Some press did come together with HRH Princess Maxima - there were few publications, partly because of the Mumbai crisis and the situation in Thailand, both starting on the same day as our event.

The speakers and parties contributing were asked to think about why they were present, speaking, acting in the program and what or how they - from their role and as a person - could contribute to MDG5 - how they could support these parliamentarians to take action.

So in the end the parliamentarians made contact with / experienced

- other parliamentarians from different cultures, countries, continents
- private sector companies
- NGO's

- non profit
- general public (at the exhibition)
- royalty
- press
- governmental support from the ministries of Development Cooperation and of Health,
- House of Parliament, including the president
- different departments of WHO
- UN organizations

In designing the experience great care was taken to make sure all parties behind the scene contributing to the event clearly understood the goal and the objectives and the work forms. Meetings were held with different departments concerning the event location, catering, security, technical, and also Bureau Protocol of the Houses of Parliament and of the Royal House. To all I clearly presented the purpose and how their activities would contribute to the outcome - if they could help create Space for people to really meet each other. So what I asked was as little formal protocol as possible, no formal seating positions, no platforms for speakers to sit on, a roster as support, not to hide behind, enough 'walking' microphones, music instead of ringing buzzers, drinks always available, food which is tasty, diverse and honest (no haut cuisine etc), round tables, break-out sessions in circles, sharing experiences instead of classroom presentations with beamers etc, presentations of site visits on simple tables close together, and a last lunch as a walking buffet with enough possibilities for networking, to share last impressions, say good-bye. Finding the balance between what is really needed in structure and protocol and contributing to my wishes was felt as a co creation process by the different parties. It was great to see how everyone really contributed to our goal and enjoyed and got energized doing so.

Peter Merry

In my experience as facilitator, a critical step before we even started was to make sure that all the sponsors and facilitators were aligned behind the purpose of the event, which in this case was to support parliamentarians to have a greater impact on MDG5. That meant that we could always call people back to that focus.

The work forms were simple enough, but new to this environment. It is important in this context to introduce them as if they are the most normal thing in the world to be doing. It may not be the way they are used to doing things in a parliamentary environment, but they can all talk to each other and discuss a passion which they share. It was also important to keep the instructions simple, to repeat them regularly, and to keep reminding people where we were in the process as

a whole. Using the Chile example was very useful in terms of helping people understand what we meant by pillars and conditions of success.

The World Cafe worked fine, and I believe it was the right decision to drop one of the three planned rounds to give the participants more time in the two rounds they had, particularly given the fact that for most of them English was a second language, if that. The agreement around core pillars was undisputable.

The structured Open Space session also worked well, with participants choosing the pillar that they most cared about. Eliciting the conditions worked fine. The success stories also eventually worked OK, although I would rethink this part. Giving them a handout to complete drew their attention to the form, rather than to the story-sharing with each other. Also, some of the language on the "contributions" (reflecting the Spiral Dynamics value systems) could be simplified. In the future, I would have them share stories first, then hand out a simplified form.

In the preparation for the final day, we had some discussion about whether we should have them spend time in small groups to elicit actions, or whether it should all happen in plenary. The facilitators preferred the small group option to get a better quality content output, but the lead parliamentarian felt strongly about having the final day in plenary and not bringing in much more content. In the end, the parliamentarian pushed through the plenary option, and I believe she was right to do so. It was not so much to do with content as process. It is in the parliamentary culture to conclude things with agreement in plenary. People had also worked hard in groups the previous days, and it had the energy of wrapping up. The content that emerged was useful, although we could probably have got greater output in small groups. But at this stage, the process completion was more important than more content. So a structure that involves a half-day of plenary opening and scene-setting speeches and a half-day plenary closure, with the interactive pieces sandwiched between those, seems to work well.

Having the online harvesting capacity was also extremely useful, as it gave us a focus and also gave the participants a real sense of potential follow-up collaboration. I am sure we could fine tune the interaction between the real-life and virtual spaces, but this was a pretty good effort for a first prototype. Having someone in the room from the virtual side is essential, in my opinion. Good work!

## Appendix IV: Draft Agenda



Tweede Kamer der Staten-  
Generaal



World Health  
Organization



## Parliamentarians Take Action for Maternal and Newborn Health

*The Hague, The Netherlands, 26-28 November 2008*

### *Draft Agenda*

#### Wednesday, 26 November 2008 – Day 1

Chair: Ms Chantal Gill'ard, MP, the Netherlands

- 08:00–09:00 **Registration with tea and coffee**
- 09:00–09:15 **Opening** by the President of the House of Representatives, Mrs Gerdi A. Verbeet
- 09:15–10:15 **Opening Plenary**
  - Ms Daisy Mafubelu, Assistant Director-General, WHO/FCH
  - Mr Anders B. Johnsson Secretary-General of the Inter-Parliamentary Union
  - Ms Chantal Gill'ard, MP, The Netherlands

*Time will also be given for participants to introduce themselves to each other*
- 10:15–11:00 **Briefing on Maternal and Newborn Health: The global and regional situation**
  - Dr Monir Islam, Director, WHO/MPS

*Discussion*
- 11:00–11:20 *Tea / Coffee Break*
- 11:20–12:20 **Overview of national situations**
  - MPs from South America, Asia , Africa, Europe

*Discussion*
- 12:20–12:35 **Group photo**
- 12:45–14:30 *"Lunch inspiration" offered by the Minister for Development cooperation*  
*Mr Bert Koenders*
- 14:45–16:15 **World Café: Setting out the Challenges (group work)**
  - Parliamentarians sharing their experiences from each country
  - Identifying key areas of work for parliamentarians
- 16:15–18:00 **HRH Princess Máxima of the Netherlands will attend the conference**  
*Music intermezzo live performance Lwela Kasulwe & Ichaq van Niel*
- 16:30–17:30 **Building cooperation among parliamentarians and other partners**
  - Presentation of the 'Meshworking' initiative  
by Peter Merry and Anne-Marie Voorhoeve, Centre for Human Emergence Netherlands
  - Discussion on building cooperation among parliamentarians and other partners for maternal  
and newborn health
- 17:30–18:30 **'Marketplace' - Choose your favourite site visit for Day 2**
- 18:30–21:00 *Reception and dinner with organisations for the field visit*  
*hosted by Ada Gerkens, MP The Netherlands*

**Thursday, 27 November 2008 – Day 2** Chair: Mrs Kathleen Ferrier, MP, The Netherlands

- 09:00–13:00 Site visits to organizations & companies who play a role in safe motherhood
- 13:00–15:00 **Plenary: Welcome & Open Space : facing the challenges**  
Feedback on site visits and discussion
- 15:00–15:30 *Coffee/Tea – NGO's invited*
- 15:30–17:00 **What can parliamentarians do?**  
▪ Ms Sylvia Sinabulya, MP, Uganda  
▪ Ms Mrs Kerstin Engle, MP, Uganda  
▪ Experiences of other Members of Parliament
- 17:00–18:30 **Parliamentarians building partnerships (Break out sessions)**  
▪ Dutch and international NGOs
- 19:00 Opening exhibition of safe motherhood in Mali and reception by NCDO at Dudok
- Free evening*

**Friday, 28 November 2008 – Day 3** Chair: Ms Daisy Mafubelu, ADG/FCH, WHO

- 08:00–09:00 Registration with tea and coffee
- 09:00–10:00 **Global Initiatives to improve maternal health - how can parliamentarians get involved?**  
▪ Department of Maternal and Newborn Health, World Health Organization
- 10:00–11:00 **Presentation of Roadmap**  
▪ Presentation of Roadmap and debate with participants
- 11:00–11:30 *Coffee/Tea with Dutch NGOs*
- 11:30–12:30 **Discussions on follow up – What next?**  
▪ Participants  
▪ International and regional organizations and partners  
▪ Organizers: WHO, Dutch Parliament, IPU
- 12:30 **Closing remarks**  
▪ Mr Ab Klink, Minister of Health, the Netherlands
- 12:45–14:00 *Lunch with Dutch NGOs*



## Appendix V: Hand-out for Stories of Success

Below are some of key questions from the hand-out to gather success stories.



Tweede Kamer der Staten-  
Generaal



World Health  
Organization



## Parliamentarians Take Action for Maternal and Newborn Health

*The Hague, The Netherlands, 26-28 November 2008*

### Stories of Success

Please complete the following information about your story of success, so that others can find your example when they are looking for something that would meet a similar need.

*Name:*

*Country / Organisation:*

*Story Title:*

*1. Which Pillar for Maternal and Newborn Health does this story contribute to?*

*2. Which Success Condition for that Pillar does this story contribute to?*

*3. Which of these four areas does the project primarily address (circle the appropriate letter(s) ):*

- a. Individuals' attitude*
- b. Individuals' behaviour*
- c. Collaboration, culture and relationships*
- d. Systems, structures and institutions*

*5. Who are the core partners in the project and which sector do they come from (eg Governmental, Civil Society, Private)?*

## Appendix VI: Art of Hosting Methods, Background Social Techniques

Two 'Art of Hosting' methods are World Café and Open Space Technology (ArtofHosting, 2008 II).

### *World Café*

As a conversational process, the World Café is an innovative yet simple methodology for hosting conversations about questions that matter. These conversations link and build on each other as people move between groups, cross-pollinate ideas, and discover new insights into the questions or issues that are most important in their life, work, or community. As a process, the World Café can evoke and make visible the collective intelligence of any group, thus increasing people's capacity for effective action in pursuit of common aims. In this process, it will enable the group to quickly surface the most commonly felt areas of focus (pillars) for MDG5. It will also serve to build cohesion in the group, and collective focus.

### *Open Space Technology*

Open Space Technology is a way to enable a diversity of people to create inspired meetings and events. In Open Space meetings, participants create and manage their own agenda of parallel working sessions around a central theme of strategic importance or a compelling calling question. The common result is a powerful, effective connecting and strengthening process, focusing on the conversations that are meaningful for any group at a particular time. Open Space defines the borders for creativity enabling people to self-organize in a natural way, without top-down directives or control. When there is a degree of alignment, a sense of shared purpose or vision, surprising innovation occurs in any group. Participants take responsibility for what they care most about, creating dynamic and focused interactions. For this group, it will enable the participants to take the outcomes of the World Cafe - the core Pillars of MDG5 - and organize themselves into groups to focus on the Pillar that they feel is most relevant to them, in a number of parallel sessions. They will identify success Conditions and best practices related to this Pillar.

## Appendix VII: Meshworking background

In a network, the level of analysis is that of the individual partners, and the connections between them are motivated by each partner's individual self-interest. In a meshwork, the self-interest of each partner is situated in the context of the meshwork's common purpose. The recognition of, and collective (or network). What a meshwork can achieve is far beyond anything that any of the individual partners could achieve on their own.

In a meshwork special attention is given to each partner's unique qualities and how their uniqueness can be enhanced and vitalized through their connection to other unique partners. The relation of each partner's driving motivations and interests to the common purpose, is explored through deep conversation. In order to reach someone's interior, intentions/values, talking with and listening to people is essential (Beck, 2007; Merry, 2006).

According to CHE's action learning, for a meshwork to be successful there are a number of principles to be followed:

Principles of Meshworking	
Requisite System	Identify and engage the <b>requisite system</b> . <b>What needs to be in the room?</b>
Motivation and Intentions	Elicit and take into account the diversity of underlying <b>motivations and intentions</b>
Already There	Assume that everything we need is <b>already there</b>
Critical Areas	Identify, align and focus <i>existing</i> resources on <b>critical areas</b>
Common Interest	Uncover the <b>common interest</b> between stakeholders by identifying a higher goal
Unique Contribution	Make explicit and honour the <b>unique contribution</b> that each stakeholder is already making to the purpose of the meshwork
Synergy	Transform friction and conflicts of interest into <b>synergy</b> and co-creation (rather than consensus and compromise)
Sense of Belonging	Support and nurture the <b>sense of belonging</b> to the meshwork
Own Goals	Continually illustrate to the stakeholders how their participation in the meshwork helps them achieve their <b>own goals</b> /purpose
What is Right	Focus on <b>what is right</b> rather than <i>who is right</i>

### **Meshwork Implementation**

Putting the conference in the light of meshworking, the parliamentarians represent the individual partners and the common purpose consists of improving maternal and newborn health. As explained earlier, in a normal network the level of analysis is that of the individual partners, and the connections between them are motivated by each partner's individual self-interest. This is reflected by the normal setup of conferences where the participants, will have prepared a presentation that presents the work they have been doing. Although these presentations give insights and explanation on what is going on where, they are static. The level of interaction, cooperation and especially of listening can be improved to become more dynamic. In the case of the parliamentarians and maternal and newborn health, each parliamentarian holds a valuable perspective that personal, cultural and country-specific situation and they will judge from this perspective. They will set out presentations from other parliamentarians in relation to their own situation and may make connections, based upon their individual, or in this case country's, self-interest. As a result they might miss valuable input as it is not aligned with their perspective, or in some situations they might even find themselves acting defensively when their perspective is questioned.

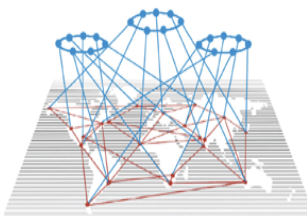
In a meshwork special attention is given to each participant's unique qualities and how their uniqueness can be enhanced and vitalized through their connection to other unique partners. And the self-interest of each partner is situated in the context of the meshwork's common purpose. Here the different country-specific perspectives of the parliamentarians are valuable as they provide unique insights, but the perspective for cooperation should not only be that of the country-specific context but of the common purpose: to improve maternal and newborn health. In order to realize effective international cooperation in the form of a 'community' opposed to a 'network', the parliamentarians should be stimulated to step out but not forget their country-specific situation and align their cooperation towards the common purpose: to improve maternal and newborn health. In this way valuable input that does not necessarily align with their self-interest but that does align with the common purpose will be taken into account and there will be no need to act defensively as discussions align to the same purpose.

#### Appendix VIII: Lifecycle of Emergence according to Wheatley and Frieze

Wheatley & Frieze (2006) of Berkana Institute writing on the lifecycle of social change movements, note that, when separate, local efforts connect with each other as networks, then strengthen as communities of practice, suddenly and surprisingly a new system emerges at a greater level of scale. This system of influence possesses qualities and capacities that were unknown in the individuals. These qualities and capacities don't exist until the system emerges, thereby creating greater power and influence than might be possible through planned, incremental change. Instead of developing at an individual level it is better to connect like-minded people and create the conditions for emergence. Bringing together parliamentarians from 35 countries and facilitating an emergence process was intended to develop a roadmap informed by the emergent wisdom of the system. The lifecycle of emergence as described by Wheatley and Frieze involves three stages. These stages can be seen as the lifecycle of a meshwork to achieve MDG 5 globally - from disparate people in a global network to a global system implementing coherently in many countries.



**Stage 1: Networks** Networks are the first stage in the life-cycle of emergence and are essential for people finding like-minded others. Networks are only the beginning and based on self-interest, people usually network for their own benefit to develop their own work. A network of parliamentarians gathers.



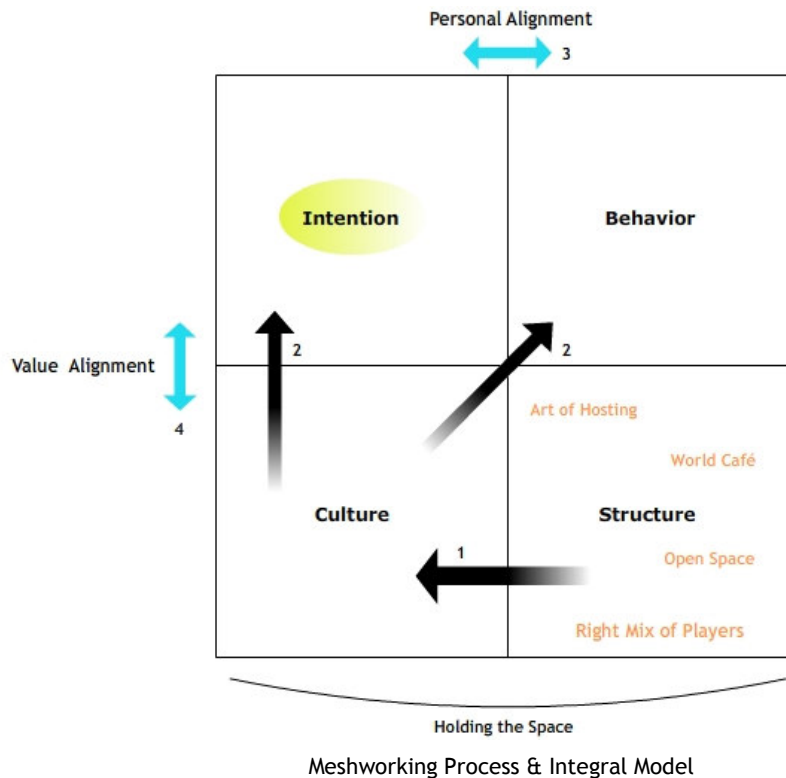
**Stage 2: Community of Practice** Networks make it possible to find others engaged in similar work. The second stage of emergence is the development of communities of practice (CoPs). CoPs are self-organized. People share a common purpose and realize there is great benefit to being in relationship. CoPs differ from networks where people do not only participate for their own needs, but also to serve the needs of others. The focus extends beyond the need of the group. Parliamentarians align on a common purpose and develop a roadmap and template for in-country implementation. The role of this Parliamentarians Take Action! event is to begin this process, based on the wisdom of the people assembled.



**Stage 3: Systems of Influence** The third stage in the lifecycle of emergence can never be predicted. It is the sudden appearance of a system that has real power and influence. The practices developed by pioneering communities become the accepted standard. People, Politics, Business no longer hesitate about adopting these approaches and methods and they learn them easily.

## Appendix IX: Meshworking Process & Integral Model

The underlying pattern of the meshwork process used for the conference can be explained looking at the four quadrants of Ken Wilber's Integral Model (2001).



Because meshworking involves cooperation based on partner's driving motivations and interest to the common purpose, explored through deep conversation, the conference was designed in such a way that the participants could experience for themselves what the effects are of sharing their ideas and questions with different players in the system. The process started, prior to the conference, by focusing on the intentions (upper left quadrant) of the organizing parties (displayed in figure 1 by the yellow oval), bringing alignment and a common sense on the purpose of the conference: to build toward shared goals and outcomes.

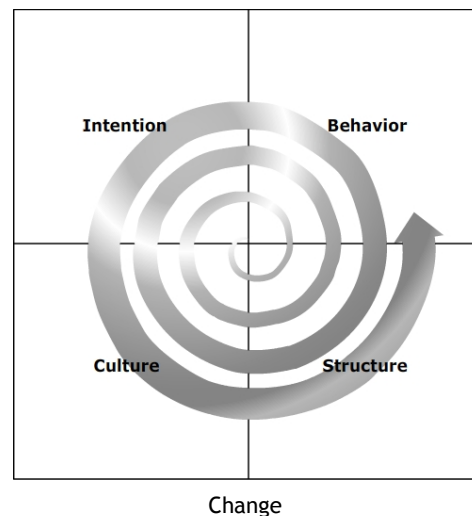
With this common sense of the purpose, structures and systems (lower right quadrant) for the conference were designed based on the 'Art of Hosting' methods: World Café and Open Space Technology, as well as the right mix of players were chosen for the system to work effective as a meshwork.

By changing the structure (lower right quadrant) a culture (lower left quadrant) was created (arrow 1 in figure 1) that represented an environment for open discussion. The culture (lower left quadrant) of open discussion in turn enabled the participants to speak in a free manner, addressing the matters that from their intentions (upper left quadrant) concerned them most and act (upper right quadrant) accordingly (arrows 2 in figure 1).

In other words by changing the structure and thereby the culture, a space was held in which the participants could act from their intentions, thereby contributing to the personal alignment (arrow 3 in figure 1). Next to the personal alignment the conference also focused on the values alignment (arrow 4 in figure 1). Following the principles of a meshwork, attention was given to aligning the participants' intentions (upper left quadrant) to the collective common purpose (lower left quadrant): to improve maternal and newborn health, resulting in the roadmap with pillars, conditions for success and actions.

During the conference the first step towards an international parliamentary meshwork for mother care were taken. In order for the meshwork to emerge and develop the online virtual environment is created. The virtual environment builds forth on the space that was created during the conference. Looking at the principle of the integral model that states that all four quadrants are interdependent, in time the mission alignment (upper right quadrant - lower right quadrant) and structural alignment (lower left quadrant - lower right quadrant) will be strengthened.

The changes in behavior, acting from the problems that concerns them most, on its turn will again affect and align to the structure and systems. The structures and systems in time will align the new emerging culture. In other words all four quadrants, which are interdependent, change simultaneously realizing a spiral movement (see figure 2) towards a resilient meshwork in which each participant acts from their intentions and utilize their uniqueness in order to contribute to the common purpose, for which they are supported by the existing structure.







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