

Akkoord van Schokland  
MeshWork for Mother Care



The Making of  
MeshWork for Mother Care 2007



## COLOFON

*Concept and realization*  
CHE & CHE School of Synnervation

*Advice*  
NCDO

February – March, 2008

# Inhoud

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# Executive summary

In June of 2007, twenty organizations from across the public and the private sector signed a Schokland Agreement to contribute to maternal health (MDG5) by effectively making use of each partner's strengths and networks, and focusing these in functional and effective partnerships. In the course of the following months, the partners explored their strengths and needs, making explicit both their own interest and the meshwork's common interest. The partners met in September (½ day) and November (2 days + evening) to develop a shared understanding and open up a space for high-bandwidth collaboration. As a result, ten working groups have formed, focusing on specific themes and challenges, including a learning journey to Sierra Leone, knowledge and performance management, and Mother's Night 2008. Other outputs include in-depth interviews with partners, a meshwork logo and a written purpose, as well as a communication infrastructure. Moreover, a number of new and exciting partnerships have formed, across the traditional divide between NGO's and pharmaceutical companies, and across different domains and disciplines. The partners have come to an increased awareness of the need to experiment and learn together, leaving their comfort zones to explore tangible next steps that make a real and lasting difference. More work is needed on consolidating and on accelerating progress, including a virtual collaboration space, developing the partner's meshworking capacities, measuring and making visible long-term impact, and embedding the meshwork in the larger political, international and maternal health contexts.



# Introduction

Over half a million women still die each year from treatable and preventable complications of pregnancy and childbirth. The odds that a woman will die from these causes in sub-Saharan Africa are 1 in 16 over the course of her lifetime, compared to 1 in 3,800 in the developed world (UN Millennium Development Goals Report 2007). In June of 2007, at the initiative of Chantal Gill'ard, a Dutch Labor Party Member of Parliament and spokesperson for development cooperation and medical ethics, twenty partners from across the public and the private sector (see Appendix A) drew up and signed a Schokland Agreement around Millennium Development Goal 5 (MDG5) toward reducing the maternal mortality ratio. The Center for Human Emergence Netherlands (CHE) was asked to facilitate a process toward increased coordination and collaboration between the partner organizations. The approach taken is one of reframing the public-private partnership as a 'meshwork'. The Schokland Agreement leading to the formation of the "Meshwork for Mother Care" is supported by the members of Parliament of the CDA, PvdA, SP, VVD, ChristenUnie, Groen Links and D66 parties.

This document aims to provide an overview of the progress made up until February 2008 with regard to the Schokland Agreement and the formation of the Meshwork for Mother Care. This overview consists of:

- a brief history of the formation of the agreement and of the meshwork;
- the purpose of MDG5 and the Meshwork for Mother Care;
- the project strategy and planning;
- the project implementation;
- the project results, and
- the conclusion.

To the partners of the "Meshwork for Mother Care"

In a very short time you have managed to have the Schokland Agreement around MDG5 co-signed by Minister Koenders and State secretary Bussemaker, with broad political support from the members of Parliament of the PvdA, CDA, SP, VVD, CU, GL and D66 parties. A milestone in The Netherlands, where this Millennium Development Goal has been ignored for too long already.

As a member of Parliament, I have made an effort for this partnership to make the best possible start. I am delighted that you are taking the next steps in this process, and that CHE, represented by Anne-Marie Voorhoeve, has offered to facilitate this process, allowing for more effective collaboration. After all, the power of this "MeshWork" as I see it, is in collaboration.

I congratulate you once more on this bold step and wish you the best of luck! I have high expectations and you can count on me if you need me.

With kind regards,

Chantal Gill'ard, Dutch Labor Party Member of Parliament



# History

On May 12th, 2007, a number of organizations now participating in the Meshwork for Mother Care organized the first Mother's Night, calling for more awareness on the health of mothers. A few weeks later, on June 25th, Chantal Gill'ard hosted a meeting with the intended partner organizations in the offices of the Dutch Parliament to prepare for the Schokland Agreement. Anne-Marie Voorhoeve, on behalf of CHE, was asked to give her vision on collaboration and public-private partnerships, introducing the concept of a meshwork. After exploring each organization's contribution and commitment, it was decided to draft and sign a Schokland Agreement together. On June 30th, 2007, the Agreement was signed by Bert Koenders, Minister for Development Coordination, Jet Bussemaker, State secretary for Health, Welfare and Sport, and the partner organizations. It was agreed to start the process toward increased coordination and new ways of collaboration in September, facilitated by CHE, as one of the partners in the meshwork. The first meeting by the Meshwork partners was scheduled for September 14th, 2007.



# Purpose

The purpose of Millennium Development Goal 5 is to “reduce by three quarters the maternal mortality ratio”. The purpose of the Schokland Agreement and of the Meshwork for Mother Care is to “contribute to MDG5 by effectively making use of each partner’s strengths and networks, and focusing these in functional and effective partnerships”.

The principles guiding our behavior in pursuit of this purpose are:

- We are involved with an open attitude and inquiring mind
- We take responsibility to make explicit what our interests are, and ask others about theirs
- We speak out with honesty and respect
- We connect in order to contribute to our shared objectives, offering the gifts of our unique qualities





# Project strategy and planning

In order to join forces and make a real contribution to the reduction of the maternal mortality ratio, the partners commit to the process of developing new forms of coordination and collaboration. This process aims to increase the impact of each individual partner organization, and of the Meshwork for Mother Care as a whole. In a meshwork, the partners display a much higher level of interconnectedness than they do in a network. 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 interest. The recognition of, and commitment to this common interest give rise to the formation of a community, rather than a mere collective (or network). What a meshwork can achieve is far beyond anything that any of the individual partners could achieve on their own.

By signing the Schokland Agreement, the twenty partners expressed their shared commitment to "reducing the lagging behind in the progress of MDG5 by effectively making use of each partner's strengths and networks, and focusing these in functional and effective partnerships". CHE formed a core project team of seven members with different expertise (project management, meshwork development, learning architecture, collaboration processes) to design a strategy and project plan for the facilitation of the meshwork, within which the coordination and collaboration between the partners was to develop. The next step was to design and facilitate the first meshwork partner meeting on September 14th, 2007.

**In a meshwork, the self-interest of each partner is situated in the context of the meshwork's common interest.**



# Goals

The goals for this project, as defined by the Schokland Agreement:

1. A shared, collective vision of how the partners can take responsibility for the design and development of their collaboration, including organizational forms (PPP)
2. Tangible next steps toward collaborating and learning
3. Organizing an annual Mother's Night (possibly in countries where maternal mortality is highest) at which preliminary results are presented

During the first few months of the project, the meshwork focused on the development of meaningful connections between the partners participating in it, and on making explicit each partner's contribution. The sections below describe the project in more detail.



## *Sub-projects*

Given the urgency and complexity of the issue, NCDO agreed to fund the facilitation by CHE of this first phase of the Meshwork for Mother Care. The CHE core project team defined the following sub-projects:

- Creating a project plan
- Building shared vision and stakeholder support (both within and around the meshwork)
- Building relationship with and support from political stakeholders
- Interviewing the partners (in order to gain insight into expectations, commitment, activities, strengths, and needs)
- Designing and facilitating the collective working sessions
- Monitoring progress and documenting learning
- Researching and developing a meshwork organizational form
- Developing a communications infrastructure
- Representing the meshwork partners in the (existing) working group organizing Mother's Night 2008
- Developing a sustainable financial strategy
- Executing project management

**NCDO funds the first phase of the Meshwork for Mother Care to develop new and effective partnerships.**

# Project implementation

The timeline below offers an overview of the main activities and events between the signing of the Schokland Agreement and the time of writing of this report, February 2008.

February 18th: Chantal Gill'ard makes a call for action on TV, around MDG5

May 12th: Mother's Night  
May 13th: Mother's Day lunch with WHO and executives from partners-to-be

June 25th: Meeting of partners at the offices of the Dutch Parliament  
June 30th: Signing of the Schokland Agreement

July - September: Formation of CHE core project team  
July - September: Design strategy and project plan  
July - September: Funding agreement with NCDO  
July - September: Design of meshwork logo and document templates  
July - September: Early conversations with partners and stakeholders

**February  
2007**

...

**May**

**June**

**July**

**August**

September 14th: First partner meeting in Goudriaan (½ day)

October - November: Interviews with partners  
October - November: Design of next working session

November 1st: Chantal Gill'ard presents the meshwork at the  
11th Global Forum for Health Research in China  
November 8th: Letter of concern from some partners regarding  
time investment  
November 13th and 14th: Second partner meeting in Vught  
(2 days + evening)  
November 16th: List of actions committed to by partners  
November 29th: Follow-up meeting Women Deliver conference

December: Meetings with CHE and Endemol to explore  
TV and cross-media opportunities  
December 6th: Meeting working group Mother's Night

January: Meeting working group Woman's Life Cycle  
January: Several meetings working group Mother's Night  
January 9th: Meeting working group Quicksan/Knowledge & Performance Man.  
January 16th: Start-up working group Sierra Leone  
January 17th: Meeting TI Pharma  
January 21st: Brief meeting with CHE and Minister Koenders  
January 30th: Start-up working group Pharma

February: Several meetings working group Finance  
February: Several meetings working group Mother's Night  
February 8th: Meeting Endemol and a delegation of partners  
February 19th: Working session with Endemol team

September

October

November

December

January  
2008

February

# Main activities

As noted before, CHE defined a number of sub-projects toward facilitating the mesh-work. Below, a description is offered of the main activities that were undertaken in each of them during the actual implementation of the project, between June 2007 and February 2008.

## Project plan

- Identification of key roles and expertise
- Formation of core project team
- Project planning, incl. purpose, principles and sub-projects

## Interviews

- Desk researching partners and key stakeholders
- Conducting and documenting the interviews
- Feeding results into the design of the working sessions

## Working sessions

- Designing and preparing the working sessions
- Facilitating the working sessions
- Following up on the working sessions (actions, report)

## Shared vision and support

- On-going conversations with partners and key stakeholders
- Facilitating connections
- Monitoring support and potential barriers

## Political support

- Designing contact strategies for different stakeholders
- Maintaining contact and following up when necessary
- Monitoring support and potential barriers



### **Monitoring and learning**

- Designing an integral learning architecture
- Facilitating, documenting and analyzing learning processes
- Feeding results into the design of the meshwork

### **Meshwork organization**

- Designing, preparing and redesigning the meshwork
- Identifying and executing next steps with partners
- Clarifying the nature of a meshwork to partners

### **Communication**

- Identification of key roles and messages
- Designing and executing contact strategies for different stakeholders
- Forming a working group communication with partners

### **Mother's Night**

- Collaborating with Mother's Night 2007 team
- Creating awareness and commitment from all partners
- Exploring added value for Mother's Night in the meshwork

### **Finance**

- Offering financial transparency
- Forming a working group finance with partners
- Briefing and facilitating the working group finance

### **Project management**

- Monitoring and dynamically steering the project plan
- Maintaining relationship with NCDO
- Generally managing and coordinating the (sub-)project(s)
- Exploring (online) community collaboration solutions

## Cost structure

Given the aim of developing new forms of coordination and collaboration between the meshwork partners, the CHE core project team and NCDO adopted the principle of working step-by-step. In terms of project management, this implies a shift away from predicting and controlling, toward experimenting and rapid prototyping. As a result, project planning and budgeting is more high-level and less detailed to allow for dynamic steering as new information comes available. The following graphs and table offer more detailed information into the actual cost structure per sub-project up until December 31st, 2007.

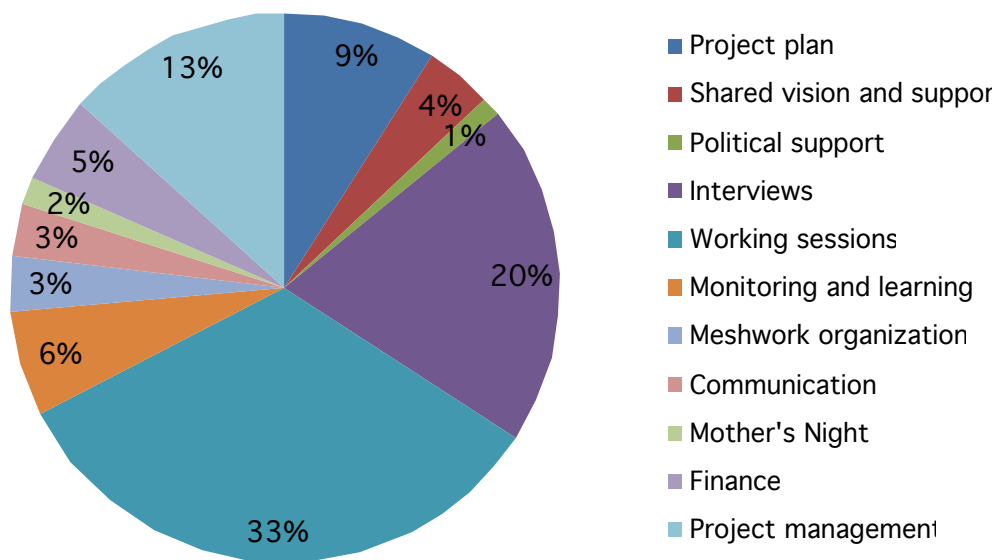


Figure 1: Cost structure by sub-projects

**The principle of working step-by-step implies a shift away from predicting and controlling, toward experimenting and rapid prototyping.**



	<b>Actual cost</b>	
	<i>in days</i>	<i>in euro's</i>
Project plan	11,5	€ 16.744
Shared vision and support	5	€ 7.280
Political support	1,5	€ 2.184
Interviews	25,5	€ 36.920
Working Sessions	42	€ 60.788
Monitoring and learning	8	€ 11.684
Meshwork organization	4	€ 5.824
Communication	4	€ 5.824
Mother's Night	2	€ 2.236
Finance	6,5	€ 9.464
Project management	17	€ 23.504
<b>Total</b>	<u>127</u>	<u>€ 182.416</u>

Table 1: Actual cost structure per sub-project  
(up until December 31st, 2007)

**Meshworking is a collaborative experiment in creating radically more effective partnerships with a common purpose.**



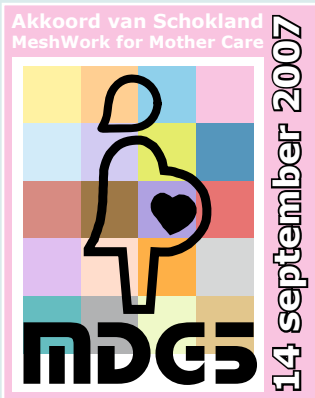
# Project results

Meshworking is a collaborative experiment in creating radically more effective partnerships with a common purpose. A meshwork operates on the principle of dynamic steering, suggesting rapid feedback loops and continuous adaptation. Learning occurs when the results of the steps taken to date are related to the input of resources. When considering the results of the Meshwork for Mother Care, it is useful to distinguish between outputs and outcomes. An output refers to a product, service or facility delivered, such as a working session or a document. Outcomes include all the changes and effects that happen as a result of the interventions. In addition, it is sometimes useful to consider impact in addition to outputs and outcomes. Impact refers to broader, long-term change with respect to the overall aim of the project. Given the relatively short history of the Meshwork for Mother Care (7-8 months at the time of this writing), the impact of the project is not currently considered. It is recommended that this is revisited at a later point in time, when it becomes more clearly visible.

**Output refers to a product,  
service or facility delivered,  
such as a working session  
or a document**



# Outputs



- 2 working sessions with meshwork partners, facilitated and documented by CHE (on September 14th and on November 13th - 14th)
- 13 interviews with meshwork partners, conducted and documented by CHE
- 6 interviews with other stakeholders, conducted by CHE

- 10 working groups on collaborative projects:
  - Afghanistan
  - Communication
  - Finance
  - Woman's Life Cycle
  - Mauretania
  - Mother's Night
  - Pharma/Oxytocin
  - Quickscan/Knowledge & Performance Management System
  - Sierra Leone
  - Tanzania
- Formation of CHE core project team consisting of 7 professionals with complementary expertise



Dinsdag 13 november		Woensdag 14 november	
9:30 - 10:00	Aankomst & ontvangst	9:00 - 9:30	Opening, toelichting programma
10:00 - 12:30	Opening, feedback uit de interviews, toelichting van het programma en eerste of	9:30 - 11:00	Expliciet maken wat gemeenschappelijk doel partners stappen gaan zetten
12:30 - 13:30	Lunch	11:00 - 12:30	Identificeren en bespreken van vervolgvacties: ict ideeën en de projectorganisatie erom heen
13:30 - 18:00	Identificeren en onderzoeken van mogelijke krachten gebundeld kunnen worden	12:30 - 13:30	Lunch
18:00 - 20:00	Diner	13:30 - 16:00	Identificeren en bespreken van vervolgvacties
20:00 - 22:00	Dagelijkse praktijk van moederzorg	16:00 - 17:00	Expliciet maken individuele en organisatie co
		17:00 - 17:30	Afsluiting en vervolg

TWEEDAAGSE sessie "Seeing & sensing the system"	
<b>13 november</b>	10.00 - 22.00 uur
<b>&amp;</b>	
<b>14 november</b>	9.00 - 17.30 uur

Landgoed Huize Bergen  
Glorieuxlaan 1  
5261 SG Vught

TWEEDAAGSE sessie "Seeing & sensing the system" 13 & 14 november		Actielijst	
CHE	Trekker	actie	nu samen met milestone
		Dienen van het meshwork door ondersteuning te zijn waar wenselijk:	allen
		• proces & verbinding	continuu
		• community platform & scan	
		• Project Start-ups	
DRC		• Een presentatie geven over Mauretania als voorzet voor een bijeenkomst om een programma op te stellen	CHE
		• Financiering voor de MDGS programma's uit deze groep nader onderzoeken	CHE, Cordaid, KIT
MaMi		Terugkoppelen aan directeur en onderzoeken of er in communicatie verbinding mogelijk is.	z.s.m.
NCDO		Coördinerende rol in de communicatie vervullen voor die meshwork/ MDGS = zorgen voor een goede strategie	CHE, Organon
Cordaid		• Sierra Leone - problemen de ideeën te fine-tunen in een sessie in december met de partners die hier hebben aangegeven er bij te willen zijn	CHE, anderen
		• Werkt mogelijkheden voor programma's in Afghanistan uit	DRC, Organon
TNO		• Met ICH, KNOV, NuGS & AMREF verder nadenken over onderwijs en komen met een standpunt/voorstel over de rol van traditioneel birth attendants (o.b.v. wat er al internationaal ligt)	ICH, KNOV, NuGS, AMREF
TNO & KIT		• Binnen mijn organisatie nagaan of initiatieven uit dit meshwork in samenwerking komen voor financiering door TNO	CHE, DRC
KIT		• Aanpakken informatie voor onderzoek TNO	CHE, Organon, begin dec. (AMREF)
		• Contact maken met onze MWN in Jemen en deze verbinden met Organon	TNO Organon

- Additional budget reserved for an online community infrastructure
- A probable allocation of €1.500.000 to ICM, one of the international partners which has joined the Meshwork for Mother Care from its int'l headquarters, based in The Netherlands
- Action list containing 27 agreed upon actions and initiatives involving 17 meshwork partners
- Dozens of materials (including documents and presentations on meshwork finance and governance, a workgroup template, guidelines for collaboration and 'space-holding', and more)

The virtual collaboration space will make available existing knowledge, support the working groups and help monitor performance.



#### Deelnemerslijst

<b>AMREF</b>	Jacqueline Lampe
<b>Cordaid</b>	Monique Lagro Piet van Gils Hiddo Huitzing
<b>DRC</b>	Franka Cadée
<b>ICM</b>	
<b>KNOV</b>	
<b>Kinesis</b>	Ronald van der Geest Annekiek Stijnen Korry de Koning Margret van Gaalen Elly Leemhuis Helsen van Andel
<b>Koninklijk Instituut voor de Tropen</b>	Jelle Stekelenburg
<b>Malaria No More!</b>	Frank Roijmans
<b>Ministerie van Buitenlandse Zaken</b>	Corina Ramers-Verhoeven
<b>NCDO</b>	Dineke Korfker
<b>NVOG (NVTG)</b>	Marianne Schouten
<b>Organon</b>	Anne-Marie Voorhoeve Ard Hordijk Alain Volz Diederick Janse Rob Meyer
<b>TNO Quality of Life</b>	
<b>De Derde Kamer</b>	
<b>Center for Human Emergence</b>	
	<i>afgemeld</i>
<b>Bio Connection B.V.</b>	Frans Lichtenauer (op reis)
<b>BioFarmind</b>	Johan Hanstede
<b>GiaxoSmithKline</b>	Kees van Schagen
<b>NCDO</b>	Ilse van Woudenberg (ziek)
<b>TI Pharma</b>	Daan Crommelin (op reis)
<b>Share-net</b>	Eric Naterop
<b>Mybody</b>	Frans Baneke
<b>World Health Organization</b>	Monir Islam

#### Purpose

*Doelen die we ons zelf in verbinding stellen*

**MDG 5:** Improve Maternal Health  
Target: Reduce by three quarters the maternal mortality ratio

Bevorderen van gezondheid van zwangere vrouwen en ondersteunen van vrouwen tijdens zwangerschap en bevalling zodat moeder en kind in gezonde staat leven.

**Schokland:** De achterstand bij het behalen van millennium ontwikkelingsdoel 5 verkleinen door effectief gebruik te maken van elkaars krachten en netwerken en deze gericht te bundelen in functionele en effectieve samenwerkingsverbanden.

Om te zorgen voor krachtenbundeling, starten we daarom met een proces om te komen tot een vorm van samenwerking tussen de organisaties, die leidt tot een grotere impact en er tegelijkertijd voor zorgt dat de individuele partijen hun eigen expertise effectiever inzetten.

**13 en 14 November:** Ont-dekken van concrete mogelijkheden om de krachten te bundelen in dit Publiek Privaat Partnership.

Komen tot een collectieve visie over hoe de coalitie-partners verantwoordelijkheid kunnen nemen om de samenwerking vorm te geven en te ontwikkelen, inclusief invulling organisatievormen PPP.

**MDGS team CHE intern:** Verkrijgen van expliciete, welgemeende uitgesproken verbinding aan dit publiek privaat partnership.

Inventariseren van mogelijke fysieke en financiële bijdrage door de partners in dit PPP.

#### Principles

*Gedrageregels waar we ons zelf en elkaar aan houden in deze samenwerking*

1. We zijn betrokken vanuit een open houding en een onderzoekende geest
2. We nemen verantwoordelijkheid om onze eigen belangen in te brengen en die van anderen te bevragen
3. We spreken ons eerlijk en respectvol naar elkaar uit
4. We verbinden ons om vanuit de eigen kwaliteiten waarde toe te voegen aan de collectieve doelen.

Working Group	Status d.d. 31 januari 2008	Afspraak (2008)
 <b>Afghanistan</b> Cordaid + 7	Cordaid stelt startnotitie op met uitnodiging 1 <sup>e</sup> bijeenkomst	nrb
<b>Communicatie</b> NCDG WFF/Mybody, Organon, CHE	18/1 1 <sup>e</sup> bijeenkomst – brainstorm 8/2 brainstorm met Endemol creatieven over optiesTV/multimedia	8 februari Brainstorm bij Endemol
<b>Collaboration &amp; KPM (Quick Scan)</b> C&K, Organon, TNO, KIT, AMREF, NCDG, WFF/MyBody	9/1 1 <sup>e</sup> bijeenkomst, verkenning van doelstelling – nader uit te werken check doelstelling bij diverse partijen (KPM = Knowledge & Performance Management System)	Wk 6 Volgende aanzet CHE
<b>Finance</b> CBS, CHE TNO, KIT, Cordaid, BioConnection	5/2 1 <sup>e</sup> bijeenkomst over doelen, werkwijze, rollen, financiering Intentie voor 1/4/08 aanvraag AvS fonds indienen	5 februari 1 <sup>e</sup> bijeenkomst
<b>Mauretania</b> DRC + 7	DRC stelt startnotitie op met uitnodiging 1 <sup>e</sup> bijeenkomst	nrb
<b>Moedernacht</b> WFF/MyBody, AMREF, Cordaid, Mensie, NCDG, INOVIVICA, KIT, TNO, NVOG, CHE	Volgens planning, voortbouwend op goede ervaringen van vorig jaar en met aansturing van een projectmanager bij WPF	diverse data werkfafspraken 10 mei : Moedernacht
<b>Pharma</b> BioConnection Kineta, Biofarmind, Glaxo, TNO, ... Glaxo, TI Pharma	Diverse 1-op-1 gesprekken gevoerd - wk6 uitnodiging 1 <sup>e</sup> gezamenlijke bijeenkomst (wk 8/9) over doelstelling, mijlpalen, rollen, welke betrokken partners op welk moment etc.	Wk 8/9 1 <sup>e</sup> bijeenkomst
<b>Sierra Leone</b> Cordaid, CHE C&K, KIT, TNO, Organon + 7	Voorstel: learning journey - 'handels' missie naar Sierra Leone uitgangspunt: meerjarenplan voorheid SL; werken met ideeën C&KPM (Uitnodiging 1 <sup>e</sup> bijeenkomst wk 6)	Wk8/10 1 <sup>e</sup> bijeenkomst
<b>Tanzania</b> NVTG, NVOG + 7	NVTG/NVOG stelt startnotitie op met uitnodiging voor 1 <sup>e</sup> bijeenkomst	nrb
<b>Woman Life Cycle</b> DRC, MAM	1 <sup>e</sup> opzet Life Cycle opgesteld – verzoek aan te sluiten bij C&KPM	Uitnodigen bij C&KPM

MeshWork for Mother Care, CHE

**Akkoord van Schokland - MeshWork for Mother Care**



















**MeshWorks**  
*the next generation networks*

MeshWorks are one of the core products of SDI (Spiral Dynamics Integral) and Human Emergence practitioners. A MeshWork is a form of next generation network, where different parties are consciously woven together to serve a higher collective Purpose. What a MeshWork can achieve is way beyond anything that any of the individual parties could achieve on their own.

In a MeshWork, special attention is given to what the specific qualities of the different parties are, how their uniqueness can be enhanced and vitalised through their connection to other unique parties. We release a part by limiting it to its specific place in the whole.

The combination of alignment behind one higher Purpose, buy-in to a collective set of Principles, and the uplifting of the identity and capacity of each of the parts, creates a powerful dynamic MeshWork that has a clear identity of its own, is diverse in its make-up, and is rapidly responsive and adaptive to the world around it.

Good MeshWorking requires giving attention to an integral combination of Leadership, Culture and Structure, reinforcing each other and strengthening the fabric of effective collaboration. It is the next emerging form as we explore how to organise ourselves to deal with the complex and urgent challenges we face in the world today.

center for human emergence  
 Initiating action for global transformation

Informatie: CHE, Anne-Marie Voorhoeve, anne-marie@humanemergence.nl, 06 28 550 634

- A written purpose and set of principles for the meshwork
- A meshwork logo and document templates
- Communication exchange with dozens of stakeholders, including:
  - Meshwork partners
  - Participants in other Schokland Agreements (TI Pharma)
  - Political stakeholders (Ministries, political parties)
  - International field (WHO, Worldbank, Women Deliver, Roll Back Malaria)
  - Academic institutions
  - Knowledge Management Africa network
  - Media (Dutch TV, African media)
- Communication infrastructure (mailing lists, news letter, development of an online community infrastructure)

# Outcomes

**Outcomes include all the changes and effects that happen as a result of the interventions.**

## **New connections between meshwork partners, across traditional domains and disciplines**

Cordaid is now actively collaborating with ICM, KIT, TNO and KNOV in program development for Sierra Leone. A number of meshwork partners are exploring opportunities for collaboration in Congo, Mauretania, Mozambique and Tanzania. New connections cut across the traditional divide between NGO's and pharmaceutical companies, and between different disciplines, such as gynaecologists and midwives. Still, connections made to non-traditional partners need to become a more structural function of the meshwork, rather than being limited to incidental meetings.

## **Increased awareness of each partner's expectations, strengths and interests**

The interviews conducted by CHE in October and November generated a wealth of information about each partner's expectations and interests in joining the Meshwork for Mother Care, as well as their strategic priorities and activities, which helped the core project team design and facilitate the two-day working session in November. Moreover, the 'marketplace' that was created during this working session offered the partners a comprehensive overview of each other's unique strengths and specific needs. Along with other content, this will be made available on the online community infrastructure (under construction), which will also provide a much-needed, more structural collaboration platform.

**The 'marketplace' offered the partners a comprehensive overview of each other's unique strength and specific needs.**

## **Increased ownership of the meshwork by the partners**

After the two-day working session in November, meshwork partners have formed working groups that explore and initiate collaboration on a wide range of topics. Partners are increasingly prepared to let go of the need to have their logo's on all of the materials, and are using the meshwork logo more and more, although this mind shift does not come easily. Some of the partners who at one time expressed their concern with the approach taken, are now actively involved in working groups, investing in the meshwork by making available both time and money. One partner who had not officially signed the Schokland Agreement had the organization's board of directors sign the agreement, stressing the strategic opportunity of participating in the Meshwork for Mother Care.

**The meshwork enjoys broad political support from CDA, PvdA, SP, VVD, ChristenUnie, Groen Links and D66.**

### **Increased political support**

The meshwork enjoys active support by Chantal Gill'ard (Dutch Labor Party Member of Parliament and spokesperson for development cooperation and medical ethics), who initiated its founding Schokland Agreement, and by the members of Parliament of the CDA, PvdA, SP, VVD, ChristenUnie, Groen Links and D66 parties. It has been brought to the attention of policy- and decision-makers at the Ministries of Foreign Affairs and of Health and enjoys their cooperation. A meeting with Bert Koenders, Minister of Development Cooperation, is being scheduled to take place in April 2008.

### **Increased awareness of maternal mortality and the systemic aspects of the problems involved**

Some of the meshwork partners who were not formerly aware of the full range of problems around MDG5, are now explicitly investing in the development of new and effective partnerships. Moreover, partners are beginning to see that from their own domain or discipline, they are only seeing a part of the puzzle, and that solutions need to be truly systemic in order to address the complexity and interconnectedness of the challenges posed by maternal mortality.

**Solutions need to be truly systemic in order to address the complexity and interconnectedness of the challenges posed by maternal mortality.**





**“I don’t know” may be a strange thing to say, but it helps open up a space for truly new thinking and collaboration.**

### **Increased recognition of the need to experiment and learn together**

Noting that they’re only seeing a part of the puzzle, meshwork partners are increasingly recognizing the need of letting go of ideas, ready-made solutions and judgments about each other. Some are becoming more comfortable leaving their comfort zones and stating that they “don’t know”. Partner’s resistance to unfamiliar and unusual ways of working and learning together appears to be decreasing. During the course of the working sessions, concerns about the process are often followed by positive feedback and appreciation. Still, more work and particularly more practice is needed.

### **Increased quality of collaboration**

Meshwork partners are noting that the social technologies and the meshwork principles are enabling high-bandwidth, human-to-human interaction, in which partners are starting to speak more from the heart, rather than from the role. Existing barriers to collaboration between partners, such as judgments about pharmaceutical firms or NGO’s, are increasingly made explicit. Moreover, the capacity of the meshwork to deal with conflict and disagreement is increasing, as criticism and conflicts of interest are acknowledged and addressed (more) openly. However, these new ways of interacting and collaborating are still fragile, and need frequent reminders and continuous attention.

**Partners are speaking more from the heart, rather than from the role.**

### **Increased awareness of a common purpose**

More and more, meshwork partners are beginning to see themselves as part of a community, with a common purpose and shared principles of behavior. One way in which this can be observed is in the growing adoption of a shared language, particularly around the word ‘meshwork’, and the difference between a meshwork and a network. Other examples of shared language include ‘not-knowing’, ‘checking in’ and ‘checking out’ of meetings, and creating a ‘safe space’ for open communication. However, there is much work to be done still on developing a shared sense of purpose among the meshwork partners.



# Progress

Given the results above, what has been the progress as compared to the original goals? As a reminder, the goals of this project, as defined by the Schokland Agreement in June of 2007, are:

1. A shared, collective vision of how the partners can take responsibility for the design and development of their collaboration, including organizational forms (PPP)
2. Tangible next steps toward collaborating and learning
3. Organizing an annual Mother's Night (possibly in countries where maternal mortality is highest) at which preliminary results are presented

## *A shared vision of collaboration*

The first goal relates closely to the listed outcome of increased ownership of the meshwork by the partners. During the implementation however, it has turned out that what is needed is not so much a collective vision of how the partners can take responsibility, but rather a living example and a set of principles that help the partners model new behaviors. The CHE core project team has supported this in two ways. First, it aims to display the responsible and authentic behavior (also captured in a set of principles) that it invites others to adopt. Secondly, it has followed the principle of voluntary participation, which suggests that each of us shows up and participates of their own free will. Having people show up unwilling or resisting can strongly affect the quality of collaboration, so the team chose instead to work with those showing up by conscious choice.

**The meshwork employs the principles of authentic behavior and voluntary participation.**



### *Next steps toward collaboration and learning*

The second goal relates to nearly all of the outcomes, but particularly to the new connections between meshwork partners, the increased awareness of each partner's expectations, strengths and interests, the increased awareness of maternal mortality and the systemic aspects of the problems involved, the increased recognition of the need to experiment and learn together, the increased quality of collaboration, and finally the increased awareness of a common purpose.

Before a group of people can start collaborating and learning together, there needs to exist some level of common ground. The common ground in the Meshwork for Mother Care is growing as partners begin to build a shared understanding about themselves and others, and about the subject matter of maternal mortality.

Once some level of common ground exists, a common purpose helps align the partners' strategies and activities, leading to more focused and effective partnerships. Finally, for collaboration and learning to occur, there needs to be a willingness to let go of existing ideas and solutions, and to start experimenting and learning together.

The most tangible steps taken toward collaborating and learning include the two working sessions with meshwork partners, and the ten working groups on collaborative projects, ranging from a learning journey to Sierra Leone to the development of a knowledge and performance management system.



**A common purpose helps align the partners' strategies and activities, leading to more focused and effective partnerships.**

### *Mother's Night*

The working group Mother's Night has assumed responsibility for the coordination and organization, offering its own project manager and separate funding. It has met repeatedly, both with and without CHE core project team members present. According to Mariëtte Flipse (WPF), who is leading the working group, they are on schedule. Cordaid is now working on the realization of a Mother's Night in Sierra Leone, together with ICM. CHE has also been able to raise the interest of Endemol, an international TV producer based in The Netherlands, to explore possible TV and cross-media productions around MDG5 and Mother's Night. Finally, this report is a first step toward documenting and making explicit the results of the Meshwork for Mother Care. As such, it can be built upon to include a more detailed account of the working groups' progress, serving as possible input for Mother's Night 2008, which will take place on May 10<sup>th</sup>, with Minister Koenders as one of the guests.

### *Purpose*

The overall purpose of the Meshwork for Mother Care, from which the goals above were derived, is to "contribute to MDG5 by effectively making use of each partner's strengths and networks, and focusing these in functional and effective partnerships". Before meshwork partners can start making more effective use of each other's strengths and networks, they need to be (more) aware of what exactly these are. This is what the partners have started doing, and the awareness of each partner's expectations, strengths and interests has indeed increased. Moreover, new connections have been made across traditional domains and disciplines, leading to new partnerships.

Actually making use of each other's strengths and networks is what happens mostly during the working sessions and in the ten working groups, where collaboration and learning is focused upon a specific topic or problem. While some of these working groups have made more progress than others, they are mostly starting up and defining their specific scope and goals. The investments that are now being made in the quality of collaboration will yield more focused and effective outputs and outcomes in the near future of the Meshwork for Mother Care.

Finally, the question whether the lagging behind in the progress of MDG5 is being reduced, is one of long-term impact, rather than medium-term outcomes. At this time it is still too early to spot trends and gather evidence of a reduction of the maternal mortality ratio.

# Conclusion

From its conception in June of 2007 to the writing of this 'Making of', much progress has been made by the Meshwork for Mother Care on creating non-traditional and effective partnerships between the meshwork partners. They have taken time to build common ground by taking stock of each partner's expectations, strengths and interests, leveraging them in a number of exciting partnerships that cut across traditional domains and disciplines. As a result of two intensive working sessions, ten working groups have formed, focusing on specific themes and challenges, including a learning journey to Sierra Leone, knowledge and performance management, and Mother's Night 2008. All in all, significant investments have been made by all stakeholders to open up a space for high-bandwidth collaboration, within which the meshwork partners will work to make a real and lasting contribution to the challenge posed by maternal mortality.

**Significant investments have been made by all stakeholders to open up a space for high-bandwidth collaboration.**

Several recommendations can be made. Given the progress that has been made to develop the Meshwork for Mother Care, care should be taken to consolidate the outcomes in order to ensure the sustainability of the meshwork as a whole. At the same time, however, the urgency of the challenge demands a continuing and structural investment of time and resources in exploring new and effective partnerships and systemic solutions. There is a pressing need for virtual collaboration space to make available existing knowledge, to support the working groups and to help monitor performance. More work is needed to develop the partner's meshworking capacities, which are often still fragile and at odds with existing habits and ineffective modes of collaboration. Also, more conversation is needed about measuring and making visible the long-term impact of the meshwork. One of the ways in which long-term impact can be effected is by embedding the annual Mother's Night in a more international context by involving local partners. In the same vein, it is important to connect to related Schokland Agreements in order to realize the full potential of these partnerships. Finally, key stakeholders in politics and the field of maternal health must be informed about the status and progress of the Meshwork for Mother Care.

Bert Koenders, Minister of Development Cooperation

"The Minister for Development Cooperation applauds the Schokland Agreement around MDG5, because the violation of rights of girls and women manifests itself most poignantly in sexual and reproductive health."



# Appendix A: Partner organizations

- AMREF Flying Doctors
- BioConnection
- BioFarmind
- Center for Human Emergence Netherlands (CHE)
- Cordaid Memisa
- DRC Medical
- GlaxoSmithKline
- International Confederation of Midwives (ICM)
- Kinesis Pharma
- Royal Tropical Institute (KIT)
- Koninklijke Nederlandse Organisatie van Verloskundigen (KNOV)
- Malaria No More!
- National Committee for International Cooperation and Sustainable Development (NCDO)
- Nederlandse Vereniging voor Obstetrie en Gynaecologie (NVOG)
- Netherlands Society for Tropical Medicine & International Health (NVTG)
- Organon
- ShareNet
- TNO
- World Health Organization (WHO)
- WPF/ MyBODY





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**DRC Medical  
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**Malaria No More!  
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**NVOG / NVTG  
Organon**

**ShareNet  
TNO**

**WHO  
WPF/MyBODY**

**De Derde Kamer  
Ministerie van Buitenlandse Zaken**

**Center for Human Emergence**

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Ronald van der Geest

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Franka Cadee

Suze Jans

Margret van Gaalen

Ilse van Woudenberg

Heleen van Andel

Kari Postma

Henny Helmich

Jelle Stekelenburg

Frank Roijmans

Corina Ramers-Verhoeven

Eric Naterop

Symone Detmar

Dineke Korfker

Ted Slaghek

Monir Islam

Frans Baneke

Mariette Flipse

Marianne Schouten

Elly Leemhuis

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# Akkoord van Schokland - MeshWork for Mother Care

