

POST B9

Revised PMNCH Workplan and budget 2011

For approval by the PMNCH Board
21 April 2011

1. Purpose and introduction

This report presents the details of the PMNCH Workplan and associated budget for Partnership's activities in 2011 under each of the six Priority Action areas (PAs). The presented 2011 workplan is a revised version from the 2011 workplan and budget as approved by the PMNCH Board on 15 November, Delhi, India.

The development of the 2011 detailed workplan was undertaken in the context of the originally approved PMNCH Strategy and Workplan 2009 – 2011, it built on the processes and agreed outputs for 2010 and on-going work for the Partnership.

Individual PA Lead Partners and the PMNCH Executive Committee (EC) worked on developing the PA workplans based on the projections from the 2009 – 2011 document, reflecting any relevant changes that have taken place over the last two years. First, they build on the achievements and products reached during 2009 and 2010. Second, the proposed activities reflect and are designed to align with the current environment and global prominence of MNCH achieved during 2010, including the G8 meeting and the Muskoka initiative, the AU meeting and its emerging regional task force, and the MDG Summit with the launch of the UNSG's Global Strategy for Women's and Children's Health.

The workplan for 2011 was discussed and agreed by the Executive Committee, changes to the November approved workplan were discussed in detail by the Finance Committee in its 8 March 2011 Meeting, and they have been brought to the attention of the Executive Committee. The revised 2011 workplan is now being recommended to the Board for approval.

The individual PA workplans have been presented to highlight any changes that have been proposed from the original 2009 – 2011 Strategy and Workplan budget.

The structure of the report is as follows:

- Section 2 briefly touches upon the issues of working across PAs, setting out some initial ideas and principles.
- Section 3 sets out a summary of refinements following PMNCH's input in the development of the joint Every Woman Every Child (EWEC) workplan, and the impacts these have on the respective PA budgets.
- Section 4 presents individual PA tables, containing information on the proposed plans for 2011 and, where this is known, who the Lead Partners / Facilitators will be. It also provides some information on Core Functions and Secretariat staff costs.

2. Working across PAs: Proposed initial ideas and principles

During their deliberations, PA Lead Partners and the Executive Committee have noted that PMNCH can increase its outreach and impact if it works in a more concerted and coordinated way across the various PAs. Joint areas of work across PAs will not only enhance efficiency, but also will add a more dynamic, multi-constituency element to the work.

Possible approaches to enhance better cross PA coordination and efficiency of activities have been explored by colleagues working on this document. Where relevant, individual PA tables in Section 4 contain as an indication, in square brackets, opportunities for cross PA work.

3. Summary of proposed refinements to PA activity and budgets

At the 9th PMNCH Board Meeting on November 15 2010 in New Delhi, India, the 2011 Workplan and budget was approved. The Board decided to keep the workplan flexible¹ and noted that PMNCH through its partners should continue working with other partners in the steps following the launch of the Global Strategy for Women and Children.

To that end, PMNCH was involved in the development of the joint workplan which devises the division of tasks for the implementation of the Every Woman Every Child Campaign (EWEC) between partners involved (with description of activities and budgets).

The activities for which PMNCH is responsible for in the EWEC joint workplan, are for the most part activities already envisaged in our own approved PMNCH Workplan for 2011 – (mostly included in the Priority Areas 5 & 6). The joint EWEC workplanning exercise resulted in a more accurate budget and some additional activities under outputs already in the PMNCH workplan.

Table 2.1 below provides a summary of the proposed changes from the approved 2011 Workplan by individual PA. Section 4 presents the individual PA tables, now highlighting clearly changes from the November approved workplan.

The additional activities and budget adjustments will result in an overall increase in the PMNCH 2011 budget of 12%, from the originally planned total budget for 2011 (a variance of US\$ 915,000). The budget for the Secretariat staff has also

been increased to take into consideration an increase in WHO staff costs, devaluation of USD and 2011 maternity leave coverage.

To fund the revised 2011 workplan, PMNCH currently ² has available US\$6,206,000 (including, as of 5 April, pledges from Norway and the World Bank amounting to US\$2,152,000). PMNCH needs to raise an additional \$2,791,000 (including 13% of PSC) to fully finance the revised 2011 workplan.

After the overview table follows the revised 2011 PMNCH Workplan and Budget detailed, including the updates above-mentioned (highlighted for easy identification), noting where they sit in the approved 2011 PMNCH Workplan and Budget, and in relation to the joint EWEC workplanning exercise carried out with the Executive Office of the UN SG, UNF and H4+ among others.

The Board is requested to approve this revised 2011 PMNCH Workplan and Budget.

¹ Extract from the Note for the Record, 9 PMNCH Board Meeting:

The Workplan and budget for 2011 was approved, with the following points to note:

- It's a rolling Workplan with flexibility for changes in 2011 on strategic planning and prioritization based on Global Strategy
- Review PA1 to PA4 in light of the Global Strategy and look for linkages across the PAs
- PA Leaders for 5 & 6 will lead the follow-up discussion on PMNCH role related to the Global Strategy and the accountability work between now and the retreat in Feb/March next year. They will inform and involve the full Board.

² As of 8 April 2011

Table 2.1: Summary of proposed revisions for each PA

Activities	Approved 2011 Budget	Additional Budget Allocation Requested	Revised 2011 Budget	Percentage Increase
PA 1 – MNCH Knowledge Management System	515,000	50,000	565,000	9.7%
PA 2 – MNCH Core Package of Interventions	390,000		390,000	
PA 3 – Essential MNCH Commodities are secured globally and in countries	170,000		170,000	
PA 4 – Strengthening Human Resources in MNCH	310,000		310,000	
PA 5 – Advocacy for increased funding and better positioning of MNCH in the development agenda	1,155,000	335,000	1,490,000	29%
PA 6 – Tracking Progress and Commitment for MNCH	1,150,000	175,000	1,325,000	15.2%
Core functions	1,100,000		1,100,000	
Staff costs	2,031,000	250,000	2,281,000	12.3%
Total Budget Expenditure ³	6,821,000	810,000	7,631,000	
PSC 13%	887,000	105,000	992,000	
2011 Funding Requirement⁴	7,708,000	915,000	8,623,000	11.9%

Individual Priority action revisions have been highlighted in Section 4. Individual PA tables for ease of reference under PA1.2, PA5.1, PA6.1

³ Total budgeted activities net of PSC

⁴ Total funding requirements (including 13% of PSC)

4. Individual PA tables

This section contains individual PA tables, with information on the developing plans for 2011 and, where this is known, who the likely recipients of funds will be.

Priority Action I - MNCH Knowledge Management System

Outputs	Objectively Verifiable Indicators (OVI) <i>Approved at Board in April 2010</i>	2011 Budget <i>Approved at Board in Dec 2009</i>	Deliverables/ Milestones	2011 Budget <i>Revised</i>	Lead partners / facilitators
<p>Activities within this PA primarily build on the work undertaken in 2010 to identify knowledge resources and relevant gaps. In this context, they are also based on the work to create a 'one-stop' portal for information on the continuum of care and related innovations in MNCH. The value added of this PA after the MDG Summit and the launch of the Global Strategy on Women's and Children's Health lies in supporting development, documentation and exchange of priority unified information, best practice (including innovative approaches), experience and tools (within PMNCH's capabilities) that will help countries and development partners move towards MDGs 4 & 5.</p> <p>OUTPUT I</p>					
I. Mapping of existing knowledge resources relevant to MNCH, and links integrated into existing PMNCH website	I.1 Inventory of existing knowledge resources available and regularly updated. I.2 Linking MNCH knowledge resources.	0	Initial Knowledge mapping exercise completed.	0	
Total Output I		0	Total Output I	0	

Outputs	Objectively Verifiable Indicators (OVI) <i>Approved at Board in April 2010</i>	2011 Budget <i>Approved at Board in Dec 2009</i>	Deliverables/ Milestones	2011 Budget <i>Revised</i>	Lead partners / facilitators
OUTPUT 2					
2. Knowledge system and web portal created and sustained	2.1 KMS and web portal launched (phased approach).	25,000	1. PMNCH portal - development of prototype to full portal, user testing, and portal updates and management	25,000	Consultant/ group
	2.2 Leveraging existing regional networks for MNCH (pilot).	100,000	2. Regional knowledge networks' meeting - linking existing knowledge networks, such as Cochrane, GREAT etc, with RMNCH institutions identified in the knowledge mapping exercise - to support RMNCH policy-making and practice and to promote 'south-south' learning.	100,000	Government of India
	2.3 Number and frequency of system updates, to integrate new knowledge products.	100,000	3. RMNCH decision-support resource: to support RMNCH decision-making from prioritization through planning, implementation and evaluation. Knowledge resources and tools will be integrated across PMNCH PAs and from other relevant sources. This would be linked to the PMNCH portal and be available as training & support material for the regional knowledge networks/ south-south learning.	100,000	Harvard School of Public Health
			4. Development of Innovation Framework: PMNCH will support the development of the Strategic Framework to guide the development of private-public projects. - Every Woman, Every Child objective on Innovation Private-public partnerships	50,000	Harvard / UNF/ mHA / R4D
Total Output 2		225,000	Total Output 2	275,000	

Outputs	Objectively Verifiable Indicators (OVI) <i>Approved at Board in April 2010</i>	2011 Budget <i>Approved at Board in Dec 2009</i>	Deliverables/ Milestones	2011 Budget <i>Revised</i>	Lead partners / facilitators
OUTPUT 3					
3. Knowledge summaries and critical syntheses for MNCH and key "gaps" flagged to the PMNCH Board.	3.1 Priority knowledge gaps identified, including through regional networks	85,000	1. Knowledge products developed by regional networks based on knowledge needs identified by countries and at global level (through Outputs 2.2 and 2.3). As resources allow, knowledge gaps identified by PMNCH Board members will also be addressed, including: the global economic investment case for RMNCH; social and environmental determinants; and country case studies on using innovation to scale up effective interventions.	85,000	Regional knowledge networks - experts
	3.2 Knowledge synthesis summaries & studies produced	100,000	2. Syntheses of lessons learned and best practices from cross-country analysis of successes in countries towards achieving MDGs 4&5, including innovative ways to scaling up effective interventions. This would be a key input into the RMNCH decision support resource or tool.	100,000	World Bank
	3.3 Knowledge syntheses translated and communicated for policy and practice	50,000	3. Communication of MNCH knowledge through mobile technologies with the m-Health Alliance. [This work is to be undertaken in collaboration with PA2, PA3, and PA4, to focus on communicating guidelines and providing training to support frontline health workers in implementing packages of essential RMNCH interventions].	50,000	m-Health Alliance project collaborators
	3.4 Priority health systems constraints that prevent scaling up identified and disseminated in PMNCH and partners' websites	25,000	4. Process facilitated to develop a joint UN HSS planning tool kit for RMNCH program planning and to start work on Health Policy Monitoring. The toolkit will build on the integrated costing tool and be made available on website.	25,000	WHO / UNFPA with partners

Outputs	Objectively Verifiable Indicators (OVI) <i>Approved at Board in April 2010</i>	2011 Budget <i>Approved at Board in Dec 2009</i>	Deliverables/ Milestones	2011 Budget <i>Revised</i>	Lead partners / facilitators
	3.5 Joint UN costing tool developed and readily available	0	5. Joint UN costing tool facilitated in 2009 and developed further in 2010 will be field-tested and finalized in 2011. Information on tool shared with partners and buy-in and shared ownership secured.	0	WHO with H4 and donor partners. (Funds provided directly to WHO by Norway)
Total Output 3		260,000	Total Output 3	260,000	
TOTAL OUTPUTS		485,000		535,000	
Staff travel		30,000		30,000	
TOTAL BUDGET FOR PAI		515,000		565,000	

Priority Action 2 - MNCH Core Package of Interventions

Outputs	Objectively Verifiable Indicators (OVI)	2011 Budget <i>Approved at Board in Dec 2009</i>	Deliverables/Milestones	2011 Budget <i>Revised</i>	Lead partners / facilitators
<p>Some aspects of core MNCH packages of interventions are yet to be agreed across different MNCH constituencies. Activities within this PA will therefore build on the work undertaken in 2010, which defined category 'A' list of interventions and for which there is currently agreement that the evidence exists to scale-up package implementation. The value added of this PA in the period after the launch of the Global Strategy for Women's and Children's Health in Sept. 2010 is to further develop the required consensus across MNCH constituencies on the outstanding interventions (categories 'B' and 'C') for which evidence is lacking, on standardizing quality of care indicators, and on addressing specific research gaps identified. The quality of care has, in particular, emerged as an important next step towards measuring of progress in MNCH. At the same time, the debate on the indicators to be adopted for improvements in quality of care is still ongoing, and the Partnership sees itself as being in an opportune position to play an important role in building consensus within the MNCH community around an accepted set of such indicators.</p>					
I. Consensus on quality of care indicators for MNCH	I.1 Reviews of existing indicators of quality of MNCH care and their validity	60,000	1. Landscape review of indicators of quality of MNCH care and their validity. Work will include a detailed review of all quality of care indicators currently used by MNCH stakeholders, assessment of their validity, and identification of those indicators most commonly used. The findings are to be presented at a technical meeting (as per Deliverable 2 below).	60,000	
		75,000	2. Technical meeting to develop consensus on core indicators of quality of MNCH care.	75,000	WHO/AKU
	Total Output I	135,000	Total Output I	135,000	

OUTPUT I

Outputs	Objectively Verifiable Indicators (OVI)	2011 Budget <i>Approved at Board in Dec 2009</i>	Deliverables/Milestones	2011 Budget <i>Revised</i>	Lead partners / facilitators
OUTPUT 2					
2. Research gaps on effectiveness of core packages of interventions by different delivery levels identified; review of other potentially beneficial interventions for MNCH	2.1 Reviews of effectiveness of intervention packages by delivery level	50,000	1. Systematic review of effectiveness of intervention packages at each delivery level (gap identified in the work of 2010)	50,000	
		40,000	2. Research on best practices to implement essential interventions.	40,000	
Total Output 2		90,000	Total Output 2	90,000	
OUTPUT 3					
3. Consensus built on how to scale up implementation of core MNCH packages	3.1 Reviews on implementation research on scaling up and efficacy of delivery levels for intervention packages	75,000	1. Landscape review of implementation research on scaling up of MNCH interventions, to link with the implementation research platform chaired by AHSPR.	75,000	
		60,000	2. Technical meeting to develop consensus on priorities for research on scaling up. [This work is to be undertaken in collaboration with PA 3 and PA4.]	60,000	WHO/AKU
Total Output 3		135,000		135,000	
TOTAL OUTPUTS		360,000		360,000	
Staff travel		30,000		30,000	
TOTAL BUDGET FOR PA2		390,000		390,000	

Priority Action 3 - Essential MNCH Commodities are secured globally and in countries

Outputs	Objectively Verifiable Indicators (OVI)	2011 Budget <i>Approved at Board in Dec 2009</i>	Deliverables/Milestones	2011 Budget <i>Revised</i>	Lead partners / facilitators
Activities within this PA will build on the work undertaken in PA2, with a focus on the development of a list of commodities required to scale-up the MNCH interventions agreed under PA2. This is expected to be achieved by matching high impact interventions with relevant packages of commodities required to achieve the outcomes envisaged by in the Global Strategy for Women's and Children's Health, as launched by the UNSG in September 2010. It is anticipated that these activities will result in a set of standardized guidelines and tools for forecasting commodity specific needs. The added value of work undertaken in PA 3 is encapsulated in the efforts to achieve a consensus across key MNCH constituencies on an essential medicine list package and other MNCH commodities, as well as in a supporting a closer interaction with the work the H4 is carrying out at the country level.					
OUTPUT 1					
1. Consensus reached on the supply component of evidence-based MNCH interventions and define a basket of essential commodities identified.	1.1 Country-specific minimum commodity package (determined in 10 countries).	30,000	1. Expert meeting to develop a minimum core consensus MNCH essential medicine list package at the global level.	30,000	
		40,000	2. Country specific minimum package of commodities determined and adopted by national coordination committees in 10 countries.	40,000	
Total Output 1		70,000	Total Output 1	70,000	
OUTPUT 2					
2. Set of tools and guidance material agreed and used by partners for country MNCH commodity supply management.	2.1 A common guideline and tool for forecasting essential commodities.	45,000	1. Coordinate implementation of agreed PSM guideline / supply management tools by partners in 3 target countries	45,000	
Total Output 2		45,000	Total Output 2	45,000	

Outputs	Objectively Verifiable Indicators (OVI)	2011 Budget <i>Approved at Board in Dec 2009</i>	Deliverables/Milestones	2011 Budget <i>Revised</i>	Lead partners / facilitators
OUTPUT 3					
3. Assess currently used supply management practices.	3.1 Research on identified supply management gaps from Output 1.	0	1. Research on any identified supply management bottlenecks as a result of output 1 and 2 activity	0	
Total Output 3		0	Total Output 3	0	
OUTPUT 4					
4. Global availability and efficiency in joint planning for procurement by innovative ways for sustained supply of quality commodities to developing countries.	4.1 Consultation with H4 partners on possible scale up of joint planning.	40,000	1. Facilitation of meetings between H4 and other relevant partners to develop a strategy for scaling up joint planning with partners in 10 countries (country based meetings to be organized subsequently by H4). [This work is to be undertaken in collaboration with PA 2 and PA4].	40,000	
Total Output 4		40,000	Total Output 4	40,000	
TOTAL OUTPUTS		155,000		155,000	
Staff travel		15,000		15,000	
TOTAL BUDGET FOR PA3		170,000		170,000	

Priority Action 4 - Strengthening Human Resources for MNCH

Outputs	Objectively Verifiable Indicators (OVI)	2011 Budget <i>Approved at Board in Dec 2009</i>	Deliverables/Milestones	2011 Budget <i>Revised</i>	Lead partners / facilitators
<p>The lack of HR for MNCH is identified as an important challenge that needs to be addressed in both the MNCH Consensus (Sept. 2009) and the Global Strategy for Women's and Children's Health. Activities in this PA will build on the work undertaken during 2010 on the design of tools to assess MNCH HR availability and quality. One aspect, therefore, of the Partnership's added value is focused on the consensus building among the different MNCH constituencies as regards to the tool definition and use. This PA will also build on recent PA 4 work which was related to organising and running successful HCPA workshops and identification of strategies to strengthen National and Regional HCPAs' work. Succeeding to incorporate HCPAs into the political debate in strengthening MNCH HR will be an important outcome for this PA. Finally, this PA recognises the significant global focus in 2011 on the development of MNCH human resources. This will include the Global Health Workforce Alliance forum in January 2011 and, more specifically, the report UNFPA's State of the World Midwifery, ICM congress in June, etc. The Partnership expects to engage closely in the discussions on HR issues in 2011, supporting and building a cross-constituency call for a greater resource flow to MNCH HR development.</p>					
I. Ensure that MNCH aspects of HR are adequately included in national health plans and human resource plans	I.1 HR for MNCH tool field-tested and finalized	75,000	1. Unified/joint Human Resource Tool for MNCH field tested (in three countries, three regions) and finalized.	75,000	WHO
	I.2 Tool disseminated and implemented in 22 priority countries	0	2. Capacities of 22 country teams (MNCH, HR, HCPA) developed and country specific action plans to implement the approach prepared in three regional workshops to develop capacities	0	Possible postponement to 2012 as feeds in the monitoring activity I.4. Estimated at 180,000
		0	3. Documentation of 3-5 country experiences in implementing the approach and introducing it in the national plans	0	Possible postponement to 2012? Estimated at 80,000
	I.3 HR for quality MNCH indicators identified	75,000	4. Consultation to agree on core routine indicators to monitor HR for quality MNCH in national and district level: definition, methodology, periodicity, etc	75,000	WHO
	I.4 Securing human resource commitments to operationalizing the Global Strategy	30,000	5. Establishing baseline, target estimates and galvanizing commitments	30,000	UNFPA/WHO Norway
Total Output I		180,000		180,000	

Outputs	Objectively Verifiable Indicators (OVI)	2011 Budget <i>Approved at Board in Dec 2009</i>	Deliverables/Milestones	2011 Budget <i>Revised</i>	Lead partners / facilitators
OUTPUT 2					
2. Analysis relating to MNCH content of human resource issues identified and research commissioned	2.1 Analyses undertaken through meetings with country HR and reported in at least 25 countries	0	Work underway	0	
	2.2 HCPAs workshops carried out successfully	0	Work completed	0	
	2.3 Follow-up with participants carried out	0	Work underway	0	
Total Output 2		0		0	
OUTPUT 3					
3. National HCPAs strengthened and involved in MNCH policies, planning and initiatives at the country level	3.1 Stronger HCPAs in countries and regional networks.	100,000	1. Full implementation of strategies for the organizational strengthening of HCPAs in 3-5 countries. Implementation will be led by national focal points who will report to international and regional advisors.	100,000	
		20,000	2. Development of a 2012-2015 HCPA organizational strengthening strategy for 15 countries by international advisor. Resource mobilization will also be undertaken for this strategy.	20,000	
Total Output 3		120,000		120,000	
TOTAL OUTPUTS		300,000		300,000	
Staff travel		10,000		10,000	
TOTAL BUDGET FOR PA4		310,000		310,000	

Priority Action 5 - Advocacy for increased funding and better positioning of MNCH in the development agenda

Outputs	Objectively Verifiable Indicators (OVI)	2011 Budget <i>Approved at Board in Dec 2009</i>	Deliverables/Milestones	2011 Budget <i>Revised</i>	Lead partners / facilitators
<p>Following the launch of the Global Strategy for Women's and Children's Health by the UNSG in September 2010, activities within this PA aim at :</p> <ul style="list-style-type: none"> Keeping RMNCH high on the political agenda in global, regional and national development plans Securing new policy, financing and service delivery commitments for RMNCH Strengthening accountability for MNCH commitments made as part of the Global Strategy. <p>The value added of this PA is that it brings multi-constituency engagement into advocacy for MNCH, promoting coherent and unified messaging to the highest levels of policy-making. Building on global structures and advocacy resources, the work under this PA is also expected to support emerging regional mechanisms and activities, including recent commitments made by the African Union.</p>					
OUTPUT I					
I. MNCH clearly prioritized and the health system investments needed to achieve MDGs 4 and 5 identified in key international and national documents and fora /events	I.1 Provide effective inputs to ensure a strong MDG 4&5 focus in health systems initiatives, ensuring end results get strategically disseminated to maximize existing resources as well as get increased resources necessary to reach the MDG 4&5 targets	0	<p>I. Contribute to securing more commitments for the Global Strategy (ongoing, and see PA5, Output 3) and commitments of innovation that can be scaled up with local and global impact.</p> <p>Engagement strategy, mobilizing new commitments with UNSG's office through competitive recruitment of professionals/consultants (RfPs)</p> <ul style="list-style-type: none"> From donors From countries (with UNFPA and other H4+) Supporting new commitments from other PMNCH constituencies: CSOs, HCP, ART Support UNF on private sector commitments 2011 Report on Global Strategy Commitments production, printing, event production and media dissemination 	335,000	Norway/ UNF / Consultants

Outputs	Objectively Verifiable Indicators (OVI)	2011 Budget <i>Approved at Board in Dec 2009</i>	Deliverables/Milestones	2011 Budget <i>Revised</i>	Lead partners / facilitators
	I.2 Contribute to the development and harmonization of the HLTF costing as it relates to scaling up effective packages of MNCH services	0	2. Relevant work completed.	0	
	I.3 Technical working document of the UNSG Global Strategy costing, published and made available on PMNCH and partners' websites	0	3. Relevant work completed.	0	
	I.4 Regional 'Investment Case' for MNCH programmes disseminated	25,000	4. 1) African "Investment Case" published and disseminated, 2) Assess the need to document how these investment cases tie up to the Global Strategy.	25,000	
	I.5 Country specific 'Investment Case' disseminated	25,000	5. 1) Reports from 5 countries (Indonesia, India, PNG, Nepal, Philippines) developed, published and disseminated, 2) Assessment of demand for additional investment cases for low and middle income countries, 3) Explore linkages with IHP compacts and financial plans that WHO will develop.	25,000	
Total Output I		50,000	Total Output I	385,000	

Outputs	Objectively Verifiable Indicators (OVI)	2011 Budget <i>Approved at Board in Dec 2009</i>	Deliverables/Milestones	2011 Budget <i>Revised</i>	Lead partners / facilitators
OUTPUT 2					
2. Effective channels for funding and innovative ways to increase financial resources for MNCH identified and promoted	2.1 New and emerging additional financing identified and influenced to focus on MDG 4 & 5	0	1. Contributed to and compiled new policy, financing and service delivery commitments for RMNCH on UNSG website as well as PMNCH website (also part of PA.5.	0	UNF, H4, FCI, FIGO, member states.
	2.2 New and existing financial channels identified and influenced to focus on MDG 4 & 5	0	2. Strong focus on RMNCH within Joint Health system funding platform (recognized as ongoing work)	0	WHO, WB, GAVI, GFATM
		100,000	3. Develop analysis on funding options for MDG4&5 and improving aid architecture. [Work to be undertaken in collaboration with PA 1.]	100,000	DFID/Norad
Total Output 2		100,000	Total Output 2	100,000	
OUTPUT 3					
3. Global advocacy strategy developed and implemented, in line with PAS's objectives, targeting key actors and policy-makers around high-level global events through mobilization and coordination of partners	3.1 New commitments (policy, financing, service delivery) generated from new partners (Governments, private/philanthropic, civil society, etc) towards women's and children's health.	75,000	1. High-level advocacy conducted around key 2011 global events to maintain momentum around the Global Strategy and secure new commitments (G8, World Health Assembly, Davos, World Bank/IMF meetings, Global Health Council, UNGASS, IPU, etc). Comprehensive global advocacy strategy written, specifying implementation strategies, priority audiences, partnerships, materials/ resources, and key events/opportunities.	75,000	FCI with NGO, HCP, and H4/ Norway and other donor partners
		60,000	2. MDGs 4 and 5 positioned with parliamentarians in the IPU	60,000	IPU
		120,000	3. Media and communications outreach conducted	120,000	UNFPA, FCI, Norway
		5,000	4. Global calendar of events produced and updated	5,000	Secretariat

Outputs	Objectively Verifiable Indicators (OVI)	2011 Budget <i>Approved at Board in Dec 2009</i>	Deliverables/Milestones	2011 Budget <i>Revised</i>	Lead partners / facilitators
	3.2 Strategic global advocacy alliances established within MNCH community and with related sectors (HIV, human rights, etc.) around core messages and principles	25,000	5. Consultations and joint statements with MNCH community and allied sectors (i.e. HIV, non-communicable diseases, sanitation, etc) conducted. Contributed to the dialogues on the integration of the MDGs.	25,000	FCI
	3.3 Core global advocacy messages and materials produced, endorsed, and strategically disseminated by all partners	75,000	6. MNCH messages and materials produced linking the Global Strategy and the MNCH Consensus. Contribute to the UNSG's compilation report of the Global Strategy commitments and the first year progress report to the Global Strategy. [Work to be undertaken in collaboration with PA6.]	75,000	FCI, Norway, Consultants, Secretariat
	3.4 WRA Atlas of Birth		7. n/a		
Total Output 3		360,000	Total Output 3	360,000	
OUTPUT 4					
4. Regional and national advocacy strategy developed and implemented, targeting key actors and policy makers around regional and national events through mobilization and coordination of partners	4.1 Comprehensive regional/national advocacy strategy developed, specifying implementation strategies (including media and communications), priority audiences, partnerships, materials/resources, and key events/opportunities	50,000	1. Mapping of national partners (MNCH & allied) & audiences finalized (10-12 countries)	50,000	FCI, WRA, IPPF, Save the Children
		5,000	2. Regional and national advocacy strategy written	5,000	FCI, WRA, IPPF, Save the Children
		5,000	3. Calendar of regional and national events produced	5,000	Secretariat
		75,000	4. High-level advocacy and media outreach on the Global Strategy linked to key regional events in Africa and Asia. [Work to be undertaken in collaboration with PA6.]	75,000	

Outputs	Objectively Verifiable Indicators (OVI)	2011 Budget <i>Approved at Board in Dec 2009</i>	Deliverables/Milestones	2011 Budget <i>Revised</i>	Lead partners / facilitators
	4.2 Increase capacity to conduct national advocacy by civil society alliances, calling for increased policy and funding commitments by national governments, as well as accountability/monitoring of commitments	60,000	5. Regional and national level workshops targeting select countries in Africa and Asia to strengthen the skills of CSO advocates to monitor the implementation of national commitments to the Global Strategy	60,000	
		50,000	6. Scoping of models for a small grants program to galvanize commitments for the Global Strategy	50,000	CEPA
		200,000	7. Pending findings of scoping exercise, small grants program to link global advocacy and messages to national level advocacy to secure the fulfillment of commitments to the Global Strategy: consultation, program design, organizational set-up and drafting of RFP's.	200,000	Norad, FCI, Secretariat (management of program to be sub-contracted)
		150,000	8. Regional mechanisms proposed by the African Union to support the AU Commission, the Task Force for MNCH, Pan-African Parliament and the launch of the African Investment Case. The Partnership is more specifically expected to provide support to the Regional Task Force in developing relevant papers and analysis, in part to support the efforts to make the case for further investment in the region.	150,000	
Total Output 4		595,000		595,000	
TOTAL OUTPUTS		1,105,000		1,440,000	
Staff travel		50,000		50,000	
TOTAL BUDGET FOR PA5		1,115,000		1,490,000	

Priority Action 6 - Tracking Progress and Commitment for MNCH

Outputs	Objectively Verifiable Indicators (OVI)	2011 Budget <i>Approved at Board in Dec 2009</i>	Deliverables/Milestones	2011 Budget <i>Revised</i>	Lead partners / facilitators
<p>The Global Strategy for Women's and Children's Health launched at the MDG Summit in 2010 resulted in a series of specific commitments (political, financial and health system related) by the public and private sectors. Activities within this PA will build on progress achieved in 2010, and will strengthen the accountability mechanisms for the MNCH commitments made. It will directly support efforts to account for coverage of interventions, equity, progress with health systems and financing for MNCH. The value added of this PA is in bringing together all MNCH constituencies within a follow up / accountability process, measuring progress in fulfilling the commitments made. It contains all Countdown for 2015 deliverables.</p>					
OUTPUT 1					
1. Partners (donors, govts, multi-laterals, large NGOs) financial commitments to MNCH monitored annually	1.1 Documentation on whether commitments are met (or unmet) by partners	90,000	1. A system in place to ensure that each of the PMNCH constituencies are making progress in the implementation of the commitments made in the context of the Global Strategy for Women's and Children's Health. <ul style="list-style-type: none"> Concept and questionnaire development, data collection and dissemination and review of report, 2011 Report on Global Commitments 2. Establish validation mechanism for tracing and reporting the above commitments.	265,000	Norway, WHO
Total Output 1		90,000		265,000	
OUTPUT 2					
2. Common M&E framework agreed among GHI and disseminated and used in high priority countries	2.1 Global Health Initiatives agreeing on common M&E framework and M&E gaps identified	0	1. This output was discontinued in 2010 in view of ongoing work on a common framework (IHP+ JHSPH).	0	
Total Output 2		0		0	

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OUTPUT 3					
3. Advocate the use of Countdown products and information, and making them publicly available	3.1 Advocacy Workplan for updated data, estimates and trends for MNCH progress developed, peer-reviewed, and made available	25,000	1. Update and periodically maintain Countdown website	25,000	
		0	2. Development and dissemination of advocacy for action messages and targeted advocacy at regional and national levels	0	
		75,000	3. Work towards development of the 2012 Countdown report	75,000	
		75,000	4. Work towards development of 2012 Countdown country profiles	75,000	
Total Output 3		175,000		175,000	
OUTPUT 4					
4. Successful meeting on tracking progress for MNCH held	4.1 Successful Countdown Conference organized and held 4.2 Level and breadth of participation and concrete outcomes achieved	50,000	Countdown conference was held in 2010. Next Countdown conference is planned for 2012. Some preparatory work is envisaged in 2011.	50,000	
Total Output 4		50,000		50,000	

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OUTPUT 5					
5. Tracking progress on MNCH	5.1 Support provided to countries to review their MNCH indicators, especially as it relates to coverage, equity, financing, policy and health systems (through the Countdown)	60,000	1. Supporting activities of the Countdown Finance Working group.	60,000	The World Bank
		200,000	2. Produce and analyze data on: (i) coverage of priority MNCH interventions; (ii) investigating health policy, health systems and financial determinants of changes in coverage for proven high-impact MNCH interventions (determinants of coverage - cross-cutting 1).	200,000	Johns Hopkins University School of Public Health
		230,000	3. Produce and analyze data on: (i) international and domestic financing of MNCH; (ii) policies and systems that support the implementation of MNCH interventions; and (iii) assessing the effect of changes in user fees and other pro-poor legislation / financing initiatives on coverage for the poorest (cross-cutting 2).	230,000	WHO: (a) Department of Health Financing; (b) Department of Child and Adolescent Health and Development
		200,000	4. Produce and analyze data on: (i) equity in coverage along several dimensions; (ii) assessing the effect of changes in average coverage levels on equity in coverage, and effect of type of service delivery mode and human resource factors on coverage and equity (cross-cutting 3).	200,000	University of Pelotas, Brazil
		50,000	5. Conducting a detailed analysis of progress and priorities for MNCH in selected high burden countries (cross-cutting 4)	50,000	UNICEF
		75,000	6. Work on: (i) OECD databases on ODA; (ii) assessing the impact of changes in financial flows on coverage (cross-cutting 5)	75,000	London School of Hygiene and Tropical Medicine
Total Output 5		815,000		815,000	
TOTAL OUTPUTS		1,130,000		1,305,000	

Staff Workplan

Staff Workplan			
	Approved 2011 Budget	Additional 2011 Budget increase	Description of Additional Activities
▪ Staff Workplan	2,031,000	250,000	<i>Increase is due to a number of contributory factors: a 15% increase in WHO standard costs, devaluation of USD and maternity leave coverage in 2011.</i>
Total Output		2,231,000	

Core Functions

This area of Partnership's work is focused on the provision of support to the Board and its committees in overseeing and managing the work of the Partnership, across all of the priority action areas. It also includes activities related to general PMNCH corporate communication – both with its membership and the public at large, as well as, efforts towards mobilising sufficient resources to implement the agreed workplan. In 2011, the Core Functions budget is increased by 10% to take account of the newly agreed requirement to prepare, organise and host a Board retreat in the first half of 2011, which will have the purpose of developing the Partnership's thinking on a new 2012 to 2015 strategy and workplan.

The type of activities that are expected to be funded from the Core Functions budget, among others, include:

- Supporting the work of the Executive and Finance Committees through the year.
- Organization and funding of expenses associated with two Board meetings and a Board retreat to be held in 2011.
- Respond to Board requests on development of analytical and policy papers, engagement with existing membership and reaching out to non-MNCH communities.
- Management of the overall corporate communication strategy, regular e-newsletter, and website development and maintenance.
- Managing the resource mobilization process, including development of relevant proposals and reporting to donors.
- Procuring and funding an independent review of the Partnership's work over the three year 2009 – 2011 Strategy and Workplan.

Staff cost

- The budget for the Secretariat staff has also been increased to take into consideration an increase in WHO staff costs, devaluation of USD and 2011 maternity leave coverage.