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2008 Value-Added Work Plan

Part 1:	2008 Value-Added Work Plan
Part 2:	2008 Budget by work area and activity
Annex:	List of priority countries

Part 1

The Value-Added Work Plan is based on the Partnership's Ten-Year Strategic Plan and its eight Strategic Objectives with the (mostly) 2011 indicators and targets. Milestones for 2008 that will lead towards the 2011 targets were defined and for each milestone the appropriate indicators were chosen.

The value-added concept is central to this work plan. The only justification for the Partnership is through the added value it can bring to the area of maternal, newborn and child health by partners working together to achieve common goals that are beyond the reach of individual partners. A value-added activity is defined as a new activity or an extension of a current activity which will be undertaken because of membership in the Partnership and which contributes to the achievement of the Partnership's Strategic Objectives, and falls beyond regular responsibilities.

Part 1, which is this document, describes the activities of partners and the secretariat leading to the achievement of milestones. Part 2 of the work plan includes the budget, including the identification of earmarked funding from different partners, and a timeline of activities. Annex 1 contains a list of priority countries.

The content of the work plan is largely what was presented to the PMNCH Board on December 2-3, 2007 in Addis Ababa. Revisions have been made to reflect the Board discussion.

The main revisions and some further explanations are the following:

1. The budget is divided into activities for which funding is available (US\$ 8.3 million) and unfunded activities (US\$ 6 million). The overall total (US\$14.3 million) is slightly higher than before due to more detailed costing. Unfunded activities are the remaining activities that have been defined by the working groups as essential for reaching the Partnership objectives but for which funding is not available today.
2. The budget has now been divided into activities for which funding is available, \$6.5 and into un-funded activities, \$7.8. The overall total, \$14.3, is slightly higher than before due to more detailed costing. Un-funded activities will only be implemented if and when additional funding is made available.
3. The detailed budget reflects attribution to the source of the earmarked funds.
4. Work area 1 - "Global, regional and country political advocacy" - largely remains as presented before.
5. Work area 2 - "Country support and facilitation" - has been significantly revised as agreed by the Country Support Working Group at their meeting on December 1, 2007 in Addis Ababa.
6. Work area 3 - "Harmonizing partners and increasing aid effectiveness" - has been expanded.
7. Work area 4 - "Monitoring" - largely remains as presented before.
8. Work area 5 - "Core partnership functions" - largely remains as presented before.
9. The external evaluation has been marked "To be led by the Board" and secretariat activities have been removed from this item. It will have to be funded separately.

The Strategic Objectives of the Partnership are to:

1. Include maternal, newborn and child health (MNCH) as a core component of national development plans and investment plans
2. Mobilize resources and advocate for increased commitment to MNCH
3. Align partner resources and action, at global, regional and national levels
4. Catalyze implementation at scale of national MNCH plans and essential packages of interventions
5. Strengthen national health systems (including human resources, financing and commodities) to support MNCH.
6. Improve equity in coverage of essential MNCH services
7. Increase demand for MNCH essential services
8. Monitor progress towards the achievement of MDGs 4 and 5 and feed results into decision- making processes at all levels.

List of acronyms:

ADB	Asian Development Bank	MNCH	Maternal, newborn and child health
AED	Academy for Educational Development	MOH	Minister of Health
AMREF	African Medical & Research Foundation	NHA	National Health Accounts
CSWG	Country Support Working Group	ODA	Overseas Development Assistance
DRC	Democratic Republic of Congo	RNPMM	Regional Network for Prevention of Maternal Mortality
ECSA-HC	East, Central and Southern Africa Health Community	SNL	Saving Newborn Lives
FCI	Family Care International	TICAD	Tokyo International Conference on African Development
HSS	Health Systems Strengthening	TORs	Terms of Reference
HCP	Health Care Professional	UNGASS	United Nations General Assembly Special Session
HCPA	Health Care Professional Association	WAHO	West African Health Organization
HHA	Health Harmonization for Africa	WD	Women Deliver
HMN	Health Metrics Network	RHR	Reproductive Health Research
ICRW	International Center for Research on Women	WG	Working Group
IHP	International Health Partnership		
IHRDC	Ifakara Health Research and Development Centre		
IPU	Inter Parliamentary Union		
JOICFP	Japanese Organization for International Cooperation in Family Planning		
LAC	Latin America and the Caribbean		
M&E	Monitoring and Evaluation		
MDG	Millennium Development Goal		
MICS	Multiple Indicator Cluster Surveys		

About numbers:

The numbers used in this work plan reflect the link between milestones and Strategic Objectives. In the column on the left-hand side (below) the first number for each milestone represents the corresponding Strategic Objective. The second number represents the order of the milestone falling under each Strategic Objective.

Milestones, Indicators and Activities by Work Area

Area 1: Global, Regional and Country Political Advocacy

Strategic Objective 2: Mobilize resources and advocate for increased commitment to maternal, newborn and child health

Indicator/Target: By 2008, G8 leaders and other donor countries will have committed and begun to disburse an additional \$3.5b/yr of new funds for the achievement of MDGs 4 and 5

Milestone	Indicator	Working Group Area	Partner Activities	Secretariat Activities
DEFINE				
2.1 Existing maternal, newborn and child health advocacy messages and tools mapped	Inventory of advocacy modules, messages and tools created Best practices and gaps identified	Advocacy	P1. USAID/Academy for Educational Development (AED): Adapt and use REDUCE/ALIVE advocacy toolkit for maternal and newborn health P2. Family Care International (FCI): update Women Deliver website and tools, including generic presentations and “What’s Next” guidelines for countries	S1. Coordinate mapping exercise of existing advocacy messages and tools in collaboration with partners
2.2 Common vision and message platform for the continuum of care developed	Initial advocacy and message platform available, incorporating continuum of care	Advocacy and research team	P3. Save the Children/SNL, WHO RHR: Gather evidence related to integration of MNCH services into a continuum of care to prepare for publication in the Lancet MDG Integration series in 2009 P4. Save the Children/SNL: engage Safe Motherhood and Neonatal Committees with different constituencies in LAC (Guatemala and Bolivia), Africa (Mali and Ethiopia), and Asia (Nepal and Bangladesh) to analyze common MNCH messages	S2. Convene consultation resulting in initial vision statement and messaging platform
UNITE				
2.3 Global level: Joint advocacy drive “Deliver Now for Women + Children” implemented	“Deliver Now for Women + Children” developed into an inclusive global advocacy drive for MDGs 4 and 5 with strong civil society engagement	Advocacy	P5. Save the Children/SNL: involve Save the Children Alliance to join “Deliver Now” campaign	S3. Engage a range of constituencies in an inclusive advocacy drive for MDGs 4 and 5, notably to influence the G8 summit agenda

Milestone	Indicator	Working Group Area	Partner Activities	Secretariat Activities
	Stakeholders from key constituencies committed to promoting “Deliver Now” advocacy agenda in advance of the G8 2008 Summit		<p>P6. FCI: Link Women Deliver follow-up activities to “Deliver Now”, participate in joint messaging</p> <p>P7. Group of International NGOs (CARE, Plan International, World Vision, CONCERN, Save the Children) and UNICEF: Develop synergies between “Global Movement for Children Campaign” and “Deliver Now”</p>	S4. Organize session at Inter-Parliamentary Union (IPU) Assembly to present main findings of Countdown to 2015 report, and related advocacy follow-up
Regional level: Joint advocacy drive “Deliver Now for Women + Children” implemented at key regional events	Key regional opportunities to launch “Deliver Now” identified, designed and implemented	Advocacy	<p>P8. USAID/AED: Involve East, Central and Southern African Health Community (ECSA-HC) and West African Health Organization (WAHO) for regional, subregional, and country-level launch of “Deliver Now”</p> <p>P9. Regional Network for Prevention of Maternal Mortality (RNPMM): build capacity of national and regional NGOs, health professional associations and civil society organizations</p>	<p>S5. Organize session at Tokyo International Conference for African Development (TICAD), Yokohama, Japan, to advocate for increased investment in MNCH from G8 countries</p> <p>S6. Organize session at 11th Session of Islamic Summit Conference of 2008 to advocate for increased investment in MNCH from Islamic countries</p> <p>S7. Coordinate regional launch of “Deliver Now” in Latin America</p>
Country level: Public and political support for MNCH generated	“Deliver Now” rolled out in two IHP first-wave countries (Tanzania, India) and in Japan, Italy	Advocacy	<p>P10. Save the Children/SNL: support key constituencies during the launch “Deliver Now” campaign in six countries (two each in LAC, Asia, Africa)</p> <p>P11. White Ribbon Alliance: Roll-out the “Deliver Now” advocacy</p>	<p>S8. Support and collaborate with partners to roll out “Deliver Now” in two IHP first-wave countries (Tanzania and India)</p> <p>S9. Work with lead NGOs,</p>

Milestone	Indicator	Working Group Area	Partner Activities	Secretariat Activities
Regional level: Joint advocacy drive “Deliver Now for Women + Children” implemented at key regional events	Stakeholders from key constituencies committed to promoting “Deliver Now” advocacy agenda in advance of the G8 2008 Summit		campaign at national and sub-national level, which includes developing advocacy and leadership skills among NGOs and media capacity to report on MNCH (two states in India), and conducting social mobilization training of NGOs in five under-served districts in Tanzania	JOICFP and AMREF to implement roll-out in Japan and Italy S10. Disseminate results of advocacy impact at country-level
SHOUT				
2.4 Media visibility for MNCH issues generated in cooperation with partners	Quantity and quality of media coverage, including top-tier media, improved	Advocacy	<p>P12. USAID/AED: Promote issues through East African Network of journalists with thematic seminars</p> <p>P13. Save the Children/SNL: identify strategic opportunities in countries and region; work with governments to develop media coverage and regional commitment; and train national committees to work with media and develop advocacy campaigns</p> <p>P14. FCI: explore follow-up to action recommendations from Women Deliver, incl. Ministers’ Forum; advocate for reproductive health target for MDG 5; and participate in Countdown planning and Lancet issue</p>	<p>S11. Develop media campaign to promote global visibility for MNCH</p> <p>S12. Maximize coordination of media visibility for MNCH issues</p> <p>S13. Develop and execute media and communication strategy for Countdown to 2015 launch</p> <p>S14. Support media visibility for MNCH at Tokyo International Conference for African Development, Yokohama, Japan</p> <p>S15. Support media visibility of MNCH at G8 Summit, Japan</p>
2.5 Effective media and communication materials for web, TV, radio and print developed and disseminated	Increased quantity and improved quality of media and communications materials; materials produced and disseminated in cooperation with partners	Advocacy	P15. FCI: prepare and disseminate presentations based on ICRW background paper for WD (“Invest in Women – It Pays”); and continue to disseminate WD press kit materials	S16. Develop and distribute media and communication materials which maximize cooperation with partners

Milestone	Indicator	Working Group Area	Partner Activities	Secretariat Activities
2.6 Coordinated media calendar developed	Coordinated media calendar available for use by all partners	Advocacy	P16. USAID/AED: provide a list of activities to be funded by USAID/AED/Africa 2010 involving the media	S17. Develop a coordinated media and events calendar including planned events related to MNCH & advocacy opportunities, 2008-10
2.7 Champions for the cause of MNCH identified, enlisted and promoted	<p>Global Network of Leaders engaged in global campaigns and events, including the roll-out of “Deliver Now”</p> <p>Number of global and national champions enlisted and mobilized</p>	Advocacy	<p>P17. Advocacy WG: Develop opportunities for public engagement of champions (op-eds, speeches, tours)</p> <p>P18. USAID/AED: with WAHO identify champions in selected West African countries to promote FP/MNCH using the Repositioning Family Advocacy Toolkit</p> <p>P19. RNPMM and HCPs: identify champions and advocate at national, regional and international levels especially to national policy makers and professional organizations</p>	S18. Coordinate with partners to mobilize leaders and champions for MNCH
TRACK				
2.8 Mechanism to track political commitment and media coverage on MNCH put in place	<p>Number of public statements and political speeches in support of MNCH</p> <p>Number of high-level meetings in which MNCH is included on the agenda</p> <p>Number of signed commitments to MNCH by political leaders</p> <p>Media monitoring tool in place for stories related to MNCH and the Partnership/ partners</p> <p>Media coverage shared with partners</p>	Advocacy	<p>P20. USAID/AED: provide quarterly media reports from the Information Communication, Dissemination (ICD) Officer of ECSA-HC</p> <p>P21. Save the Children/SNL: provide annual reports in country of intervention.</p>	<p>S19. Monitor public statements, high-level meetings, signed commitments for MNCH</p> <p>S20. Put in place media monitoring tool and system for sharing with partners</p>

Area 2: Country Support and Facilitation

Strategic Objective 1: Include MNCH as a core component of national development and investment plans

Indicator/Target: By 2011, 25 high-burden countries will have included MNCH as a core component of national development and investment plans

Milestone	Indicator	Working Group Area	Partner Activities	Secretariat Activities
1.1 10 countries have access to technical support for planning and budgeting processes and for individual MNCH program components	Mapping of partner support Number of country requests for support Number of countries having received TA	Country Support	P22. Country Support Working Group (CSWG) core members: Provide input on organizational and constituency capabilities and requirements to provide country assistance. P23. Partners (varies by country): Conduct technical support activities in countries that have requested support (based on demand).	S21. Define and map partner capacities to provide support S22. Identify requests for support S23. Coordinate provision of support S24. Provide funding support for technical assistance by NGOs, professionals, and others without self-funding capacity
1.2 10 countries have access to useful models for integrated MNCH components in national health plans	Sample framework/template for continuum of care-based MNCH plan developed and available Examples of MNCH “OnePlans” identified and made available	Country Support	P24. CSWG core members: With Secretariat and consultant identify tools for analysis and develop sample framework/template for identifying components for integrated MNCH plan. P25. CSWG Core members: Identify good examples of integrated MNCH plans. Advocate for use of framework.	S25. Participate in development of framework S26. Hire consultant to develop framework for identifying components for integrated MNCH plan S27. Disseminate framework and MNCH “OnePlan” examples
1.3 60 countries have access to tools and experiences for MNCH scale up (costing, MNCH specific program)	Number of countries in which appropriate tools applied	Country Support	P26. CSWG Core members: With Secretariat and partners, determine most appropriate tools for planning and costing MNCH scale-up (based on outcomes of costing tool “harmonization” exercise).	S28. Complete review of costing tools related to health MDGs, and develop user-friendly overview that describes the purpose of each tool, its use, and the resource needed to use it.

Milestone	Indicator	Working Group Area	Partner Activities	Secretariat Activities
			<p>P27. CSWG Core members: With Secretariat, advise countries on use of most appropriate tools</p>	<p>S29. Make tools easily available to countries through various means of communication (website and others).</p> <p>S30. Develop effective mechanism to facilitate country requests for assistance from partner organizations in the use and adaptation of costing tools (incl. making list of agencies available on website).</p>
1.4 60 countries have access to different models and best practices on areas of scale up, equity, advocacy for MNCH	<p>Number of areas for which models and best practices are developed</p> <p>Number of countries to which best practices and models disseminated</p>	Country Support, Effective Interventions & M & E Working Groups	<p>P28. CSWG Core members: Identify areas for which models and best practices are needed.</p> <p>P29. CSWG Core members: With Secretariat, countries, and partners, identify best practices to be documented and shared.</p> <p>P30. CSWG Core members: With Secretariat, countries, partners, and consultant(s), participate in planning and review of documentation of selected practices.</p> <p>P31. CSWG Core members: With Secretariat, countries, and partners, plan and participate in multi-country experience-sharing activity on good practices in coordination, scale-up, and health systems/capacity strengthening linked to improved MNCH coverage and outcomes</p>	<p>S31. Coordinate planning for documentation of selected best practices and models; with CSWG and partners, identify consultants and process of documentation; fund consultants as needed.</p> <p>S32. With countries, partners, and CSWG, coordinate and manage planning, funding, and implementation of multi-country experience-sharing activity on good practices in coordination, scale-up, and health systems/capacity strengthening linked to improved MNCH coverage and outcomes.</p> <p>S33. Disseminate documented models and best practices to additional countries.</p>

Strategic Objective 4: Catalyze implementation at scale of national MNCH plans and essential packages of interventions Indicator/Target: By 2011, at least three highest impact maternal interventions, three highest impact child interventions,

and at least two highest impact newborn care interventions, reach at least 80% of families in all high-burden countries

Milestone	Indicator	Working Group Area	Partner Activities	Secretariat Activities
4.1 Country specific MNCH plan developed , budgeted and funding commitments obtained for 6 PMNCH grant recipient countries	<p>National plans include MNCH plans</p> <p>MNCH plans are budgeted</p> <p>Funding has been committed for activities in plan</p>	Country Support	<p>P32. CSWG core group: Review proposals for support submitted by Nigeria, Ethiopia and DRC, and advise on necessary changes and way forward</p> <p>P33. Government of Nigeria: Implement Partnership approved proposal</p> <p>P34. Government of Ethiopia: Implement Partnership approved proposal</p> <p>P35. Government of DRC: Identify a national MNCH coordination mechanism and needs for support to create an enabling environment for MNCH</p> <p>P36. CSWG core group: Identify experts for the provision of technical support requested in the proposals</p> <p>P37. UNICEF/UNFPA/WHO: conduct workshops in Burkina Faso, Malawi and Mozambique which bring together MNCH professional and advocates to obtain balanced perspectives in country MNCH plans</p> <p>P38. WHO: Chair PMNCH grant management committee.</p>	<p>S34. Coordinate approval process for proposals submitted by Ethiopia, Nigeria and DRC.</p> <p>S35. Coordinate and follow up on the provision of support requested in the proposal</p> <p>S36. Support meetings and function of PMNCH grant management committee.</p>
4.2 Capacity to support implementation of the MNCH component of national health plans in place in Burkina Faso, Malawi and Mozambique	<p>High level advocacy visits undertaken</p> <p>Technical support provided to partners involved in the implementation of the MNCH component of the national plan</p>	Country Support	<p>P39. UNICEF/UNFPA/WHO: undertake high level visits to regional and national political leaders to increase commitment and resources for implementation</p> <p>P40. UNICEF/UNFPA/WHO: conduct workshops on the operationalization of the MNCH component of the national health plans</p>	<p>S37. Organize and participate in advocacy efforts.</p> <p>S38. Assist with additional technical support if requested.</p>

Milestone	Indicator	Working Group Area	Partner Activities	Secretariat Activities
			<p>P41. UNICEF/UNFPA/WHO: provide technical support to partners involved in the implementation of the MNCH component of the work plan</p> <p>P42. CSWG and partners to support as requested.</p>	
4.3 Regionally based mechanism, investment case, and collaboration for supporting MNCH established for Asia	Mechanism established and functioning	Country Support	<p>P43. UNICEF/Bangkok to host consultant and provide logistical support.</p> <p>P44. ADB: Develop investment case.</p> <p>P45. Partners: provide input into the investment case during the developmental phase.</p> <p>P46. Partners: participate in collaborative advocacy and country level activities.</p>	<p>S39. Define structure.</p> <p>S40. Recruit senior consultant to be based in the region</p> <p>S41. Provide assistance and input to development of investment case.</p>
<p>Strategic Objective 5: Strengthen national health systems, including human resources, to support MNCH</p> <p>Indicator/Target: By 2011, fully functional health system delivers essential MNCH package in all high-burden countries</p>				
5.1 Improved human resource capacity for MNCH at country level through strengthened national Health Care Professional Associations in 22 countries.	National action plans for HCPAs in 10 countries	Country Support and Advocacy	<p>P47. Health Care Professional Associations (HCPA) advisory group: provide guidance to national & regional professional associations through workshops, TA, and in-country capacity development</p> <p>P48. Partners: actively participate in workshops and increase involvement of prof associations in MNCH efforts in countries.</p> <p>P49. Partners: implement recommendations made during workshop pertaining to their organizations</p>	S42. Organize regional workshops in Burkina Faso and Pakistan for health care professional associations

Area 3: Harmonizing Partners and Increasing Aid Effectiveness

Strategic Objective 3: Align PMNCH partner resources and action

Indicator: By 2011, PMNCH activities harmonized to reduce duplication and increase impact in all 60 high-burden countries

Milestone	Indicator	Working Group Area	Partner Activities	Secretariat Activities
<p>3.1 Global level: Policy statement and checklist for harmonization and alignment developed and adopted by the PMNCH Board</p> <p>MNCH incorporated into new global health initiatives and partnerships, and into ongoing work of key partners</p> <p>Effective interventions for MNCH agreed by all partners</p>	<p>Policy statement and check-list adopted and available</p> <p>Review completed</p> <p>Consensus reached on content of essential MNCH packages</p>	Secretariat and Effective Interventions	<p>P50. All partners: Incorporate Paris Declaration on Harmonization into partner investments for MNCH</p> <p>P51. In collaboration with HCPs WHO will: Map and review evidence of essential MNCH interventions, packages and delivery strategies; identify gaps in knowledge and research</p> <p>P52. In collaboration with HCPs WHO will: Reach consensus on content of essential MNCH package/s through consensus meeting</p> <p>P53. In collaboration with HCPs WHO will: Disseminate essential MNCH interventions/packages</p> <p>P54. Review existing global funding mechanisms for MNCH and assess options for creating funds for MNCH.</p>	<p>S43. Draft statement to ensure a uniform message, in collaboration with other partnerships</p> <p>S44. Draft checklist based on Paris Declaration and the International Health Partnership (IHP) compact</p> <p>S45. Participate in GAVI HSS Task Team, Health Metrics Network, Health Workforce Alliance, GFATM working groups and processes, and assist in developing MNCH content</p> <p>S46. Disseminate report on essential MNCH packages to partners</p>
<p>3.2 Regional level: Discussion of aid effectiveness for MNCH increased in key fora</p>	<p>Number of high level meetings where aid effectiveness for MNCH is a discussion point</p>	Secretariat	<p>P55. All partners: Introduce aid effectiveness for MNCH as an explicit discussion point in global and national fora, specifically the 2008 Accra meetings following up on the Paris Declaration, and Lancet MDG integration series (see also Area 1: 2.2)</p>	<p>S47. Write to Accra meeting organizers with a concept note on aid effectiveness</p> <p>S48. Contribute to paper on aid effectiveness for MNCH in the Lancet Integration series (2009)</p>

Milestone	Indicator	Working Group Area	Partner Activities	Secretariat Activities
3.3 Country level: Effective national coordination mechanism (including all six Partnership constituencies) for MNCH supported in 10 countries	Number of countries with effective national coordination mechanisms	Country Support	<p>P56. CSWG Core members: Identify affordable and cost-effective ways to strengthen coordination and participation by NGOs, professionals, and other constituencies in partner countries. Explore synergies with IHP, the Catalytic Initiative and other relevant initiatives in countries.</p> <p>P57. CSWG Core members: With Secretariat, countries, and partners, plan and participate in multi-country experience-sharing activity on good practices in coordination, scale-up, and health systems/capacity strengthening linked to improved MNCH coverage and outcomes (also 1.4 & 1.5).</p> <p>P58. Consider identification of focal partner for the Partnership in 10 countries.</p> <p>P59. NGO constituency: Conduct in-country NGO workshops in 3 countries</p>	<p>S49. Disseminate 'Operationalizing Country Support' to countries.</p> <p>S50. Determine capabilities for assistance in coordination-strengthening by HHA, UN partner regional offices, and other mechanisms; manage coordination of inputs with these mechanisms.</p> <p>S51. Coordinate and manage planning, funding, and implementation of multi-country experience-sharing activity on good practices in coordination, scale-up, and health systems/capacity strengthening linked to improved MNCH coverage and outcomes</p>

Area 4: Monitoring

Strategic Objective 8: Monitor progress towards the achievement of MDGs 4 and 5 and feed results into decision-making processes at all levels

Indicator/Target: By 2011, common set of MNCH indicators applied across the board and results fed back into country and global dialogue in all high-burden countries

Milestone	Indicator	Working Group Area	Partner Activities	Secretariat Activities
8.1 Global and country-level tracking of MNCH coverage, policy, equity, and financial flows conducted	<p>Report of Countdown 2015 , including country profiles, available</p> <p>Report on analysis of equity available</p> <p>Report on tracking of domestic and external resources available</p> <p>Report on evidence of best practices for reducing inequities in MNCH available</p> <p>Number of countries in which sub-accounts of National Health Accounts (NHA) have been applied</p>	Monitoring and Evaluation	<p>P60. London School of Hygiene and Tropical Medicine: update analysis of ODA to MNCH in priority countries with 2005 and 2006 data</p> <p>P61. Countdown Core Group - John Hopkins: Data analysis and reporting based on HMN and MICS for the writing of Countdown report and reference document.</p> <p>P62. Countdown Core Group-UNICEF: Compile information and complete Countdown country profiles</p> <p>P63. Countdown Core Group -Lancet: Publish Lancet Special Countdown Issue.</p> <p>P64. Countdown Core Group - WHO: Compile Analysis of indicators equity for coverage of MNCH intervention</p> <p>P65. M&E WG: Collect and compile evidence on best practices for reducing inequities in MNCH</p> <p>P66. M&E WG: Promote capacity development for M&E at country level as part of country MNCH plan through workshops</p> <p>P67. WHO: Conduct National Health Accounts (NHA) sub-accounts analysis in two countries</p>	<p>S52. Disseminate findings of analysis of ODA and National Health Accounts sub-accounts analysis for MNCH</p> <p>S53. Lead organization, fund-raising effort, and promotion of the "Countdown 2015" conference</p> <p>S54. Facilitate Countdown Secretariat, Core Group and working groups</p> <p>S55. Disseminate results, reports and country profiles</p> <p>S56. Contribute to writing of articles for Lancet publication on inequities in MNCH and best practice.</p>
8.2 Platform for harmonization and strengthening of existing measurement mechanisms relevant for MNCH provided	<p>Report of event available</p> <p>Agreement on impact model by partners of the PMNCH grant</p>	Monitoring and Evaluation	P68. M&E WG: develop a monitoring strategy and evaluation framework for components of the Global Campaign for Health MDGs	S57. Coordinate monitoring strategy and evaluation framework development exercise

Milestone	Indicator	Working Group Area	Partner Activities	Secretariat Activities
	<p>Country level assessment and impact modeling training organized</p> <p>Agreement about global MNCH indicators to track progress.</p>		<p>P69. PMNCH grant evaluation team: develop and agree on an impact model and framework in each of the six PMNCH grant countries</p> <p>P70. PMNCH grant evaluation team: organize training in the use of country level assessment and impact modeling tools for partners, MoH and technical consultants involved in the roll out of the PMNCH grant.</p> <p>P71. Johns Hopkins University: Develop impact model for MNCH interventions</p>	<p>S58. Write research paper on harmonization of health MDG measurement</p> <p>S59. Organize event to promote harmonization of measurements of health MDGs (e.g. Global Campaign, International Health Partnership, Catalytic Initiative) and promote integration of tracking of MNCH indicators, in collaboration with e.g. Health Metrics Network</p>
8.3 Evidence of advocacy impact collected	<p>Study on public education campaigns, NGO and media capacity building completed</p> <p>Study on measurement of pre and post coverage of MNCH completed</p>	Advocacy	<p>P72. Advocacy WG: Design and implement studies and indicators to guide and monitor public education campaigns, NGO and media capacity building</p> <p>P73. Advocacy WG: Design and implement studies to measure pre and post coverage of MNCH</p>	S60. Disseminate results of studies
8.4 External evaluation of PMNCH implemented	Evaluation report available	Evaluation Committee of the Board	P74. Develop an evaluation framework for PMNCH and TORs for an external evaluation team	Comment: Evaluation to be led by the Board

Area 5: Core Partnership Functions

Milestone	Indicator	Partner Activities	Secretariat Activities
Value-added work plan for 2009 developed	Value-added work plan for 2009 approved by the Board	<p>P75. Ad-hoc workplan WG: support development of value-added workplan for 2009</p> <p>P76. All WGs: participate in development of 2009 workplan</p>	<p>S61. Coordinate development of value-added workplan for 2009 through a collaborative, consultative process involving PMNCH constituencies and WGs</p> <p>S62. Organize face-to-face meeting of ad-hoc workplan WG</p>
Partnership membership base increased	Number of new partners in 2008		<p>S63. Develop and implement a strategic approach to expand membership base, including creating and establishing a community of practice approach within the PMNCH website.</p> <p>S64. Initiate preparation for Partners' Forum 2009 (Asia).</p>
Fully-functioning working groups sustained	Four working groups functioning with approved work plans	<p>P77. Chairs of WGs (lead implementation of planned activities):</p> <p><i>Advocacy:</i> Arletty Pinel (UNFPA) and Doyin Oluwole (AED)</p> <p><i>Country Support:</i> Al Bartlett (USAID) and Nancy Terreri (UNICEF)</p> <p><i>Effective Interventions:</i> Monir Al-Islam (WHO), Elizabeth Mason (WHO), Zulfiqar Bhutta (Aga Khan University)</p> <p><i>Monitoring and Evaluation:</i> Hassan Mshinda, (IHRDC)</p>	<p>S65. Facilitate/convene working group meetings, at least two face-to-face meetings per working group and phone calls when necessary.</p> <p>S66. Share information on working group activities with all partners through monthly updates.</p>

Milestone	Indicator	Partner Activities	Secretariat Activities
Fully-functioning Board sustained	Board meetings well managed Board manual procedures and responsibilities developed	<p>P78. Board members: Participate in board meetings</p> <p>P79. Board members: Identify high-profile opportunities and venues where the Partnership can enhance MNCH visibility</p>	<p>S67. Organize and facilitate two Board meetings during 2008; coordinate three Board subcommittees (finance, governance and publications).</p> <p>S68. Engage consultant to draft Board manual, review and finalize</p>
Fully-functioning Secretariat sustained	Vacant posts filled Website updated regularly Adequate office facilities and equipment available	<p>P78. Board members: Participate in board meetings</p> <p>P79. Board members: Identify high-profile opportunities and venues where the Partnership can enhance MNCH visibility</p>	<p>S69. Recruit staff per approved organigram</p> <p>S70. Enhance and maintain main PMNCH website, including monthly E-Bulletins</p> <p>S71. Review adequacy of office space, as needed</p> <p>S72. Prepare financial sustainability analysis for the Partnership</p>