

*Summary of Priority Action Areas
Presentation by PA Leaders*

PMNCH Board
19 -20 Feb 2009

Priority Action -Title	Outputs (What Partners will deliver)	Objectively Verifiable Indicators (2009)	Objectively Verifiable Indicators (2010-2011)	Indicative Budget (\$000)		
				2009	2010	2011
1. Advocacy for increased funding and for better positioning MNCH in Health Systems initiatives	1.1 Consensus on critical MNCH Health Systems investments 1.2 Effective channels for funding MNCH 1.3 Advocacy to high level actors (G8, HLTF) 1.4 Partner mobilization	- Establish interagency working group on costing. - Paper with 'price tag' for priority countries & on effective channelling of funds - G8 events	- Critical HS indicators identified and disseminated - Constraints to scale up identified - Inputs to joint UN costing tool development - Inputs provided for national health plans - IHPcompact - Advocacy deliverables.	100	246	100

Priority Action -Title	Outputs (What Partners will deliver)	Objectively Verifiable Indicators (2009)	Objectively Verifiable Indicators (2010-2011)	Indicative Budget (\$000)		
				2009	2010	2011
2. Develop costed national strategies for advocacy and community outreach for increased availability and use of MNCH services	2.1 Civil Society (CS) alliances to generate community pressure for funding 2.2 Costed strategies to request, access and use quality HS 2.3 Enhance M&E for demand creation (5 countries)	- Strategies developed on health-seeking beh. -CS networks developed -80% countries abolished user fees - Advocacy campaigns on quality health services	1- 5 countries with MNCH national policies and able to incorporate demand outputs and impact data into a database	450	150	150

Priority Action -Title	Outputs (What Partners will deliver)	Objectively Verifiable Indicators (2009)	Objectively Verifiable Indicators (2010-2011)	Indicative Budget (\$000)		
				2009	2010	2011
3. Identify gaps in delivery of existing MNCH Core Package of interventions and prioritize implementation research	3.1 Dissemination of current package of interventions across the continuum 3.2 Mapping of ongoing research on MNCH delivery interventions 3.3 Identification of gaps in evidence and agreement on research needed resources mobilised for identified r&d 3.4 Consensus on new evidence 3.5 Advocacy for implementation	- Up-to-date report on key MNCH interventions and level of delivery - Mapping of research and gaps in research identified to complete evidence	Advocacy implemented	200	65	165

Priority Action -Title	Outputs (What Partners will deliver)	Objectively Verifiable Indicators (2009)	Objectively Verifiable Indicators (2010-2011)	Indicative Budget (\$000)		
				2009	2010	2011
4. Supplies and commodities needs met in selected MNCH priority countries	<p>4.1 Develop basket of essential commodities</p> <p>4.2 Review costing tools supply elements</p> <p>4.3 Promote commodity security for national plan</p> <p>4.4. Assess global availability of commodities & options</p>	<p>- List of commodities</p> <p>- Expert meeting held</p> <p>- Costing tool defined</p> <p>- Strategic plan developed (5 countries)</p> <p>- Mapping PPPs</p>	- Strategic plan implemented in 5 countries	185	700	655

Priority Action -Title	Outputs (What Partners will deliver)	Objectively Verifiable Indicators (2009)	Objectively Verifiable Indicators (2010-2011)	Indicative Budget (\$000)		
				2009	2010	2011
5. National plans including human resources requirements	5.1 Strategy to include Health Care Providers (HCP) in national planning 5.2 Scale-up integration of HCP in 17 countries 5.3 Costing strategies	- Situation analysis & follow up plan done for 17 countries - M&E process developed - Annual global HCP, UN Agencies and Donors meeting - Two HCP workshops	- Strategy for inclusion of HCP developed - HR policies in countries	605	235	140

Priority Action -Title	Outputs (What Partners will deliver)	Objectively Verifiable Indicators (2009)	Objectively Verifiable Indicators (2010-2011)	Indicative Budget (\$000)		
				2009	2010	2011
6. Robust knowledge resources on MNCH readily available through managed portal	6.1 “Map” existing knowledge resources 6.2 Create knowledge portal 6.3 Maintain portal 6.4 Identify status of knowledge on critical issues for MNCH and flag gaps to PMNCH Board	- “Map” available - Portal designed - Guidelines available on knowledge status reports - First knowledge status report available.	- Fully operational portal - Kn products from other PA areas in portal - Kn. status prioritised MNCH issues & gap resolution decided by Board.	325	225	225

Priority Action -Title	Outputs (What Partners will deliver)	Objectively Verifiable Indicators (2009)	Objectively Verifiable Indicators (2010-2011)	Indicative Budget (\$000)		
				2009	2010	2011
7. Accountable partners for MNCH	7.1 <i>OTHER accountability tasks (to be defined)</i> 7.2 CD advocacy 7.3 CD meeting 7.4 Support CD-WGs	- Accountability outputs defined - Advocacy activities progress report	- Advanced preparations for CD mtg and document launch.	650	1,450	250

Priority Actions	2009				2010				2011		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
PA1: Advocacy for increased funding and for better positioning MNCH in Health Systems initiatives	Output 1: Identify Health System Investments that need to be made to achieve MDGs 4 and 5 related outcomes										
	Output 2: Effective channels for funding of MNCH and ways to increase financing identified										
	Outputs 3-4: Mobilization & partner coordination, advocacy on key MNCH messages for G8 and other partners, help HLTF to raise the additional US\$ 30 bn										
PA 2: Develop costed national strategies for advocacy and community outreach for increased availability and use of MNCH services			Output 1: Civil society to generate com. pressure for policies, funding for MNCH programs								
			Output 2: Support costed strategies for the health-seeking behavior by communities								
					Output 3: Enhance country's capacity for monitoring & evaluation of impact of demand creation strategies						
PA3: Identify gaps in delivery of existing MNCH Core Package of interventions and prioritize implementation research		Output 1: Disseminate MNCH delivery int. packages									
		Output 2: Mapping and gap identification									
					Outputs 3-4-5: Funds mobilized for research/consensus building and agreement/advocacy for implementation						
PA4: Supplies and commodities needs met in selected MNCH priority countries		Output 1: Supply component of MNCH interventions									
					Outputs 2-3: Supply components of costing tools/MNCH commodity security as a critical element of plans and budgets						
					Output 4: Assess global availability of commodities						

Priority Actions	2009				2010				2011			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	
PA5: National plans including human resources requirements		Ouput 1: Strategy for HCPs to increase their contribution to MNCHplans										
			Output 2: Scaling-up HR strategies and integration into National Health Care Planning in 17 countries									
			Output 3: Costing strategies for scaling-up HR for health (Drs, Nurses, MWs, other MNCH health care providers, other Civil Society actors).									
PA6: Robust knowledge resources on MNCH readily available through managed portal		Output 1: Mapping										
				Outputs 2-3: Proactive managed portal created, Strategies and mechanisms implemented for maintaining portal								
				Output 4: Knowledge on critical issues identified through portal and key “gaps” flagged back to the PMNCH for “resolution”								
PA7: Accountable partners for MNCH			Output 4: Define the Outputs for Accountability Action									
					Outputs 1-2-3: Countdown work							