

2010 Workplan and Budget

Priority Action I - MNCH Knowledge Management System

Outputs	Objectively Verifiable Indicators (OVI)	2010 Budget <i>Approved at Board in Dec 2009</i>	Deliverables/Milestones	2010 Budget Revised
1. Knowledge mapping secondary analysis: disaggregating Maternal Newborn, and Child health resources.	1.1 Report with secondary analysis of MNCH knowledge resources and other data requested in the TORs.	0	Issue contract for secondary analysis of knowledge resources.	15,000
2. Knowledge system and web portal created and sustained.	2.1 Knowledge management system and web portal launched; 2.2 Number and frequency of system updates to integrate new knowledge products identified, including those in other PAs.	235,000	Develop knowledge systems and web portals in order to promote utilization and conduct evaluations of the MNCH knowledge system.	183,000
3. Knowledge summaries on critical issues for MNCH and key "gaps" flagged to the PMNCH Board.	3.1 Number of knowledge summaries prepared (by request/ demand from other Priority Action areas, the Board or from other countries); 3.2 Number of knowledge gaps 'flagged to Board'.	175,000	Development of knowledge summaries, synthesis reports on identified gaps: and opportunity-specific policy briefs.	212,000
Total		410,000		410,000
Staff travel		25,000		25,000
TOTAL BUDGET FOR PA I		435,000		435,000

Priority Action 2 - MNCH Core Package of Interventions

Outputs	Objectively Verifiable Indicators (OVI)	2010 Budget <i>Approved at Board in Dec 2009</i>	Deliverables/Milestones	2010 Budget Revised
1. Consensus developed on content of MNCH package of interventions at each level of the health care delivery system and agreement on how to scale up.	1.1 Consensus document based on existing information.	100,000	Consensus reached on the content of MNCH package of interventions and identification of areas for further research.	100,000
2. Research gaps within content of core packages of interventions identified; ongoing research, mapping and synthesis.	2.1 Research papers on gaps and scale up opportunities / approaches.	190,000	Identification of research gaps and scaling up requirements.	280,000
3. Consensus built on revised core MNCH packages and agreement reached on how to scale up implementation.	3.1 Drafting consensus document, including research on gaps and scale up opportunities / approaches.	0	Initiate work to augment the original Consensus Document to include results of gap research and scaling up studies.	10,000
Total		290,000		390,000
Staff travel		10,000		10,000
TOTAL BUDGET FOR PA2		300,000		400,000

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

Outputs	Objectively Verifiable Indicators (OVI)	2010 Budget <i>Approved at Board in Dec 2009</i>	Deliverables/Milestones	2010 Budget Revised
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 25 countries).	300,000	Review of new financing mechanisms to seek funding based on a minimal package of interventions, extraction of evidence from supply databases for assessment and a consensus meeting.	300,000
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.	120,000	Development of forecasting tools and guidelines for essential commodities.	70,000
3. Assess currently used supply management practices.	3.1 Research on identified supply management gaps.	58,000	Reports on research on indentified supply management gaps.	60,000
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.	120,000	Strategy for scaling up joint planning with partners.	50,000
Total		598,000		480,000
Staff travel		50,000		20,000
TOTAL BUDGET FOR PA3		648,000		500,000

Priority Action 4 - Strengthening Human Resources for MNCH

Outputs	Objectively Verifiable Indicators (OVI)	2010 Budget <i>Approved at Board in Dec 2009</i>	Deliverables/Milestones	2010 Budget Revised
1. Ensure that MNCH aspects of HR are adequately included in national health plans and human resource plans.	1.1 Assessment of HR for scaling-up MNCH services (incl. FP) in 25 countries working with WHO, GHWA and IHP; 1.2 Tools developed shared with relevant health care providers through joint activities with global partnerships such as the WHO, GHWA and IHP.	140,000	Development of tools and assessment for HR scaling up, and follow-up plan developed. (This deliverable links with a request made to the EC for an additional €1.5m exclusively for this area of work - should this be secured, plans for this PA will be developed further.)	140,000
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; 2.2 HCPAs workshops carried out successfully; 2.3 Follow-up with participants carried out.	80,000	<ul style="list-style-type: none"> • Identification of HR distribution gaps and bottlenecks for the achievement of the listed deliverables in 17 countries; • Evaluation and follow-up conducted in 17 countries. 	130,000
3. National HCPAs strengthened and involved in MNCH policies, planning and initiatives at the country level.	3.1 Strengthening national HCPAs in LAC countries (infrastructure, organization, communication etc) through a regional workshop.	0	Regional Workshop for LAC in Bolivia designed and implemented.	100,000
Total		220,000		370,000
Staff travel		10,000		20,000
TOTAL BUDGET FOR PA4		230,000		390,000

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

Outputs	Objectively Verifiable Indicators (OVI)	2010 Budget <i>Approved at Board in Dec 2009</i>	Deliverables/Milestones	2010 Budget <i>Revised</i>
I. MNCH clearly prioritized and the health system investments needed to achieve MDGs 4 and 5 identified in the HLTF and other forums.	<p>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 impact of existing resources as well as get additional resources necessary to reach the MDG 4&5 targets;</p> <p>I.2 Contribute to the development and harmonization of the HLTF costing as it relates to scaling up effective packages of MNCH services;</p> <p>I.3 Technical working document on the HLTF costing, published and made available on PMNCH and partners' websites;</p> <p>I.4 Critical HSS elements and related indicators to achieve MDG4&5 identified and disseminated to targeted audiences;</p> <p>I.5 Priority health systems constraints that prevent scaling up identified and disseminated in PMNCH and partners' websites;</p> <p>I.6 Regional 'Investment Case' for MNCH programmes;</p> <p>I.7 Country specific 'Investment Case';</p>	105,000	<ul style="list-style-type: none"> • Development/ presentation of a Global MNCH Action Plan at a high level retreat hosted by the UN General Secretary in 2010; • Development of a 'landscape analysis on MNCH'; • Facilitate consultation process to integrate feedback on the Global MNCH Action Plan from a wide range of stakeholders; • Contribution to Africa Investment Case (AIC) with the Harmonization for Health in Africa (HHA); • Assess development of AIC for other African countries; • Disseminate the AIC to meet the demand of partners countries from this region; • HLTF costing made available on PMNCH website. 	520,000

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	1.8 Joint UN costing tool developed & readily available.			
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; 2.2 New financial channels identified and influenced to focus on MDG 4 & 5.	200,000	Output 2 activities will be delivered as part of PA3 given the focus of this work on commodity management, with a consequent reduction in the budget of US\$200,000.	0
3. Global advocacy strategy developed and implemented, targeting key actors and policy-makers around high-level global events through mobilization and coordination of partners.	3.1 Comprehensive global advocacy strategy written, specifying implementation strategies (including media and communications), priority audiences, partnerships, materials/resources, and key events/opportunities;	200,000	<ul style="list-style-type: none"> • High level advocacy conducted around key 2010 global events (including G8 event, Pacific Health Summit event, World Health Assembly, Global Health Council event, IPU annual meeting); • Core set of MNCH continuum of care messages produced; • Mapping global partners & audiences; • Global advocacy strategy written; • Media & communications definition; • Global calendar of events produced; • Consultation and joint statements with HIV/ MNCH; 	550,000
	3.2 Strategic global advocacy alliances established within MNCH community and with related sectors (HIV, human rights, etc.) around core messages and principles;			
	3.3 Core global advocacy messages and materials produced, endorsed, and strategically disseminated by all partners;			
	3.4 White Ribbon Alliance (WRA) Atlas of Birth.	220,000	<ul style="list-style-type: none"> • A comprehensive Global Media Campaign; • Development of linkages across PMNCH program of advocacy work at global and regional levels. 	650,000
		76,000	Global Atlas of Birth produced, launched at Women Deliver and web pages established.	200,000

Outputs	Objectively Verifiable Indicators (OVI)	2010 Budget <i>Approved at Board in Dec 2009</i>	Deliverables/Milestones	2010 Budget <i>Revised</i>
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.	<p>4.1 Comprehensive regional/national advocacy strategy developed, specifying implementation strategies (including media and communications), priority audiences, partnerships, materials/resources, and key events/opportunities;</p> <p>4.2 Regional/national advocacy messages and materials produced, endorsed, and strategically disseminated by all partners;</p> <p>4.3 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.</p>	1,200,000	<ul style="list-style-type: none"> Mapping of national partners (MNCH & allied) & audiences finalized. Regional/national advocacy strategy written. Regional/national events on e-calendar. High-level advocacy tied to key regional and national events. Three regional/national workshops to develop localized versions of the MNCH Consensus and MNCH Action Plan. <p>Small grants program to support national level advocacy: consultation, program design, organizational set-up and drafting of RFPs. The following activities were removed from this output:</p> <ul style="list-style-type: none"> PMNCH Partners' Forum, which was originally costed as part of PA 5, has been moved to Core Functions. Consolidation of individual country advocacy activities into key regional and national events. 	400,000
Total		2,001,000		2,320,000
Staff travel		35,000		35,000
TOTAL BUDGET FOR PA5		2,036,000		2,355,000

Priority Action 6 - Tracking Progress and Commitment for MNCH

Outputs	Objectively Verifiable Indicators (OVI)	2010 Budget <i>Approved at Board in Dec 2009</i>	Deliverables/Milestones	2010 Budget Revised
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.	100,000	Development of document outlining extent to which commitment has been met by financial partners.	200,000
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 to be used in priority countries and M&E gaps identified.	0	Development of consistent M&E framework for use in high priority countries (already undertaken by partners so no additional cost expected).	0
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.	380,000	Advocacy plan developed, funded and implemented by Countdown advocacy and events subcommittee.	100,000
			CD report and country profiles edited, formatted and printed.	150,000
			Lancet special Issue on CD launched at the time of MDG Summit in New York.	50,000
			CD Website updated and maintained.	50,000
4. Successful meeting on tracking progress for MNCH held.	4.1 Successful Countdown Conference 2010 organized and held during Women Deliver in June 2010;	300,000	Technical and logistic organization of CD conference carried out.	200,000
	4.2 Level and breadth of participation and concrete outcomes achieved.			
			Support for participation in CD conference by priority countries provided.	250,000

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5. Tracking progress on MNCH.	5.1 Support provided to countries to review MNCH indicators (coverage, equity, financing, policy and health systems through the Countdown).	75,000	Analysis of indicators on coverage, equity, financing, policy and health systems undertaken and published in Countdown report 2010 and related materials, including a Lancet Special Issue.	125,000
				125,000
				125,000
				125,000
			Cross-cutting analyses of determinants of coverage undertaken and published in CD Report 2010 and related materials.	100,000
			Meeting organized to review technical CD products (country profiles, report chapters, cross-cutting analyses, Lancet papers).	50,000
Total		855,000		1,650,000
Staff travel		20,000		20,000
TOTAL BUDGET FOR PA6		875,000		1,670,000