



PMNCH Executive Committee Meeting

Tuesday, 22 February 2022, 15:00 to 16:30 CET

Document Title: EC-02-2022; 02, Draft PMNCH 2022-23 Workplan and Budget

Summary: PMNCH 2022-23 Workplan and Budget has been developed through a partner-centric process, led by the Strategic Advocacy Committee (SAC) and the Partner Engagement in Countries Committee (PECC). It also involved the full range of PMNCH partners through constituency dialogues.

It is being presented to the Executive Committee for reflections, comments, and approval.

Once approved, the workplan and budget will be made available to all PMNCH's committees and working groups and be published on PMNCH's website for access by all members and the public at large. It is then expected that the more detailed planning at individual deliverable level will be embarked upon by the committees and working groups – named as Coordinating Structures in the Workplan (Section 8) – and as may be necessary to start implementing the approved overall workplan and budget.

The overall budget is assumed to be US\$ 10 million for 2022 and US\$ 15 million for 2023. However, our current available funding does not reach the approved budget. The workplan will be reviewed and expectations adjusted if necessary, during the first workplan progress report in June / July 2022.

Actions Required: The EC is asked to consider the proposed two-year, rolling PMNCH 2022-23 Workplan and Budget, with the view to approve it for implementation.



Draft PMNCH 2022-23 Workplan and Budget

Presented for PMNCH Executive Committee's review and approval

1. Introduction

This document sets out the PMNCH's two-year Workplan and Budget, which describes the work PMNCH plans to deliver in 2022-23 calendar years. It operationalizes the [PMNCH 2021 to 2025 Strategy, while](#) being based on the recently approved draft [PMNCH's Results Framework¹](#), discussions and conclusions from the [Board meetings held in 2021](#), lessons learned to date more generally, and work that is currently underway by PMNCH.

The workplan structure, as approved by the Board in Dec 2021, envisages structuring PMNCH operations according to the three functional areas of Knowledge Synthesis, Partner Engagement, and Campaigns & Outreach. Work within these functional areas is directed at meeting the Results Framework's Outputs, Short-Term Outcomes, and Intermediate Outcomes.

The implementation of the 2022-23 Workplan and Budget will be overseen by PMNCH's Executive Committee (EC), and reported on to the PMNCH Board on regular basis every six months, as decided by the EC at its meeting on 20 January 2022.

2. PMNCH Theory of Change

2.1 Outputs

The PMNCH's Theory of Change begins with PMNCH members working together, with support from the Secretariat as may be required, to conceptualize and develop a series of PMNCH-branded products (e.g., compendium of economic analyses undertaken to date on women's, children's and adolescents (WCA) health and well-being; guidance document on using the UHC compendium for WCA health and well-being, etc.); events (e.g., virtual campaign events supporting national commitment making efforts, the Global Adolescents Forum, etc.); and/or processes (e.g., strengthening existing capacities of youth-led organizations, strengthening coalitions among PMNCH constituencies for greater action, etc.). These efforts are noted as **Outputs** in PMNCH's Results Framework and **are captured by this workplan, noted in Section 6 of this document**. They are driven by, and emerge from, country need, based on members' articulated demand and joint action, always promoting the principles of equity and "leaving no one behind", as well as ensuring the inclusion and leadership by those directly affected and at the centre of PMNCH's strategy, i.e., young people and women.

3. Short term outcomes

These member-developed Outputs will add to the existing knowledge and capabilities and strengthen collaboration and motivation of the wider PMNCH membership. The aim is to further empower members to be agents of change, enabling new behaviours and actions, as articulated and measured by the **Short-term Outcomes**.

¹ The Results Framework will be updated once the workplan has been approved, so as to fully reflect the indicators and milestones emerging from the ongoing constituency dialogues.



3.1 Intermediate outcomes

The intention is to ensure that PMNCH members have access to additional resources and networks to strengthen their already existing capacities and motivations to influence governments and each other, as well as influence regional and global bodies to make new [policy, financing and/or service-related commitments](#) to prioritize women's, children's and adolescents' health and well-being, focusing on equity and leaving no one behind. These are represented and tracked by **Intermediate Outcomes**, and directly attributable to PMNCH's work.

Once the commitments are made, PMNCH engages, through new Outputs, in supporting and capacitating partners to follow up on and support commitment makers to deliver on their commitments.

3.2 High level outcomes

Securing of these new commitments is, in turn, PMNCH's contribution, together with contributions from all the other stakeholders in the ecosystem, to the **High-Level Outcomes**. Implementation of these commitments will be reflected in actual in-country, regional and global level changes in *policies, financing and service coverage* that led directly to improvements of women's, children's and adolescents' health and well-being, as well as more equitable results, leaving no one behind.

3.3 Impact

These changes, in turn, contribute to the attainment of the overall **Impact** that PMNCH is aiming to support through the delivery of its Strategy. This is to contribute to the ongoing efforts to achieve: (i) reduced preventable maternal, newborn and child (MNC) morbidity and mortality, including stillbirths (Strategy Objective 1); (ii) improved Sexual and Reproductive Health and Rights (SRHR) outcomes (Strategy Objective 2); and (iii) improved Adolescent well-being (Strategy Objective 3).

4. Principles and approaches underpinning the workplan and budget

The **workplan** was developed by PMNCH members in the new governance committees and working groups, reflecting the following principles and criteria:

- **PMNCH's Theory of Change – Overall focus is on securing commitments from low- and middle-income country governments and global and/or regional bodies to prioritize women, children and adolescents.** PMNCH's workplan articulates the activities and processes that implement the updated Theory of Change, as reflected in the PMNCH's 2021 to 2025 Results Framework. Each proposed deliverable – and all coherently working together – supports PMNCH's efforts in influencing governments, as well as regional and global bodies, to make new policy, financing and / or service-related commitments to prioritize (WCA) health and well-being, ensuring equitable results and leaving no one behind.
- **Contributing to the achievement of 'equity' is central to PMNCH's work.** All PMNCH's proposed deliverables are conceived, designed, and implemented with a view to achieve and ensure greater equity, particularly focusing on reaching the most vulnerable populations and leaving no one behind through the commitments made on financing, policies and services.
- **PMNCH's workplan is complementary and additive to efforts already underway by partners.** Great efforts will be made to ensure that deliverables are identified with the view of being complementary to what is already being done by partners, with PMNCH's efforts acting as



catalysts and enablers. This includes making more known, disseminating and adapting resources for greater uptake.

- **Partner-led, partner-centric, and PMNCH-branded.** Activities included in the workplan have been conceptualized, developed, and led by partners, and their value derives from the fact that they are delivered in partnership – through PMNCH – rather than by any one entity alone. Activities undertaken by PMNCH partners on their own accord are not included in the workplan.
- **Measurable and transparent.** The workplan strives to be measurable and transparent. The aim is to have a workplan, whose implementation is possible to monitor and measure, through reasonable investment. The workplan, together with its Results Framework, will also provide the basis for the external evaluation of PMNCH's work in 2024.
- **Rolling two-year workplan.** It is suggested that PMNCH starts operating on a rolling two-year workplan basis, with the proposed workplan intended to summarize what PMNCH will do in 2022-23 calendar years. The proposed content builds on our work in 2021, whilst the 'rolling' nature of the workplan will reflect 2022 and 2023 contributions to what we do in future years as part of our collective effort to implement PMNCH's 2021 to 2025 Strategy, through our Results Framework. The two-year workplan will also then align with the current WHO's (as PMNCH's host agency) biennial work planning cycle.

The **workplan budget**, which is presented for PMNCH's contributions in 2022 and to be updated for 2023 in due course, was developed in accordance with the following approaches:

- **Maximum budget envelopes.** PMNCH Board agreed for PMNCH to have a maximum 'Essential' budget envelope of US\$ 10 million and a maximum 'Comprehensive' budget envelope of US\$ 15 million. These maximum budget envelopes are rarely funded fully at the start of any one calendar year, but resources are raised on a rolling basis. Intense work is underway to raise funds to meet these budgets, and while this process takes place, there is always an ongoing prioritization done by the EC to allocate resources that are available.
- **PMNCH contributions.** PMNCH will not alone fund the full cost for each of the listed deliverables. In fact, PMNCH contributes to the full cost of these deliverables through securing goods and services that no one partner alone can easily source, and does so through three types of contributions:
 - **Core implementation and coordination.** These are primarily investments related to securing the time of PMNCH Secretariat staff, who coordinate, facilitate and manage all of the work and processes involved in the workplan delivery, and thus themselves, as experts in their respective fields, are direct contributors to the work of PMNCH.
 - **Additional investments.** Additional resources will be made available to secure relevant external experts, consultants, travel, etc. to support partners in delivering the noted work.
 - **Overheads.** As with any organization, PMNCH also has overheads which enable it to function. These are set by the WHO, as the host agency, at a reasonable rate of 13%. These are referred to as WHO's Program Support Costs.



- **Partner contributions.** PMNCH's workplan deliverables are fully dependent on partners' leadership and contributions to deliver them. Partner are invited to explore how they can leverage PMNCH's contributions for these deliverables to make PMNCH's plans and intentions go further. This may mean offering secondments or contributions of person-time, consultancy time, and/or invoices that partners can fund directly for workplan deliverables that advance their own agendas and interests and contribute to the overall PMNCH workplan and its objectives.

5. Workplan content development

The content of the workplan reflects the direction provided by PMNCH's Board, both in terms of the strategic advocacy priorities and how these may be implemented, as set out in the decisions from its meeting in Dec 2021. The Board also mandated the EC and its partner structures to develop a workplan based on these priorities, and reflecting:

- Board decisions on flagship deliverables, as presented and agreed upon at PMNCH's Dec 2021 Board meeting;²
- presentations and discussions at the July and Dec 2021 Board meeting, which elaborated on several important themes and products, reflecting partner consultations;
- committee, working group and constituency led discussions on priorities and opportunities for PMNCH in 2022 and 2023, including in relation to our three strategic goals – reducing preventable maternal, newborn and child mortality including stillbirths; SRHR; and adolescent health and well-being; and
- ongoing efforts from 2021, including those earmarked for funding through existing grants.

The workplan content was developed through a two-day retreat convened by PMNCH's Strategic Advocacy Committee, with PMNCH's Partner Engagement in Countries Committee (PECC), and which included participants from all PMNCH committees and working groups as well as PMNCH constituencies, who are members of the EC.

6. Workplan structure and presentation

Proposed deliverables are grouped in the three agreed functional areas. They all work together in a synchronized manner to enable partners to achieve the objectives of PMNCH's Theory of Change (see Section 2 above), as follows:

- **Knowledge synthesis.** This functional area includes deliverables that synthesize and translate knowledge and evidence for advocacy and influencing purposes, tailored to need and audience demand, such as digital toolkits, compendiums policy briefs, reports, articles, etc. PMNCH itself does not produce original scientific evidence, but rather promotes alignment and consensus

² Four goals for 2022 were approved by the PMNCH Board, at its meeting in Dec 2021: (i) sustaining focus on the 7 asks of the Covid Call to Action, with special attention to asks 1, 2, 3, 4 and 7 (prevention of violence); (ii) WCA in Universal Health Coverage (UHC) processes; (iii) adolescent health and well-being, including its relationship to SRHR, mental health and climate change; and (iv) reducing preventable maternal and newborn deaths, including stillbirths.



among partners on evidence-based messaging, as well as adapting and translating policy-relevant evidence into resources and tools fit for advocacy purposes.

- **Partner engagement.** The deliverables in this functional area seek to strengthen partner coalitions and thus the ability of partners to engage effectively in advocating for greater financing, policy and service delivery commitments. Deliverables focus on capacity strengthening of constituencies and partners to advocate, align and network more powerfully together – this is intended to be done through workshops, webinars, digital platforms, and promoting inclusive and participatory membership in PMNCH.
- **Campaigns & Outreach.** The deliverables in this functional area focus on supporting the development, implementation, and partner participation in PMNCH campaigns to amplify key goals and messages. Outputs include public events, media materials and engagement, and campaign development and mobilization processes.

Each deliverable included in the workplan will have both **thematic and functional attributes**. So, while the primary structure for the workplan is function-based, each deliverable will also contribute explicitly to one or more of the PMNCH's overarching goals of preventable MNC and stillbirths, SRHR and/or adolescent health and well-being.

Finally, moving forward to implementation, each of the workplan deliverables is coordinated by one of the existing PMNCH committees and working groups. Deliverable coordinators will be responsible for:

- articulating action plans, including sub-products, timelines and recommended inputs;
- convening partners from across different constituencies, working groups and committees to engage in the delivery of these plans, including in the efforts to secure adequate resources; and
- reporting on progress to the EC and onward to the Board.

This process will be supported and facilitated by the Secretariat.

7. Progress reporting

PMNCH's EC will oversee the implementation of the workplan, working closely with the relevant partner structures and the Secretariat.

At regular intervals of every six months, a progress report (based on a 'traffic light' system noting level of progress) will be presented to the EC. This will enable a discussion on how the workplan is being implemented and what opportunities, if any, may exist for updating or finetuning the plans in light of lessons learned and any changes to the external environment.



8. PMNCH 2022-23 Workplan and Budget

Intermediate Outcome						
As a result of strengthened PMNCH member capacity, governments as well as regional and global bodies make new policy, financing and/or service-related commitments to prioritize women's, children's and adolescents' health and well-being						
Short-term Outcomes	Outputs	Deliverable	Coordinating structure	PMNCH Contribution (US\$) ³		
				2022	2023	2022-23
KNOWLEDGE SYNTHESIS				\$2,280,851	\$3,508,936	\$5,789,786
Increased knowledge for advocacy by PMNCH members	Evidence products synthesized and/or developed	1.1 Economic analyses setting out the case for increased and better (more equitable) investments in / financing and cost of inaction for WCAH (e.g., digital compendium on existing or upcoming economic analyses / investment cases, including for MNCH, SRHR and adolescent health and well-being (AHWB), etc.).	KEWG	\$733,042	\$1,167,346	\$1,900,387
		1.2 ⁴ Resources to support embedding WCA health and well-being into UHC/PHC plans (e.g., the adaptation of the WHO's UHC Compendium into user-friendly formats, etc.) and mitigating the impact of COVID-19 on WCA (e.g., gender-based violence, mental health, etc.).	KEWG	\$268,451	\$385,296	\$653,748
		1.3 Monitoring of trends and accountability evidence (e.g., progress reports, etc.) and production of digitally accessible resources (e.g., reports, accountability compendium, briefs and assets, etc.) related to WCA and equity, including progress evidence on COVID-19-related commitments.	AccWG	\$461,421	\$682,563	\$1,143,984
		1.4 Knowledge documenting community and people's voices and lived experience related to WCA health and well-being, with a focus on equity (e.g., reports, briefs, digital assets, etc.).	KEWG	\$182,257	\$262,483	\$444,740
		1.5 Knowledge resources to advance on Board priorities within the overall PMNCH thematic areas: MNCH (e.g., preterm and stillbirths, etc.); SRHR (e.g., sexual and gender-based violence, etc.); and adolescent health and well-being (e.g., mental health, climate change, etc.).	KEWG	\$635,680	\$1,011,248	\$1,646,928

³ PMNCH contribution shown is a combined value of core implementation and coordination and additional investments. Overheads are noted at the bottom of the table.

⁴ Original zero draft workplan's deliverable 1.2 (focus on UHC/PHC) was merged with the original deliverable 1.5 (focus on COVID-19 recovery and preparedness), given how closely these two deliverables are both related to health system strengthening more broadly.



Women's,
Children's and
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PARTNER ENGAGEMENT				\$3,132,167	\$4,299,384	\$7,431,552
Increased advocacy skills and networks among PMNCH members	Coalitions strengthened and partners' capacity built	2.1 Establishment of the Global Leaders Network for high-level engagement and advocacy for WCA health and well-being, incl focus on Equity and leaving no one behind.	SAC & PECC	\$299,760	\$347,236	\$646,995
		2.2 Strengthen national coalitions and multi-stakeholder platforms, and support constituencies and partners to mobilize and implement commitments (e.g., strengthening MSPs, engaging UNRCs, engaging parliaments, working with CSOs and youth-led organizations, collaboration with the private sector, etc.).	PECC	\$865,328	\$1,348,860	\$2,214,188
		2.3 Constituency and partner capacity building for enhanced advocacy through purpose-built learning and training (e.g., webinars, workshops, professional development programmes, etc.).	PECC & KEWG / AccWG	\$778,206	\$900,026	\$1,678,232
		2.4 Creation of PMNCH Digital Advocacy Hubs to support partner engagement and knowledge sharing, capacity building and joint action.	GEC	\$621,442	\$947,087	\$1,568,529
		2.5 Inclusive participation of partners in PMNCH structures , including completing the governance reform and ensuring more effective member engagement and good governance more broadly (e.g., Good Governance work; MAYE, etc.).	GEC	\$567,432	\$756,175	\$1,323,608
CAMPAIGNS & OUTREACH				\$3,435,309	\$5,465,357	\$8,900,665
Increased advocacy campaigns participation by PMNCH members	Advocacy campaigns organized and delivered	3.1 Development of Global Forum on Adolescents (2023) structure, programme and digital communication approaches.	SAC	\$1,328,908	\$2,577,815	\$3,906,723
		3.2 PMNCH organized global, virtual, events , including Lives in the Balance 4 e-summit, UN High Level Political Forum accountability dialogue, and annual Accountability Breakfast, especially focusing on AHWB, building momentum to the 2023 Global Forum for Adolescents (3.1).	AccWG	\$759,346	\$1,032,280	\$1,791,626
		3.3 PMNCH participation in selected global and regional events (prioritized by political mapping of key opportunities relevant to roadmap for 3.1, including African Union, LAC engagement, G7/G20, and IPU assemblies).	SAC	\$442,447	\$556,691	\$999,138
		3.4 Mobilizing for greater commitments to PMNCH campaign asks, including the COVID-19 Call to Action (especially Asks 1, 2, 3, 4 and 7) and the #Adolescents2030 campaign.	SAC	\$314,336	\$363,270	\$677,606
		3.5 Digital and earned media products supporting dissemination of knowledge and evidence products (1.1 to 1.5) and including youth/adolescent focused commentaries, blogs, podcasts, videos, interviews, statements, etc.	SAC	\$590,273	\$935,300	\$1,525,573
Total budget (US\$) - Net of Program Support Costs (PSC)				\$8,848,327	\$13,273,677	\$22,122,004
PSC at 13%				\$1,150,283	\$1,725,578	\$2,875,860
Total PMNCH contribution (US\$)				\$9,998,610	\$14,999,255	\$24,997,864