Zero Draft 2022-23 Workplan

Agenda Item 3: PMNCH Work-planning Retreat

Helga Fogstad, Executive Director

Board approved strategic advocacy priorities in 2022 and beyond

During its Dec 2021 meeting, PMNCH Board provided direction on priorities to inform workplan development

- **Continue to advocate strongly for the PMNCH Call to Action on COVID-19**, especially for Ask 1 (enhance and protect access to RMNCAH services, including mental health), Ask 2 (SRHR and gender), and Ask 3 (quality and respectful care, including midwifery). The Board also agreed on the need for greater focus on health workforce (Ask 4) and the prevention of violence against women, children and adolescents (Ask 7)

- **Increase focus on women's, children's and adolescents' health, including SRHR within universal health coverage/primary health care, improving equity, resilience and recovery**

- **Increase focus on adolescent well-being**, including greater focus on mental health; greater attention on the interconnection between SRHR and adolescent health and CSE, school health; and a greater focus on the impact of climate change on adolescents, as well as on women and children

- **Increase focus on ending preventable maternal, newborn and child deaths and stillbirths**, including a positive focus on optimizing care for MNCH and well-being, and linking this effort to our work on the COVID-19 Call to Action, i.e., increased attention to midwifery and quality care, including respectful care (Asks 3 and 4).

PMNCH's overarching Theory of Change

Outputs, Short-term outcomes and Intermediate Outcomes

- **Outputs:** PMNCH members design and implement PMNCH-branded advocacy relevant **products, events and processes**

Workplan 2022-23

- **Short-term Outcomes:** PMNCH members' **knowledge** and **skills**, **networks**, and **engagement** increased and strengthened by new products, events and processes
- **Intermediate Outcomes:** Engaged and capacitated PMNCH members influence policymakers to make new **policy, financing and service commitments**

By facilitating these new policy, financing and / or service commitments PMNCH is contributing to **High-Level Outcomes** of:

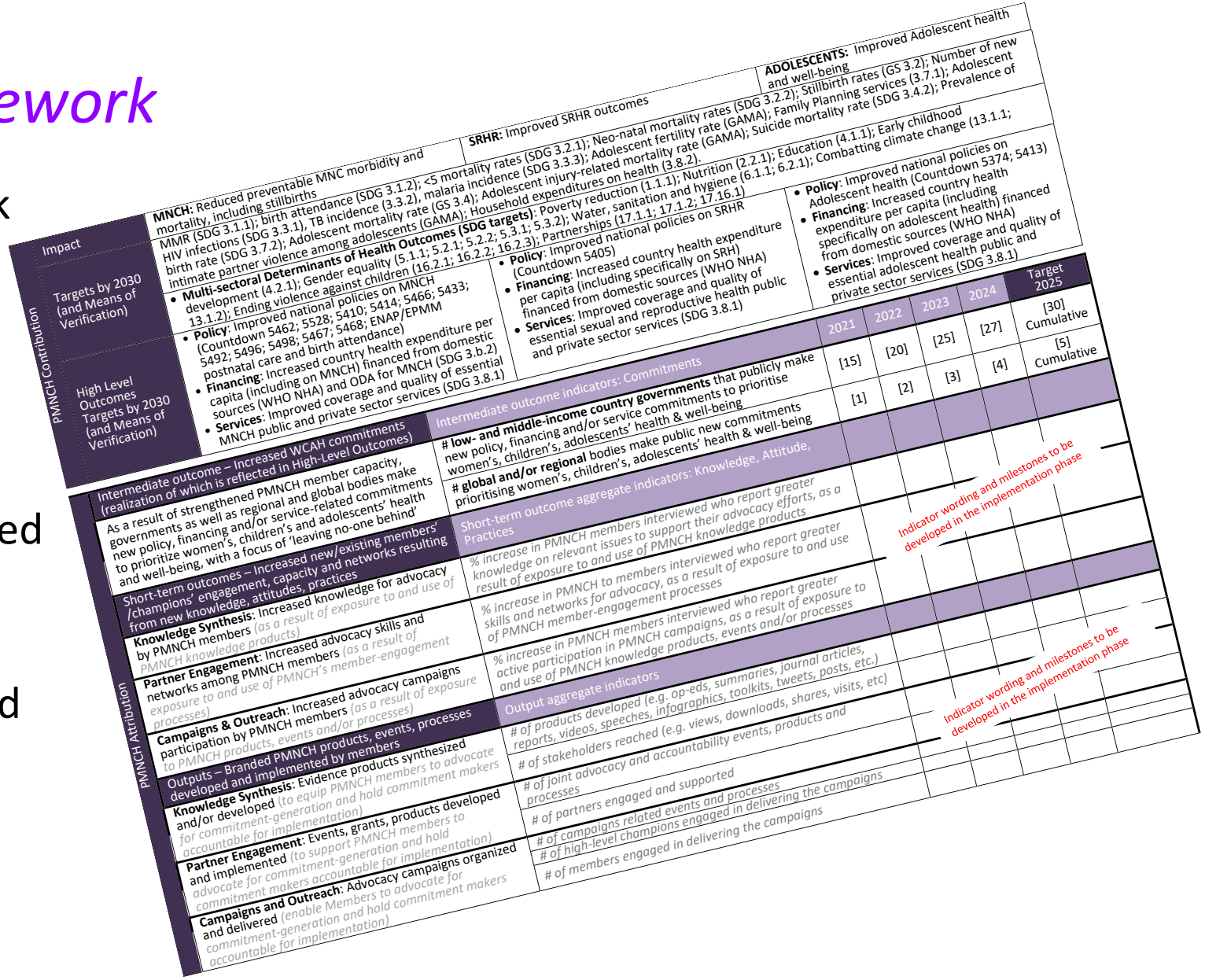
- **Improved national policies** on MNCH, SRHR and AHWB
- **Increased country health expenditure per capita,** including specifically on MNCH, SRHR and AHWB
- **Improved coverage and quality of essential** MNCH, SRHR and AHWB **services**

These improvements in policies and service coverage/quality, as well as increases in expenditures, are expected to contribute to the overall **Impact** that PMNCH is aiming to support through the delivery of its Strategy:

- **Reduced preventable MNC morbidity and mortality, including stillbirths**
- **Improved SRHR outcomes**
- **Improved Adolescent health and well-being**

2021 to 2025 Results Framework

- The Results Framework guides work of PMNCH members and the Secretariat during the 2021 to 2025 Strategy
- Informs external stakeholders, including current and potential funders, about the work, value-added and results of PMNCH
- Provides the basis for regularly monitoring the work of PMNCH, and for eventually evaluating PMNCH's work at the end of the Strategic period



Proposed PMNCH Biennium 2022-23 Workplan

- Proposal for PMNCH to operate on a rolling two-year workplan basis, as discussed with EC leadership
- Content to build on PMNCH's work in 2021, whilst the 'rolling' nature of the workplan will reflect 2022 and 2023 contributions, rolling into the future as well
- Provides information on deliverables to achieve outputs that PMNCH plans to achieve in 2022-23, which will contribute to the agreed short-term and intermediate outcomes
- Development of the workplan will be led by PMNCH's standing committees and working groups, supported by the Secretariat
- As approved by the Board, the workplan organizes PMNCH's work in three functional areas, which together encompass PMNCH's core function of **Advocacy:**
  - Knowledge Synthesis
  - Partner Engagement
  - Campaigns & Outreach

Draft PMNCH 2022-23 Workplan: Knowledge synthesis

Short-term Outcomes	Outputs	Deliverables	Coordinating structure
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 AHWB, etc.).	KEWG
		1.2 Resources to support embedding WCA health and well-being (including MNCH, SRHR, and AH services) into **UHC/PHC plans** (e.g., the adaptation of the WHO's UHC Compendium into user-friendly formats).	KEWG
		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, including progress evidence on COVID-19 related commitments.	AccWG
		1.4 Digital compendium of **resources** and evidence-based messaging **on the impact of COVID-19 on WCA** (inc. gender-based violence, mental health, health workforce, etc.) and mitigating strategies.	KEWG
		1.5 Knowledge documenting community and **people's voices and lived experience** related to WCA health and well-being (e.g., reports, briefs, digital assets, etc.).	KEWG
		1.6 **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., CSE, climate change, mental health, school health, etc.).	KEWG

Draft PMNCH 2022-23 Workplan: Partner engagement

Short-term Outcomes	Outputs	Deliverable	Coordinating structure
Increased advocacy skills and networks among PMNCH members	Coalitions strengthened and partners' capacity built	2.1 Establishment of the PMNCH **Global Leaders Network** for high-level engagement and advocacy for WCA health and well-being.	SAC & PECC
		2.2 **Strengthen coalitions among constituencies and partners** to mobilize and implement Call to Action commitments (e.g., strengthening MSPs, engaging UNRCs, engaging parliaments, working with youth led organizations, collaboration with the private sector, etc.).	PECC
		2.3 Constituency and partner **capacity building** for enhanced policy advocacy through purpose-built learning and training (e.g., webinars, workshops, professional development programmes, etc.).	PECC w/ KEWG & AccWG
		2.4 Creation of **PMNCH Digital Advocacy Hubs** to support partner engagement and knowledge sharing, capacity building and joint action.	GEC
		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; Governance Manual; etc.)	GEC

Draft PMNCH 2022-23 Workplan: Campaigns and Outreach

Short-term Outcomes	Outputs	Deliverable	Coordinating structure
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
		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.	AccWG
		3.3 PMNCH **participation in selected global and regional events** (e.g., regional forums on sustainable development, CSW, ICFP, G7 / 20, COP27, IPU Assemblies, African Union engagement, etc.).	SAC
		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
		3.5 **Digital and earned media products** supporting PMNCH's 2022 Goals (e.g., commentaries, blogs, podcasts, videos, interviews, statements, etc.).	SAC

Proposed budgeting approaches

- Budgeting of each deliverable will take place after the Retreat, building on what we have heard from you during our break-out discussions about priorities,
- Suggested budgets will be part of the updated workplan that we circulate back to you and to the constituencies for consultation before the EC meeting on 22 Feb
- Two principles to bear in mind :
  - First, PMNCH alone will not be able to fund the complete budget for the 16 deliverables. PMNCH's annual "Essential" budget is US$ 10m, but can rise to a "Comprehensive" level of US$ 15m if additional resources are mobilized – need therefore to agree how we start, and what we add on as additional funds are raised
  - Second, PMNCH workplan deliverables are always supported by what partners can contribute – so please consider how your organization can leverage from existing PMNCH core funding for these deliverables to make your own plans and intentions go further, and vice versa. This could mean secondments or contributions of person-time, consultancy time, and/or invoices that your organization can pick up for workplan deliverables that advance your own agendas and interests.
  - The core money that PMNCH can offer is really meant for goods and services that no one partner alone can easily fund, e.g., the cost of coordination and facilitation (through our budget for secretariat members), travel as needed, joint meetings, etc.

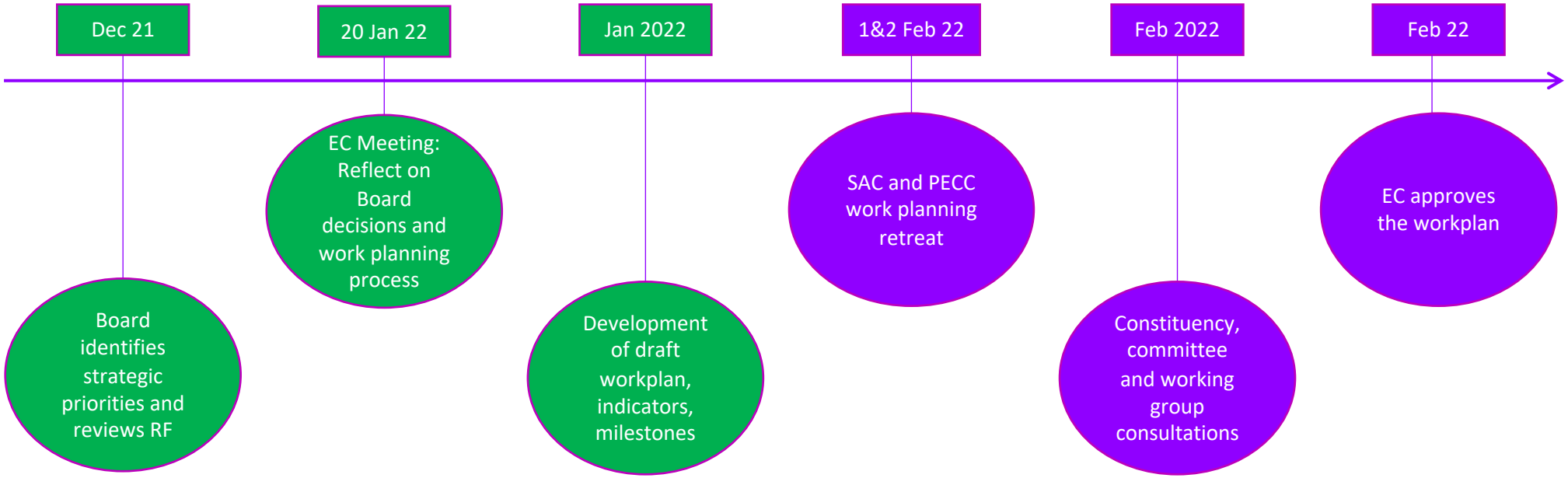
Cont. Proposed budgeting approaches

- Maximum budget envelopes do not assume availability of resources – as at Jan 2022, 52% of Essential budget is secure for 2022 with another 22% under consideration, and intense work underway by the Secretariat and partners to mobilize other resources from the donor community. That still leaves a current gap of 26% for this year. For this reason, we also need input from you on priorities – which deliverables/products are most critical to be funded, assuming it will NOT be possible to fund all deliverables at the same time at the maximum possible level? We want to hear from you in the break-out sessions on this;
- PMNCH makes three types of financial contributions to the deliverables :
  - Core Implementation and Coordination – Secretariat staff costs
  - Additional Investments – resources to secure relevant experts, consultants, travel, etc.
  - Overheads – 13% Program Support Costs levied by WHO for hosting PMNCH
- Budget allocations for “Additional Investments” will require the Retreat’s steer on priorities, we suggest a budget allocation for each of the 16 deliverables at one of three levels in 2022: Standard (up to US$ 50,000), Medium (US$ 150,000), and Major (US$ 300,000).

Monitoring and measuring our work

Results Framework	What is being monitored / measured	Approach
Intermediate Outcome	• # of new LMIC commitments • # of new global, regional commitments	Commitments are counted and placed on PMNCH website
Short-term outcomes	• Increased knowledge for advocacy • Increased advocacy skills and networks • Increased advocacy campaigns participation	Monitoring and measuring is to be outsources to an independent organization, with work in two phases: (i) phase 1 will focus on setting up a set of baselines to measure against; and (ii) phase 2 (18 to 24 months later) will see a review of whether there had been any progress against these baselines, as a result of PMNCH's work.
Outputs	• Evidence products synthesized and/or developed • Capacity strengthening processes developed and implemented • Advocacy campaigns organized and delivered	Four different types of indicators for each of these categories, as follows • Type 1 – Articulating major deliverable (e.g., Global Leaders Network established) • Type 2 – Number of products / events / processes (e.g., xx products developed, etc.) • Type 3 – People reached and/or engaged (e.g., 2bn reached through social and earned media, etc.) • Type 4 – Qualitative indicators, (e.g., Partners support Global Adolescents Forum)
Deliverables	All the deliverables (and any sub-deliverables) listed in the workplan	Traffic Light system, monitoring each deliverable through: • Green: Deliverable is completed • Yellow: Started and is currently on track • Orange: In process but at risk – risks identified that may cause delay, budget overrun and / or alteration of plans • Red: Work has stopped and will not be delivered to plan and budget, due to, e.g., lack of funds, change in priorities, other partners doing the work, etc.

Overall workplan development timeline



Work on existing priorities and ongoing projects continues during the workplan development process

Suggested partner engagement process

		Timeline (2022)
Stage 1	Socialization of Workplan with leadership of PECC, WGs	Currently – 31 January
Stage 2	Workplan Retreat	1 February and 2 February
Stage 4	Workplan to be updated for Retreat outcomes and proposed budget developed	2 February – 8 February
Stage 5	Finalization and submission of the draft workplan to EC and in turn all constituencies	8 February
Stage 6	Dialogues with constituencies, including the development of relevant Results Framework indicators	9 February – 21 February
Stage 7	EC to take place	22 February