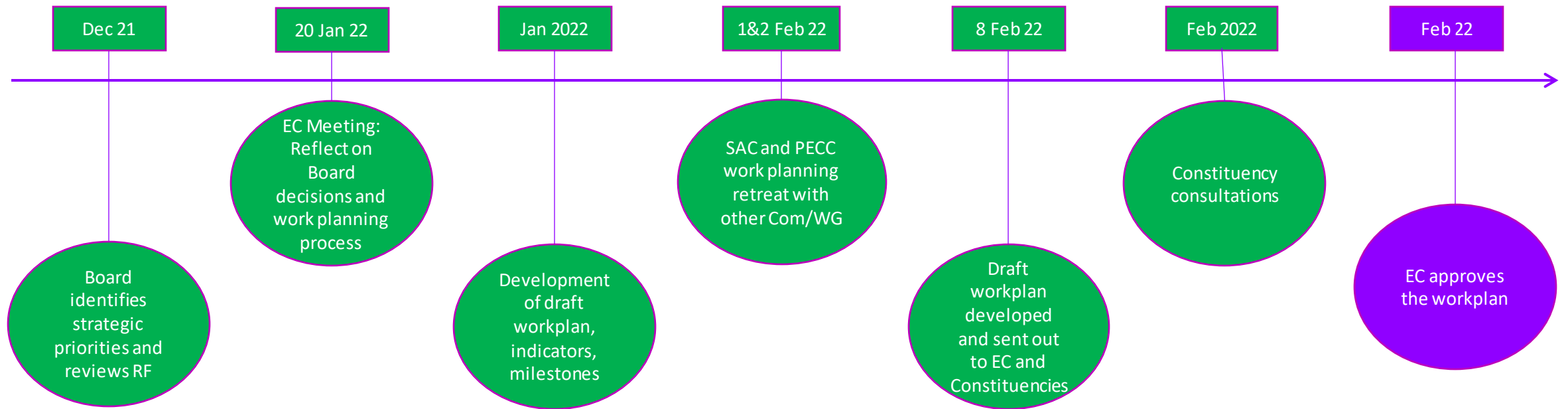


PMNCH 2022-23 Workplan and Budget

Setting the Scene



Overall workplan development timeline



Board approved strategic advocacy priorities in 2022 and beyond

During its December 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-delivered care). The Board also agreed on the need for greater focus on health workforce protection (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 and access for resilience and recovery**
- **Increase focus on adolescent well-being**, including greater attention on the interconnection between SRHR and adolescent health and well-being; greater focus on mental 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 maternal, newborn and child health 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 of care, incl. respectful care (Asks 3 and 4).



Proposed PMNCH Biennium 2022-23 Workplan

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- Reflects Board approved strategic advocacy priorities (Dec 2021) and recommendations of the Committee / Working Group retreat led by SAC/PECC on 1 & 2 Feb.
- Content builds on PMNCH's work in 2021, whilst reflects a rolling two-year workplan for 2022 and 2023. Budget: 10 mill for 2022, 15 mill for 2023
- Overall intent of the workplan: on advocating to LMIC governments and global and/or regional bodies to make new and follow up commitments on improving WCAH policies, financing and service coverage
- Reflects PMNCH's added value: The advocacy effort to policy makers to make WCAH commitments more powerfully done through a joint, evidence-based process by all PMNCH partners capacitated and working together in coalitions and networks
- The 15 flagship deliverables in the workplan are therefore designed to support partners to do just that in a synchronized manner, through:
 - Knowledge Synthesis – PMNCH synthesizes data, trends, evidence for PMNCH members to use in influencing and advocating greater commitments for WCAH among decision makers, etc.
 - Partner Engagement – Increase advocacy capacity and strengthening coalitions among PMNCH partners at country, regional and global levels, for a more effective voice and greater commitments for WCAH
 - Campaigns and Outreach – Increased advocacy campaigns, events and media to influence greater commitments for WCAH



New PMNCH in action: Orchestrating joint action for impact

Campaigns and outreach: Advocacy campaigns (including events, media products, etc.,) organized and delivered

Partner engagement: Coalitions strengthened and partners' capacity build for greater alignment and action – doing more together than alone

Digital communications:

Digital means and solutions to connect partners & amplify messages effectively on large scale

Knowledge and evidence: updated data and evidence synthesized to guide advocacy targets and tactics



PMNCH advocacy outputs contribute to high-level outcomes and SDG progress



PMNCH 2022-23 workplan and Budget – outputs of the overall Results Framework

DELIVERABLES		2022 (US\$)	2023 (US\$)
KNOWLEDGE SYNTHESIS – TO ENABLE PARTNERS TO ADVOCATE FOR COMMITMENTS FOR WCAH	Structures	\$2,280,851	\$3,508,936
1.1 Economic analyses	KEWG	\$733,042	\$1,167,346
1.2 Resources to support embedding WCA health and well-being into UHC/PHC plans	KEWG	\$268,451	\$385,296
1.3 Monitoring of trends and accountability evidence	AccWG	\$461,421	\$682,563
1.4 Knowledge documenting community and people's voices and lived experience	KEWG	\$182,257	\$262,483
1.5 Knowledge resources	KEWG	\$635,680	\$1,011,248
PARTNER ENGAGEMENT – TO CAPACITATE PARTNERS & STRENGTHEN COALITIONS ...COMMITMENTS	Structures	\$3,132,167	\$4,299,384
2.1 Global Leaders Network	SAC & PECC	\$299,760	\$347,236
2.2 Strengthen national coalitions and multi-stakeholder platforms, and support constituencies	PECC	\$865,328	\$1,348,860
2.3 Constituency and partner capacity building	PECC & KEWG / AccWG	\$778,206	\$900,026
2.4 PMNCH Digital Advocacy Hubs	GEC	\$621,442	\$947,087
2.5 Participation of partners in PMNCH structures	GEC	\$567,432	\$756,175
CAMPAIGNS AND OUTREACH TO AMPLIFY ADVOCACY THROUGH CAMPAIGNS, EVENTS, MEDIA ...	Structures	\$3,435,309	\$5,465,357
3.1 Global Forum on Adolescents (2023)	SAC	\$1,328,908	\$2,577,815
3.2 PMNCH organized global, virtual, events	AccWG	\$759,346	\$1,032,280
3.3 PMNCH participation in selected global and regional events	SAC	\$442,447	\$556,691
3.4 Mobilizing for greater commitments to PMNCH campaign asks	SAC	\$314,336	\$363,270
3.5 Digital and earned media products	SAC	\$590,273	\$935,300
<i>Total budget (US\$) - Net of Program Support Costs (PSC)</i>		\$8,848,327	\$13,273,677
<i>PSC at 13%</i>		\$1,150,283	\$1,725,578
Total PMNCH contribution (US\$)		\$9,998,610	\$14,999,255





PMNCH Contribution	Impact	MNCH: Reduced preventable MNC morbidity and mortality, including stillbirths	SRHR: Improved SRHR outcomes	ADOLESCENTS: Improved Adolescent health and well-being				
	Targets by 2030 (and Means of Verification)	MMR (SDG 3.1.1); birth attendance (SDG 3.1.2); <5 mortality rates (SDG 3.2.1); Neo-natal mortality rates (SDG 3.2.2); Stillbirth rates (GS 3.2); Number of new HIV infections (SDG 3.3.1), TB incidence (3.3.2), malaria incidence (SDG 3.3.3); Adolescent fertility rate (GAMA); Family Planning services (3.7.1); Adolescent birth rate (SDG 3.7.2); Adolescent mortality rate (GS 3.4); Adolescent injury-related mortality rate (GAMA); Suicide mortality rate (SDG 3.4.2); Prevalence of intimate partner violence among adolescents (GAMA); Household expenditures on health (3.8.2).						
		• Multi-sectoral Determinants of Health Outcomes (SDG targets): Poverty reduction (1.1.1); Nutrition (2.2.1); Education (4.1.1); Early childhood development (4.2.1); Gender equality (5.1.1; 5.2.1; 5.2.2; 5.3.1; 5.3.2); Water, sanitation and hygiene (6.1.1; 6.2.1); Combating climate change (13.1.1; 13.1.2); Ending violence against children (16.2.1; 16.2.2; 16.2.3); Partnerships (17.1.1; 17.1.2; 17.16.1)						
	High Level Outcomes Targets by 2030 (and Means of Verification)	• Policy: Improved national policies on MNCH (Countdown 5462; 5528; 5410; 5414; 5466; 5433; 5492; 5496; 5498; 5467; 5468; ENAP/EPMM postnatal care and birth attendance) • Financing: Increased country health expenditure per capita (including on MNCH) financed from domestic sources (WHO NHA) and ODA for MNCH (SDG 3.b.2) • Services: Improved coverage and quality of essential MNCH public and private sector services (SDG 3.8.1)	• Policy: Improved national policies on SRHR (Countdown 5405) • Financing: Increased country health expenditure per capita (including specifically on SRH) financed from domestic sources (WHO NHA) • Services: Improved coverage and quality of essential sexual and reproductive health public and private sector services (SDG 3.8.1)	• Policy: Improved national policies on Adolescent health (Countdown 5374; 5413) • Financing: Increased country health expenditure per capita (including specifically on adolescent health) financed from domestic sources (WHO NHA) • Services: Improved coverage and quality of essential adolescent health public and private sector services (SDG 3.8.1)				

PMNCH Attribution	Intermediate outcome – Increased WCAH commitments (realization of which is reflected in High-Level Outcomes)		Intermediate outcome indicators: Commitments		2021	2022	2023	2024	Target 2025
	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, with a focus of ‘leaving no-one behind’		# low- and middle-income country governments that publicly make new policy, financing and/or service commitments to prioritise women’s, children’s, adolescents’ health & well-being		[15]	[20]	[25]	[27]	[30] Cumulative
			# global and/or regional bodies make public new commitments prioritising women’s, children’s, adolescents’ health & well-being		[1]	[2]	[3]	[4]	[5] Cumulative
	Short-term outcomes – Increased new/existing members’ /champions’ engagement, capacity and networks resulting from new knowledge, attitudes, practices		Short-term outcome aggregate indicators: Knowledge, Attitude, Practices						
	Knowledge Synthesis: Increased knowledge for advocacy by PMNCH members (as a result of exposure to and use of PMNCH knowledge products)		% increase in PMNCH members interviewed who report greater knowledge on relevant issues to support their advocacy efforts, as a result of exposure to and use of PMNCH knowledge products						
	Partner Engagement: Increased advocacy skills and networks among PMNCH members (as a result of exposure to and use of PMNCH’s member-engagement processes)		% increase in PMNCH to members interviewed who report greater skills and networks for advocacy, as a result of exposure to and use of PMNCH member-engagement processes						
	Campaigns & Outreach: Increased advocacy campaigns participation by PMNCH members (as a result of exposure to PMNCH products, events and/or processes)		% increase in PMNCH members interviewed who report greater active participation in PMNCH campaigns, as a result of exposure to and use of PMNCH knowledge products, events and/or processes						
	Outputs – Branded PMNCH products, events, processes developed and implemented by members		Output aggregate indicators						
	Knowledge Synthesis: Evidence products synthesized and/or developed (to equip PMNCH members to advocate for commitment-generation and hold commitment makers accountable for implementation)		# of products developed (e.g. op-eds, summaries, journal articles, reports, videos, speeches, infographics, toolkits, tweets, posts, etc.)						
			# of stakeholders reached (e.g. views, downloads, shares, visits, etc)						
	Partner Engagement: Events, grants, products developed and implemented (to support PMNCH members to advocate for commitment-generation and hold commitment makers accountable for implementation)		# of joint advocacy and accountability events, products and processes						
			# of partners engaged and supported						
	Campaigns and Outreach: Advocacy campaigns organized and delivered (enable Members to advocate for commitment-generation and hold commitment makers accountable for implementation)		# of campaigns related events and processes						
			# of high-level champions engaged in delivering the campaigns						
			# of members engaged in delivering the campaigns						

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 outsourced 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 partners and processes developed and implemented - Advocacy campaigns, events, media 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 – will lead to more capacitated partners and networks, who will be able to advocate better, so that we get new commitments from leaders, to improve policies, increase financial flows, and expand service delivery.	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.

Next steps

1) Next steps, after EC approval of workplan (Feb-March)

- a) Terms of References for “coordination” and “support” functions of committees/WGs as related to each of the 15 deliverables will be developed, with the support of constituency reps within the different WGs/committees
- b) Each committee / WG holding a “coordinator” role will develop a 1-2 page concept note/action plan per deliverable, based on a template provided by Secretariat, re: products, partners (including partner leads), budget per sub-deliverables, timelines. Coordinating committee and working groups will also be responsible to developing concept notes where necessary (e.g., Global Leaders Network; Parliamentary Engagement Strategy; MNCH workstream strategy; SRHR strategy; AHWB strategy; Global Adolescent Forum, etc.,)
- c) Action plans/concept notes will be posted on the PMNCH website by end-March to enable constituencies to identify what they can help deliver, and who to contact to offer these contributions
- d) Focus of the next constituency meetings (pre-June EC) will be on confirming and documenting contributions of each constituency to specific workplan deliverables, including computing and filling out indicators, targets and baseline in the overall PMNCH Results Framework.

2) Mid-year check in on implementation progress (traffic lights) – June / July 2022

Working groups and committees will submit progress on implementation according to the 15 deliverables for EC's review, assessment and necessary changes based on context and available funding.

