



PMNCH 2022-23 Workplan and Budget

Updated for decisions from PMNCH Executive Committee meetings (22 Jun 2022; 19 Oct 2022) and PMNCH Work Planning Retreat (20-21 Feb 2023)

1. Introduction

This document sets out the PMNCH 2022-23 rolling, two-year workplan and budget.

The workplan was originally developed and approved by the PMNCH Executive Committee (EC) in early 2022, following guidance from PMNCH's Board. It was approved by the EC as a rolling workplan, meaning that the EC – in consultation with other PMNCH governance structures – will update the workplan during the two-year period (and beyond) on an ongoing basis and to best reflect the circumstances within which PMNCH operates.

The document is supported by a number of Annexes. Annex 1 describes PMNCH's Theory of Change, Annex 2 sets out the principles and approaches underpinning the workplan and budget, and Annex 3 explains the workplan content development to date.

2. Workplan elements

2.1 Structure

The overall workplan structure, as originally approved by the PMNCH [Board in Dec 2021](#), envisages that PMNCH operates according to three functional areas, namely:

- **Knowledge synthesis.** This functional area includes work that synthesize and translate knowledge and evidence for advocacy and influencing purposes, tailored to need and audience demand, such as digital toolkits, compendiums of resources, such as advocacy briefs, reports, articles, etc. PMNCH itself does not produce original scientific evidence, but rather promotes alignment and consensus among partners on evidence-based messaging, as well as adapting and translating policy-relevant evidence into resources and tools fit for accountability and advocacy purposes.¹
- **Partner engagement.** The work in this functional area seek to strengthen partner coalitions and partner capacities to engage effectively in advocating for greater financing, policy and service delivery commitments. Efforts are focused on establishing high level network (e.g., Global Leaders Network), strengthening existing coalitions (e.g., national multi-stakeholder platforms (MSPs)) and capacity building constituencies and partners to advocate, align and network more powerfully together than what they are able to do alone – this is intended to be done through webinars, digital platforms, workshops and promoting inclusive and participatory membership in PMNCH.
- **Campaigns & Outreach.** The work in this functional area focuses on supporting the development, implementation, and partner participation in campaigns to amplify key advocacy and

¹ Knowledge synthesized, translated, distilled and packaged for advocacy, into policy-relevant and user-friendly formats - including through digital approaches - to highlight gaps in progress, support consensus building and equip PMNCH partners to drive more responsive and equity-enhancing policy, financing, action and greater accountability.



accountability messages. Outputs include organizing PMNCH-led events, supporting partner-led events, developing media products/materials, developing/running campaigns, etc.

All workplan deliverables 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 PMNCH's three overarching goals of addressing: (i) preventable maternal, newborn and child health (MNCH) morbidity and mortality, and stillbirths; (ii) sexual and reproductive health and rights (SRHR); and/or (iii) adolescents well-being (AWB).

2.2 Deliverables and sub-deliverables

PMNCH governance structures originally developed and then reviewed deliverables contained within the workplan during 2022 and into 2023. This included an ongoing prioritization and consolidation of deliverables to achieve a simpler and more focused workplan, eventually settling on 10 deliverables across the three functional areas noted above. Relevant sub-deliverables were further discussed and updated at the Feb 2023 work planning Retreat.

2.3 Budget

The Board agreed for PMNCH to have an annual budget envelope of approximately US\$ 10 million (or around US\$ 20 million over two years), to be mobilized from the donor community to enable PMNCH to deliver on its objectives.

It is important to bear in mind that PMNCH alone will not fund the full cost for any one of the workplan deliverables. PMNCH's contribution to the full cost of these deliverables is done through supporting interventions that no one partner alone can easily undertake. PMNCH does so through:

- **Core implementation and coordination investments.** These are investments related to the time of PMNCH Secretariat staff, who coordinate, facilitate, manage and input directly into the delivery of work and processes reflected in the workplan and as led by individual partners.
- **Additional investments.** On top of PMNCH-staff related investments, additional resources have also been budgeted to procure relevant external experts as well as to cover the costs of holding events, travel, etc. as 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 its host agency, at a reasonable rate of 13%. These are referred to as WHO's Program Support Costs (PSC).

3. Workplan and Budget

Table 1 below summarises the PMNCH two year rolling workplan and budget for 2022 and 2023. It is structured according to the three functional areas, with 10 deliverables and their respective sub-deliverables detailed out.

Each of the workplan deliverables is coordinated and overseen by one of the existing PMNCH governance committees and/or working groups.

Deliverables and sub-deliverables for 2023	Structure	PMNCH Contribution (US\$) ²			
		2022 Budget	2022 Actual	2023 Budget	2022-23
KNOWLEDGE SYNTHESIS		\$2,246,348	\$1,901,593	\$2,343,216	\$4,244,809
<p>1.1 Setting out the case for increased and better (more equitable) investments in WCAH, as well as cost of inaction (includes advocacy briefs, reports, digital compendium on existing or upcoming economic analyses/investment cases for WCAH, MNCH, SRHR and AWB).</p> <p>1.1.1 Economic and financing scoping review, digital compendium, and an advocacy brief on WCAH investment cases.</p> <p>1.1.2 Investment Case and Tool for Adolescent wellbeing.</p>	KEWG	\$637,233	\$539,434	\$1,091,416	\$1,630,850
<p>1.2 Evidence-based advocacy resources to advance on Board priorities within the overall PMNCH thematic areas: MNCH (e.g., preterm and stillbirths, etc.); SRHR (e.g., SRHR in UHC, SGBV, etc.); AWB (adolescent wellbeing framework), as well as cross-cutting topics (e.g., COVID-19 on WCA, UHC/PHC delivering for WCA equity, Climate Change on WCAH, HR and respectful care, as well as documenting community and people's voices and lived experiences, etc.).</p> <p>1.2.1 Adolescent well-being: (a) Second batch of BMJ papers; (b) Agenda for Action for Adolescents and related advocacy materials, drawing on inputs from the What Young People Want chatbot and informed by consultations/evidence.</p> <p>1.2.2 SRHR: Advocacy Brief SRHR in UHC, dissemination of sexual and gender-based violence messaging.</p> <p>1.2.3 MNCH: Born Too Soon update report, commentary on maternal mortality, dissemination of KMC guidance.</p> <p>1.2.4 Cross-cutting: G20 policy brief on WCAH, paper/brief on climate changed and WCAH, incl intersectoral financing; HRH and respectful care advocacy brief.</p>	KEWG	\$1,048,467	\$887,555	\$818,994	\$1,706,549
<p>1.3 Monitoring of trends and accountability evidence (e.g., streamlined WCAH progress reports, indicators, and monitoring framework for AWB, etc.) and digitally accessible resources made available (e.g., accountability compendium, briefs, etc.) related to WCA and equity, including progress evidence on consequences of COVID-19, conflict and climate change on WCA, all to underpin and strengthen advocacy efforts.</p> <p>1.3.1 Adolescent wellbeing monitoring framework (GAMA).</p> <p>1.3.2 Accountability Portal (including the WCAH commitments compendium).</p> <p>1.3.3 WCAH in UHC messaging through International Women's Day op-ed, G7 consensus statement, and contribution to Lancet Global Health on UHC.</p>	AccWG	\$560,648	\$474,604	\$432,806	\$907,410

² PMNCH contribution shown is a combined value of core implementation and coordination and additional investments. Overheads are noted at the bottom of the table.



PARTNER ENGAGEMENT		\$2,909,187	\$2,462,705	\$3,861,421	\$6,324,126
<p>2.1 Global Leaders Network established to lead on high-level advocacy for WCAH, including a focus on equity and leaving no one behind.</p> <p>2.1.1 Launch the Global Leaders Network, establish a workplan for each member, and produce MNCH/SRHR and AWB messaging roadmaps (3) for GLN use.</p> <p>2.1.2 UNGA high-level event with GLN members and adolescents/young people (Sept 2023).</p>	SAC & PECC	\$409,469	\$346,627	\$367,345	\$713,972
<p>2.2 National coalitions and multi-stakeholder platforms strengthened, and constituencies and partners supported (including ministerial dialogues, parliamentarians, civil societies, youth-led coalitions, etc.) to follow up on existing WCAH-related commitments and mobilize new commitments should there be gaps.</p> <p>2.2.1 Joint Advocacy and Accountability Action Plans developed for 10 priority countries.</p> <p>2.2.2 National Digital Advocacy Hubs created in up to 15 countries to support effective partner engagement.</p> <p>2.2.3 Engagement of PMNCH leaders with national governments and parliamentarians for commitment implementation and/or mobilization (e.g., AWB).</p>	PECC	\$1,312,635	\$1,111,181	\$1,341,059	\$2,452,240
<p>2.3 Constituencies and partners capacitated through purpose-built learning and training (e.g., webinars, workshops, e-learning courses, etc.), with an aim to enhance advocacy efforts.</p> <p>2.3.1 Up to 5 global-level webinars to support partner uptake of global knowledge / evidence and advocacy and accountability tools.</p> <p>2.3.2 Global Digital Advocacy Hubs (i.e., creation of MNCH/SRHR/AWB and constituency hubs).</p>	KEWG / AccWG	\$389,855	\$330,022	\$823,150	\$1,153,172
<p>2.4 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, Digital Advocacy Hubs, etc.).</p> <p>2.4.1 One or two Board meetings, four EC meetings, work-planning retreat and constituency meetings, and completion of PMNCH governance reform process (Light Touch Assessment and Good Governance survey).</p>	GEC	\$797,228	\$674,875	\$1,329,866	\$2,004,741



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CAMPAIGNS & OUTREACH		\$3,600,081	\$3,047,565	\$5,099,235	\$8,146,800
<p>3.1 Global Forum for Adolescents delivered to accelerate implementation of existing and mobilize new adolescent well-being commitments.</p> <p>3.1.1 1.8b campaign, including Global Forum for Adolescents and national/regional events to reach 1m young people.</p> <p>3.1.2 At least five new commitments to adolescent wellbeing.</p>	SAC	\$1,478,653	\$1,251,719	\$1,843,297	\$3,095,016
<p>3.2 Global and regional events delivered (e.g., Lives in the Balance 4 e-summit, UN High Level Political Forum accountability dialogue, and Accountability Breakfast) each building momentum to the 2023 Global Forum for Adolescents, African Union, G7/G20, WEF, IPU events, etc.</p> <p>3.2.1 World Health Assembly dialogue series of three WCAH events (Geneva, May 2023).</p> <p>3.2.2 Two high-level events on adolescent wellbeing leading up to the Global Forum for Adolescents (G20, India, June; UNGA, Sep 2023).</p> <p>3.2.3 Launch of Born too Soon report (Cape Town, May 2023).</p>	AccWG	\$1,063,305	\$900,116	\$1,288,450	\$2,188,565
<p>3.3 Digital and earned media products developed and disseminated to support advocacy efforts, including accountability processes, focused commentaries, blogs, podcasts, videos, interviews, statements, etc.</p> <p>3.3.1 MNCH digital earned media products (esp. related to Born Too Soon).</p> <p>3.3.2 SRHR digital earned media products (esp. related to sexual and gender-based violence and SRHR and UHC).</p> <p>3.3.3 AHWB digital and earned media products (esp. related to the 1.8 Billion Young People for Change Campaign).</p>	SAC	\$1,058,123	\$895,729	\$1,967,489	\$2,863,218
<i>Total budget (US\$) - Net of Program Support Costs (PSC)</i>		\$8,755,616	\$7,411,863	\$11,303,872	\$18,715,734
<i>PSC at 13%</i>		\$1,138,230	\$963,542	\$1,469,503	\$2,433,045
Total PMNCH contribution (US\$)		\$9,893,847	\$8,375,405	\$12,773,375	\$21,148,780

Annex 1: Overview of PMNCH's Theory of Change

A1.1 Outputs

It begins with PMNCH partners working together, with support from the Secretariat as needed, to conceptualize and develop a series of PMNCH-branded products (e.g., investment cases showing the benefits of investing in WCAH), events (e.g., virtual campaign events supporting accelerated implementation of existing national commitments), and/or processes (e.g., strengthening existing capacities of youth-led organizations), all of which meet the needs of countries, based on demand and joint action, always promoting equity and inclusion of those directly affected, “leaving no one behind”. These efforts are defined as **Outputs** and **are captured by this two-year rolling workplan**.

A1.2 Short term outcomes

The partner-led Outputs noted above will contribute to the existing knowledge and capabilities and strengthen collaboration and motivation of the wider PMNCH membership. The aim is to further empower partners to be agents of change, increasing their engagement, capacity and networks as a result of new knowledge, attitudes and practices.

A1.3 Intermediate outcomes

PMNCH's work will strengthen partners' already existing positions, capacities and motivations to better influence governments and each other, as well as regional and global bodies, to accelerate the implementation of existing women, children and adolescents (WCA) health and wellbeing policy, financing and/or service-related commitments as well as to mobilize new commitments where gaps are identified. Focus on these efforts will be placed on equity and leaving no one behind. These are represented and tracked by Intermediate Outcomes, and directly attributable to PMNCH's work.

A1.4 High level outcomes

Accelerating the implementation of these existing (and mobilizing any new) commitments is, in turn, PMNCH's contribution, together with contributions from all the other stakeholders in the ecosystem, to in-country, regional and global level changes in *policies, financing and service coverage*. These changes are expected to lead directly to the improvements of WCA health and well-being, as well as more equitable results, leaving no one behind.

A1.5 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 MNC morbidity and mortality, including stillbirths (Strategy Objective 1); (ii) improved SRHR outcomes (Strategy Objective 2); and (iii) improved Adolescent well-being (Strategy Objective 3). These are in line with the goals and objectives of the Global Strategy for Women, Children and Adolescent as well as the Sustainable Development Goals.

Annex 2: Principles and approaches underpinning the workplan and budget

The workplan was developed by PMNCH partners working through governance committees and working groups, reflecting the following principles and criteria:

- **Implementing PMNCH's Theory of Change.** Overall focus of the workplan is to accelerate the implementation of existing and mobilize any new commitments (should gaps be identified) from low- and middle-income country governments and global and/or regional bodies to prioritize WCA health and wellbeing. PMNCH's workplan articulates the activities and processes that implement this Theory of Change. Each proposed deliverable – and all coherently working together – supports PMNCH's efforts towards this goal.
- **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.
- **PMNCH's workplan is complementary and additive to efforts already underway by partners.** Great efforts are being made to ensure that deliverables are implemented with the view of being complementary to what is already being done by partners, with PMNCH's efforts acting as catalysts and enablers.
- **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 implementation of the workplan will also provide the basis for the external evaluation of PMNCH's work in 2024/25.
- **Rolling two-year workplan.** PMNCH will operate on a rolling two-year workplan basis, with this 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. The two-year workplan will also then align with the current WHO's (as PMNCH's host agency) biennial work planning cycle.

Annex 3: 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 the Board's meeting in Dec 2021 but also in the subsequent discussions by the relevant committees, working groups, EC and the Board during their meetings in 2022. Furthermore, the EC and its partner structures agreed to develop the workplan based on these priorities, and reflecting:

- Board decisions on flagship deliverables, as presented and agreed upon at PMNCH's Dec 2021 and July 2022 Board meetings, and EC meetings in between;
- 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 initially developed through a two-day retreat in early 2022, as convened by PMNCH's Strategic Advocacy Committee (SAC), 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.

Consolidation of workplan deliverables has taken place in two phases during 2022. The deliverables were reduced from 17 to 14 after the PMNCH workplan retreat in February 2022, endorsed by the EC in the same month, and then, following the EC meeting in June 2022, the number of deliverables was further reduced from 14 to 10. This effort has included eliminating and/or deferring some sub-activities to ensure that PMNCH is focusing on outputs that align most closely with our agreed 2022-23 PMNCH priorities, as discussed at the December 2021 Board meeting.

Overview of how the 14 deliverables were merged into 10 is set out in below Table A1.

Table A1: Moving from 14 to 10 deliverables

14 Deliverables (approved Feb 2022)	10 Deliverables (for approval in Oct 2022)	Changes made
Knowledge synthesis	Knowledge synthesis	
1.1 Economic analyses	1.1 Economic analyses	No change
1.2 Resources to support embedding WCA health and well-being into UHC/PHC plans and highlighting cross cutting Board priorities	1.2 Evidence-based advocacy resources to advance WCAH priorities, UHC/PHC delivering for WCA, as well as PMNCH's major three thematic priorities (MNCH, SRHR and AWB).-	Revised to include work from deliverables 1.4, 1.5 and 2.4.
1.3 Monitoring of trends and accountability evidence on WCAH	1.3 Monitoring of trends and accountability evidence on WCAH	No change
1.4 Knowledge documenting community and people's voices and lived experience		Merged into 1.2
1.5 Knowledge resources to advance on Board priorities within the overall 3 thematic areas		Merged into 1.2

14 Deliverables (approved Feb 2022)	10 Deliverables (for approval in Oct 2022)	Changes made
Partner engagement	Partner engagement	
2.1 Global Leaders Network and political horizon scanning/ analysis	2.1 Global Leaders Network and political horizon scanning/ analysis	No change
2.2 Strengthen national coalitions and Multi-Stakeholder Platforms, supporting constituencies and partners to mobilize and implement commitments with PMNCH's Call to Action	2.2 Strengthen national coalitions and Multi-Stakeholder Platforms, supporting constituencies and partners to implement WCAH commitments, identify gaps and mobilize additional commitments to respond to gaps (e.g. for AWB)	Revised to include sub-deliverables from 2.4
2.3 Constituency and partner capacity building	2.3 Constituency and partner capacity building	No change
2.4 PMNCH's Digital Advocacy Hubs		Recognizing relevance to the workplan, merged into 1.2, 2.2, 2.4, and 3.2.
2.5 Inclusive participation of partners in PMNCH structures	2.4 Inclusive participation and effective engagement of partners in PMNCH structures	Revised to including sub-deliverables from 2.4
Campaigns and outreach	Campaigns and outreach	
3.1 Global Forum for Adolescents (2023)	3.1 Global Forum for Adolescents (2023)	No change
3.2 PMNCH organized global, virtual, events	3.2 PMNCH organized and supported global, regional and virtual events.	Revised to include sub-deliverables from 2.4 and 3.3.
3.3 PMNCH participation in selected global and regional events		Merged into 3.2
3.4 Digital and earned media products	3.3 Digital and earned media products	No change