

PMNCH Executive Committee Meeting

Thursday, 20 January 2022, 14:00 to 15:00 CET

Document Title: EC-01-2022; 03, Guiding the development of the PMNCH 2022 Workplan

Summary: In the context of the PMNCH 2022 Workplan, this document reaffirms and

proposes:

Board agreed PMNCH goals for 2022;

principles and criteria;

content directions;

• partner engagement approaches; and

workplan development process and timeline.

Actions Required: The EC is asked to reflect on, provide comments, and approve the presented

proposals to guide the development of PMNCH's 2022 Workplan.



PMNCH 2022 Workplan

Proposals for content and development process approaches

1. Introduction

PMNCH's 2022 Workplan will set out the work that PMNCH plans to deliver in 2022. It will operationalize the <u>PMNCH 2021 to 2025 Strategy</u> and will be based on the recently approved <u>PMNCH's Results Framework</u>, discussions during the <u>Board meetings in 2021</u>, lessons learned to date, and work that is currently underway by PMNCH.

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

These proposals, if approved, will guide the work of PMNCH partners, committees and working groups, supported by the Secretariat, to arrive at a PMNCH 2022 Workplan by March 2022.

2. Board agreed PMNCH goals for 2022

At its meeting in Dec 2021, the PMNCH Board agreed four primary goals for the partnership to pursue in 2022, which are:

- Goal 1: Focus on the <u>seven asks of the Call to Action on COVID-19</u>, with special attention to be paid to asks 1, 2, 3, and 7¹.
- Goal 2: Women's, children's and adolescents' health within UHC.
- Goal 3: Adolescent health and well-being, including mental health and climate change.
- Goal 4: Reducing preventable maternal and newborn deaths, including stillbirths.

These goals form the basis of planning PMNCH's activity in 2022.

3. Principles and criteria

The process to develop the workplan will adhere to the following principles and criteria:

PMNCH's Theory of Change: Securing Commitments. PMNCH's workplan will be an
articulation of activities and processes that are implementing the updated Theory of
Change, as reflected in the PMNCH's 2021 to 2025 Results Framework. It will need to be
clear how each proposed activity is supporting PMNCH's efforts to influence

¹ Ask 1: Sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH) services, supplies, and information and demand generation including for contraception, safe abortion, immunization, safe delivery, stillbirth prevention, and mental health. Ask 2: Advancing sexual and reproductive rights and gender equality. Ask 3: Quality care, including respectful and dignified care, and effective community engagement and redress mechanisms. Ask 7: Prevention of violence against women, children and adolescents through education and protection programs.



governments, as well as 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.

- Partner-led, partner-centric, and PMNCH-branded. Activities included in the workplan should clearly demonstrate that they have been conceptualized, developed, and led by partners, and that 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 should not be included in the workplan.
- Focused and contextualized within the available budget. PMNCH's approved Essential budget has been set at US\$ 10 million and Comprehensive at US\$ 15 million per year, with intensive resource mobilization efforts underway to secure resources to meet these budgetary plans. In the context of national and global needs to support women's, children's and adolescents' health and wellbeing, this is a relatively modest but important, catalysing, contribution. This makes it very important for the workplan to focus on a limited number of most impactful activities, whose delivery will empower and facilitate partners.
- Measurable and transparent. The workplan needs to be measurable and transparent. It should be possible, through reasonable investment, to monitor and measure implementation and impact of activities included in the workplan, so that PMNCH's work can be monitored and reported on transparently.
- Rolling workplan. Whilst the workplan is aimed at informing what PMNCH does in 2022, it is going to be a 'rolling workplan'. Aspects of its content will continue to be relevant, and added to, in the years to come as part of our collective effort to implement PMNCH's 2021 to 2025 Strategy, through our Results Framework.

4. Content directions

The content of the workplan will be very much driven by 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.

In this context, guidance on which deliverables to include in the workplan should be sought from:

- Board decisions on flagship deliverables, as presented and agreed upon at PMNCH's Dec 2021 Board meeting.
- Presentations and discussions at the Jul and Dec 2021 Board meeting, which elaborated on a number of important themes and products, reflecting partner consultations.



- Committee, working group and constituency led discussions on priorities and opportunities for PMNCH in 2022, including thematic summary papers.
- Ongoing and opportunistic deliverables, which are already under development or earmarked for funding through existing grants, or deliverables which would in exceptional circumstances (as approved by the Executive Committee) be added to the workplan on an ongoing basis to reflect unplanned and opportunistic engagement by PMNCH.

Each product and sub-product included in the workplan will have some **thematic and functional attributes.** PMNCH's objectives, as set out in its 2021 to 2025 Strategy, are focused on achieving impact in three <u>thematic areas</u>, namely maternal, newborn and child health; sexual and reproductive health and rights; and adolescents health and wellbeing. Each product in our workplan will therefore have its thematic (including cross-thematic) and functional attributes, and it should be possible to present the workplan either thematically or functionally.

5. Partner engagement approaches

As noted earlier, the workplan will be developed by and for partners, who make up PMNCH. To achieve this and building on the partners-led work to date on the Strategy, Results Framework, and the Theory of Change itself, several EC-overseen processes will be engaged in by partners and facilitated by PMNCH Secretariat. These include:

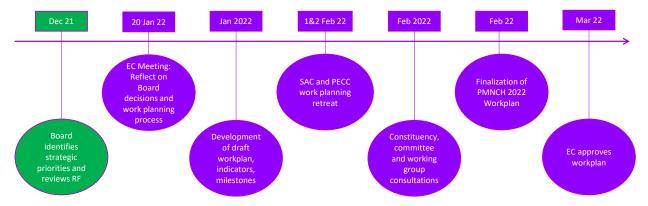
- Standing committees lead the workplan formulation process. The PMNCH's Strategic Advocacy
 Committee (SAC) and Partners Engagement in Countries Committee (PECC) will lead the
 formulation of the workplan, based on inputs from the Governance and Ethics Committee (GEC)
 and the two PMNCH's working groups, namely Knowledge and Evidence Working Group (KEWG)
 and Accountability Working Group (AcWG). SAC and PECC leadership and members will interact
 intensively during Q1 of 2022, including a two-day retreat in February 2022 and post retreat
 interactions.
- PMNCH constituency consultations. Members of PMNCH's 10 constituencies will be engaged in consultations on how they collectively and / or their members individually may be able to contribute to the delivery of the activities set out in the workplan. Looking ahead, a process will be set in place by which members of the constituencies can, through the standing committees and working groups, further interact with the workplan monitoring and updating process in 2022 and beyond.
- External expert advice. As may be applicable and relevant, PMNCH Secretariat will facilitate the
 engagement of any necessary external experts to support the workplan development process.
 This will include independent external facilitation of the workplan development process (e.g.,
 noted SAC and PECC retreat), WHO's evaluation office, external advice on indicator development,
 monitoring processes, etc.

6. Workplan development process and timeline



The Board at its meeting in December 2021 approved the broad timeline for the workplan development process. This is summarised in Figure 5.1 below.

Figure 5.1: Workplan development process timeline



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



Annex 1: Thematic segmentation of PMNCH activities

The possible thematic attributes that can be used to describe any one of PMNCH's workplan products are set out below.

A1.1 Cross-cutting themes

Any topics / areas that can applied to all three sub-themes, individually or collectively, include:

- 1. Humanitarian and Fragile Settings
- 2. Gender equality + empowerment
- 3. Equity (e.g., gender, race, ethnicity, geographic disparities, disability)
- 4. Social determinants of health (nutrition, education, WASH, socio-economic environment)
- 5. Quality of care
- 6. Community engagement and people's voices
- 7. Accountability and governance
- 8. Human resources for health
- 9. Health financing
- 10. Planetary health
- 11. COVID-19 & pandemic preparedness and response
- 12. Digital Health
- 13. Health literacy and promotion (including self-care)

A1.2 Sub-themes for MNCH, SRHR and AHWB (not mutually exclusive – one product could have more than one theme associated with it)

Maternal, newborn and child health (MNCH)

- Maternal and newborn health (MNH)
 - Pregnancy and childbirth (e.g., maternal mental health, NCDs and maternal health, ANC, SBA, PMTCT)
 - Newborn health (e.g., postnatal care services, breastfeeding, pre-term care, routine newborn care, care for small and sick newborns, responsive caregiving)
 - Stillbirths
- Child Health and development
 - Child health (childhood illnesses, immunisation)
 - Responsive caregiving
 - Child well-being and protection (safety and security, learning)

Sexual and reproductive health and rights (SRHR)

- Reproductive Health (e.g., fertility regulation/contraception, safe abortion care)
- Sexual health (e.g., self-care, HIV)
- Sexual and gender-based violence



Adolescents' health and wellbeing.

- Adolescent health
 - Adolescent mental well-being and protection
 - Adolescent NCDs
- o Young people's active engagement in health and well-being
 - Meaningful youth engagement
- o Adolescent learning, competence, education, skills and employability
- Supportive environment, autonomy and resilience (e.g. safety, identity etc)