

**Terms of Reference**  
**Maternal, Newborn and Child Health (MNCH)<sup>1</sup> Technical Working Group**  
**March 2010**

**1. Introduction:**

The Ministry of Health and Social Welfare (MOHSW) through its ongoing health sector reforms has developed a Health Sector Strategic Plan (HSSP) III 2009 – 2015 to guide the priority setting and deployment of resources in the health sector. The current Health Sector Strategic Plan III 2009-2015 (HSSP-III) and the National Health Policy are the overall guiding documents of the Sector. The implementation and coordination of the HSSP, MTEF and CCHPs are monitored jointly by the Government (MOHSW, PMORALG and MOFEA), the development Partners and Civil Society Organization through the Health Sector Wide Approaches committee and the Technical committee (TC SWAp). In line with the International and National commitment of attaining the MDG targets and Goals and given the slow progress registered in the reduction of maternal and newborn mortality and universal access to Sexual Reproductive Health in Tanzania, the HSSP III prioritized maternal, newborn and child health interventions as a key strategy for achieving the MDGs particularly MDG4, 5A and 5B<sup>2</sup>.

**2. Establishment of the Technical Working Group (TWG)**

Various Technical Working Groups (Committees, Task Forces) have been established to facilitate dialogue around (sub-)sectoral technical and thematic areas (e.g. health financing, human resources, monitoring & evaluation, pharmaceutical supplies, public private partnerships, etc.) It is in this context that the MNCH technical working group was formed under the TC SWAp to coordinate and provide technical guidance in the implementation of the MNCH priorities as stipulated in the HSSP III, the One MNCH Plan 2008-2015 and other sector strategies.

**3. The task of the MNCH TWG**

The main tasks of the Maternal, Newborn and Child Health Technical Working group are:

**Advisory:**

- Provide advice to assist decision makers on new MNCH policies, strategies and programmes as well as on the current implementation of MNCH component of HSSP and other related strategies and plans through the MTEF, CCHPs and other Initiatives.
- Identify strategic interventions for resource allocation/priority expenditure at sector level, in line

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<sup>1</sup> MNCH components include: antenatal care, delivery care, postnatal care, PMTCT, child health/IMCI, immunization, adolescent sexual reproductive health, family planning, post abortion care and management of GBV

<sup>2</sup> MDG4 target: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate, MDG5 target 5A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio; and target 5B: Achieve, by 2015, universal access to reproductive health.

with sector policies/strategies and MKUKUTA, and provide inputs related to MNCH for budget guidelines preparation;

- Identify tasks that need to be tackled through special assignments, and policy issues which need to be informed through analyses.
- Identify important emerging issues that require attention such as supportive supervision, capacity development initiatives and new technology in Reproductive Health(RH)/MNCH

**Coordination:**

- Coordinate and act as a link between the various partners supporting the MOHSW in the area of MNCH with TC SWAp
- Coordinate the various Sub Technical Working Groups under MNCH and receive feedback on major interventions, events, relevant proposals and studies related to the MNCH and review and identify issues that need further follow up and report to the TC Swap Committee.
- Provide a forum for information sharing to improve coordination of various activities across the sector.

**Monitoring:**

- Monitor the implementation of the MNCH component of HSSP, the Road Map and other related strategies and plans.
- Monitor RH/MNCH expenditures to ensure that they will impact upon HSSP and One Plan objectives.
- Monitor the translation of MNCH reports and studies recommendations into improved plans and budgets at national and district levels;
- Report progress towards achieving MNCH milestones and priorities to the TC SWAp and the Annual Joint Health Sector Reviews.

**4. Membership, Chair and Secretariat**

- The membership comprises representatives from the various existing MNCH sub working groups, development partners, representatives from the faith based organizations, and the non governmental organizations that are active in the area of MNCH. The representation from the FBOs and the NGOs will be on rotational basis
- Members are expected to prioritize the membership, commit their time to contribute their knowledge on policy direction, strategic interventions, innovations as well as their MNCH expertise to the TWG.
- The TWG may co-opt any other person and expert according to need, to act as resource persons on specific issues.
- The Chairperson of the TWG is the Assistant Director Reproductive and Child Health and the secretary is the Programme Manager - EPI.

## **5. Meeting schedule**

The MNCH TWG will meet every two months on a regular schedule fixed at the beginning of the fiscal year. Extraordinary meetings should be called upon according to need.

## **6. Relationship to existing Working Groups:**

### **a) TC SWAp:**

The MNCH WG functions under the umbrella of TC Swap. The chair of the MNCH WG will represent the group in the TC SWAp meetings. The chair and the secretary will also be responsible to provide regular feedback to the TC SWAp.

### **b) MNCH Sub Working groups**

All the existing MNCH sub working groups will be part of the MNCH WG, represented by the respective programme managers or coordinators under RCHS or alternate representative as delegated by the programme manager. The programme managers/coordinators will be responsible to provide regular feedback in writing to the MNCH WG.

### **c) PMNCH**

Tanzania established the Partnership for Maternal, Newborn and Child health (PMNCH) which was launched in 2007, during the Global Forum for maternal, newborn and child health. The main objectives of PMNCH are to;

- Support country-led efforts in accelerating universal coverage of essential MNCH interventions
- Advocate for increased political & financial commitment to MNCH
- Promote the development & adoption of evidence-based, cost-effective interventions
- Measure & evaluate progress on agreed outcomes

The PMNCH, will remain as body which includes broader representation of Stakeholders who are not eligible members of the TC Swap. The chair of the PMNCH is the Chief medical Officer (CMO) and the secretary is the Assistant Director, RCH.

### **d) Other TC Swap Working groups**

The MNCH WG will work in close collaboration with other working groups especially the Nutrition, District and Regional Health Services, Pharmaceutical and Supplies, Human Resource and Monitoring and Evaluation WGs.

**Annex: 1 MNCH Sub Working Groups**

1. Safe Motherhood Initiative (SMI) TWG
2. Family Planning (FP)TWG
3. Adolescent Reproductive Health (ARH) TWG
4. PMTCT WG
5. Newborn and Child Health TWG
6. Infant and Young Child Feeding Consultative Committee
7. EPI ICC ( WG)
8. Contraceptive Security Committee (CSC)
9. RH/MNCH M&E TWG (to be formed)

## **Annex 2: List of MNCH WG members**

1. Assistant Director RCH – Chair
2. Programme Manager EPI – Secretary
3. Safe Motherhood Initiative Coordinator
4. Adolescent Reproductive Health Coordinator
5. PMTCT Coordinator
6. Newborn and Child Health Programme Manager
7. Contraceptive Security Committee – Focal person
8. Infant and Young Child Feeding Committee coordinator (TFNC)
9. UNFPA
10. WHO
11. UNICEF
12. USAID
13. CDC
14. German Development Cooperation/GTZ
15. Norway
16. CIDA Canada
17. AGOTA (Association of Gynecologists and Obstetricians of Tanzania)
18. PAT ( Pediatric Association of Tanzania)
19. TAMA ( Tanzania Midwives' Association)
20. NIMR ( National Institute for Medical Research)
21. NGO Representative (nominated by the group)
22. CSSC Representative
23. PMORALG Representative
24. CHAI

