

Terms of Reference
Reproductive, Maternal, Newborn Child and Adolescent Health (MNCAH) ¹ Technical Working Group April, 2016

1. Introduction:

The Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) through its ongoing health sector reforms has developed a Health Strategic Plan (HSSP) to guide the priority setting and deployment of resources in the health sector. The current Health Sector Strategic Plan IV 2015 – 2020 (HSSP – IV) 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 joint by the Government (MOHCDGEWC, PORALG and MOFP), the development Partners and Civil Society Organization through the Health Sector Wide Approaches commitment of attaining the SDG 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 IV prioritized reproductive, maternal, newborn, child and adolescent health interventions as a key strategy for achieving the SDGs Goal 3, 5 and 17.

2. Establishment of the Technical Working Group (TWG)

Various Technical Working Group (Committees, Task Forces have been established to facilitate dialogue around (sub) sectoral technical and thematic areas. It is in this context that the RMNCAH technical working group was formed under the TC SWAp to coordinate and provide technical guidance in the implementation of the RMNCAH priorities as stipulated in the HSSP IV the one MNCH plan 2016 -2020 and other sector strategies.

3. The task of the RMNCAH TWG

The main tasks of the Reproductive, Maternal, Newborn, Adolescent and Child Health Technical Working Group are:

Advisory

- Provide advice to assist decision makers on new RMNCAH policies, strategies and programmes as well as on the current implementation of RMNCAH component¹ of HSSP and other related strategies and plans through the MTEF, CCHPs and other Initiatives.
 - Identify strategic intervention for resource allocation/priority expenditure at sector level, in line with SDGs.²
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¹ RMNCAH components include: Antenatal care, Delivery care, Postnatal care, PMTCT, Child health, Immunization, Adolescent Sexual Reproductive health, Family Planning, Post Abortion Care, Management of GBV, Elderly and Prevention of Reproductive cancers.

² SDG Goal 3: Ensure healthy lives and promote well-being for all at all ages

SDG 5: Achieve gender equality and empower all women and girls²

SDG 17: Strengthen the means of implementation and revitalize the global partnership for sustainable development

- With sector policies/strategies and Five Year Development Plan II, and provide inputs related on RMNCAH 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 RMNCAH.

Advocacy:

- Resource mobilization for implement One Plan II

Coordination:

- Coordinate and act as a link between the various partners supporting the MOHCDGEC in the area of RMNCAH with TC SWAp.
- Coordinate the various Sub Technical Working Groups under RMNCAH and receive feedback on major interventions, events relevant proposals and studies related to the RMNCAH and review and identify issues that need further follow up and report of 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 RMNCAH component of HSSP IV, the Road Map - One Plan II and other related strategies and plans.
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- Monitor RMNCAH expenditures to ensure that they will impact upon HSSP IV and One Plan II objectives.
- Monitor the translation of RMNCAH reports and studies recommendation into improved plans and budgets at national and district levels.
- Report progress towards achieving RMNCAH 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 RMNCAH sub working groups, Development Partners, Representatives from the Faith Based Organizations (FBOs), and the Non-Governmental Organization (NGOs) that are active in the area of RMNCAH. One member from FBOs and One member from NGOs shall be selected by their respective organization.
- Members are expected to prioritize the membership, commit their time to contribute their knowledge on policy direction, strategic interventions, innovations as well as their RMNCAH expertise to the TWG.
- Membership will cease if a member misses 3 consecutive meetings without apology.
- 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, Co Chair will be the Assistant Director Nutrition Services who will be a Secretary for the TWG. The Secretary during the technical meeting will be assisted by RCHS Administrator to take notes

5. Meeting Schedule.

- The RMNCAH TWG will meet every two months on first tuesday starting June 2016 of the respective month 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 RMNCAH TWG functions under the umbrella of TC SWAp. The chair of the RMNCAH TWG and the Co chair will represent the group in the TC SWAp meetings. The chair and the co chair will also be responsible to provide regular feedback to the TC SWAP.

b) MNCAH Sub Working groups

All the existing RMNCAH sub working groups will be part of the RMNCAH WG, represented by the respective programme manager or coordinators under RCHS or alternate representative as delegated by the manager. The programme managers/coordinators will be responsible to provide feedback every 2 months in writing to the RMNCAH TWG prior the meeting date.

c) Other TC SWAp Working group

The RMNCAH TWG will work in close collaboration with other technical working groups especially the District, Regional, Zonal and National Health Services, Human Resources for Health, Health Financing, Public Financial Management, Public Private Partnership, Social Welfare, Social protection ,Community Development and Nutrition, Health Commodities and Technologies, Health Promotion and Health Protection, eHealth and Monitoring & Evaluation and Quality Assurance.

ANNEX: 1 RMNCAH SUB WORKING GROUPS

1. Safe Motherhood Initiative (SMI) WG.
2. Family Planning (FP) WG.
3. Adolescent Reproductive Health (ARH) WG.
4. Prevention of Mother to Child Transmission of HIV (PMTCT) WG.
5. Newborn and Child Health (NCH) WG.
6. Immunization and Vaccine Development (IVD) WG.
7. Gender in Reproductive Health WG.
8. Reproductive Health (RH) WG.
9. Reproductive Health Commodity Security (RHCS) WG.
10. RMNCAH Strategic Information (SI) WG.

ANNEX 2: LIST OF RMNCAH TWG MEMBERS

1. Assistant Director RCH –Chair
2. Assistant Director Nutrition – Co- Chair/ Secretary
3. RMNCAH Administrator – Co- Secretary
4. Programme Manager IVD
5. Family Planning Coordinator
6. Safe Motherhood Initiative Coordinator
7. Adolescent Reproductive Health Coordinator
8. PMTCT Coordinator
9. Newborn and Child Health Programme Manager
10. Gender in Reproductive health Coordinator
11. Reproductive Health Coordinator
12. RMNCAH Strategic Information Coordinator
13. RMNCAH Commodity Security Coordinator
14. National RCH Zones and Regions Coordinator
15. Managing Director TFNC
16. UNFPA 2 Representatives
17. WHO – 2 Representatives
18. HSSP secretariat. (Dr Oberlin Kissanga)
19. UNICEF – 2 Representative
20. USG Mission – 2 Representative
21. German Development Cooperation (GiZ &KfW) -
22. Norway – 1 Representative
23. CIDA Canada - 1 Representative
24. Irish Aid – 1 Representative
25. NGO Representative (nominated by the group) From SMI WG
26. NGO Representative from FP WG
27. CSSC Representative
28. PORALG Representative from Dar es Salaam Office
29. CHAI - 1Representative.
30. Professional Association - 1 Representative from AGOTA, TAMA and PAT
31. Association of Private Health Facilities