



THE PARTNERSHIP
For Maternal, Newborn & Child Health

**Terms of Reference:
Monitoring and Evaluation Working Group**

1. Introduction

The Partnership has four main areas of activity, each supported by a working group: Country Support, Advocacy, Effective Interventions and Monitoring & Evaluation (M&E). These groups are intended to be complementary in their scope, work and operation. Each has generic as well as specific functions, as discussed below. The purpose of this note is to clarify the remit and function of the M&E group as a step towards its full establishment by the time of the Partners' Forum in late April 2007.

2. Generic functions of working groups

The overall purpose of each working group is to provide a platform to guide and co-ordinate the inputs of The Partnership members in the design and implementation of strategies to increase resources and action for MNCH in countries. The groups are intended to support and report to The Partnership Steering Committee, and to facilitate rather than take on the work of individual partner members.

Generic functions of the working groups are to:

- Ensure coherence between the policies, objectives and work plans of The Partnership and those of their respective constituencies and member organizations;
- Co-ordinate the plans on country level support, advocacy, technical interventions and M&E, to ensure synergy;
- Identify appropriate partners and/or sources to fund and/or undertake tasks and activities on behalf of The Partnership.

3. Specific Terms of Reference for M&E Group

In addition to the generic functions of all of the working groups, the M&E working group will provide the Steering Committee of The Partnership with a means to achieve action and to oversee progress in monitoring and evaluation. The oversight function of the M&E working group will be in three main areas.

- Provide technical assistance for the global tracking of progress for MNCH
- Strengthen the ability of countries to monitor and evaluate progress in MNCH
- Track progress in implementation of and outcomes from The Partnership workplan

The specific remit of the M&E working group within the three areas is detailed below.

- Support initiatives which track global and country commitment to MNCH and which improve the generation of robust evidence and use of sound data to guide the development of MNCH policies, plans and budgets
- Identify ways to measure other areas which warrant further attention, such as inequities in MNCH, health systems capacity, political/financial commitment etc
- Support the building of systems at country level to enable good monitoring and to strengthen M&E frameworks as part of country MNCH plans
- Work with The Partnership working groups and constituencies, as well as other related initiatives such as Countdown to 2015, Health Metrics Network (HMN), Child Health Epidemiology Reference Group, etc (see Figure 1)
- Provide information to support advocacy activities and enable progress
- Monitor the activities of The Partnership itself regarding progress
- Work with The Partnership Secretariat to track resource flows, programme inputs and service outcomes linked with The Partnership work plan, and ensure dissemination of this information for advocacy purposes;

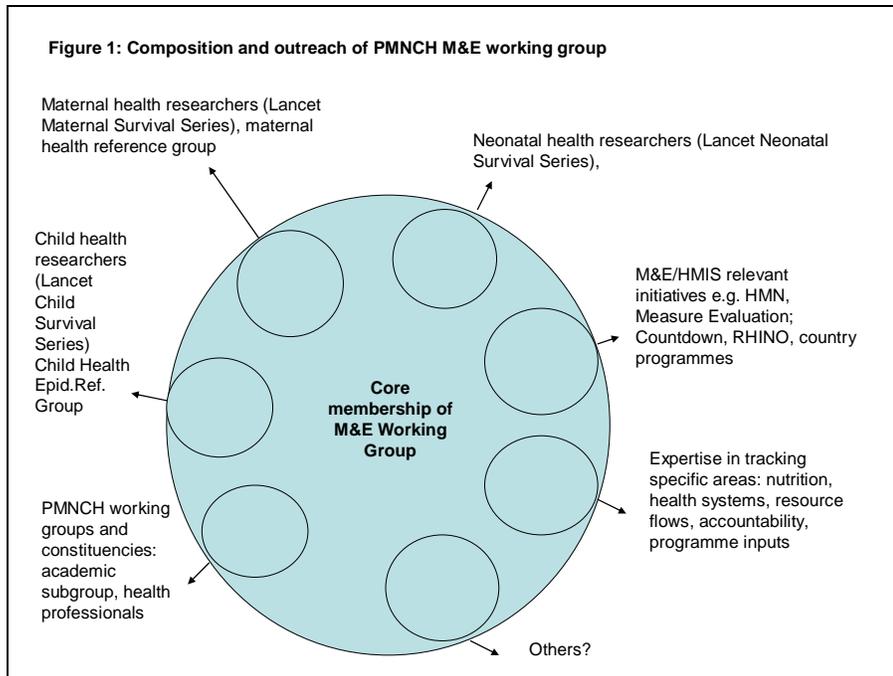
The M&E working group will not set up new systems for gathering of information, nor will it get involved in directly monitoring programmes and initiatives (except for monitoring The Partnership activities), but rather support expertise from existing initiatives in order to avoid duplication of mandates and activities. Where gaps and new ways of analyses are identified, the M&E working group will identify the means through which this new information can be obtained and utilised.

4. Constitution and membership

The M&E working group will have two levels of participation.

- i. General membership – open to any member of The Partnership as an individual or an organization/agency. This will be a self-selected membership, and unrestricted in size, with new additions possible at any time;
- ii. Core membership – this will comprise a maximum of 12 people, representing organizations/agencies or as individuals with expertise relevant to the remit of the M&E Group. These core members will be proposed by the Chairs of the Group in discussion with the Secretariat, and endorsed by the Steering Committee. Core members will be identified primarily on the basis of their technical skills in M&E representing a range of perspectives including maternal, newborn and child health, health systems, nutrition and resources tracking, whilst also ensuring adequate balance across type of constituency, agency representation, links with other relevant initiatives, and North-South parity.

In addition to these two levels of membership, additional sub-groups may be created on an *ad hoc* basis for the completion of specific tasks. The M&E group may draw upon other relevant constituencies as indicated in the attached Figure 1.



5. Functionality

The M&E working group will be chaired by two members of the Steering Committee with M&E expertise covering MNCH. Acting chair Julia Hussein, in lieu of Wendy Graham, has been identified to facilitate the set-up process for the Group with a co-chair still to be confirmed. Full Chairs will be confirmed through discussion by the working group and endorsed by The Partnership Steering Group.

Core members will serve for a period of 2 years in the first instance, and will commit not more than 5% of their time to the work of the M&E Group. Members will each have specific areas of responsibility agreed with the Chairs and Secretariat, particularly as regards liaison with other constituencies and initiatives (Figure 1). Each core member representing an agency will also be invited to indicate other resources (human resources, funds, networking, etc) which may be available from their agency to assist the operation of the M&E working group.

The time spent on general and core working group membership is not funded. However, expenses (travel costs, flights, accommodation etc) to attend core group meetings and activities where required will be funded by The Partnership. Specific tasks of the M&E working group may be additionally funded on application to The Partnership Secretariat.

The M&E group will convene 4 times a year, with at least one of those meetings face-to-face and the remainder through tele- and/or video-conferencing. Other meetings will be held related to specific tasks and will not necessarily involve all core members.

In the initial set-up phase, a research assistant within Immpact will provide technical liaison and general support to the Chair. The Partnership Secretariat will otherwise facilitate the normal running of the M&E group, including the provision of secretarial services. A Senior Advisor in M&E will be appointed by The Partnership to provide support and ensure effective linkages with the other working groups.

6. Outputs

The M&E working group reports to the Steering Committee, and is required to produce an annual statement of work completed.

The initial tasks for the M&E core members (by July 2007) will be to:

- Finalise a work plan, with budget, for the period from April 2007- April 2008, for approval by the Steering Committee in May 2007
- Draft key activities for the period 2008/09
- Set up links with related working groups, constituencies and initiatives.
- Provide feedback on the Evaluation Plan for The Partnership's Gates-funded initiative in the scaling-up MNCH interventions;
- Contribute to the design of an M&E strategy for integration in the Global Business Plan for MNCH.