



Evaluation of the Partnership for Maternal, Newborn and Child Health
Final Scope of Work (SOW)
3-3-08

Purpose of the evaluation

In its December 2007 meeting, the Board of the Partnership for Maternal, Newborn and Child Health (PMNCH) called for an expedited evaluation of the Partnership. This evaluation will therefore be in two parts;

Part 1 the PMNCH overall evaluation

Part 2 the performance evaluation of the Director.

Evaluation of the overall Partnership

The evaluation of the Partnership will attempt to assess the main strengths, achievements, weaknesses and missed opportunities of the Partnership to date, and the options for addressing them. Evaluation questions are framed in terms of effectiveness, relevance, alignment, ownership, governance and management. The firm/individual selected will be expected to develop specific evaluations questions as part of its final proposal.

1. **Effectiveness:** Has the Partnership achieved its objectives as outlined in the Conceptual and Institutional Framework and its 2006 and 2007 approved work plans? Has the Partnership successfully harnessed and harmonized the individual efforts of the partners to improve the survival outcomes of women, newborns and children (or to accelerate progress towards meeting MDGs 4 and 5) through better networking, advocacy, knowledge creation, technical assistance or investments?
2. **Relevance:** Does the Partnership add value within the context of the changing global landscape of multiple, continually changing partnerships and global health priorities? Does the partnership add something that would not be possible without it? Are the Partnership's activities carried out at the most appropriate level — global, regional, national, or local — in terms of efficiency and responsiveness to the needs of beneficiaries? Does the work of the Partnership and its secretariat complement, add to and enhance the work of individual partners?
3. **Alignment:** Has the Partnership complied with best practice principles for global health partnership activities at country level¹? Has the PMNCH effectively reflected the broader principles of the Paris Declaration on harmonization and alignment?
4. **Ownership:** Are the partners and the Secretariat contributing to the success and effectiveness of the Partnership as outlined in the Conceptual and Institutional Framework

¹ Best Practice Principles for Global Health Partnership Activities at Country Level. High Level Forum on the Health MDGs. Paris. November 2005.



and its 2006 and 2007 approved work plans? Is there a sense of ownership on the part of various constituencies, both those represented on the Board and those that are not?

5. **Governance:** To what extent have governance functions² been effectively implemented by the Board and by Board-established committees and supported by the Secretariat?
6. **Management:** To what extent have management responsibilities³ been effectively discharged by the Secretariat?
7. **Other:** Are there any major gaps in issues that the PMNCH should be addressing?

The evaluation of the Partnership will address structural elements of the Partnership, governance issues, strategic objectives including issues of “value added”, expected results measured against past progress and current priorities, and the Partnership’s ability to leverage financing, policy and programmatic results for maternal, newborn and child health globally and at country level.⁴ The evaluation will examine the role and function of the Secretariat as well as the relative contribution of partner organizations and institutions, the Board and its membership and the Partnership’s standing working groups and committees.

Evaluation of the Director

An external evaluation of the Director of the Partnership was requested by the Board, and will comply with general procedural guidelines of the host organization of the Partnership, the World Health Organization. The specific SOW for this element of the evaluation will be developed in consultation with the appropriate units within WHO; in general, the aim of this element will be to assess the performance of the Director based on the position description and the expected outputs, including an examination of 1) leadership abilities, 2) advocacy and resource mobilization skills, and 3) managerial and communication skills.

Evaluation Consulting Firm

The credibility of the evaluation will depend on the expertise and independence of the evaluators and the degree of transparency of the evaluation process.

The consultant or consulting firm to conduct the evaluation will be selected by the Evaluation Committee established by the Partnership Board; selection will be on competitive grounds based on the firms’ competence, and by means of a transparent process. Due to severe time constraints, the firm selected will commit to complete the evaluation within two months following the signing of the contract.

² Strategic direction, Management oversight, Stakeholder participation, Risk management, Conflict management, Audit and evaluation.

³ Work planning & implementation, Resource mobilization, Regulatory compliance, Reviewing and reporting, Administrative efficiency, Stakeholder communication, Learning, Performance assessment.

⁴ Leveraging funding here does not refer to obtaining funding for the Partnership and its work but to leverage funding for maternal, newborn and child health activities globally and at country level.



The firm selected will meet the following additional criteria:

- Capacity to respond quickly to requests of this type.
- Availability of qualified consultants.
- Previous experience in evaluating global health partnerships.
- Familiarity with principles and standards for evaluating global partnerships (see methodology)
- No perceived or real conflict of interest. All candidates should disclose any prior involvement with PMNCH and agree not to be involved in the implementation of the recommendations.

Qualified evaluators:

- Should accurately represent their level of skills and knowledge; they should decline to conduct such an evaluation if its scope falls outside the limits of their professional training and competence.
- Should have relevant educational background, qualifications, and training in public health, preferably an advanced university degree, with specialized training in evaluation techniques.
- Should have relevant professional work experience in areas such as partnership development, health policy and planning, project management and evaluation. Previous work experience in developing countries is essential.
- Need to be familiar with, and have specific technical knowledge of, the methodology or approach that will be needed for the evaluation.

Methodology

The evaluation consultant will propose an evaluation methodology inspired by the principles and standards for evaluating global partnerships, developed jointly by the World Bank and OECD/DAC⁵.

The evaluation consultant will develop a detailed work plan and budget. In doing so, the evaluation consultant will draw on lessons learnt from evaluations of other global health partnerships.

The proposed methodology should aim at striking the most optimal balance between time constraints and the need to assess the role of the Partnership at country level, including an assessment of its contribution to accelerate progress towards MDGs 4 and 5. This may require specific analysis of country activities and assessment by local stake holders including the ministries. Assessment activities should go beyond a mere desk review of documents to include information gathering through, for example, focus group discussions with in country partners.

⁵ Sourcebook for Evaluating Global and Regional Partnership Programs: Indicative Principles and Standards. 2007. Independent Evaluation Group–World Bank & OECD/DAC Network on Development Evaluation.



Bidding organizations may suggest changes in the SOW if they feel that these changes would improve the overall evaluation process.

The methodology should ensure that key findings and recommendations take into account the views expressed by partners and stakeholders but are not overly influenced by any of them in particular.

Oversight

The Board of PMNCH will approve the final SOW for this evaluation and will endorse the final evaluation report. During the course of the evaluation the contracted evaluation consultant will be accountable to an Evaluation Committee established by the Board during its December 2007 Board meeting in Addis Ababa, Ethiopia. This Committee in turn will be accountable to the Board for delivering the results of the evaluation in time and within budget. The Evaluation Committee will approve the final evaluation report and will recommend endorsement by the full Board.

The Evaluation Committee will be responsible for:

1. Drafting the TOR (SOW) for the evaluation and submitting it to the Board for approval
2. Selecting the consulting firm to conduct the evaluation
3. Monitoring progress
4. Approving the final evaluation report
5. Requesting endorsement of the report by the full Board

Sequence and deliverables

The full report, in draft form, will be submitted to the Evaluation Committee within 6 weeks of signing the contract. The Evaluation Committee will provide feedback to the consultant and a final report, incorporating comments, will be presented to the Evaluation Committee within 2 months of award of the contract. The evaluation process, including interim deliverables and meeting dates, is outlined below. This timeline will be finalized in the contract agreement with the successful bidder:

Activity	Start Date	End Date	Output
Bidding	6 March	7 March	TORs with cover email are sent to pre-selected bidders
Receive concepts and estimate budget	7 March	20 March	Selection of final two and request full proposals
Receive full proposals	27 March	2 April	Successful bidder selected
Contracting	4 April	25 April	Signed contract with selected consultant/consulting firm and first payment of 33% of the contract amount. Meeting between Evaluation Committee and evaluation consultant to go

Activity	Start Date	End Date	Output
			over timeline and deliverables
Evaluation starts	28 April		
Teleconference meeting of the Evaluation Committee and evaluation consultant/firm.		Fourth week of May	Agreement on progress and in-course corrections.
Face to face meeting of the Evaluation Committee and evaluation consultant/firm to review draft evaluation report.		First week in June	Revision of the draft report based on feed-back received from Evaluation Committee
Teleconference meeting of the Evaluation Committee and evaluation consultant/firm plus chair/co-chair.		Second week in June	Final report endorsed by the Evaluation Committee and transmitted to chair/co-chair. Report is transmitted to the full Board by chair/co-chair.
Full Board retreat. Presentation of the report and meeting facilitation by the evaluation consultant/firm.		Fourth week in June	Report accepted by the board with/without modifications and transition team appointed to implement decisions.

Content of the final report

The final report of the PMNCH evaluation would have the following chapters:

- Section I: Background and rationale
- Section II: Evaluation objectives
- Section III: Methodology
- Section IV: Assessing Effectiveness
- Section V: Assessing Relevance
- Section VI: Assessing Alignment
- Section VII: Assessing Governance
- Section VIII: Assessing Management
- Section IX: Key findings and recommendations
- Annexes:

Section III will include criteria against which the Partnership will be assessed. This must include criteria drawn from the Conceptual and Institutional Framework, past and current work plans and other criteria recommended by the evaluation consultant/firm and approved by the Evaluation Committee of the board.



Section IV will assess results achieved measured against past progress and current priorities and work plans and will assess the current and potential effectiveness of the Partnership in accelerating progress towards achievement of MDGs 4 and 5.

Section V will include an inventory of existing global health partnerships which contribute to maternal, newborn and child health, as well as an analysis of complementarities but also overlaps and duplication with the goals and objectives of PMNCH. This section will also look at the history of relevant global health partnerships, including past successes and failures, and will highlight how issues similar to those facing PMNCH have been addressed by these partnerships thus providing potential lessons to the PMNCH.⁶ Analysis and synthesis of the “value added” of the partnership in achieving global and partnership MNCH goals recognizing the complicated global landscape, the numerous other partnerships that exist and the future global landscape for MNCH.

Section VI will look at several alignment issues such as alignment at country level of PMNCH-supported activities as well as the extent to which the Partnership contributed to developing a common purpose among partners in advancing MDG 4 and 5, beyond the differences of mandates of the partners.

Section VII will look at structural elements and governance functions of the Partnership such as strategic planning, management oversight, stakeholder participation, risk management, conflict management, audit and evaluation. It will pay specific attention on the roles and functional linkages of the various governance structures (e.g. forum, board, partners, working groups, secretariat). It will also look at the relationship with the host organization. For example, how successful has the Partnership been in empowering the Working Groups? What is the effectiveness of this model? What measures would make it more effective?

Section VIII will look at management functions such as work planning & implementation, resource mobilization, regulatory compliance, reviewing and reporting, administrative efficiency, stakeholder communication, learning, performance assessment. It will look at the amount and type of funding and programmatic impact leveraged by the secretariat and partnership. It will assess advantages and disadvantages experienced with the hosting arrangements with WHO, especially in light of the ending of the current agreement by January 2009.

While the Board has clearly indicated that the Partnership is not meant to be a global fund for MNCH, the evaluation will need to assess whether sufficient resources for the functioning of the Partnership were secured, as well as whether those resources have been managed systematically and in a transparent way.

Section IX will provide key findings and recommendations.

⁶ These first two chapters in this report should not be the result of primary data collection but be the result of secondary analysis of published data, available evaluations and analyses of partnerships done by the Gates Foundation and others in the past several years.

