TERMS OF REFERENCE FOR CONSULTANCY TEAM

Conduct Emergency Obstetric New-born Care (EmONC) Needs Assessment in Guyana		
Hiring Office	UNFPA Sub-Regional Office for the Caribbean, Guyana	
Background	The UNFPA Sub-regional Office for the English and Dutch speaking Caribbean supports 22 countries and territories and has offices in six countries, i.e. Jamaica, Barbados, Belize, Guyana, Suriname and Trinidad & Tobago. Guyana is one of the countries in the Caribbean sub region with high maternal mortality ratio at 169 per 100,000 live birth. This high maternal mortality is a reflection of sub optical care during pregnancy, child birth and during postnatal period.	
	Ever since the establishment of the Safe Motherhood Initiative at the international Safe Motherhood Conference convened in Kenya in 1987, efforts to improve the lives of women and children around the world has increased, particularly in the reduction of maternal and newborn morbidity and mortality. Trends in maternal mortality have produced evidence that has resulted in a shift from the 2000 established Millennium Development Goals (MDG) to the Sustainable Development Goals (SDG) - ratified at the United Nations Conference on Sustainable Development, in Rio de Janeiro, Brazil in 2012.	
	The World Health Organization, referring to UN inter-agency estimates posits that from 2000 to 2017, the global maternal mortality ratio dropped by 38 per cent – from 342 deaths to 211 deaths per 100,000 live births, giving rise to an average annual rate of reduction of 2.9 per cent. WHO further states although maternal mortality ratio (MMR, number of maternal deaths per 100 000 live births) dropped by about 34% worldwide, in 2020 one maternal death occurred almost every two minutes. ¹ Although the 34% drop was counted as remarkable progress, the WHO argues that " <i>it is still less than half the 6.4 per cent annual rate needed to achieve the Sustainable Development global goal of 70 maternal deaths per 100,000 live births</i> ". ² ³	
	In countries of the Latin American and Caribbean Region there has been significant reduction in maternal mortality rates - from 88 per 100,000 live births in 2005 to 74 in 2017. These rates have been fluctuating – "giving an	

¹ WHO Maternal mortality Key Facts (2023) <u>https://www.who.int/news-room/fact-sheets/detail/maternal-mortality</u>

² WHO, UNICEF, United Nations Population Fund and The World Bank (2019).

³ Say, L., Barreix, M., Chou, D. et al. Maternal morbidity measurement tool pilot: study protocol. Reprod Health 13, 69 (2016). <u>https://doi.org/10.1186/s12978-016-0164-6</u>).

	indication that there still consider a series is the D indication in the D indication in the D indication in the D indication in the D indication is the D indication in the D indication is the D indication in the D indication is the D indication
	indication that there still remains serious issues of equity in the Region - with several countries still having maternal mortality ratio above the target 3.1 of the Sustainable Development Goals, which seeks to reduce the global maternal mortality ratio to less than 70 per 100,000 live births by 2030. ⁴
	In 2011, UNFPA led and supported the Ministry of Health in Guyana in the conduct of a national EmONC assessment. The assessment examined all the SIGNAL functions (a representative shortlist of key interventions and activities that address major causes of morbidity or mortality and that are indicative of the level of EmONC care and services) for obstetric and newborn care in 90% of health facilities in Guyana. The report and recommendations of the EmONC assessment were shared and commitments were made by the Ministry of Health and its partners (including the Ministry of Finance) to act on the recommendations put forward. UNFPA concluded its active phase of Maternal Health Thematic Fund (MHTF) in 2012 but continues to support the Government of Guyana, and in particular the Ministry of Health, to address sexual and reproductive, maternal and newborn health and rights issues of its population.
	A review of the literature in Guyana revealed that since the last EmONC assessment (done in 2011), several attempts were made to conduct similar (EmONC) assessments. A review of these assessments has revealed that they of were not comprehensive enough to identify the gaps of all the SIGNAL functions - to allow for strategic planning, especially in the area of human resource (skilled attendants); neonatal resuscitation needs; drugs and supplies necessary for the management of complications; among other minimum standards to prevent excess maternal and newborn morbidity and mortality.
Purpose of Consultancy:	The study is aiming at assessing the current working environment for EmONC services delivery, health workers' practices and bottlenecks in delivering EmONC so as to inform interventions for improving access, availability and quality of Emergency Obstetric and Newborn Care (EmONC) and other related MNH services at selected health facilities in Guyana
	The Consultancy Team is expected to lead the overall EmONC Needs Assessment process starting from development of study protocol, adaptation of data collection tools, training of data collectors, data collection, data entry and data management, data analysis, and report writing.

⁴ UN Gender Equality Observatory for Latin America and the Caribbean. UN Maternal Mortality Estimation Inter-Agency Group (MMEIG) 2017. Accessed from <u>https://oig.cepal.org/en/indicators/maternal-mortality</u>

	 The 2023 EmONC Needs Assessment will determine the existing capacity of health facilities to provide necessary life-saving care to pregnant women and their newborns when complications occur. The ultimate aim of the assessment is to accelerate the reduction of maternal and neonatal deaths in Guyana. Specifically, the assessment aims to: Set the baseline which will be useful in determining progress of achieving targets set in the key strategic plan and health policy of ministry of health in efforts to accelerate the Reduction of Maternal and newborn Mortality Guide policy, planning, and prioritization of interventions in addressing gaps and strengthen the health system by using EmONC as a point of entry. Measure the availability of infrastructure that provide basic and comprehensive EmONC; Determine the availability of health workers who perform the EmOC signal functions; Measure knowledge and competency levels of health workers regarding obstetric and newborn care; Determine the availability of essential drugs, equipment, and supplies for EmONC; Carry out case reviews of the partograph, cesarean deliveries, and maternal deaths to assess aspects of the quality of care Establish a baseline for monitoring the availability, geographic distribution, level of utilization, and quality of EmONC (using the EmONC Indicators).
Scope of Work: (Description of services, activities, or outputs)	 The Consultancy Team is to organize and manage the EmONC Needs Assessment exercise ensuring technical soundness of the approach, efficient execution and quality of end products. Specific Tasks will include: Development of a study design and sampling methodology based on total MNH facilities as sampling frame in the selected regions Development and finalization of study protocol in collaboration with Technical Working Group Identification, training and management of the data collectors/research assistants on the adapted tools ensuring common understanding of the data collection tools. Liaising with the district health teams to plan and implement the exercise in collaboration with the Technical Working Group. Ensuring that clearance for data collection has been obtained from the appropriate authorities, way before the data collection process.

	 Coordination and close monitoring of data collectors in the field; ensuring adequate supervision of the data collectors to ensure that quality data is collected Development and implementation of a data management plan that should explain the data collection process and roles of those involved, and the data entry process and the roles of those involved. Production of EmONC needs assessment report for and conduct a national dissemination of the findings and the report.
Duration and Working Schedule:	The contract of the consultancy will be for a period of forty-five (45) days; from November to December, 2023.
	Phase I: Initial Propagation (Refere data collection)
	 Phase I: Initial Preparation (Before data collection) Support the selection and recruitment of data collectors and data managers: (2 days) A deptation of the EmONIC teacler (2 days)
	 Adaptation of the EmONC tools: (2 days) Support the development of data entry screens (programming) – (5 days)
	- Review the power points, handouts, data collector's manual, and exercises for training of data collectors – (5 days)
	 Training of data collectors, supervisors, and other task-force members: (3 days)
	Phase II: Data Collection
	- Support Quality Assurance during the first weeks of Data collection (Fieldwork): (10 days)
	Phase III: Data cleaning and analysis
	 Development of dummy tables (remote support in drafting tables and finalization in a workshop) – (5 days)
	 Preliminary data entry, cleaning and analysis and report writing (13 days)
Place where services are to be delivered:	The Consultancy Team will be expected to work from own location, utilising team members with own computers, internet, telephone and other equipment, as needed to undertake this assignment.

Delivery dates and how work will be delivered (e.g. electronic, hard copy etc.):	The Consultancy Team is expected to submit all deliverables in English, soft copies, to UNFPA for review and approval, according to the Duration and Working Schedule. The Consultancy Team will be expected to interact both physically and virtually, as needed, with key stakeholders, including the Ministry of Health staff, UNFPA staff, UN Agencies and development partners supporting the health sector, and selected hospitals. The Consultancy Team must therefore have good access to virtual communication services. All documents produced as a result of the consultancy will be the property of UNFPA.
Monitoring and progress control, including reporting requirement, periodicity format and deadline:	The Consultancy Team will work closely with the UNFPA Liaison Officer for Guyana, with direct technical guidance from SRH Technical Adviser within the UNFPA SROC, the Chief Medical Officer within the Ministry of Health, and other technical staff of the Ministry of Health as well as other key stakeholders.
	The Consultancy Team will be expected to maintain fluid communication. To this end, in person and virtual meetings will take place throughout the consultancy.
Supervisory arrangement:	The Consultancy Team will report to the UNFPA Liaison Officer for Guyana and will receive technical support and guidance from the Sexual & Reproductive Health (SRH) Technical Advisor within the UNFPA Sub- Regional Office for the Caribbean.
	The Consultancy Team will be required to complete the tasks in a structured manner and according to the timeline specified in the working schedule.
Expected travel:	The Consultant Team will be expected to engage in internal travel in Guyana; to Administrative Regions 1, 7, 8, and 9.
Required expertise, qualifications and competencies, including language requirements:	The ideal members of the Consultancy Team will need to demonstrate a record of accomplishment supported the Emergency Obstetric New-born Care (EmONC) Needs Assessment.
language requirements.	The ideal members of the Consultancy Team will also need to meet the following requirements:
	 1.Education Master's Degree in Public health or Health Informatics, Community Medicine or Epidemiology. A first Medical degree is a minimum requirement.

	 2. Work Experience At least 10 years of work experience in increasing responsibilities at the national level in Sexual and reproductive Health programing, Health sector-specific experience; including experience with Public Health systems in developing countries. Knowledge and understanding on quality of care, specifically users SRH services and rights issues. Demonstrable knowledge, understanding and experience in EmONC Needs Assessment in the region. Strong report writing skills in English language. Strong facilitation skills with multi- disciplinary teams Ability to work independently with minimal supervision and to maintain flexibility in working hours Demonstrated effective organizational skills and ability to handle work in an efficient and timely manner Demonstrated ability to coordinate tasks to meet deadlines Good interpersonal skills; ability to work in a multi-cultural, multi-ethnic environment with sensitivity and respect for diversity Demonstrated ability to develop and maintain effective work relationships with counterparts Ability to write in a clear and concise manner and to communicate effectively orally 3. LANGUAGE Excellent oral and written communication skills in English are required. Working knowledge of Spanish and/or Warao will be an asset. Competence in basic IT packages is required, particularly MS Word and MS Excel. Excellent analytical and writing skills and results oriented work ethic are required.
Inputs/services to be provided by UNFPA or implementing partner (e.g. support services, office space, equipment), if applicable	Through coordination with the UNFPA Liaison Officer in Guyana and the UNFPA Sub-regional Office for the Caribbean particularly through the SRH Technical Advisor within the UNFPA Sub-Regional Office, UNFPA will provide technical guidance to the Team. The members of the Consultancy Team will utilize their own computers, internet, telephones and other equipment, as needed, to undertake the

Other relevant information or special conditions, if any	Payı	Payment of Consultancy Fee will be made as follows:			
		Deliverables	%		
	1	Inception Report	40		
	2	Draft Report	40		
	3	Final Report	20		
	assi	Consultancy Team will be required to have all relevant person gned to this consultancy complete all identified mandatory course er to undertake this consultancy.			