CONSULTANCY

Terms of Reference

This consultancy is requested by:

<table>
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<tr>
<th>Unit:</th>
<th>Epidemiology and Monitoring and Evaluation Team</th>
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<tr>
<td>Department:</td>
<td>Maternal, Newborn, Child and Adolescent Health Department</td>
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1. **Purpose of the Consultancy**

The consultant will support maternal and perinatal death surveillance and response activities in humanitarian settings.

2. **Background**

The Maternal, Newborn, Child and Adolescent Health (MCA) Department at WHO HQ aligns with the goals and targets related to maternal, newborn, child and adolescent health as set out in the Sustainable Development Goals (SDGs), the Global Strategy for Women’s, Children’s and Adolescents’ Health to support the achievement of WHO’s 13th Global Programme of Work. The Department works closely with other technical units in HQ, WHO regional and country offices and partners to:

2. Support the adoption of evidence-based policies and multisectoral strategies for better health, through strengthening health systems and delivery of high quality services towards universal access to people-centred health care.
3. Monitor and evaluate progress towards implementation of evidence-based policies and strategies for ‘survive, thrive and transform’.
4. Strengthen capacity for all the above functions across WHO, countries and partners.

Each year, more than 300,000 women die during pregnancy and childbirth, 2.6 million babies are stillborn and 2.5 million babies die in the first month of life. WHO/MCA is committed to strengthening measurement and data systems for maternal, perinatal, and newborn health including development of evidence-based norms and standards, strengthening surveillance and routine data systems, and capacity building. The Epidemiology, Monitoring and Evaluation team (EME) is tasked with developing guidance, norms, standards and tools to strengthen data systems. This position will support WHO/MCA/EME to: 1) review and update global guidance for maternal and perinatal death surveillance and response in humanitarian settings; and 2) support maternal and perinatal death surveillance and response global technical working group.

Reducing maternal and neonatal mortality and stillbirths have been prioritized in the Sustainable Development Goals (SDGs) and the Global Strategy for Women’s, Children’s, and Adolescent’s Health. A key intervention for improving maternal, perinatal, and neonatal survival is understanding the number and causes of deaths. Systematic analyses of overall mortality trends, as well as events and contributing factors leading to individual deaths can identify health systems barriers and inspire local solutions to prevent such deaths in the future. In 2013, WHO launched Maternal Death Surveillance and Response (MDSR), a systematic process to document and review all maternal deaths and use the findings to improve the quality of care. MDSR is based on confidential inquiry and maternal audits where each death is notified, reviewed, analyzed, and recommendations formulated and implemented. This continuous action cycle collects information on when, where, and why women die and documents what can be done to prevent future similar deaths at all facility, local and national levels.
MDSR includes several elements. At the facility level, the first step is the identification and notification of maternal deaths, with the potential to link with and strengthen civil registration and vital statistic systems (CRVS). Next, maternal death review committees at the facility level review the information and details surrounding the death and issue recommendations to prevent future similar deaths. These committees often use a common framework to analyze modifiable factors, such as the Three Delays Model, to document the bottlenecks and health system breakdowns that may have contributed to the deaths at the facility and the community levels. The recommendations can be short-term (e.g., infection prevention), medium term (e.g., access to commodities), or long term (e.g., increasing human resources), but must be feasible and actionable. In addition, the recommendations should include clear timelines and responsible persons for implementing and monitoring the implementation – by who and by when. Then, the recommended actions are compiled at sub-national and national levels and additional recommendations are developed. Data from MDSR can contribute to national and global estimates of maternal mortality as well as to the improvement of quality of facility-based care. These processes are essential to promote accountability around burden and causes of maternal deaths.

In 2016, WHO launched a new tool for helping frontline health workers to conduct perinatal death reviews and the essential steps to set up a perinatal death audit committee: Making Every Baby Count: Audit and Review of Stillbirths and Neonatal Deaths. It builds on the past experiences and lessons learnt from conducting maternal death audits and provides a tool to reduce perinatal mortality. Many countries are moving to implementation of integrated maternal and perinatal death surveillance and response (MPDSR), including in humanitarian settings.

The MPDSR Global Technical Working Group (TWG) was established in 2015 among key global partners, including WHO, UNFPA, UNICEF, ICM, ICN, FIGO, LSTM, LSHTM, Southampton University, Aberdeen University, CDC, USAID, and Options. The TWG was re-vitalized in November 2017 with the aim to integrate perinatal audit, catalyse progress and improve the quality of MPDSR implementation globally through development of global guidance and tools. In the November 2017 TWG meeting, a joint five-year workplan was developed with priority activities (2018-2023), which was reviewed and updated at the March 2019 meeting. The TWG has quarterly calls and annual face to face meetings, depending on availability of funding.

The consultant will coordinate linkages between communities working on MPDSR in humanitarian and non-humanitarian settings, as well as assist with overall support for the Global MPDSR TWG.

3. Planned timelines (subject to confirmation) and rate
Start date: 01/09/2019
End date: 31/12/2019
Total of 85 working days for the entire period
Daily rate: $500

4. Work to be performed:

Output 1: Review and update global guidance for maternal and perinatal death surveillance and response in humanitarian settings
Activity 2.1. Contribute to planning an expert meeting in Fall 2019
Activity 2.2. Write meeting report from expert meeting
Activity 2.3. Update MPDSR information tools with recommendations from expert meeting

Output 2: Support maternal and perinatal death surveillance and response global technical working group
Activity 1.1. Track joint workplan for MPDSR TWG
Activity 1.2. Set up reginal MPDSR TWG calls and take notes at calls
Activity 1.3. Support finalization of MPDSR information tools and materials
5. Deliverables

1st deliverable: Meetings report from expert meeting 31 October 2019 $14,166
2nd deliverable: Update MPDSR information tools 30 November 2019 $14,167
3rd deliverable: Updated Global MPDSR workplan 15 December 2019 $14,167

6. Technical Supervision

The selected Consultant will work on the supervision of:

<table>
<thead>
<tr>
<th>Responsible Officer</th>
<th>Email</th>
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<tbody>
<tr>
<td>Theresa Diaz</td>
<td><a href="mailto:tdiaz@who.int">tdiaz@who.int</a></td>
</tr>
<tr>
<td>Coordinator, Epidemiology and Monitoring and Evaluation Team, Maternal Newborn, Child and Adolescent Health Department.</td>
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<th>Manager</th>
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<tbody>
<tr>
<td>Allisyn Moran</td>
<td><a href="mailto:morana@who.int">morana@who.int</a></td>
</tr>
<tr>
<td>Scientist, Epidemiology and Monitoring and Evaluation Team, Maternal Newborn, Child and Adolescent Health Department.</td>
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7. Specific requirements

Qualifications required:
Doctor of Medicine with specialisation in OB/GYN, Masters in Public Health

Experience required:
At least 10 years of clinical OB/GYN experience, including expertise in maternal and newborn health monitoring and evaluation with a focus on working in low- and middle-income countries and/or humanitarian settings.

Skills / Technical skills and knowledge:
Experience working with colleagues from various cultural backgrounds
Experience living and working in low- and middle-income countries
Expertise in creating plans and budgets for projects
Ability to conceptual and write about complex health topics
Previous experience working with UN Organizations

Language requirements:
English Expert (Read, Write, Speak)
French Intermediate (Read, Write, Speak)

8. Place of assignment

Geneva, Switzerland

9. Medical clearance

The selected Consultant will be expected to provide a medical certificate of fitness for work.
10. Travel

The Consultant is expected to travel according to the itinerary and estimated schedule below:

<table>
<thead>
<tr>
<th>Travel dates</th>
<th>Location</th>
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<tbody>
<tr>
<td>From 14/10/2019</td>
<td>To 18/10/2019</td>
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<tr>
<td>Purpose:</td>
<td>Participate in expert meeting on MPDSR in humanitarian settings</td>
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All travel arrangements will be made by WHO – WHO will not be responsible for tickets purchased by the Consultant without the express, prior authorization of WHO. While on mission under the terms of this consultancy, the Consultant will receive subsistence allowance.

Visa requirements: it is the consultant’s responsibility to fulfil visa requirements and ask for visa support letter(s) if needed.

11. Remuneration

The daily rate will be calculated according to complexity of the tasks and seniority of the consultant, but not exceed US 500. The duration of the assignment is 85 working days between 1 September 2019 and 31 December 2019.

12. Closing date for submission: 16 August 2019 COB

Interested candidates are invited to send a letter of intent and CV to mncah@who.int with copy to pillonelm@who.int, labelled “Maternal and Perinatal Death Surveillance and Response”.