

TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANT

TERMS OF REFERENCE (to be completed by Hiring Office)	
Hiring Office:	ASRO PD
Purpose of consultancy:	<p>Maternal and Perinatal Death Surveillance and Response (MPDSR) is a system of notification, review and analysis of maternal and perinatal deaths, and response to it and is a form of continuous surveillance linking health information systems and quality of care improvement processes from local to national levels. It is developed to avoid preventable maternal and perinatal mortality and morbidity through identification of causes of deaths and taking action to prevent similar deaths occurring in the future. MPDSR draws on the Health Management Information System (HMIS) and can be strengthened by cross-validation with civil registration and vital statistics (CRVS) systems.</p> <p>Many maternal and newborn deaths go unrecorded or are misclassified because the system for civil registration and vital statistics (CRVS) is weak. Accurate Maternal Mortality Ratios (MMRs) and newborn mortality rates require robust CRVS systems that record every death and cause of death correctly. Accurate and comprehensive information about the causes of women deaths can be difficult to acquire and therefore to label them as maternal deaths. The scale of the problem was reported in the recent MPDSR analysis UNFPA ASRO conducted in five Arab States and was also indicated by recent Confidential Enquiries into Maternal Deaths (CEMDs) in some countries, where they identified more maternal deaths than those notified or those which were initially recorded by those countries' civil registration and vital statistics (CRVS) systems.</p> <p>An effective MPDSR system will inform on the main causes of maternal and perinatal deaths and will produce accurate and complete estimates of perinatal and maternal mortality, providing robust and consistent data to monitor a country's MMRs and perinatal mortality. Where reliable CRVS systems do not exist, MPDSR can provide a cornerstone of a new system, and contribute significantly to a country's "culture of accountability" by connecting action with results to put in place interventions that support a woman's right to life and safe childbirth and a child's right to life.</p> <p>There is a need for the two systems to be mutually reinforcing. If well integrated, MPDSR can help to strengthen CRVS systems by providing a more holistic picture of mortality when deaths captured in MPDSR but not in the CRVS system are recorded in the CRVS system. Deaths found in the CRVS system but not in MPDSR allow for a more complete data roster of deaths during pregnancy, delivery, abortion or the post-partum periods, which can then be investigated for by cause. This creates a more comprehensive assessment of the extent of perinatal and maternal deaths and a better understanding of the causes of death, allowing policymakers to respond, supporting pregnant women at increased risk, and creating more effective interventions to prevent maternal and perinatal death. It also helps to improve the quality of care and how to measure quality of care improvements. Improvements to health and CRVS systems to ensure that all deaths are notified by age and sex (even without cause of death initially) would greatly help in providing the basis for the conduct of maternal and perinatal death</p>

	<p>surveillance and response. MPDSR in turn could then contribute to more complete reporting of deaths and reliable cause of death reporting to the CRVS system. Both systems also should provide means of cross checking and validating each other. Therefore, the systems should be programmatically using the same logarithms to facilitate cross-fertilization.</p> <p>While MPDSR is being pilot tested in several countries with stable settings, there is an increasing need to adapt this tool to prevent mortalities in humanitarian settings. The Arab States region faces additional challenges due to the various humanitarian situations in the region, which result in fragmented and weak health and civil registration systems. These countries face additional challenges in both implementing MPDSR and CRVS as well as linking existing systems. There is a need to produce guidance specific to these situations, as well as development scenarios.</p> <p>Within this frame, UNFPA ASRO, is planning in 2020 to develop a guidance note on reinforcing linkages between CRVS and MPDSR systems in both development and humanitarian settings. For this purpose, a consultant will be hired to develop this guidance note to be utilized by countries as a tool for strengthening linkages. It is also expected that a regional Meeting will be organized to find ways for reinforcing linkages between MPDSR/CRVS systems at national level where findings from the guidance note will be validated by national counterparts to inform the final guidance note.</p>
<p>Scope of work:</p> <p>(Description of services, activities, or outputs)</p>	<p>The consultant shall develop the guidance note on strengthening linkages between CRVS/MPDSR systems in both development and humanitarian settings. The guidance note should include a brief overview of the presence and robustness of MPDSR and CRVS and the linkage between the two in each country in the region. This overview should be informed by a questionnaire to be developed by the consultant and sent to UNFPA Country Offices, with guidance by the PD and SRH team</p> <p>More specifically, the consultant should:</p> <ul style="list-style-type: none"> - Share a plan for developing the guidance note. This plan should be discussed and agreed with ASRO SRH & PD units. - Perform a literature and desk review of the most relevant references and strategic frameworks - Develop a short questionnaire to send to UNFPA country offices on the state of the CRVS system, state of the MPDSR, and any linkages between the two systems - Facilitate a two webinars discussing with UNFPA country offices results of the questionnaire on CRVS and MPDSR linkages in the region; one webinar for development situations and one for humanitarian countries - Develop the draft guidance note for the Arab region by June 30, 2020 - Facilitate sessions on challenges and good practices on linking CRVS and MPDSR during the regional workshop on MPDSR/CRVS: It will be also an opportunity to adapt, review and validate the guidance note. In case of difficulties to organize the regional workshop, an EGM will be organized to discuss current situation, challenges and opportunities for the linkages CRVS/MPDSR. - Share the final version of the guidance note with team for final review and validation

Deliverables	The consultant should provide the guidance note with situational overview of CRVS, MPDSR, and the link between the two and guidance for strengthening linkages between CRVS/MPDSR in the Arab region.
Duration and working schedule:	<p>Contract dates: the duration of the contract is 18 working days (15 working days for development of the guidance note including revisions and inclusion of feedback from regional meeting or EGM and 3 days to attend the regional meeting) between 1 May – 30 August 2020.</p> <p>Note, if no regional meeting is held or the consultant is not able to attend, the contract will be for 15 working days only.</p> <p>Due to the current COVID-19 situation, the regional workshop could be replaced by an EGM (physical presence or remotely). If the EGM is only 1 or 2 days, the consultant will be paid for the number of days attended.</p> <p>The payment should be as follow:</p> <ul style="list-style-type: none"> - 20% following the approval of the methodology and the conduct of the webinar with COs. - 50% following development of the draft guidance note (due by June 30, 2020) - 30% following the validation of the draft guidance note
Place where services are to be delivered:	The consultancy shall be conducted remotely but with potential attendance of the regional meeting/EGM on MPDSR/CRVS to be held somewhere in the Arab States region. Airfare and DSA for the meeting will be paid by UNFPA to the consultant in addition to this contract.
Delivery dates and how work will be delivered (e.g. electronic, hard copy etc.):	The draft guidance note should be shared by June 30, 2020. The final guidance note should be delivered by 30 August 2020.
Monitoring and progress control, including reporting requirements, periodicity format and deadline	The PD & SRH teams will work closely with the consultant to provide guidance and ensure the deadlines and content of the papers meet the requirements.
Supervisory arrangements:	Consultant will be working in close cooperation with the SRH & PD teams and under the supervision of PD and SRH Advisors and the data specialist.
Expected travel:	Potential attendance at the regional MPDSR/CRVS 3 day meeting in the Arab Region, dates and feasibility TBD
Required expertise, qualifications and competencies, including language requirements:	<ul style="list-style-type: none"> - Post graduate degree in the field of relevance for the assignment: medical sciences, statistics, public health or other social sciences degrees. - Minimum 10 years of relevant professional expertise in statistics or social sciences - Working with UN or INGO in the CRVS or health systems, will be an asset - Experience in facilitating workshops - Previous experience with focus on CRVS and/or MPDSR is required - Excellent analytical and writing skills, - Very good command in English both oral and written. Working knowledge of Arabic is a strong asset.
Inputs / services to be provided by UNFPA or implementing partner	Facilitate contact with UNFPA country offices for distribution of survey and conduct of webinar

(e.g. support services, office space, equipment), if applicable:	
Other relevant information or special conditions, if any:	Payment of consultancy to be covered by the following CoA COAs: RARB8DAT – ASROCRVS– CAI01 – 18000 – PU0074– 71300 RARB8SRH - CRVSMDSR - FPA80 - 18000 - PU0074 - XXXXX
Signature of Requesting Officer in Hiring Office:	<i>chokri ben yahia</i> 
Date:	23 April 2020