Terms of Reference: Consultant for 2020 mortality Report Writing for selected learning sites involved in virtual training on “Strengthening Maternal and perinatal mortality reporting in Health management information systems”

Background

To end preventable maternal deaths, accurate information on how many women died, where they died and how they died is essential for advocacy, policy dialogue, and implementation of evidence-based policies, strategies and guidelines to ensure availability, utilization and quality of maternal and newborn health services and ultimately reduction of preventable maternal and perinatal deaths. That notwithstanding, there is gross underreporting of maternal and perinatal deaths in the region due to various reasons. This has required the UN to release every so often maternal and perinatal death estimate based on available data from countries. The latest release was in 2019 for MM estimates spanning 2000-2017. However, these are not always accepted by many countries in Africa who increasingly prefer to use their own data. Hence the need to strengthen MPDSR systems in countries.

The initial step of identifying all maternal and perinatal deaths that occur in a health facility or at community level is critical for the success of MPDSR in which the first objective is to accurately assess the magnitude of maternal and perinatal deaths. However, identification of a pregnancy related death in general and maternal deaths, neonatal deaths and still births - can be challenging. Especially if the death occurs in early pregnancy or in a service area outside the maternity unit or in the community. This accounts for the gross underreporting of these deaths by all countries.

Cause of death attribution and classification for maternal and perinatal deaths is also a major challenge for most countries especially in COVID related pregnancy deaths- with frequent misclassification and poor attribution of cause of death (COD) by certifiers. Doctors who perform the bulk of certifications of COD are often not trained in this area resulting in erroneous entries which cannot easily be changed once the death certificate is issued. To facilitate accurate reporting on magnitude of maternal and perinatal deaths and comparison of maternal and perinatal cause of death statistics between countries, there is need for certifiers and coders to understand the ICD MM and ICD PM to correctly document and code as per standard.

Since November 2020, the joint UN MNH program in East and Southern Africa held a series of virtual trainings to strengthen maternal and perinatal mortality reporting into Health Management Information Systems. A set of approaches and tools were shared and applied in selected learning sites for each country. Areas covered included surveillance, identification, notification, certification, classification and coding of maternal and perinatal deaths.

Purpose of the consultancy.
We are looking for a local consultant to document the impact of the virtual training on strengthening maternal and perinatal mortality reporting in HMIS for each learning site in participating countries based on the 3 objectives of the virtual training- namely:

- Strengthening the capacity of health workers to identify and report all maternal and perinatal deaths
- Strengthening capacity of health workers to correctly assign and code maternal and perinatal deaths
- Strengthening country capacity for analysis of maternal and perinatal death data

The results will be used to formulate strategies to scale up the approach for improved mortality reporting

Scope of Work (description of services, activities and outputs)

1. Document the perceptions of the participants in the learning sites on the appropriateness, applicability and utility of the virtual training; and how it has impacted maternal and perinatal mortality reporting
2. Review facility data for 2019 and 2020 and document maternal and perinatal deaths using standardised tools provided
3. Interview national level staff involved in the virtual training (MOH, UN and partners) on their experience and plans for scaling up capacity building for improved quality of MPDSR reporting
4. Develop a draft report, including a narrative and graphs illustrating the impact on the virtual training on maternal and perinatal mortality reporting in selected learning sites

**Deliverables**
- Consolidated report on impact of the virtual training on Maternal and perinatal mortality reporting in selected learning sites in 6 ESA countries

**Required Qualifications and experience**
- Advanced degree in Medicine, Nursing/ midwifery, Obstetrics and gynaecology, Paediatrics or Public Health
- At least 5 years clinical or programming experience in maternal and neonatal health
- Extensive experience (over 5 years) and understanding of Maternal and perinatal death surveillance and response
- Good understanding of the principles of Medical Certification of Cause of Death (MCCOD) and ICD MM/ ICD PM
- Excellent analytical and report writing skills

**Timelines**
The period of consultancy will be 15 working days from 22 November to 10 December 2021

**Payments:**
Remuneration will depend on experience and done in line with UN monthly rates for local consultants with each country using their own local consultancy pay scale based on the requirements in the TOR

**Supervisory arrangement**
There will be one consultant for each learning site. He/ she will work with the core team at the learning site and be supervised by the Facility Obstetrician in Charge and the MOH Program Manager for MNH in consultation with WHO NPO MPS and CAN. External supervision will be by the UN joint technical team for MNH in East and Southern Africa

The final product should be delivered by the consultancy end date.

**Applications should be addressed to:**

The WHO Representative
60 Prince Charles Drive
P O Box 24578
Kampala
Applications should be sent to: afwcougwrsec@who.int

N.B. Only shortlisted candidates will be contacted.