



TERMS OF REFERENCE FOR CONSULTANT TO PRODUCE SECOND MDR BIENNIAL ANALYTICAL REPORT

Background

Malawi has one of the highest maternal mortality ratios in the world, currently estimated at 675/100,000 (MDHS 2010) and 574/100,000 (MDG Endline report 2014). While significant progress has been made in reducing this high MMR, the acceleration has been slow and hence Malawi did not meet the MDG target of 155/100,000 by 2015. The lifetime risk of a woman dying due to a pregnancy related cause is estimated at 1:34, one of the highest globally. Some of the underlying causes of the high maternal death include early childbearing, the high fertility rate and poor quality of health services. The first five common causes of maternal deaths in Malawi include Anaemia, Malaria, Obstetric haemorrhages, Eclampsia and Sepsis. However, a review of maternal deaths in Malawi (2008-2012) showed that most of the deaths are avoidable.

Maternal Deaths Surveillance and Response (MDSR)

As part of its efforts to improve accountability for women and children's health within the health care system, Malawi joined other countries in moving from just conducting maternal death reviews to a more robust system of surveillance, complete counting and instituting efficient response actions. Specifically, the country introduced MDSR, a component of the health information system, which entails that maternal deaths are not only notifiable within 24 hours, but also require an immediate response. It is expected that the introduction of a national Maternal Death Surveillance and Response (MDSR) system will address avoidable causes of maternal death at multiple levels and through diverse components. A functioning MDSR should therefore ensure accurate identification and timely reporting of maternal deaths, systematic review of their circumstances and contributing factors, and implementation of evidence-based response actions to ensure suitable measures are taken to prevent future maternal avoidable deaths. MDSR requires action at national, facility and community levels, and should form an integral part of broader quality improvement processes and accountability mechanisms.

The 2012 situation analysis of the Maternal Deaths Reviews revealed major challenges that the Malawi Health care system faces including the fact that the National Committee on Confidential EMD had produced no national level reports thus no recommendations provided to give the strategic direction for MDR for the country; existence of inadequate skills in the system that cuts across documentation, monitoring of patients, and clinical management in an appropriately and timely manner including skills to conduct adequate reviews and poor implementation of



response actions to correct identified gaps that led to avoidable maternal deaths. It was also noted that the system was being run without MDSR guidelines to provide a framework for the implementation of quality reviews and response and guide capacity building. Key recommendations made after the review included:

- The need for a focal MDR person to coordinate all activities and response; strengthening of the MDSR committees at national, zonal, district and community levels
- Capacity building for NCCEMD and all other MDSR committees at all levels to support the MDSR system in the country and also
- Support advocacy and resources mobilization
- Adaptation of WHOMDSR guidelines and development of MDSR training Manual
- Reduction on the death-to-audit time so as to get maximum benefits of learning from the death to prevent another and prioritization of the Introduction of MDSR nationally.

In response, the RHD-MoH with support from partners immediately implemented the recommendations in a phased approach. Implemented activities to strengthen MDSR in the country included:

- strengthening of the NCCEMD with additional memberships to increase stakeholder base;
- establishment of strong partnership from key stakeholders in the country- both government and partners;
- development of guidelines for MDSR to guide implementation and capacity building; revision of existing MDR tools;
- drafting of MDSR implementation plan which was costed and being supported by stakeholders under government leadership at national and district levels;
- integration of MDSR into IDSR and production of weekly reports on maternal deaths;
- Phased capacity building effort for MDSR at national and subnational levels and establishment of indicators for tracking progress.

The first analytical national report on MDR was also produced and an attempt was made to introduce an electronic maternal death data management system (MaMAS). The process has been on-going for over three years now in a phased manner, with successes recorded and some implementation challenges recorded.

Rationale for the consultancy

Some of the key functions of the NCCEMD is the review of all maternal deaths reports on an on-going basis to identify avoidable factors and then make measurable/actionable recommendations on how to eliminate the avoidable factors



as well as collate and analyse the data, interpret the results, make recommendations for action and produce a biennial report for the Minister of Health with practical solutions. The first biennial analytical MDR report covering the review of maternal deaths from 2008- June 2012 was finalized in 2014. This consultancy is therefore being sought for the production of the second analytical MDR report to cover maternal deaths from July 2012 to September 2014.

Purpose of the Consultancy

In the light of the above, the NCCEMD and Reproductive Health Department of the MoH is seeking to engage a local consultant to support the production of the second analytical bi-ennial MDR report utilizing analyzed maternal deaths (MDA 2) data covering the period July 2012 to 30th September 2014.

The consultant will work under the overall guidance of the Chairperson of the NCCEMD, the Director, MOH-RHD and the UNFPA Malawi Resident Representative.

Goal

The overall goal of the consultancy is to support the Government of Malawi in producing the second analytic report on maternal deaths in the country that will inform decisions aimed at improving the quality of maternal health care for women and their new born

The specific objectives are:

- To work with the NCCEMD, development partners, RHD and its M&E officer and provide technical assistance for the cleaning of the maternal deaths data covering the referenced period already entered on the system in the country
- To facilitate the identification of the necessary output tables from the analyzed data that will inform the production of quality National MDR report
- To produce the most analytical and authoritative MDR report for Malawi that fully reflects the entirety of data retrieved from MDA 2 forms and analyzed from the districts covering the period July 2012- 30th September 2014, complete with recommendations for improving maternal health outcomes in the country.
- To present the draft 2nd national MDR report to stakeholders at a workshop setting aimed at gathering comments and inputs into the report
- To finalize the national MDR report based on comments and inputs gathered during the workshop and submit to the NCCEMD, RHD-MOH and UNFPA

Tasks

The consultancy with consists of four key tasks as itemized below:

1. Review analyzed data with the NCCEMD and RHD M&E officer with a view of supporting the cleaning of the data and facilitating the identification of relevant output tables that will facilitate the writing of an analytical report
2. Writing the 2nd national MDR report based on the results of the analyzed tables
3. Identify avoidable causes of maternal deaths as defined in the Malawi maternal death surveillance and response guidelines.
4. Identify MDR bottlenecks and challenges, lessons learnt and good practices.
5. Identify key recommendations to inform policy and programmatic decisions.
6. Presenting the result to NCCEMD members at a workshop setting with a view of collating inputs and comments
7. Finalizing the reports based on collated comments and timely submission of final report

Methodology

- This consists essentially of working with the NCCEMD, and RHD M&E Officer and other personnel to ensure that relevant and useful output tables are produced from the data entry exercise
- Writing, presenting the draft MDR report for comments and finalizing the report based on collated inputs and comments

In line with the objectives outlined above, the consultant specifically will carry out the following tasks:

1. **Preparation of the inception report:** Preliminary communication to clarify terms of reference between the consultant, the RHD and UNFPA country office. Delivery of brief 2 page inception report detailing consultants understanding of the work required within 3 days upon signing of the contract, the proposed approach to work and consensus on proposed timeframes for product delivery as follows:
2. **Desk review** of all documented and already entered MDA 2 forms relevant to maternal death reviews for the period of July 2012- September 2014.
3. **Conduct data cleaning** on the already entered MDA 2 forms and work with the RHD M&E officer and NCCEMD to produce relevant output tables that will inform the report writing and facilitate the identification of avoidable causes of death including underlying causes as well as contributing factors.)
4. **Draft the report** with a summary and submit to RHD and UNFPA Country Office
Prepare PowerPoint presentations; background reference briefing materials for required for validation by stakeholders as may be required



5. Prepare for and attend relevant meetings as may be required to present the draft report to NCCEMD and other stakeholders.
6. Incorporate stakeholder comments into final MDR analytical report and present key findings to NCCEMD, RHD/MoH and UNFPA Representative.

Expected Outputs/Deliverables

- An inception report demonstrating understanding of the assignment within 3 days from the start of the assignment
- A design methodology that satisfactorily demonstrates how the exercise will be carried out
- A time table, operational plan with clear time frames.
- Error free output tables of analyzed MDR results for Malawi based on submitted data
- A comprehensive and analytical national MDR report for Malawi (July 2012-September 2014) that reflects the true situation of MDR in the country, complete with recommendations and an executive summary which encapsulates the key issues in the main body of the report
- Facilitation at the workshop to present the draft report to the NCCEMD members and other stakeholders for inputs
- Submission of Final MDR report as copy-edited and cleanly formatted report as MS Word; final version signed by government in MS Word or Adobe pdf) to Ministry of Health/UNFPA by deadline.

Duration of the Assignment - 35 days

The assessment is planned for 35 working days commencing from the 17th October 2016 as indicated below:

- Inception report - 3 days
- Data cleaning - 7 days
- Desk/Literature review and production of output tables – 4 days
- Drafting of MDR - 15 days
- Validation of the Draft report - 1 day
- Finalize MDR report with inputs from stakeholders incorporated
- Submit Report to NCCEMD, MOH-RHD and UNFPA – 5 days

Team composition

The assignment is expected to be conducted by a consultant with support from a small technical team from NCCEMD, RHD-MOH, Safe motherhood subcommittee and UNFPA as well as with support from relevant stakeholders.



Consultant profile



The assignment if provided to the consultant will be under the close supervision of the Director-RHD. The consultant is expected to have the following qualities:

- Be an established Public Health expert with a minimum of 7 years proven experience at facilitating and writing major analytical reports at national or international level
- Demonstrable experienced in writing research reports in the field of Medicine, Nursing and Midwifery, Public Health, Obstetrics and Gynaecology and specifically, MDSR.
- Have a minimum of a Master's degree or higher degrees/professional qualifications in Medicine, Nursing, Public Health, Obstetrics and Gynaecology and Health systems
- Good knowledge on maternal death reviews including verbal autopsies.
- Have some experience and high level skills in research and survey tools
- Speaks and writes English fluently
- Have good communication skills, public relations and experienced in workshop facilitation.
- Be able to take other people's views, adaptable to change, willing to learn and time sensitive.

SUBMITTING APPLICATIONS

Qualified and interested firms/candidates should submit documents containing the following:

- A technical and financial proposal to carry out the assignment based on the full Terms of Reference (ToRs).
- Detailed up to date CV of proposed team members. Should be separate from technical proposal
- Two references from traceable referees and evidence of similar assignments successfully undertaken in the past five years.

Technical and financial proposals should be submitted to

The Representative
UNFPA,
P.O Box 30135
Lilongwe 3

Attn: The procurement Unit or Email: malawi.office@unfpa.org

The ToRs can also be downloaded at <http://malawi.unfpa.org>
Submission end date is **Friday, 7th October 2016.**