**TERMS OF REFERENCE**

|  |  |
| --- | --- |
| **TERMS OF REFERENCE *–* Lead Consultant, Public Health Specialist, EmONC needs assessment** | |
| Hiring Office: | UNFPA, Sri Lanka |
| Purpose of consultancy: | Sri Lanka, has made tremendous progress in reducing maternal mortality and is considered a success story in Low-Middle-Income-Country(LMIC) setting. However, there are challenges in ensuring Emergency Obstetric and Newborn Care (EmONC) services still. The equity of distribution of facilities and utilization remain areas that need further improvement. These services play a vital role in reducing preventable maternal mortality, morbidity, and newborn mortality and morbidity.  Conducting a comprehensive EmONC needs assessment in Sri Lanka is crucial to identify current strengths, weaknesses, gaps, and opportunities within the healthcare system. This assessment will provide valuable data to inform targeted interventions and resource allocation, ultimately leading to a more robust and equitable EmONC service delivery network (Mailman School of Public Health, 2024a).  By understanding the specific needs of pregnant women, newborns, and healthcare providers at various levels, we can tailor strategies to address critical areas. This could include further improving access to essential EmONC facilities, strengthening referral systems, enhancing the skills and training of healthcare personnel, and promoting community awareness about the importance of seeking timely EmONC care (Moran et al., 2016).  The Comprehensive EmONC Needs Assessment which was done in 2011 provided valuable information for many programme development (Family Health Bureau, 2012). The National Strategic Plans of Maternal and Newborn Health (2014-2017) and (2018-2025) and many other strategic plans in the country benefited from the assessment. As a result of the identification of gaps in service provision, many policy decisions were taken and implemented over the years.  After the initial EmONC needs assessment, 11 years have already passed. The country went through a global pandemic, economic downturn and many policy changes in health. The impact of the economic downturn was multifaceted on the health system. The health worker migration and reduction of the number of deliveries in the country has affected different aspects of the care. There is a need to conduct this survey to provide information on the adequacy of facilities, the skill mix of health workers, equity and the quality of services.  To this end, UNFPA is hiring a Public Health Specialist consultant who will technically contribute to the conduct of the EmONC assessment by the lead institution, the Family Health Bureau of the Ministry of Health. The consultant will support the other two Consultants (an Obstetrician & Gynecologist and Neonatologist) in developing a detailed study methodology and implementing the research. |
| Scope of work:  *(Description of services, activities, or outputs)* | The study will be led by the Public Health Consultant. He/ She can recruit additional support staff for the study purposes. Two other Consultants will be hired to work and support the Public Health Consultant.   * With the support of the other two Consultants (an Obstetrician &Gyn and Neonatologist) need to develop a detailed study methodology and present it to the core group and to the technical working group. * The tools for the study needs to be adapted to the local setting and get FHB approval. * The training and data collection guides to be prepared and get FHB approval. * Prepare necessary documents to obtain ethical clearance for the study. |

|  |  |
| --- | --- |
|  | * Pilot test the study in one district (in the hospital setting). * Develop and conduct the data collector training programmes provincially. * Visit districts and hospitals to advocate administrators and the clinical staff on the study process. * Visit the hospital sites of data collection for supervision and monitor the progress of data collection. * Guide the development of the online data entry portal. * Guide the GIS mapping process for accessibility assessment. * Guide and conduct the data analysis of the study and update core group monthly. * Guide and write the final report and get the FHB approval. * Present the study findings at the dissemination seminar. * Work collaboratively with the two Clinical Consultants recruited for the study and with the core group. * Attend the consultative meetings, workshops organized for the study purpose. * Present the detailed methods, adapted tools and the final report to the technical working group.   **Draft study methodology:**  The EmONC assessment will follow the standard methodology prescribed by the Averting Maternal Death and Disability (AMDD) of University of Columbia, USA (Averting Maternal Death and Disability Program (AMDD), 2024). This has to be adapted to the local setting. A core team will be appointed consisting of Director, Maternal and Child Health, relevant National Programme Managers, Consultant Community Physician Research Unit, UN partners, Public Health Specialist, Obstetrician & Gynecologist and Neonatologist.  The international tools need to be adapted to the local setting, translated and ethical clearance need to be obtained (Mailman School of Public Health, 2024b). A pilot test needs to be conducted in a district to assess the feasibility and other implementation needs of the project. It will be followed up with a series of qualitative interviews of potential data collectors and hospital teams to identify areas to be modified.  The data collection will be done by teams of three. A team will comprise of a senior MOH, MO public health of a hospital and MO planning with Gyn and Obs experience/SHO Gyn & Obs. of a hospital/RHO Obs. & Gyn of a hospital. These teams will be trained at the Provincial level by the recruited Consultants. The training workshops will be supplemented by advocacy programmes for hospital administrators and clinicians.  Each data collector team will need at least three days at one site (this will depend on the tool). The data collection process will be done under the supervision and guidance of recruited Consultants. Geo spatial analysis techniques will be used to assess the accessibility-related variables. The data collection process will be automated and will be done at the point of data collection.  The Consultants and the core group will be working with a statistician for the data analysis. The Consultants will compile and write the report. There will be a dissemination seminar to share the findings with all the stakeholders of EmONC and the report will be disseminated accordingly following the Ministry of Health approval. |

|  |  |
| --- | --- |
| Duration and working schedule: | 100 days within a period of 11 months from February 2025 to December 2025 |
| Place where services are to be  delivered: | Colombo, Sri Lanka with travel to the field as necessary |
| Delivery dates and how work will be delivered (*e.g.* electronic, hard copy etc.): | * 25% of payment after the completion of phase 01 – fully adapted tools for the assessment and the study methodology - to be delivered in March 2025 * 50% of payment after the completion of phase 02 – after completion the data collection - to be delivered in September 2025 * 25% of payment after the completion of phase 03 – at the submission of the   final report and the dissemination of the report - to be delivered in December 2025 |
| Monitoring and progress control, including reporting requirements, periodicity  format and deadline: | The Consultant will be expected to work remotely, with regular in-person meetings to be held at UNFPA's country office and at the Ministry of Health. |
| Supervisory arrangements: | The Consultancy will be managed by the UNFPA country office. The National Programme Analyst - SRHR will have oversight under the guidance and supervision  of the Head of Programme. |
| Expected travel: | Some travel within and outside Colombo.  The Consultant will have to make her/his arrangements and bear the cost of attending meetings and consultations while in Colombo. UNFPA will cover the cost of travelling and provide agency-approved Daily Subsistence Allowance (DSA) for meals and accommodation during the fieldwork outside Colombo. |
| Required expertise, qualifications and competencies, including language requirements: | **Academic/professional Qualification:**   * Medical Doctor with MD or Doctoral degree in Community Medicine/Public Health – Lead Consultant, Public Health Specialist   **Experience:**   * A minimum of 8 years of working experience in Maternal and /or Newborn health including EmONC. * Excellent knowledge and understanding of Sri Lanka’s MN health system. * Proficiency in both spoken and written English, and Sinhala and / or Tamil. * Demonstrable experience in conducting complex assessments, reviews, and training in the field of Maternal and /or Newborn health. * Experience in conducting EmONC assessments or similar large-scale health evaluations is highly desirable. * Familiarity with UN and/or UNFPA mandates and activities is an added advantage. * Ability to consolidate, synthesize and analyze information. * Excellent organization, management, and facilitation skills. * Excellent interpersonal and general communication skills.   **Required Competencies:**  **Values:**   * Exemplifying integrity * Demonstrating commitment to UNFPA and the UN system * Embracing cultural diversity * Embracing change   **Core Competencies:**   * Achieving results * Being accountable * Developing and applying professional expertise/business acumen, * Thinking analytically and strategically |

|  |  |
| --- | --- |
|  | * Working in teams/managing ourselves and our relationships * Communicating for impact   **Functional Competencies:**   * Delivering results-based programme/Ability to meet the deadlines * Good planning and organizational skills including multi-tasking and time management * Able to provide logistical support * Excellent writing and communication skills   **Language:**  Fluency in spoken and written English and Tamil and/or Sinhala |
| Inputs / services to be provided by UNFPA or implementing partner (e.g support services, office space, equipment), if applicable: | The Consultant should obtain guidance from the Family Health Bureau of the Ministry of Health and the UNFPA Sri Lanka Country Office. The Consultant is expected to be working jointly with relevant stakeholders through all phases of the comprehensive EmONC needs assessment. The Consultant is also expected to arrange for the meetings with partners and IPs, and transportation (within Colombo). The UNFPA Sri Lanka Office will provide the Consultant with the relevant programme documents, and other agreed support during the assignment. The consultant should bring their laptop and any other digital equipment which is required to complete the assigned task. |
| Other relevant information or special conditions, if any: | Averting Maternal Death and Disability Program (AMDD). (2024). Needs Assessments of Emergency Obstetric and Newborn Care Overview and Introduction to Materials. Retrieved from [https://www.publichealth.columbia.edu/file/10720/download?token=LiEl](https://www.publichealth.columbia.edu/file/10720/download?token=LiElkLW1) [kLW1](https://www.publichealth.columbia.edu/file/10720/download?token=LiElkLW1)  Family Health Bureau. (2012). *National Emergency Obstetric and Neonatal Care Needs Assessment Country report*. Retrieved from Colombo:  Mailman School of Public Health. (2024a). Emergency Obstetric and Newborn Care. Retrieved from [https://www.publichealth.columbia.edu/research/programs/averting-](https://www.publichealth.columbia.edu/research/programs/averting-maternal-death-disability-amdd/action/emonc) [maternal-death-disability-amdd/action/emonc](https://www.publichealth.columbia.edu/research/programs/averting-maternal-death-disability-amdd/action/emonc)  Mailman School of Public Health. (2024b). Toolkit. *Averting Maternal Death and Disability (AMDD).* Retrieved from [https://www.publichealth.columbia.edu/research/programs/averting-](https://www.publichealth.columbia.edu/research/programs/averting-maternal-death-disability-amdd/resources/toolkit)  [maternal-death-disability-amdd/resources/toolkit](https://www.publichealth.columbia.edu/research/programs/averting-maternal-death-disability-amdd/resources/toolkit)  Moran, A. C., Jolivet, R. R., Chou, D., Dalglish, S. L., Hill, K., Ramsey, K., . . . Say, L. (2016). A common monitoring framework for ending preventable maternal mortality, 2015–2030: phase I of a multi-step process. *BMC Pregnancy and Childbirth, 16*(1), 250. doi:10.1186/s12884-016-1035-4 |