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UNICEF Regional Office for South Asia

Terms of Reference for Individual Consultant or Individual Contractor

Section/Unit and supervisor the consultant or contractor reports to	Health Section / MNH Kazutaka Sekine, Health Specialist
Title of the Consultancy/Contract	Developing a Regional Brief on Stillbirths for South Asia
Duty Station	Kathmandu with travel to four countries as required
Duration of the Consultancy/Contract	95 days (from September 2022 to January 2023)
Expected Travel	0 days
Work Plan Activity/related outcome	**Activity 1.1.3** Support regular monitoring and review of national every newborn action plan (ENAP) and other newborn plans in ROSA countries - Advocacy on stillbirth from regional level – scoping, regional brief, recommendations

For temporary staff-like functions, or functions that require daily attendance at the office, the appropriate contract modality is that of an Individual Contractor, not Consultant. Consultants TOR must be delivery-based with tangible products to be completed at set dates. Please choose which category this TOR falls under (*required*):

Individual **Contractor**: ☐
Individual **Consultant**: ☒

1. Rationale:

As under-five mortality is decreasing in almost all countries, perinatal mortality has emerged as an increasingly prominent component of overall under-five mortality and is thus receiving additional attention. Consequently, information on perinatal and neonatal mortality is in great demand in low- and middle-income countries. Perinatal mortality is defined by the WHO as the number of babies born with no sign of life at 28 weeks or more of gestation (i.e., stillbirth) plus the number of deaths among live births up to seven completed days of life (i.e., early neonatal death). The perinatal mortality rate is a core indicator measuring quality of care during pregnancy and childbirth.

South Asia is a region with the second-highest stillbirth rate and number of stillbirths. As per the first-ever UNIGME global stillbirth report released in 2020, in the region, 1 in 55 babies was stillborn in 2019, adding to 651,000 stillbirths. This is almost comparable to the annual newborn deaths in the region totaling 838,000, representing an unacceptably high level of stillbirth burden in the region. About 33 % of all stillbirths in the world occur in the region. This tragic loss of lives largely remains a neglected issue. Stillbirths are often excluded from the public health agenda at the country, regional and global levels. This lack of attention may be the result of unclear and inconsistent definitions, poor data availability and quality, inadequate understanding of mechanisms, and fatalism about stillborn babies, as well as the silence surrounding the topic. Ending preventable stillbirths is not included in the SDGs targets, whereas it is a vital target of *the Every Newborn Action Plan* (ENAP) endorsed at the 67th World Health Assembly convened in 2014.

South Asia is not on track to meet the ENAP stillbirth target. To achieve the ENAP target of 12 or fewer stillbirths per 1,000 total births by 2030, half of the South Asian countries need to accelerate annual reduction rates. The regional stillbirth rate is 18.2 per 1,000 total births with considerable variations in the region. Although three countries (Bhutan, Maldives, and Sri Lanka) have already achieved the target, four countries (Afghanistan, Bangladesh, Nepal, and Pakistan) will miss it by 2030 if current trends continue. On the other hand, India is on track to achieve the target on time but will need to maintain the current progress in preventing stillbirths.

The overlooked tragedy of stillbirths, most of which are preventable, requires urgent action and investment. Renewed efforts and programmatic priorities are needed to prevent stillbirths in South Asia. Strong political will, sound policies, and targeted investment along the continuum of care for every mother and child must be put in place to prevent millions of stillbirths and maternal deaths, and neonatal mortality.

To prevent stillbirths, we need to synthesize available data and evidence to answer key programmatic questions. Unfortunately, shortage of stillbirth data and low data quality restricts the ability of governments and UN partners to inform programmatic decisions and action in South Asia. Where are stillbirth data available? What are the good practices in stillbirth data collection and reporting? Where are stillbirths occurring in the region? What are the causes and risk factors of stillbirths? What are the stillbirth reduction policies and strategies under implementation by governments in the region? Where has progress been made? What must be done to end preventable stillbirths? What are the lessons learned and best practices in stillbirth reduction programmes? The proposed SAR's brief on stillbirths intends to answer these questions using the latest available data and information from the region, identify gaps and bottlenecks, and propose priority strategies and actions to strengthen stillbirth reduction programming across the region.

The work to be commissioned through this consultancy requires a public health expert with extensive knowledge and experience in analyzing stillbirth data and making recommendations for strengthening maternal and newborn health programmes. The consultancy also requires interviewing government officials to collect data and information. Therefore, it is a set of duties that cannot be undertaken by current ROSA staff members who are fully engaged in their regular work.

2. Purpose:

The purpose of this consultancy is to develop a Regional Brief on Stillbirths for South Asia with focus on the following details:

- Synthesize up-to-date data and evidence on stillbirths and stillbirth reduction programming in the region
- Outline sources of stillbirth data available (e.g., surveys, hospital data, HMIS, SRS, CRSV) in the region, its definition and access, quality of data, and challenges contributing to data gaps and low-quality data (e.g., misclassification and under-reporting), and mapping data gaps and data needs
- Outline policy and programme gaps and bottlenecks that need to be addressed
- Discuss health-system bottlenecks and challenges impeding scale-up of stillbirth prevention interventions
- Propose priority strategies and actions towards accelerated reduction of stillbirths in the region.

3. Key Assignments/Tasks:

I. Conduct a desk review of relevant data and documents in collaboration with UNICEF COs, including:
   a. Stillbirth data and sources from eight South Asian countries
   b. National/subnational programme documents (e.g., ENAP, perinatal death audit, other guidelines) on stillbirths from eight South Asian countries
   c. Literature review on published and grey literature on stillbirths and stillbirth prevention interventions
   d. Desk review of global guiding documents, data, and reports on stillbirths

II. The Consultant will coordinate with experts from UNICEF ROSA, UNICEF COs, UNICEF PD MNH and Data teams, WHO, UNFPA and other key partners to identify data and knowledge gap that need to be addressed.

III. The Consultant will conduct key informant interviews (KII) with MoH officials, UNICEF, WHO and UNFPA staff, and professional associations at the country and regional levels about vision, policy, strategy, guidelines, programme implementation and monitoring contributing to stillbirth recording, reporting and prevention. At least one MoH official from each of the eight South Asia countries will be included in the KIIs.

IV. The Consultant will support ROSA in organizing an online regional dissemination of key findings with representatives from MOH, UNICEF WHO, UNFPA, professional associations and other key partners.

V. The Consultant will finalize the regional brief, incorporating inputs from the regional meeting.

4. Child Safeguarding

Is this project/assignment considered as "Elevated Risk Role" from a child safeguarding perspective?

☐ Yes ☒ No If YES, check all that apply:

Direct contact role ☐ Yes ☒ No

If yes, please indicate the number of hours/months of direct interpersonal contact with children, or work in their immediate physical proximity, with limited supervision by a more senior member of personnel:

Child data role ☐ Yes ☒ No

If yes, please indicate the number of hours/months of manipulating or transmitting personal-identifiable information of children (name, national ID, location data, photos):

More information is available in the Child Safeguarding SharePoint and Child Safeguarding FAQs and Updates.

5. A) Key Deliverables (for consultants only)

In this section describe in detail the expected outputs and results of the consultancy in relation to the programme/project and the time frame which will lead to the achievement of the overall objectives and goal as outlined in the Work Plan.

Deliverables	Estimated number of working days	Due date/latest date for completion of deliverable (if unsure about specific calendar dates, put number of days after contract start and actual dates only in CIC)
A concept note of the regional brief	10 Days	19 September 2022
A regional brief on stillbirths, including eight brief country chapters, including a list of reference documents and a repository of stillbirth data	70 Days	3 February 2023
Regional-level dissemination through a regional workshop	15 Days.	11 January 2023

6. Working Conditions:

Consultant/contractor will

☒ Work remotely and no office space is required.

☐ Work from ROSA office and office space is required (hiring office must contact Operations Section before committing to contract dates).

☐ Has particular IT, logistics, transport, insurance and security requirements that apply:

Provide details here on the particular needs marked above
Budget code for ICT equipment: **Click or tap here to enter text.**

For *contractors* only:
The contractor's attendance requirements are:
Specify attendance requirements, if any. Include any time-off, for example 1 ½ days per month for a 5 day work week, that was agreed to with the contractor (which must be considered in the fee calculation if it was based on working days). **Click or tap here to enter text.Click or tap here to enter text.**

7. Minimum Requirements:

A) Education:
- Medical degree and advanced degree in public health, maternal and neonatal health, epidemiology, or related fields

B) Work Experience:
- At least eight (8) years of relevant experience in maternal and newborn health
- Clinical experience in obstetrics or neonatology is an asset
- Experience in assessing maternal and newborn health programmes is an asset
- Experience in working in the South Asia region is an asset

C) Competencies:
- Good networking and partnerships building skills
- Ability to work effectively with multi-faceted stakeholders
- Strong organizational and facilitation skills
- Excellent communication and writing skills in English
- Strong drive for results

D) Language Proficiency:
- Proficiency in English is required