

TERMS OF REFERENCE

Section A

Title:	Health Policy Expert- Still births and Neonatal Mortality Audit		
Duty Station:	Home Based with regular visits to the field	Type of Engagement:	National Consultant

Work Assignment:

Background:

Stillbirth and neonatal deaths can have significant psychological, social, and financial effects on the affected families and health care providers. Thus, evidence generation on the root causes of these deaths and the use of this valuable information as learning opportunities to improve the quality of care is essential. This can be achieved through auditing of stillbirth and neonatal mortalities especially those deaths occurring soon after delivery.

Stillbirth and Neonatal Mortality audit guides the understanding on how to improve the care provided to mothers and newborns through studying the data collection surrounding these events, monitoring trends over time, identification of risk factors and causes of death, and the use of this valuable information as learning opportunities for improvement. It is also particularly important to ensure linkage between maternal mortality audit and neonatal mortality audit.

Purpose

The purpose of the assignment is to support the Ministry of Public Health (MoPH) in the development of comprehensive neonatal mortality audit system at the national level. The primary focus would be to craft and initiate context specific system that encompasses neonatal mortality audits at various levels of the health system, building on the recommended 3-tier reporting structure: tier 1 at the hospital level, tier 2 at the District/Governorate level, and tier 3 at the National level.

The main two objectives will be:

- To develop the overall structures for still births and neonatal mortality audit at the system level and establish the required committees, technical work groups and operational bodies for implementation.
- To Build on the experience of the Maternal Mortality audit to establish a technical entity that can perform neonatal audits at various levels.

Scope of work:

1. Needs Assessment:

- Conduct an in-depth needs assessment to understand the specific requirements and challenges to be mitigated at the national, district and facility based level in order to introduce of stillbirth and neonatal mortality audits.
- Identify existing legal and structural issues to be addressed.
- Identify existing capacities and resources.

2. Desk Review for Best Practices:

- Review global best practices for the integration of neonatal mortality audit structures at different administrative levels.
- Review and study the lessons learned from the success of the Lebanese maternal mortality audit.
- Identify successful models and lesson learned that can be adapted to the context of the Ministry of Public Health in Lebanon.

TERMS OF REFERENCE

<p>3. Stakeholder Engagement:</p> <ul style="list-style-type: none"> Engage with key stakeholders at the national, district and facility levels, including health officials, medical professionals, and relevant administrative staff. Facilitate workshops and consultations to gather insights, best practices and buy in from stakeholders. <p>4. Development of Integration Roadmap:</p> <ul style="list-style-type: none"> Formulate a detailed costed roadmap outlining the recommended structure for the integration of still births and neonatal mortality audits within the structural processes of Lebanese Ministry of Public Health. Recommend functional accountabilities and political, technical, and administrative support requirements at each level of the road map. Include specific steps, timelines, and responsibilities at the national, district and facility level. <p>5. Capacity Building Plan:</p> <ul style="list-style-type: none"> Develop a comprehensive plan for recommended capacity building at each administrative level. Provide recommendations for training programs and skill development initiatives. <p>6. Monitoring and Evaluation Framework:</p> <ul style="list-style-type: none"> Establish a robust monitoring and evaluation framework to assess the effectiveness of the integrated still births and neonatal mortality audit structure. Include key performance indicators and mechanisms for continuous improvement.

Section B

Work Assignment Expected Results			
Deliverables/Outputs	Tasks/Milestone:	Timeline	Percentage of Payment (payments can be divided per 1 or more deliverables)
Conduct Needs Assessment including desk review, field visits, stakeholder discussions, and consultative meetings	1- Provide a detailed consultancy inception plan.	15 days	10%
	2- Deliver a needs Assessment and gap analysis report		
Desk Review on best practices: <ul style="list-style-type: none"> - Global Guidelines and examples - Lebanese National Maternal Mortality Audit 	3- Deliver best Practices Summary Report including: <ul style="list-style-type: none"> - Lessons learned. - Recommendations on best contextualized model for Lebanon 	10 days	
	Stakeholder engagement and interviews		

TERMS OF REFERENCE

	5- Deliver a stakeholders' engagement summary report (2 pages)		
Road Map Development	6- Develop a budgeted integration Road map document for the still births and neonatal mortality audit (national, district and facility) 7- Develop a road map PowerPoint presentation	20 days	35%
Capacity Building and Monitoring Framework	8- Develop a detailed Capacity Building Plan with timeframe and required expertise of facilitators. 9- Develop a monitoring and Evaluation Framework specifying the required data sources and verification tools	10 days	25%
Final Report	10- Deliver a final consulting report. 11- Deliver an advocacy report (2 pagers) 12- Develop a PPT presentation on final findings, roadmap and recommendation 13- Deliver any additional documentation, such as data quality scorecards or improvement guidelines	15 days	30%

Payment of professional fees will be based on submission of agreed deliverables. UNICEF reserves the right to withhold payment in case the deliverables submitted are not up to the required standard or in case of delays in submitting the deliverables on the part of the consultant. Individuals engaged under a consultancy contract will not be considered "staff members" under the Staff Regulations and Rules of the United Nations and UNICEF's policies and procedures and will not be entitled to benefits provided therein (such as leave entitlements and medical insurance coverage). Their conditions of service will be governed by their contract and the General Conditions of Contracts for the Services of Consultants Contractors. Consultants contractors are responsible for determining their tax liabilities and for the payment of any taxes and/or duties, in accordance with local or other applicable laws.

The selected candidate is solely responsible to ensure that the visa (applicable) and health insurance required to perform the duties of the contract are valid for the entire period of the contract. Selected candidates are subject to confirmation of fully vaccinated status against SARS-CoV-2 (Covid-19) with a World Health Organization (WHO)-endorsed vaccine, which must be met prior to taking up the assignment. It does not apply to consultants who will work remotely and are not expected to work on or visit UNICEF premises, programme delivery locations or directly interact with communities UNICEF works with, nor to travel to perform functions for UNICEF for the duration of their consultancy contracts. UNICEF offers reasonable accommodation for consultants with disabilities. This may include, for example, accessible software, travel assistance for missions or personal attendants. We encourage you to disclose your disability during your application in case you need reasonable accommodation during the selection process and afterwards in your assignment.