

## **Terms of Reference**

### **Consultancy to strengthen capacity at the Bureau of Public Health to implement the National Maternal and Newborn Health Strategy (2021-2025) and the Operational plan (2021-2023)**

#### **I. Background**

Maternal and newborn health (MNH) are strongly linked. The periods of greatest risk for morbidity and mortality for women and children are the hours that precede delivery, and the immediate hours and first seven days following birth. Maternal morbidity and complications during childbirth are a main cause for stillbirths and newborn deaths. Newborn survival and health are intrinsically linked to the health, well-being and nutrition of women before conception and during and between pregnancies. Perinatal conditions and birth defects are the leading causes of newborn deaths. Complications during pregnancy, childbirth and the postpartum period are the main causes worldwide for maternal deaths. Most of these deaths can be prevented. Maternal and neonatal mortality are of global, regional and national concern.

Suriname is amongst the five countries in the Caribbean region with the highest maternal and neonatal mortality rates. With a maternal mortality ratio of 139.8/100,000 and a neonatal mortality rate of 15.9 per 1,000 live-births in 2017.<sup>1</sup> Suriname is still far above the world averages, and still far from the 2030 regional target for a maternal mortality ratio (MMR) of 30 per 100,000 live births and a neonatal mortality rate (NMR) target of 7 per 1,000 live births.<sup>2</sup>

The MNH situation is currently negatively impacted by the COVID-19 pandemic, that is currently affecting the country since the diagnosis of the first case in March 2020. This has affected the health and economic sectors as well as the social and mental wellbeing of all citizens. The situation is aggravated by the financial crisis of the country. Maintenance of the essential health services, including MNH, is at risk. This led not only to a decrease in access to and utilization of services, but also the quality of care provided due to limited availability of medicines, equipment and human resources.

Maternal and Newborn Health has always been a key priority for the Ministry of Health. The Family and Community Health (FCH) unit of the Bureau of Public Health (BOG) is tasked to lead a systematic approach in this area. The process started, although started several years ago has not resulted in a comprehensive, integrated national Maternal and Newborn Health program. To support this process, a national Maternal and Newborn Health Strategy (2021-2025) and Operational Plan (2021-2023) were developed, based on a situation analysis, a desk review and consultation of various stakeholders. These documents were approved in January 2021. The strategy is based on a human rights approach and includes health promotion and community health interventions, with a focus on population groups with the highest maternal and perinatal health issues. It also aligns to and builds upon existing global, regional and national commitments, reflected in national strategies and action plans, such as those on Prevention of Mother To Child Transmission of HIV, syphilis and neonatal tetanus, Infant and Young Child Feeding+, vaccinations, etc.

In March 2020 a National Steering Committee on Maternal Health and Mortality Reduction was officially installed by the Ministry of Health. The committee was chaired by the Deputy Director of Health, and consisted of representatives of the Bureau of Public Health (BOG), Regional Health Services (RGD), Medical Mission Primary Health Care (MZ PHC), the hospitals, the Maternal Mortality Committee (MAMS), the professional associations of obstetricians/gynaecologists, midwives and general physicians, and PAHO, supported by UNFPA, UNICEF, PERISUR (an NGO specialized in newborn health) and a Sexual and

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<sup>1</sup> Ministry of Health, 2019

<sup>2</sup> Regional Action Plan on Women's and Child Health, 2018

Reproductive Health and Research specialist. The committee contributed to the COVID-19 response by drafting guidelines for continuum of care for the pregnant woman and her unborn child. Although the committee was since dismantled it has remained active as a working group with approval of the leadership of the MOH, and invited the professional association of paediatricians to join, thus including newborn health in its tasks and planning of activities. The main purpose of the committee is to support the coordinated, integrated and multi sectoral implementation of the MNH Strategy 2021-2025 and operational plan 2021-2023, under the leadership of the FCH unit of the BOG.

It is recognized that the technical capacity of the BOG needs strengthening to be able to lead this process. Therefore, a consultancy is being proposed, to systematically initiate the implementation of the MNH strategy and operational plan.

## II. Purpose and Objective of the consultancy

**The purpose:** To strengthen the capacity of the FCH unit of the Bureau of Public Health, Ministry of Health, in structuring the MNH program to effectively coordinate and monitor implementation of the MNH Strategy and its Operational plan.

**The objective:** To provide relevant and adequate support to the FCH unit to establish a structure for planning, monitoring and evaluation of the MNH Strategy, and to initiate implementation of priority interventions, as identified in the Operational Plan 2021-2023

## III. Scope of Work

To achieve the objective, the consultant will provide support to strengthen the capacity of the FCH unit in the areas of communication, coordination and M&E (data collection and reporting).

The following tasks will be conducted:

### 1. COMMUNICATION

- 1.1 Present, promote, and widely disseminate the maternal and newborn health strategy and operational plan to all relevant stakeholders (*ref. Strategic Objective 1.1*)
- 1.2 Initiate the establishment of a structure for regular communication between FCH unit and the MNH Steering Committee
- 1.3 Communicate with relevant authorities to promote/advocate for the establishment/expansion of a national standardized package of all essential maternal and newborn health services to be covered by basic health insurance (*ref. Strategic Objective 2.1, and 2.2.*)
- 1.4 Development and promotion of educational and awareness raising materials on procedures to obtain health insurance, in particular focused on pregnant women (*ref. Strategic Objective 3.1*)

### 2. COORDINATION

- 2.1 Initiate the establishment of a coordinating structure to enhance integrated response
- 2.2 Development of a priority annual plan, 2021-2022, based on identified strategic priorities by relevant stakeholders (*ref. Strategic Objective 1.1*)
- 2.3 Meetings with key stakeholders to enhance and support the development and use of (standardized) annual work plans that are aligned to the operational plan (*ref. Strategic Objective 1.3*)
- 2.4 Enhance the formal establishment of the MNH steering group through revision of task descriptions of FCH and MNH steering group and propose final organizational structure for coordination of MNH
- 2.5 Formulation of task descriptions of additional staff to be hired for FCI (*ref. Strategic Objective 1.1*)
- 2.6 Support in the meetings with relevant community organizations and other relevant non-health actors (e.g. social protection services) to explore actions to improve access of vulnerable women, including undocumented migrants to a health insurance package of quality maternal and newborn health care services (*ref. Strategic Objective 2.1*)

### 3. DATA COLLECTION AND REPORTING

- 3.1 Train FCH staff in M&E of the Strategy and Operational Plan. (Train selected FCH staff in several aspects of M&E of the Strategy and Operational Plan, such as the collection, processing and reporting of the required data, that will also contribute to the database of the BOG Epidemiology unit)
- 3.2 Develop a (standardized) annual reporting system for monitoring purposes, guided by the M&E Framework, with clear indicators and targets, that comply with international definitions (*ref. Strategic Objective 1.3*)

## IV. Deliverables and Payment schedule

The following deliverables linked to the payment schedule are expected from the consultant.

Deliverable	Date of completion	Contract fee %
1. Workplan, incl. time schedule to complete all tasks	23 August 2021	15%
2. Launch of MNH strategy	25 August 2021	
3. Short meeting reports with MNH steering committee and other key stakeholders to identify priorities and enhance integrated response	15 September 2021	20%
4. Proposal for structure to strengthen FCH unit	30 September 2021	
5. Priority annual operational plan, October 2021- October 2022	30 September 2021	30%
6. Training report	15 October 2021	15%
7. Final consultancy report	30 November 2021	20 %

## V. Accountability, collaboration and working conditions

- Reporting to and in working in close collaboration with the PAHO FPL Focal Point
- Working in close collaboration with the head of department of BOG/FCH and the MNH Steering Committee.
- The consultant will work from an independent space and using own resources.
- Periodic visits to the FCH/BOG as required.

## VI. Required competencies

- Advanced degree (Master's or Ph.D.) in public health or social sciences
- At least 7 years of professional experience in public health in general and in the area of maternal and newborn health in particular
- Experience in health systems and health planning, with proven ability of strategic and operational planning
- Knowledge of the health systems and services in Suriname
- Excellent report writing and analytical skills
- Very good knowledge of Dutch (oral and written) and English (oral and written).