

## STATEMENT OF WORK AND TERMS OF REFERENCE

TITLE	Long Term Arrangement LTA(s) for the Consultancy on Technical Assistance for Every Newborn Action Plan (ENAP) Implementation in Countries
LOCATION OF ASSIGNMENT	Remote
LANGUAGE(S) REQUIRED	English
TRAVEL	Yes- Occasional travel to countries within West Africa, East Africa, East Asia and the Pacific, South Asia, Middle East and North African regions including other regions based on needs.
DURATION OF CONTRACT	LTA valid for two years
SECTION & UNIT	Health Section, Maternal, Newborn, & Adolescent Health Unit (MNAH)
CONSULTANT REPORTING TO	UNICEF hiring office that will issue a contract based on the resultant LTA(s)

### 1. INTRODUCTION OF THE SECTION

UNICEF's Health Section sets out to achieve the following priorities as outlined in the strategic Plan: Improved and equitable use of high-impact maternal, newborn and child health interventions from pregnancy to adolescence, and promotion of healthy behaviours. UNICEF will support countries to end preventable child deaths, with a view of reducing under-five mortality, to 20 per 1,000 live births or lower in all countries by 2035.

Key approaches will include providing equitable delivery of interventions; increasing access to lifesaving and preventive interventions, including humanitarian action; improving caregiver knowledge of high-impact interventions; strengthening health systems including contributing as appropriate to universal health coverage; improving the quality and use of data for making decisions and ensuring better integration of health services with other services and interventions being provided to mothers, newborns and children.

### 2. BACKGROUND INFORMATION

Globally, the neonatal mortality rate fell from 36 (35, 38) deaths per 1,000 live births in 1990 to 19 in 2015, and the number of neonatal deaths declined from 5.1 million to 2.7 million. However, the decline in neonatal mortality from 1990 to 2015 has been slower than that of post-neonatal under-five mortality: 47 percent compared with 58 percent globally. In Sub Saharan Africa the newborn mortality rate (NMR) is 29 deaths per 1000 live births. In addition, it is estimated that 2.6 million babies are stillborn (die in the last three months of pregnancy or during childbirth) and some 289 000 women die each year from complications of pregnancy and childbirth. Asphyxia (13%), Preterm (11%), Sepsis (10%), and Congenital (3%) Other (3%), that of maternal mortality (2.6%) and under-5-year old mortality (2.9%)

The global Every Newborn Action Plan (ENAP), launched in 2014, includes clear targets and strategies for reducing neonatal deaths and stillbirths and supports the United Nations Secretary-General's Every Woman Every Child initiative (EWEC). There is a growing body of evidence emerging in countries demonstrates that strategic efforts to improve newborn health lead to successful outcomes, even amid challenging circumstances and starting points.

Based on evidence of what works, and developed within the framework for Every Woman Every Child, the plan enhances and supports coordinated, comprehensive planning and implementation of newborn-specific actions within the context of national reproductive, maternal, newborn, child and adolescent health (RMNCAH) strategies and action plans, and in collaboration with stakeholders from the private sector, civil society, professional associations and others. The goal is to achieve equitable and high-quality coverage of care for all women and newborns through links with other global and national plans, measurement and accountability.

Quality of care for maternal and newborn care is a key focus area in all ENAP countries. The quality of health care provided and experienced by patients is a critical determinant of health and well-being women, children, and adolescents. In many settings around the world, however, quality of care ranks low amongst national priorities for MNCAH, particularly where health systems are poorly managed or under-resourced. Improving the quality of care for women and children, particularly mothers and newborns, is a critical step towards revitalizing health systems and achieving the health-related SDGs. The World Health Organization (2006) has identified six key dimensions of quality of care within health services: effective, efficient, accessible, acceptable/patient-centred, equitable, and safe. Unfortunately, poor quality of care, in terms of both provision of and experiencing services, remains a key barrier to improved health outcomes. As a result, improving quality of care for every woman and every child with a particular focus on mothers and newborns has been designated as a key priority within the sustainable development goals (SDGs). Responding to this call, WHO and UNICEF have elaborated a global vision where 'every pregnant woman and newborn receives quality care throughout pregnancy, childbirth and the postnatal period'. This vision is underpinned by the core values of quality, equity and dignity.

### **3. PURPOSE**

The purpose is to provide technical assistance to support countries in the UNICEF regions to address scale-up of ENAP priority interventions for mothers, newborns and adolescents; and to strengthen the collection, use and interpretation of data.

### **4. SCOPE OF WORK**

It should be noted that assignments, with the expected level of effort, will entail specific tasks per consultancy and is not predefined. As such, the duration, payment schedule and deliverables will generally depend on each specific task or country needs. In collaboration with UNICEF HQ, Regional, Country offices and other stakeholders, the following will variously apply in the implementation of any assignment:

1. Present a concept note/inception report on the approach to achieve the objectives. The concept note will include a robust methodology for gathering the information and data required (including any potential travel, where applicable) for the delivery of assignment/outputs
2. Review all relevant UNICEF programme documents prior to commencement of the assignment
3. Facilitate national level expert workshops to develop national plans for newborn, identify and prioritize problems for immediate and longer term action at national and/or subnational level
4. Plan and facilitate national level expert workshops to cost priority activities for maternal and newborn care programmes including preparation of investment cases



5. Produce training materials, Inception reports, progress reports, technical reports, mission reports, power point presentations, matrices, draft and final reports etc. as per the assignment.
6. Conduct Quality of Care Assessments in targeted health facilities
7. Provide clinical mentoring on key interventions for mothers and newborns such as use of partogram, PPH and eclampsia management, Kangaroo Mother Care and sick newborn care etc.
8. Provide technical assistance in quality implementation of Maternal and Perinatal Death Reviews and Response(MPDSR)
9. Provide technical assistance for strengthening collection, use and interpretation of data (HMIS, DHIS II etc).
10. Review secondary data e.g. household surveys and MICs data including use of List analysis and EQUIST for evaluation, documentation and development of case studies.

## **5. UNICEF RESPONSIBILITIES**

UNICEF will be responsible for providing the contractor with the background information when necessary. UNICEF HQ and Country Offices (COs) will support engagements with contacts and appropriate key informants. UNICEF COs will also ensure that the contractor have access to all necessary country level data and information.

## **6. EXPECTED DELIVERABLES AND TIME LINE**

The deliverables under each resultant consultancy contract will generally be specific to each, depending on the output area, countries, time frame and thematic areas as follows:

- Development of national plans for newborn care
- Costing of priority activities for maternal and newborn care programmes and preparation of investment cases
- Development of advocacy strategies on MNAH
- Capacity development on quality improvement for MNAH and MPDSR
- Evaluation, documentation and development of case studies

## **7. KEY SKILLS, TECHNICAL BACKGROUND, AND EXPERIENCE REQUIRED**

Qualified institutions are eligible to apply and need to highlight the respective areas of experience, expertise and language skills; and provide CV with at least two examples of previous similar work, indicative rates of professional fee per day. Please highlight your specific expertise by selecting one or more of the following areas:

- a) Development of national plans for newborn care; will include Identifying and prioritising problems for immediate and longer term action at national and/or subnational level
- b) Costing of priority activities for maternal and newborn care programmes and preparation of investment cases
- c) Development of advocacy strategies on Maternal Newborn and Adolescent Health
- d) Capacity development on quality improvement on maternal, newborn and adolescent health
- e) Implementation research in areas of maternal, newborn and adolescent health
- f) Documentation and development of case studies
- g) Communication for Development for maternal, newborn and adolescent health

Institutions who qualify in more than one area must submit equal number of separate applications. Each proposal should be clearly marked and have the respective area of experience, language skills, expertise or interest in the subject line.

The Contractor/institution should adequately demonstrate the availability of high calibre expert/s and must include personnel with significant experience in global health. Typically, the key personnel/Lead consultant involved should have the following profile and skill sets:

- University degree or equivalent in medicine or other relevant discipline, with master's degree in public health;
- Five to eight years of work experience in National Child Health and maternal newborn health programme and monitoring and evaluation of RMNCAH programmes is an asset;
- Work experience in development of ENAP policies, strategies and training guidelines;
- Excellent communication skills, including written and oral presentations;
- Ability to articulate the application of and use planning and policy analysis tools and methodologies
- High level proficiency in the use of relevant computer software including the MS Office Suite, Statistical Package for Social Sciences, and computer based qualitative analysis software, etc.
- Statistical skills / ease in the use and interpretation of health and social sector data, including familiarity with and the use of district health information systems (DHIS2), costing, and use of One health tool, etc.
- Good team player with ability to work independently and under considerably tight deadlines; Creative thinking, drive for results and strong commitments;
- Good inter-personal relationship even in diverse work environment;
- Work experience in Africa and Asia is an added advantage

#### **Language competencies:**

Proficiency in English is required, knowledge of other UN language(s) is an added advantage.

#### **8. DURATION:**

The resultant Long term Arrangements will be valid for two years.

#### **9. EVALUATION OF THE PROPOSAL**

In making the final decision, UNICEF considers both technical and financial aspects. The Evaluation Team first reviews the technical aspect of the offer followed by the review of the financial offer of the technically compliant vendors. The proposals will be evaluated against the following two elements:

##### **a. Technical Proposal:**

The technical proposal should address all aspects and criteria outlined in this Request for Proposal.

<b>The Technical Proposals will be evaluated against the following:</b>		
<b>REF</b>	<b>CATEGORY</b>	<b>POINTS</b>
1	Institution have long term presence, global and national level experience working with countries	5
2	Quality, coverage and comprehensiveness of similar work samples provided	25
3	Competence and CV(s) of Project Lead and project team members	10
<b>Total Technical</b>		<b>70</b>
<b>Only proposals which receive a minimum of 50 points will be considered further.</b>		



However, UNICEF also reserves the right to waive mandatory requirements in the following instances:

1. In the event that none of the submitted proposals meet all the mandatory requirements, UNICEF reserves the right to allow to pass to the next step of evaluation the proposals that in their sole discretion most closely meet the requirements,

And

2. UNICEF also reserves the right to waive mandatory requirements provided that all of the otherwise responsive proposals failed to meet the same mandatory requirements and/or doing so does not otherwise materially affect the procurement. This right is at the sole discretion of UNICEF.

## **b. Price Proposal**

The price should be broken down for each component/deliverable of the proposed work, based on an estimate of activities and time taken which needs to be stated.

The total amount of points allocated for the price component is 30. The maximum number of points will be allotted to the lowest price proposal that is opened and compared among those invited firms/institutions which obtain the threshold points in the evaluation of the technical component. All other price proposals will receive points in inverse proportion to the lowest price; e.g.:

$$\text{Max. Score for price proposal} \times \text{Price of lowest priced proposal}$$

$$\text{Score for price proposal X} = \frac{\text{Price of proposal X}}{\text{Price of lowest priced proposal}}$$

The Price Proposal must include a cost breakdown for the work phases as per the terms of reference, detailing the types of roles proposed, number of days required, travel assumptions, related expenses and any other cost elements deemed relevant.

The proposal shall include a payment schedule linked to clearly defined milestones. All prices/rates quoted must be exclusive of taxes as UNICEF is a tax-exempt organization.

The format shown below is suggested for use as a guide in preparing the financial proposal. The format includes specific expenditures which may or may not be applicable but are indicated to serve as examples. Travel and per diems will not be included as this will be finalized later by UNICEF and the selected bidder.

Description of Activities/Item	Proposed person (Job title/function)	All-Inclusive rate (Personnel)	No of days proposed	Total cost in US\$
<b>Item 1:</b>				
1.1 Personnel				
1.2 Other				
<b>Subtotal Expenses</b>				
<b>Item 2:</b>				

2.1 Personnel				
2.2 Other				
<b>Subtotal Expenses</b>				
2.3 Reimbursable travel cost*				
2.4 Other				
<b>Subtotal Expenses</b>				
<b>Item 3:</b>				
3.1 Personnel				
3.2 Editorial				
<b>Subtotal Expenses</b>				
Subtotal fixed cost				
Subtotal Reimbursable cost				
<b>Grand Total**</b>				

**\*Travel**

- Please note that travel to countries will be decided based on need and mutual agreements with UNICEF and the contractor. For agreed country visits, the contractor will be responsible for administering its own travel.
- The selected organization will be responsible for all travel costs - flights, daily subsistence allowance etc. Any travel involved should be budgeted according to UN Travel Standards as a ceiling. Travel expenses will be reimbursed separately upon presentation of receipts based on actual cost or as per UN rates (<http://icsc.un.org/rootindex.asp>) whichever is lower
- Travel expenses shall be calculated based on economy class travel, regardless of the length of travel and ii) costs for accommodation, meals and incidentals shall not exceed applicable daily subsistence allowance (DSA) rates, as promulgated by the International Civil Service Commission (ICSC)
- For the capacity building workshop/training please only include estimated cost for consultant, workshop materials and travel. The cost for the participants and venue will be covered by UNICEF regional/country offices
- Number of travelers, duration, dates of travel and travel locations will be agreed with UNICEF and the contractor before being arranged
- Any variation in reimbursable travel should be authorized in writing by UNICEF through the Contract Manager.

**\*\*Payment Provisions**

UNICEF's policy is to pay for the performance of contractual services rendered or to effect payment upon the achievement of specific milestones described in the contract. UNICEF's policy is not to grant advance payments except in unusual situations where the potential contractor, whether a private firm, NGO or a government or other entity, specifies in the bid that there are special circumstances warranting an advance payment. UNICEF will normally require a bank guarantee or other suitable security arrangement.

Any request for an advance payment is to be justified and documented, and must be submitted with the financial bid. The justification shall explain the need for the advance payment, itemize the amount requested and provide a time schedule for utilization of said amount. Information about your financial status must be

submitted, such as audited financial statements at 31 December of the previous year and include this documentation with your financial bid. Further information may be requested by UNICEF at the time of finalizing contract negotiations with the awarded bidder.

Proposed By: Dr. Nabila Zaka, Senior Adviser; Maternal, Newborn & Adolescent Health

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Authorized By: Dr. Stefan Peterson, Associate Director, Health Section

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

