IMA WORLD HEALTH

Scope of Work

Purpose: Maternal and Perinatal Death Surveillance and Response (MPDSR) and Pediatric Death Audit (PDA) Implementation Assessment

Consultant: National consultant to assess MPDSR & PDA in MIHR supported Health facilities

Place of Performance: South Sudan (Bor, Budi, Juba, Jur River, Wau and Yambio Counties)

Period of Performance:6/1/2024 to 8/30/24

Project: Momentum Integrated Health Resilience Project

Background:

MOMENTUM Integrated Health Resilience (MIHR), funded by USAID, works in fragile settings on family planning and reproductive health (FP/RH) and maternal, newborn, and child health (MNCH). The project currently works in seven countries (South Sudan, DRC, Mali, Burkina Faso, Tanzania, Niger, and Sudan).

The goal of MIHR in South Sudan is to support improved FP/RH/MNCH outcomes and strengthen the USAID/South Sudan resilience platform. MIHR collaborates with the MOH, partners, and key stakeholders to increase access to and quality of integrated FP/RH/MNCH care and services in public and private health sectors; increase demand for and utilization of quality FP/RH/MNCH interventions and care by individuals, families, and communities; and enhance the resilience and inclusiveness of the health system in South Sudan with increased capacity to provide integrated client-centered FP/RH/MNCH care and services.

What is MPDSR:

In 2013, the World Health Organization (WHO) launched the Maternal Death Surveillance and Response (MDSR) guidance to strengthen notification, review, and response to maternal deaths. This guide emphasizes the need for each maternal death to be a notifiable event and reviewed to be able to understand the underlying causes to create a response mechanism to avert future deaths, a continuous cycle of surveillance and response. Each country is supposed to adopt and/or adapt the guidance to fit their context and framework. Progress has been made in the implementation of MPDSR, although with slow progress on stillbirth and neonatal deaths. The WHO report conducted in 2018 - 2019 in 150 out of 194 WHO member countries revealed; 81% of the countries reported to have national policies/ guidelines/laws requiring all maternal deaths to be notified to a central authority within 24 hours, while 84% of countries require review of all maternal deaths. However, only 43% and 67% of countries had policies requiring the review of stillbirths or neonatal deaths (0–28 days) respectively. While progress has been

made policy wise, the translation of policy to practice has also been a challenge. A 2015 report from a survey of 64, lower and mid-income countries (LMIC), showed 86% and 85% had national policies to notify and review all maternal deaths respectively, but only 46% of the countries had national maternal death review committee that met at least biannual to review maternal deaths, suggesting the huge gap between policy and practice. The report highlighted challenges for the low MDSR implementation including: Lack of political buy-in and long-term vision, Under reporting of suspected maternal deaths due to inefficient and incomplete systems of notification, A blame culture in some places that inhibits health professionals and others from participating fully in the MDSR process, Incomplete or inadequate legal frameworks, Inadequate staff numbers, resources and budget, Cultural norms and practices that inhibit the operation of MDSR, Problems of geography and infrastructure that inhibit the operation of MDSR. In humanitarian and conflicted affected settings, the MPDSR implementation is also very low, with the worsening of the challenges commonly reported in LMIC such as increased service burden, disincentives to reporting, accountability gaps, a blame approach, and politicization of mortality. Factors more unique to humanitarian contexts include concerns about health worker security and moral distress.

Momentum Integrated Health Resilience (MIHR) MPDSR and Pediatric Death Audits (PDA) work

USAID Momentum Integrated Health Resilience (MIHR) supports maternal, newborn, child health and nutrition program interventions in 9 countries, out of which 5 countries provide support for the implementation of MPDSR and PDA activities in MIHR supported regions. The extent, level and geographical scope of the intervention varies from country to country, with each country in a different stage of implementation. Some countries have also introduced Pediatric Death Audits and in one way or another has integrated and or coordinated with MPDSR to learn and support the implementation of both activities. Below is the table that indicates a brief status of MPDSR support in MIHR supported countries.

Rationale and statement of the work:

MPDSR has been there for many years, there is limited information on the experience and utility of MPDSR implementation in fragile and conflict affected regions. A 2022 published journal article on the status, and stakeholder's insights and experience of implementing MPDSR in humanitarian settings revealed unique challenges related to these settings, including concerns about health worker security and moral distress. The revelations from this study came from the interviews of international stakeholders and health managers who support MPDSR work but did not involve local health providers and managers leading the MPDSR work in humanitarian settings. The increased burden of maternal deaths in humanitarian and fragile settings, adoption of MPDSR in global settings and unique implementation challenges in these settings, underscores the need to document the experience and context specific adaptations of MPDSR and PDA implementation in fragile settings. This activity will engage local implementers in sharing their implementation experiences, success, and challenges of the MPDSR

implementation. Findings and lessons will be used to enhance programming within the country, support scale up, contribute to global learning and to other fragile and conflict affected settings.

Goal of the assessment: To describe the MPDSR and PDA implementation in MIHR supported health facilities and provide context specific recommendations to improve the performance.

General Objective: To describe the experience and the status of MPDSR and PDA implementations in MIHR project supported regions of Mali and South Sudan and provide the context specific recommendations for the improvements.

Specific assessment objectives include:

- Describe the status of the MPDSR/PDA implementation in the MIHR supported health facilities in South Sudan.
- Identify and share any context specific adaptations made in support of the MPDSR implementation.
- Identify challenges/barriers that hinders the implementation of MPDSR/PDA in MIHR supported health facilities in South Sudan.
- Describe the perceived quality and clinical effect following MPDSR/PDA implementation in MIHR supported health facilities in South Sudan.
- Describe how MPDSR and PDA leverage each other to improve the quality and use of care for both maternal, newborns and children.
- Provide recommendations on ways to improve MPDSR and PDA implementation in MIHR supported health facilities in South Sudan.

Methodology:

This assessment is part of the MIHR support to the Ministry of Health in supported countries to review the implementation of status of MPDSR and PDA and provide context specific recommendations for the improvement. It is therefore part of quality improvement activity.

This will be a cross section mixed method survey to be conducted in the MIHR supported regions in South Sudan. The point of focus will be the health facilities with providers trained on PDA/MPDSR- and their respective health management teams at the health facility, district, and region. Inputs from MIHR Technical leads for MPDSR and PDA will also be part of the assessment.

Several approaches and tools will be used to collect data on MPDSR and PDA implementation. This includes the review of MPDSR/PDA meeting notes, Facility based mortality data in the implementation region, project data and report on MPDSR training, supervision and other related support, interviews of select MPDSR/PDA committee members, Health facility managers, Quality improvement team members and project managers/advisors. The

assessment will take approximately one to two months and will be led by the local consultant with oversight from the MIHR Advisors in country and by the core team.

Data collection process, sources, and Tool:

Several approaches will be used to collect information related to the MPDSR/PDA implementation. A local consultant will lead the exercise supported by her/his team. Data extraction forms, and questionnaires developed and agreed jointly by MIHR team and local consultant will be used to collect information/data related to MPDSR/PDA implementation. The table below shows the different tools, and data collection approach for the information to be collected.

▪ Information source	▪ Tools	▪ Approach	▪ Data Source
▪ MOH - Subnational level manager responsible for MPDSR/PDA	▪ Questionnaire	▪ Key informant interview (KII)	▪ Oral interview
▪ MPDSR/PDA coordinator	▪ Questionnaire	▪ KII	▪ Oral interview and MPDSR documentation forms
▪ MPDSR/PDA committee members at the health facility	▪ Questionnaire	▪ Focus Group Discussions (FGD)	▪ Oral interview
▪ Health Facility MPDSR Committee meeting Notes	▪ Questionnaire and Data abstraction form	▪ Data abstraction/collection	▪ MPDSR meeting Notes (Facility and District level)
▪ Maternal and Perinatal Mortality Data	▪ HMIS	▪ Data abstraction	▪ Registers/Reports

Information to be collected per specific objective.

▪ Objective	▪ Specific questions
1. Describe the status of the implementation in the MIHR supported sites. ▪	1. How many regions, districts and health facilities have been supported by MIHR to implement MPDSR/PDA? 2. How (Criteria) did the project/district/region selected health facilities to start MPDSR/PDA? 3. How was the training conducted? What training materials? How many days? On-site/offsite? Who facilitated? Was there any post-training follow-up? If yes, after how many months since the training? 4. What is the structure of MPDSR/PDA at the health facility? 5. What is the extent of implementation on the MPDSR/PDA cycle? Identification, Notification, Review, Action development and Response.
2. Describe the perceived quality and clinical effect following MPDSR/PDA implementation in MIHR supported health facilities in South Sudan and Mali.	1. Has MPDSR/PDA helped improve quality and use of MNH services in health facilities? How? Is there evidence? 2. What improvements have been seen? 3. What are the reasons for these improvements? ▪
4. Identify challenges/barriers that hinders the implementation of MPDSR/PDA in MIHR supported health facilities in South Sudan and Mali. ▪	1. What are the challenges for the MPDSR/PDA implementation? Focus on: legal, policy, financial, Infrastructures, Data, supplies, human resource and skills, community participation? 2. What challenges are specific to the Conflict Affected and Fragile settings?
5. Identify and share any context specific adaptations made in support of the MPDSR/PDA implementation.	1. Any specific adaptations to MPDSR/PDA guidelines, tools or implementation? 2. Why these adaptations? 3. How did the adaptations help? Or not helped?
6. Describe how MPDSR and PDA leverage each other to improve the quality and use of care for both maternal	7. Is PDA being implemented? Since when? 8. How do MPDSR and PDA linked? 9. How are the resources distributed between the two? Financial, human resource, Teams/Committees?

and newborns. ▪	
10. Describe how the MPDSR and PDA implementation could potentially help strengthen health resilience capacity	11. What are the level and resilience capacities enhanced by the implementation of MPDSR/PDA in MIHR supported health facilities and communities?
12. Provide recommendations on ways to improve MPDSR and PDA implementation in MIHR supported regions in South Sudan and Mali. ▪	13. What are the proposed solutions to identified barriers? 14. What are the unique solutions for fragile settings? 15. What could be done better? What needs to be improved? How?

Sampling:

The activity will cover all hospital level health facilities that implement either MPDSR or PDA or both and provide Comprehensive Emergency Obstetrics and Newborn Care (CEmONC). A representative sample of health facilities that provide Basic Emergency Obstetric and Newborn Care (BEmONC) will be selected out of all BEmONC facilities implementing MPDSR/PDA. The following criteria will be used to select the BEmONC health facilities:

- Number of deliveries per month
- Feasibility of reaching these facilities without many challenges (Accessibility)
- Health facilities that have reported conducting death reviews (Any of MPDSR or PDA) at least once in the last three months.

Sites for the assessment:

MIHR South Sudan	**MPDSR**		**PDA**	
County	**No of hospitals**	**Health center**	**No of Hospital**	**Health Center**
Bor	1Hospital (Bor State Hospital)	1PHCC (Pariak PHCC)	0	0
Budi	1Hospital (Chukudum Hospital)	0	0	0
Juba	0	2 PHCCs (Nyakuron & Gurie PHCCs)	1 Hospital (El Sabaha children Hospital)	0
Jur River	0	2 PHCCs (Kurjena & Mapel PHCCs)	0	0
Yambio	1Hospitall (Yambio	2 PHCCs (Bazungua	0	0

	S.Hospital)	& Yambio PHCCs)		
Wau	1 Hospital (Wau T. Hospital)	0	0	0
Total	**4**	**7**	**1**	

Tasks /Deliverables/Timeline

Task	Deliverable	Date(s)
Coordinate and hold a brief introductory meeting with the concerned directorate at the MOH on the planned assessment.	Trip report	May,2024
Conduct interviews and assessment in the targeted health facilities in Bor, Budi, Juba, Yambio and Wau counties.	Interviews are conducted	May 2024
Analyse the collected data and write a detailed report on the assessment.	Analyse and write the assessment report	June 2024
Present the assessment report to MIHR- MNCH country team and response to their inquiries before its approval.	Detailed assessment report	June 2024
Conduct a dissemination report workshop to MoH and RH stakeholders.	Workshop conducted	July,2024

Required Knowledge, Expertise, and Skills:

- Labor & Delivery Nurse/Midwife or Medical Doctor specialized in Obstetrics and Gynecology or pediatrics. Members of the South Sudan medical and reproductive health professional associations are strongly encouraged to apply and perform this task under their professional bodies.
- Five years of experience working with government, NGO, UN, and local stakeholders to conduct assessments related to reproductive health.
- Knowledge of key reproductive health stakeholders in South Sudan
- Experience facilitating multi-level stakeholder workshops.
- Proficiency in written and spoken English.

Desired Knowledge, Expertise, and Skills:

- Experience and familiarity with humanitarian and fragile contexts.
- Knowledge of the South Sudan health care system and policy context.
- Experience in conducting assessments and research with ability to analyse data using SPSS.

To Apply:

- Please submit CV and cover letter to southsudanprocurement@ima.org by **Friday May 17th, 2024**.
- Or hand deliver to IMA WORLD HEALTH office at Heran Office building complex Eco Bnak Building Opposite Juba Stadium