

#  **Scope of Work**

**Purpose:** MNH misoprostol advanced distribution technical assistance

**Consultant:** MNH misoprostol advanced distribution in S. Sudan Expert

**Place of Performance:**  South Sudan (Africa)

Period of Performance:3/1/2023 to 6/30/23

**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.

Misoprostol, when used correctly in the third stage of labor, can prevent PPH in settings where the availability of skilled birth attendants (SBAs) is limited. When skilled health personnel are not present to administer injectable uterotonics, WHO recommends: 1) advance misoprostol distribution to pregnant women for self-administration,[[1]](#footnote-1) or 2) administration of misoprostol (either 400 µg or 600 µg orally) by CHWs or lay health workers.[[2]](#footnote-2)  Despite WHO recommendations on misoprostol use, its uptake and use in South Sudan at the community level are limited and, where used, uneven.

Effective use of misoprostol for prevention and treatment of PPH can have a significant impact on maternal mortality from PPH, particularly in fragile contexts. In South Sudan, for example, preventing PPH during non-facility births could avert an estimated 216 maternal deaths per 100,000 live births, or a total of 837 maternal deaths per year.[[3]](#footnote-3) The potential exists for humanitarian actors to facilitate the distribution of misoprostol in safe delivery kits[[4]](#footnote-4) when access to an SBA is limited; however, in most settings, delivery kits still do not include misoprostol. MIHR will continue to promote SBA and facility births, but there is also an urgent need to understand and address the barriers to misoprostol self-administration or administration by trained CHWs in fragile settings.

South Sudan is the potential site for the bottleneck analysis: 75 percent of births in South Sudan take place without an SBA, maternal mortality is extremely high, and PPH is a top cause of maternal death. The potential success and feasibility of misoprostol advance distribution for prevention of PPH have already been demonstrated on a small scale in the country.[[5]](#footnote-5) National policies are also favorable to advanced distribution and self-administration[[6]](#footnote-6), misoprostol is already on the national essential drug list, and it is promoted at government health facilities and in communities. In addition, UNFPA is procuring and distributing misoprostol in South Sudan, including in MIHR supported localities. Nonetheless, misoprostol availability and use for prevention of PPH are both low.

# Statement of Work

MNH misoprostol advanced distribution in S. Sudan expert will provide technical assistance to South Sudan MIHR teams in the implementation of planned PY3 MNH/activity 1.5.4 sub-activities, including completion of a bottleneck analysis (to include key informant interviews, focus groups, and secondary data review).

MIHR will present the findings to the government and development partners. Thereafter, the MIHR country team will work with stakeholders to develop and support implementation that addresses the major obstacles to making misoprostol more available to women in hard-to-reach situations where it is needed to prevent PPH. Specifically:

# Tasks /Deliverables/Timeline

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| Task | Deliverable | Date(s) | Days |
| *Co-facilitate stakeholder’s (re)orientation on community-level advanced distribution of misoprostol* | Trip report | March 2023 | 10 prep5 in-country |
| *Supplemental bottleneck analysis key informant interviews and analysis of Ministry of Health policies and procedures completed* | Bottleneck analysis report | April 2023 | 5 in-country10 follow up (remote) |
| *MoH guidelines[[7]](#footnote-7), training materials and tracking documentation tools updated*  | Draft updated guidelines doc | April- June 2023 | 20 (remote) |
| *Updated guidelines stakeholder validation meeting* | Trip report | June 2023 | 10 in country |
| Total | 60 |

Required Knowledge, Expertise, and Skills:

* + - Nurse/Midwife with MPH/PhD in public Health or Medical Doctor specialized in Obstetrics and Gynaecology and have a public health background.
		- Experience working with government, NGO, UN, and local stakeholders to create guidelines 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, including previous advanced distribution of misoprostol pilot and the Boma Health Initiative. Or experience in developing Sexual and Reproductive Health policies and guidelines.

To Apply:

* + - Please submit CV and cover letter including daily rate to southsudanprocurement@imaworldhealth.org by Friday February 17th, 2023.
1. WHO PPH recommendations, 2020. <https://www.who.int/publications/i/item/9789240013902>. [↑](#footnote-ref-1)
2. WHO PPH recommendations, 2018. [↑](#footnote-ref-2)
3. 75 percent of birth in South Sudan is non-SBA. Considering that PPH contributes to 25 percent of maternal mortality in the context of 388,000 total births per year, PPH preventive measures that targeted 75 percent of non-SBA birth would reduce MMR by 216 per 100,000 live births, or 837 total maternal mortality per year. [↑](#footnote-ref-3)
4. Hobday K, Prata N, Hulme J, Homer CS. Preventing post-partum hemorrhage at home during COVID-19: what are we waiting for? *Lancet Glob Health.* 2021 March, 9(3):e245-e246. doi: 10.1016/S2214-109X(21)00003-6. Epub 2021 Jan 28. PMID: 33516281; PMCID: PMC7906691. [↑](#footnote-ref-4)
5. Smith, Jeffrey M., Alexander Dimiti, Vikas Dwivedi, Isabella Ochieng, Maryrose Dalaka, Sheena Currie, Edward Eremugo Luka, et al. 2014. “Advance Distribution of Misoprostol for the Prevention of Postpartum Hemorrhage in South Sudan.” *International Journal of Gynaecology and Obstetrics*: The Official Organ of the International Federation of Gynaecology and Obstetrics 127 (2): 183–88. https://doi.org/10.1016/j.ijgo.2014.05.016. [↑](#footnote-ref-5)
6. Boma Health Initiative Costing and Investment Case Analysis, April 2019 [↑](#footnote-ref-6)
7. BASIC PACKAGE OF HEALTH AND NUTRITION SERVICES IN PRIMARY HEALTH CARE, 2011 [↑](#footnote-ref-7)