**TERMS OF REFERENCE FOR A LOCAL CONSULTANT TO DEVELOP** **POSTNATAL (PNC) CARE FOR MOTHER AND NEWBORN GUIDELINES**

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**Duration: 30 Working Days**

**Type of contract: Individual Contract**

**Location: Mbabane, Eswatini**

**Organizational unit: UNFPA & Ministry of Health, SRHP**

**Background**

***The global case of postnatal care***

The death of women from pregnancy, childbirth and post-delivery complications is a global problem, and this is particularly the case in the developing world. According to the World Health Organization (WHO), United Nations Children Emergency Fund (UNICEF), United Nations Population Fund (UNFPA), World Bank (WB), and the United Population Division (UNPD) (2014:21), about 289 000 women died during childbirth in 2013. The majority (99% or 286 000) of these deaths occurred in developing countries (WHO, UNICEF, UNFPA, WB & UNPD 2014:22). The women died of known and preventable causes, such as postpartum bleeding and hypertension. Postpartum deaths accounted for 60% of all maternal deaths, compared to 15.5% and 23.9% for intrapartum and antepartum respectively. Although women may sometimes seek help from health facilities on time, the quality of the services offered in these facilities in the developing world are substandard. This is reflected in the high (99%) maternal mortality ratio (MMR) in developing countries.

***Postnatal care in sub-Saharan Africa***

Home births are common in the sub-Saharan Africa region because of women’s belief or trust in traditional practitioners to offer quality postnatal care. Although this is the case, hospital-based delivery rates are reported to be on the increase though at a slow pace. Irrespective of its pace, the increase in hospital-based delivery rate is considered a positive and significant step towards the reduction of maternal and infant mortality rates. The slow pace of utilisation of healthcare professional services, which in this case relates to hospital-based delivery, is a function of reported or lived experience of poor quality care. Thus, the maternal and neonatal mortality ratios in this region could be dramatically reduced if health care workers could provide quality and immediate PNC.

***The case of postnatal care in Eswatini***

Eswatini has a high MMR of about 452 per 100 000 live births, and a high neonatal mortality rate of about 20 per 1 000 live births. It is also noted by the Eswatini Ministry of Health that the country had 88% hospital deliveries in 2014, and over 57% of these were attended to or facilitated by midwives. It is worth noting that about 60% of maternal and new-born deaths often occur during the first 48 hours of puerperium in health facilities. While this is the case, it is important to mention that most of the causes of maternal and neonatal deaths are preventable. Examples of these causes include haemorrhage, sepsis, pre-eclampsia or eclampsia and other indirect causes, such as anaemia, HIV, and acquired immune deficiency syndrome.

**Purpose and Objectives**

The purpose of the consultancy is to develop evidence-based National Postnatal Care Guidelines. These will form basis for programmatic guidance and capacity building of frontline maternal new-born health workers.

The objectives of the consultancy are:

* To document comprehensively and accurately the principles for postnatal care priorities and guidance
* To develop comprehensive National Postnatal Care Guidelines adapting from the WHO PNC Guidance, NHSSP III, National Maternal New-born Health and other pertinent documents on Maternal New-born Health.
* To facilitate the validation of the draft National Postnatal Care Guidelines

**Methodology and Technical Approach**

1. Guidelines Development Group (GDG)

a) The MoH, SRHP will establish a team of experts in MNH and will include:

i) Clinicians

ii) Development partners & UN Experts

iii) CSOs experts

b) TORs will be developed for the GDG

c) The GDG will provide technical guidance to the consultant

2. The Consultant is expected to:

1. Compile and present an inception report
2. Conduct baseline assessment (current situation) using available information and tools for PNC
3. Write baseline assessment report
4. Develop a slide presentation and present the baseline report to the core team
5. Develop the national PNC guidelines
6. Present guidelines to core team
7. Present final guidelines to relevant MOH senior management
8. Present final guidelines to relevant stakeholders for their input
9. Finalize the national PNC guidelines

**Deliverables and Timeframe**

The consultant will be engaged on a full-time basis for 30 working days.

Deliverables are:

1. A validated inception report
2. Baseline assessment report
3. Slide presentation of assessment report
4. The National PNC guidelines
5. Slide presentation of the national PNC guidelines

**Management and Organisation**

He/ She shall work in close collaboration with Ministry of Health- SRH Programme Maternal Health Officer in collaboration with UNFPA Programme Analyst-Maternal Heath/FP, and the Guidelines Development Group (Core team), with overall supervision by UNFPA Head of Office. This team will work with the consultant in ensuring delivery of the milestones of the task and act as a technical quality assurance team.

**Qualifications and Competencies**

i)Master’s degree in Midwifery, Nursing, Medicine, Obstetrics /Gynaecology, Public Health with speciality in Maternal and Child Health or equivalent

ii) Have extensive knowledge on public health guidelines development.

iii) Have a thorough knowledge of maternal new-born health agenda from global, continental, regional and national level.

iv) At least 10 years’ experience on maternal new-born health in different levels

v) Excellent command of written and spoken English.

vi) Very good presentation and report writing skills.

vii) Familiarity with Eswatini Ministry of Health system will be an added advantage.

viii) Be resident in the Kingdom of Eswatini

**To apply**

Interested candidates who meet the above qualifications may send their applications to email address: Sally Mlotsa – PA to the Head of Office/ HR Associate -**mlotsa@unfpa.org** by **10th September 2021;**

**Or hand delivered addressed to the Head of Office at the UNFPA Offices; 4th Floor, UN House Corner of Somhlolo Rd, Madlenya St.; Mbabane**, quoting the post title on the subject line. Applications should have a cover letter, curriculum vitae, certified copies of certificates, names and contacts of three referees, a filled copy of the attached P11 form.

**Applications received after the closing date will not be considered.**