Terms of Reference for a Consultant to Document Best Practices in Reduction of Maternal Deaths at Letsholathebe II Memorial Hospital and Ngami District

1. Background and Introduction

Botswana has committed itself to achieving the SDG targets, which include ensuring universal access to sexual and reproductive health and rights and reducing maternal mortality to less than 70 maternal deaths per 100 000 livebirths by 2030. Targeting quality improvements in maternal health services including management of obstetric emergencies, together with understanding the social, cultural and other barriers and bottlenecks to service delivery, is critical if preventable maternal deaths are to be reduced.

In Botswana, between 1990 and early 2000, maternal mortality dropped from a high of 326 deaths per 100,000 live births to 135 deaths per 100,000 live births, only to increase to 163 in 2010 and 189 in 2012. After fluctuating over the years MMR declined from 151.6 deaths per 100,000 in 2014 to an estimated 127.0 in 2015, before rising to156.6 deaths per 100,000 in 2016.[1]

Botswana is one of the countries that had failed to meet MDG5 whose intention was to reduce MMR by two thirds, by 2015. Moreover, the country is one of the 9 Upper Middle Income Countries recording the highest Maternal Mortality Ratios.

This is despite implementation of initiatives adopted and implemented to contribute towards the achievement of the national health targets for women of reproductive age outside pregnancy, along the continuum of pregnancy, childbirth, and in the postnatal period. These are implemented in-line with policies and commitments to the internationally agreed goals including the Sustainable Development Goals (SDGs) and the Global Strategy on Women's, Children's and Adolescents Health. Even though Botswana is also performing well in other maternal health indicators including, Antenatal care coverage (at least four times during pregnancy), skilled attendant at birth, and post-natal care, MMR remains high. National service standards, guidelines and protocols based on global standards have also been developed to guide implementation of maternal health services. There is also an effort to broaden the method mix and increase choice and access for FP users. Botswana was in 2017 supported in setting national targets towards reducing maternal mortality from the 2010 baseline by two-thirds.

Ngami District including Letsholathebe II Memorial Hospital has been one of the 7 high burden districts contributing the highest maternal deaths to the countries MMR with a notable increase between 2014 and 2016. According to the reported and audited maternal deaths a total of 24 mothers died during this period with 2016 reporting the highest number at 9. This made the district the third highest after the 2 referral hospitals. Following 2 national summits that brought

[1] Botswana Maternal Mortality Ratio 2016 (Statistics Botswana 2018)

together the districts contributing the highest maternal mortality numbers to share knowledge and experiences on the causes and contributing factors of maternal mortality, Ngami like other districts developed a response plan aimed at instituting and implementing remedial measures for the identified causes. This resulted in a significant decline as the District reported three (3) maternal deaths in 2017. Between January and July 2018 only (1) maternal death had been reported.

The major causes of maternal deaths during these reporting years were abortion, HIV related infections and Embolism.

It is against this background that the Ministry of Health and Wellness is seeking a qualified local consultant to document achievements realized in implementing the response plan in a structured manner, focusing on identifying the specific factors of success, detailing the actual actions being undertaken on the ground and describing the impact of interventions on health outcomes. The documentation will also propose some promising practices that can be maintained by the district, and replicated or adapted by other districts to strengthen their maternal mortality reduction efforts.

2. Rationale

Documenting initiatives and lessons learned from implementing Ngami district's response plan will promote sharing of evidence-based practices that have shown to be successful in improving quality of service and reducing maternal mortality. This will help other districts to enhance their program delivery and maximize the use of available resources, through replicating the Ngami district experiences.

3. Purpose

The overall purpose of the consultancy is to synthesize and document the lessons learnt and good practices from the implementation of the Ngami District Maternal Mortality Reduction Response Plan to a high burden of maternal deaths.

4. Objectives

To identify and document:

- High Impact Initiatives (HCW and institutional capacity building, community and engagement etc) and related process flows
- Practices in managing obstetric emergencies - Identify factors enabling success as well as the bottlenecks (what did and did not work, how it worked and why) at different stages of the continuum of maternal health care, as well as the different role players and what their roles were.
- Management arrangements
- Sustaining of Quality Improvements results.
- Monitoring/tracking and evaluating progress and results
- Lessons learnt and recommendations

5. Deliverables

- Inception Report including work plan and Tools to be used
- Draft Best Practice Report in Electronic Form
- Final Best Practice Report in Electronic Form

6. Methodology

Literature Review

The assignment will involve a desk review of existing documents including policy guidelines, relevant strategies, program and activity reports, program data, district reports, maternal mortality case notes and other documents.

Inception meeting Interviews

The consultant will meet with UNFPA to discuss the inception report including the work plan, Scope of Work and clarify expectations and payment schedule.

Field Visits

It will also involve field visits to the district hospital as well as referring facilities. The consultant will conduct interviews with key informants including management, Maternal Mortality Reduction Initiative Focal Persons, and implementers. Patients' records will also be reviewed. At national level, the consultant will interview related maternal health staff.

The consultant will assess good practices, experiences and approaches at all levels and their contribution to the outcome. These will be captured and packaged to inform learning from experiences and approaches that have worked and can provide guidance to other districts in reducing maternal deaths.

The Consultant will develop assessment instruments and tools which will be validated by the team.

Implementation Period

11 March to 31 May 2019

Implementation Plan

Review Stages	Deliverables	Timelines
Inception stage		
Inception	Inception report and meeting	7 days
Desk review		4 days (Can start during inception phase)
Data collection stage		
Field consultations/ Data collection (field) including National Program		15 days

Reporting stage		
Compilation / Analysis of findings/recommendations	Draft documentation of good practices. Draft Report	8 days
UNFPA and MoHw reviews and provides feedback on the draft documentation.	UNFPA response	14 days
Stakeholder validation and consultation workshop in Maun	Stakeholder feedback captured and incorporated in final good practices document.	1 day
Submission of final good practice documentation		2 days
Dissemination of Report	Consultant to present final documentation.	1 day

7. Monitoring and Progress and Reporting Requirements

The consultant will report progress to Director of Public Health, Ministry of Health & Wellness and UNFPA SRHR/HIV Linkages Coordinator, under the overall guidance of the Deputy Permanent Secretary, Ministry of Health & Wellness, UNFPA Assistant Representative and WHO Representative. The MoHw will share Responsibility for the product with UNFPA and WHO.

8. Inputs/ Services

Reports, guidelines, policies, manuals and service standards will be provided whilst the consultant will source other complementary documents. The Consultant will be expected to provide his own equipment and office space.

Travel

The consultant should include travel and subsistence costs in their bid as transport costs will not be covered and UNFPA will not provide transport.

9. Qualifications and Experience

Competencies and experience

The consultant should have expertise in documentation of good practices and dissemination of results. He/she should have at least 8 years of relevant experience and sound technical experience in sexual and reproductive health programming, particularly around maternal health. Solid understanding of the health care system in Botswana including the referral system is required.

The Consultant should demonstrate or show evidence of good technical writing and communication skills.

Qualifications

Master’s degree qualifications in Public Health with Sexual and Reproductive Health or Maternal Health Programming, Obstetrics/ Gynecology or other related qualification.