TERMS OF REFERENCE (ToR)

GENERAL INFORMATION

Services/Work Description: National Consultant for Finalization of the Study on Country Analysis of Human Right-Based Approach to Maternal and Neonatal Health in Ethiopia

Project/Program Title: OHCHR-EARO, together with the WHO and UNFPA

Post Title: Local Individual Consultant

Duty Station: Addis Ababa, Ethiopia

Duration: 25 working days within a one-month and half period

Expected Start Date: Immediately after signing of Contact

I. BACKGROUND / PROJECT DESCRIPTION

In Ethiopia, the application of human rights-based approaches in the areas of women and children’s health is increasingly gaining acceptance among a diverse range of stakeholders. Maternal mortality and morbidity continue to be a serious human rights concern. It was estimated that in 2015, roughly 303,000 women died during and following pregnancy and childbirth. Almost all of these deaths occurred in low-resource settings, and most could have been prevented, and between 10 and 15 million more suffer debilitating complications annually. There is increased understanding that this crisis has its roots in denials of human rights and historic discrimination against women and which manifests in, for example, violence against women, the under-prioritization and under-funding of services and goods only women require and lack of accountability mechanisms to respond to maternal deaths and grievous injuries.

Similarly, despite the progress made in recent decades to reduce child mortality, 6.9 million children under the age of five years continue to die each year. This figure corresponds to more than two-fold the number of all individuals dying in the same period from HIV infection or AIDS, malaria and tuberculosis combined. Thus, progress continues to elude many children. In rich and poor countries alike, the poorest and most disadvantaged children continue to miss out on existing, cost-effective life-saving interventions.

The UN Human Rights Council has requested the High Commissioner for Human Rights to prepare a series of reports on the issue of maternal mortality and morbidity as a matter of human rights. This work of OHCHR has built on the work of the former Special Rapporteur on the right to health, as well as the work carried out by other UN agencies, especially WHO, UNFPA and UNICEF, and civil society actors. In 2012, OHCHR presented technical guidance on applying a human right-based approach to policies and programmes to reduce preventable maternal mortality and morbidity to the Human Rights Council (see UN
Doc. A/HRC/21/22). In September 2012, the UN Human Rights Council adopted a resolution by consensus welcoming the technical guidance and requesting the High Commissioner to report back in two years on how the technical guidance is being used by different stakeholders.

Ethiopia is among the countries selected for this exercise taking the country’s remarkable achievements in improving the health of its people, particularly women and children. With the successful conclusion of the 20 years national Health Sector Development Programme (HSDP) in June 2015, the overall health status of the population has showed significant improvements. As a result, health services became accessible to lowest administrative units, and the needs of vulnerable populations and implementation of different strategies/programs within the HSDP framework have started to be addressed. Some of the successes include reducing maternal, infant and under-five mortality, and improving the utilization of family planning and skilled facility delivery.

Ethiopia is among the countries with good progress in reducing maternal mortality. According to the Ethiopian Demographic and Health Surveys (EDHS), maternal mortality ratio (MMR) has dropped from 871 in EDHS 2000 to 676 and 412 in EDHS 2011 and 2016 respectively. The 2015 estimate of maternal mortality for Ethiopia by the UN Inter-Agency Group (UN-IAG) also indicates a substantial decline in maternal deaths over the last two decades. According to this report, the MMR had declined from 1400 to 353 per 100,000 live births between 1990 and 2015. The number of women who died during pregnancy or childbirth had decreased nearly by 70%, from 31,000 in 1990 to around 13,000 in 2015. Nevertheless, regardless of the overall reduction in morbidity and mortality, there are still significant disparities in major health outcome indicators among regions.

The Health Sector Transformation Plan (HSTP) which was launched in 2015, also puts forward four transformation agendas that will help achieve the HSTP’s target highlighted as transformation towards quality and equity in health service, “woreda transformation”, a movement towards compassionate, respectful and caring health professionals and information revolution. The HSTP has also given due emphasis to reduction of maternal mortality with a target set at 199 per 100,000 live births for MMR by 2020.

Neonatal mortality rate of Ethiopia fell gradually from 47.8 deaths per 1,000 live births in 2001 to 27 deaths per 1,000 live births in 2020, against a target of 20 per 1,000 live births by 2020 set in the HSTP. The new HSTP II covering the period from 2020/21 to 2024/25 have confirmed that Ethiopia has documented notable achievements in improving the health status of women and children in the last two decades between 1990 and 2015, child deaths have diminished by two-thirds; under-5 mortality rate decreased from 123 per 1,000 live births in 2005 to 59 in 2019 and the infant mortality rate decreased from 77 per 1,000 live births to 47 in 2019. However, maternal and neonatal mortalities remain high and the decline in maternal mortality declined was modest: from 871 deaths per 100,000 livebirths in 2000 to 401 in 2017. Similarly, neonatal mortality declined modestly, from 39 deaths per 1,000 livebirths in 2000 to 33 in 2019.
These achievements have however been eroded in recent years due to the outbreak of the COVID-19 pandemic, droughts, and the conflict that erupted in the Northern part of the country.

A better understanding of the health determinants of maternal and neonatal deaths and the adoption of a holistic response are crucial to address the root causes and further reduce maternal and neonatal mortality. In addition, reviewing the progresses thus far and the forward-looking strategies with the lenses of human right would bring most disadvantaged women and girls at the center of the maternal and neonatal mortality reduction efforts.

II. OBJECTIVES AND OUTCOMES

OHCHR, UNFPA and WHO seek to hire one consultant to finalize the Country Analysis of Human Right Based Approach to Maternal and Neonatal Health in Ethiopia. The Country Analysis was conducted to build on available country data and integrate a continuum of RMNCH tools and human rights assessment tools. The study was conducted at the end of 2019 and there is a need to update the study with new development in 2020/21 along the area of the study including emergency preparedness and response, incorporate comments from partner organization and finalize the report.

The consultant will undertake the following tasks:

1. **Update the study taking into account new developments**: Undertake a revision on a country analysis by incorporating new developments in the field to ensure the finding reflect the current context.
   - Review new Government, UN and civil society reports\(^2\) on maternal mortality and neonatal health in Ethiopia and analyse existing initiatives aimed at ensuring sexual, reproductive, maternal and child health;

2. **Incorporate comments**: Work on the incorporation of comments and questions already made on the study as well as new contributions by partner organizations.

3. **Proofreading and finalization of the study**: Finalize the study by proofreading the text in terms of grammatical and typographic errors.

4. **Support the organization of the Validation meeting and Presentation**: Support the organizing of the validation meeting, present the draft narrative report and highlights on key findings for a validation meeting, including civil society, relevant Ministries and UN agencies.

5. **Gathering input and incorporation on the final report**: Gather inputs from participants of the validation meeting and incorporate them into the final draft of the study.

6. **Submit the final report and follow up action matrix** including the steps to be taken in mainstreaming human rights approach into programming and operations

7. **Support the organization of an event to launching of the study**: support the launching event, present key findings of the study together with other panelists.

\(^1\)https://fp2030.org/sites/default/files/HSTP-II.pdf

\(^2\)This includes the government responses to the ICPD + 20 Global surveys, the Country Information Profiles (CIPs), DEVINFO and any other relevant statistical sources.
III. EXPECTED OUTPUTS AND DELIVERABLES OF THE WORK ASSIGNMENT

- Draft final version of the study on Country Analysis of Human Right-Based Approach to Maternal and Neonatal health in Ethiopia;
- A PowerPoint presentation summarizing the process, results and lessons learned for validation/debriefing;
- A presentation of key findings at the launch event;
- Follow up Action Plan/Matrix
- Final narrative report submitted

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<thead>
<tr>
<th>No.</th>
<th>Deliverables / Outputs</th>
<th>Estimated Duration to Complete</th>
<th>Review and Approvals Required</th>
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<tbody>
<tr>
<td>1</td>
<td>Finalize the draft report by updating the study, incorporating comments and proofread the report</td>
<td>10</td>
<td>OHCHR</td>
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<tr>
<td>2</td>
<td>Share the draft narrative report with OHCHR, WHO &amp; UNFPA partnership &amp; MoH and incorporate comments.</td>
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<td>OHCHR</td>
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<td>3</td>
<td>Support the organization of the validation meeting and produce the draft preliminary report and power point presentation for validation/debriefing.</td>
<td>5</td>
<td>OHCHR</td>
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<tr>
<td>4</td>
<td>Incorporation of input from validation meeting.</td>
<td>5</td>
<td>OHCHR</td>
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<tr>
<td>5</td>
<td>Finalize Report of country analysis and Follow up Action plan Matrix</td>
<td>3</td>
<td>OHCHR</td>
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<td>6</td>
<td>Support the organization of the launch event and present the key findings of the study</td>
<td>2</td>
<td>OHCHR</td>
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IV. INSTITUTIONAL ARRANGEMENT / REPORTING RELATIONSHIPS

- The Consultant will work under the overall supervision of OHCHR and FMOH with close guidance from UNFPA and WHO.
- The Consultant should have continuous communication with OHCHR, FMOH and partners on key steps of the process of finalization of the study.

V. DURATION OF THE WORK

a. Expected duration of work will be twenty five days.

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3 The IC modality is expected to be used only for short-term consultancy engagements. If the duration of the IC for the same TOR exceeds twelve (12) months, the duration must be justified and be subjected to the approval of the Director of the Regional Bureau, or a different contract modality must be considered. This policy applies regardless of the delegated procurement authority of the Head of the Business Unit.
VI. QUALIFICATIONS OF THE SUCCESSFUL INDIVIDUAL CONTRACTOR (IC)

Academic Qualifications and Experience:

a. Education

Advanced university degree (Master’s degree or above), preferably in public health, international law or social sciences

b. Work Experience

At least 5 years of professional experience in the area of human rights; Specific expertise in the area of public health and/or sexual and reproductive health and expertise in gender and women’s rights and child rights considered an asset

VII) COMPETENCIES:

❑ Demonstrates commitment to UN’s mission, vision and values.
❑ Displays cultural, gender, religion, race, nationality and age sensitivity and adaptability

a. Core Competencies and values:

• Strong research and analytical skills and;
• Knowledge of sexual, reproductive, maternal and child health, health-related policy developments, and gender issues;
• Experience in rights-based approach for results-driven work with sound political judgement
• Excellent communication and English writing skills;
• Sensitivity, understanding of diversity, work as a team.

b. Compliance of the UN Core Values:

• Demonstrates **integrity** by modelling the UN’s values and ethical standards
• **Respect for diversity**: Displays cultural, gender, religion, race, nationality and age sensitivity and adaptability
• Fulfils all obligations of **professionalism** including gender sensitivity and zero tolerance for sexual harassment.

c. Language:

• Excellent knowledge of written and oral communication in English.
• Computer skills: full command of Microsoft applications (word, excel, PowerPoint) and other relevant software based on the assignment.
VIII. CRITERIA FOR SELECTING THE BEST OFFER
Qualified Individual Consultant and her/his are expected to submit both the Technical and Financial Proposals. Accordingly; Individual Consultants will be evaluated based on Cumulative Analysis as per the following scenario:
- Responsive/compliant/acceptable, and
- Having received the highest score out of a pre-determined set of weighted technical and financial criteria specific to the solicitation. In this regard, the respective weight of the proposals are:
  a. Technical Criteria weight is 70%
  b. Financial Criteria weight is 30%

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<tr>
<th>Criteria</th>
<th>Weight</th>
<th>Max. Point</th>
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<tbody>
<tr>
<td>Technical Competence (based on CV, Proposal and interview (if required))</td>
<td>70%</td>
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<tr>
<td>▪ Understanding the Scope of Work (SoW); comprehensiveness of the methodology/approach; and organization &amp; completeness of the proposal</td>
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<td>40</td>
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<tr>
<td>▪ Educational Background</td>
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<td>▪ Experience in the field, Presentation, &amp; Language</td>
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<td>Financial (Lower Offer/Offer*100)</td>
<td>30%</td>
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<tr>
<td>Total Score</td>
<td>Technical Score * 70% + Financial Score * 30%</td>
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IX. PAYMENT MILESTONES AND AUTHORITY
The prospective consultant will indicate the cost of services for each deliverable in Birr all-inclusive4 lump-sum contract amount when applying for this consultancy.
The qualified consultant shall receive his/her lump sum service fees upon certification of the completed tasks satisfactorily, as per the following payment schedule:

<table>
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<tr>
<th>Installment of Payment/ Period</th>
<th>Deliverables or Documents to be Delivered</th>
<th>Approval should be obtained</th>
<th>Percentage of Payment</th>
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<tbody>
<tr>
<td>1st Instalment</td>
<td>Finalized report of the study which incorporates updated evidence and data, comments and proofreading PowerPoint Presentation</td>
<td>Designated Supervising Staff Member</td>
<td>30 %</td>
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<tr>
<td>2nd and final Instalment</td>
<td>Final Report including inputs from stakeholders of validation meeting, Follow-up Action plan /Matrix Presentation of the key findings at the launch event</td>
<td>Designated Supervising Staff Member</td>
<td>70 %</td>
</tr>
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X. RECOMMENDED PRESENTATION OF TECHNICAL PROPOSAL
For purposes of generating quotations whose contents are uniformly presented and to facilitate their comparative review, a prospect Individual Contractor (IC) is given a proposed Table of Contents. Therefore, prospective Consultant Proposal Submission must have at least the preferred contents which are outlined in the IC Proposal Submission Form incorporated hereto.

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4 The term “All inclusive” implies that all costs (professional fees, travel costs, living allowances, communications, consummables, etc.) that could possibly be incurred by the Contractor are already factored into the final amounts submitted in the proposal
SECTION I. TECHNICAL PROPOSAL SUBMISSION FORM
1.1 Letter of Motivation
1.2 Proposed Methodology
1.3 Past Experience in Similar Consultancy and/or Projects
1.4 Implementation Timelines
1.5 List of Personal Referees
1.6 Bank Reference
1.7 Academic Credentials

SECTION II. ANNEXES
Annex a. Duly Signed Offeror’s Letter to UNDPConfirming Interest and Availability (use the template hereto) – use separate pdf file
Annex b. Duly Signed Personal CV’s/P11 (use the template hereto) – use separate pdf file
Annex c. Financial Proposal–BREAKDOWN OF COSTS Template (use the template hereto) use separate pdf file

XI. CONFIDENTIALITY AND PROPRIETARY INTERESTS
The Individual Consultant shall not either during the term or after termination of the assignment, disclose any proprietary or confidential information related to the consultancy service without prior written consent. Proprietary interests on all materials and documents prepared by the consultants under the assignment shall become and remain properties of OHCHR, WHO and UNFPA

XII. HOW TO APPLY
Interested consultant with required qualification and experience must submit their applications through: https://etendering.partneragencies.org UNDP/ETH10/Event ID: ETH3635