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We are pleased to announce the following vacancy:

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VACANCY NO: VA JID 1901 UNFPA APRO  
CLOSING DATE: **Friday, 4 January 2019, at 15.00 hours, Bangkok time**  
POST TITLE: Analysis of data, policies, and inequalities in the Asia Pacific Region to provide a framework for ending preventable maternal deaths  
CATEGORY: Individual Consultant contract  
DUTY STATION: Bangkok, Thailand  
DURATION: January to July 2019  
ORGANIZATION UNIT: **Asia and the Pacific Regional Office**

## 1 Purpose of this consultancy

Ending preventable maternal mortality remains an unfinished agenda in the Asia Pacific and is a key transformative result that UNFPA has made commitments to in the current strategic plan. Although huge progress was made between 1990 – 2015 with the 44% reduction in global maternal mortality, this was far from achieving the MDG5 and it is even farther from achieving SDG 3 which aims to attain a global MMR of less than 70 deaths per 100,000 live births by 2030.

Many countries will need to double, or more than double, their current annual rate of reduction of maternal mortality to ensure sufficient progress toward national targets and the global Sustainable Development Goals.

Dedication to the principles and actions of quality, equity, dignity, social justice, and human rights are key.

The Global strategy for Women's, children's and adolescent health 2016 – 2030 is aligned with the SDGs and provides a framework to Survive (ending preventable deaths of women and newborns), Thrive (ensure universal access to SRH services including financial risk protection); Transform (expand enabling environments).

The purpose of the consultancy is to conduct an analysis of countries in the region with the highest maternal mortality ratios (under the Survive component of the global strategy) as a basis for the development of a roadmap to zero maternal deaths and achievement of the SDG targets related to maternal mortality. By 2030, all countries should reduce maternal mortality ratio (MMR) by at least two thirds of their 2010 baseline level. The average global target is an MMR of less than 70/100,000 live births by 2030. The supplementary national target is that no country should have an MMR greater than the 140/100,000 live births (a number twice the global target) by 2030. The proposed countries for selection are divided into 2 cohorts. The first cohort of countries in this initial analysis are Maternal Health Trust fund priority countries and/or have the highest maternal mortality ratios - Afghanistan, Bangladesh, Lao, Pakistan, Papua New Guinea, Timor Leste, Myanmar and Nepal. Cohort 2 – Countries with MMRs over 100/100,000 live births are proposed as the next countries for prioritized support and analysis - Bhutan, Cambodia, India, Indonesia, Philippines

This analysis will provide country profiles which reflects on the key drivers of maternal deaths, both direct and indirect, the enabling environment, and identify key issues for consideration in developing a roadmap to zero maternal deaths. It is then expected that this will lead, in 2019, to the development of a synthesized regional analysis which identifies common challenges, and development of a roadmap to zero maternal deaths for these countries.

## **2 Scope of Work**

Under the supervision of APRO SRHR Advisor, the consultant will:

1. Conduct an in depth review of data, policies and inequities. An analysis of each of the stated countries needs to be prepared and develop individual country profiles which reflects on the main causes of maternal mortality in each of these countries. To the extent possible the analysis will reflect on inequities in access to and quality of EmONC, skilled birth attendance, family planning, safe abortion. (drivers of maternal death)
2. To the extent possible the analysis will also consider factors in the enabling environment which impact on the universality of access to quality care in each of the countries and these may include financial, behavioral or cultural barriers.
3. Facilitate a workshop
4. Development of roadmaps to zero maternal deaths with actions at country and regional level

## **3 Expected outputs/deliverables**

Under the supervision of APRO SRHR Advisor, the consultant will:

1. Conduct an in depth review of data, policies and inequities. An analysis of each of the stated countries needs to be prepared and develop individual country profiles which reflects on the main causes of maternal mortality in each of these countries. To the extent possible the analysis will reflect on inequities in access to and quality of EmONC, skilled birth attendance, family planning, safe abortion. (drivers of maternal death)
2. To the extent possible the analysis will also consider factors in the enabling environment which impact on the universality of access to quality care in each of the countries and these may include financial, behavioral or cultural barriers.
3. Facilitate a workshop
4. Development of roadmaps to zero maternal deaths with actions at country and regional level

The key deliverables therefore include:

1. An inception report and work plan which reflects an initial analysis of available data and policies and outlines the proposed structure of the analysis, country profiles and the report and any data that is required from the regional and country offices (5days)
2. A 10-15-page country profile for a total of 13 countries (divided into 2 separate cohorts based on MMR), which reflect on the in depth analysis of data and policies illustrating the main causes of maternal mortality in each of these countries. To the extent possible the analysis will include an analysis on inequities in access to and quality of EmONC, skilled birth attendance, family planning, safe abortion. (drivers of maternal death) and will also consider factors in the enabling environment as stated above.
  1. (Approximately 60 days for 13 countries based on 4 – 5 days per country)
  2. Facilitation of a workshop for 3 days in Quarter 2 (May or June 2019) with 13 countries to support country ownership and analysis of profiles and development of draft Roadmaps to zero maternal deaths for the 13 countries. It is anticipated that 3 days' preparation would also be needed for this workshop (Total 6 days, economy class airfares and DSA in Bangkok additional)
  3. Roadmaps towards zero maternal deaths completed for up to 10 countries including the 8 countries with highest MMR (10 days).

#### **4 Duration and working schedule**

The duration of the consultancy will be approximately 81 working days. (calculated by deliverable as specified above) and should be completed between January 2019 and July 2019.

#### **5 Place where services are to be delivered**

The consultancy is expected to be home based, with support from the SRHR advisor in the UNFPA Asia and the Pacific Regional Office and the SRH data analyst as necessary. The consultant will report directly to the APRO SRHR Advisor on the deliverables.

#### **6 Deliverables**

Lump sum payment (based on a calculation of days required) will be paid upon satisfactory receipt of specific deliverables. The deliverables should be in electronic formats that are print ready. The proposed schedule is as follows.

Deliverable 1 – Inception report delivered by email – by 31st January 2019

Deliverable 2 – Country profiles for 8 countries delivered by email – by 15th March 2019

Deliverable 3 – Country profiles for 5 additional countries delivered by email– by 26th April 2019

Deliverable 4 - Facilitation of a workshop for 3 days in Bangkok (preparation and summary of workshop to be home based) – May 2019

Deliverable 5 - Roadmaps towards zero maternal deaths completed for up to 10 countries including the 8 countries with highest MMR delivered by email.

#### **7 Supervisory arrangements, monitoring and progress control**

APRO SRHR Adviser will be the overall manager of the consultant. The SRHR advisor will work closely with the consultant to provide feedback on the proposed methodology for analysis and will assist in collecting required data from country offices and other data sources as needed. The consultant and the SRHR advisor will have weekly skype calls/ emails to update on progress, challenges and needs for assistance or data.

#### **8 Inputs provided by UNFPA APRO**

UNFPA APRO SRHR advisor and data analysts will link the consultant to Country Office SRH focal points where necessary and will assist in the collection and compilation of data sources which the consultant requires in order to complete the analysis as needed.

The following are the expected requirements:

##### **Data**

(Data for the following indicators for the last 5-15 years. Ideally this would include at least 2 data points so that the consultant can see trends, and national level data as well as data disaggregated by age, geographic location, education level, and income quintile whenever that is possible)

1. TFR
2. ABR (10-14 and 15-19) (SDG 3.7.2)
3. MMR (SDG 3.1.1.)

4. % deliveries by SBA (SDG 3.1.2)
5. % deliveries in Health Facilities
6. % of deliveries by C-section
7. % of women of reproductive age (WRA) who received 4 or more ANC visits during their last pregnancy (Global Strategy for Women's, Children's and Adolescents' Health indicator)
8. % of women who had a PNC contact with a health provider within 2 days of delivery (Global Strategy for Women's, Children's and Adolescents' Health indicator)
9. Anemia in WRA (Global Strategy for Women's, Children's and Adolescents' Health indicator)
10. CPR (modern methods and all methods; all women) – or for all methods/married women if data for modern methods/all women is not available.
11. % of women of reproductive age (WRA) with an unmet need for family planning
12. % of WRA with have their need for FP satisfied with modern methods (SDG 3.7.1)
13. % of WRA who make their own informed decisions regarding sexual relations, contraceptive use and RH care (SDG 5.6.1)
14. Does country X have laws and regulations that guarantee WRA access to SRH care, information and education (SDG 5.6.2)
15. % of women aged 20-24 who were married or in union before age 15 and before age 18 (SDG 5.3.1)
16. Any data that is available on safe/unsafe abortions
17. Any data that is available on EmONC (ex. # of Comprehensive and Basic EmONC facilities per 500,000 pop)
18. Any other data that is available on ASRH
19. Any data that is available on stockouts of RH/MH commodities

#### Documents from country offices

##### Assessments

1. Demographic and Health Survey(s) (or equivalent surveys. 2 most recent, if available)
2. EmONC assessment(s) (or review of work done to date on improving EmONC)
3. Health Facility Assessments
4. RH (or MH) Commodity Security Assessments
5. Other assessments related to MM (SBA; FP; abortion; ASRH, midwifery etc.)
6. National Health Accounts – or other health financing assessment that shows how much people are paying out of pocket for health care and particularly on SRH and MH.

##### Policies, Strategies, Plans

7. National Health Strategy/Plan (and review, if available)
8. National Sexual Reproductive Health Policy (or equivalent policy doc that covers SRH and/or maternal health) (and review, if available)
9. National Strategies/Plans related to maternal mortality (and reviews, if available)
  - a) SRH or MH Strategy/Plan
  - b) FP Strategy/Plan
  - c) SBA or EmONC strategy/plan
  - d) ASRH strategy/plan
  - e) National BCC plan that covers SRH and/or MH
  - f) Midwifery workforce plan
10. Health Financing Policy/Plan (and review, if available)

##### Other

11. Reports from MDSR system (# of deaths; causes of deaths; etc.)
12. Info on % of government financing for RH and MH commodities
13. Info on health financing/voucher/insurance schemes that cover RH and/or MH and any reviews that are available (who is covered? What is in the benefit package? Etc.)
14. Gender Strategy/Assessment

## 9 Required expertise

Primary expertise required:

- Master's Degree in Public Health, social science, or related fields.
- Experience in designing action plans to address maternal and newborn mortality, including Sexual and Reproductive Health
- At least 10 years' experience in SRH and maternal health planning, social policy analysis, monitoring, research and evaluation with the majority of that experience in Asia
- Demonstrated understanding of equity and human rights principles including SRR
- Demonstrated experience with UNFPA's programming at global, regional and country levels
- Familiarity with ICPD, and other global commitments and frameworks related to maternal health, FP etc.
- Excellent communication and analytical skills in English Language and demonstrated ability to write concisely and clearly

Functional Competencies

- Good analytical, writing, and presentation skills in English.
- Computer skills, Excel and various office applications.
- Demonstrated experience in knowledge and information management.

Behavioral Competencies:

- Demonstrated ability to work in a multicultural environment and establish harmonious and effective working relationships, both within and outside the organization.
- The ability to meet deadlines, work with a minimum of supervision, and deliver quality products is essential.
- Strong interpersonal skills, and a commitment to the values and goals of the United Nations and UN Charter are also required. Experience in the UN system and/or UNFPA, is desirable.

## 10 Summary

This consultancy is homebased work. The consultant will be required to travel to Bangkok, Thailand to facilitate a 3-day workshop.

UNFPA APRO will pay a consultancy fee commensurate with the assignment and level of experience of the consultant. As the consultant is required to travel to Bangkok to facilitate a workshop, UNFPA APRO will also provide a round-trip economy class air ticket between the originating city to Bangkok, Thailand. In addition to the consulting fee, the applicable Bangkok DSA at United Nations established rates and terminal expenses will be paid as per UN Official Travel Rules and Regulations.

## 11 How to apply

Candidates should submit the following documents:

1. An application letter which states the candidate's motivation to apply for this post
2. Curriculum vitae, and
3. A completed United Nations Personal History (P 11)

All the above documents must be sent by e-mail to [vac-robangkok@unfpa.org](mailto:vac-robangkok@unfpa.org).

The P11 is available on the UNFPA websites at <https://www.unfpa.org/resources/p11-un-personal-history-form>

Please quote the Vacancy number **JID 1901 UNFPA APRO**. The deadline for application is **Friday, 4 January 2019 at 15:00 hours, Bangkok time**.

UNFPA will only be able to respond to those applications in whom UNFPA has a further interest.

*UNFPA provides a work environment that reflects the values of gender equality, teamwork, respect for diversity, integrity and a healthy balance of work and life. We are committed to maintaining our balanced gender distribution and therefore encourage women to apply.*

*We offer an attractive remuneration package commensurate with the level of the position.*

*Notice: There is no application, processing or other fee at any stage of the application process. UNFPA does not solicit or screen for information in respect of HIV or AIDS and does not discriminate on the basis of HIV/AIDS status.*

**Date Issued: Tuesday, 18 December 2018**

**Date Closed: Friday, 4 January 2019**