

STATEMENT OF WORK AND TERMS OF REFERENCE

Purpose: Regional Study of the Impact of COVID19 on Maternal, Newborn, Child, and Adolescent Health and Nutrition Services in The Latin America and Caribbean Region.

BACKGROUND AND CONTEXT

Latin America and the Caribbean (LAC) is one of the regions most impacted by the COVID-19 pandemic. With only 8% of the world population, the region has about 20% of all cases in the world, and about 30% of all deaths. with over 32 million cases and over a million deaths reported by mid-May 2021¹As a consequence of government containment measures and population fears of infection, the availability, access and use (summarized as “coverage”) of health services decreased in most countries. A global modelling study estimated that this reduced coverage could lead to more than 52,000 additional child deaths in the second half of 2020 in the LAC region.ⁱ UNICEF staff of all LAC countries and territories estimated this impact in regular surveysⁱⁱ , and in a multi-region exercise UNICEF was also able to obtain data from health information systems in 9 LAC countries, home to 33% of under-five mortality in the region, confirming the reduced coverage of key health services as well as recovery over time for immunization services.ⁱⁱⁱ

In this context, UNICEF’s Regional Office for the Latin America and the Caribbean (LACRO) is planning to conduct a retrospective analysis of the coverage of essential maternal, newborn and child and adolescents health services in selected countries, and where possible also maternal, newborn, child and adolescent mortality reported in the region in 2020, compared to previous years

The work will be conducted in LAC and coordinated by the Regional Office, in close coordination with the relevant Country Office colleagues, as well as with UNICEF’s headquarters and experts from other relevant organizations, to ensure alignment with global efforts in this area, lead by sister agencies PAHO, WHO and UNFPA. The WHO guidance, prepared with significant inputs from UNICEF and designed to enable national and subnational decisions makers to monitor the effects of COVID-19 on essential services, will be used as a reference.^{iv}

2- PURPOSE, OBJECTIVES & SCOPE OF WORK

General objective

Under the supervision of the LAC Regional MNCH Specialist, the objective of this institutional assignment is to conduct a Regional Study of the Impact of COVID19 on Maternal, New-born, Child, and Adolescent Health and Nutrition Services in Latin America and Caribbean.

¹ Covid-19 Region of the Americas Update 26 May 2021 PAHO <https://www.paho.org/en/documents/paho-covid-19-daily-update-26-may-2021>

- 1- To calculate the impact of the COVID-19 pandemic and government response measures on the coverage of key maternal, newborn, child, and adolescent health and nutrition services in at least 10 countries in the LAC region in 2020, in comparison to 2019.
- 2- To estimate the possible impact of COVID-19 on stillbirths, maternal, newborn, child, adolescent, and youth mortality in 2020, compared to 2019, in at least 10 countries in the LAC region.
- 3- Identify regional barriers and opportunities, that will contribute to the development of LACRO's and individual countries' strategy and framework that minimize the impact of COVID-19.

The information gathered from this study will be used to inform ongoing and future response strategies to the COVID19 pandemic and other health emergencies.

1. SCOPE OF WORK

The study will include an overview and analysis of quantitative data for indicators for which such data are available. The final product will be a regional study on the impact of COVID-19 in the maternal, neonatal and child mortality and service coverage with recommendations to mitigate the impact in the coming years.

1. Study Methodology and Approach

- Review key relevant background documents to the assignment to understand the expected deliverables (country level data, strategies, policies and relevant guidelines)
- The work will start with a desk review of patterns in coverage of key maternal, newborn and child health services in the region, including the information available through the Every Woman Every Child (EWEC)-LAC initiative, UNICEF COVID-19 surveys on service disruptions, information available from UNICEF Country Offices and information on the course of the COVID-19 pandemic and related government measures, and the WHO COVID-19 monitoring guide recommendations.
- The information collected will be used to select the countries for inclusion in the study (estimated number: 10) and identify a core set of health service indicators for inclusion in the study.
- The contractors will consult government data (HMIS, CRVS, surveys, etc.) available in the public domain, and where needed seek support from UNICEF Country Offices to obtain data on the agreed indicators for 2020 and 2019, from the selected countries. National averages will be sought as well as data for subnational level and UNICEF Country Offices M&E reports.
- Review/adapt the methodology and approach initially submitted for conducting the regional study in line with the methodology framework proposed
- Liaise with existing partners and regional platform such as the neonatal alliance and the GTR, CLAP to benefit from existing information on new-born health and maternal mortality
- Provide an overview of key indicators for the region, based on the available data (2-3 pages) and suggest 10 countries for the in-depth analysis.
- Discuss with LACRO NMCH Specialist and finalize methodology and data collection tools and submit an inception report.

2. In-depth desk review and write up on maternal and child mortality and NMCH service coverage

- Review additional literature on maternal and child mortality at global and regional level, trends over the years before and after the COVID-19 pandemic. (see Annex 1)
- Review child and maternal mortality and morbidity data from the selected countries or those providing information to the HMIS in close coordination with HQ health monitoring team.
- Review existing strategies adopted by countries to control the spread of COVID-19, particularly strategies impacting access and availability of health services.
- Review epidemiological trends of COVID-19 at country and regional level and its relationship with service delivery in selected countries.
- Review related literature and information on the organization of the health systems in selected countries on the preparedness and response to the COVID-19 pandemic. Particularly in services related to child and maternal health.
- Consolidate the findings in a draft report (20 pages max) and share with UNICEF LACRO and HQ

3.a. Collection of additional information from the selected countries in collaboration with UNICEF Country Offices for the 10 selected countries, (using key informant interviews, online surveys and/or questionnaires, virtual interviews) to complement available information and get in-depth understanding of the impact of COVID-19 in maternal and child health in the region and in selected countries. . This should include:

- Enabling environment (policies, strategies, legislations, media and communications) on maternal and child health services and Covid-19, lockdown measures, quarantines etc
- Capacity of health facility and community services to deliver essential maternal and child services pre and post COVID-19 pandemic
- Information of key stakeholders at national and subnational level on maternal and child health including bottlenecks on service delivery at all levels of the health system.
- Lessons learnt and best practices applied by selected countries while coping with the COVID-19 pandemic.

3.b. Consolidation of the findings of the desk review and the additional information in a draft report (maximum 3-4 pages per country) share with UNICEF for discussion, and finalize the report after receiving inputs This report should, for each country, include a description and analysis of:

- Description and analysis of the COVID-19 pandemic trends at national and regional level and its relationship with child and maternal deaths.
- Description and analysis of maternal and child mortality trends over the past year and during the Covid-19 Pandemic.
- Analysis of the adopted measures and its impact in service delivery and access.

- Description and analysis of the key maternal and child health services indicators, particular in countries/ areas where vulnerable populations live. (indigenous populations, refuges, and migrants etc.)
- Recommendations to mitigate and minimize the impact of COVID-19 pandemic in maternal, child & Adolescent health including availability and access to basic nutrition and health services in the context of the ongoing pandemic.
- 4. The results will be summarized in a report and include recommendations for improving and/or securing coverage of key maternal, newborn and child health services in general in LAC, and in epidemic or other crisis situations in particular.
- 5. **Develop a regional advocacy brief and country advocacy briefs summarizing the following information:**
 - Snapshot of the epidemiological trends and the situation of maternal and child health in the region
 - Summary of the impact of the COVID-19 pandemic in maternal and child mortality and service coverage.
 - Summary of health systems barriers and bottlenecks that needs to be address on maternal and child health
 - Recommendations for key policies and interventions needed to improve maternal and child health in the COVID-19 pandemic context.
 - Country specific findings will be included as annexes to the main report.
- 6. **Draft article for publication in peer reviewed journal**
 - Summarize the findings in a draft scientific article to be submitted for publication
- 7. **Conduct a presentation in a webinar with all UNICEF offices in the region and NYHQ**
 - The webinar intents to disseminate the key findings and recommendations of the study.

2. EXPECTED DELIVERABLES AND TIMELINE

The company will be responsible for developing the following products:

Description	Duration (Estimated # of working days)	Estimated Delivery deadline
1. Inception report including methodology and approach for the study	5	July 15 th 2021
2. Draft report on findings of desk review	20	August 18 th 2021
3. Comprehensive report	20	September 15 th 2021
4. Regional policy brief and 10 country policy briefs	10	September 29 th 2020
5. Draft scientific article to be published in a journal	10	October 4 th 2020
6. Webinar on key findings and recommendations for all UNICEF offices in LACRO /NYHQ	5	October 10th
Total	70 working days	

3. KEY SKILLS, TECHNICAL BACKGROUND, AND EXPERIENCE REQUIRED

Qualifications Required:

- Institutional team lead must have an advanced degree (Masters or PhD) in one of the following disciplines: Public Health, Nutrition, Food Security or Public Policy, or other relevant social science
- The institution must possess at least 8 years' experience in conducting similar assessments in health, epidemiology, health system strengthening, biostatistics, and social research with an emphasis on mixed methods data collection and analysis
- CVs of involved professionals must be made available upon submission of a technical proposal
- Fluency in English and Spanish; knowledge of French or Portuguese is an asset

Experience required

- Minimum 8 years' experience working on epidemiology or public health emergencies
- Experience in conducting landscape analysis and assessments is a must
- Familiarity with Maternal and Child health context in Latin America and the Caribbean region
- Experience in qualitative data collection, analysis and synthesis
- Experience working with governments, NGOs, UN agencies or other relevant development partners
- Good documentation and report writing skills
- Able to work in a multicultural environment

4. DURATION:

Four (4) months

7. SUPERVISION AND COORDINATION:

The NMCH Specialist at the UNICEF Regional Office for Latin America and the Caribbean is the focal point for supervision of the contract. The contractor will have regular calls with the NMCH Specialist to follow-up progress made. The NMCH specialist will introduce the contractor to the staff in the UNICEF country offices involved.

8. EVALUATION OF THE PROPOSAL

In making the final decision, UNICEF considers both technical and financial aspects. The Evaluation Team first reviews the technical aspect of the offer followed by the review of the financial offer of the technically compliant vendors.

The proposals will be evaluated against the following two elements:

a. Technical Proposal:

The technical proposal should address all aspects and criteria outlined in this Request for Proposal.

The technical proposal should include: cover letter referring to the required qualifications, timeline, workplan, proposed methodology, and 3 contact references from previous work experience.

Technical Evaluation

Technical Criteria	Technical Sub-criteria	Maximum points
Overall Response	Includes completeness of response and overall concordance between RFPS requirements and proposal	10
Maximum Points		10
Institution and Key Personnel	Range and depth of experience with similar projects, especially related to maternal and child health. (epidemiology, public health interventions etc)	20
	Key personnel: relevant experience and qualifications of principal research team.	20
Maximum Points		40
Proposed Project Methodology and Approach	Quality of the proposal, including technical relevance and comprehensiveness	30
Maximum Points		30
Total Maximum obtained for Technical Criteria	(Note: the total maximum score must be equivalent to the weight assigned to the technical score)	80
Minimum score for technical compliance		60

b. Price Proposal

The price should be broken down for each component of the proposed work, based on an estimate of time taken which needs to be stated. Please note that **price proposal and technical proposal must come in separate documents** or your proposal will be invalidated.

Financial Evaluation

The total amount of points allocated for the price component is **20**. The maximum number of points will be allotted to the lowest price proposal that is opened and compared among those invited firms/institutions which obtain the threshold points in the evaluation of the technical component. All other price proposals will receive points in inverse proportion to the lowest price; e.g.:

$$\text{Score for price proposal X} = \frac{\text{Max. Score for price proposal} * \text{Price of lowest priced proposal}}{\text{Price of proposal X}}$$

Example

The Price Proposal must be organised in such a manner that it reflects the inputs shown in the technical proposal and distinguishes between Fixed Costs and estimate Reimbursable Costs against approved expenses. The following level of detail is requested:

A) Fixed Costs.

Provide details and subtotals for each of the following headings:

- *Professional fees - Course Development. Give number of people, person days and rate.*
- *Professional fees - Course Delivery. Give number of people, person days and rate for all courses.*
- *Professional Fees - Final report and course resource pack. Give number of people, person days and rate.*
- *Others*

B) Reimbursable costs

Provide well defined and itemized details for all estimate costs that the Bidders consider being reimbursable.

Add grand sub-total for above reimbursable estimate cost items.

C) Savings.

Provide details of any offers and savings relating to, but not necessarily limited to, the following:

- *Earlier payment savings as detailed in section 1.16 of this RFP (also as included on the Proposal Bid Summary Sheet).*

- Please note, for travel to countries - it will be decided based on need and mutual agreements with UNICEF country offices.
- For the capacity building and the regional workshops – please only include estimated cost for consultant, workshop materials and travel. The cost for the participants and venue will be covered by UNICEF regional/country offices.
- The selected organization will be responsible for all travel costs - flights, daily subsistence allowance etc. Any travel involved should be budgeted according to UN Travel Standards as a ceiling.

Price Proposal: It should include complete cost breakdown based on number of days and professional level of services provided, stipulating the amount of fees to be charged and any travel involved, observing as ceilings the UN standard of accommodation for travel.

The Price Proposal shall include a cost breakdown for the work phases as per the ToR, detailing the types of roles proposed and man days required, travel assumptions and related expenses and any other cost elements deemed relevant.

The proposal shall include a payment schedule linked to clearly defined milestones.

All prices/rates quoted must be exclusive of all taxes as UNICEF is a tax-exempt organization.

The format shown below is suggested for use as a guide in preparing the Financial Proposal. The format includes specific expenditures, which may or may not be required or applicable but are indicated to serve as examples. Travel and per diems will not be noted, as this will later be determined and finalized by UNICEF and the chosen bidder.

Component #	Proposed Person (Job title/function)	All-inclusive rate (Personnel)	No. of days proposed	Total Cost in US\$
1. Item 1:				
1.1 Personnel				
1.2 Other				
Subtotal Expenses:				
2. Item 2:				
2.1 Personnel				
2.2 Other				
Subtotal Expenses:				
2.3 Reimbursable Travel Cost*				
2.3. Other				

Subtotal Expenses				
3. Item 3:				
3.1 Personnel				
3.2 Editorial				
Subtotal Expenses:				
3.3 Reimbursable Travel Cost*				
Subtotal Expenses:				
Subtotal fixed cost:				
Subtotal reimbursable cost				
Grand Total**				

***Travel**

Please note, for travel to countries, the contractor will be responsible in administering its own travel and the cost therein should be included in the financial proposal.

Travel expenses shall be calculated based on economy class travel, regardless of the length of travel and ii) costs for accommodation, meals and incidentals shall not exceed applicable daily subsistence allowance (DSA) rates, [as promulgated by the International Civil Service Commission \(ICSC\)](#)

Number of travellers, duration and dates of travel and travel locations will be agreed with UNICEF and the contractor prior to being arranged, undertaken and expensed.

****Payment Provisions**

UNICEF's policy is to pay for the performance of contractual services rendered or to effect payment upon the achievement of specific milestones described in the contract. UNICEF's policy is not to grant advance payments except in unusual situations where the potential contractor, whether a private firm, NGO or a government or other entity, specifies in the bid that there are special circumstances warranting an advance payment. UNICEF will normally require a bank guarantee or other suitable security arrangement.

Any request for an advance payment is to be justified and documented and must be submitted with the financial bid. The justification shall explain the need for the advance payment, itemize the amount requested and provide a time schedule for utilization of said amount. Information about your financial status must be submitted, such as audited financial statements at 31 December of the previous year and include this documentation with your financial bid. Further information may be requested by UNICEF at the time of finalizing contract negotiations with the awarded bidder.

ⁱ Robertson et al, Early estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low-income and middle-income countries: a modelling study, *Lancet Glob Health*, Published Online May 12, 2020 [https://doi.org/10.1016/S2214-109X\(20\)30229-1](https://doi.org/10.1016/S2214-109X(20)30229-1)

ⁱⁱ Results available in the UNICEF internal dashboard on Tracking the situation of children in COVID-19 ([here](#))

ⁱⁱⁱ Unpublished data collected by UNICEF

^{iv} World Health Organization, *Guidance on analyzing and using routine data to monitor the effects of COVID-19 on essential services, Practical guide for national and subnational decision-makers*, WHO Geneva January 2021

Terms of Reference prepared by:

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Annex 1

Suggested Source of information for the desk review and in-deep analysis.

Health system measures. Routine health facility data (from HMIS/DHIS2), monthly, for 2020 and the **two** preceding years, depending on availability:

- a. Completeness of health facility reporting
 - b. Services: FP visits (new and repeat), antenatal care 4th visit, institutional deliveries, C-sections, penta3 vaccinations to infants, OPD visits under 5 years, OPD 5 years and older, inpatient admissions (including for newborns), admission to KMC, growth monitoring, screening of wasting/severe malnutrition Enrolment to early development neonatal program.
 - c. Stockout of vaccines / medicines / commodities (country specific).
2. Data on country responses to the COVID-19 pandemic with emphasis on the measures that impacted access to and use of health services.
- a. Timeline on policy responses and actual measures implemented
 - b. General mobility restrictions, school closings, health facility closings or other containment strategies
 - c. Service implications such as cancellation of immunization campaigns, challenges related to medicines and commodity distribution, closure of facilities, diversion of health care workers
 - d. Socioeconomic data: health budget data, other financial measures generated to respond to the crisis and to maintain health services; measures to protect the most vulnerable populations.

Mortality data (from all available data sources assessed for quality including CRVS, HMIS, MPDSR)

3. Monthly stillbirths from January 2015 to December 2020 (disaggregated if possible by antepartum and intrapartum)

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4. Monthly child deaths data by age (<28 day, <1 year, 0-4, 5-9, 10-14, 15-19, 20-24 years) from January 2015 to December 2020
 5. Monthly maternal deaths from January 2015 to December 2020
 6. Monthly live births from January 2015 to December 2020
 7. Monthly deliveries from January 2015 to December 2020
 8. Coverage of the CRVS or HMIS/DHIS2 data in each year, e.g. the percentage of deaths or live births captured in the data

If monthly data are not available, quarterly or yearly data is an alternative. If data are not available from January 2015, please provide from the earliest available year.

On HMIS/DHIS2 data, if data are available from both health facilities and communities, both should be provided.