

Vital Data Observatory VDO for maternal and neonatal outcomes In Akkar/BML/South/Tripoli, Lebanon Terms Of Reference	
Country / Region	Lebanon
Start date	01/11/2023
Source of funding	AFD
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1. CONTEXT AND JUSTIFICATION

1.1. CONTEXT

Lebanon has been facing a three-pronged crisis over the past three years, consisting of an economic downturn, the COVID-19 pandemic, and a massive explosion that caused significant damage to property, including healthcare facilities. The healthcare sector has been particularly affected, with reduced accessibility and availability of healthcare services. The crisis has severe implications for vulnerable populations, particularly those who rely on sexual and reproductive health (SRH) services, including pregnant and lactating women, as well as women and girls. Prior to the crisis, Lebanon had been known to have high-quality SRH services, and maternal mortality rates had been declining steadily over time. However, the crisis has placed enormous pressure on the healthcare system, resulting in gaps in service provision that have left the sector vulnerable. These gaps have been exploited by the current crisis, leading to a significant increase in maternal and neonatal mortality rates... According to the latest data shared by the Lebanese statistics department at MoPH, ever since 2017, tremendous efforts have been put into to reducing maternal and neonatal mortality. In 2018, the maternal mortality rate dropped significantly and remained almost the same (13.7) in 2019. This trend was halted in 2020, with the maternal mortality rate increasing to 16.9, a phenomenon ascribed to COVID-19. During December 2021, there has been a remarkable increase in the total number of cases with 37 Maternal deaths for 2021 compared 22 maternal deaths in 2020 and out of the 37 cases, 17 were COVID-19 related.

1.2. VDO ACTIVITIES

To ensure relevant impact on reducing negative maternal and neonatal outcomes within the community, PUI has financially supported an epidemiologist to streamline reporting efforts which enhance decision making and needs based approach.

- PUI has supported the developed of three VDO reports from 2019-2022
- PUI has supported in the development of the VDO dashboard.

1.3. RATIONALE

Virtual Data Observatory (VDO) systems play a crucial role in improving SRH indicators by providing timely and accurate data on the utilization and accessibility of healthcare services. Such data can help identify gaps in service provision and inform policies aimed at improving healthcare access and quality... By providing this information, the VDO has enabled the health sector to cater programs and interventions at a national level to address these trends by filling gaps in services and resolving barriers that contributed to the problem, consequently improving maternal and neonatal outcomes.

2. CONSULTANCY OBJECTIVES

2.1. OVERALL OBJECTIVE

The overall objective of this consultancy is to support the MoPH in handling the overall VDO system and connect with other stakeholders to improve reproductive health indicators at the national level.

2.2. SPECIFIC OBJECTIVES

- Conduct a comprehensive review of the existing VDO system and develop a roadmap for enhancement.
- Provide ongoing technical assistance and support to the MoPH and other stakeholders in the use of the VDO system.
- Describe and analyze the clinical and epidemiological characteristics of maternal deaths.
- Analyze the excess of maternal, perinatal, and neonatal mortality in relation to periods prior to the pandemic.
- Prepare regular reports on vital data and develop a dashboard from the Electronic Health Records database
- Handle and update the VDO system and network, and provide training for focal points.
- Connect the VDO system to the Expanded Program on Immunization (EPI) system to create links between live births and vaccinated children, as well as, PHENICs.
- Provide technical and research support to MOPH staff on reproductive health and EPI programs.

3. METHODOLOGY

3.1. OVER-ALL SCOPE OF THE WORK

The consultant is responsible for leading and conducting a comprehensive costing exercise for secondary healthcare delivery services in Lebanon and identify the best coverage scheme for high-risk pregnancies. The consultancy will involve a review of literature and policy documents, engagement with stakeholders, and a costing exercise. The final output will be recommendations for the best coverage scheme, including potential policy changes.

3.2. MAIN TASKS

In the frame of this assignment, the consultant will carry out the following tasks:

- Data collection
- Data analysis
- Report writing
- Monitoring and evaluating

- Conduct a comprehensive review of the existing VDO system, including its strengths, weaknesses, opportunities, and threats.
- Develop a roadmap for the enhancement of the VDO system, which will outline the necessary technical, operational, and financial requirements for improving its functionality and effectiveness.
- Provide ongoing technical assistance and support to the MoPH and other stakeholders in the use of the VDO system, including troubleshooting, data analysis, and interpretation, and guidance on the development of RH programming and policy based on VDO data.
- Describe and analyze the clinical and epidemiological characteristics of maternal deaths including those related to COVID 19.
- Analyze the excess of maternal, perinatal and neonatal mortality in relation to periods prior to the pandemic.
- Handle Vital Data Observatory (VDO) System and Network including provision of support to VDO focal points in hospitals, ensuring continuity of reporting and training for focal points, updating of focal list of hospitals, implementing needed updates on the system and training focal points on it.
- Connect the VDO system to the Expanded Program on Immunization (EPI) system in order to create link between live birth and vaccinated children, vaccination coverage per governorate.
- Prepare monthly reports on vital data, ad-hoc report whenever requested, and a dashboard from Electronic Health Records database.
- Conduct literature reviews, statistical analysis, database searches and manuscript preparation in relation to maternal and neonatal causes of death.
- Liaise with colleagues internally and support MOPH staff on technical and research aspects related to reproductive health and EPI Programs.

4. AREA OF INTERVENTION

The study will cover all areas of operation including Akkar, BML, South, and Tripoli.

5. DURATION OF THE STUDY

The assigned activities have to be conducted in maximum **December 2024**. The timeframe to implement the following activities will be defined by the consultant.

6. FUNCTIONAL LINKS

The Consultant will be working directly under the overall supervision of PUI Health Coordinator. This support will be led by one Consultant that must meet the criteria specified in Section 8 (Requirements).

7. EXPECTED DELIVERABLE

7.1. RESEARCH PROTOCOL AND TRAINING TOOLS

- Submit a detailed protocol in MS Word, research tool/ questionnaire, and presentation slides to PUI.
- Research Enumerators training package documents.

7.2. PRELIMINARY REPORT AND DATA SET

- The consultant should submit preliminary report and presentation.
- The consultant should submit all the data and analysis outputs (both raw & final) electronically to PUI. All the data of the survey will be under PUI ownership and the consultant should agree to sign PUI data protection policy.

7.3. FINAL REPORT

- Following the validation of the research by PUI technical team, the consultant should submit the final report incorporating all inputs:
 - a. Executive summary
 - b. Background
 - c. Objectives
 - d. Methodology
 - e. Results
 - f. Discussion
 - g. Conclusion
 - h. Recommendations and priorities
 - i. References
 - j. Acknowledgment
 - k. Appendices including Assignment of clusters, field test, Questionnaires etc.

Consultant will submit:

Final report which should not exceed 100 pages without annexes and a 15-20 pages short report

- A draft of the report must be presented to PUI before the end of the consultant mission

- The report must be provided 1 soft copy sent by email to the Health Coordinator on the date formerly agreed.
- PUI can request corrections or modifications within Two months after the report is released and the consultant must ensure that s/he is available if necessary.

7.4. VDO dashboard

The expected deliverable is a regularly updated VDO dashboard that provides comprehensive data on maternal, perinatal, and neonatal health indicators. The dashboard will be linked with the national Health Information System (HIS), specifically PHENICs, to ensure the integration and interoperability of health data. The dashboard will be user-friendly and accessible to stakeholders at all levels, including policymakers, program managers, and frontline health workers, to facilitate evidence-based decision-making and monitoring of progress towards national health goals.

8. PREREQUISITE QUALIFICATIONS

8.1. Education

Master's degree or proven experience in Public Health, and / or Social Sciences, and / or Epidemiology and / or, Biostatistics.

8.2. Professional experience

Experience in data management

Excellent knowledge in Lebanese healthcare system and primary healthcare

Experience working with MoPH is an asset

Experience in health sector /RH programmes

8.3. Competencies and knowledge

Excellent knowledge in Lebanese healthcare system and primary healthcare

Excellent knowledge in VDO system and Phenics.

8.4. Languages

- Fluency in English

9. SELECTION CRITERIA

9.1 Technical evaluation

Evaluation criteria are the following:

- TORs understanding (25 points)
- Relevance and quality of the proposed methodology (25 points)
- Experience and relevant technical references (15 points)
- Candidates profile (15 points)
- Only the technical offers reaching at least 70% of the score will be declared technically valid and selected for the next phase of evaluation

9.2 Financial evaluation

Only the financial offers from the candidates with at least 70% of the technical evaluation score will be considered. A financial evaluation score will be calculated for each offer, starting on the lowest bid.

9.3 Finale evaluation

The final evaluation will combine both prior evaluations, accordingly a 70% moderation for the technical offer and a 30% moderation for the financial offer. The candidate who will have the higher score will be selected. The financial offer will be analyzed and possibly negotiated with the candidate within the limit of the available budget. An interview will be set accordingly to do the final selection.

10. OFFERS PRESENTATION

10.1 Technical offer composition (in English)

- A technical offer **(5-10 pages) including:**
 - o Understanding of the challenges of the study and the Terms of Reference (ToR): development of a problematic and formulation of questions, which the offer proposes to respond to
 - o The methodology and tools proposed for the assessment
 - o The timetable showing the details for the completion of each of the assessment phases. The proposed schedule should include time for briefing and debriefing on the mission.

10.2 Financial offer composition (in English)

- A financial offer including a budget with detailed sections (fees, other costs)
 - o Fees
 - o Medical insurance and coverage
 - o National transportation
 - o Communication fees
 - o HR fees (enumerators...)
 - o Other expenses

The financial offer should be signed and stamped including payment terms and offer validity. In addition to the above mentioned, the applicant should submit the below documents:

- Passport Copy or ID copy if passport is not available.
- Ministry of Finance number (MOF number)
- Commercial Circular if the applicant is a consulting company
- Passport copy or ID copy if passport is not available for all members mentioned on Commercial Circular.
- Passport Copy or ID copy if passport not available for legal representative if not same as owner and a Power of attorney if the representative's name is not mentioned on Commercial Circular.
- VAT registration document if the applicant is a consulting company

Deadline for submission: Documents to be submitted **by email** before **29 September 2023**
At 4:30 PM

Applications submitted after the above stated deadline for submission, for whatever reason or cause, shall be considered defaulting.

Submission of applications

All documents must be submitted to the following email:

log.proc.spec@premiere-urgence-lib.org and CC: log.proc.off@premiere-urgence-lib.org

Only applications including the full list of requested documents will be considered.