

## **Statement of Work**

### **C.1 PURPOSE OF THE TASK ORDER**

The purpose of this Task Order is to provide technical support for the implementation of the Strategic Objective 3(SO3) under USAID/Paraguay 2001-2005 Strategic Plan. The contractor will provide technical assistance, training and basic commodities to develop the capacity of selected Paraguayan Ministry of Health's facilities, community and local organizations to achieve the **SO of increasing the use of voluntary reproductive health services.**

The purpose of the SO is to increase the use of reproductive health services and improve the capacity of health providers to deliver high quality services in order to reduce maternal mortality and increase access among low income population.

The intermediate result covered by this Task Order is:

- Access to quality reproductive health services expanded.

### **C2. BACKGROUND**

The current Paraguayan Ministry of Health (MOH) has made reproductive health (RH) a priority, and the country's RH status indicators have improved over the past decade. However, the total fertility rate is high for the region (4.3 births per woman), and over 17% of women in union are "in need of family planning"; that is, they desire to limit or space their pregnancies. However, many women, for a variety of reasons, including lack of access to information or services, are not currently using contraception. Unmet need for family planning is greatest among rural women and among women with low educational levels. Each year in Paraguay, an estimated 192 women die of pregnancy-related causes for every 100,000 live births. These deaths are due to obstetric causes as well as social and cultural factors. The direct obstetric causes are consistent with those seen in other countries and include: abortion related complications (30%), sepsis (24%), toxemia (16%), hemorrhage (13%) and other obstetric complications (17%). The leading causes of maternal deaths are largely avoidable, if readily recognized and immediate and appropriate action is taken.

The MOH and USAID/Paraguay give a high priority to maternal and newborn (neonatal) survival. This concern is justified by the 1995 Reproductive Health Survey (RHS) that revealed a maternal mortality ratio of 192 per 100,000 live births. Due to the difficulty in measuring maternal mortality, this figure in Paraguay could be as high as 262 deaths per 100,000 live births.

The reproductive health services offered in Paraguay's public sector outlets are often of poor technical and interpersonal quality, the management and supervisory system is weak and many providers lack basic technical knowledge about contraception

On the other hand, because of social, economics and cultural preferences, almost 40% of Paraguayan women deliver at home by themselves or assisted by their husband, other family member or traditional birth attendants. Studies have shown that maternal and newborn health services are under-utilized because of these preferences and also because services are of a poor quality. Additionally, people lack awareness and understanding of the complications associated with pregnancy and the appropriate responses needed.

From June 2001 through February 2004, PRIME II have been working to achieve the SO by implementing two programs: "Improving Quality and Expanding Access to Reproductive Health Care in Paraguay" and "Maternal Health Project" both in selected districts of the country. It is USAID/Paraguay intention to implement a follow on project of the two programs mentioned above in order to strengthen the results accomplished and to expand the scope by including new areas to be implemented.

The quality project was implemented selected facilities in four departments (Itapua, Misiones, Central and Cordillera) and in coordination with the Central and Departmental level of the MOH and jointly with another USAID/Paraguay funded project, implemented by the local NGO CIRD. (Center for Information and Resources for Development)

PRIME's agreement ends on June 04 and it is intended that the TASC 2 task Order will be contracted to begin before that date as a follow on activity. TASC 2 will include technical support for quality of reproductive health services improvement including a promoter system to increased demand of Reproductive Health services and a maternal health component that focused on both, technical skill of health providers to respond to obstetric emergencies and community organization and mobilization to avoid the typical barriers to access timely health care when needed. This is intended to consolidate implementation and streamline management of the health portfolio.

### **C3 SPECIFIC TASKS OF THE CONTRACTOR**

It is required that TASC2 will maintain the geographic focus describe above through the life period of the project. Adjustments must be undertaken in coordination with USAID/Paraguay if necessary in such a way as no to increase the cost of the option period.

#### **TASK 1**

***Expand access and improve the quality of reproductive health services among rural and low-income women in four areas: Central, Misiones, Itapua and Asuncion.***

Principal sub tasks:

1. Assist the MOH on the implementation of the National Reproductive Health Plan 2003-2008.
2. Implement a promoters system in four areas: Central, Misiones, Itapua and Cordillera in coordination with the local NGO CIRD
3. Expand access to reproductive health services among rural and low-income women in four areas: Central, Misiones, Itapua and Cordillera.
4. Improve the quality of reproductive health care offered in hospitals and health centers in Central, Misiones, Itapua and Cordillera.
5. Support the MOH in the revision and update of Reproductive Health related norms and protocols.
6. Establish a network of Reproductive Health Services with a focus on referral system.
7. Support the central MOH and selected departments in the developing of regional reproductive health plans based on the National Reproductive Health Plan 2003-2008 developed with PRIME II technical assistance.

Performance indicators for this TASK are:

1. Number of communities with a promoters system implemented.
2. Number of departments with Regional Reproductive Health Plan developed and implemented.
3. Number of health facilities providing quality reproductive health services.

## **TASK 2**

***Improve maternal health status in one selected region of Paraguay.***

Principal sub tasks:

1. Design and implement a network of health services focused on referral and contra referral system.
2. Improved community knowledge and behavior related to maternal and newborn care and complications of pregnancy, including mobilization to respond to the obstetric emergencies.
3. Strengthened links between communities and health facilities in order to increase the use of health services related to prenatal care, labor and delivery, neonatal care and postpartum.
4. Improved quality of care including providers' skills to respond to normal deliveries, as well as obstetric and neonatal emergencies.
5. Improved operation of the MOH's Maternal Mortality Surveillance Committee, with roles and responsibilities clearly defined.

Performance indicators for this task are:

1. Percentage of targeted facilities that have the capacity to respond to obstetric emergencies.
2. Number of communities that are implementing

3. Percentage of caesarean sections.
4. Percentage of women with complications attended by trained health providers
5. Percentage of institutional deliveries increased.
6. Percentage of pregnant women with prenatal visits at the first trimester expanded.

#### **C4. CONTRACTOR PERSONNEL:**

The contractor will recruit, hire and support technical, administrative and support personnel to plan and implement all Task Order activities. The contractor will provide all administrative, technical and logistical support for its personnel.

##### **C4.1. Long term personnel: Chief of Party**

The contractor will provide one long-term, expatriate specialist as a chief of Party to provide technical support needed to manage the task. The specialist will lead the contractor's effort to implement the two tasks described in section C3. The contractor shall ensure that the long term personnel is an MD with additional training in public health and related experience to maternal health and quality improvement including monitoring and evaluation. Signed letters of commitment shall be provided for the long-term candidate. The long term personnel is designated key personnel. Since this is a follow on activity, the mission will prefer to keep the long term personnel that is already in country in order to ensure continuity on the implementation process.

##### **Local support staff:**

The contractor will provide local specialists for technical positions. These specialists don't need to be nominated as part of the proposal, but rather will be nominated for the approval of the USAID/Paraguay office. In addition, the contractor shall propose a local-hire staffing plan that will provide administrative and logistical support that will ensure the timely and effective implementation of activities and the achievement of the Contractor's tasks.

##### **C4.2. Short term personnel**

In specifying short-term consultants required to support the long-term team in implementation and capacity development, the contractor should consider the use of intermittent technical specialists, where possible and needed. While some sub tasks can be supported by short-term consultants on a one-time basis, other tasks will benefit from intermittent technical specialists who are available for repeated visits to ensure both continuity and effective involvement in activities that continue over time and require periodic inputs of the same skills.

### **C4.3. Home office staff**

The contractor will provide home office technical, logistical and administrative staff necessary to support the long-term TA team both in executing the Contractor's tasks and in achieving the project's results. A local office in Asuncion and at the department of Caaguazu will be required in order to ensure the timely and appropriate implementation and management of the project.

## **C4. PERIOD OF PERFORMANCE**

The initial award and period of performance shall be from the date of Taks Order award through September 30, 2006. This comprises the base period for the Task Order. Oferror's technical proposal and cost proposal shall reflect that period. Programmatically, however, the technical proposal shall reflect the continuity of activities and interventions implemented by the PRIME II project.

## **C5. REPORT REQUIREMENTS AND DELIVERABLES**

The following sub-sections describe the nature and content of plans and reports required for planning, implementation and monitoring of the Task Order. Most of these deliverables are interrelated. An annual work plan should be submitted to USAID Paraguay describing the main activities under each task and sub tasks, with a financial plan for approval. Quarterly Performance Monitoring reports should be presented in English to USAID/Paraguay to monitor the implementation process. These reports will be compared with the proposed work plan. The report should include an explanation of any delay implementing the activities and future activities to be implemented. Data from the monitoring plan should be included with each quarterly report. A financial summary with an explanation of funds expended, remaining funds and an estimation of futures expenditures will be also required.

An annual report should be developed and presented at the end of each calendar year in order to provide to USAID information about the relates indicators for the Annual Report process. A completion report with a comprehensive description of the project which highlights accomplishments against work plans, and presents the final status of benchmarks and tangible results, addresses lessons learned during implementations and suggests ways to resolve constraints identified.

### **C5.1. CTO Approval of Plans**

The contractor will develop plans in collaborations with the USAID/Paraguay health team. The plans are subject to the approval of USAID/Paraguay designated CTO for the TASC2 task order. The USAID/Paraguay CTO will review and approve plans to ensure that they are within the TASC2 task order scope of work and contribute to the SO3 results framework.

**C6. DATE AND TIME THE CONTRACTOR'S RESPONSE IS DUE**

The contractor should present a proposal within 15 days after the TFR is issued.