



TERMS OF REFERENCE

Country:	Republic of Moldova
Description of the assignment:	National Consultant, Coordination of health care activities in Transnistrian region
Programme Name:	Support to Confidence Building Measures (SCBM)
Duty Station:	Chisinau and field trips to Transnistrian Region
Type of Contract:	Individual Contract
Starting Date:	16 June 2014
Expected Duration of Assignment:	16 months, estimated workload 160 days

Job Content

I. BACKGROUND

The health care system for pregnant women and newborns in the Transnistrian region faces difficulties and problems inherited from the ex-Soviet system. Although constant efforts to direct the pendulum in mother and child care to cost-effective interventions, family environment in maternity hospitals, participation of women in the decision-making process on the provided care have been made on the left bank of the Nistru river, outdated interventions focused mainly on in-patient medical care, multiple medication, isolation of children from mothers after birth, lack of an adequate psycho-emotional environment in maternity hospitals are still practiced in the region, which complicates recovery of women and newborns within the postpartum period. Family members (especially fathers) do not have access to mother and child and cannot participate in postpartum care. Physicians and medium-level medical staff involved in providing health services to women and children have not benefited from an adequate training in cost-effective technologies recommended by WHO and promoted by UNICEF. Medical equipment used in Transnistrian medical institutions is outdated, having been used for the last 20-25 years.

According to the Local Health Authorities from the Transnistrian region, in 2010 there were 5,118 births reported in the region. In the same year, 64.3% of all pregnant women under observation have been registered before 12 weeks of pregnancy – up from 51.4% reported in 2001. Abortion is legal in Transnistria, accounting for 30.4 per 1,000 women of reproductive age. Infant mortality rate was 10.3 per 1,000 live births in 2010 – down from 18.5 per 1,000 live births in 2001. The main causes of death in the first year of life are respiratory diseases, diseases of the digestive system, infectious and parasitic diseases, and congenital malformations. There were 3 cases of maternal mortality in 2009 and 3 cases in 2010, accounting for 58.34 and 58.56 per 100,000 respectively. Bleeding was the main cause of death. There have been some limited previous efforts to beef up

the perinatal care in Transnistrian Region undertaken by UNICEF (Integrated Management of Childhood Illness) and UNDP.

Programme details:

The technical support offered to the Perinatal Center from Tiraspol in the previous phase of the SCBM Programme, by endowing it with modern equipment and professional development of physicians increased the ability to offer quality care to pregnant women and newborns, including the premature infants, or with low birth weight. However, it is too early to draw some conclusions out of the SCBM interventions in the perinatal health care system of Transnistrian region. There is still a high ratio of deaths during the neonatal period; deaths that can be influenced by care in the perinatal period and an increased perinatal mortality indicator, in particular a high number of stillbirths, indicator strongly influenced by the prenatal care.

The **Objective** of the health project is to improve access to quality, evidence-based and cost efficient mother and child health care, including perinatal care and immunization in the Transnistrian region of Moldova.

Specific objectives:

- Improve the quality of and integrate the services delivered to pregnant women during the antenatal, intra-, and post-partum periods, and the conditions in the mother and child care centers through retrofitting works and equipment.
- Improve vaccine coverage and immunization rates for traditional and new/underutilized vaccines (NUVI) under GAVI graduation conditions, through technical support, vaccine information statements and capacity building in selected key areas.

II. SCOPE OF WORK

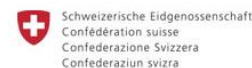
The **overall objective** of the National Consultant, coordinator of healthcare related activities (hereinafter Consultant) is to provide support for the overall SCBM/Healthcare component implementation, liaising with counterparts from the Transnistrian region, involved UN Agencies/Organizations (UNICEF and WHO), NGOs, and other partners.

More specifically, the Consultant will:

- Provide support in updating detailed work plan, timeframe and prioritize activities for the successful implementation of the proposed activities;
- Monitor the implementation of capacity building activities related to immunization and health care implemented under the same project by WHO and UNICEF;
- Review the needs assessment reports carried out by International Medical Expert and provide relevant updates and recommendations;
- Assist the project team in carrying out relevant medical equipment procurement activities: review of technical specifications, development of terms of references, organization of pre-bidding conferences, evaluation of supplied bids, communication with procurement offices etc.
- Establish, foster and maintain cooperation and on-going communication with the project stakeholders: local authorities, donors and implementation partners etc.;



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- Develop Project Briefs and substantive and operation reports;
- Assist in strengthening and fostering communication and partnerships with local stakeholders (local governments, NGOs community, target beneficiaries, etc.);
- Assist in providing high visibility of the project activities;
- Perform systematic monitoring field visits to beneficiary institutions;
- Assist the Project Manager in preparing Quarterly and Annual Progress Reports to the Programme Board and UNDP CO;
- Perform other duties as assigned.

III. EXPECTED RESULTS/DELIVERABLES

The Consultant is expected to dedicate on average 10 working days per month, during the project duration of about 16 months. The incumbent is expected to travel at least once per month in the Transnistrian region of Moldova.

No.	Deliverable/milestone	Indicative timeframe
1.	Detailed work plan and timeframe provided	25 June, 2014
2.	Needs assessment reports carried out by International Medical Expert reviewed and relevant updates and recommendations provided	31 July, 2014
3.	Assistance in procurement of relevant medical equipment for perinatal institutions provided: review of technical specifications, development of relevant terms of references, organization of pre-bidding conferences, evaluation of supplied bids, communication with procurement office etc.	15 September, 2014
4.	Assistance in procurement of relevant emergency medical equipment provided: review of technical specifications, development of relevant terms of references, organization of pre-bidding conferences, evaluation of supplied bids, communication with procurement office etc.	15 November, 2014
5.	Assistance in procurement of relevant medical equipment for paediatric institutions provided: review of technical specifications, development of relevant terms of references, organization of pre-bidding conferences, evaluation of supplied bids, communication with procurement office etc.	15 April 2015
6.	Establish, foster and maintain cooperation and on-going communication with the project stakeholders: local authorities, donors and implementation partners etc.	Weekly
7.	Monitor the implementation of capacity building activities related to immunization and health care implemented under the same project by WHO and UNICEF	Weekly
8.	Project Briefs and substantive and operation reports developed	Monthly

9.	Assist in strengthening and fostering communication and partnerships with local stakeholders (local governments, NGOs community, target beneficiaries, etc.)	Weekly
10.	High visibility of the project activities ensured	Weekly
11.	Systematic monitoring field visits to beneficiary institutions performed	Monthly
12.	Progress report submitted	Quarterly

All activities under this assignment shall be performed in a gender-sensitive manner and applying human rights based approach.

Before commencing the work on the assignment the Consultant will be invited to participate in the induction trainings (as a mandatory pre-requisite for implementing the assignment). In addition, he/she will be encouraged to participate in the program follow-up trainings and events, as well as in the program monitoring & evaluation sessions.

IV. ORGANISATIONAL SETTINGS:

The Coordinator carries out his/her tasks under the supervision of the SCBM/Community Empowerment Project Manager.

Language of the deliverables: Deliverables shall be submitted in English and occasionally in Romanian or Russian.

Travel: All project related travel arrangements regarding field visits belong to SCBM Programme.

Performance evaluation: Consultant's performance will be evaluated following such criteria as: timeliness, responsibility, initiative, communication, accuracy, and quality of the products delivered.

V. PAYMENT FOR PROVIDED SERVICES:

The payment for services provided by the Individual Consultant under the SCBM Programme will be made post factum (once in 2-3 months according to deliverables completed), as per contract, and after the work will be accepted by the SCBM Programme Manager in accordance with the deliverables schedule agreed prior to the signature to the contract. The payments shall be processed based on the daily fee rate according to the total number of worked days during that particular period, which is expected to be on average 10 working days per month, but shall not exceed 160 days during the entire assignment.

VI. QUALIFICATIONS AND SKILLS REQUIRED

The following qualification criteria shall be applied for the selection of the consultant:

Education:

- University degree (or equivalent), preferably in health, medical engineering, or other relevant fields.

Experience:

- At least 5 years of experience relating to health management, medical engineering, or another relevant field;
- Proven experience in needs assessment on medical equipment, procurement of medical equipment, follow-up evaluation and impact estimation. Similar experience within Transnistrian region is a strong advantage.
- Previous experience with UN implemented projects would be an asset.

Competences and skills:

- Familiarity with perinatology and immunization domain;
- Good knowledge of the Transnistrian region context;
- Good analytical and evaluation skills;
- Demonstrated capacity of team-orientation work, excellent planning and organizational skills;
- Good communication and writing skills;
- Knowledge and skills of MS Office, including Word, Excel, PowerPoint;
- Excellent command of Russian, and good knowledge of English and Romanian languages (fluency in both languages will be strong asset).

The United Nations Development Programme in Moldova is committed to workforce diversity. Women, persons with disabilities, Roma and other ethnic or religious minorities, persons living with HIV, as well as refugees and other non-citizens legally entitled to work in the Republic of Moldova, are particularly encouraged to apply.