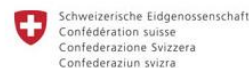




European Union



Swiss Agency for Development
and Cooperation SDC
Agenția Elvețiană pentru
Dezvoltare și Cooperare

INDIVIDUAL CONSULTANT PROCUREMENT NOTICE

Date: **21 May 2014**

Country: Republic of Moldova

Description of the assignment: National Consultant, Coordination of health care activities in Transnistrian region

Project name: "Support to Confidence Building Measures" Programme

Period of assignment/services: 16 months, up to 160 days starting with 16 June 2014

Proposals should be submitted online by pressing the "Apply Now" button no later than 03 June 2014.

Requests for **clarification only** must be sent by standard electronic communication to the following e-mail: viorel.albu@undp.org. UNDP will respond by standard electronic mail and will send written copies of the response, including an explanation of the query without identifying the source of inquiry, to all applicants.

1. 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of women in the decision-making process on the provided care have been made on the left bank of the Nistru river, outdated interventions focused mainly on in-patient medical care, multiple medication, isolation of children from mothers after birth, lack of an adequate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 Medical equipment used in Transnistrian medical institutions is outdated, having been used for the last 20-25 years.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, there were 5,118 births reported in Transnistria in 2010. 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



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Childhood Illness) and UNDP. 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. Although 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.

2. SCOPE OF WORK, RESPONSIBILITIES AND DESCRIPTION OF THE PROPOSED ANALYTICAL 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.;
- 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.

For detailed information, please refer to Annex 1 – Terms of Reference.

3. REQUIREMENTS FOR EXPERIENCE AND QUALIFICATIONS

I. Academic Qualifications:

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

II. Years of 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.

III. Competencies 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).

4. DOCUMENTS TO BE INCLUDED WHEN SUBMITTING THE PROPOSALS

Interested individual consultants must submit the following documents/information either in English, Russian, or Romanian to demonstrate their qualifications:

1. Proposal: explaining why they are the most suitable for the work;
2. Personal CV including past experience in similar projects and the contact details of at least 3 reference persons;
3. Financial proposal.

5. FINANCIAL PROPOSAL

The financial proposal will specify the daily fee, travel expenses and per diems quoted in separate line items, and payments are made to the Individual Consultant based on the number of days worked.

Travel

All envisaged travel costs must be included in the financial proposal. This includes all travel to join duty station/repatriation travel. In general, UNDP should not accept travel costs exceeding those of an economy class ticket. Should the IC wish to travel on a higher class he/she should do so using their own resources.

In the case of unforeseeable travel, payment of travel costs including tickets, lodging and terminal expenses should be agreed upon, between the SCBM Programme Manager and Individual Consultant, prior to travel and will be reimbursed.

Under this assignment the transportation costs will be covered by SCBM Programme.

6. EVALUATION

Initially, individual consultants will be short-listed based on the following minimum qualification criteria:

- University degree (or equivalent), preferably in health, medical engineering, or other relevant fields;
- At least 5 years of experience relating to health management, medical engineering, or another relevant field.

The short-listed Individual Consultants will be further evaluated based on the following methodology:

Cumulative analysis

The award of the contract shall be made to the individual consultant whose offer has been evaluated and determined as:

- a) responsive/compliant/acceptable, and
- b) having received the highest score out of a pre-determined set of weighted technical and financial criteria specific to the solicitation.

* Technical Criteria weight – 60% (300 pts.);

* Financial Criteria weight – 40% (200 pts.).

Only candidates obtaining a minimum of 210 points would be considered for the Financial Evaluation.

Criteria	Scoring	Maximum Points Obtainable
<u>Technical</u>		
University degree (or equivalent), preferably in health, medical engineering, or other relevant fields	Under-Master's – 20 pts., Master's – 30 pts.	30
At least 5 years of experience relating to health management, medical engineering, or another relevant field	5 years – 30pts; each additional year - 5 pts; up to 50 pts.	50
Proven experience in needs assessment on medical equipment, procurement of medical	1 year – 15 pts., each additional year - 5 pts.; up to 35 pts.; experience in TN	50

equipment, follow-up evaluation and impact estimation. Similar experience within Transnistrian region	region – additional 15 pts.	
Previous experience with UN implemented projects	Up to 35 pts.	35
Interview		
Familiarity with perinatology and immunization domain	Up to 25 pts.	25
Good knowledge of the Transnistrian region context	Up to 35 pts.	35
Good analytical and evaluation skills	Up to 25 pts.	25
Demonstrated capacity of team-orientation work, excellent planning and organizational skills	Up to 20 pts.	20
Good communication and writing skills; knowledge and skills of MS Office, including Word, Excel, PowerPoint	Up to 15 pts.	15
Excellent command of Russian, and good knowledge of English and Romanian languages	5 pts. for each language	15
Maximum Total Technical Scoring		300
Financial		
Evaluation of submitted financial offers will be done based on the following formula: $S = F_{min} / F * 200$ S – score received on financial evaluation; Fmin – the lowest financial offer out of all the submitted offers qualified over the technical evaluation round; F – financial offer under consideration.		200

Winning candidate

The winning candidate will be the candidate, who has accumulated the highest aggregated score (technical scoring + financial scoring).

ANNEXES:

ANNEX 1 – TERMS OF REFERENCES (TOR)

ANNEX 2 – INDIVIDUAL CONSULTANT GENERAL TERMS AND CONDITION