

INDIVIDUAL CONSULTANT PROCUREMENT NOTICE

Date: 07 March 2017

Country: Republic of Moldova

Description of the assignment: National Healthcare Consultant to provide support for establishing of Training Centre and procurement of medical equipment for perinatal institutions from the Transnistrian region

Project name: Support to Confidence Building Measures Programme

Period of assignment/services: Up to 21 working days during March 2017 - February 2018

Proposals should be submitted online by pressing the "Apply Now" button no later than 20 March 2017.

Requests for clarification only must be sent by standard electronic communication to the following e-mail: liliana.caterov@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 new-borns in the Transnistrian region faces difficulties and problems inherited from the 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of women in the decision-making process on the provided care have been made on the left bank of the Nistru river, outdated interventions focused mainly on in-patient medical care, multiple medication, isolation of children from mothers after birth, lack of an adequate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 new-borns 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 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 Medical equipment used in Transnistrian medical institutions is outdated, having been used for the last 20-25 years.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 de-facto 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 the Transnistrian Region undertaken by UNICEF (Integrated Management of Childhood Illness) and UNDP.

UNDP together with WHO and UNICEF have been and continue to be engaged in the on-going process of improving the quality of care for mothers and children at all levels of health services and promote an integrated and comprehensive approach on both banks of the Nistru River. Despite all the efforts taken to implement a mechanism for inter-sector collaboration in the social sector, poor coverage with social services is one of the major causes of child mortality. At the same time, inequalities persist in access to and quality of services.

The latest developments in the health system have been determined by a number of external and internal drivers, such as: improving communication with health authorities in Tiraspol, increased participation of counterparts from Transnistria region in different WHO sub-regional events and workshops, resulting in improved knowledge and capacities. Yet, there are certain barriers to be overcome, such as aging workforce, increasing brain drain and brain waste, dropping motivation within the health system, economic crisis, and political instability.

SPECIFIC CONTEXT

The technical support offered to the Perinatal Center from Tiraspol during 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 new-borns, including the premature infants, or with low birth weight. However, it is too early to draw 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 that can be influenced by the 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.

At the end of 2013, critical equipment was also supplied to Perinatal Intensive Therapy Unit within the Ribnita District Hospital. This allowed cutting new-born mortality rates by one third.

The Swiss Agency for Development and Cooperation (SDC) has been supporting the process of modernization and regionalization of the perinatal system in the Republic of Moldova since 2005, contributing to a significant reduction of the infant mortality and morbidity. Committed to further support in the mother and child health, SDC has joined the health component of the CBM programme, regarding it as an opportunity to expand the reforms of the perinatal system on both banks of the Nistru River.

Besides ensuring that the current SDC supported interventions are aligned with the EU-funded Support to Confidence Building Programme or other projects implemented in the region (e.g., Swedish-funded Human Rights project), UNDP was responsible for the procurement and the refurbishment 5 district perinatal institutions: Ribnita, Grigoriopol, Slobozia, as well as Tiraspol and Bender municipalities. Based on a thorough needs assessment, important medical equipment was procured and installed in above mentioned institutions in 2015 - 2016, contributing to better services to mothers and their new-borns during the antenatal, intra- and post-partum periods. Refurbishment of Slobozia and Grigoriopol perinatal institutions were also conducted.

2. SCOPE OF WORK, DUTIES AND RESPONSIBILITIES

The overall objective of the National Consultant is to provide specialised technical expertise and **consultancy for establishing and strengthening of a Training Centre for perinatal institutions' staff from the Transnistrian region** as well as provide support for the identification of capacity gaps and procurement of medical equipment for five perinatal institutions from the Transnistrian region.

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 care management, medical engineering, or other relevant field.

II. Years of experience:

- At least 5 years of experience in the field of perinatal health care, health care management, medical engineering, or another relevant field;
- At least 2 years of experience in assessing the medical technical needs and design of technical specifications.
- Experience in assessing the medical technical needs in Transnistrian region is a strong advantage;
- Proven experience in and familiarity with the perinatology domain;
- Previous experience with UN implemented projects or other development interventions related to procurement of specialized equipment for public health institutions.

III. Competencies:

- Demonstrated capacity of team-orientation work, excellent planning /organizational skills;
- Ability to achieve results and deadlines in a timely manner, maintaining a high standard throughout;
- Good analytical and evaluation skills;
- Sensitivity and respect for human rights and gender equality;
- Knowledge and skills of MS Office, including Word, Excel, PowerPoint.

IV. Language Requirements:

- Fluency in Romanian, and Russian (written and spoken), and good command of English.

The United Nations 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.

4. DOCUMENTS TO BE INCLUDED WHEN SUBMITTING THE PROPOSALS

Interested individual consultants must submit the following documents/information in English to demonstrate their qualifications:

- Cover letter, explaining why they are the most suitable for this position;
- Financial proposal in USD, specifying the daily fee;
- Updated P11 form (found at the UNDP Moldova website), including past experience in similar projects and 3 references.

5. FINANCIAL PROPOSAL

The financial proposal shall specify a total lump sum amount, and payment terms around specific and measurable (qualitative and quantitative) deliverables (i.e. whether payments fall in installments or upon

completion of the entire contract). Payments are based upon output, i.e. upon delivery of the services specified in the TOR. In order to assist the requesting unit in the comparison of financial proposals, the financial proposal will include a breakdown of this lump sum amount (including fee per day, travel, per diem, mobile phone costs, number of anticipated working days, etc.).

Travel

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.

6. EVALUATION

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

- University degree (or equivalent), preferably in health care management, medical engineering, or other relevant field;
- At least 5 years of experience in the field of perinatal health care, health care management, medical engineering, or another relevant field;
- At least 2 years of experience in assessing the medical technical needs and design of technical specifications.

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 – 70% (350 pts);
 - * Financial Criteria weight – 30% (150 pts).

Only candidates obtaining a minimum of 245 points would be considered for the Financial Evaluation.

Criteria	Scoring	Maximum Points Obtainable
<u>Technical</u>		
1. University degree (or equivalent), preferably in health care management, medical engineering, or other relevant field	<i>BA – 20 pts., Master's – 30 pts., PhD – 40 pts.</i>	40
2. At least 5 years of experience in the field of perinatal health care, health care management, medical engineering, or another relevant field	<i>5 years -30 pts, each additional year – 5 pts; up to max. 50 pts.</i>	50
3. At least 2 years of experience in assessing the medical technical needs and design of technical specifications	<i>2 years – 20 pts, each additional year – 5 pts; up to max. 50 pts</i>	50

Criteria	Scoring	Maximum Points Obtainable
<u>Interview</u>		
4. Proven experience in and familiarity with perinatology domain	<i>Less than 1 year – 10 pts., 1 year – 30 pts, each additional year – 5 pts; up to max. 60 pts</i>	60
5. Experience in assessing the medical technical needs in Transnistrian region	<i>Less than 1 year – 10 pts., 1 year – 40 pts, each additional year – 5 pts; up to max. 60 pts</i>	60
6. Previous experience with UN implemented projects or other development interventions related to procurement of specialized equipment for public health institutions.	<i>Less than 1 year – 10 pts., 1 year – 20 pts, each additional year – 5 pts; up to max. 40 pts</i>	40
7. Demonstrated communication, teamwork, presentation and advocacy skills, particularly with regard to human rights and gender equality issues	<i>up to 20 pts.</i>	20
8. Fluency in Romanian, and Russian (written and spoken), and good command of English	<i>10 pts. each language</i>	30
Maximum Total Technical Scoring		350
<u>Financial</u>		
Evaluation of submitted financial offers will be done based on the following formula: $S = F_{min} / F * 150$ S – score received on financial evaluation; F _{min} – the lowest financial offer out of all the submitted offers qualified over the technical evaluation round; F – financial offer under consideration.		150

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 CONDITIONS

Important notice

The applicant who has the statute of Government Official / Public Servant, prior to appointment will be asked to submit the following documentation:

- a no-objection letter in respect of the applicant received from the government, and;
- the applicant is certified in writing by the government to be on official leave without pay for the duration of the Individual Contract.

A retired government official is not considered in this case a government official, and as such, may be contracted.