## **United Nations Development Programme**



### **TERMS OF REFERENCE**

Job Title: National Consultant on MDG6 - health

**Duty Station:** Chisinau, with several missions to the regions of the country to collect data

and develop specific case studies

**Project Reference:** Policy Analysis/NHDR with PTTF funds

Type of Contract: Individual contract

**Duration of Assignment:** May 31 – September 13, 2013

### **Background**

Since the signature of the Millennium Declaration back in 2000, the Republic of Moldova made significant progress in certain dimensions of human well-being, economy, governance and management of ecosystems, while in others, more sustained effort and consolidated action is needed to achieve the national targets by 2015. For national MDG2 and MDG6, Moldova is close to missing the set targets and acceleration efforts by all key stakeholders are required. Moreover, the sustainability of the already achieved results in reducing poverty and some other inter-linked domains is still fragile. This is due to the ongoing political instability, difficulties in the implementation of planned reforms, limited sustainability and inclusiveness of economic growth, growing disparities and inequalities between rural and urban areas, and a series of external factors. An overall updated presentation of the key achievements and challenges in the implementation of the national MDG agenda is provided in the recent policy brief developed by the UNDP Moldova Policy Unit<sup>1</sup>.

Successful implementation of the national MDG agenda requires active engagement of all relevant stakeholders, ranging from central and local authorities, civil society organizations, development partners, and private sector. It requires consolidated efforts in ensuring the development of a resilient society and emergence of empowered citizens. Measurement of the progress in achievement of national MDG targets is therefore important and shall lead to identification of lagging domains and consulted solutions to accelerate progress.

The role of the upcoming National MDG Report for Moldova is to provide MDG evidence from the ground, highlight lessons learned during the implementation of the national MDG agenda, and maintain momentum towards the MDGs. With 2015 fast approaching, all countries that signed the Millennium Declaration are facing twin tasks of ensuring, from one hand, as much progress as possible in the implementation of the MDGs, while also articulating post-2015 development priorities. Countries shall be able to make best use of lessons learned

<sup>&</sup>lt;sup>1</sup> Analysis of the key achievements and challenges in the implementation of the national MDGs agenda, http://www.undp.md/publications/MDG%20UPDATE%202012%20ENG%20(2.pdf

from the last 15 years or so and project these into the future. The acceleration plans developed by the Governments, through the MAF or similar exercises, should be also taken into consideration, given their importance in ensuring the final push for the MDGs and motivation of all stakeholders to contribute.

Up to date, the Government of the Republic of Moldova, with the support from the United Nations, coordinated the development of two national progress reports on MDGs. In particular, the First MDG Report<sup>2</sup> was released in 2005 and the Second Report<sup>3</sup> launched back in 2010. Such analytical products were developed in a consultative and participatory manner and updated the key national stakeholders on the progress achieved and areas of concern that required more consistent efforts for getting the results back on track. Moreover, with the support from UNDP and WHO, the first MAF Report on MDG6<sup>4</sup> was developed to assist the governmental institutions to embark on fast-track solutions to accelerate progress in controlling HIV and TB, and reducing their incidence and related mortality. The national consultations over the vision for the development of the country beyond 2015 have ended and the final Post-2015 National Report will be released any time soon.

## **Objectives**

The objectives of the current assignment are complex and could be structured as per the below:

- Build upon the previous practice in reporting of the achievement of the national MDGs and lead the development, through consultative and participatory approaches, of the third National MDG Report to be launched in September 2013;
- Ensure that consistent analytical and consultative efforts are specifically devoted to such areas as (a) reflecting on national milestones around the MDGs their influence on the country's development agenda,
   (b) further analysis of trends and inequalities and (c) the unfinished business of the MDGs and emerging issues, which are new for the current concept of the upcoming MDG Report;
- Further explore the linkage between the implementation of the national MDG agenda and acceleration plans and the sustainable human development, through the identification, analysis and presentation of specific case studies on real human stories and people/communities who directly or indirectly got empowered and resilient as a result of national efforts to achieved the set targets by 2015.

# Scope of work and expected outputs

The Health area consultant shall, under the coordination and guidance from the team leader, strictly adhere to the *Guidelines for the production of MDG country reports*<sup>5</sup> and the *2013 Addendum* to named Guidelines<sup>6</sup>. In particular, following the additional required analytical focus of the 2013 Report, the area consultant and the rest of the team of area consultants shall provide in-depth analysis under the below draft proposed structure of the national report and scope of the research undertakings:

- A. Introduction shall contain a brief explanation of how the report was prepared and the participation of different actors and informants in discussions, research and writing. It shall equally include the consulted reflections on national milestones around the MDGs, their influence on the country's development agenda.
- B. Development context shall contain an overview of the country-specific development landscape including achievements, enablers and challenges towards reaching the MDGs by 2015. Such

<sup>&</sup>lt;sup>2</sup> Millennium Development Goals in the Republic of Moldova, First Report, http://www.undp.md/publications/doc/Millenium\_ENG.pdf

<sup>&</sup>lt;sup>3</sup> Millennium Development Goals in the Republic of Moldova, Second Report,

http://www.undp.md/presscentre/2010/MDG%20Report%20II/MDG2\_RM.pdf.

<sup>&</sup>lt;sup>4</sup> http://www.undp.org/content/dam/undp/library/MDG/MDG%20Acceleration%20Framework/MAF%20Reports/ECIS/MAF\_eng\_17-04-2013\_WEB\_new\_verde.pdf

<sup>5</sup> http://www.undg.org/index.cfm?P=86

<sup>&</sup>lt;sup>6</sup> http://www.undp.org/content/dam/undp/library/MDG/UNDG%20MDG%20Country%20Report%20Guidelines\_2%20May2013.pdf

- compartment may include detailed case studies displaying specific examples provided by average citizens about their engagement in and benefits from the implementation of the national MDG agenda.
- C. Contribution to the development of an update on the current status in achievement of health and health related MDGs shall highlight for each goal and target an in-depth analysis on:
  - a) Trends and inequalities, including differences in rates of change, and the geographic representation of variations in progress.
  - b) Identification of key implementation bottlenecks constraining progress, their prevalence across sectors and goals, and how to address them. The area consultant may take into consideration the Moldova MAF MDG6 Report as guidance in providing analytical inputs on MDG 6 and related domains.
  - c) New challenges for meeting the MDGs including effects of climate change and other crises.
  - d) Identifying key factors contributing to accelerated progress on specific MDG targets to highlight good practice in the national context.
  - e) Contribution to the analysis of the common development features coming across the MDGs in terms of constraints, impacts, trends, inequalities, such as multi-faceted poverty, 'poverty traps', etc.
  - f) Contribute to the elaboration of several specific case studies to illustrate a) and e) to support data analysis with anecdotal evidence
- D. Contribution to the development of a Snapshot Table summarizing the feasibility of meeting targets and the state of national support
- E. Contribution to the detailed analysis of the unfinished business of the MDGs and emerging priorities, taking into account outcomes of the national consultations on the post-2015 development priorities, to potentially include some additional specific case studies linked to the named consultations.

The key expected outputs, as resulting from the above-proposed structure of the Report, are:

- At least two consultative sessions on health and health-related-to-MDG aspects, through
  institutionalization and organization of working groups consisting of national experts, representatives
  of the line ministries and agencies, CSOs, private sector, LPAs, beneficiaries of various interventions, to
  consult the drafts of the Report
- One national incipient policy workshop gathering target groups under all MDGs and MDG-related areas
  and the draft consulted Outline of the future Report; the area consultant shall in particular provide his
  analytical inputs into health and health related compartments of the future report
- Draft 1 and 2 of the 2013 MDG Report, jointly prepared by the team of consultants; in particular, the health area consultant shall substantially contribute to sections C and D and incorporate some of the key relevant findings of the Moldova MAF Report on MDG6.
- Final 2013 National MDG progress report developed in a participatory manner, with specific case studies incorporated.
- One national final validation workshop and launching event.

# Specific deliverables and proposed timeline

Please see *Annex A* for the detailed list of key deliverables and proposed timeline. The deadline set for the finalization of the 2013 National MDG progress report is the first week of September 2013.

## Methodological approach

UNDP encourages the lead consultant and the team of national consultants that the reports draw upon existing documents, publications and reviews as much as possible and be used to provide quick assessments and analysis that are usefully presented and can be communicated through simple and clear messages.

The national team is supposed to organize at least four working groups around the key MDG areas, to include (a) Poverty eradication, employment and food security (b) Education and empowerment of women, c) Health and d) Sustainable environment. Members of such groups shall be identified before the incipient policy workshop, which is to be organized at the very beginning of the research project. These shall comprise:

- a) Representatives of State Chancellery, line ministries, various Governmental agencies
- b) Representatives of CSOs, local media, NGOs active at local and community levels
- c) Representatives of the private sector
- d) Members of the UNCT, various donors and development partners
- e) Ordinary citizens, to include also participants to recent focus groups as part of the post-2015 national consultative process

Such working groups shall meet at least twice to validate preliminary drafts of the Report. The incipient policy workshop aims at discussing the draft Outline of the future report, collect views and expert opinions on the key successes and challenges in the implementation of the national MDG agenda, possible acceleration plans and actions, discuss various forms of raising inequalities, among others. The final validation national workshop aims at getting full endorsement from various stakeholders over the key findings and recommendations of the report.

Health area consultant, being guided by the lead consultant/team leader, will be directly responsible for data collection on targets for the national MDG6, and whereby applicable, for other targets that relate to health sector. The area consultant may be required to develop at least one case study on MDG6 or related areas.

For data collection purposes, the area consultant shall make best use of the national available statistics from the National Bureau of Statistics, administrative data from line ministries and various governmental agencies. At same time, particularly whereby updated national data are lacking, the expert is encouraged to access other public sources, as mentioned in Annex D of the 2012 Addendum to the MDGR Guidelines. Collected relevant data by the team of the consultants shall be timely shared with the MDG Country Focal Point and Project Manager for the update of the Moldova country sheet on the public MDGRs Platform.

### **Organizational Setting:**

The work of the health area consultant will be coordinated and guided by the lead consultant/team leader. The consultant will get access to all already available data sets and to the most recent and related analytical products. While developing the case studies, the consultant will be provided with local transportation in undertaking field visits and gathering needed data at local level.

## **Qualifications:**

### **Education:**

Master's degree in Social Sciences or other related fields; alternatively, Bachelor's degree and a minimum
of ten years of progressive experience in research on health issues, socio-economic and related fields is
mandatory.

# Experience and Skills:

- Proven extensive experience (at least 5 years) in conducting complex research on MDGs and areas connected to the implementation and monitoring of progress in national MDGs, in particular MDG6;
- Previous experience (at least 3 years) in coordinating and leading similar research projects at national
  or regional level; experience in drafting complex analytical products; previous experience with UNDP is
  a strong asset.
- Excellent skills in organizing and coordinating joint research activities, moderating working groups, organizing national level launching events;
- Developed skills in communication with various stakeholders in public and private sectors;
- Proficiency in written and spoken English. Knowledge of the Romanian and Russian is necessary.

# 2013 MDG Report - Republic of Moldova

Timeline																	
Activity	Comments	27-31 May	3-7 June	10- 14 June	17- 21 June	24- 28 June	1-5 July	8- 12 July	15- 19 July	22- 26 July	29 July - 2 August	5-9 August	12-16 August	19-23 August	26-30 August	2-6 Septembr	9-13 September
Phase 1 Preparatory																	
Participate to the organization of the incipient policy workshop and of the working group on health																	
Collect data from national sources and available public databases on health issues, including on MDG6 targets																	
Contribute to the development of the Outline of the MDG Report																	
Phase 2 Drafting of the Report																	
Undertake report field visits for development of case studies																	
Draft sections C and D that pertain to MDG6 and related domains; provide needed input and support to lead consultant in drafting all other sections																	
Directly contribute to the consolidation of Draft 1																	
Validation of Draft 1 in the working group on health																	
Directly contribute to the consolidation of Draft 2																	
Validation of Draft 2 in the working group on health																	
Phase 3 Finalization																	
Directly contribute to the organization of the final consultation/validation																	
Directly contribute to the development of the Final Draft																	

		27-31	3-7	10- 14	17- 21	24- 28	1-5	8- 12	15- 19	22- 26	29 July - 2	5-9	12-16	19-23	26-30	2-6	9-13
Activity	Comments	May	June	June	June	June	July	July	July	July	August	August	August	August	August	Septembr	September
Phase 4 Launching and dissemination																	
Directly contribute to the																	
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organization of the launching event																	