

UNICEF Moldova

TERMS OF REFERENCE

International Individual Consultancy

Technical assistance to conduct an assessment of barriers for pregnant women to access the PMTCT¹ services in the Republic of Moldova

Duration: 31 working days in the period of July – December 2022

Location: remote work and in-country visit (Chisinau and site visits, total 9 working days / 2 in-country missions)

Related outcomes and outputs of UNICEF-Government of Moldova Country Programme, 2018-2022 and activities of 2020-2021 RWP signed with the Ministry of Health (extended to 2022)

Outcome 1: Equitable, Child Sensitive Systems and Services. By 2022, Moldova national systems and services are more inclusive, able to protect the rights of children, and respond to the needs of the most vulnerable in an equitable way.

Output 4: Maternal, Child and Adolescents' Health. By 2022, the national health system has improved capacity to provide quality maternal and newborn, child and adolescent health services, including outreach, and to advise caregivers supporting child care, growth and development.

Specific activity 4.4: Technical support for Elimination of HIV Mother to Child Transmission.

1. Background

According to the National Health Strategy for 2007-2021 and the National AIDS programme 2022 – 2025, one of the national priorities related to HIV infection is to decrease the rate of mother to child transmission under 2%.

Existence of the National Program on control of HIV/AIDS and STIs along with recently approved various National Protocols on HIV/AIDS (mother-to-child transmission, paediatric, post-exposure prophylaxis, adults) highlights the importance of this public health problem.

As of December 31, 2021, a total of 15,177 HIV infection cases, including 797 new cases, were registered, out of the estimated 15,249. However, the number of people living with HIV registered with the health system, who are alive and know their HIV status is 10,596. The overall prevalence of HIV infection in the general population is around 0.2%. However, among target high-risk populations (IDU, MSM², etc.), the prevalence is around 11.4%. There were 7,267 people receiving antiretroviral therapy (ART) as of December 31, 2021.

Annually the number of HIV+ women that give birth also increased, being in the last years over 200. The number of HIV-positive pregnant women that receive ARV-prophylactic treatment increased by 3 times since 2006 (from 50 to 174 in 2021).

¹ PMTCT – Prevention of Mother to Child Transmission

² IDU - Injecting Drug User

MSM - Men having sex with men

In 2018, according to the latest WHO recommendations, the National Clinical Protocol no. 316 "Prevention of mother-to-child transmission of HIV" was approved (MoH Decree no. 166 of 02/07/2018) and workshops and on-job training organized for medical workers (directly related to PMTCT) and administrative staff representatives. In 2021 183 HIV-infected women gave birth to 183 live babies with estimated percentage of women who received ART during pregnancy and / or birth reached 95.1%.

In 2021, out of the 183 live-born children from HIV+ mothers, about 98% received preventive treatment, and 94% were tested in the first 48 hours after birth, being detected 4 cases of intrauterine HIV infection. The percentage of HIV testing in newborns and infants younger than 2 months reached 96.5%, of which 5 cases were diagnosed with HIV.

Despite all these efforts, the share of HIV transmission from mother to fetus in 2021 was 4.4% (8/183), which is twice as high as the goal set, and does not meet the criteria for the validation of the status of elimination of HIV transmission from mother to fetus.

One of the main challenges faced by the health system is the lack of experience in the PMTCT for local level staff (rayon level), thus taking into account that the small numbers of pregnant HIV positive woman (150 – 200 yearly). The majority are concentrated in big municipalities (Chisinau, Balti, Tiraspol), where the staff received more trainings and met more PMTCT cases, the rayon medical staff did not have enough experience in PMTCT. According to the Decree of the MoHLSP No. 55d from 19.02.2019, a commission was established to assess PMTCT programs and services at different levels. The commission made a series of visits to 20 health facilities across the country to discuss with service providers at central and local levels (programme managers, medical personal in hospitals, primary health care institutions, staff working in social centers and NGO). At the same time, the commission evaluated all cases of mother to child HIV transmission to investigate each of them and to identify problems and gaps in providing respective services.

Thus, the status of PMTCT service is important in terms of impact on public health in the country as well as in addressing the problems at international level. Moreover, perinatal infection with HIV is a double medical and social burden for at least 2 generations (mother and child) that will require high expenses to ensure ARV life-long treatment.

Within the Hospital for Dermatology and Communicable Diseases, a national monitoring unit (hereinafter 'the Unit') was established to coordinate and control implementation of the National Program for HIV/AIDS and STIs. The Unit is dealing with regular monitoring of the situation in the area. At the same time, to better understand the barriers for pregnant women to access the PMTCT services, an external assessment will be conducted with UNICEF support.

Therefore, UNICEF Moldova is looking for international expertise (individual consultancy) to support the Unit to undertake above-mentioned assessment and to develop recommendations on strengthening the PMTCT system in Moldova in line with international guidance, as specified below.

2. Purpose and objectives of the consultancy

The main purpose of the assignment is to provide technical assistance to the national monitoring Unit in conducting the assessment of barriers for pregnant women to access the PMTCT services and provide recommendations on how to reach elimination of mother-to-child transmission (eMTCT) status.

This assessment has the following objectives: 1) analysing the current situation in the area of the prevention of mother-to-child transmission of HIV in the country; 2) complementing the analysis with the information collected from the hospitals and Focus Group Discussions with pregnant women and mothers with children with HIV; 3) determining the barriers for the eMTCT.

In addition, the consultant will contribute to strengthening the national capacities through methodological guidance on data collection and analysis to ensure that the process corresponds to WHO guiding criteria on the validation of elimination status.

3. Details of how the work should be delivered

The assignment shall be completed during July – December 2022, i.e. 31 working days overall and will cover the following:

Preparatory stage, including training of partners (12 days)

- Undertake a desk review of Moldova PMTCT component of National Programme on Prevention and Control of HIV/AIDS and STIs (NAP): achievements and constraints based on desk review documents, PMTCT report of the national team for 2019-2021 and other related studies
- Review overall PMTCT component normative framework (internal regulations, protocols, standards, etc.) and provide recommendations for improvement
- Develop the assessment methodology in advance to the field mission to Moldova and to coordinate it with the involved parties
- Develop Inception report
- Equip the national Unit with abilities to assess medical institutions as per WHO guidelines and questionnaires through the training session

Data collection (7 days)

- Participate and contribute to the data collection, in coordination with the national Unit through the visits to the hospitals involved in providing services to women and newborns infected with HIV
- Conduct Focus Group Discussion(s) (FGD) with pregnant women and mothers with children with HIV
- Ensure quality of data collection and analysis according to agreed methodology and validate preliminary results and data interpretation with the national Unit

Data analysis, report writing and validation (12 days)

- Draft assessment report, including recommendations in line with the Template of National Validation Report in accordance with Global guidance on criteria and processes for validation <https://www.who.int/publications/i/item/9789240039360>
- Present the results of the assessment to stakeholders and decision makers
- Develop a final report with recommendations to enhance the service provision to reach eMTCT status.

4. Deliverables and delivery dates

The individual consultancy is expected to be carried out within 31 working days in the period of **July – December 2022**. Delivery dates (based on the work plan).

Nr.	Task	Deliverable	Tentative timeline*
Preparatory stage			
1.	Desk review of existing policies, programmes and data related to the access of pregnant women to the PMTCT services	Inputs to Inception report	4 working days
2.	Develop the assessment methodology and coordinate it with the involved parties	Inception report, including methodology, data collection tools, outline of the Assessment Report etc.	4 working days
3.	Equip the national Unit with abilities to assess medical institutions as per WHO guidelines and questionnaires: <ul style="list-style-type: none"> • Prepare training materials; • Conduct a training session on assessment of PMTCT system, including simulation exercise 	Training materials: ppt, handouts, participants list and other documentation of 2-day training	4 working days, including 2 days in the country (First in-country mission)
Data collection			
4.	Participate and contribute to the data collection, through the visits to the hospitals involved in providing services to women and newborns infected with HIV (in coordination with the national Unit)	Documentation of data collection from the hospitals	3 working days in the country (First in-country mission)
5.	Conduct Focus Group Discussion(s) (FGD) with pregnant women and mothers with children with HIV	Documentation of data collection through FGDs	2 working days in the country (First in-country mission)

6.	Ensure quality of data collection and analysis according to agreed methodology and validate preliminary results and data interpretation with the national Unit	Feedback provided to the national Unit on the interpretation of data	2 working days
Data analysis, report writing and validation			
7.	Drafting the assessment report, including recommendations as per Global guidance on criteria and processes for validation: eMTCT of HIV https://www.who.int/publications/i/item/9789240039360	Draft report provided	4 working days
8.	Prepare visual presentation of the results of the assessment and organise consultative meeting to present and validate key findings, conclusions, and recommendations to stakeholders	Visual presentation of the assessment and documentation of consultative meeting	4 working days, including 2 days in the country (Second in-country mission)
9.	Submit the final assessment report with recommendations to UNICEF Moldova with comments from the consultation meetings (ensuring proofreading, editing and design)	Final report, including executive summary	4 working days
Total:			31 working days, including 9 days in the country

** Exact deadlines will be mutually agreed upon contract signature.*

5. Reporting requirements

The Individual Consultant will coordinate and report to the UNICEF Health Officer and national working group established by the MoH in accordance with the criteria stipulated in the Global Guidance on criteria and process for validation: Elimination of mother to child transmission (eMTCT) of HIV and Syphilis, WHO Monitoring and Evaluation Guideline, 2017. All activities and deliverables shall be discussed and planned in consultation with UNICEF. The consultant is expected to deliver each component of the workplan electronically (in Word format), in English. At each stage, the deliverable shall be sent to the Health Officer by email.

The Individual Consultant will produce the following major outputs:

- Inception Report and training materials/documentation – will include the methodology, data collection tools, outline of the Assessment Report, as well as training materials to enhance capacities of national monitoring Unit

- Draft Assessment Report, including recommendations to be presented and agreed by the national Unit in accordance with WHO guidance on eMTCT of HIV and syphilis.
- Final Assessment Reports, including Executive summary that incorporate final comments from UNICEF, national Unit and other stakeholders, including those provided during consultative meeting.

6. Performance indicators for evaluation of results

The performance of work will be evaluated based on the following indicators:

- Completion of tasks specified in ToR;
- Compliance with the established deadlines for submission of deliverables;
- Quality of work;
- Demonstration of high standards of work with UNICEF and with counterparts.

7. Qualifications and experience

The assignments are planned to be conducted by an international consultant, with experience in carrying out of National Validation Assessments or/and experience as a team member on external validation of the National Assessment Reports.

Qualifications and experience required for the International consultant:

- At least 8 years of professional experience in leading/conducting tasks of similar scale and level of complexity.
- Advanced academic degree in public health, epidemiology, infection diseases or other relevant studies.
- Proven experience in developing and conducting country assessments related to HIV and STIs, including analytical skills, namely in applying qualitative data collection methods and interpreting data collected at national level.
- Demonstrated experience in producing high quality reports (examples of 2 reports should be submitted with the technical proposal).
- Experience in working with UNICEF, WHO or other UN agencies will be an asset.
- Fluency in English and strong writing skills.
- Knowledge of Romanian will be an asset.

8. Content of technical proposal

- Relevant experience with similar type of assignments (max 300 words)
- Proposed approach and methodology (max 1500 words), including:
 - Timeline and milestones
 - Risk and mitigation measures
 - Ethical considerations and how the consultant will address them
- Annex:
 - Short Sample or links to related work previously conducted by the consultant
 - Curriculum Vitae

9. Content of Financial Proposal

Applicants will be required to provide a complete financial offer, with a per-line budget breakdown, including the following lines:

- Daily, all-inclusive consultancy fee, multiplied with working days as provided by the deliverables table;
- International travel costs (economy class travel) for two (9 days in total) in country missions;
- Local travel costs;
- Translation services;
- Any other applicable expenditures, unless specified that UNICEF will cover separately.

If not provided by ToR, UNICEF will not reimburse costs not directly related to the assignment. This contract does not allow payment of off-hours, medical insurance, taxes, and sick leave.

UNICEF reserves the right to withhold all or a portion of payment if performance is unsatisfactory, if work/output is incomplete, not delivered or for failure to meet deadlines.

The final selection will be based on the principle of “best value for money” i.e. achieving desired outcome at lowest possible fee.

Evaluation criteria for selection

The candidate is expected to reflect in the submission the qualifications, knowledge and experience related to the requirements listed above. Technical evaluation will be performed through a desk review of applications, evaluation of technical proposals, and if necessary, may be supplemented by an interview.

The total amount of points to be allocated for the price component is 30. The maximum number of points (30) will be allotted to the lowest price proposal of a technically qualified offer. Points for other offers will be calculated as $\text{Points (x)} = (\text{lowest offer} / \text{offer x}) * 30$.

Contract will be awarded to the applicant who obtains the highest cumulative score (technical + price points).

10. Payment schedule

The payment will be linked to the following deliverables upon satisfactory completion and acceptance by UNICEF:

Deliverables (delivered according to the timeline agreed upon with UNICEF)	Proportion of payment
Inception Report	30%
Draft Report	40%

Final Report	20%
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UNICEF reserves the right to withhold all or a portion of payment if performance is unsatisfactory, if work/outputs are incomplete, not delivered for failure to meet deadlines.

11. Definition of supervision arrangements

The selected consultant will work under direct supervision of Health Officer, UNICEF Moldova CO, who will regularly communicate, provide feedback and guidance on the performance and all other necessary support so as to achieve objectives of the consultancy, as well as remain aware of any upcoming issues related to consultant's performance and quality of work. The consultant will closely cooperate with representatives from the Hospital of Dermatology and Communicable Diseases to facilitate interaction with the national Unit.

Payments will be rendered upon written approval by the UNICEF Supervisor, and contingent upon the quality of deliverables.

12. Arrangements for Official travel involved

In country travel costs should be part of the financial offer. The daily subsistence allowance (DSA) should not exceed fees as promulgated by the [International Civil Service Commission \(ICSC\)](#) for Moldova Country Office. The travel shall be based on economy class travel, regardless of the length of travel, subject to exceptional approval of business class travel by the Head of Office, for example for medical reasons when certified by UN Medical Services in New York.

Consultant will make and pay for own international travel arrangements for arriving to Moldova including visa costs, insurance, any taxes etc, as reflected in the Financial Offer.

Travel costs not actually incurred due to travel mission cancellation, delays, contract termination or modification are subject to deduction from final contract amount.

13. Support provided by UNICEF

UNICEF will facilitate obtaining of the required approval and permission from the national authorities to conduct the survey in localities that will be selected. If needed, UNICEF will provide support in contacting national and local stakeholders during the implementation process. As well, UNICEF will provide feedback to all deliverables to be presented by the consultant.

14. Child Safeguarding

Is this project/assignment considered as "[Elevated Risk Role](#)" from a child safeguarding perspective?

☐ YES ☒ NO If YES, check all that apply:

Direct contact role ☐ YES ☒ NO

If yes, please indicate the number of hours/months of direct interpersonal contact with children, or work in their immediately physical proximity, with limited supervision by a more senior member of personnel:

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Child data role ☐ YES ☒ NO

If yes, please indicate the number of hours/months of manipulating or transmitting personal-identifiable information of children (name, national ID, location data, photos):

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More information is available in the [Child Safeguarding SharePoint](#) and [Child Safeguarding FAQs and Updates](#)

15. Ethical considerations

The Consultant will ensure that the process is in line with the United Nations Evaluation Group (UNEG) Ethical Guidelines. The Consultant should be sensitive to beliefs, manners and customs and act with integrity and honesty while interacting with stakeholders and beneficiaries. Furthermore, the Consultant should protect the anonymity and confidentiality of individual information. All participants should be informed about the context and purpose of the Assessment, as well as about the confidentiality of the information shared. The Consultant can use documents and information provided only for the tasks related to these terms of reference.

As per UNICEF DHR PROCEDURE ON CONSULTANTS AND INDIVIDUAL CONSULTANTS, together with the Notification letter, the consultant will be sent the link on Agora containing UNICEF policies on Prohibiting and Combatting Fraud and Corruption, Prohibition of discrimination, harassment, sexual harassment and abuse of authority and other relevant policies for their information and acknowledgment. The selected candidate must complete the applicable mandatory online courses on UNICEF's learning platform prior to signature of contract. All certificates should be presented as part of the contract.

16. Other considerations

Individuals engaged under a consultancy or individual contract will not be considered "staff members" under the Staff Regulations and Rules of the United Nations and UNICEF's policies and procedures and will not be entitled to benefits provided therein (such as leave entitlements and medical insurance coverage). Their conditions of service will be governed by their contract and the General Conditions of Contracts for the Services of Consultants and Individual Contractors. Consultants and individual contractors are responsible for determining their tax liabilities and for the payment of any taxes and/or duties, in accordance with local or other applicable laws.

The selected candidate is solely responsible to ensure that the visa (if applicable) and health insurance required to perform the duties of the contract are valid for the entire period of the contract.

Selected candidates are subject to confirmation of fully-vaccinated status against SARS-CoV-2 (COVID-19) with a World Health Organization (WHO)-endorsed vaccine, which must be met prior to taking up the assignment. It does not apply to consultants who will work remotely and are not expected to work on or visit UNICEF premises, programme delivery locations or directly interact with communities UNICEF works with, nor to travel to perform functions for UNICEF for the duration of their consultancy contracts.

UNICEF offers reasonable accommodation for consultants with disabilities. This may include, for example, accessible software, travel assistance for missions or personal attendants. We encourage you to disclose your disability during your application in case you need reasonable accommodation during the selection process and afterwards in your assignment.