**TERMS OF REFERENCE FOR CONSULTANTS/INDIVIDUAL CONTRACTORS**

**National EMTCT (Elimination of Mother to Child Transmission of HIV -AIDS) Contractor**

1. **BACKGROUND / RATIONALE**

India is committed to the 95:95:95 UNAIDS fast track targets by 2025 to achieve its goal to ‘End AIDS as a public health threat by 2030’ (SDG 3, target 3.3). Elimination of Mother to Child transmission of HIV and Syphilis is another critical commitment under the National AIDS Control Program (NACP) for which the timeline has been set to 2025.The pandemic scenario affected critical health services across the global and the country and there is an urgent need to refocus on our targets, leverage resources, create synergies and explore innovative models of service delivery which are more client centers and involve optimal use of resources.

UNICEF is supporting the EMTCT programme in all 23 UNICEF programming states and NACP is now taking a multi-stakeholder approach to achieve resource efficiencies. UNICEF support is needed to consolidate the effort made so far in the field of EMTCT and to expedite the dual elimination of HIV and syphilis by supporting UNICEF programming states for elimination of mother to child transmission of HIV-AIDS by fast tracking the strategies devised by National AIDS Control Organization (NACO).

1. **PURPOSE OF ASSIGNMENT**

The purpose of the assignment is to support UNICEF to fast track the quality of Elimination of Mother to Child Transmission of HIV AIDS strategic service initiatives particularly focusing on the HIV positive pregnant women. The consultant will be supporting the priority interventions of NACO in all the UNICEF programming states for dual elimination of HIV and Syphilis in Pregnant women.

**3. OBJECTIVE/S**

To provide technical support for the implementation of the activities agreed by UNICEF in the RWP 2021-22 towards the implementation of the national and state initiatives to scale-up and strengthen quality of strategic interventions for Elimination of Mother to Child transmission (EMTCT) of HIV and Syphilis, through providing technical assistance to National AIDS Control Organization (NACO) and supporting the states on quality of care (QoC) initiatives for EMTCT services thereby contributing to the fast- track EMTCT targets of 95-95-95.

**4. MAJOR TASKS TO BE ACCOMPLISHED**

**Support scale up of the following initiatives (technical guidelines, data analysis, capacity building, supportive supervision), with focus on technical support to Government of India and UNICEF supported districts.**

* Develop state specific action plan to achieve EMTCT of HIV and Syphilis, based on addressing the identified district specific gaps in UNICEF supported Aspirational districts
* Facilitate coordination with NHM, RCH, WCD programs and other development partners, professional bodies, private sectors
* Bring all state level stakeholders onboard in the EMTCT of HIV & Syphilis drive and to monitor the activities at state level
* Provide Technical assistance to NACO and UNICEF programming states for capacity building activities in UNICEF supported Aspirational districts
* Regular monitoring of the district wise progress on 95-95-95 targets in UNICEF supported Aspirational districts
* Training & capacity building at state/district level to ensure quality recording and reporting.
* Attend and provide inputs in Review meetings at state, districts and block level
* Provide need based state specific support for dual elimination EMTCT and Syphilis
* Training & capacity building of ARTC staff (especially staff nurses & Counselors on SRH needs of HIV positive women & their spouses/partners) with special focus to CDC PEPFAR States of Andhra Pradesh and Mizoram and UBRAF states of Gujarat and Bihar
* Facilitating creation of support groups of HIV positive women and promoting access to SRH services with special focus to CDC PEPFAR States of Andhra Pradesh and Mizoram and UBRAF states of Gujarat and Bihar
* Linking to services for mental health/helplines offering support for Intimate partner/domestic violence
* Support NACO in establishment of model ART centers offering Cancer screening(especially breast and cervical cancers)
* Identifying sub-district level barriers of access and uptake of EID services and implementing innovating approaches to overcome these in UNICEf supported Aspirational districts
* Support SACS in UNICEF supported Aspirational districts in recording & reporting the EID tests completed for each HIV-exposed baby

**5. DELIVERABLES AND DEADLINES**

A total of 7 visits will have to be undertaken to various states of the country in line with the UNICEF office travel policy related to the covid-19 pandemic. Each visit is estimated to be of 4/5 days per travel for completion of the below mentioned tasks/ deliverables.

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| **S. No.** | **Major Task** | **Deliverable** | **Specific delivery date/deadline for completion of deliverable (please mention as date/no. of days/month)** | **Estimated travel required for completion of deliverable (please mention destination/ number of days)** |
| **1** | Mapping of UNICEF supported Aspirational Districts for EMTCT fast tracking | Submission of Monthly Progress Report on HIV and Syphilis testing (dual kit) of pregnant women in VHSND and Primary Health Centers testing along with ANMOL operationalization in UNICEF supported Aspirational districts. **Report on Mapping of UNICEF supported Aspirational districts for Dual testing of HIV & Syphilis and ANMOL**  | 1st Month | No Travel required |
| **2** | Support to fast track EMTCT interventions in UNICEF supported states | Submission of Monthly Progress Report on technical support to NACO and UNICEF Programming States for strengthening QoC, fast tracking, capacity building for EMTCT interventions for achieving the targets of 95-95-95**Report on status of EMTCT programme in UNICEF Supported states**  | 2nd Month | 4 days travel |
| **3** | Support to UP, Bihar for development of Model Strategic Interventions for fast tracking EMTCT in coordination with NACO | **Submission of report for progress of Model strategic interventions for fast tracking EMTCT intervention in Bihar and Uttar Pradesh in coordination with NACO and UNICEF programming states:*** Fast Track ANC registration of Pregnant women (PW)
* Fast Track HIV testing of all Pregnant women under ANC care
* Fast Track ART initiation of (PW) detected as HIV positive
 | 3rd Month  | 4 days travel |
| **4** | Support to UNICEF country office and NACO for Pre validation of EMTCT in 17 states of India | **Submission of concept note for conducting in- country pre validation of EMTCT in 17 states of India based on WHO guidelines:*** Develop and finalize the concept note, in coordination with NACO for conducting the in- country pre validation of EMTCT in 17 states of India based on WHO guidelines
 | 4th Month | No travel required |
| **5** | Support to Rajasthan and Maharashtra for development of Model Strategic Interventions for fast tracking EMTCT | **Submission of report for progress of Model strategic interventions for fast tracking EMTCT intervention in Rajasthan and Maharashtra in coordination with NACO and UNICEF programming states:*** Fast Track ANC registration of Pregnant women (PW)
* Fast Track HIV testing of all Pregnant women under ANC care
* Fast Track ART initiation of (PW) detected as HIV positive
 | 5th Month | 4 days travel |
| **6** | Support provided to Andhra Pradesh (AP) SACS in consultation with UNICEF Programming state for capacity building of ART and ART plus staff for Pediatrics HIV AIDS and strengthen PPTCT and EID  | Submission of Monthly Progress Report on CDC PEPFAR project implementation in Andhra Pradesh**Submission of 5-7 pager Report on Adolescent HIV status, capacity building of ART and ART plus centers on Pediatrics HIV, PPTCT and EID in Andhra Pradesh** | 6th Month | 5 days travel |
| **7** | Support provided to Mizoram SACS in consultation with UNICEF Programming state for capacity building of ART and ART plus staff for Pediatrics HIV AIDS and strengthen PPTCT and EID  | Submission of Monthly Progress Report on CDC PEPFAR project implementation in Mizoram**Submission of 5-7 pager Report on Adolescent HIV status, capacity building of ART and ART plus centers on Pediatric HIV, PPTCT and EID in Mizoram** | 7th Month | 5 days travel |
| **8** | Support provided to Bihar SACS in consultation with UNICEF Programming state for capacity building of ART and ART plus staff for Pediatrics HIV AIDS and strengthen PPTCT and EID  | Submission of Monthly Progress Report on UBRAF Project implementation in Bihar**Submission of 5-7 pager Report on Adolescent HIV status, capacity building of ART and ART plus centers on Pediatric HIV, PPTCT and EID in Bihar** | 8th Month | 4 days travel |
| **9** | Support provided to Gujarat SACS in consultation with UNICEF Programming state for capacity building of ART and ART plus staff for Pediatrics HIV AIDS and strengthen PPTCT and EID  | * Submission of Monthly Progress Report on UBRAF Project implementation in Gujarat**Submission of 5-7 pager Report on Adolescent HIV status, capacity building of ART and ART plus centers on Pediatric HIV, PPTCT and EID in Gujarat**
 | 9th Month | 4 days travel |
| **10** | Support to Fast Track EMTCT interventions | Submission Monthly progress report on EMTCT status in UNICEF supported Aspirational Districts.**Submission of Report on EMTCT Status of 95-95-95 of UNICEF supported Aspirational Districts**  | 10th Month | No travel required |
| **11** | Support NACO for review of EMTCT status of UNICEF programming states and develop detailed report for fast tracking strategy | Submission of Detailed report on progress of EMTCT strategic interventions with focus on gaps which were addressed and gaps which need to be prioritized, key learnings and challenges with a presentation to NACO and UNICEF. | 11th Month | No Travel required |

**7. DUTY STATION**

UNICEF India Country Office, Delhi

**6. SUPERVISOR**

* Health Specialist, UNICEF ICO

**7. OFFICIAL TRAVEL INVOLVED (ITINERARY AND DURATION)**

* Travel to various states of the country as per need of the program in line with the UNICEF office travel policy related to the covid-19 pandemic and with approval of supervisor.
* Total provision for 30 days travel

**8. ESTIMATED DURATION OF CONTRACT (PART TIME / FULL TIME)**

11 months full time

**9.**  **QUALIFICATIONS / SPECIALIZED KNOWLEDGE / EXPERIENCE/ COMPETENCIES (CORE/TECHNICAL/FUNCTIONAL) / LANGUAGE SKILLS REQUIRED FOR THE ASSIGNMENT (Please use as applicable)**

1. Education: Graduate in Medical Sciences (MBBS)
2. Experience: Minimum five years of experience in public health with atleast 3 years relevant experience in HIV AIDS program, and/or EMTCT programs especially in context of India.
3. Diploma/ Degree in public health (PGDHM/DPH/MPH/MHA) will be of added value/advantage.
4. Excellent technical knowledge in the field of public health and RMNCHA particularly in context of maintaining service continuity amidst COVID 19 Pandemic in India will be an added advantage
5. Language: Fluency in English is required. Knowledge of Hindi language and/or other local Indian language/s as relevant to the state is an asset.
6. Good negotiation and influencing skills supported by excellent communication and presentation skills is desirable.
7. Computer literate and conversant with MS Office and its application, internet, e-mail
8. Knowledge/familiarity with the national flagship programs like dual Elimination of Mother to child transmission of HIV AIDS & Syphilis will be added value.
9. Demonstrated ability to work in a multi-disciplinary environment and to establish harmonious and effective working relationships with governmental, non-governmental and civil society organizations
10. Must be willing to travel extensively in the state / country if the COVID-19 pandemic situation permits and necessary approval for travel is granted by appropriate authority as per UNICEF travelling norms.
11. Working knowledge on analysis package like SPSS/ EP-Info/STATA will be an added advantage

**10. SELECTION PROCESS (tick one):**

**(A) QCBS (Technical Evaluation Criteria - with weights for each criteria)**

The criteria for evaluation will be as follows:

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| --- | --- | --- | --- |
| **S. No.** | **Criteria** | **Maximum** | **Minimum** |
| Stage-I | Language and content of cover letter - suitability for position, analytical skills, working with government or UN, motivation and willingness to undertake field visit  | 5 | 3 |
|  | Relevant Education Qualifications  | 10 | 7 |
|  | Relevant work experience    | 20 | 14 |
|  | Candidates who score overall 24 marks and above as well as the minimum marks in each of the criteria (1), (2) and (3) will be shortlisted for an Interview |
| Stage-II | Interview | 35 | 25 |
|  | **Total technical score (A)** | **70** | **49** |
| Stage-III | Financial **(B)** | **30** |  |

* Candidates scoring overall 49 marks in Technical evaluation (A) as well as the minimum marks in each of the technical criteria will be considered technically qualified and their financial offers will be opened.
* Candidate receiving maximum score after combining their Technical Score(A) and Financial score (B) will be selected.

**11. PAYMENT SCHEDULE**

 Monthly payment on submission of progress reports on updated tasks and activity report for supporting the Maternal Health initiatives, duly approved by the supervisors. Payment of per diem and field travel expenses are subjected to approval by supervisor on actual travel undertaken.