

UNICEF Moldova

Terms of Reference

Individual consultancy for conducting GMCD (Guide for Monitoring Child Development) training of master trainers and drafting a Roadmap for GMCD roll-out in Moldova

Location: Home-based

Duration and timeline: 45 working days (within a five-month period August 2022 – January 2023)

1. Background

Early identification and Early Intervention – including through **home-visiting** healthcare model can prevent death or disability and enable children to reach their full potential. The home-visiting initiative piloted by Moldova aspires to align with the **universal progressive** healthcare model – recommended by UNICEF Regional Office – a model, which requires addressing inequities from the outset to ensure that no child is left behind. Within this, it recognizes incremental levels of needs and support for families and children who are at risk, have developmental difficulties or disabilities or are exposed to multiple deprivations.

Over the past decade healthcare professionals, including in Moldova, have struggled with the lack of **standardized tools** that would allow Early identification of developmental difficulties, particularly in Primary Health Care settings – and by the lack of personnel trained in application of these tools, except in specialized centres, usually at the tertiary level of health care.

The international Guide for Monitoring Child Development (**GMCD**) (Ertem et al., 2006, 2008, 2009, 2017), originally developed in Turkey through over 20 years of research, is a comprehensive package based on bioecological theory (Bronfenbrenner and Ceci, 1994) and family-centred care (Brewer et al., 1989). Its brevity and user- and receiver-friendliness make the GMCD feasible in **home visits**, health clinics, crèches, or other settings.

A large-scale study funded by the National Institute of Health (NIH) **standardised and validated the GMCD** on approximately 12,000 children in four diverse countries – Argentina, India, South Africa, and Turkey (Ertem et al., 2017). This study showed that healthy children attain GMCD milestones at similar ages. This means the GMCD should be equally applicable in these and other countries. Indeed, it is one of the few tools with adequate psychometric and feasibility criteria to be used low- and middle-income settings (Fischer et al., 2014).

The monitoring component is only the first part of the package – it flows seamlessly into the ‘support’ component, using information on where the child and family are and what should be supported. As **both an assessment and an intervention**, the GMCD incorporates strengths-based, family-centred approaches – comprehensive information about the child and the family is obtained, and interventions are specific to the child and family.

Research from HICs has shown that **developmental monitoring** benefits all children – those at risk of developmental difficulties can be identified at an early stage and interventions made, while those who are developing on track benefit as the monitoring reassures their caregivers and provides them with advice where needed on helping their children to fulfil their potential¹. This makes GMCD valuable for universal implementation via the **home-visiting model**.

¹ (Dworkin, 1989; Blair and Hall, 2006; Committee on Practice and Ambulatory Medicine and Bright Futures Periodicity Schedule Workgroup, 2016).

The implementation of the home-visiting model in Moldova went through several stages, as described below:

- 2017-2018 MCO supported national partners in developing Home Visiting (HV) guidelines covering antenatal period and children aged 0-3 y.o.
- 2018 - Implementation of the HV started through training of health care providers².
- 2018 Plans were made regarding launching of the GMCD training, with a questionnaire submitted to GMCD team at Ankara University in April 2018. The proposed steps were to conduct a TOT for 30 professionals (15 teams) with support from external GMCD trainers; translation of materials and adaptation to local needs, with a preliminary aim of training 30% of primary health care providers in GMCD.
- Starting September 2019, the national Child Care and Development Standards were adjusted to the new regulation on Home Visiting.³
- To ensure sustainability related curricula were developed, approved, and implemented for the Medical University and Medical College, as well as for the National Centre for Continuous Medical Education of Nurses, including pre- and in-service home-visiting modules⁴. Guidelines for nurses on applying universal-progressive home-visiting were also developed.
- During 2018-2019 UNICEF supported the Development of Early Intervention Services for young children with developmental delays and disabilities at the regional level, focused on two Regional Centres of Early Childhood Intervention in municipality of Balti and in the regional centre of Cahul.⁵
- 2019-2020 UNICEF supported an assessment of the healthcare services for most vulnerable children in the capital city of Chisinau. The assessment revealed a further need to focus on Developmental monitoring and on the provision of accessible publicly financed ECI services, which currently is provided mostly by NGOs. The important breakthrough in the recent years has been the contracting of the NGO -based ECI services by the National Health Insurance Company, allowing for partial reimbursement for services from public funds.⁶
- 2020-2021: Further support to Cahul regional centre and establishment of a new centre of early intervention services in Ungheni;

UNICEF Moldova continues its commitment to strengthen early identification of developmental delays and developmental monitoring, based on use of standardized methods and tools, within primary health services through the home-visiting model. The Country Office intends to build the capacity of home visitors in areas of early identification and intervention for children with developmental risk, delay, or disabilities through pre-service and in-service trainings.

Recently, a dialogue has been opened via the Europe and Central Asia UNICEF Regional Office regarding possible implementation of GMCD (Guide for Monitoring Child Development) – with training of national Master Trainers as the first step. Given the epidemiological situation, the training of trainers will be held in online format with practical lessons held at the premises of Early Intervention Centre Voinicel.

Based on the above, UNICEF Moldova will be seeking the technical assistance of a certified GMCD trainer/s, senior facilitator, experienced in promoting GMCD in countries of the ECA Region.

² A total of 500 nurses from 18 districts were trained on the use of child and family wellbeing assessment tools, as per home visiting guidelines, and on providing relevant counselling to parents. focusing on nurturing care, breastfeeding, diversification of food, identification of danger signs, prevention of neglect, violence, and injuries;

³³³ The Child Care and Development Standards approved by the MHLSP include a key component provision of universal progressive Home Visiting for children aged 0-3, developed with UNICEF support.

⁴ About 470 nurses of family doctors acquired skills and competencies in delivering home-visiting services for children under 3 and their families.

⁵ In additional professionals from 4 more from other regional centres were reached with 5 days ECI courses. Also, Voinicel Early Intervention Centre provides mentoring services for newly established early intervention services at the district level (Clearasil, Can't emir, Rescan and Circulene), including through telemedicine

⁶ However, currently this financing is insufficient, with risk to disrupt the existing ECI services.

2. Purpose of the assignment

The purpose of this consultancy is:

- to adjust the generic GMCD package to the national context;
- to conduct a certified GMCD master training (on-line, using local clinical base) that will allow subsequent replication of GMCD trainings nationally;
- to draft a brief Roadmap for possible GMCD roll-out in Moldova, with Milestones for the next 3-5 years. This will further inform UNICEF's advocacy efforts and its support to the Ministry of Health on promoting children's right to health and development.

3. Objectives of the consultancy

The focus of this consultancy is to strengthen local capacities of health care workers on monitoring child development. Details of how the work should be delivered

- To conduct a Desk review of the pre-filled Questionnaire (dated 2018, and updated 2022), Governmental and MOH decisions regarding Early Identification and Early Intervention, other documents;
- To adjust generic GMCD package to Moldovan context;
- To conceptualize and conduct a TOT/Master training in Chisinau, Moldova in close cooperation with Voinicel Early Intervention Centre (clinical base) and UNICEF staff.
- To provide supportive supervision calls with the national certified trainers, during 3 months after the workshop;
- To draft a draft Roadmap for GMCD roll-out in the country in the next 3-5 years (4-6 pages).

4. Deliverables and delivery dates

Deliverable	Expected timeline	No of days
Desk review of the relevant country documentation in cooperation with the expert and consultant	August - September 2022	5 days
Adjust generic GMCD training program to Moldovan context	September 2022	5 days
Advocacy with key-decision makers in ECD field National Master Trainers workshop (TOT) conducted online	October 2022	6 days
Workshop evaluation report; GMCD package and certificates for trainers developed and submitted	October 2022	1day
Draft Roadmap on scaling up GMCD in Moldova (approx.4-6 pages)	November – December 2022	10 days
Online mentoring for local training team supervised	November - December 2022	10 days
Feedback on the financing of Early Intervention services in Moldova (optional)	December 2022 – January 2023	3 days
Final Report with recommendations, including final draft of the Roadmap for scaling up delivered.	December 2022 - January 2023	5 day
Total		45

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

5. Reporting requirements

The consultant will report to the ECD Officer and to the Health Specialist, who will regularly communicate with the consultant and provide feedback and guidance on his/her performance and all other necessary support so to achieve objectives of the consultancy, as well as remain aware of any upcoming issues related to consultant's performance and quality of work.

All activities and deliverables undertaken by the consultant shall be discussed and planned in consultation with UNICEF. The consultant is expected to deliver each component of the workplan electronically (in Word format) and in English. At each stage, the deliverable shall be sent to the ECD Officer by email, with the Health Specialist in copy.

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 in cooperation and communication with UNICEF and counterparts

7. Qualifications and experience

- Advanced academic degree in paediatrics/early intervention and/or public health;
- Proven experience in providing consultancy services in area of child development and early intervention;
- Minimum 10 years of working experience in the relevant field;
- Significant training experience in child development;
- Excellent analytical thinking, training, report writing and communication skills.
- Previous experience in implementation of relevant consultancy work in the ECA countries would be an asset;
- The consultant should be fluent in spoken and written English

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
- In addition, please provide your Curriculum Vitae.

9. Content of financial proposal

The applicant should fill in the Financial Offer Template and specify the consultancy fee, per day of work, requested for the tasks described in the Terms of Reference in USD.

Other expenses directly related to the ToR assignments and deliverables such as: (translation/interpretation costs, local transportation etc.) will be covered by UNICEF Moldova Country Office.

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

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.

In case when a Moldovan resident is selected for contracting, MDL will serve as contract currency, converted at the UN exchange rate applicable at contract signature date.

10. 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 $\text{Points (x)} = (\text{lowest offer} / \text{offer x}) * 30$.

The selection process is aimed at selecting the applicant who obtains the highest cumulative score (technical evaluation + financial offer evaluation points) following “best value for money” principle.

11. Payment schedule

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

Payment type	Date of payment	Details
1 st payment	October 2022	To be paid upon completion of the workshop. (50%)
Final payment	December 2022 – January 2023	To be paid upon completion of the assignment and submission of the final report. (50%)

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.

12. Definition of supervisory arrangements

The specialist will work under the oversight of ECD Officer of UNICEF Moldova, in close coordination with the Health Specialist. Payments will be rendered upon successful completion of each task, as per the schedule outlined above.

13. Work location and official travel involved

The tasks will be performed remotely. No in-country travels are foreseen.

14. Support provided by UNICEF

UNICEF will regularly communicate with the specialist and provide feedback and guidance and necessary support so to achieve objectives of the work, as well as remain aware of any upcoming issues related to the performance and quality of work. UNICEF will provide an initial package of relevant documents and available research, and an initial list of relevant experts and counterparts to work with. UNICEF will also request relevant data – as agreed upon with the consultant – from relevant government counterparts.

15. 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):

5-10 hrs

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

16. Ethical considerations

The Contractor will ensure that the process is in line with the United Nations Evaluation Group (UNEG) Ethical Guidelines⁷. The Contractor should be sensitive to beliefs, manners and customs and act with integrity and honesty while interacting with stakeholders and beneficiaries. Furthermore, the Contractor 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 Contractor can use documents and information provided only for the tasks related to these terms of reference.

As per the DHR PROCEDURE ON CONSULTANTS AND INDIVIDUAL CONTRACTORS, together with the Notification letter, the contractor will be sent the link on UNICEF's learning platform, 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.

17. 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

⁷ UNEG Guidelines <http://www.uneval.org/document/detail/102>

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.