

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

**Title:** : International consultancy to support MOHSP in conducting a baseline assessment of Infection Prevention and Control (IPC) program in Tajikistan.

**Type of engagement Included in Annual Workplan:**

**Consultant**  **Yes**

**Individual Contractor  No, please justify:**

**Consultant sourcing:  National  International  Both**

**DUTY STATION/DURATION:**

*Estimated duration: 80 working days over eight months period between 25 April 2021 to 10 December2021.*

*Duty station: Dushanbe, Tajikistan with travel to the field*

*On-site working days: Approx. 60 days*

*Off-site working days: Approx. 20 days*

*Supervisor:* The consultant will work under the technical guidance of the Health Specialist responsible for MNCH programming, in close collaboration with the MCH Officer and WASH Specialist and with overall guidance provided by UNICEF Chief of Health and Nutrition. UNICEF will be responsible for arranging meetings with government counterparts and other stakeholders and for convening consultation events.

*Reporting to: Health Specialist, UNICEF Tajikistan*

**BACKGROUND:**

Maternal and Child Health (MCH) remains a priority in Tajikistan’s National Development and Health Sector policies and strategies[[1]](#footnote-1) including Tajikistan’s commitment to the attainment of Sustainable Development Goals (SDG). Despite significant gains in the last decade, Maternal and Child Health (MCH) outcomes in Tajikistan are worse than the average in Central Asia and Caucasus regions. Rates of malnutrition and micronutrient deficiencies are high. Preventable illnesses contribute to a considerable proportion of all child deaths in Tajikistan. Acute infections are the leading cause of death in the post-neonatal period. Acute respiratory illness (ARI), pneumonia, and acute diarrhea still account for more than half of reported child deaths within the first year of life, a pattern that has remained persistent over the last decade[[2]](#footnote-2). Unsafe home deliveries are considered to be a major contributing factor to the high infant and maternal mortality rates in Tajikistan.

MCH services are provided by facilities at the republican, oblast, rayon, and village levels. There are different models in rural and urban areas. The organization of MCH services largely follows the administrative structure of the country, with services organized according to the horizontal tiers of administration and, for national programs, into separate vertical pillars. In rural areas, antenatal, postnatal, and child care is delivered at the primary health care level through medical houses and rural health centers. In urban areas, primary and secondary care is delivered by polyclinics/family medicine centers, basic secondary care by district (rayon) hospitals, specialized secondary care in regional (oblast or city) hospitals, and more complex care in national hospitals.

Poor quality of care is a major concern of the Ministry of Health for several reasons: insufficient training of health workers, lack of evidence-based clinical guidelines, underuse of generic drugs, poor infrastructure, limited budget and lack of essential equipment at primary and secondary levels of health care (Health System Review, 2016)[[3]](#footnote-3). Though the Ministry of Health introduced an accreditation system and review of maternal death and near-miss cases, there is no emphasis on continuous quality improvement at all levels of care. The Quality of care has suffered significantly from brain drain, beginning with the civil war and continuing into the present, as health workers seek higher wages abroad.

Moreover, the lack of an effective infection prevention and control (IPC) system at the primary and secondary health care delivery levels and inadequate healthcare waste management (HWM) in the health centers contributes to increased rates of healthcare-associated infections (HAI) and creates a risk for patients and hospital staff, as well as the environment. In Tajikistan, while health waste care management is a part of the IPC system, some challenges stem from outdated policies and regulations, gaps in Standard Operating Procedures (SOPs) on infection prevention and control, safe segregation, storage, and treatment of waste, lack of adherence to universal precautions on handwashing, personal protection, managing injuries, hazardous substances, and waste spill management. Lack of or obsolete infrastructure does not allow for proper decontamination and disposal of health care waste.

The Asian Development Bank (ADB) is supporting the Ministry of Health and Social Protection (MoHSPP) to implement a Maternal and Child Health Integrated Care (MCHIC) Project within the purview of the National Health Strategy 2010-2020. The project aims at improving the health status and well-being of mothers and children in 3 districts (Shamsuddin Shohin, Rasht, and Fayzobod), focusing on the integrated MCH care delivery at both primary and secondary health care levels. UNICEF, in the framework of the ADB MCHICP initiated adaptation of the WHO IPC assessment tools for health care facilities, trained assessment teams, and is planning to conduct an assessment of IPC program in the selected primary and secondary health facilities of the project districts.

The EU under the Health Development Program is supporting UNICEF to implement the IPC project in 50 secondary and around 1500 primary health facilities in selected district of the country. The project aims to achieve effective infection prevention and control system at the primary and secondary health care delivery levels and to contribute to enhancing the capacity of the Government of Tajikistan for effective COVID-19 crisis response. This will be achieved through the implementation of a composite set of a continuum of interventions that sums up to improving the quality of infrastructure and practice of IPC at selected primary and secondary health facilities' levels. IPC in this context includes supportive policy; water, sanitation and hygiene (WASH) and Health Care Waste Management infrastructure that meets agreed national standards; improved IPC and quality care knowledge and practice of health workers; as well as improved awareness and knowledge on IPC at household level. The project will be implemented in 40 selected districts and 10 infectious diseases department hospitals.

Within this context, UNICEF Tajikistan Country Office seeks to hire an international consultant to provide technical assistance to MOHSPP in conducting the IPC assessment in the targeted districts of the ADB Maternal and Child Health Integrated and the EU IPC Projects of Tajikistan.

**PURPOSE:**

The main objective of the consultancy assignment is to support the Ministry of Health and Social Protection of Population in conducting a baseline assessment of the IPC program in the selected secondary (maternity, surgical, pediatric, laboratory) departments and primary health care facilities of the selected districts. The required technical support will include the review of the assessment methodology, sampling of the primary health care facilities, training the assessment teams, supportive supervision and quality assurance of the data collection process, data cleaning, data analysis, and preparation of the assessment report.

**DESCRIPTION OF THE ASSIGNMENT:**

The consultant will work in close cooperation with the Ministry of Health and Social Protection of Population, WHO Country office IPC expert, UNICEF local consultant, experts of the national and districts center of Sanitary and Epidemiological Services (SES), the Republican Clinical Centre for Family Medicine and other relevant departments and centers of MOHSP to do the following:

1. Based on the adapted WHO IPC assessment tool, and working with the other team members (in WHO and UNICEF) support development of assessment methodology including composition and required number of teams for data collection.
2. Support the training of the assessment teams selected by the MoHSP and Oblast/District health authorities.
3. In conjunction with local consultant/experts, facilitate/supervise data collection process of the IPC/HWM assessment at the primary and secondary health care facilities in the project districts;
4. Conduct data analysis, synthesis of the results, and report writing, with full engagement of the local research institute, MoHSP, WHO, and UNICEF, and provide necessary technical assistance and capacity building support throughout this process.
5. Finalize the assessment findings and facilitate initial discussions of the results with each national, oblast and districts experts and at the assessed health facilities to develop IPC Facility Scorecards and plans to implement the recommendations of the assessments;
6. Produce a final assessment report, summarizing the process and outcomes of the assignment as well as a set of recommendations and follow-up actions;
7. Develop IPC Facility Scorecards and plans to implement the recommendations of the assessments at the district level;
8. Conduct training of district teams on IPC self-assessment and IPC Facility Scorecards;
9. Produce final consultancy report with recommendations and follow-up actions.

Throughout the process, the consultant will work closely with the MoHSP and the local research institute with a view to building their institutional capacity to enable the independent undertaking of a similar survey in the future.

**KEY DELIVERABLES/TIMEFRAME/PAYMENT SCHEDULE:**

The assignment will be carried out in 80 working days spread over a period ranging from 25 April, 2021 till December 10, 2021.

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| **#** | **Tasks/Milestone** | **Deliverables/Outputs** | **Number of days** | **Timeline** | **Payment schedule** |
| 1 | Develop assessment methodology | 1. Assessment methodology 2. Sampling of PHC facilities. | 5 | April 30, 2021 | 30% upon submission of deliverables |
| 2 | Train the assessment team selected by the MoHSP and Oblast/District health authorities. | 1. Number of experts trained on the assessment tool and methodology. | 10 | April 15th 2021 |
| 3 | In conjunction with local experts, facilitate/conduct an assessment of the PC/HWM at the primary and secondary health care facilities the project districts | 1. Report on data collection process; | 10 | May 30th 2021 |
| 4 | Conduct data analysis, synthesis of the results, and report writing, with full engagement of the local research institute, MoHSP, WHO and UNICEF, and provide necessary technical assistance and capacity building support throughout this process. | 1. Raw data set in any available formats; | 10 | June 15th 2021 | 30% upon submission of deliverables |
| 5 | Finalize the assessment findings and facilitate initial discussions of the results with each national, oblast and districts experts and at the assessed health facilities to develop IPC Facility Scorecards and plans to implement the recommendations of the assessments; | 1. Draft of the assessment report; 2. Power point presentation of the results 3. Minutes of the discussions; | 15 | July 15th 2021 |
| 6 | Develop IPC Facility Scorecards and plans to implement the recommendations of the assessments | 1. Development of a facility specific plan on IPC and HWM. | 5 | July 30th 2021 |
| 7 | Produce a final assessment report, summarizing the process and outcomes of the assignment as well as a set of recommendations and follow-up actions | 1. The assessment report on Infection Control and the Healthcare Waste Management in the project districts; | 5 | August 30th 2021 | 20% upon submission of deliverables |
| 8 | Conduct training of district teams on IPC self-assessment and IPC Facility Scorecards | 1. Number of district teams trained on self-assessment | 15 | September 30th, 2021 | 20% upon submission and final report and its approval by UNICEF/MOH |
| 9 | Produce final consultancy report with recommendations and follow-up actions | 1. Final consultancy report | 5 | October 31 2021 |

**Note: Due to COVID 19, the work and deliverables are subject to change. Consultant need to be flexible to adjust to any unforeseen adjustments that might occur during the implementation. In addition, the contract duration may factored potential delay due to travel restriction, thus project duration will be until 10th of December 2021**

**Performance indicators for the evaluation of results:**

The evaluation of the results will be based on:

1. Technical and professional competence (quality of the products delivered to UNICEF);
2. Scope of work (e.g. No. of meetings with the stakeholders);
3. Quality of work (quality of methodology, draft, and final report);
4. Quantity of work (completing the tasks indicated in the table above within the set timeframe)

In addition, such indicators as work relations, responsibility, drive for results, and communication will be taken into account during the evaluation of the Consultant’s work.

**QUALIFICATION REQUIREMENTS:**

* ***Education:*** Advanced university degree in the fields of Public Health and/or Health/Social Policy and has master’s on Epidemiology with specialization on Infection control and/or Healthcare Waste Management or PhD Degree in health policy/health management or related areas.
* ***Expertise in development of adapting global standards and guidelines*** to developing countries context national strategies, health policy documents, national policies and guidelines, especially related to Infection Prevention and Control and the Healthcare Waste Management.
* ***Work Experience***: Minimum 10 years of practical experience: in the field of planning and implementation of the health sector assessments; strategic planning and capacity building (mandatory); Recent experience (within the past 5 years) in the development projects with Infection control and a medical waste management aspects in countries with transition economies and experience of working with top-management of national ministries and local authorities would be an advantage;
* ***Relevant technical expertise*** and consultancy experiences with international/UN organization in the field of epidemiological safety (including assessment in accordance with WHO guidelines) and health system strengthening. Extensive experience in CIS countries is an asset.
* ***Competencies:*** Strong analytical and conceptual thinking. Excellent writing skills. Excellent communication and presentation skills with stakeholders and the ability to work under pressure and commitment to work to a tight timeframe.
* ***Language:*** Fluency in English (written and spoken), knowledge of Russian and/or Tajik is an asset.

**REQUIREMENTS:**

***Qualified candidates are requested to submit:***

1. Cover letter/application/CV.
2. A technical proposal with the proposed methodology/approach to managing the project and work plan, showing understanding of tasks.
3. Financial quote for the consultancy in USD per deliverable, stating also the timeframe for completion of deliverable and/or daily rate in USD.
4. Examples of previous, relevant work related to the deliverables.
5. At least two references

During the selection, the ratio between the technical evaluation and commercial offer is 80 to 20.

Queries can be sent to [tad-procurement@unicef.org](mailto:tad-procurement@unicef.org) with the subject line “: International consultancy to support MOHSP in conducting a baseline assessment of Infection Prevention and Control (IPC) program in Tajikistan”. Applications must be received in the system by **27 April 2021** on our website: <http://www.unicef.org/about/employ/index.php>

Travel costs and DSA will be covered in accordance with UN rules and regulations. No other remunerations apply. UNICEF considers the best value for money as one of the criteria for evaluating potential candidates.  As a general principle, the fees payable to a consultant or individual contractor follow the “best value for money” principle, i.e., achieving the desired outcome at the lowest possible cost.

Please note that consultants and individual contractors are responsible for assuming costs for obtaining visas and travel insurance.

**EVALUATION PROCESS AND METHODS:**

Individual consultants will be evaluated based on a cumulative analysis methodology. 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 weighted set of technical and financial criteria.

\* Technical Criteria weight – 80%;

\* Financial Criteria weight – 20%;

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| ***Criteria*** | ***Weight*** | ***Max. Point*** |
| ***TECHNICAL QUALIFICATION (max. 80 points)*** | ***80%*** | ***80*** |
| ***Overall Response (20 points)*** |  | |
| Understanding of tasks, objectives and completeness and coherence of response |  | *10* |
| Overall match between the TOR requirements and proposal |  | *10* |
| ***Proposed Methodology and Approach (20 points)*** |  | |
| Quality of proposed approach/methodology |  | *10* |
| Quality of proposed work plan |  | *10* |
| ***Technical Capacity (40 points)*** |  | |
| Advanced university degree in the fields of Public Health, and/or has master’s on Epidemiology with specialization on Infection control and/or Healthcare Waste Management or PhD Degree in health policy/health management, or any related fields. |  | *8* |
| Minimum 10 years of practical experience: in the field of planning and implementation of the health sector assessments; strategic planning and capacity building; Recent experience (within the past 5 years) in the development projects with Infection control and a medical waste management aspects in countries with transition economies and experience of working with top-management of national ministries |  | *9* |
| Strong knowledge of maternal and child health, health system strengthening, health policy design, and reform. Familiarity with a rights-based approach, gender and disability mainstreaming and institutional strengthening concepts |  | *8* |
| Strong analytical and conceptual thinking. Excellent writing skills. Excellent communication and presentation skills with stakeholders and the ability to work under pressure and commitment to work to a tight timeframe |  | *8* |
| Fluency in English (written and spoken), knowledge of Russian and / or Tajik is an asset |  | *7* |
| ***FINANCIAL PROPOSAL (max. 30 points)*** (daily rate, lump sum, per deliverable, Economy Air Ticket) | ***20%*** | ***20*** |
| **TOTAL SCORE *(max. 100 points)*** |  |  |

Only candidates who obtain a minimum of 64 points in the Technical Criteria evaluation will be considered for the Financial Evaluation.

**Financial Proposal**

Please provide an all-inclusive price for delivering professional services in accordance with the assignment described under this TOR.

The formula for the rating of the Financial Proposals will be as follows:

FP Rating = (Lowest Priced Offer / Price of the Offer Being Reviewed) x 100

GENERAL CONDITIONS OF CONTRACTS FOR THE SERVICES OF CONSULTANTS / INDIVIDUAL CONTRACTORS

1. Legal Status

The individual engaged by UNICEF under this contract as a consultant or individual contractors (the “Contractor”) is engaged in a personal capacity and not as representatives of a Government or of any other entity external to the United Nations. The Contractor is neither a "staff member" under the Staff Regulations of the United Nations and UNICEF policies and procedures nor an "official" for the purpose of the Convention on the Privileges and Immunities of the United Nations, 1946. The Contractor may, however, be afforded the status of "Experts on Mission" in the sense of Section 22 of Article VI of the Convention and the Contractor is required by UNICEF to travel in order to fulfil the requirements of this contract, the Contractor may be issued a United Nations Certificate in accordance with Section 26 of Article VII of the Convention.

1. Obligations

The Contractor shall complete the assignment set out in the Terms of Reference for this contract with due diligence, efficiency and economy, in accordance with generally accepted professional techniques and practices.

The Contractor must respect the impartiality and independence of UNICEF and the United Nations and in connection with this contract must neither seek nor accept instructions from anyone other than UNICEF. During the term of this contract the Contractor must refrain from any conduct that would adversely reflect on UNICEF or the United Nations and must not engage in any activity that is incompatible with the administrative instructions and policies and procedures of UNICEF. The Contractor must exercise the utmost discretion in all matters relating to this contract.

In particular, but without limiting the foregoing, the Contractor (a) will conduct him- or herself in a manner consistent with the Standards of Conduct in the International Civil Service; and (b) will comply with the administrative instructions and policies and procedures of UNICE relating to fraud and corruption; information disclosure; use of electronic communication assets; harassment, sexual harassment and abuse of authority; and the requirements set forth in the Secretary General's Bulletin on Special Measures for Protection from Sexual Exploitation and Sexual Abuse.

Unless otherwise authorized by the appropriate official in the office concerned, the Contractor must not communicate at any time to the media or to any institution, person, Government or other entity external to UNICEF any information that has not been made public and which has become known to the Contractor by reason of his or her association with UNICEF or the United Nations. The Contractor may not use such information without the written authorization of UNICEF and shall under no circumstances use such information for his or her private advantage or that of others. These obligations do not lapse upon termination of this contract.

1. Paid Time Off and UN official holidays

Individual contractors who work full-time and who are remunerated at a fixed daily or monthly rate[[4]](#footnote-4) with a minimum contract duration of one calendar month (“eligible contractors”) are entitled to:

· Paid Time Off (PTO) at the rate of one-and one-half days (1.5 days) per month of service, to be prorated to the closest half day for partial months served at the beginning and end of the contract period; and

· UN official holidays.

Eligible contractors will be remunerated at the established rate for any day of PTO used and for any UN official holiday that falls within the established duration of the contract.

PTO may be used in increments of half or full days. PTO will be accrued and can be used, subject to prior approval by the contractor’s direct supervisor, at any time during the duration of the contract. Unused PTO will not be paid out or reimbursed at the end of the contract period and cannot be transferred to a new contract.

1. Title rights

All materials created by the Contractor which bears a direct relation to, or is made in order to perform, this contract and any intellectual property rights thereof, including but not limited to patents, copyright and trademarks, shall be jointly owned by UNICEF and the Contractor. At the request of UNICEF, the Contractor shall assist in securing such property rights and transferring them to UNICEF in compliance with the requirements of the law governing such rights. Any third party usage shall require written permission from both parties.

1. Travel

If UNICEF determines that the Contractor needs to travel in order to perform this contract, that travel shall be specified in the contract and the Contractor’s travel costs shall be set out in the contract, on the following basis:

1. UNICEF will pay for travel in economy class via the most direct and economical route; provided however that in exceptional circumstances, such as for medical reasons, travel in business class may be approved by UNICEF on a case-by-case basis.

1. UNICEF will reimburse the Contractor for out-of-pocket expenses associated with such travel by paying an amount equivalent to the daily subsistence allowance that would be paid to staff members undertaking similar travel for official purposes.
2. Statement of good health

Before commencing work, the Contractor must deliver to UNICEF a certified self-statement of good health and to take full responsibility for the accuracy of that statement. In addition, the Contractor must include in this statement of good health (a) confirmation that he or she has been informed regarding inoculations required for him or her to receive, at his or her own cost and from his or her own medical practitioner or other party, for travel to the country or countries to which travel is authorized; and (b) a statement he or she is covered by medical/health insurance and that, if required to travel beyond commuting distance from his or her usual place or residence to UNICEF (other than to duty station(s) with hardship ratings “H” and “A”, a list of which has been provided to the Contractor) the Contractor’s medical/health insurance covers medical evacuations. The Contractor will be responsible for assuming all costs that may be occurred in relation to the statement of good health.

1. Insurance

The Contractor is fully responsible for arranging, at his or her own expense, such life, health and other forms of insurance covering the term of this contract as he or she considers appropriate taking into account, among other things, the requirements of paragraph 5 above. The Contractor is not eligible to participate in the life or health insurance schemes available to UNICEF and United Nations staff members. The responsibility of UNICEF and the United Nations is limited solely to the payment of compensation under the conditions described in paragraph 7 below.

1. Service incurred death, injury or illness

If the Contractor is travelling with UNICEF’s prior approval and at UNICEF's expense in order to perform his or her obligations under this contract, or is performing his or her obligations under this contract in a UNICEF or United Nations office with UNICEF’s approval, the Contractor (or his or her dependents as appropriate), shall be entitled to compensation from UNICEF in the event of death, injury or illness attributable to the fact that the Contractor was travelling with UNICEF’s prior approval and at UNICEF's expense in order to perform his or her obligations under this contractor, or was performing his or her obligations under this contract in a UNICEF or United Nations office with UNICEF’s approval. Such compensation will be paid through a third party insurance provider retained by UNICEF and shall be capped at the amounts set out in the Administrative Instruction on Individual Consultants and Contractors. Under no circumstances will UNICEF be liable for any other or greater payments to the Contractor (or his or her dependents as appropriate).

1. Arbitration

1. Any dispute arising out of or, in connection with, this contract shall be resolved through amicable negotiation between the parties.

1. If the parties are not able to reach agreement after attempting amicable negotiation for a period of thirty (30) days after one party has notified the other of such a dispute, either party may submit the matter to arbitration in accordance with the UNCITRAL procedures within fifteen (15) days thereafter. If neither party submits the matter for arbitration within the specified time the dispute will be deemed resolved to the full satisfaction of both parties. Such arbitration shall take place in New York before a single arbitrator agreed to by both parties; provided however that should the parties be unable to agree on a single arbitrator within thirty days of the request for arbitration, the arbitrator shall be designated by the United Nations Legal Counsel. The decision rendered in the arbitration shall constitute final adjudication of the dispute.

1. Penalties for Underperformance

Payment of fees to the Contractor under this contract, including each installment or periodic payment (if any), is subject to the Contractor’s full and complete performance of his or her obligations under this contract with regard to such payment to UNICEF’s satisfaction, and UNICEF’s certification to that effect.

1. Termination of Contract

This contract may be terminated by either party before its specified termination date by giving notice in writing to the other party. The period of notice shall be five (5) business days (in the UNICEF office engaging the Contractor) in the case of contracts for a total period of less than two (2) months and ten (10) business days (in the UNICEF office engaging the Contractor) in the case of contracts for a longer period; provided however that in the event of termination on the grounds of impropriety or other misconduct by the Contractor (including but not limited to breach by the Contractor of relevant UNICEF policies, procedures, and administrative instructions), UNICEF shall be entitled to terminate the contract without notice. If this contract is terminated in accordance with this paragraph 10, the Contractor shall be paid on a pro rata basis determined by UNICEF for the actual amount of work performed to UNICEF’s satisfaction at the time of termination. UNICEF will also pay any outstanding reimbursement claims related to travel by the Contractor. Any additional costs incurred by UNICEF resulting from the termination of the contract by either party may be withheld from any amount otherwise due to the Contractor under this paragraph 10.

1. Taxation

UNICEF and the United Nations accept no liability for any taxes, duty or other contribution payable by the consultant and individual contractor on payments made under this contract. Neither UNICEF nor the United Nations will issue a statement of earnings to the consultant and individual contractor.

1. Republic of Tajikistan. 2017. National Development Strategy 2030. Dushanbe; [↑](#footnote-ref-1)
2. The World Bank (2011). Quality of Child Health Services in Tajikistan. The World Bank, Report No. 62870-TJ [↑](#footnote-ref-2)
3. Khodjamurodov G, Sodiqova D, Akkazieva B., & B. Rechel, (2016) Tajikistan: Heath system review. Health Systems in Transition, 18 (1) pp.1-114 [↑](#footnote-ref-3)
4. Contractors on deliverable-based Consultancy Contracts (i.e. those hired for a specific project without establishing a minimum number of daily working hours) are not entitled to Paid Time Off or to paid UN official holidays. [↑](#footnote-ref-4)