

**TERMS OF REFERENCE**

**Title:** **National consultancy to provide technical assistance to MOHSPP in Social Mobilization Strategic Planning and Implementation for the ADB Maternal and Child Health Integrated Project in Tajikistan.**

**LOCATION/DURATION:**

*Estimated duration: 80 working days over 6,5 months period from 15th* September 2020 – 30th March 2021.

*Approximately 60 days working from office.*

*Approximately 20 days working in the field.*

*Location: Dushanbe, Tajikistan with travel to the field.*

*Field Missions/Travel:* The consultant will work under the technical guidance of the ECD/C4D Officer, in close collaboration with Early Years team members 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.

*Start Date: 15 September, 2020*

*Reporting to: ECD/C4D Officer, 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 number of 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.

There is limited knowledge on maternal and child health. In Tajikistan, the knowledge and awareness on the need for timely and good quality MCH health care is low particularly among rural areas. While in urban areas, more pregnant women have delivered in hospitals than before, pregnant women in remote rural areas deliver at home due to limited access and cultural issues. This disadvantaged population also miss important information on pregnancy and childcare practices. The government does not have a coherent strategy on behaviour change for rural families which is culturally sensitive. The rural health workers also lack the appropriate skills to communicate to these communities.

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 selected districts (Shamsuddin Shohin, Rasht, and Fayzobod) focusing on the integrated MCH care delivery at both primary and secondary health care levels. The MCHIC project targets the following three outputs: (i) Integrated quality MCH services delivery improved in project districts; (ii) MCH services rationalized, upgraded, equipped and case-based payment system piloted in project targeted districts; and (iii) Knowledge on maternal and child health and health-seeking behaviour improved through various communication activities implemented.

UNICEF through a recently signed agreement is providing technical support to the Ministry of Health and Social Protection for the actualization of outputs 1 and 3 of the project. One of the main components of the project is to improve knowledge on maternal and child health and health seeking behaviors, strengthening capacity and knowledge of communities on MCH issues and ensure stronger linkage with health facilities through mobilization of village community members and local governments through community mobilization to address social norms supporting collective MCH objectives and challenging harmful practices.

Community-based activities under the project will to be guided by the SBCC strategy, targeting both health providers and population with the aim to improve health and nutrition related knowledge, attitudes and practices to enforce appropriate health seeking behavior. The strategy will focus on the constraints of limited health and nutrition related knowledge and health seeking behaviors, sub-standard communication practices and capacity of health service providers and adverse socio-cultural beliefs and adverse traditions. The communication strategy and activities will focus on pregnant and young mothers, mothers-in-law, male family members, with special attention on heads of family and members of the Mahalla, including religious leaders as influencing persons and communities.

Within this context, UNICEF Tajikistan Country Office seeks to hire national consultant to provide technical assistance in the development of Social and Community Mobilization strategies for the target districts of ADB Maternal and Child Health Integrated Project in Tajikistan.

**OBJECTIVE:**

Communication for development is an essential element of mother and child health support programmes. The purpose of this assignment is development of social and behavior change strategies and implementation plans that are specific for (Shamsuddin Shohin, Rasht, and Fayzobod) project target districts to strengthen capacity and knowledge of communities on MCH issues and ensure stronger linkage with health facilities through mobilization of village community members and local governments.

**DESCRIPTION OF THE ASSIGNMENT:**

The consultant will work in close cooperation with Ministry of Health and Social Protection of Population (MOHSPP), Republican Centre for Healthy Lifestyle (RCHLS), Republican Education and Clinical Centre for Family Medicine (RECCFM) and Republican Centre for Reproductive Health to:

1. Conduct mapping of community structures and existing mechanisms for community and social mobilization to strategize, plan, implement and monitor social and behaviour change strategy.
2. Conduct mapping of existing Job-Aids in supporting families and MCH communication in targeted districts.
3. Develop district specific SBCC strategy and its implementation plan and monitoring framework based on the findings of the baseline Knowledge, Attitude and Practice Survey and community mapping report and has the buy in of all stakeholders.
4. Develop training package for the training of community members on root cause analysis and planning.

**KEY DELIVERABLES:**

The assignment will be carried out in 80 working days spread over a period ranging from 15th September 2020 – 30th March 2021.

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| № | **Tasks** | **Deliverables** | **Number of workdays** | **Deliverable due date** | **Payment Schedule** |
| 1 | Develop inception report/workplan that includes key milestones, deliverables, timeframe.  | Inception report detailing the key activities/process and timeline for action | **5** | September 20th 2020 | 30% upon submission of deliverables |
| 2 | Mapping of community structures and existing mechanisms for community and social mobilization and mapping of existing Job-Aids at PHC level in Sh. Shohin, Rasht, and Fayzobod. | 1. Community Mapping report that summarises the subject/topical issues of the job aid, target audience, producer, mode of dissemination etc. with recommendations for strategy development.
2. Job-Aids mapping report. (Samples of existing job-aids)
 | **18****(14 days of field work)** | October 20th, 2020 |
| 3 | Development of creative brief to guide development of Job- Aids for different target audiences. | 1. Creative Brief for Job-Aids for different target audiences.
 | **8** | October 30rd, 2020 | 30% upon submission of deliverables |
| 4 | Develop district specific SBCC strategy and its implementation plan and monitoring framework based on the findings and recommendations of a baseline Knowledge, Attitude and Practice Survey and community mapping.  | 1. SBCC strategy and its implementation plan with timeline.
2. Presentations and documents for SBCC strategy and plan consensus workshop prepared and shared with relevant partners.
3. Consensus building workshop facilitated and notes on consensus meeting agreement to inform finalisation of SBCC strategy plan.
 | **22** | November 27th, 2020 |
| 5 | Develop creative briefs to produce culturally relevant behaviour change communication materials of SBCC strategy |  Developed creative briefs for the communication materials | **7** | December 2st, 2020 |
| 6 | Develop training materials for the training of community members on root cause analysis and planning. | Training package on root cause analysis and planning (training curricular and training support materials) | **6** | December 20th, 2020 | 40% upon submission of deliverable |
| 7 | Conduct trainings of community members in the application of root cause analysis methodology and planning.  | 1. Conducted trainings S. Shohin, Rasht, and Fayzobod.
2. Training report.
 | **6****(6 days of field work)** | February 28th, 2021 |
| 8 | Develop small grants manual for approval by MoHSPP. | Small grants implementation manual  | **5** | February 28th, 2021 |
| 9 | Produce a final report, summarizing the process and outcomes of the assignment as well as a set of recommendations and follow-up actions. | Final report of the assignment. | **3** | March 30th, 2021 |
|  | **Total** |  | **80 Days** |  | **100%** |

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

The evaluation of the application 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 Social Science and other in related areas.
* ***Work Experience***: Experience in developing operational manuals for administration of small grants programs the field of strategic institutional assessment; strategic planning and capacity building (mandatory); Proven 5 years of practical experience in design and implementation of small grants programs ideally in the development context.
* ***Relevant technical expertise*** and consultancy experiences with international/UN organization in the field of maternal, neonatal and child health services, continuous quality improvement (including quality care assessment as per WHO guidelines), and health system strengthening. Familiarity with Tajikistan context.
* ***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.

**SELECTION PROCESS:**

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

1. Cover letter/application/CV.
2. A technical proposal with the proposed methodology/approach to managing the project, showing understanding of tasks.
3. Financial quote for the consultancy in TJS per deliverable, stating also the timeframe for completion of deliverable and/or daily rate in TJS.
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 with the subject National consultancy to provide technical assistance to MOHSPP in Social Mobilization Strategic Planning and Implementation for the ADB Maternal and Child Health Integrated Project in Tajikistan”. Applications must be received in the system by **24 September 2020** 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.

Consultant will take and organize meetings in the district prevention measures, possible risks need to be considered due to COVID -19.

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 (30 points)*** |  |
| Understanding of tasks, objectives and completeness and coherence of response |  | *15* |
| Overall match between the TOR requirements and proposal |  | *15* |
| ***Proposed Methodology and Approach (20 points)*** |  |
| Quality of proposed approach/methodology |  | *10* |
| Quality of proposed work plan |  | *10* |
| ***Technical Capacity (30 points)*** |  |
| Advanced university degree in Social Science and other in related areas . |  | *5* |
| Experience in developing operational manuals for administration of small grants programs the field of strategic institutional assessment; strategic planning and capacity building (mandatory); Proven 5 years of practical experience in design and implementation of small grants programs ideally in the development context |  | *5* |
| .*Relevant technical expertise* and consultancy experiences with international/UN organization in the field of maternal, neonatal and child health services, continuous quality improvement (including quality care assessment as per WHO guidelines), and health system strengthening. Familiarity with Tajikistan context |  | *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 |  | *7* |
| Fluency in English (written and spoken), knowledge of Russian and / or Tajik is an asset  |  | *5* |
| ***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 20

**Prepared by:** Signature and Date:

Kouysinoy Maksoudova

ECD Officer

**Reviewed by:**  Signature and Date:

Chief of Health and Nutrition

Bridget Job-Johnson

**Endorsed by:** Signature and Date:

Deputy Representative

Zainab Al- Azzawi

**Approved by:** Signature and Date:

Representative

Osama Makkawi

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.

 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)