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

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| **Title of consultancy:**  Individual national consultancy on technical assistance to the Ministry of Health and Medical Industry of Turkmenistan (MoHMI) in introduction of IMCI program at scale. | **Funding Code**  WBS 4360/A0/06/882/001/003  SC 189901 | **Type of engagement**  Consultant  Individual Contractor Part-Time  Individual Contractor Full-Time | **Duty Station:**  Turkmenistan  **Location:** in the country |

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| **Consultant sourcing:**  National  International  Both  **Consultant selection method:**  Competitive Selection (Roster)  Competitive Selection (Advertisement/Desk Review/Interview) | | | **Request for:**  New SSA – Individual Contract  Extension/ Amendment | |
| **If Extension, Justification for extension: NO** | | | | |
| **Supervisor: Health and Nutrition Specialist** | **Start Date:**  **May 15, 2022** | **End Date:**  **December 30, 2022** | | **Number of Months**  **7,5 months** |
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| Purpose of Activity/Assignment:  In the last 5 years, the Government of Turkmenistan has successfully developed and implemented a number of national strategies and programmes on reproductive, maternal, child and adolescent health, child nutrition, and early childhood development.  Turkmenistan made considerable efforts in improving infrastructure at the central level while strengthening PHC remains an urging priority. Home visiting (HV) is an integral part of the PHC system, providing universal access to health services. However, the quality of provided services both for outpatient and in-patient care is inadequate and standards of provision of health services are outdated.  Despite the efforts made, child mortality remains the highest in the ECA region with 42 per 1,000 live births and infant mortality being its major contributor with 36,3 per 1,000 live births. Neonatal mortality rate is at 23,6 per 1,000 live births (UN IGME, 2019). Country’s SDG targets to be achieved by 2030 are 12 and 25 per 1,000 live births for neonatal and under-five mortality accordingly. Data on quality of care immediately after birth shows that the majority of newborns receive basic care upon their birth. At the same time, survival indicators suggest that there are some challenges with the quality and extent of timely newborn care.  During the past decade management of children with diarrhea and suspected pneumonia had worsened. Integrated Management of Childhood Illness (IMCI) is a key intervention for a holistic approach to the reduction of childhood mortality and morbidity through interventions that target the most common deaths in children under 5 years. Evidence suggests IMCI was significantly associated with a 15% reduction in child mortality when activities were implemented in health facilities and communities[[1]](#footnote-1). It is crucial for the country to make strategic efforts to integrate the Integrated Management of Childhood Illness (IMCI) approach in primary health care nationwide and to ensure continuity of quality care for sick children both in inpatient and outpatient facilities through the development and introduction of a national IMCI policy and guidelines, improved teaching of IMCI in pre-service and post-diploma training curricula for doctors and nurses, and development of sustainable supervisory support, especially for primary healthcare providers.  Implementation of the IMCI approach was started in 2000 in selected districts of the country. However, its implementation was fragmented and not institutionalized. IMCI revitalization and implementation at the national level is a part of the Recently adopted Healthy Mother-Healthy Child-Healthy Future National RMNCH Strategy. With the Ministry’s request UNICEF and WHO support the revitalization of the IMCI approach to enable its scaling up at the national level. In 2020, with UNICEF support country has adopted IMCI guidelines for the management of childhood illnesses at the hospital (2013). In 2021, with the technical assistance of UNICEF, the Ministry of Health has developed a 5-year Road Map for the introduction of the IMCI programme at scale. The Road Map proposes 5 phase approach. The action plan proposes (a) improving case management skills of health staff (b) Improving the health system and (c) Improving family and community practices based on recent WHO/UNICEF global review findings. Currently, the Road Map is under the consideration of the Ministry for its endorsement. Within this technical assistance, the IMCI training package has been developed, with 52 trainers prepared. Currently, the package is available in Russian language. Its adaptation in Turkmen language is planned for this year.  Understanding an urgent need and the demand for the introduction of the IMCI approach and its implementation at scale the Ministry of Health requested to continue UNICEF support in the introduction of IMCI program at scale by strengthening the regulatory base and developing standards for the provision of pediatric services.  In March 2022 UNICEF CO initiated support to the 1st phase of the introduction of the IMCI programme at scale by developing the regulatory base and treatment protocols of most common childhood illnesses to enable its universal introduction and ensure the provision of quality MNH services at the PHC level. To support this work the Ministry of Health has formed a national working group responsible for introduction of the IMCI programme at scale. |
| **Scope of Work:**  **Purpose of Assignment:**  The overall purpose of the assignment is to provide liaison support to the Ministry of Health, its IMCI working group, and UNICEF International Consultant in the IMCI strategy implementation activities.  **Scope of Work/ Work Assignments:**  In cooperation with the MOH IMCI Task Force, the consultant will:   1. Work closely with the International Consultant and act as a liaison between the Ministry of Health IMCI working group and the International consultant. 2. Based on the results of the comprehensive review of current IMCI practices conducted in 2021 (facility-based and community-based IMCI) and analysis of the current legislative base assist the international expert and the working group in the development of a draft regulatory document to enable initiation of IMCI introduction. 3. Support in collection and analysis of data flow at PHC level and share it with UNICEF international consultant. 4. Support the development of the IMCI database and initiation of the monitoring and evaluation mechanism with the IMCI programme. 5. Support in the development of at least 10 Unified clinical guidelines and protocols to standardize management of childhood illnesses based on the IMCI approach at PHC facilities. 6. Support in Initiating opportunities in strengthening community components of IMCI in order to reach every child. 7. Assist in preparing a final report with proposed regulatory documents, clinical protocols, and suggested data flow. |

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| **Work Assignment Overview** 8,5-month part-time assignment with 20 hours a week. The consultant is expected to work in Ashgabat and travel to IMCI pilot areas in velayats upon request. Travel to velayats is subject to the absence of COVID-19 driven restrictions. | | | |
| **Tasks/Milestone:** | **Deliverables/Outputs:** | **Timeline:** | **Estimate**  **Budget:** |
| 1. Work closely with the International Consultant act as a liaison between the Ministry of Health and the International consultant. 2. Based on the results of the comprehensive review of current IMCI practices conducted in 2021 (facility-based and community-based IMCI) and analysis of the current legislative base assist the international expert in the development of a draft regulatory document to enable initiation of IMCI introduction. 3. Support in collection and analysis of data flow at PHC level. 4. Support the development of the IMCI database and initiation of the monitoring and evaluation mechanism with the IMCI programme. | 1,2&3. Inception report with review and analysis findings and recommendations (submitted online).  This work will include revision of the MOH order on IMCI Road Map Introduction and the MOH Form No 112 “Child’s Health Chart”, and routine Patient’s chart. | By June 15 20, 2022  12 working days |  |
| 1. Support in the development of at least 10 Unified clinical guidelines and protocols to standardize management of a childhood illness based on the IMCI approach at PHC facilities. | At least 10 protocols were developed/revised and submitted to the UNICEF office (electronic submission) | By September 1st, 2022   1. working days |  |
| 1. Support in Initiating opportunities to strengthen community components of IMCI in order to reach every child. | IMCI-based health education package is developed (electronic submission). | By September 1st, 2022  5 working days |  |
| 1. Prepare a final report capturing deliverables met. | Final report submitted online. | By September 30, 2022  2 working days |  |
| 1. Reporting requirements   All documents are to be submitted during the assignment in Turkmen/Russian in e-copies.   1. Performance Indicators   Evaluation of performance will be based on the following indicators:   * Quality of work (timely submission of the relevant documents to UNICEF); * Quantity of work (completing the assignments as indicated in parts 2 and 3); * In addition, such indicators as work relations, responsibility, and communication will be taken into account during the evaluation of the consultant’s work;  1. Work conditions and Payment Schedule linked to deliverables   The payment will be done on a monthly basis upon satisfactory performance.  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.  Fees will be rendered upon written approval by the UNICEF Supervisor, and contingent upon the quality of deliverables. Work arrangements Day-to-day supervision will be provided by the Health Officer of UNICEF Turkmenistan Country Office. Additional guidance will be provided by UNICEF Health and Nutrition Specialist. The consultant will provide an update on progress, challenges encountered, and support requirements.  UNICEF will regularly communicate with the consultant and provide formats for reports, feedback, and guidance on performance and all other necessary support so as to achieve the objectives of the exercise, as well as remain aware of any upcoming issues related to the expert’s performance and quality of work. The expert group will be formed by the MOHMI.   1. Administrative Issues   Travel arrangement: The consultant will make his/her own arrangements for the travel. Travel costs for velayat trips in this consultancy should be included as a lump sum into the financial proposal. Travel costs will be calculated based on economy class travel, regardless of the length of travel; costs for accommodation, meals, and incidentals shall not exceed applicable daily subsistence allowance (DSA) rates, as promulgated by the International Civil Service Commission (ICSC).  Entry/exit requirements and registration: N/A  Support provided by UNICEF: Resources and facilities for online consultation with partners to be provided by UNICEF, including introduction and informational facilitation of online meetings with key counterparts in the office space and access to office resources, translation, and other costs, if applicable, etc.   1. UNICEF General Terms and Conditions   UNICEF’s general terms and conditions will apply to the contract awarded to the vendor. Please note that, in the evaluation of the technical merits of each proposal, UNICEF will take into consideration any proposed amendments to the UNICEF General Terms and Conditions. Proposed amendments to the UNICEF general terms and conditions may negatively affect the evaluation of the technical merits of the proposal.  UNICEF directive on Ethical Standards will be shared with the contractor and should be strictly followed.  UNICEF retains the right to patent and intellectual rights, as well as copyright and other similar intellectual property rights for any discoveries, inventions, products, or works arising specifically from the implementation of the project in cooperation with UNICEF. The right to reproduce or use materials shall be transferred with the written approval of UNICEF based on the consideration of each separate case. Consultants should always refer to UNICEF Turkmenistan’s support in developing the materials when publishing the results of the research conducted while in Turkmenistan in academic journals, books, and websites.  In the event of unsatisfactory performance, UNICEF reserves the right to terminate the Agreement. In case of partially satisfactory performance, such as serious delays causing the negative impact on meeting the programme objectives, low quality or insufficient depth and/or scope of the assignment completion, UNICEF is entitled to decrease the payment by the range from 30% to 50% of the contract value as decided jointly by the Contract Supervisor and Operations Manager.  **Submission of applications**   * The submissions should contain two separate proposals: Technical Proposal and Financial Proposal. Interested individuals are kindly requested to apply and upload the required documents accordingly.   **Assessment Criteria**  A two-stage procedure shall be utilized in evaluating proposals, with an evaluation of the technical proposal being completed prior to any price proposal being compared. Applications shall therefore contain the following required documentation: Technical Proposal Each proposal will be assessed first on its technical merits and subsequently on its price. In making the final decision, UNICEF considers both technical and financial aspects to ensure the best value for money. The Evaluation Team first reviews the technical aspects of the offer, followed by a review of the financial offers of the technically compliant vendors. The proposal obtaining the highest overall score after adding the scores for the technical and financial proposals together, that offers the best value for money will be recommended for award of the contract.  The technical proposal should include:  • A cover letter describing suitability vis-à-vis the requirements of this ToR;  • A summary of experience in similar assignments;  • Links to/attachments of examples of similar work;  • Proposed Workplan against deliverables  • CV  • References  The technical proposal should address all aspects of the above terms of reference. It will be evaluated against the pre-established technical evaluation criteria. No financial information should be contained in the technical proposal.  Please make sure to provide sufficient information/substantiating documentation to address all technical evaluation criteria. The assessed technical score must be equal to or exceed 70 of the total 100 points allocated to the technical evaluation in order to be considered technically compliant and for consideration in the financial evaluation.   |  |  |  | | --- | --- | --- | | **Technical Criteria** | **Criteria**  **Technical Sub-Criteria** | **Maximum Points**  **70** | | Overall Response. | Completeness of proposal  Understanding of objectives and how they propose to perform the tasks in order to meet the objectives and requirements of the ToR | 15 | | Range and depth of individual experience with similar projects | Previous experience of work in ECARO region  Samples of previous work  Relevant experience and qualifications for the assignment | 20 | | Proposed Methodology and Approach | Description of methodology and timeline  Description of approach to ensure quality of services, absence of conflict of interest and respect of ethical standards | 35 |  Minimum passing criteria – 50 points.Financial Proposal The financial proposal shall indicate the total budget estimated in USD, as well as a detailed breakdown of budget items. Payments will be based on outputs, i.e. upon delivery of the services specified in the TOR.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Items** | **Unit** | **Unit cost** | **Quantity** | **Total** | |  |  |  |  |  | | National consultancy | Monthly fee |  | 7,5 months |  | | Travel costs (at least five 3-day trips) |  |  |  |  | | Total |  |  |  |  |  Evaluation criteria The ratio between the technical and the financial criteria established in the RFPS depends on the relative importance of one component to the other 70/30 (technical/financial). Sum of technical and financial must always equal 100 points. | | | |

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| **Minimum Qualifications required:**  Bachelors  Masters  PhD  Other  Enter Disciplines | **Knowledge/Expertise/Skills required:**   * Advanced University Degree in Medicine, preferably with specialization in pediatrics with previous training in Integrated Management of Childhood training would be an asset and/or Medical Doctor with experience in working in IMCI over the last 5 years. * Undertaken work in revision, updating, or development of policies, manuals, and/or guidelines previously; * Minimum of 5 years of relevant professional experience in the one of above areas area with IMCI focus, in particular; * Proven knowledge of United Nations human and child rights standards, UNICEF’s values and ethical standards; Cultural, gender, religion, race, nationality and age sensitivity and adaptability; * Excellent command of Russian or Turkmen is a requirement. |

**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.**

1. Cochrane review on IMCI (2016) quoted in WHO Report “Towards a Grand Convergence for Child Survival and Health”, November, 2016 [↑](#footnote-ref-1)