

INDIVIDUAL CONSULTANT PROCUREMENT NOTICE



Date: 13 May 2019

Country: Bangkok, Thailand

Description of the assignment: Consultant for the situation analysis for the tuberculosis services provided to returnees in four border provinces in Afghanistan

Duty Station: Kabul-based, Afghanistan for 25 days and Home-based for 15 days

Project name: UNDP HIV, Health & Development Group

Period of assignment/services (if applicable): 05 June 2019 – 30 August 2019 (The maximum number of mandays are 40 days).

Proposal should be submitted no later than **24 May 2019**

Please click on the link below to apply: https://jobs.undp.org/cj_view_job.cfm?cur_job_id=85106

1. BACKGROUND

Overview:

This consultancy is requested by the United Nations Development Programme Regional Bureau for Asia and the Pacific (Bangkok Regional Hub) which acts as the Principal Recipient for the TB/MDR-TB interventions among Afghan refugees, returnees and mobile populations in Afghanistan, Iran and Pakistan (The Programme), funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund).

The Islamic Republic of Afghanistan has one of the highest numbers of refugees, returnees and internally displaced peoples (IDPs) in the region. In 2017, over 610,000 Afghans returned from Iran and Pakistan. 821,425 Afghans returned in 2018. Simultaneously, throughout 2018, Afghanistan has been adversely affected by severe drought, most acutely affecting Northern and Western Afghanistan and impacting the lives of more than 3 million people across the nation. Ongoing conflict has also further contributed to the country's total IDP caseload, which is estimated at 3.5 million persons, as of December 2018. The compound influx of both returnee and IDP caseloads are exacerbating the already limited capacity of host communities and placing further strain on overstretched resources and basic services, especially health services.

The top 5 provinces of destination of undocumented returnees from Pakistan were Nangarhar, Kabul, Kandahar, Kunduz and Helmand with 52% of the total returning to Nangarhar and Kabul. Undocumented returnees from Islamic Republic of Iran went primarily to Badakhshan, Badghis, Baghlan, Balkh and Bamyan. For the registered refugee returnees: 68% returned to Kabul, Nangarhar, Kunduz, Logar, and Sar-e-Pul provinces. Kabul, Nangarhar and Kunduz remain the top provinces of return since 2002¹.

Services to refugee returnees: UNHCR in coordination with the Ministry of Refugees and Repatriation (MoRR) and partners in Afghanistan manages four Encashment Centres (ECs) where it provides a cash grant to each registered refugee returnee. Besides cash grants, services include basic health care and vaccinations (delivered by Ministry of Public Health supported by WHO and UNICEF).

Services to undocumented Afghans:

IOM continues to lead the humanitarian undocumented returnee response **at the four major border** crossings with the Islamic Republics of Iran and Pakistan through a network of IOM built and managed transit facilities. In reception centers at the borders, the Directorate for Refugees and Repatriation (DoRR) identify, screen and register all returning Afghans regardless of status. DoRR then refers vulnerable undocumented returnees to IOM, who then conduct assessments and provides immediate humanitarian post-arrival assistance in IOM Transit Centers. This includes meals, accommodation, seasonal clothes, psychosocial assistance, basic medical and tuberculosis screening, vaccinations, food and non-food items, referrals to specialised services, onward transportation for special cases including deceased persons and multi-purpose cash grants for transportation and NFIs. IOM provides Persons with Specific Needs (PSNs) with tailored protection-sensitive post arrival humanitarian assistance according to the specific needs.

Tuberculosis burden:

Amidst the displacement, mixed migration and overall population mobility within Afghanistan and in the region, increased risk and prevalence of tuberculosis (TB) is a serious public health concern. Afghanistan carries the second highest TB burden in the Eastern Mediterranean Region and TB remains one of the critical public health concerns and a focus of the national government. Pakistan has one of the highest burdens of TB in the world. It ranks fifth among 30 TB high-burden countries, and fourth among 30 high-burden multidrug-resistant TB (MDR-TB) countries. While Iran has the lowest burden of TB among these three countries, the prevalence of TB is high among undocumented Afghans living in Iran².

Access to health services:

Approximately 80% of the population in Afghanistan live in rural areas where it is often estimated that 30-35% cannot access a health facility within one hour by any means of transport. These populations live in extremely poor conditions that leave them more vulnerable to diseases like TB compared to the general population. TB treatment success rates are low in large cities and provinces with high population mobility and incomplete treatment outcome results for patients lost to follow-up.

¹ Source : Return to Afghanistan in 2017- IOM and UNHCR joint report

² Total TB notifications in Iran in 2016 were 10,286 and 1,216 (13%) were notifications of non-Iranian nationals, of which 1,179 (97%) Afghan nationals.

In 2017, there were an estimated 67,000 people with TB in Afghanistan, of which 70% were diagnosed and treated. Almost 20,000 (33%) were missed by the health system. In Afghanistan almost 56% of people affected with TB are women with a ratio of female: male = 1.3:1. This proportion is seen uniformly across the country with some provinces, such as Kabul, Urzgan, Kandahar, Nangarhar, and Panjshir, where the gender dissemination of TB cases was almost equal. Female cases represent 63% of total MDR-TB cases notified.

Limited access to TB prevention, diagnosis and treatment for Afghan refugees, returnees, IDPs and other migrant populations is a recognized public health concern. The living conditions and lack of access to health services and TB treatment in locations where displaced and migrant populations reside, especially in cramped informal settlements, can further compromise the health of these population groups and lead to potential exposure and transmission of TB to host communities and other mobile population

The current Tuberculosis programmes funded by the Global Fund in Afghanistan on “*scaling up innovative approaches to respond to TB challenges in Afghanistan (2018-2020)*” focus on key interventions to address the gaps in TB services. The programmes has special focus on key populations. TB services to IDPs are provided in five provinces: Kabul, Nangarhar, Herat, Kandahar, and Helmand.

1. Purpose of the consultancy

Complete a situation analysis for the tuberculosis services provided to returnees in four provinces. This assignment objectives are:

1. To assess the situation of the current tuberculosis services in the four provinces as detailed in Annex II.
2. To design context-based strategy and directions³ for the tuberculosis services for returnees in the border provinces and assess the feasibility and accordingly develop guidance, approaches and activities for ACF to be implemented by IOM Afghanistan and National Tuberculosis Programme at border crossings.
3. To map out the availability, functionality, accessibility and capacity of health facilities that serve the identified priority populations of concern within the respective border sites. In this way, this assessment will contribute towards strengthening the evidence-base and information sharing on the number, location and treatment facilities available to Afghan refugees, returnees, IDPs and cross-border communities, in order to effectively find and treat TB cases among these mobile populations.
4. To provide technical guidance on the design, implementation, monitoring and evaluation of active case finding (ACF) among returnees in Afghanistan, including:
 - i. selection of exact sites for ACF: ACF was originally planned to be conducted at the border provinces with Iran and Pakistan with the largest volume of border crossings namely: Nangarhar (Toor Kham), Kandahar (Spin Boldak), Herat (Islam Qalah) and Nimroz (Zarang Malik) as well as IOM reception/health facilities/transit centers;
 - ii. detailed activities to be conducted at field/health facility level and deployment of diagnostic technologies and organization of supply of necessary consumables, sample transportation.

³ Aligned and integrated into the national health services structure.

- iii. guidance note on how to undertake contact investigation, active symptom screening, finding lost-to-follow up patients, awareness rising of TB among returnees/IDPs, screening, etc.
- iv. revised/adapted/newly developed recording and reporting tools to capture and monitor ACF and to conduct routine supportive supervision.

2. OBJECTIVE, SCOPE OF WORK, RESPONSIBILITIES AND DESCRIPTION OF THE PROPOSED ANALYTICAL WORK

Scope of work:

The assignment will be implemented in coordination with WHO office and IOM office in Afghanistan, Moreover, this assignment requires working with the Afghanistan National Tuberculosis Programme, Provincial TB Coordinators, Basic Package of Health Service implementers, UNHCR, DoRR and immigration authorities at border provinces.

IOM's Displacement Tracking Matrix (DTM) collect information on the number and location of refugees, returnees, IDPs, migrants and cross-border communities. IOM's Displacement Tracking Matrix (DTM) will be employed to evaluate the availability, access and capacity of health facilities accessible by returnees. This information will inform the assessment sampling method and recommended services.

The consultant is responsible for all deliverables listed below. The consultant is responsible for developing the assessment tools. The tools should meet the following requirements: relevant; comprehensive; evidence-based and aligned to WHO requirements and national tuberculosis guidelines.

These tools will be endorsed by technical partners and the National TB programme. **Data collection will be implemented by IOM DTM teams.**

The assignment requires visiting the health facilities in the border provinces in addition to consultations with the returnees and service providers. It is required to go for an approach which is participatory and inclusive.

The assessment will cover the following areas: service delivery; pharmaceutical and medical supplies; equipment and infrastructure; logistics; Human Resources; financing governance/management; coordination and Information systems. It will also identify the priority areas/settlements for service provision based on: a) Access, time and distance to health facilities and b) Population density of target, at-risk populations.

3. REQUIREMENTS FOR EXPERIENCE AND QUALIFICATIONS

Education:

- A post-graduate degree on public health, medicine, or equivalent.

Experience:

- At least 10-year experience working with TB programmes in developing countries,
- Experience with projects undertaken with government and/or academic institutions of similar nature and magnitude in a country setting and/or internationally, and
- Preferably, experience in working for TB programme in refugee/migratory settings,

Skills/Technical skills and knowledge:

- Expertise in situation and gap analysis in the Health Sector.
- Sound knowledge of organization, processes and challenges in Tuberculosis disease management.

Language

- Fluent in English

Competencies

- Proven experience in conducting health systems assessment, Tuberculosis Programme Review, and/or program monitoring and evaluation;
- Preferable experience in assessment of coordination, referral and communication systems for TB/communicable diseases
- Excellent organizational, communication, interpersonal and writing skills.

4. DURATION OF ASSIGNMENT, DUTY STATION AND EXPECTED PLACES OF TRAVEL**Duration of the Assignment:**

The duration of the assignment is for 40 working days with an expected start date of 5 June until 30 August 2019.

Duty Station:

The duty station is Kabul, Afghanistan for a total of 25 working days and home-based for 15 working days. There is expected travel within Afghanistan.

- (i) In the event of authorized travel, payment of travel costs including tickets, lodging and terminal expenses should be agreed upon, between the respective business unit and the Individual Consultant, prior to travel and will be reimbursed by UNDP.

The fare will always be “most direct, most economical” and any difference in price with the preferred route will be paid for by the expert.

Travel costs shall be reimbursed at actual but not exceeding the quotation from UNDP approved travel agent.

5. FINAL PRODUCTS

Expected Outputs and Deliverables:

- a. Inception report detailing the assessment methodology, including criteria for the selection of sites to be assessed, and the study protocol and tools. (Expected up to 7 working days)
- b. A TB situation analysis and health facility mapping report which review the current services, gaps and opportunities to strengthen services in returnees' settings and ensure that diagnosis is offered, and that treatment is initiated as soon as possible. The report will specify the interventions and activities that need to be implemented which could be *additional human resource, training of health workers dealing with returnees and IDPs, procurement of laboratory equipment and consumables, digital X-ray equipment etc.* (Expected up to 20 total working days- 10 working days for data collection, 10 working days for report writing)
- c. Facilitate a national workshop to review and validate the assignment deliverables involving all the relevant stakeholders such as NTP staff, field health care workers, NGOs dealing with returnees and IDPs, international technical agencies and others. (Expected up to 5 working days)
- d. Develop a guidance document/SOPs and an operational plan on how to undertake contact investigation, active symptom screening, tracing lost-to-follow up patients, awareness rising of TB among returnees/IDPs, screening and Isoniazid prevention therapy (IPT) for people living with HIV (PLHIV) as well as how to organize supply of necessary equipment and consumables, sample transportation, incentives for engaged community workers. The guidance document/SOPs should include revised/adapted/newly developed recording and reporting tools to capture and monitor ACF and procedures to conduct routine supportive supervision. (Expected up to 8 working days)

6. PROVISION OF MONITORING AND PROGRESS CONTROLS

Institutional Arrangement:

The Consultant shall report to the Team Leader for the Asia and the Pacific Health team in UNDP Bangkok Regional Hub. The work will be facilitated by with the UNDP Health Implementation support team in close coordination with the WHO Regional Office for the Eastern Mediterranean (EMRO) and the Stop TB partnership

7. DOCUMENTS TO BE INCLUDED WHEN SUBMITTING THE PROPOSALS.

Documents to be included when submitting the proposals:

Interested individual consultants must submit the following documents/information to demonstrate their qualifications. Please group them into **one (1) single PDF document** as the application only allows to upload maximum one document:

- **Letter of Confirmation of Interest and Availability** using the template provided in Annex III. Note: National consultants must quote prices in Thai Baht.
- **Personal CV**, indicating all past experience from similar projects, as well as the contact details (email and telephone number) of the Candidate and at least three (3) professional references.
- **Financial Proposal** that indicates the all-inclusive fixed total contract price supported by a breakdown of costs, as per template provided. IF an Offeror is employed by an organization/company/institution, and he/she expects his/her employer to charge a management fee in the process of releasing him/her to UNDP under Reimbursable Loan Agreement (RLA), the Offeror must indicate at this point, and ensure that all such costs are duly incorporated in the financial proposal submitted to UNDP.

Incomplete proposals may not be considered. Shortlisted applicant will be requested to submit a technical and financial proposals. Applicants will be evaluated based on a cumulative analysis method that combines the results of technical and financial evaluation results.

8. FINANCIAL PROPOSAL

Price Proposal and Schedule of Payment :

The Consultant must send a financial proposal based on the lump sum amount.

The total amount quoted shall be all-inclusive and include all costs components required to perform the deliverables identified in the TOR, including professional fee, travel costs, living allowance (if any work is to be done outside the IC's duty station) and any other applicable cost to be incurred by the IC in completing the assignment. The contract price will be fixed out-put based price regardless of extension of the herein specified duration. Payments will be done upon completion of the deliverables/outputs and as per below percentages:

Deliverables/Outputs	Payment
First payment of 15% shall be made upon successful receipt of an inception report detailing the assessment methodology, including criteria for the selection of sites to be assessed, and the study protocol and tools. – 7 working days (home based)	Payment of 15%

Second payment of 35% shall be made upon the successful receipt of a TB situation analysis and health facility mapping report which review the current services, gaps and opportunities to strengthen services in returnees' settings and ensure that diagnosis is offered, and that treatment is initiated as soon as possible. 20 working days (Afghanistan)	Payment of 35%
Third payment of 15% shall be made upon the successful facilitation a national workshop to review and validate the assignment deliverables involving all the relevant stakeholders such as NTP staff, field health care workers, NGOs dealing with returnees and IDPs, international technical agencies and others. 5 working days (Afghanistan)	Payment of 15%
Fourth payment of 35% shall be made upon the successful receipt of a guidance document/SOPs and an operational plan on how to undertake contact investigation, active symptom screening, tracing lost-to-follow up patients, awareness rising of TB among returnees/IDPs, screening and Isoniazid prevention therapy (IPT) for people living with HIV (PLHIV) as well as how to organize supply of necessary equipment and consumables, sample transportation, incentives for engaged community workers. 8 working days (home based)	Payment of 35%

In general, UNDP shall not accept travel costs exceeding those of an economy class ticket. Should the IC wish to travel on a higher class he/she should do so using their own resources.

In the event of unforeseeable travel not anticipated in this TOR, payment of travel costs including tickets, lodging and terminal expenses should be agreed upon, between the respective business unit and the Individual Consultant, prior to travel and will be reimbursed.

Travel costs shall be reimbursed at actual but not exceeding the quotation from UNDP approved travel agent. The provided living allowance will not be exceeding UNDP DSA rates.

9. EVALUATION

Criteria for Selection of the Best Offer:

Applicants will be evaluated based on the following 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 set of weighted technical criteria (70%). and financial criteria (30%). Financial score shall be computed as a ratio of

the proposal being evaluated and the lowest priced proposal received by UNDP for the assignment.

Technical Criteria for Evaluation (Maximum 70 points)

- Criteria 1 Eg. Relevance of Education – Max 10 points
- Criteria 2 Eg. Relevance of work experience - Max 20 points
- Criteria 3 Eg. Relevance of knowledge of key technical areas – Max 40 points

Only candidates obtaining a minimum of 49 points (70% of the total technical points) would be considered for the Financial Evaluation.

ANNEXES

Annex I - TOR_ Situation Analysis for TB Services

Annex II- General Condition of Contract

Annex III - Offerors Letter to UNDP Confirming Interest and Availability and Financial Proposal

All documents can be downloaded at : http://procurement-notices.undp.org/view_notice.cfm?notice_id=55513