UNICEF PACIFIC
TERMS OF REFERENCE

Comprehensive assessment of PPTCT and syphilis management services; and development of an integrated operational plan for virtual elimination of paediatric HIV infections and congenital syphilis in Kiribati 2012-2016.

1. Background and Purpose

HIV infection transmitted from an HIV infected mother to her child during pregnancy, labour, delivery or breastfeeding is known as parent-to-child transmission (PTCT). Globally, an estimated 370,000 children were newly infected with HIV in 2009, including an estimated 22,000 children in the Asia Pacific region. Nearly all of these infections can be prevented by comprehensive prevention of parent to child transmission (PPTCT) services.

Syphilis, another sexually transmitted infection (STI), also remains a global problem with an estimated 2 million pregnant women infected each year, including an estimated 600,000 pregnant women in Asia Pacific. Without treatment, approximately 69% of pregnant women with syphilis experience adverse outcomes such as stillbirth, neonatal death, and newborn infection. STI prevalence rates remain relatively high in some of the Pacific countries. According to the Second Generation Sentinel Surveys conducted between 2005 and 2008, prevalence of syphilis among ANC attendees in some of PICs was ranging from 1.7% (in Tuvalu) to 10% (in Solomon Islands). In Kiribati, syphilis prevalence among ANC attendees was 2.9% in 2008.

Because similar strategies apply to the prevention of new paediatric HIV and congenital syphilis (CS) infections, over the last decade, the global commitment to eliminate new paediatric HIV infections and congenital syphilis has been evolving and culminated during the recent UN High Level Meeting on AIDS (June 2011), when world leaders have renewed their political commitment to eliminate new paediatric HIV infections and congenital syphilis by 2015. As follow up of the High Level Meeting, countries are requested to go beyond simply stating elimination as a goal, but to undertake concrete actions for the elimination of new paediatric HIV infections and congenital syphilis.

UNICEF is supporting two countries in the Pacific (Fiji and Kiribati) in the development of an integrated operational plan for the elimination new paediatric HIV infections and congenital syphilis. UNICEF in collaboration with MHMS Kiribati is building capacity of services providers through development of national policies, guidelines, training of services providers and provision of supplies. In addition, to that UNICEF is providing support to countries in integrating HIV testing and counseling services within ANC services. This assessment is a part of the current processes to strengthen PMTCT services in Kiribati.
2. Programme Area and Specific Project Involved/ Link with Annual work plan

Programme: UNICEF Pacific HIV/ AIDS programme

2012 AWP. Activity 2.2: Improving quality of PPTCT and Youth Friendly Health Services (YFHS); Task 2.2.1: Conduct PPTCT assessment and develop an operational plan to eliminate Paediatric AIDS and congenital syphilis

3. Work Assignment

The consultancy consists of three interlinked phases:

**Phase 1** - A strategic assessment of key barriers to elimination of new paediatric HIV infections and congenital syphilis should be conducted in collaboration with MHMS Kiribati. For this purpose a designated focal point will be identified within MHMS; roles and responsibilities of the focal point and consultant will be clearly identified and agreed. The assessment should identify the achievements and strengths, weaknesses, gaps, and challenges of current programmes to eliminate new HIV infections and congenital syphilis, as well as identify opportunities to enhance scaling up of services. An assessment tool developed by the UNICEF HIV and AIDS programme should be used. Prepare a concise report outlining the findings of an assessment of current PMTCT polices and practices in Kiribati, should include (but not limited to):

a) General context:
   - national AIDS strategy, advisory body and monitoring & evaluation mechanisms
   - national policies and structures for a continuum of HIV/AIDS prevention and care
   - mechanisms of delivery of ante-natal care
   - mechanisms for family planning
   - adolescent reproductive health services
   - sexually transmissible infection (STI) incidence, prevention and management
   - current prevalence of HIV infection in both children and adults, including estimates of perinatal transmission
   - current status of baby/infant friendly hospitals initiative

b) Review of existing PMTCT mechanisms, with a view to identifying service bottlenecks and developing minimum quality standards:
   - Primary prevention of HIV infection in women during antenatal care:
     - HIV testing and counselling
     - Diagnosis and treatment of STIs
     - HIV and STI testing capacity: laboratory support (test kits, procurement, supply, storage, human resources, equipment, specimen referral networks and turn-around times for confirmatory testing)
     - Promotion of male involvement and support: couples counseling within antenatal clinics; referral systems
     - Approaches to BCC/C4D about STIs, HIV/AIDS and perinatal transmission, including materials (quality, availability, accessibility and distribution)
   - Interventions to reduce transmission from HIV-infected pregnant and lactating women to their children:
     - Safe labour and delivery practices and protocols
     - Infection control (including universal precautions) in health care settings
Provision of anti-retroviral therapy (ART; including treatment and prophylaxis regimens) for women and their infants; clinical supervision, coordination and management

- Human resources issues and professional skills development for health workers: mechanisms for maintaining, updating, implementing, monitoring and evaluating policy guidelines and protocols
- Procurement and logistics needs: feasibility, efficacy and budget for standard PMTCT package; storage, location and distribution

- Continuity of care and support for women, children and families infected and affected by HIV/AIDS:
  - Referral to services: seamless follow-up counseling, psychosocial and material support, including availability of both professional and peer counselors
  - ART counseling: promotion of adherence to ART regimen
  - Maternal and infant nutrition support (including national policies and support regarding breast feeding or substitution)
  - Referral system for HIV/AIDS clinical care for mother and infant
  - Family planning

- Identification of barriers to accessing services including geographic limitations to service delivery in Kiribati (e.g. remote island communities, focus of care through hospitals in urban centres, transportation and costs, self-referral, etc.)

**Phase 2** – Based on the analysis of country level data, national STI, HIV and MNCH programme, along with other key stakeholders and partners including donors, UNICEF, UNFPA, WHO and NGOs, country specific goals, targets and timelines should be developed by organizing a goal formulation and consensus workshop.

**Phase 3** – Upon setting goals and targets, an operational plan to eliminate new paediatric HIV infections and congenital syphilis will be developed. The operational plan should be linked with broader STI, HIV, MNCH and other plans and goals, and clearly delineate roles and responsibilities of different stakeholders in order to ensure accountability.

**4. Duration of the consultancy and Work Schedule:**

Total number of days (working) - 29. The consultancy is expected to commence on 28 May 2012.

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<tr>
<th>No.</th>
<th>Activity Description</th>
<th>No. of working days</th>
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<tbody>
<tr>
<td>1</td>
<td>Information/ data collection and analysis; Meetings and interviews with relevant stakeholders including a visit to outer island</td>
<td>19</td>
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<tr>
<td>2</td>
<td>Presentation of the assessment findings and recommendations (draft) to MHMS and UNICEF</td>
<td>1</td>
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<tr>
<td>3</td>
<td>Preparation and facilitation of one-day workshop to set targets, goals and develop an integrated operational plan</td>
<td>5</td>
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<td>4</td>
<td>Work on the integrated operational plan</td>
<td>3</td>
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<tr>
<td>5</td>
<td>Presentation of the integrated operational plan with goals and targets to main stakeholders</td>
<td>1</td>
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5. Deliverables

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<th>Activity Description</th>
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<tr>
<td>1</td>
<td>The findings and recommendations of the assessment (draft) presented to and updated following feedback from MHMS, UNICEF and partners</td>
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<tr>
<td>2</td>
<td>Consensus workshop to set and agree on the operational plan targets, goals organized in collaboration with MHMS</td>
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<tr>
<td>3</td>
<td>The integrated operational plan developed and presented to the main stakeholders</td>
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The assessment report should be submitted (hard and electronic copies) outlining findings, conclusions of the review and recommendations and should cover as minimum the programme areas: (1) status and trends of the HIV/AIDS and STIs epidemics, with specific focus on and cohort analysis of paediatric HIV and congenital syphilis cases; (2) health system and its policies, guidelines, strategies, management and co-ordination arrangements in relation to paediatric HIV and congenital syphilis; (3) review of ANC, MNCH charts and protocols; (4) STI/ HIV (especially paediatric HIV and congenital syphilis) diagnosis, prophylaxis, treatment and care; (5) monitoring and evaluation (M&E) and data management. The assessment must identify areas that can cause potential bottlenecks to scale up, as well as identify potential opportunities which will support rapid increased coverage.

One-day consensus workshop to agree on the operational plan targets, goals should be organized and facilitated by the consultant in collaboration with MHMS.

The operational plan outlining how PPTCT/ ECS efforts will be implemented at the national and provincial levels should be developed and presented to the main stakeholders. Hard and electronic copies of the operational plan should be submitted by 27 April 2012.

6. Qualifications/or specialized knowledge/experience required

1. At least a Master’s level university degree in Medical Sciences or Public health and other relevant disciplines;
2. Minimum 10 years progressively responsible professional work experience at national and international levels in PPTCT programming, management and evaluation
3. Relevant previous experience in reviewing and developing operational plans for STI/ HIV and AIDS programmes and projects at national and international levels
4. Excellent organizational and communication skills
5. Experience in organizing trainings and workshops for different level stakeholders
6. Fluency in spoken and written English

7. Type of Supervision and support that will be provided

Overall technical supervision and support will be provided by the UNICEF HIV & AIDS Programme team in Suva and MHMS Kiribati. MHMS Kiribati will provide logistical support in organizing meetings, workshops, field visits through a designated focal point.
8. **Official Travels**

Consultancy related travels will be facilitated by UNICEF. Travel related costs are included in the budget.

9. **Consultant’s Work Place**

Consultant will be based at the UNICEF Field Office in Kiribati, and will be provided office space and internet connection. Consultant will be required to supply their own lap-top computer.

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Reviewed by Section Chief: _____________________________
Name/Title: _____________________________
Date: _____________________________

Approved by Deputy Representative
Name: _____________________________
Date: _____________________________

Endorsed by Operations Manager
Name: _____________________________
Date: _____________________________