

TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANTS AND CONTRACTORS

Title: Technical Assistance, Elimination of Mother to Child Transmission (EMTCT) and Paediatric HIV	Funding Code: TBC	Type of engagement <input type="checkbox"/> Consultant <input type="checkbox"/> Individual Contractor Part-Time <input checked="" type="checkbox"/> Individual Contractor Full-Time	Duty Station: Freetown, Sierra Leone [seconded to Ministry of Health and Sanitation (MoHS)]
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Purpose of Activity/Assignment:

Background

The overall objective of the national HIV prevention and control efforts is to reduce new infections, ensure that 95% of people living with HIV know their status, 95% are on treatment, and 95% of those on treatment attain viral suppression – UNAIDS 95-95-95 – as part of the global efforts to ‘END AIDS’ by 2030. The country has made slight progress in the reduction of mother to child transmission (MTCT) rate from the 21.3% in 2015 to 17.8 % by 2019. Although the percentage of HIV positive women who were put on ARVs increased from 46% in 2015 to 58 % in 2019, the country is still far from achieving the EMTCT validation target of 95%. The Paediatric HIV indicators for the country are dismally low. Early Infant Diagnosis (EID) coverage at 6 weeks was reported at 9% in 2019 while the percentage of children born to pregnant women living with HIV receiving ARVs was reported at a low of 13%. For Sierra Leone, this will mean having a strong national health sector response at the core of the multi-sectoral response; and taking HIV out of isolation by ensuring that HIV is part and parcel of the national health sector recovery efforts and building resilient and sustainable health systems, which are HIV sensitive. This will include providing national level technical assistance to improve policies, strategies and guidelines that are evidence-based and maximize the impact of the national EMTCT and Paediatric HIV programs; monitor programmatic performance on the care cascade, diagnosis, enrolment to ART initiation, adherence, and retention in care; and submit recommendations on programmatic refinement. The COVID-19 protracted pandemic poses a continuing risk to health and social systems, which needs to be recognized and mitigated as much as possible.

1. Purpose and objectives:

To provide technical support to the National AIDS Control Programme (NACP)/Ministry of Health and Sanitation (MoHS), the National AIDS Secretariat (NAS) and other stakeholders in Sierra Leone to strengthen the health sector response to EMTCT and Pediatric HIV in order to prevent and reduce new infections, reduce AIDS-related deaths and eliminate HIV related stigma & discrimination to reach ambitious national targets as stipulated in the Sierra Leone EMTCT of HIV and Paediatric HIV Strategic and Operational Plan 2021-2025 and National Strategic Plan (NSP) on HIV and AIDS 2021-2025. To support adaptive strategies to mitigate the impact of the COVID-19 pandemic on HIV prevention and control and to meet the Global Fund targets.

2. Methodology and Technical Approach

The incumbent is responsible for supporting the NACP/MoHS of Sierra Leone, NAS, and partners to support the development and implementation of the national health sector response and contribution to 95-95-95 and the Ending AIDS.

There are immediate opportunities to accelerating the health sector response to HIV in Sierra Leone: through close collaboration with other priority programmes and entities of the MoHS – in particular Health System Strengthening (HSS), Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH), National TV and Leprosy Control Programme (NTLCP); and through funding from the Global Fund to Fight AIDS, TB and Malaria, and other large donor-funded programmes. The incumbent will ensure the effective implementation and integration of EMTCT and Paediatric HIV program into the RMNCAH program. Sierra Leone has also recently developed the EMTCT and Paediatric HIV Strategic and Operational Plan 2021-2025 and adapted newer and innovative approaches to the programming. The incumbent will provide support to ensure that above mentioned strategies are successfully implemented and documented, including as supported through financing from the Global Fund. The risks associated with the protracted COVID-19 pandemic should be anticipated and mitigated to

the extent possible.

She/he will closely work with Government and HIV partners to streamline and coordinate the work related to the normative, programming, and operational functions related to EMTCT and Paediatric HIV program.

3. Specific Tasks of the Consultant

Under the direct supervision of the Programme Manager, NACP, and UNICEF Health Specialist, the incumbent will contribute to expand the implementation of the Sierra Leone EMTCT of HIV and Paediatric HIV Strategic and Operational Plan and strengthen the EMTCT and Paediatric HIV response, including those related to co-infection and second-line ART; increasing the involvement of communities, health-care providers, non-governmental organizations and corporate partners and District Health Management Teams (DHMTs) through increased country support and strong partnerships; strengthening surveillance, monitoring and evaluation.

i. Strategic & Operational Planning and Program Management

- Support to strengthen leadership and management capacity for EMTCT and Paediatric HIV at national and district levels to deliver quality services, including:
 - o Supporting coordination of EMTCT and Paediatric HIV programming in close coordination with NAS and the broader multi-sectoral HIV response stakeholders, taking into account the COVID-19 pandemic and its impact
 - o Facilitating the regular functioning of technical working groups
 - o Supporting the preparation of annual work plans, quarterly and semester reports and other ad-hoc reports on EMTCT and paediatric HIV programming
 - o Supporting the conduct of annual performance reviews and learning meetings/workshops
 - o Supporting resource mobilization and grant management, ensuring effective and efficient use of financial resources, and resolving bottlenecks to meeting performance targets.
- Recommend and support policy and Standard Operating Procedures (SOP) changes in line with new global best practices/recommendations and support their implementation.

ii. Systems Strengthening and Capacity Building

- In line with WHO and national treatment guidelines, propose appropriate treatment regimens for Pediatric HIV along with systems for effective monitoring of treatment outcomes, resistance, and treatment failure. Facilitate the implementation of the new consolidated treatment guidelines.
- Facilitate integration of EMTCT and Paediatric HIV into RMNCAH interventions across the continuum of care and at all levels of service delivery and communities, as well as integration into other important programmes, including through:
 - o Developing strategies to increase the uptake of ANC for all pregnant women with a special focus on adolescent girls and young women (AGYM)
 - o Developing strategies to increase HIV testing during ANC, labor/delivery, and postnatal care for all pregnant women with a special focus on AGYM
 - o Proposing strategies to scale up and sustain care for all HIV Exposed infants.
 - o Proposing strategies to improve retention in care for mother-infant pairs throughout the EMTCT cascade
 - o Proposing evidence-based strategies to support active case finding for Paediatric HIV cases at all entry points, and strategies to improve their retention in care
 - o Supporting the roll-out of family testing
 - o Developing age specific transition plans for all Paediatric HIV population
 - o Supporting scale-up of adolescent-friendly services for HIV infected adolescents at health facilities
- Strengthen supportive supervision, coaching and mentoring for improving quality of EMTCT and Paediatric HIV services through:
 - o Reviewing the existing supervision and mentorship programme for EMTCT and Paediatric HIV, updating the supervision and mentorship checklist
 - o Providing clinical mentorship for ART providers and facilitating learning among providers

- Strengthen supply chain system for EMTCT and Paediatric HIV programme. Identify and help resolve critical gaps for quantification, procurement, distribution / reverse logistics, stock management and supply chain data management.
- Provide a broad overview of the laboratory situation in the country and its impact on the EMTCT and Paediatric HIV programme, particularly highlighting opportunities for improving coverage of EID and HIV testing among pregnant women.

iii. **Support Data, Analytics & Operations Research**

- Support and strengthen systems for Monitoring and Evaluation of EMTCT and Paediatric HIV services and promote the generation and use of information for evidence-based planning and decision making.
- Support strengthening of the data collection and visualization systems and build capacity on analysis and use of data on EMTCT and Paediatric HIV services including Logistics Management Information System (LMIS) data.
- Support coordinators to provide quarterly cascade analysis to be shared with MOHS and program managers while supporting the use of national EMTCT and Paediatric HIV data for decision making.
- Facilitate the development of a prioritized operations research plan in EMTCT, EID and Paediatric HIV, and develop the capacity of the NACP in designing, implementing, evaluating, writing, and disseminating operations research findings.
- Support periodical gap analysis of the EMTCT cascade and Paediatric HIV services and propose strategies to address the gaps.
- Review, update and standardize M&E tools for EMTCT and Paediatric HIV services.
- Institutionalize systems to track and report EMTCT outcomes using cohort analysis.

4. **Expected Deliverables**

Deliverables	Timeframe
1. Monthly report on the activities' completion certified by the NACP Manager and approved by UNICEF	1 st week of the month
2. Quarterly narrative report detailing progress, challenges, and opportunities of the EMCT / Paediatric HIV programme.	2 weeks after end of reporting period.
3. Annual narrative report detailing progress, challenges, and opportunities of the EMCT / Paediatric HIV programme.	2 weeks after end of Reporting period.
4. EMTCT / Paediatric HIV Capacity Development Plan	Within first three months
5. NACP supported to regularly hold EMTCT / Paediatric HIV TWG with action-oriented meeting notes	Ongoing until the end of consultancy
6. NACP supported to develop EMTCT / Paediatric HIV Annual Work Plan, Quarterly and Semester implementation progress reports (incl. data analysis)	Ongoing until the end of consultancy
7. Updated EMTCT / Paediatric HIV policies, SOPs, treatment regimens as relevant	Ongoing
8. Reports on EMTCT / Paediatric HIV system strengthening – supply chain, information management, and laboratory (rapid assessment, action plan for system strengthening, and action plan implementation progress)	Ongoing (rapid assessment and action plan within first three months and ongoing afterwards)
9. NACP supported to develop and implement a prioritized Operations Research plan	Ongoing (development of a plan within first five months and ongoing afterwards)
10. EMTCT / Paediatric HIV clinical mentoring, supportive supervision, and training reports	Ongoing

11. End of consultancy report on status, gaps, opportunities, and recommendations.	2 weeks before end of consultancy.
Total number of months	11.5

5. Management, Organization and Timeframe

Estimated number of months required for this assignment is 12 months from April 2022 to March 2023, with possibility of extension for another 11 months. The international consultant will be stationed at the National AIDS Control Program (Freetown) with travel to the field. The consultant should note that:

- UNICEF will organize all in-country travel.
- UNICEF will provide a laptop for the consultant.
- The fee will be paid monthly, based on the deliverables, and within the contract agreement.
- No contract may commence unless the contract is signed by both UNICEF and the consultant.
- The consultant will be required to document that they have appropriate health insurance, including medical evacuation.

Child Safeguarding

Is this project/assignment considered as “Elevated Risk Role” from a child safeguarding perspective?

☐ YES ☒ NO If YES, check all that apply:

Direct contact role ☐ YES ☒ NO

If yes, please indicate the number of hours/months of direct interpersonal contact with children, or work in their immediately physical proximity, with limited supervision by a more senior member of personnel:

Child data role ☐ YES ☒ NO

If yes, please indicate the number of hours/months of manipulating or transmitting personal-identifiable information of children (name, national ID, location data, photos):

More information is available in the [Child Safeguarding SharePoint](#) and [Child Safeguarding FAQs and Updates](#)

Work Assignment Overview			
Tasks/Milestone:	Deliverables/Outputs:	Timeline	Estimate Budget
Monthly report on the activities' completion certified by the NACP Director	<ul style="list-style-type: none"> Submission to and approval by UNICEF of monthly reports detailing progress, challenges, opportunities, and recommendations. 	1 st week of the month	
Quarterly narrative report detailing progress, challenges, and opportunities.	<ul style="list-style-type: none"> Submission to and approval by UNICEF of quarterly reports detailing progress, challenges, opportunities, and recommendations. 	2 weeks after end of reporting period.	
Annual narrative report detailing progress, challenges, and opportunities.	<ul style="list-style-type: none"> Submission to and approval by UNICEF of annual reports detailing progress, challenges, opportunities, and recommendations. 	2 weeks after end of reporting period.	
EMTCT / Paediatric HIV Capacity Development Plan	<ul style="list-style-type: none"> Submission to and approval by UNICEF of an EMTCT / Paediatric HIV Capacity Development Plan 	3 months after start of consultancy	
NACP supported to hold regular EMTCT / Paediatric HIV TWG with action-oriented meeting notes	<ul style="list-style-type: none"> Availability of action oriented TWG meeting notes 	Ongoing until the end of consultancy	
NACP supported to develop EMTCT / Paediatric HIV Annual Work Plan, Quarterly and Semester implementation progress reports (incl. data analysis)	<ul style="list-style-type: none"> Availability of a national EMTCT / Paediatric HIV Annual Work Plan, Quarterly and Semester implementation progress reports 	Ongoing until the end of consultancy	
Updated EMTCT / Paediatric HIV policies, SOPs, treatment regimens etc as relevant	<ul style="list-style-type: none"> Availability of updated relevant EMTCT / Paediatric HIV policies, SOPs, treatment regimens 	Ongoing until the end of consultancy	
Reports on EMTCT / Paediatric HIV system strengthening – supply chain, information management, and laboratory (rapid assessment, action plan for system strengthening, and action plan implementation progress)	<ul style="list-style-type: none"> Availability of reports on EMTCT / Paediatric HIV system strengthening – supply chain, information management, and laboratory 	Ongoing until the end of consultancy	
NACP supported to develop and implement a prioritized Operations Research plan	<ul style="list-style-type: none"> Availability of a prioritized Operations Research plan 	5 months after start of consultancy and ongoing	
EMTCT / Paediatric HIV clinical mentoring, supportive supervision, and training reports	<ul style="list-style-type: none"> Availability of EMTCT / Paediatric HIV clinical mentoring, supportive supervision, and training reports 	Ongoing until the end of consultancy	

End of consultancy report on status, gaps, opportunities, and recommendations, along with deliverables	<ul style="list-style-type: none"> Submission to and approval by UNICEF of a final report on status, gaps, opportunities, and recommendations. 	2 weeks before end of consultancy.	
Budget Year: 2022	Requesting Section/Issuing Office: <i>Health and Nutrition Section</i>	Reasons why consultancy cannot be done by staff: This is a full-time dedicated technical assistance (TA) requested by and embedded in Ministry of Health and Sanitation (MoHS) with financial support from the Global Fund. Because of required expertise and time investment, UNICEF staff alone cannot deliver the results under this consultancy. However, UNICEF staff will provide guidance and support to the consultant.	
Included in Annual/Rolling Workplan: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please justify:			
Consultant sourcing: <input type="checkbox"/> National <input checked="" type="checkbox"/> International <input type="checkbox"/> Both Consultant selection method: <input type="checkbox"/> Competitive Selection (Roster) <input checked="" type="checkbox"/> Competitive Selection (Advertisement/Desk Review/Interview)		Request for: <input checked="" type="checkbox"/> New SSA – Individual Contract <input type="checkbox"/> Extension/ Amendment	
If Extension, Justification for extension:			
Supervisor: Dr. Mariama Mustapha: Health Specialist (MNCH/HIV)	Start Date: April 2022	End Date: March 2023	Number of Days (working): 11.5 months

Estimated Consultancy fee		11.5 Months	
Travel International (if applicable)			
Travel Local (please include travel plan)			
DSA (if applicable)			
Total estimated consultancy costsⁱ			
<p>Minimum Qualifications required:</p> <p> <input type="checkbox"/> Bachelors <input checked="" type="checkbox"/> Masters <input type="checkbox"/> PhD <input type="checkbox"/> Other </p> <p>Enter Disciplines:</p> <p>Medical Degree from a recognized university with a postgraduate degree or equivalent in Public Health /Epidemiology or a related field.</p>	<p>Knowledge/Expertise/Skills required:</p> <ul style="list-style-type: none"> • At least 7 years of experience in EMTCT and Pediatric HIV program at national/subnational level. • Practical experience in programme management and strategic plan development. • At least 5 years international experience in working with UN and/or international NGOs, bilateral and multilateral agencies. • Clinical experience in eMTCT and Pediatric HIV treatment and care. • Experience with key populations programming. • Extensive knowledge and experience in HIV prevention and control programming and implementation. • Proven experience in EMTCT and Pediatric HIV programme management at the country level. • Knowledge of health systems strengthening and strategic planning at the national level. • Ability to develop and facilitate the development of guidelines and effectively monitor progress in the use of guidelines. • Excellent interpersonal skills with the ability to cooperate and negotiate with technical and funding agencies and establish and manage relationships with government ministries, district local governments, national and district partners, service providers, communities, and other stakeholders. • Experience with Global Fund proposal development, grant making and implementation processes. • Fluency in written and spoken English. • Excellent communication and presentation skills. Ability to write and communicate clearly. • Computer software application, including word processing, spreadsheet, and corporate software packages. 		

Administrative details: Visa assistance required: <input checked="" type="checkbox"/> Transportation arranged by the office: <input checked="" type="checkbox"/>	<input type="checkbox"/> Home Based <input checked="" type="checkbox"/> Office Based: If office based, seating arrangement identified: <input type="checkbox"/> IT and Communication equipment required: <input type="checkbox"/> Internet access required: <input checked="" type="checkbox"/>
Request Authorised by Section Head <i>Yuki Suehiro- Chief of Health and Nutrition</i>	Request Verified by HR: <i>Elizabeth Brima- HR Manager</i>
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <i>Approval of Chief of Operations (if Operations):</i> <hr/> </div> <div style="width: 45%;"> <i>Approval of Deputy Representative (if Programme)</i> <hr/> </div> </div> <div style="margin-top: 10px;"> <i>Representative (in case of single sourcing/or if not listed in Annual Workplan)</i> <hr/> </div>	

ⁱ Costs indicated are estimated. Final rate shall follow the “best value for money” principle, i.e., achieving the desired outcome at the lowest possible fee. Consultants will be asked to stipulate all-inclusive fees, including lump sum travel and subsistence costs, as applicable.

Payment of professional fees will be based on submission of agreed deliverables. UNICEF reserves the right to withhold payment in case the deliverables submitted are not up to the required standard or in case of delays in submitting the deliverables on the part of the consultant

Text to be added to all TORs:

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.