

Terms of Reference - Individual Consultant

Summary:

Title	Consultancy to develop National Standard Package of HIV Prevention, Treatment, Care and Support Services for Adolescents and Young People (AYP).
Purpose	Recruitment of a consultant to develop National Standard Package of HIV Prevention, Treatment, Care and Support for Services for AYP.
Location	Botswana
Duration	Maximum of 30 Working Days
Start Date	December 2017 to February 2018
Reporting to	HIV/AIDS Specialist

Background and Rationale:

AYP are the largest cohort of Botswana's population, however a large percentage of them lack access to information, skills and services that they need to protect themselves from HIV, violence and unwanted pregnancies. The last two HIV&AIDS household surveys (BAIS 2008 and 2013), as well as the 2016 Botswana Youth Behavioural and Biological Surveillance Survey among 13 to 19 year old students, suggest worrying and negative trends in behaviour among young people. HIV prevalence among young people (15-24 years) remains high at an estimated 7.9% with strong gender disparity. Each week, 65 adolescents and young people are newly infected with HIV and the majority of these new infections are among girls. Comprehensive knowledge of HIV remains low; condom use among sexually active young people is declining; forced sex is prevalent and extremely high teenage pregnancy rates continue to be reported in certain parts of the country. In 2007 the national teenage pregnancy rate was estimated at 9.7%, however the 2016 Botswana Youth Risk Behavioural and Biological Surveillance Survey Report revealed that 13.4% of girls have been pregnant and 13 % of boys reported having impregnated someone. Progress in reducing new HIV infections among adolescents and young people is constrained by age disparate and transactional sex, peer pressure, stigma and discrimination, as well as harmful social and gender norms, gender inequality and unequal power dynamics. Furthermore, girls and young women continue to be disproportionately affected by the HIV epidemic with early sexual debut, forced marriage and gender-based violence increasing women's vulnerability to HIV.

Increased access to HIV testing and treatment means that, more than ever, adolescents living with HIV know their status and are living longer on antiretroviral therapy (ART). Much more work is needed, however, to meet adolescents' needs for treatment, care and support services. Barriers to access, poor uptake of both prevention and treatment services, stigma and discrimination, as well as challenges with adherence to treatment contribute significantly to HIV-related morbidity and mortality among adolescents and young people.

Ending AIDS by 2030 means preventing new HIV infections and reducing morbidity and mortality among AYP cohort. However, current programmes face several challenges. Most programmes are fragmented, implemented at low scale and not grounded in evidence. Interventions are generic, not targeted, lack the right dosage and intensity to achieve impact. Furthermore, they do not adequately address the real needs of all adolescents and young people, in particular adolescent girls and young women, as well as adolescent key populations (KPs) and those living with HIV. Additionally, planning processes have not meaningfully engaged adolescents and young people, with programmes being developed for them but not with them. This approach has compromised ownership, access and uptake of services, as most interventions have been found not to be adolescent and youth friendly.

Developing programmes that effectively respond to the needs of this cohort is therefore critical. Appropriate programming requires that interventions are evidence based, cost effective, efficient, sustainable as well as contextualized and well-targeted to ensure impact. While programmes need to respond to the needs of all adolescents and young people, focus on adolescent girls and young women is essential given their vulnerabilities. There is a growing body of evidence on what works in prevention, care and treatment calling for strategies that support the design and implementation of evidence-based, high impact combination prevention (bio-medical, behavioural and structural) interventions and tailored approaches for treatment retention and adherence.

Implementers of programmes for AYP may be aware of high impact interventions and services to provide, but may not know of nationally accepted approaches to provide such services, where available. Standardised HIV programming plays an important role in providing national direction, focusing the HIV response on high impact interventions, prioritising populations and promoting a unified and quality driven approach to programming.

It is against this background that the UN family and the President's Emergency Plan for AIDS Relief (PEPFAR) in September 2017 supported the Ministry of Health and Wellness (MoHW) to convene a two and a half day national workshop bringing together key partners from Government Ministries, Bilateral and Multilateral Agencies, Civil Society Organizations and young people to dialogue on best practices and effective programming for AYP. The main objectives of the workshop were to review programming practices for AYP and HIV in Botswana and globally; to share experiences and lessons learned and to define a national standard package of HIV prevention, treatment, care and support services informed in alignment with global strategies, programmes and guidance.

One of the key outcomes of the workshop was the articulation by participants of a draft national package of HIV prevention, treatment, care and support services for AYP in Botswana, with a key recommendation for the organisers of the workshop to support the finalisation and dissemination of a package of HIV services to ensure an effective and tailored HIV response that meets the needs of adolescents and young people. It is for this reason, that UNICEF, together with UNFPA, is looking for a consultant to support the MoHW with finalisation of the national standard package of HIV prevention, treatment, care and support services, building on the work that was initiated during the stakeholders workshop.

Scope of Work:

Goals and Objectives:

Under the overall guidance of a technical team constituting of the MoHW, National AIDS Coordinating Agency (NACA), UN, United States Government (USG) and selected NGOs, the consultant will be overall responsible for development and finalisation of the national standard package of HIV prevention, treatment, care and support services for AYP in general, with additional focus on priority populations including adolescents girls and young women (AGYW), adolescent and young people living with HIV (AYPLHIV) and key populations (KPs).

Activities and tasks:

1. Technically review the initial draft package of HIV services defined during the national workshop, address any gaps and finalize the development of standard packages of HIV prevention, treatment, care and support services.

- a) Ensure that the national standard package of HIV prevention, treatment, care and support for services for AYP is harmonised and aligned with the National Strategic Framework (NSF III) and takes into account key global guidance on effective programming for adolescents and young people.
 - b) Ensure that the national standard package of HIV prevention, treatment, care and support for services for AYP takes into consideration available evidence, the diverse needs of the adolescents and young people, developmental stages, gender, the feasibility and capacity for implementation.
 - c) Ensure that the package addresses both combination prevention services and interventions (bio-medical, behavioural and structural), as well as comprehensive treatment, care and support services.
2. Develop a monitoring and evaluation plan and methodology. Include a list of key indicators, baselines and targets (where available), in alignment with national NSF3 III M & E framework. and on-going target setting efforts.
 3. Develop a technical guide on the use of the national standard package of HIV prevention, treatment, care and support for services for AYP. The guide should unpack the core programmes and interventions, explain their relevance and application in the context of ending AIDS among AYP by 2030; their contribution to the achievement of the relevant 2020 targets and the sustainable development goals (SDGs).
 4. Present the final draft of the national standard package of HIV prevention, treatment, care and support for services for AYP, the M & E plan and technical guide to key stakeholders for feedback.
 5. Incorporate inputs and finalize the national standard package of HIV prevention, care, treatment and support services for AYP; M & E plan and technical guide.
 6. Prepare final consultancy report.

Methodology:

The Consultant will use a participatory and consultative approach that ensures meaningful engagement of partners and key stakeholders including AYP. The following specific steps will be followed:

Step 1: Consultations with MoHW and technical team: In-depth consultations will be held initially with MOHW, UNICEF, UNFPA and UNAIDS to clarify and articulate the scope of work and expectations. Further consultations will be held with the technical team throughout the strategy development process for guidance and oversight.

Step 2: Desk review: The consultant will conduct a brief desk review of global/regional strategies, programmes and guidance on effective programming for AYP, as well as country documents to inform development of the national standard package of HIV prevention, treatment, care and support for services for AYP.

Step 3: Stakeholder consultations: The consultant will facilitate a workshop with stakeholders including AYP to present the draft packages for feedback prior to finalization.

Deliverables and timeframe:

Major Tasks	Deliverables	Timeframe
1. Develop an inception report with brief overall concept and roadmap for the consultancy.	Inception report with analysis and summary of interventions and services for AYP.	2 days

2. Review global and regional guidance, as well as country documents, on effective programmes for Adolescents and Young People. Provide a summary of comprehensive interventions and services for adolescents and young people in general, and for priority populations (AGYW, AYPLHIV and KPs).	Summary of comprehensive interventions.	3
3. Development of the national standard package of HIV prevention, care, treatment and support services for AYP, with additional focus on (AGYW, AYPLHIV and KPs), informed by the desk review and the work from the national youth workshop. This will include development of an M & E plan with key indicators, baselines and targets.	Standard Package of Service and interventions for HIV prevention, treatment, care and support, and M & E plan.	10 days
4. Development of technical guide for application of the standard package of HIV services.	Technical Guide	5 days
5. Planning and facilitation of a workshop in collaboration with technical task team to present updated standard package of HIV services, M & E plan and technical guide to partners and stakeholders for feedback.	Workshop report	5 days
6. Finalization of documents, incorporating comments from stakeholders (standard package of services, M & E plan, and technical guide).	Final Documentation Package that includes: National Standard Package of HIV prevention, treatment, care and support services for AYP, M & E Plan, and Technical Guide.	3 days
7. Prepare final consultancy report	Final consultancy report.	2

Reporting and timeframe:

The consultancy is for a maximum of 30 days over a 3 month period. The consultant will report directly to MoHW, UNICEF, UNFPA and UNAIDS. UNICEF will issue the contract and will be administratively responsible for the consultant. Within UNICEF, the consultant will report to the HIV/AIDS Specialist. All draft documents will be reviewed and endorsed by MoHW prior to submission to UNICEF for payment. Draft documents will be submitted as soft copies while the final documents will be submitted as a soft copy on 2 USB sticks and two hard copies.

Payment Schedule:

Performance will be evaluated on timeliness, alignment with ToRs and quality. Payment will be made upon satisfactory completion of deliverables as outlined below:

1. 20% upon delivery of acceptable inception report and summary of comprehensive interventions in line with Global and Regional Guidance, as well country documents.
2. 60% upon submission of workshop report and draft documents (packages, M & E plan and technical guide).
3. 20% upon delivery of final endorsed national standard package of services, M & E plan and technical guide.

Desired competencies, technical background and experience:

- Academic degree in relevant field (Public Health, Social Sciences).
- At least 8 years' experience working on HIV/AIDS and/or adolescent programming, preferably in Eastern and Southern Africa.
- Proven experience of support to government and civil society in the development of strategies, plans, guidelines, tools and reports.
- Experience in engaging and/or leading consultations with national authorities in development of strategic documents, documentation and reporting processes
- Demonstrated ability to analyse and interpret programme data and proven experience in developing monitoring and evaluation frameworks/plans.
- Excellent written and spoken English required, as well as analytic, facilitation and presentation skills.
- Competencies required include: communication, working with people, drive for results, deciding and initiating action, relating and networking, applying technical expertise, creating and innovating, formulating strategies and concepts.

The consultant will be expected to produce copies of previous related work as evidence of competency, technical experience and references.

Administrative issues:

The consultant will use own equipment to produce deliverables. Office space will be provided at UNICEF as available and necessary.

Within UNICEF, the consultant will work under the overall guidance and direct supervision of HIV/AIDS Specialist.

The consultant is expected to travel and work in-country and remotely based on an agreed schedule. Timing for visits and planning will be jointly agreed with UNICEF Botswana Country Office. The consultant is required to indicate an all-inclusive fee for this assignment, taking into account travels to Botswana. Airfares and in-country living expenses based on existing UN rates will be part of the all-inclusive fee. Skype calls with country partners will be scheduled depending on need.

Conditions:

As per UNICEF policy, payment is made against approved deliverables. Payment is allowed in exceptional circumstances against bank guarantee, subject to a maximum of 30% of the total contract value in cases where advance purchases, for example for supplies or travel, may be necessary.

The selected consultant will be governed by and subject to UNICEF's General Terms and Conditions for individual contracts.

How to apply:

To apply for this consultancy, interested consultants should submit expression of interest together with:

- I. a cover letter, no longer than two pages, and curriculum vitae showing how the Consultant meets the required qualifications, experience and expertise.

- II. a technical proposal, no longer than three pages, highlighting:
 - a. the methodology that the Consultant will use, including sampling, data collection methods and tools, data capturing, processing, analysis and interpretation;
 - b. the work plan, time frame with clear milestones;
 - c. the understanding of this Terms of References, its qualifications and any suggestions to improve this Terms of Reference;
 - d. accountabilities, logistics and resource requirements that will be needed;
 - e. any ethical concerns that could affect people involved in the study and
- III. Financial proposal/budget including all eligible fees, except the cost of the stakeholders' workshops, which will be covered directly by UNICEF.

Drafted by:
Victoria Chuwa
HIV/AIDS Specialist

Approved by:
Sarah Ng'inja
Deputy Representative

Signature: _____
Date:

Signature: _____
Date: