

## TERMS OF REFERENCE

### SUMMARY

Type of Contract (tick the appropriate box)	Consultant Contract	Individual Contract.	Institutional Contract	TA
<b>Title</b>	National consultant - Evidence synthesis on adolescent health and HIV in Zambia			
<b>Purpose</b>	To produce a compendium of evidence pertaining to adolescents and young people in order to inform evidence-based planning and policy in health and HIV			
<b>Location</b>	National level, Zambia based in Lusaka			
<b>Duration</b>	40 days (spread over 3 months)			
<b>Start date</b>	19 <sup>th</sup> October to 18 January 2021			
<b>Reporting to</b>	HIV/AIDS Manager			

### 1.0. BACKGROUND

According to population projections by the Central Statistics Office, about two thirds of the Zambia population projected for 2020 is below the age of 25. Adolescents and young people aged 10 to 24 years account for a third of the Zambian population in 2020 (CSO, 2013). With a predominantly young population, investment in this age group is therefore central to socioeconomic development of the country and the Government of the Republic of Zambia recognizes this as its development agenda reflects various aspirations for young people (Zambia Youth Policy)

In the health sector, there is wide consensus that investments in adolescent health is central because it brings a triple dividend of benefits - for adolescents now, for their future adult lives, and for the next generation (WHO, 2017). The health and well-being of adolescents are engines of change in the drive to create healthier, more sustainable societies. However, for years, the unique health issues associated with adolescence have been little understood or, in some cases, ignored (WHO, 2017). This phenomenon may have contributed to high burden of some diseases and poor health status among adolescents, young people (AYP), and in cases of early childbirth and child marriages, the health of children of adolescents and young people.

The state of health for AYPs in Zambia shows a mixed picture of progress and success. Evidence shows that teenage pregnancy rates have hardly changed, and in fact increased, from 28% in 2007 to 29% in 2018. These rates ranged from 6% among 15-year-olds to 53% among 19-year-olds (2018 ZDHS). Condom use among AYP remains low with less than 45% of adolescent and young males and females reporting using a condom for a high-risk sexual encounter. Whilst progress towards the 90:90:90 HIV targets has been encouraging across all ages in Zambia, it is much slower among AYP relative to the adult population for both males and females.

To provide strategic direction in responding to the burden of health among AYP, the Ministry of Health developed the Adolescent Health Strategy 2017-2021 with a vision of “healthy and productive adolescents for national development”. Specifically, the strategy focuses on six priority areas selected because they represent areas for greater health needs for adolescents either due to the fact that the burden of risk factors is high or the supply of healthcare and/or the demand for services is limited owing to various factors. These areas include: Sexual Reproductive Health and Rights; HIV/AIDS and other STIs; Alcohol and Substance Abuse; Non-Communicable Diseases including nutrition and mental health; Adolescents with special needs

and Sexual and Gender Based Violence. Over the years of implementing the adolescent health strategy, there has been more progress in some priority areas than others.

It is acknowledged at various levels that whilst there is adequate evidence in some priority areas of adolescent and young people's health, there is a paucity of information to guide decision making in other aspects and areas. The lack of age and sex disaggregation in routine administrative data such as the health management and information system (HMIS) also represents a significant challenge in ascertaining progress in adolescent health. To contribute to evidence-based programming especially in the area of adolescent and young people's health and wellbeing, an evidence synthesis is being proposed.

## **2.0. JUSTIFICATION**

Evidence based programming remains central to the delivery of services that are responsive to the needs of adolescents and young people and ultimately to achieve health and development outcomes. However, access to quality evidence that is contextually relevant is sometimes a challenge for decision makers, planners and health workers. This exercise will contribute to collating quality evidence that can be used to inform policy and practice.

More specifically, the current Adolescent Health Strategy expires at the end of next year (2021) and a successor strategy will be developed to provide strategic direction with regard to improving the health and wellbeing of adolescents and young people in Zambia. This evidence synthesis will therefore be instrumental in informing the situation analysis for the subsequent adolescent health strategy. Additionally, although the product of these TORs will not entail undertaking an evaluation of the current adolescent health strategy, it will provide essential information that can be used to gauge progress in some aspects of programme implementation and results in the past few years.

It is acknowledged that there has been differential focus on priorities of the Adolescent Health Strategy 2017-2021, with some areas attracting more investment, being widely implemented and monitored than others. This exercise will allow to delve in all priority areas to ascertain existing evidence (or lack thereof) and inform a more comprehensive programming for adolescents and young people.

The time involved, and the special competencies needed for undertaking this evidence synthesis and producing a compendium of existing evidence will therefore require dedicated human resource and expertise. Thus, the services of a specialized consultant are required for the successful completion of this essential task.

## **3.0. OBJECTIVE**

The overall objective of the assignment is to undertake evidence synthesis on what is known (including gaps in evidence) in priority areas for health and wellbeing of adolescents and young people to be compiled as a compendium. This will be a repository of evidence to inform subsequent adolescent health strategy and other aspects of programme design.

## **4.0. DESCRIPTION OF THE ASSIGNMENT (SCOPE OF WORK) / SPECIFIC TASKS**

The key elements of the assignment are as follows:

1. Review published evidence from Zambia on the health and wellbeing of adolescents and young people, focusing on six priority areas of adolescent health strategy
2. Identify and use a defined criteria of evidence assessment to ensure that the evidence used in the compendium is of high quality and relevant to the context and target group – adolescents and young people
3. Synthesize existing evidence in each of the priority areas to produce summaries of critical evidence and gaps, including ascertaining the following: epidemiological status, proven cost-effective interventions, gaps in evidence, barriers/gaps in optimal implementation of cost-effective interventions

4. Identify and outline other relevant areas to promote health and wellbeing of adolescents in Zambia currently not captured in the adolescent health strategy
5. Compile abstracts (or modify abstracts) with corresponding source/links to original article/product, to be part of a compendium
6. Provide recommendations on innovative and appropriate ways of disseminating the evidence so that it is optimally used for decision making

## 5.0.METHODOLOGY

To produce this evidence synthesis report and compendium of evidence, the consultant will be expected to review various data sources including: peer reviewed journals, population based survey reports such as Demographic and Health Survey, grey literature, government documents, etc. The team will use an approach to undertaking systematic reviews capturing evidence that is not older than 7 years and following a well-defined eligibility criterion to ensure relevance and quality of evidence with respect to the subject matter.

The evidence synthesis report and compendium will primarily include studies conducted in Zambia and additional evidence from similar contexts especially highlighting cost-effective interventions/best practices that are currently not being implemented or sub optimally implemented in Zambia.

## 6.0. EXPECTED DELIVERABLES

- Inception report providing details on how the evidence synthesis report and compendium of evidence will be developed
- Progress report on initial tasks of the assignment including desk review
- Draft report detailing literature search strategy, evidence synthesis in respective priority areas of adolescent health and HIV and compendium of study summaries/abstracts used including sources
- Final report that incorporates feedback on the draft report detailing literature search strategy, evidence synthesis in respective on priority areas of adolescent health and HIV and compendium of study summaries/abstracts used including sources
- PowerPoint presentation slide deck on evidence synthesis report and recommendations

## 7.0. REPORTING REQUIREMENTS

The consultant will prepare a monthly work plan each month and subsequently submit monthly progress reports against the approved work plan. The format for reporting shall be mutually agreed upon by the Parties within ten (10) days after signing of the Agreement.

## 8.0 PROJECT MANAGEMENT

The Consultant will report to the HIV/AIDS Manager, or his designate who will monitor and issue instructions on the expected deliverables and timelines.

## 9.0. LOCATION AND DURATION

The total/maximum duration of the consultancy will be 40 days spread over three months. The consultant will not travel to the sites unless a travel plan for each visit is agreed to and approved by UNICEF in writing.

## 10.0. PAYMENT SCHEDULE

Payment will be made to the consultant following the payment schedule below and upon successful completion of respective deliverables:

Deliverable	Timeframe	Payment value
Inception Report	20 <sup>th</sup> October, 2020	13% of the contract value

Progress report on literature search strategy and evidence synthesis	15 <sup>th</sup> November, 2020	13% of the contract value
Compendium of abstracts and their links to full articles	30 <sup>th</sup> November, 2020	20% of the contract value
Draft Report on evidence synthesis and compendium of research evidence	15 <sup>th</sup> December, 2020	20% of the contract value
Final Report on evidence synthesis and compendium of research evidence and recommendations on key areas in moving forward	30 <sup>th</sup> December, 2020	27% of the contract value
Presentation made at the Adolescent Health TWG and a stakeholder's meeting/adolescent research symposium	January, 2021	7% of the contract value

## 11.0. QUALIFICATIONS/SPECIAL KNOWLEDGE/ EXPERIENCE

- a) A Master's degree in Public Health, Health Economics, Health Psychology, Medicine, Nursing or any of the health related disciplines
- b) At least eight years' relevant experience including in designing adolescent health and/or HIV programmes
- c) Strong communication skills in English (spoken and written);
- d) Proven ability to work effectively in cross-cultural and multi-cultural settings and teams, and to deliver high-quality results within expected time frames.

## 12.0. EVALUATION PROCESS AND METHODS

*The proposal will be evaluated based on technical and financial proposal. The weight allocated between technical and price proposal will utilise a ratio of 70/30 (technical/commercial).*

*Technical evaluation criteria. Please refer to technical criteria and relative points below*

Item	Evaluation Criteria	Points
	<b>Technical Evaluation Criteria</b>	
<b>1.0</b>	<b>Overall Response</b>	
1.1	Understanding of UNICEF's requirement based on RFP documents.	5
1.2	Understanding of the Consultancy which UNICEF wants to enter based on the documents.	5
1.3	Understanding of developmental issues within Zambia and UNICEF's role in supporting and coordinating with the Government and other stakeholders.	5
<b>2.0</b>	<b>Consultant's profile</b>	
2.1	Range and depth of experience with similar projects	5
2.2	Client references	2
2.3	Number of customers, size of projects,	3

Item	Evaluation Criteria	Points
2.4	Samples of previous work	5
2.5	Relevant experience and qualifications of the consultant	10
<b>3.0</b>	<b>Proposed Methodology and Approach</b>	
3.1	Proposed work plan and approach of implementation of the tasks as per the ToR	10
3.2	Implementation strategies, monitoring and evaluation, quality control mechanism	10
3.3	Proposed literature search strategies and analytical frameworks	10
3.4	Innovative approach	
3.5	<b>Total Technical Scores</b>	<b>70</b>

### 13.0. ADMINISTRATIVE ISSUES, INCLUDING CONSULTANT'S WORKPLACE AND TRAVEL

- a) Consultant will provide an all-inclusive cost in the financial proposal, factoring in all cost implications for the required assignment.
- b) Consultant will include cost of travel and accommodation for field trips. Other general conditions to be apply are as follows:
  - i. The consultant shall arrange his/her own work space, office equipment, supplies, internet etc and UNICEF will not provide the consultant with a UNICEF email ID.
  - ii. Expected expenses should be part of the submitted quotation/estimates
  - iii. Except for the costs included in the financial proposal, UNICEF will not pay for any other expenses incurred when implementing this assignment.
  - iv. No travel is expected during the assignment although it may be required at the end of assignment for purposes of disseminating findings.
  - v. The contract will not commence the works unless issuance of written instruction in this regard (ref. Section 5 above).
  - vi. The Form 'Designation, change or revocation of beneficiary' must be completed by the consultant.
- c) Confidentiality:
  - i. The documents produced during the period of this consultancy will be treated as strictly confidential, and the rights of distribution or publication will reside solely with UNICEF.
  - ii. The contract will include other general terms defined by UNICEF.
  - iii. The consultant shall sign the Declaration of Impartiality and Confidentiality Form.

### 14.0. POLICY ISSUES

- Under the consultancy agreements, a month is defined as 21 working days. Consultants are not paid for weekends or public holidays.
- No contract may commence unless the contract is signed by both UNICEF and the consultant or Contractor.
- Consultants will not have supervisory responsibilities or authority on UNICEF budget.
- Consultant will be required to sign the Health statement for consultants/Individual contractor prior to taking up the assignment, and to document that they have appropriate health insurance, including Medical Evacuation.
- The Form 'Designation, change or revocation of beneficiary' must be completed by the consultant.