

## **TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANTS AND CONTRACTORS**

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| <b>Title:</b> Costing of the Sierra Leone Elimination of Mother-to-Child Transmission (EMTCT) of HIV and Paediatric HIV Strategic and Operational Plan 2021-2025  | <b>Funding Code:</b> WBS: 3900/A0/08/881/002/008 | <b>Type of engagement</b><br><input checked="" type="checkbox"/> Consultant<br><input type="checkbox"/> Individual Contractor Part-Time<br><input checked="" type="checkbox"/> Individual Contractor Full-Time | <b>Duty Station:</b><br><br>Remote work |
| <p><b>Purpose of Activity/Assignment:</b></p> <p>Sierra Leone has the third highest maternal mortality (1,120 deaths per 100,000 live births)<sup>1</sup>, and one of the highest child mortality rates (105 deaths per 1,000 live births)<sup>2</sup> in the world.</p> <p>The World Health Organization in 2017 estimated that 67,000 people were living with HIV in Sierra Leone in 2016, including 35,000 women aged 15+ and 4,400 children aged 0-14. New HIV infection among children was estimated at &lt; 500 (&lt; 200-1,400). An estimated 17,800 people (26%) were receiving ART, while 3,600 pregnant women living with HIV (87%) were reported to receive ART for PMTCT. However, ART coverage among children aged 0-14 was only 18% with 790 children reportedly receiving ART. Furthermore, only 6 % of infants born to women living with HIV received a virological test within two months of birth (EID), and the mother to child transmission rate of HIV was high at 9%. According to MICS 2017, even though 97.4% of women received antenatal care from a healthcare professional for their last pregnancy, only 36.5% were offered an HIV test, accepted and received the results, and received post-test health information or counselling related to HIV.</p> <p>According to the Sierra Leone Demographic and Health Survey 2019 (SLDHS 2019), HIV prevalence among people aged 15-49 was estimated at 1.7%, with 2.2% and 1.1% in females and males respectively. This represents an increase in prevalence from 1.5% in 2013 to 1.7% in 2019. Among women, the prevalence increased from 1.7% in 2013 to 2.2% in 2019. Overall, 1.0% of young women and men aged 15-24 are HIV positive. HIV prevalence is higher among young women than young men (1.5% versus 0.5%).</p> <p>Sierra Leone is committed to the elimination of Mother to Child Transmission (eMTCT) global goal. With the support of UNICEF, the Ministry of Health and Sanitation of the Government of Sierra Leone conducted an assessment of the eMTCT, EID and paediatric HIV programmes, aimed at taking stock of the achievements, identifying and analysing bottlenecks, and defining actions for improving quality access to eMTCT and paediatric HIV treatment, care and support for both HIV-infected and exposed children in Sierra Leone. Information generated by the assessment informed the development of an Elimination of Mother-to-Child Transmission (EMTCT) of HIV and Paediatric HIV Strategic and Operational Plan (2021-2025). The strategic and operational plan details out the strategies and actions that the country will implement to achieve EMTCT of HIV by 2025 as well as improve quality of care for children living with HIV in Sierra Leone.</p> <p><b>1. Purpose and objectives:</b></p> <p>In order to implement the Elimination of Mother-to-Child Transmission (EMTCT) of HIV and Paediatric HIV Strategic and Operational Plan (2021-2025), it is essential to estimate the cost of the plan. There is need to carry out the costing per year to cover each year of its implementation. In this regard, UNICEF intends to hire a consultant to support the Ministry of Health and Sanitation in this process.</p> <p>The overall objective of this consultancy is to develop the costing of the Elimination of Mother-to-Child Transmission (EMTCT) of HIV and Paediatric HIV Strategic and Operational Plan (2021-2025).</p> <p><b>2. Methodology and Technical Approach</b></p> <p>Under the leadership of the National AIDS Control Program (NACP) of the Ministry of Health and Sanitation, and in close collaboration with UNICEF and in consultation with the PMTCT technical working group (TWG), the international consultant will develop a costing methodology (and tool as relevant), oversee the data collection, lead the analysis of costing data, and finalize the costing exercise. A national consultant will be also hired to assist</p> |  |  |   |

<sup>1</sup>Trends in Maternal Mortality: 1990 to 2017. Estimates by WHO, UNICEF, UNFPA, World Bank and the UN Population Division, WHO, 2019.

<sup>2</sup>Levels & Trends in Child Mortality Report 2018. Estimates developed by the UN Inter-Agency Group for Child Mortality Estimation (UN IGME), UNICEF, 2019.

the international consultant in collecting necessary data on the ground to allow costing of the identified strategic interventions. The consultants will be provided with a copy of the validated EMTCT of HIV and Paediatric HIV Strategic and Operational Plan (2021-2025), which includes a list of main activities identified in order to achieve each of the 11 strategic objectives within three years (2021-2023).

### 3. Specific Tasks of the Consultant

- **Preparedness:**

- a) Develop a timeframe for activities to carry out the costing process, defining the required data to be collected, and the required meetings with the key informants: the PMTCT technical working group, the M&E focal point for the HIV program, MoHS, the focal points from Global Fund implementing partners, UNICEF, WHO and other partners, to obtain information relevant to the costing.

- **Execution of the Costing:**

- b) The elaboration of the costing of the Strategic and Operational Plan will be presented by year and total (sum of all the years of implementation of the plan).
- c) The methodology for costing will be defined with the NACP, Directorate of Policy Planning and Information (DPPI) and UNICEF Focal Point, once the available information has been compiled.
- d) Guide the national consultant on data collection and oversee the process
- e) Ensure data quality and final consolidation/analysis of costing data
- f) When necessary, virtual meetings will be held with the PMTCT technical working group and key informants to validate the calculations according to the goals and activities defined in the plan.
- g) On a regular basis, the consultant should have joint meetings with NACP, UNICEF and other partners to discuss progress and challenges in achieving costing.
- h) Work with the national consultant to facilitate a workshop to discuss and validate the results of costing.
- i) Develop the final Costed Plan.

### 4. Expected Deliverables

Lumpsum payment of consultancy fee will be processed upon acceptance of all deliverables and against an invoice that will refer to the contract reference and deliverable number. Payment will be approved by the Health and Nutrition Section Chief.

The consultancy should submit the following deliverables as final products:

| Deliverables   | Timeframe (working days) |
|--|--------------------------|
| 1. Inception Report detailing costing methodology/tools  | 3 days                   |
| 2. Elimination of Mother-to-Child Transmission (EMTCT) of HIV and Paediatric HIV Strategic and Operational Plan (2021-2025) costed by year and by the total duration of the plan (3 years) | 7 days                   |
| <b>Total number of working days</b>  | <b>10 days</b>           |

### 5. Management, Organization and Timeframe

Estimated number of working days required for this assignment is 10 days over a period of 1 month (14 May – 13 June 2021). The international consultant will work remotely.

The consultant will work remotely under the leadership and coordination of NACP of the MoHS, and in collaboration with a local costing consultant.

Monitoring of the consultant's work will be done by NACP in coordination with UNICEF (Health Specialist) through regular meetings to be scheduled. The consultant will also be requested to share all relevant documentation during this process

#### 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 |
|---|--|--------------|-----------------|
| Inception Report detailing costing methodology/tools  | Submission to and approval by UNICEF of an inception report with methodology/tools and workplan. | 19 May 2021  |                 |
| Elimination of Mother-to-Child Transmission (EMTCT) of HIV and Paediatric HIV Strategic and Operational Plan (2021-2025) costed by year and by the total duration of the plan (3 years) | Submission to and approval by UNICEF of the preliminary costed plan                              | 5 June 2021  |                 |
| Final consultancy report  | Submission to and approval by UNICEF of the final costed plan                                    | 13 June 2021 |                 |

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| <b>Budget Year:</b><br>2021   | <b>Requesting Section/Issuing Office:</b><br><i>Health and Nutrition Section</i> | <b>Reasons why consultancy cannot be done by staff:</b><br>Because of required expertise, UNICEF staff alone cannot deliver the results under this consultancy. However, UNICEF staff will provide guidance and support to the consultant. |   |
| <b>Included in Annual/Rolling Workplan:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please justify:  |  |  |   |
| <b>Consultant sourcing:</b><br><br><input type="checkbox"/> National <input checked="" type="checkbox"/> International <input type="checkbox"/> Both<br><br><b>Consultant selection method:</b><br><br><input type="checkbox"/> Competitive Selection (Roster)<br><input checked="" type="checkbox"/> Competitive Selection (Advertisement/Desk Review/Interview) |  | <b>Request for:</b><br><br><input checked="" type="checkbox"/> New SSA – Individual Contract<br><br><input type="checkbox"/> Extension/ Amendment  |   |
| <b>If Extension, Justification for extension:</b>   |  |  |   |
| <b>Supervisor:</b>  | <b>Start Date:</b> 14 May 2021   | <b>End Date:</b> 13 June 2021  | <b>Number of Days (working):</b><br>10 days (over 1-month period) |

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| <b>Estimated Consultancy fee</b>  |   |  |  |
| Travel International (if applicable)  | -   |  |  |
| Travel Local (please include travel plan)   | .   |  |  |
| DSA (if applicable)   | .   |  |  |
| <b>Total estimated consultancy costs<sup>i</sup></b>  |   |  |  |
| <b>Minimum Qualifications required:</b><br><input type="checkbox"/> Bachelors <input checked="" type="checkbox"/> Masters <input type="checkbox"/> PhD <input type="checkbox"/> Other<br><br>Enter Disciplines:<br>Advanced university degree in Economics, Finance, Public Health, Medicine, Social Sciences, Health Systems Management, or other related disciplines. | <b>Knowledge/Expertise/Skills required:</b> <ul style="list-style-type: none"> <li>Degree in Economics and / or Management and Finance.</li> <li>Master's in Public Health or Health Economics will be an advantage.</li> <li>At least 5 years of proven experience in costing programs or projects related to Health, preferably HIV / AIDS.</li> <li>Advanced Microsoft Excel knowledge.</li> <li>Knowledge of tools for costing strategic plans, such as One-Health will be an advantage.</li> <li>Good interpersonal communication and facilitation skills; ability to interact with various stakeholders and express ideas and concepts verbally and concisely.</li> <li>Ability to work under pressure.</li> <li>Ability to speak and write fluently in English is a requirement.</li> <li>Demonstrated ability to work in a multi-cultural environment and establish harmonious and effective working relationships, both within and outside the workplace.</li> <li>Previous working experience with UNICEF and/or other international agencies will be an asset.</li> <li>Previous experience in countries or regions with similar context to Sierra Leone is an asset.</li> </ul> |  |  |
| <b>Administrative details:</b><br>Visa assistance required: <input type="checkbox"/><br>Transportation arranged by the office: <input type="checkbox"/>   | <input checked="" type="checkbox"/> Home Based <input type="checkbox"/> Office Based:<br>If office based, seating arrangement identified: <input type="checkbox"/><br>IT and Communication equipment required: <input type="checkbox"/><br>Internet access required: <input type="checkbox"/>   |  |  |
| <b>Request Authorised by Section Head</b>   | <b>Request Verified by HR:</b>  |  |  |
| <div> <div> <i>Approval of Chief of Operations (if Operations):</i><br/> <br/> <br/> <br/> </div> <div> <i>Approval of Deputy Representative (if Programme)</i><br/> <br/> <br/> <br/> </div> </div> <div> <i>Representative (in case of single sourcing/or if not listed in Annual Workplan)</i><br/> <br/> <br/> <br/> </div>   |   |  |  |

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<sup>i</sup> 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.