

#### **United Nations Children's Fund**

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

| Title  | Type of engagement | Duty station      |
|--|--------------------|-------------------|
| Nutrition-Sensitive Social Protection Consultant |                    | Lusaka, Zambia    |
|  |                    | With field travel |

### Purpose of Activity/Assignment:

Provide technical support to the implementation of the 1000 Days in SCT Gender and Nutrition-Sensitive Pilot.

#### **Background**

The Ministry of Community Development and Social Services is implementing the 1000 Days in Social Cash Transfer Pilot, a cash plus initiative aimed at making social protection more gender and nutrition sensitive. The pilot utilises a multisectoral approach to enhance beneficiary outcomes at household level. The banks on existing programmes, supporting households with social cash transfers, and linking them to nutrition and health services through a community case management approach.

Globally, social protection interventions have played a significant role in contributing both to poverty reduction and directly to addressing poverty-related causes of stunting in young children, by providing families the financial means to give their children a healthy and balanced diet. Studies show that educated and empowered mothers in households are able to make better decisions related to the nutrition of their family members and themselves, and that better-nourished girls are more likely to stay in school and to learn more, building the human capital to break cycles of poverty and malnutrition.

At the local level, evidence shows that - as Zambia's flagship social assistance programme, the Social Cash Transfer (SCT) programme has contributed to poverty reduction and has positively impacted on a range of poverty-related outcomes for many households around the country, including on food security. The SCT programme implemented by the MCDSS aims to reduce poverty and its intergenerational impacts in Zambia

As an important step towards further enhancing the gender and nutrition sensitivity of Zambia's social protection programming, the second phase of the United Nations Joint Programme on Social Protection (UNJPSP-II) supports MCDSS with the implementation of a pilot that links the earlier-mentioned SCT Programme to additional cash and non-cash interventions that are relevant to enhance nutrition outcomes and with that for the health, well-being, and development of pregnant women as well as young children below two years. The pilot will make use of the services offered through different programmes and particularly those focused on improving nutrition i.e. the Scaling Up Nutrition (SUN-II) programme, combining cash plus nutrition package with a strong Social Behaviour Change (SBC) strategy. More specifically, beneficiary households will receive a top-up to their SCT benefit and will be linked to nutrition and gender-related services, such as feeding practices, improved nutrition and dietary practices, maternal and infant health services, social behavioural change, and sexual reproductive health services using a community case management approach. Besides testing the feasibility of a cash+ nutrition intervention, an important objective of the pilot is to test the feasibility of adding a sixth category to the SCT programme, consisting of households with pregnant women and children two years and below

The pilot is being implemented in Chipata, Kalabo, Mpika and Mwinilunga Districts, located in Eastern, Western, Muchinga and North-Western provinces respectively. The pilot commenced in 2022 and will run for three years up to 2024, with a strong focus on evidence generation and leverages and operationalises coordination among different stakeholders at national, district and community levels.

## Justification

Supporting the implementation, management and continuous improvement of the multisectoral gender nutrition sensitive 1000 Days in SCT pilot requires dedicated support. The consultant needs to have relevant expertise in social protection, public health, nutrition and be able to effectively coordinate the linkage from the Ministry of Community Development and Social Services (MCDSS) to the Ministry of Health (MOH) and the National Food and Nutrition Commission (NFNC) for the successful implementation of the pilot. Thus, a dedicated national coordinator consultant is required to support the management and implementation of the pilot. This support cannot be made available from Ministry staff positions who do not have sufficient capacity in cross-sectoral programming while UNICEF does not have sufficient staff positions leave alone at local level. Thus, given the specialised, project oriented nature of the proposed work, support is required through the contracting of consultancy services with adequate skillset.

### **Objectives**

The role of the Nutrition Sensitive Social Protection Consultant will be to provide technical support to the implementation of the 1000 days in SCT Pilot and coordinate the daily operations of the pilot implementation, in close liaison with the UNICEF Zambia Social Policy section, the Ministry of Community Development and Social Services and the respective Provincial and District Social Welfare Offices where the pilot is implemented.

## **Key deliverables:**

The consultant will provide technical assistance to the implementation of the 1000 days in SCT Pilot at all administrative levels, through the following tasks:

## 1. Beneficiary management and Payments

- Facilitate and support the operationalisation and timely disbursement of cash transfers for the 1000 Days in SCT pilot beneficiaries.
- Review programme implementation to identify key challenges, lessons and provide timely support to improve implementation.



- Support scale up through periodic registration of additional beneficiaries within the pilot districts through identification, enrolment and payments.
- Support pilot systems strengthening, data management, programme monitoring, tracking changes and providing timely responses to queries raised by districts.

### 2. Coordination and linkages

- Support and strengthen coordination among key implementing partners, especially MCDSS, Ministry of Health and National Food and Nutrition Commission (NFNC) as well as other stakeholders relevant to the implementation of the pilot.
- Support the review of beneficiary linkages and uptake of services in the districts to ensure implementation of the plus component of the pilot.
- Support the development and/or the revitalization of HIV and Adolescent Sexual Reproductive Health Services in the pilot districts.

#### 3. Programme Monitoring and Research

- Support and ensure timely M&E and reporting for the 1000 days in SCT pilot implementation including financial and programme reporting. The consultant will support national and district level reporting on the pilot.
- Support ongoing implementation research by managing coordination between UNICEF and MCDSS, communication and logistical support for district and field research. The implementation research is aimed at identifying the best implementation modality to inform gender and nutrition sensitive social protection programming. The consultant will support the research by facilitating communication to district offices, field work and other research requirements.
- Support the identification, documentation and dissemination of key lessons and best practices to inform decisions on the pilot
- Support and facilitate for pilot review meetings with key implementers and stakeholders

### 4. Grievance Management

 Support the management of grievances related to the 1000 Days in SCT pilot at different levels including National, provincial district and community level. The consultant will work closely with the SCT Programme Implementation Unit (PIU) and support grievance management by reviewing and facilitating grievance resolution processes for all 1000 Days in SCT grievances.

## 5. Capacity strengthening

Identify capacity building needs for implementers at national and district level for effective delivery of the pilot.
 The consultant will in consultation with UNICEF and MCDSS facilitate capacity building/training for implementing staff to enhance capacity of the staff to deliver the 1000 Days in SCT pilot outputs at different levels of implementation.

### 6. Communications

Support the implementation of all communication and Social Behavioural Change activities. The role includes
providing technical review toward production of high-quality communication materials and stakeholder
engagement using appropriate channels.

The consultant will be embedded in HQ of the Ministry of Community Development and Social Services, in the Department for Social Welfare, and work closely with non-statutory section. MCDSS will provide a workstation, while UNICEF will provide a laptop. Candidates should provide an all-inclusive fee proposal which includes a monthly talk-time for the duration of the contract. The pilot is implemented in four districts, thus frequent travel to Chipata, Kalabo, Mpika and Mwinilunga is expected; and MCDSS will provide transport and DSA at Government DSA rates (this travel is not to be included in financial proposal).

| 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   |  |  |  |  |  |  |
| Child data role   |  |  |  |  |  |  |



| Budget Year:   | Requesting Section/Issuir  |                                | ng SharePoint and Child Safeguarding FAQs and Updates  Reasons why consultancy cannot be done by staff:   |                                |                   |  |
|--|--|--------------------------------|---|--------------------------------|-------------------|--|
| _uugu .uu  | Office:  | _                              | Supporting the implementation, management and continuous  |                                |                   |  |
| 2023- 2024   |  |                                | improvement of the gender and nutrition sensitive 1000 Days in SCT pilot  |                                |                   |  |
|  | Social Policy/Zambia, Lus  |                                |   |                                |                   |  |
|  |  |                                |   |                                |                   |  |
|  |  |                                | social protection and nutrition with the ability to effectively coordinate the linkage from the Ministry of Community Development and Social Services (MCDSS) to the Ministry of Health (MOH) and National Food and Nutrition |                                |                   |  |
|  |  |                                |   |                                |                   |  |
|  |  |                                | Commission (NFNC) for the successful implementation of the pilot. The intensity and specialised nature of the required support can currently not  |                                |                   |  |
|  |  |                                |   |                                |                   |  |
|  |  |                                | be made available from within existing staffing at MCDSS or UNICEF. Thus,   |                                |                   |  |
|  |  |                                | a dedicated Nutrition Sensitive Social Protection Consultant is required  |                                |                   |  |
|  |  |                                | oversee and support the i   |                                |                   |  |
|  |  |                                |   |                                |                   |  |
|  | al/Rolling Workplan: 🛚 Yes 🗌   | No, plea                       | se justify:   |                                |                   |  |
| Consultant sourci  | ng:  |                                |   | Request for:                   |                   |  |
| National □ I   | nternational Both  |                                |   | New SSA                        |                   |  |
|  |  |                                |   | Extension/ Amendment           |                   |  |
| Consultant selection method:   |  |                                |   |                                |                   |  |
| Competitive Se   | election (Roster)  |                                |   |                                |                   |  |
| <u> </u>   | election (Desk Review/Intervie   | ١٨٨)                           |   |                                |                   |  |
| Advertisement  |  | vv ,                           |   |                                |                   |  |
|  | fication for extension:  |                                |   |                                |                   |  |
| Supervisor:  | Tradition for extension  | Start da                       | te: July 2023   | End date:                      | Number of Working |  |
| Merreny Kalomb   | a  | otal t da                      | <b>10.</b> 30. 7 2023   | 28 <sup>th</sup> December 2024 | Days: 396 Days    |  |
| ,  |  |                                |   |                                | ,                 |  |
| Work Assignment  |  |                                |   |                                |                   |  |
| Work Assignment  | s Overview   | Delivera                       | bles/Outputs  | Delivery deadline              | Estimated amount  |  |
|  |  |                                |   |                                | (%)               |  |
|  | with MCDSS and UNICEF,   | Inception report with workplan |   | 27 Days                        | 8%                |  |
|  | ot documents including   | for the required outputs       |   |                                |                   |  |
| baseline research  |  |                                |   |                                |                   |  |
|  | acilitate and support disbursement and   |                                | on payments for the   | 21 Days                        | 5%                |  |
|  |  | -                              |   | - , -                          |                   |  |
| payment of social  | cash transfers to beneficiary  | first fou                      | r months (May to  | ,,,                            |                   |  |
| payment of social households of the  | cash transfers to beneficiary<br>1000 Days in SCT pilot  | first fou                      |   |                                |                   |  |
| payment of social<br>households of the<br>including monitor  | cash transfers to beneficiary<br>1000 Days in SCT pilot<br>ing of payments. Support  | first fou                      | r months (May to  |                                |                   |  |
| payment of social<br>households of the<br>including monitor<br>generation of pay   | cash transfers to beneficiary<br>1000 Days in SCT pilot<br>ing of payments. Support<br>ment lists and payments of  | first fou                      | r months (May to  |                                |                   |  |
| payment of social<br>households of the<br>including monitori<br>generation of payi<br>transfers and nutr   | cash transfers to beneficiary<br>1000 Days in SCT pilot<br>ing of payments. Support<br>ment lists and payments of<br>ition tops to beneficiary   | first fou                      | r months (May to  |                                |                   |  |
| payment of social households of the including monitoring generation of paying transfers and nutrhouseholds – high  | cash transfers to beneficiary 1000 Days in SCT pilot ing of payments. Support ment lists and payments of ition tops to beneficiary lighting payment modalities,  | first fou                      | r months (May to  |                                |                   |  |
| payment of social<br>households of the<br>including monitor<br>generation of pay<br>transfers and nutr<br>households – high<br>successes and cha   | cash transfers to beneficiary 1000 Days in SCT pilot ing of payments. Support ment lists and payments of ition tops to beneficiary lighting payment modalities, Illenges   | first fou<br>August 2          | r months (May to<br>2023) in all 4 districts  |                                |                   |  |
| payment of social households of the including monitoring generation of payer transfers and nutricular households – high successes and chase Support scale up (   | cash transfers to beneficiary 1000 Days in SCT pilot ing of payments. Support ment lists and payments of ition tops to beneficiary lighting payment modalities, llenges mop-up) including  | first fou<br>August 2          | r months (May to<br>2023) in all 4 districts<br>on pilot mop-up and   | 21 Days                        | 5%                |  |
| payment of social households of the including monitoring generation of paystransfers and nutricular households – high successes and cha Support scale up (beneficiary identification)  | cash transfers to beneficiary 1000 Days in SCT pilot ing of payments. Support ment lists and payments of ition tops to beneficiary lighting payment modalities, Ilenges mop-up) including ication and enrolment                                    | first fou<br>August 2          | r months (May to<br>2023) in all 4 districts<br>on pilot mop-up and   |                                |                   |  |
| payment of social households of the including monitoring generation of paying transfers and nutrice households – high successes and chase Support scale up (beneficiary identification processes, lessons)   | cash transfers to beneficiary 1000 Days in SCT pilot ing of payments. Support ment lists and payments of ition tops to beneficiary lighting payment modalities, illenges mop-up) including fication and enrolment is learnt, challenges, successes | first fou<br>August 2          | r months (May to<br>2023) in all 4 districts<br>on pilot mop-up and   |                                |                   |  |
| payment of social households of the including monitoring generation of payer transfers and nutrices households – high successes and characteristics cale up (beneficiary identification processes, lessons and recommendation of the social payers of the social paye | cash transfers to beneficiary 1000 Days in SCT pilot ing of payments. Support ment lists and payments of ition tops to beneficiary lighting payment modalities, Ilenges mop-up) including ication and enrolment                                    | Report of data cle             | r months (May to<br>2023) in all 4 districts<br>on pilot mop-up and   |                                |                   |  |



| community level implementers. Present to  | identifying capacity gaps and   |         |    |
|---|---|---------|----|
| lessons learning event.   | recommended training  |         |    |
| Support the 1000 Days in SCT 2023 annual review and support the documentation of key lessons learnt for sharing for the wider cash plus SP stakeholders   | Workshop report highlighting 2023 progress, successes, challenges and recommendations for 2024. Documentation of key implementation lessons   | 21 Days | 5% |
| Facilitate and support disbursement and payment of social cash transfers to beneficiary households of the 1000 Days in SCT pilot including monitoring of payments. Support generation of payment lists and payments of transfers and nutrition tops to beneficiary households – highlighting payment modalities, successes and challenges | Report on payments for<br>September-October Payment<br>in all 4 districts   | 21 Days | 5% |
| Review monitoring tools and reports and identify best practices, lessons and programme successes for sharing. Review data and information management queries and updates, provide support to districts to ensure  | Monitoring report with update on data and information management  | 21 Days | 5% |
| Facilitate and support disbursement and payment of social cash transfers to beneficiary households of the 1000 Days in SCT pilot including monitoring of payments. Support generation of payment lists and payments of transfers and nutrition tops to beneficiary households – highlighting payment modalities, successes and challenges | Report on payments for<br>November December Payment<br>in all 4 districts   | 21 Days | 5% |
| Review beneficiary linkages and referrals through case management, identify challenges and recommendations. Support communication and social behaviour change activities for the 1000 Days in SCT pilot   | Report on linkages and referral of beneficiaries to nutrition and other services including number of beneficiaries and services/programmes accessed. Including an update on communications and SBC in all 4 pilot districts | 21 Days | 5% |
| Facilitate and support disbursement and payment of social cash transfers to beneficiary households of the 1000 Days in SCT pilot including monitoring of payments. Support generation of payment lists and payments of transfers and nutrition tops to beneficiary households – highlighting payment modalities, successes and challenges | Report on payments for<br>January February Payment in<br>all 4 districts  | 21 Days | 5% |
| Review coordination structures and platforms,<br>their operations and provide recommendation<br>for enhanced multisectoral coordination for<br>pilot delivery   | Coordination report   | 21 Days | 5% |



| Facilitate and support disbursement and           | Report on payments for          | 21 Days | 5%  |
|---|---------------------------------|---------|-----|
| payment of social cash transfers to beneficiary   | March-April Payment in all 4    |         |     |
| households of the 1000 Days in SCT pilot          | districts                       |         |     |
| including monitoring of payments. Support         |                                 |         |     |
| generation of payment lists and payments of       |                                 |         |     |
| transfers and nutrition tops to beneficiary       |                                 |         |     |
| households – highlighting payment modalities,     |                                 |         |     |
| successes and challenges                          |                                 |         |     |
| Support the management of grievances related      | Update Report grievance         | 21 Days | 5%  |
| to the 1000 Days in SCT pilot at different levels | management for the 1000 days    |         |     |
| including National, provincial, district and      | in SCT with challenges and      |         |     |
| community level.                                  | recommendations.                |         |     |
| Facilitate and support disbursement and           | Report on payments for May-     | 21 Days | 5%  |
| payment of social cash transfers to beneficiary   | June Payment in all 4 districts |         |     |
| households of the 1000 Days in SCT pilot          |                                 |         |     |
| including monitoring of payments. Support         |                                 |         |     |
| generation of payment lists and payments of       |                                 |         |     |
| transfers and nutrition tops to beneficiary       |                                 |         |     |
| households – highlighting payment modalities,     |                                 |         |     |
| successes and challenges                          |                                 |         |     |
| Support implementation research requirement       | Update on implementation        | 21 Days | 5%  |
| by facilitating and coordinating communication    | research activities including   |         |     |
| and logistic to ensure smooth data collection     | feedback from district, CWACs   |         |     |
| for the researchers.                              | and respondents to inform       |         |     |
|   | learning                        |         |     |
| Facilitate and support disbursement and           | Report on payments for July-    | 21 Days | 5%  |
| payment of social cash transfers to beneficiary   | August Payment in all 4         |         |     |
| households of the 1000 Days in SCT pilot          | districts                       |         |     |
| including monitoring of payments. Support         |                                 |         |     |
| generation of payment lists and payments of       |                                 |         |     |
| transfers and nutrition tops to beneficiary       |                                 |         |     |
| households – highlighting payment modalities,     |                                 |         |     |
| successes and challenges                          |                                 |         |     |
| Facilitate and support disbursement and           | Report on payments for          | 21 Days | 5%  |
| payment of social cash transfers to beneficiary   | September-October Payment       |         |     |
| households of the 1000 Days in SCT pilot          | in all 4 districts              |         |     |
| including monitoring of payments. Support         |                                 |         |     |
| generation of payment lists and payments of       |                                 |         |     |
| transfers and nutrition tops to beneficiary       |                                 |         |     |
| households – highlighting payment modalities,     |                                 |         |     |
| successes and challenges                          |                                 |         |     |
| Support pilot closure activities and consolidate  | Final Consultancy report with   | 33 Days | 12% |
| lessons learned and other observations            | recommendations for future      | ,       |     |
| relevant to inform scale-up discussions           | scale-up and implementation     |         |     |
| Estimated Consultancy fee                         |                                 |         |     |
| Travel International (if applicable)              | N/A                             | -       |     |
| Travel Local (please include travel plan)         | N/A                             | -       |     |
| DSA (if applicable)                               | GRZ Rates                       | -       |     |
|   |                                 |         |     |



| Total estimated consultancy costsi  |   |   |   |   |  |
|---|---|---|---|---|--|
|   |   | dge/Expertise/Skills required:  |   |   |  |
| Bachelor's in Social Science,<br>Economics, Public Health, Social<br>Policy, Social Work or any related<br>field.   | Go<br>2. Su<br>er<br>3. De<br>4. Fa<br>de<br>pr<br>5. Fa<br>de<br>6. Ex<br>bu<br>7. De<br>8. Ex | least 5 years of relevant profession overnment, Intergovernmental, or abstantive experience in project manyironment.  The monstrated ability to provide capability with the background and estrable; Experience cash plus prograte to the company of the capability with nutrition (MCDP) and estrable.  The providing communication including use and developmental emonstrated ability in report writing the communication and interpetation and interpetation. | Non-Governmental Organ<br>anagement, preferably in<br>acity building in social pro-<br>rationale of Social Cash T<br>ramming; particularly in r<br>d public health programm<br>ion for development, trai<br>nent of data collection too<br>g, facilitation, research a<br>ersonal skills, and fluency | nizations. a public-sector  etection and M&E. ransfer scheme is nutrition sensitive social ning in Zambia is ning and capacity ols. nd documentation. in English; knowledge |  |
| Evaluation Criteria (This will be used fo   | r the <u>Sel</u>  | ection Report (for clarification see  | <u>Guidance)</u>  |   |  |
| A) Technical Evaluation (e.g. maximum   | 75 Point  | s)  |   |   |  |
| <ul> <li>Academic qualifications: Bachelor's in social science, Economics, Public Health, Social Policy, Social Work or any related field (5)</li> <li>At least 5 years of relevant professional work experience in social welfare with either Government, Intergovernmental, or Non-Governmental Organizations. 10</li> <li>Familiarity with the background and rationale of Social Cash Transfer scheme is desirable; Experience cash plus programming; particularly in nutrition sensitive social protection programming. (15)</li> <li>Experience in providing communication for development, training and capacity building, including use and development of data collection tools. 15</li> <li>Experience and demonstrated capacity to provide trainings and capacity building in social protection (10)</li> <li>Experience in project management research and data management including monitoring and evaluation. (15)</li> <li>Demonstrated ability in report writing, facilitation, research and documentation (10)</li> <li>B) Financial Proposal (e.g. maximum of 25 Points)</li> </ul> |   |   |   |   |  |
| Administrative details: N/A Visa assistance required:  Transportation arranged by the office:   |   | ☐ Home Based ☐ Office Based If office based, seating arrangement IT and Communication equipment Internet access required: ☐   | ent identified: 🔀   |   |  |

<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.

The selected candidate is solely responsible to ensure that the visa (applicable) and health insurance required to perform the duties of the contract are valid for the entire period of the contract. Selected candidates are subject to confirmation of fully-vaccinated status against SARS-CoV-2 (Covid-19) with a World Health Organization (WHO)-endorsed vaccine, which must be met prior to taking up the assignment. It does not apply to consultants who will work remotely and are not expected to work on or visit UNICEF premises, programme delivery locations or directly interact with communities UNICEF works with, nor to travel to perform functions for UNICEF for the duration of their consultancy contracts.

UNICEF offers <u>reasonable accommodation</u> for consultants with disabilities. This may include, for example, accessible software, travel assistance for missions or personal attendants. We encourage you to disclose your disability during your application in case you need reasonable accommodation during the selection process and afterwards in your assignment.