

United Nations Children's Fund

TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANTS AND CONTRACTORS

Title	Type of engagement	Duty station
1000 Days in SCT District Consultant		Chipata
(4 Locations within Zambia)		Kalabo
		Mpika
		Mwinilunga

Purpose of Activity/Assignment:

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

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 hands-on support on district level. The consultants 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. 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. The pilot is implemented in four districts, i.e. Chipata, Kalabo, Mpika and Mwinilunga for each of which one consultant is expected to support.

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 within the District Social Welfare Office.

Key deliverables:

The consultants will provide technical assistance to the implementation of the 1000 days in SCT Pilot at district and community levels, through the following tasks:

1. Beneficiary management and Payments

- Facilitate and support 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 data management, programme monitoring, tracking and documentation of key lessons in the implementation of the pilot at district level.

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 at district level.
- Support and facilitate for beneficiary linkages and uptake of services in the districts to ensure implementation of the plus component of the pilot.
- Support the revitalization of HIV and Adolescent Sexual Reproductive Health Services at district level.

3. Programme Monitoring and Research

- Support and facilitate timely M&E and reporting for the 1000 days in SCT pilot implementation including financial and programme reporting.
- Support ongoing implementation research by managing and coordination including communication and logistical support for district and field research.
- Support the identification, documentation and dissemination of key lessons and best practices at district level to inform decisions on the pilot implementation.

4. Grievance Management

Support the management of grievances related to the 1000 Days in SCT pilot at district and community levels.

5. Communications

 Support the implementation of all communication and Social Behavioural Change activities at district and community level.

The consultants will be expected to regularly interact with the respective District Social Welfare Offices under the Ministry of Community Development and Social Services. The 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. MCDSS will provide transport and in case of travel outside the district, DSA will be provided by the Ministry at Government DSA rates. The consultants will provide hands-on support the following districts:

Province	District	Number of project consultants
Eastern	Chipata	One (1)
Muchinga	Mpika	One (1)
North-western	Mwinilunga	One (1)
Western	Kalabo	One (1)

Western Kalabo One (1) 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



Budget Yea	r: Requesting Section/Issu	ing Reasons why consultancy of	cannot be done by staff:		
_ anger i ea	Office:			ess will depend on close	
2023- 2024			Given the complexity of the pilot initiative, its success will depend on close monitoring of progress, timely identification of challenges, the quality and		
	Social Policy/Zambia, Lu	saka dedication with which s			
		solutions, and continuous	solutions, and continuous horizontal and vertical coordination acre		
		stakeholders at all admini	istrative levels and across	line ministries. District	
		social welfare staff will no	ot be able to carry the ad	ditional responsibilities	
		which will have to be car	which will have to be carried at the district level. UNIC		
		able to provide the dedi	cated district and comm	unity-level support the	
		pilot requires.			
	Annual/Rolling Workplan: X Yes	No, please justify:	1		
Consultant	sourcing:		Request for:		
Mations	I International Both		New SSA		
₩ INGUINA			Extension/ Amend	ment	
Consultant	selection method:			Cit	
Consultant	selection method.				
Compet	itive Selection (Roster)				
_ `	itive Selection (Desk Review/Intervi	ew)			
Advertis					
If Extension	, Justification for extension:				
Supervisor:		Start date:	End date:	Number of Working	
Social Polic	y Specialist (Integration)	July 2023	28 th December 2024	Days: 396 Days	
	nment Overview:		To ::	Ten	
	nments Overview	Deliverables/Outputs	Delivery deadline	Estimated Budget	
	evelop an inception report with	Inception report with workplan	August 2023	8%	
	raft workplan detailing approaches				
	nd timeline for the duration of the				
	eview and support payments of	Update report on bimonthly	September 2023	5%	
	ash transfers to beneficiary	beneficiary payments	September 2025	3/0	
	ouseholds – July-August 2023	beneficiary payments			
	upport beneficiary data	Progress report on data	October 2023	6%	
	nanagement, document key pilot	management and lessons	0000001 2023		
	arnings at district level	management and ressons			
	upport scale up (mop-up) including	Progress report on pilot scale	November 2023	6%	
	eneficiary identification and	.0			
	nrolment processes, lessons learnt,				
	nallenges, successes and				
cl					
cł re	nallenges, successes and				
ch re cl	nallenges, successes and ecommendations as well as data	Update report on bimonthly	December 2023	5%	
cl re cl 5. R	nallenges, successes and ecommendations as well as data eaning	Update report on bimonthly beneficiary payments	December 2023	5%	
cl re cl 5. R	nallenges, successes and ecommendations as well as data eaning eview and support payments of		December 2023	5%	
ch re cl 5. R ca h	nallenges, successes and ecommendations as well as data eaning eview and support payments of eash transfers to beneficiary		December 2023	5%	
ct re cl 5. Ro ca ho 20	ecommendations as well as data eaning eview and support payments of eash transfers to beneficiary ouseholds – September October		December 2023 January 2024	5%	
5. R ca h 20	nallenges, successes and ecommendations as well as data eaning eview and support payments of ash transfers to beneficiary ouseholds – September October 023	beneficiary payments			



7.	Review and support payments of cash transfers to beneficiary	Update report on bimonthly	February 2024	5%
	households – November- December	beneficiary payments		
	2023			
8.	Support and facilitate beneficiary	Report on beneficiary linkages	March 2024	6%
	linkages to NSGs and other services	, ,		
9.	Support community case	Update report on case	April 2024	6%
	management – review, support case	management		
	identification, filing analysing and			
	case closure.			
10.	Review and support payments of	Update report on beneficiary	May 2024	5%
	cash transfers to beneficiary	payments including		
	households – January to April 2024	retirements		
11.	Support communication and social	Progress report on	June 2024	6%
	behaviour change activities for the	communications and SBC in		
	1000 Days in SCT pilot in the district	the district		
12.	Review and support payment of cash	Update report on beneficiary	July 2024	5%
	transfers to beneficiary households –	payments including		
	May – August 2024	retirements		
13.	Support pilot monitoring and	Progress report on pilot M&E	August 2024	6%
	facilitate updating of the 1000 days	in the district		
	M&E MIS module at district level			
14.	Support the review and management	Report on grievances	September 2024	5%
	of pilot related grievances at district	management		
	level			
15.	Provide support to strengthen	Update on coordination –	October 2024	6%
	coordination among key	challenges and		
	stakeholders at community, ward	recommendations		
	and district level			
16.	Provide support to bimonthly	Progress report on payments	November 2024	5%
	payments and reconciliations	and reconciliations		
17.	Produce final report with clear	Final report	December 2024	10%
	lessons learnt and recommendations			
Estimate	ed Consultancy fee per district			
	ternational (if applicable)	N/A	-	
	ocal (please include travel plan)	N/A	-	
	pplicable)	GRZ Rates	_	
•	imated consultancy costs ⁱ (for all 4	GIVE NOTES	-	
consulta	•			
Minimur	•			

Qualifications required:

Bachelor's in Social Science, Economics, Public Health, Social Policy, Social Work

- 1. At least 3 years of relevant professional work experience in social welfare with either Government, Intergovernmental, or Non-Governmental Organizations.
- 2. Substantive experience in project management, preferably in a public-sector environment.
- 3. Demonstrated ability to provide capacity building in social protection and M&E.
- 4. Familiarity with the background and rationale of Social Cash Transfer scheme is desirable; Experience cash plus programming; particularly in nutrition sensitive social protection programming.
- 5. Familiarity with nutrition (MCDP) and public health programming in Zambia is desirable.
- 6. Experience in communication and working with communities.
- 7. Demonstrated ability in report writing, facilitation, research and documentation.



or any related field.	 Excellent communication and interpersonal skills, and fluency in English; knowledge of any main local languages will be added advantage (Nyanja, Bemba, Tonga, Lunda, Luvale, Kaonde, Lozi).
Evaluation Criteria (A) Technical Evaluat	This will be used for the <u>Selection Report</u> (for clarification see <u>Guidance)</u> ion (75 Points)
field (5) - At least 2 y Non-Gover - Familiarity programm - Familiarity - Experience - Demonstra	qualifications: Bachelor's in social science, Economics, Public Health, Social Policy, Social Work or any related rear of relevant professional work experience in social welfare with either Government, Intergovernmental, or immental Organizations. (5) with the background and rationale of Social Cash Transfer scheme is desirable; Experience cash plus ing; particularly in nutrition sensitive social protection programming. (15) with nutrition and public health; (10) in project management research and data management including monitoring and evaluation. (15) inted experience in multisectoral programming coordination (10) inted ability in report writing, facilitation (15) I (25 Points)
Administrative deta Visa assistance requi Transportation arrar	

¹ 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.