

TERMS OF REFERENCE FOR INDIVIDUAL CONSULTANTS AND CONTRACTORS

<p>Title</p> <p>Consultant to develop, disseminate, and use a Monitoring Evaluation Review and Learning framework, including Pre and post assessment tools, for the implementation and results for the <i>“Preventing new HIV infections among adolescent girls and young women using 7% Set Aside Funds in Zambia in 2024/2025”</i></p>	<p>Type of engagement</p> <p><input checked="" type="checkbox"/> Consultant</p> <p><input type="checkbox"/> Individual Contractor Part-Time</p> <p><input type="checkbox"/> Individual Contractor Full-Time</p>	<p>Duty station</p> <p>Lusaka, Zambia</p> <p>With field travel</p>
<p>Purpose of Activity/Assignment: The purpose of this consultancy is to develop and implement, for the Ministry of Health (MOH) a functional and user-friendly Monitoring Evaluation Review and Learning (MERL) framework, including Pre and post assessment tools, to track implementation and results for the <i>“Preventing new HIV infections among adolescent girls and young women by 25% by December 2025”</i> using 7% Set Aside Funds</p>		
<p>Background</p> <p>UNICEF Zambia has received 7% Set Aside funds for the period August 2024 to December 2025 to support the Ministry of Health (MOH) reduce HIV incidence among Adolescent Girls and Young Women (AGYW), particularly among Adolescents and young mothers (AYM). AGYW have the highest incidence of HIV infection in Zambia. In 2023 they were 53% of pregnant women and, AGYW made up 45% of pregnant women that were HIV infected at first antenatal care (ANC). Evidence also shows that AGYW have limited access to Sexual Reproductive Health and HIV services due to demand side barriers such as reduced risk perception and supply side barriers, such as poor attitudes of health care workers and/ or limited or unacceptable adolescent friendly health services. As a result, this group have limited access to HIV prevention services which predisposes them to incident HIV infection particularly during pregnancy and breastfeeding¹. Government of Zambia with support from UNICEF Zambia proposes, to reduce HIV incidence in seven districts by leveraging the presence of mentor mothers to support HIV negative Adolescents and Young mothers (AYM) to access HIV prevention services and remain HIV negative.</p> <p>Justification</p> <p>One of Zambia’s key national priorities is reducing inequalities that drive the HIV/AIDS epidemic and prioritizing people who are not yet accessing life-saving HIV services and treatment. However, identified gaps in the national HIV programme response include: High incidence of HIV especially among AYP; lower rates of HIV case identification, treatment coverage and VL in children and AYP; low HIV testing, treatment coverage; suboptimal uptake of other biomedical prevention</p>		

¹ In 2023, UNAIDS Spectrum estimates that 30% of mother to child transmission (MTCT) is from incident HIV infection during pregnancy and breastfeeding

interventions including condoms; MTCT of HIV still happening especially during the breastfeeding period; transactional and intergenerational sex amongst AYP; Health Management Information System for HIV prevention is still paper based.

Considering gaps that may exist at National level, reducing infections amongst AYP, particularly AYM, in the targeted seven districts will only need programmatic interventions but also require a functional Monitoring Evaluation Review and Learning (MERL) framework to track implementation and results. This MERL framework should be developed in such a way that it can be used in the whole country at National and subnational (Province, district, health facility and community level) during the project implementation and even after the project.

Scope of Work

A highly skilled consultant is required to support the Ministry of Health with M and E functions of the “**Preventing new HIV infections among adolescent girls and young women by 25% by December 2025**” programme.

Tasks include but not limited to:

1. Desk review of existing Monitoring, Evaluation, Reporting and Learning (MERL) tools, processes, systems at national and subnational level (Province and seven districts) etc. for Adolescent service and data quality including for Adolescent and broader HIV prevention.
2. Conduct Key informant interviews, ensure to include all stakeholders, to gather data needs/ requirements.
3. Complete and prepare a baseline assessment report. As much as possible, this same format should be used to assess the impact at the end of the project period.
4. Develop a simplified effective Monitoring, Evaluation, reporting and learning (to enhance systems and enhance data use) plan, electronic and paper based, to assess the impact of this intervention on HIV incidence in the seven selected districts. This should be based on the use of and sustainable enhancement of existing systems (existing MOH registers, DHIS2, SmartCare, etc.) and should not create parallel systems. However, where gaps exist, the Consultant should be able to provide cost and time-efficient solutions to address those challenges.
5. Rapid pilot and validation of the MERL tool/system to facilitate timely use/implementation.
6. Institute a CQI process for both data and service quality monitoring.
7. Capacity building (training and mentorship) of Program and M and E staff in the use of the MERL and CQI framework at national, province and district level.
8. End of assignment report (preferably using the parameters in the baseline tool) to compare with baseline assessment. This report, which should be in soft and hard copy (good quality binding), must include at minimum,
 - a. *at least* one human interest story from each of the 7 districts

- b. Clearly recommended policy changes.
- c. Clearly articulated research priorities for the HIV/PMTCT/Adolescent Health Units
- d. One abstract each for presentation at a local forum and one abstract for presentation at an international forum.

Key deliverables:

1. Baseline assessment report
2. Functional and user-friendly MERL framework which should include national and subnational dashboards and CQI framework, using Open-source software and pulling data from existing electronic systems. This system should be functional in the whole country at National and subnational (province, district, HF and Community) level and must not duplicate, but rather enhance existing systems/tools etc.
3. Capacity building reports
4. End of project report, PowerPoint presentation and peer reviewed/accepted abstracts.

Budget Year: 2024/2025	Requesting Section/Issuing Office: Health and HIV/Zambia, Lusaka	Reasons why consultancy cannot be done by staff: Requires advanced M and E skills. Requires dedicated time to go to all 7 districts to conduct baseline and endline assessments that a staff member cannot allocate time to.
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Included in Annual/Rolling Workplan: Yes No, please justify:

Consultant sourcing: <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> International <input checked="" type="checkbox"/> Both	Request for: <input checked="" type="checkbox"/> New SSA <input type="checkbox"/> Extension/ Amendment
Consultant selection method: <input type="checkbox"/> Competitive Selection (Roster) <input checked="" type="checkbox"/> Competitive Selection (Desk Review/Interview) <input type="checkbox"/> Advertisement	

If Extension, Justification for extension: N/A

Supervisor: Adolescent and HIV/AIDS Specialist	Start date: ASAP	End date:	Number of Working Days: 75
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Work Assignment Overview:			
Work Assignments Overview	Deliverables/Outputs	Delivery deadline	Estimated Budget
Conduct a baseline assessment of the existing MERL framework related to Adolescent Health including Adolescent HIV and the derivation of Adolescent HIV estimates.	Baseline assessment report and PowerPoint presentation	December 2 nd , 2024	
Develop a MERL framework including all tools, Standard Operating Procedures (SOP), job aids, dashboards etc	Comprehensive functional MERL framework	January 3 rd , 2025	
Capacity building of National and Provincial level staff, including other partners working on the 7% Set Aside program, on the MERL Framework.	Capacity building report	January 17 th , 2025	
Capacity building of District level staff, in each of the seven districts.	Capacity building reports	February 28 th , 2025	
End of project report, PowerPoint presentation and peer reviewed and accepted abstracts/manuscript.	Final project report (and PowerPoint presentation) with minimum requirements as stipulated	November 28 th . 2025	
Estimated Consultancy fee			
Travel International (if applicable)	2 return air tickets		
Travel Local (please include travel plan)	Travel is expected to all 7 districts with on average three to four days per district (Chibombo,		

	Nchelenge, Sesheke, Chirundu, Masaiti, Kapiri Mposhi and Kalomo)		
DSA (if applicable)	DSA has been factored into the consultancy fee to support costs related to travel to all 7 districts (Chibombo, Nchelenge, Sesheke, Chirundu, Masaiti, Kapiri Mposhi and Kalomo)		
Total estimated consultancy costsⁱ			
Minimum Qualifications required*: <input type="checkbox"/> Bachelor's <input checked="" type="checkbox"/> Masters <input type="checkbox"/> PhD <input type="checkbox"/> Other Enter Disciplines 1. master's degree in similar fields or Epidemiology/Biostatistics/Public Health/international development		Knowledge/Expertise/Skills required *: 1. Expert knowledge of Zambian HIV and Adolescent Health M and E system with at least 5 years years of relevant experience required 2. Knowledge of Spectrum modelling 3. Knowledge of data management systems e.g. Power BI 4. Knowledge of key stakeholders in the MNCH/PMTCT/HIV sector in Zambia 5. Experience having developed functional, still in use, National and subnational monitoring tools 6. Experience in M and E related to HIV and Adolescent Health program in Zambia	
Evaluation Criteria (This will be used for the Selection Report (for clarification see Guidance)) A) Technical Evaluation (e.g. maximum 75 Points) B) Financial Proposal (e.g. maximum of 25 Points) 25 points - Educational background 20 points - Technical Experience 50 points - Knowledge of key stakeholders 5 points			
Administrative details:	<input checked="" type="checkbox"/> Home Based <input type="checkbox"/> Office Based/In Country-Based: If office based, seating arrangement identified: <input type="checkbox"/>		

Visa assistance required: <input type="checkbox"/>	IT and Communication equipment required: <input type="checkbox"/>
Transportation arranged by the office: <input type="checkbox"/>	Internet access required: <input type="checkbox"/>

ⁱ 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 [reasonable accommodation](#) 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.