**Roads Authority (Malawi)**

**SADC SUB-REGIONAL TRANSPORT AND TRADE FACILITATION PROJECT**

Transport Sector

Financing Agreement reference: 2100150043246

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# **TERMS OF REFERENCE FOR CONSULTANCY FOR HIV/AIDS/STI / SRH, TB, GBV, SEXUAL HARASSMENT AND ABUSE & OTHER GENDER DISCRIMINATION RELATED ILLs SENSITIZATION FOR BENGA- DWANGWA ROAD PROJECT**

# **1.0 Background and Justification**

The African Development Bank (AfDB) works with its client countries to mitigate the spread of risk of HIV/AIDS/STI / SRH, TB, GBV, sexual harassment and abuse & other gender discrimination related ills through its projects and policy dialogue activities. AfDB is implementing Integrated Safeguards System (ISS). The AfDB Integrated safeguards systems cover both the environmental and social dimensions of sustainable development. The ISS covers five operational safeguards (OS) that bank funded projects should comply during implementation of the projects. The key policy related to mitigating the risk of spread of HIV/AIDS/STI / SRH, TB, GBV, sexual harassment and abuse & other gender discrimination related ills for the bank funded projects is operational safeguard policy one (OS1) which is on Environmental and Social Assessment. The OS1 is the overarching safeguard; whose main objective is to mainstream environmental and social considerations (including those related to climate change and HIV and AIDS vulnerability) into the Bank financed projects. The safeguard governs the process of determining a project’s environmental and social category and the resulting environmental and social assessment requirements. The specific objectives of OS1 are to:

1. Mainstream environmental, climate change, and social considerations into Country Strategy Papers (CSPs) and Regional Integration Strategy Papers (RISPs).
2. Identify and assess the environmental and social impacts and risks— including those related to gender, HIV and AIDS, climate change and vulnerability—of Bank lending and grant-financed operations in their areas of influence.
3. Avoid or, if avoidance is not possible, minimize, mitigate and compensate for adverse impacts on the environment and on affected communities.
4. Provide for stakeholders’ participation during the consultation process so that affected communities and stakeholders have timely access to information in suitable forms about Bank operations and are consulted meaningfully about issues that may affect them.
5. Ensure the effective management of environmental and social risks in projects during and after implementation; and
6. Contribute to strengthening Regional Member Countries (RMC) systems for environmental and social risk management.

According to OS 1; it is a requirement that during environmental and social assessment, social risks/ impacts such as those related to risks of increased spread of HIV/AIDS/STI / SRH, TB, GBV, sexual harassment and abuse & other gender discrimination related ills are identified and assessed including the magnitude and significance of the impact on workers and surrounding communities.

Major civil works may exacerbate GBV risks, notably risks for sexual exploitation and abuse (SEA) as well as sexual harassment (SH) and increased incidences of Sexually Transmitted Diseases including HIV and AIDS by a range of perpetrators linked to project implementation in both public and private spheres in a number of ways, such as the following:

1. Construction works normally brings along concentration of people in campsites. It may also cause an influx of migrant workers looking for employment opportunities. An influx of migrant workers can be socially disruptive force on social structure. Sexually Transmitted Infections (STIs) including HIV/AIDS and other social diseases often increases in areas where construction camps are located.
2. The encampment of workers coupled with income differentials between local residents and workers on site might result in development of relationships which might result in the transmission of STIs including HIV/AIDS. Both schoolgirls and young unemployed women are especially vulnerable, as they can easily be tempted with prospects of financial benefits from relationships
3. Projects with a large influx of workers may increase the demand for sex work—even increase the risk for sex trafficking of women—or the risk of early marriage in a community where marriage to an employed man is seen as the best strategy for an adolescent girl’s livelihood.
4. Furthermore, higher wages for workers in a community can led to an increase in transactional sex. The risk of sexual relations between laborers and minors, even when it is not transactional, can also increase.
5. Projects create changes in the communities in which they operate and can cause shifts in power dynamics between community members and within households. For example, men in the community may be agitated when they think that workers are interacting with women in the community or when female project employees begin to bring more income than usual back to the household. Hence, abusive behaviour can occur not only between project staff and those living in and around the project site, but also within the homes of those affected by the project leading to further risks on spread of HIV and AIDs.

The Benga –Dwangwa (M005 section) 105km road is an infrastructure type of the project and falls under category A of the Government of Malawi Environmental Guidelines where Environmental and Social Impact Assessment (ESIA) is mandatory. The project concept is to design and rehabilitate the existing Benga - Dwangwa Road (M005) to a 7-metre carriageway and 2 metres width sealed shoulders and upgrade drainage structures including single lane bridges to double lane. This project will result into an influx of migrant workers into the respective areas especially skilled labour. The labour influx associated with infrastructure projects, when not well managed, can have serious negative consequences on host community (USAID 2015, World Bank Guidance Note on Labour influx, 2016). This influx of labour may have a bearing on the Gender Based Violence (GBV), Violence Against Children (VAC), HIV and Sexually Transmitted Infections (STIs) depending on the way the receiving population relates with the migrant workers. The groups that will be at high risk of GBV, VAC, Sexual Exploitation and Abuse (SEA) and at risk of contracting HIV and AIDs are women and girls. The receiving population may also try to use under aged children mostly girls in selling some food items and other merchandise to the workers at the time when the children are supposed to be in school. This may lead to increased risk of spread of HIV and AIDS. The Project Affected Persons (PAPs), the communities and the workers may have grievances related to discrimination of people living with HIV, sexual abuse and exploitation and immoral activities and they need to be provided with avenues for launching and resolving such grievances. In addition to relevant national and local government structures, proper sensitization of HIV/AIDS/STI / SRH, TB, GBV, sexual harassment and abuse & other gender discrimination related ills preventive measures can be strengthened by the presence of a full time HIV and AIDS Service Provider available at the project sites.

In view of the foregoing, the Roads Authority would like to engage the services of a firm or organization to support the Program Implementation Unit (PIU) by providing services for HIV/AIDS/STI / SRH, TB, GBV, sexual harassment and abuse & other gender discrimination related ill sensitization. Among other requirements, the firm should have local knowledge of the project areas.

# **2.0 Objectives**

The objectives of the assignment are;

1. To enhance awareness on preventive measures for HIV/AIDS/STI / SRH, TB, GBV, sexual harassment and abuse & other gender discrimination related ills to the workers and project surrounding communities including trading centres.
2. To enhance partnerships and coordination mechanisms at district and community levels for effective awareness on mitigation measures for HIV/AIDS/STI / SRH, TB, GBV, sexual harassment and abuse & other gender discrimination related ills.
3. To monitor implementation of various measures to address risks of HIV/AIDS/STI / SRH, TB, GBV, sexual harassment and abuse & other gender discrimination related ill associated with civil works in the project area.
4. To support community-based prevention of HIV/AIDS/STI / SRH, TB, GBV, sexual harassment and abuse & other gender discrimination related ills in the project area, including groups at risk of contracting TB, HIV/AIDS/STI / SRH, TB, GBV, sexual harassment and abuse & other gender discrimination related ills.

# **3.0 Scope of work**

## **3.1 Long –term impact of this project**

Zero tolerance to spread of HIV/AIDS/STI / SRH, TB, GBV, sexual harassment and abuse & other gender discrimination related ill will be attained mainly through the approach of challenging and creating awareness on negative practices and attitudes attached to risks of HIV/AIDS/STI / SRH, TB, GBV, sexual harassment and abuse & other gender discrimination related ills to both construction workers and community target population. For workers this will be enhanced through enforcement of workers’ code of conduct and implementation of workplace HIV and AIDS policy. For the community, this will be enhanced through sensitizing the community in general, women, girls, men and boys in order to equip them with knowledge on preventive measures for Risks of HIV/AIDS/STI / SRH, TB, GBV, sexual harassment and abuse & other gender discrimination related ills. The project will target several actors including schoolteachers/head teachers, religious leaders, community leaders, child protection structures, out of school youth leaders for awareness on preventive measures for HIV/AIDS/STI / SRH, TB, GBV, sexual harassment and abuse & other gender discrimination related ills. The hot spots for potential cases of GBV/SEA/VAC/SH will be the main target and example of these hotspots include contractors’ camp site, surrounding villages of active sites, trading centres along the project site, schools etc.

## **3.2 Short term Outcome**

The project will change the workers and community’s harmful practices about risk of spread of HIV/AIDS/STI / SRH, TB, GBV, sexual harassment and abuse & other gender discrimination related ills through awareness programs that challenge the negative cultural practices and attitudes and immoral behaviour that contribute such acts within the project area. Identified hot spot areas will be the main target for most of the interventions on prevention of risk of spread of HIV/AIDS/STI / SRH, TB, GBV, sexual harassment and abuse & other gender discrimination related ills.

## **3.3 Overall Tasks**

1. Enhancing mechanisms to mitigate risks of spread of HIV/AIDS/STI / SRH, TB, GBV, sexual harassment and abuse & other gender discrimination related ills due to the project.
2. Designing and implementing an HIV/AIDS/STI / SRH, TB, GBV, sexual harassment and abuse & other gender discrimination related ills community awareness program in the project area.
3. Strengthen mechanism for HIV/AIDS/STI / SRH, TB, GBV, sexual harassment and abuse & other gender discrimination related ills testing and counselling along the project area.
4. Strengthen coordination with national and district authorities to monitor implementation of mitigation measures for the risks of spread of HIV/AIDS/STI / SRH, TB, GBV, sexual harassment and abuse & other gender discrimination related ills within the project area.
5. Respond to people living with TB, HIV and those with AIDs with technical and support services within the project area.

## **3.4 Key Activities**

1. **Enhancing mechanisms to mitigate risks of spread of HIV/AIDS/STI / SRH, TB, GBV, sexual harassment and abuse & other gender discrimination related ills due to the project**. This task will include implementing and monitoring compliance with guidelines to mitigate risks of spread of HIV/AIDS/STI / SRH, TB, GBV, sexual harassment and abuse & other gender discrimination related ills, particularly those associated with labour influx through the following activities:
2. Development of the training materials based on Bank strategies on Mitigating the risk of TB, HIV and AIDS, and other best practice guidelines on HIV and AIDs including National TB and HIV and AIDs policy.
3. Develop specific mitigation measures relating to children/learners because of schools that will be impacted along the corridor;
4. Advise the PIU on the design of an independent GRM or customizing the existing GRM for sexual abuse and exploitation and rape cases; propose various possible modalities of designating and running the GRM, as relevant. Whatever is the GRM modality, the Consultant must have a direct responsibility for running it.
5. Ensure that GRM process embraces awareness program for HIV and AIDs and handling of sexual abuse and exploitation, and rape cases uses survivor centred approach.
6. Ensure that the GRM provides multiple, easily accessible and trusted channels through which grievances can be registered safely and confidentially and ensures a survivor centred approach as well as a speedy resolution of the case.
   * Ensure that the GRM does not ask for, or record, information on more than three aspects related to the sexual exploitation and abuse and Rape incident. These are: The nature of the complaint (what the complainant says in her/his own words without direct questioning).
   * If, to the best of their knowledge, the perpetrator was associated with the project; and,
   * If possible, the age and sex of the survivor.
7. Training the Workers for both contractors and sub-contractors and sensitize the communities on Grievance Redress Mechanism Train the GRM Operators on how to receive and process sexual exploitation and abuse and rape cases confidentially and empathetically, what referral pathways to follow and how to collect and report cases. Report to the GRM Operators on the outcomes of the Sexual exploitation an abuse and rape-related grievances made.
8. Develop tools that can be used to train and sensitize GRCs and communities on preventive measures for risk of spread of HIV/AIDS/STI / SRH, TB, GBV, sexual harassment and abuse & other gender discrimination related ills and prevention of Violence against Children (VAC), Sexual Exploitation and Abuse.
9. Undertake training of the staff preventive measures for risk of spread of HIV/AIDS/STI / SRH, TB, GBV, sexual harassment and abuse & other gender discrimination related ills and Grievance Redress Mechanism (GRM).
10. The service provider will also be required to deliver training to the employees (skilled and unskilled labourers for both contractors and sub-contractors) based on the training tool kits developed.
11. Review contractors ‘code of conduct to make sure it embraces HIV/AIDS/STI / SRH, TB, GBV, sexual harassment and abuse & other gender discrimination related ills preventive measures.
12. Timely responding to sexual exploitation and abusive and rape cases and compiling reports as necessary
13. **Designing and implementing a HIV/AIDS/STI / SRH, TB, GBV, sexual harassment and abuse & other gender discrimination related ills community prevention program in the project area.** The proposed activities seek to increase the resilience of communities to prevent and respond to risks of spread of HIV/AIDS/STI / SRH, TB, GBV, sexual harassment and abuse & other gender discrimination related ills associated with the project:
14. Conducting a rapid assessment of HIV/AIDS/STI / SRH, TB, GBV, sexual harassment and abuse & other gender discrimination related ills in the project area in order to identify population at risk, hot spot areas, key risks and protective factors, institutional response and mapping programs and services available for people living with HIV in the project area.
15. Developing a prevention program that focuses on:
    * Strengthening resilience and safety of population at risk of contracting HIV and STIs
    * Community mobilization to reduce spread of HIV/AIDS/STI / SRH, TB, GBV, sexual harassment and abuse & other gender discrimination related ills. This must include engaging with men, women, boys, girls, religious leaders, community leaders, teacher/head teachers, HIV and AIDs office and social welfare office
    * Engaging with schools along the project corridor.
16. Develop IEC Materials (posters, pamphlets, etc.) on preventive measures for HIV/AIDS/STI / SRH, TB, GBV, sexual harassment and abuse & other gender discrimination related ills.
17. Undertake public awareness campaigns on HIV/AIDS/STI / SRH, TB, GBV, sexual harassment and abuse & other gender discrimination related ills prevention through various methods e.g. public meetings, drama, radio programs etc. Include HIV and AIDs -specific considerations into the Project Stakeholder Engagement Plan (SEP) and support the PIU in undertaking public consultations to ensure that i) women, girls and boys and other at-risk groups are consulted; ii) convenient time, safe transportation and culturally-acceptable setting are provided to these groups to enable their meaningful participation in consultations; iii) consultations with girls[[1]](#footnote-1) are conducted by a facilitator trained in child consultations; iv) consultations are conducted periodically, particularly when Contractors prepare the Environmental and Social Management Plan, and, v) consultations follow the Ethical and Safety Recommendations for HIV/AIDS/STI / SRH, TB, GBV, sexual harassment and abuse & other gender discrimination related ill interventions to avoid inadvertently causing harm to the consulted.
18. Once the GBV mitigation measures are put in place, make stakeholders aware of them. As a minimum, inform them of (i) the Code of Conduct, its mandatory nature and consequences of its violation; (ii) the local GBV service providers (including the Consultant itself), their contacts and services offered and the referral pathway; (iii) channels available to lodge complaints including through Project’s GBV Grievance Redress Mechanism (GRM) and iv) ways in which complaints will be addressed.
19. Provide opportunities for feedback immediately after the consultations and later
20. Devise a strategy to create awareness on HIV/AIDS/STI / SRH, TB, GBV, sexual harassment and abuse & other gender discrimination related ills, sensitize communities and question norms and attitudes that contribute to the spread of HIV/AIDS/STI / SRH, TB, GBV, sexual harassment and abuse & other gender discrimination related ills in a culturally appropriate manner. It is important that the strategy is an evolving one based on feedback from the stakeholders.
21. Reach all members of the community. People need to know that they have a right to complain and how they can do so. They need to know what their rights are and what the mandate of each organization is. Be clear on what the Project can and cannot deal with - this will help manage community expectations.
22. Engage men and boys both within the community and at men working within the construction force, taking into account the cultural context, to help raise awareness around preventing spread of HIV and AIDS and promoting positive social norms in support of gender equality. Make efforts to appeal to male leaders, especially religious and community leaders, and to identify strategic allies for prevention of HIV/AIDS/STI / SRH, TB, GBV, sexual harassment and abuse & other gender discrimination related ills risks.
23. Consult men and boys to ensure that services are appropriate to the needs of male survivors, and to develop strategies to mitigate their risk of contracting HIV/AIDS/STI / SRH, TB, GBV, sexual harassment and abuse & other gender discrimination related ills. Ensure that the consultations with boys are conducted by a facilitator trained in child consultations, with an understanding of local culture and customs
24. **Strengthen mechanism for HIV testing and counselling along the project area.** The following activities will enhance proper handling of GBV/VAC/SEA-SH cases using survivor centred approach:
25. Training GRC members on how to handle SEA and Rape cases including counselling People living with HIV and AIDS using survivor Centred Approach.
26. Development of Mechanisms to hold accountable alleged perpetrators associated to the project.
27. Development of a mechanism for receiving and handling SEA-SH and rape complaints and cases.
28. To provide access to safe, ethical services for SEA-SH and rape survivors including those living with HIV.
29. Strengthen coordination with national and district authorities to monitor implementation of mitigation measures the project area.
30. Conducting HIV and AIDS stakeholders’ mapping and analysis to facilitate collaboration and networking with other stakeholders.
31. Strengthen existing mechanisms or assist authorities to establish a new mechanism to coordinate monitoring of the project management of HIV/AIDS/STI / SRH, TB, GBV, sexual harassment and abuse & other gender discrimination related ill risks. This will include community feedback.
32. Joint HIV and AIDS programming with Ministry of Health specifically Department of Nutrition and HIV and AIDs, Ministry of Children, Disability and Social Welfare and District stakeholders.
33. Conducting quarterly District coordination meetings.
34. Technical capacity building for district duty bearers including but not limited to Police, Health, Magistrates, technical departments, councillors and selected NGOs.
35. Coordination with stakeholders involved in project implementation e.g. contractors
36. Respond to People Living with TB, HIV and AIDs and support services within the project area. The activities will help to provide guidance to those reached in terms of steps to be taken and the institutions to be engaged.
    1. Developing a TB, HIV and AIDS’ referral pathway and supporting protocols with identified service providers to meet people Living with HIV and those affected by AIDs.
    2. Implement service delivery models for TB, HIV and AIDs victims mainly based on developed referral pathways and protocol for supporting Victims.
    3. Provide technical support to people with TB, HIV and AIDS and those abused sexually to access necessary; psychosocial, police, medical and legal support on time.
    4. Provide Case Management support including, but not limited to acting as a victim’s advocate, providing referral services, respecting confidentiality and providing support without discrimination.
37. Service Provider Mapping and setting up of referral pathway

Undertake rapid assessment/mapping of the HIV and AIDS prevention and response actors (HIV and AIDs service providers and community organizations) available to the Project-Affected communities. Assess their capacity to provide quality survivor-centred services (also factor the Consultant’s role/functions in HIV and AIDs prevention service provision). The assessment should seek the following questions: what services exist? Are they enough accessible and adequately staffed? Are minimum standards of HIV and AIDs service delivery met or is further capacity building required? Identify already existing directories of service providers prepared by various organizations to create a fuller picture of all relevant stakeholders on the ground.

Identify all currently functioning ICT centres for the HIV and AIDS in Project area of influence and assess their quality, availability and accessibility; identify basic services they provide (e.g. food and other supplies, health care, economic empowerment initiatives, counselling and therapeutic activities, referral to legal aid services); their staffing (number of full time and part time staff and services offered); define their eligibility criteria for admission; whether children are accepted; any education opportunities for children (informal/formal); identify how long they have been in service; number of residents being served; type of the facilities (government, private) and their sources of funding. As with all other activities, collect only secondary data from the management of ICT centres so as not to increase distress to the survivors and to protect their privacy

Find out if Standard Operating Procedures (SOPs) for managing HIV/AIDS/STI / SRH, TB, GBV, sexual harassment and abuse & other gender discrimination related ills are in place, and if and which of the service providers mapped are integrated into these SOPs. The Standard operating procedures are specific procedures and agreements among organizations that reflect the plan of action and individual organizations’ roles and responsibilities. Identify if and which agency/ies lead the development of the SOPs locally; reach out to them, inform them of the Project’s activities and seek feedback.

Identify barriers to people living with HIV in accessing multi-sector services: e.g. transport, language, literacy; fear of discrimination; knowledge of services, etc. Particularly focus on the barriers faced by minorities, e.g. displaced women, women living in particularly difficult to reach areas, transgender, etc. Reflect these barriers into the design of the referral pathway and complaints channels.

Regularly monitor the service providers that are part of the HIV and AIDs Referral Pathway, their capacity and coverage as some of them might weaken or disappear over time. Ask the questions: are they still safe, accessible and adequately staffed? Update the referral pathway accordingly and inform stakeholders

Subject to the results of the assessment of the existing referral system, coordinate the establishment of a new/updated HIV and AIDs referral pathway; Try to build the pathway on existing ICT services and community-based structures, as much as possible.

Outcomes under this activity will include but not limited to:

1. HIV and AIDs Service providers mapped vis-à-vis the international standards; shortfalls clearly identified.
2. The HIV and AIDs SOPs identified including communication protocols for reporting incidents.
3. The Referral Pathway is in place and functional.
4. Training delivered to other HIV and AIDs Service Providers on how to follow the appropriate protocols for treating people living with HIV and AIDs (as needed).

# **4.0 Roles and Responsibility**

## **4.1 Roles and Responsibilities of Roads Authority/Client**

1. Supervise the services of the Consultant/Firm in accordance with the agreed plans.
2. Receive, review and approve programmes and reports.
3. Process and make timely payments to the firm.
4. Provide timely communications related to the services of the firm.

## **4.2 Roles and Responsibilities of the Firm**

1. Perform the Services under the contract with due care, efficiency and diligence, in accordance with best professional practices.
2. Submit to the client the reports and other deliverables specified in the contract.
3. Respect and abide by the laws and regulations in force and ensure that its personnel, their defendants, and its local employees also respect and abide by all such laws and regulations.
4. Treat all documents and information received in connection with the contract as confidential.
5. Participate in client’s organized meetings related to the project services.
6. Obtain client’s prior approval in writing before taking any of the following actions:
7. Appointing any member of the personnel that are not named in the contract.
8. Entering into a sub-contract that is not specified in the contract, for the performance of any part of the services, it being understood that the consultant shall remain fully liable for the performance of the services by sub-contractor and it’s pursuant to the contract.

# **5.0 Duration**

The assignment is for a period of a project implementation period of 24 months with total time input of 46 Person Months for key personnel. The contract will be renewable on annual basis depending on performance. It should be noted the start dates for subcontracts may vary and will depend on commencement of infrastructure projects.

# **6.0 Qualifications of the Firm**

The firm should be registered with appropriate bodies, and should have undertaken at least two assignments of development projects; and have at least five years general experience**.**

## **6.1 Qualification of team members**

The firm or organization shall provide a team of experts who shall be adequately qualified and experienced in issues of TB/HIV and AIDs counselling and Testing, Gender/Child protection and Gender/Community Development. The following expertise will be required to carry out the consultancy services: For each expert proposed, curriculum vitae of no more than four pages shall be submitted. Each curriculum vitae shall be signed by the expert and shall be supported by copies of certificates and a list of at least three contactable references. The key professional staff input is expected to be approximately 46 Person Months as listed below:

|  |  |  |
| --- | --- | --- |
| **Item** | **Description** | **Person Months** |
| 1 | Team Leader | 10 |
| 2 | Gender/Child Protection Specialist | 9 |
| 3 | Communication Specialist | 9 |
| 4 | TB/HIV and AIDs Counsellors | 18 |
| **Total** | | **46** |

### **6.1.1 Team leader/HIV and AIDS Specialist**

Shall have the following Core functions, Competencies and Experience:

1. At least a master’s degree in nutrition or public Health studies, development studies or related field with at least 10 years’ experience in leading a team of experts in undertaking HIV and AIDs projects.
2. At least 7 years proven experience in managing implementation of HIV and AIDs prevention projects.
3. Strong experience and track record of working with children and adolescents and child protection programming.
4. Demonstrated understanding of Malawi’s legal, policy and institutional framework for HIV and AIDS, Child protection and related issues.
5. Demonstrated experience in applying behavioural change approaches in programming.
6. Demonstrated experience of working in partnership with National and District stakeholders in implementing projects.
7. Monitoring and Evaluation expertise especially tracking progress, preparing quality reports and documentation of good practice.

### **6.1.2 Gender/Child Protection Specialist**

Shall have the following Core Functions, competencies and Experience:

1. At least a bachelor’s degree in social sciences, social anthropology or related studies with 8 years post graduate experience
2. At least 5 years in Child labour or child protection experience.
3. Stakeholder engagement and representation and networking with respect to HIV and AIDs prevention and child protection at community and district level.
4. Ability to facilitating HIV and AIDs and Child Protection Awareness and training activities for the targeted communities and workers for the contractor.
5. Capacity building of; child protection, HIV and AIDs prevention, including facilitation of key training packages.

### **6.1.3 Communication Specialist**

Shall have the following Core Functions, competencies and Experience:

1. At least a bachelor’s degree in mass communication or its equivalent and relevant experience in community sensitization, public awareness and production of radio programmes and development of IEC materials in local language with 8 years post graduate experience
2. At least 5 years’ experience in community sensitization through different media platforms.

### **6.1.4 TB/HIV and AIDS Officers (2No.)**

The Consultant shall allocate an HIV and AIDs officer for each project site. There will be 5 officers required under the assignment. The officer will be deployed on full time basis at the start of the implementation of the respective project.

Shall have the following Core Functions, competencies and Experience:

1. A diploma in HIV and AIDS and related studies
2. At least 5 years practical experience in community development/mobilization and HIV and AIDs counselling
3. Experience of working in HIV and AIDS prevention issues preferred.
4. Experience in providing assistance in facilitation of training and project activities is an added advantage.

# **7.0 Evaluation and Selection Criteria**

The service provider will be selected based on qualifications and experience for the assignment. Eligibility criteria under the selection procedure shall be in accordance with the African Development Bank’s ***“Procurement Framework dated October 2015, ”*** which is available on the Bank’s website at <https://www.afdb.org/en/projects-and-operations/procurement/new-procurement-policy>.

# **8.0 Implementation Strategy**

Implementation of the service will be done as per separate subcontracts under the main contract. Therefore, the consultant shall submit for each subcontract deliverables under item 9 below. Effectiveness of each subcontract shall be subjected to commencement of infrastructure listed under item 2.

# **9.0 Deliverables and Reporting**

The Service Provider is expected to deliver the following outputs:

1. An inception report outlining the detailed methodology and work plan/Action plan within 10 working days of signing the contract.
2. Stakeholder mapping and Analysis report 30 days after submission of inception report.
3. SEA and rape cases referral pathway in narration and diagram 30 days after submission of inception report.
4. A report on the Integration of HIV/AIDS/STI / SRH, TB, GBV, sexual harassment and abuse & other gender discrimination related ills in Grievance redress mechanism in terms of membership, Terms of Reference and activities 30 days after submission and acceptance of inception report.
5. Training materials for relevant stakeholders for HIV/AIDS/STI / SRH, TB, GBV, sexual harassment and abuse & other gender discrimination related ills, 30 days after submission and acceptance by client of inception report.
6. IEC Materials in English and Local language for communities on HIV/AIDS/STI / SRH, TB, GBV, sexual harassment and abuse & other gender discrimination related ills, SEA, SH, CEA and GRM in form of brochures, posters and leaflets 30 days after submission of inception report.
7. IEC materials in English and Local language for workers in form of posters and leaflets 30 days after submission of inception report.
8. Training reports.
9. Monthly reports
10. Quarterly reports

The consultant shall prepare in English and submit five (5) hard copies and one (1) soft copy of each of the reports listed above. The comments from the Client shall be incorporated in the final versions of the reports.

The reports should be submitted to the:

The Chief Executive Officer,

Roads Authority,

Private Bag B346,

Lilongwe 3.

1. [↑](#footnote-ref-1)