

**Terms of Reference to conduct a Study on Adolescent and Young People HIV Social Protection Mechanisms in Partner States to inform East Africa framework**

<b>Description of Service</b>	Adolescent and Young People HIV Social Protection Mechanisms in Partner states in East Africa
<b>Expected start date:</b>	28 <sup>th</sup> January 2019
<b>Expected Completion date:</b>	13 <sup>th</sup> March 2019
<b>Reporting to:</b>	Social Protection Technical Working Group through the RIATT-ESA Programme Manager
<b>Location of Assignment</b>	Arusha, with consultations in the East Africa Community (EAC) Member Countries and some selected SADC Member Countries with existing best practices

**Background and Justification:**

The last decade has seen social protection gaining centrality in the development agenda of many African countries. Several factors explain this heightened interest. Firstly, despite evidence of considerable economic growth across the continent, poverty and vulnerability continue to persist. In turn, this has prompted resurgence in awareness and debate about the effectiveness of growth alone in delivering the continent’s ambitious development goals. Secondly, it is evident that the safety-net programmes which were introduced in the 1990s in many African countries as part of attempts to tackle the poverty that accompanied structural adjustment programmes have failed to respond appropriately and adequately. This failure is in part a reflection of the complexity of poverty, risk and vulnerability.

Twenty-five years post the launch of the Convention on the Rights of the Child, most children in the East African context continue to be disadvantaged. The Convention has been a remarkable tool which recognizes children as having the same rights as adults and that these rights need to be equally respected. However, the call for children’s right to be upheld in contexts of economic and health inequities and in developing nations, has not been met with brisk action. Thus to ensure children’s rights are upheld, there have been calls for universal access to social protection, and in contexts with a high HIV burden, HIV sensitive social protection has been a priority. To this end, in 2009 UNAIDS identified social protection as one of its priority areas as a way of addressing structural vulnerabilities as a result of the rampant HIV epidemic.<sup>1</sup>

In terms of a child sensitive approach, UNICEF defines social protection as “the set of public and private policies and programmes aimed at preventing, reducing and eliminating economic

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<sup>1</sup> [http://www.unaids.org/sites/default/files/media\\_asset/jc1879\\_social\\_protection\\_business\\_case\\_en\\_0.pdf](http://www.unaids.org/sites/default/files/media_asset/jc1879_social_protection_business_case_en_0.pdf)

and social vulnerabilities to poverty and deprivation”.<sup>2</sup> Social protection systems need to be sensitive to the multiple and compounding vulnerabilities faced by children and their families. In spite of being exposed to the common sources of vulnerability as families and the community at large, children face age-specific and developmental vulnerabilities that differ from those of adults or have more serious consequences, such as increased vulnerability to malnutrition, disease and abuse. Child-sensitive social protection has the potential to contribute to breaking intergenerational poverty through improvements in child development and education which will subsequently improve the working and family lives of later generation adults. Although social protection has helped drive remarkable progress for many children, far too many are still being left behind.

A key area of focus is adolescent and young people<sup>3</sup>, given that the disease continues to disproportionately affect young populations in the Eastern and Southern African Region, particularly adolescent girls and young women. In addition, with the expanding population demographic among this age group in Africa (termed the ‘youth bulge’), progress towards regional 2030 HIV targets will be likely to be pushed back. Regional standards have identified two key ingredients to strengthen the sexual reproductive health (SRH) rights of adolescents, whereby reducing teenage pregnancy, child marriage and HIV risk behaviour. One is the improved delivery of relevant services, including VTC, access to family planning, access to information, access to condoms. It is key that the services are delivered in adolescent-friendly ways. The other ingredient is social protection in order to build the resilience of adolescents to empower them to use such services, claim their rights and change knowledge, attitudes and practices to reduce risk behavior.

Given that evidence of how social protection programmes benefit people living with HIV, at risk of contracting HIV and affected by HIV is increasing, the question is not whether the AIDS response should increase attention to social protection, but how best to leverage resources and partnerships to reach the shared goals of ending AIDS, poverty and inequality. To Fast-Tracking Social Protection to end AIDS, the following are imperative: i) *Scaling-up* and progressively broadening sustainable social protection programmes that enhance care, support and treatment outcomes for people living with HIV, as well as HIV prevention for key populations, adolescent girls and young women, vulnerable families and care givers, ii) *Investing* in expanding access to primary, secondary and tertiary schooling as an effective HIV prevention strategy should be considered as part of combination HIV prevention strategies in countries with high HIV incidence. Special attention should focus on adolescent out of school or on the verge of falling out of school, iii) *Increasing* access to essential health services for people living with HIV, at risk of contracting HIV and affected by HIV. Examples include free at point-of-use health care, birth registrations and providing identity cards for populations likely to be excluded in accessing health services such as transgender people, transport support for health care appointments, feeding and nutrition programs, housing and related subsidies and reducing stigma and discrimination and iv) *Conducting* assessments of countries’ social protection response including

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<sup>2</sup> [http://www.unicef.org/socialpolicy/files/UNICEF\\_Social\\_Protection\\_Framework\\_6\\_June\\_12.pdf](http://www.unicef.org/socialpolicy/files/UNICEF_Social_Protection_Framework_6_June_12.pdf)

<sup>3</sup> WHO defines people between 10 and 19 years of age as adolescents, and those between 10 and 24 years of age as young people.

its HIV sensitiveness to deepen and extend the coverage of existing social protection programs to people living with HIV, at risk of contracting HIV and affected by HIV.

However, an area, which has hitherto received little or no attention, is that of an African drive for a home-grown, locally responsive social protection agenda. Understanding this problem is beset by several challenges, including perceptions that a common African voice is absent and that an African definition of social protection has not been articulated; that the multiplicity of donor interests and interventions within HIV programming may have stifled the emergence of a consistent and harmonized set of social protection objectives for Africa; that traditional African social protection mechanisms have been undermined by the imposition of conventional western social protection approaches; and that policies which are in place are not consistent with actions on the ground.

*The Regional Inter Agency Task Team on Children & AIDS (RIATT) is a unique, multi-sectoral partnership of organizations focusing on the care and support for children affected by AIDS in Eastern and Southern Africa.<sup>4</sup> With child participation and human rights as one of its core strategic areas, RIATT-ESA advocates for policies and programmes that improve the well-being of children. Advocating for child-sensitive social protection policies that foster the wellbeing of children especially in high burden HIV contexts is key strategic objective of RIATT-ESA.*

In this regard, RIATT-ESA seeks the services of an experienced consultant to conduct a comprehensive appraisal of the literature (both academic and policy literature) in order to inform the strategic direction of its advocacy programme on the viability of child sensitive social protection mechanisms in the East Africa Community (EAC). The outcomes of this systematic review will also be used to deepen RIATT-ESA's engagement with partner organizations, including key decision makers in the region (researchers, programme implementers and policy makers) on these issues, particularly in terms of its articulation with rights of children to health and dignity in different contexts.

### **Aim of the Study:**

The consultant will be required to conduct a comprehensive review of existing literature (published, programme documents and grey literature) of current policies, practices and knowledge on social protection mechanisms for adolescents and young people in the EAC Partner States. The study will inform the development of the EAC framework on social protection.

In order to achieve this, the study will look at these components:

1. Identifying what constitutes adolescent, young people "social protection" as viewed by Partner States and identify actors and the extent to which there appears to be a 'regional consensus' on defining components of social protection as explicitly as possible in terms of functional policy or programme activities;

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<sup>4</sup> <http://www.riatt-esa.org/about-us>

2. Mapping the different social protection mechanisms existent in the Partner States (how the different countries conceptualize social protection – in broad terms).

3. Reviewing the different social protection mechanisms that are responsive to particular population groups e.g. persons affected by HIV as an example (implications of the varied understanding and application of social protection to the population especially the most marginalized).

4. Making recommendations on what would be ideal (with reference, for example, to the EAC Minimum Standards for Comprehensive Services for Children and Young People).

### **Scope of this assignment**

#### **Goal and Objective**

Consulting services are required to map and assess current mechanisms for coordination of adolescent and young people HIV sensitive social protection programmes in Partner States in the East Africa Community to identify capacity gaps, leading to the preparation of best practice guidance and standards for the coordination, implementation and financing of social protection programmes by the Partner States governments, development partners, private sector and civil society organizations.

Under the supervision of the RIATT-ESA Programme Manager and in close consultation with the Social Protection Technical Working Group, the consultants will carry out the following:

- i. Conduct a mapping of the different social protection mechanisms existent in the Partner States (how the different countries conceptualize social protection – in broad terms).
- ii. Conduct a desk review of existing well-being, health including HIV sensitive social protection laws and policies in the Partner States for adolescent and young people. This includes all the legal and policy instruments that the partner states use across the three social protection pillars.
- iii. Consult with a sample of stakeholders at various levels on the requirements for effective coordination and capacity building needs for enhanced coordination. This should also include their perspectives on how sub-national and national coordination mechanisms should be linked and the duties and expectations between each of them; Recommend ways to formalise the existing relatively informal and relationship-based coordination arrangements at sub-national level.

- iv. Draft and test guidelines and standards for (i) delegation from national to sub-national governments; and (ii) coordination of social protection interventions at local levels, linkages between these levels of coordination; and
- v. Undertake a detailed mapping of partner organizations that are supporting which governments in Social Protection and develop a detailed 4W (Who is Where, doing What, When) matrix as a basis for development of an integrated HIV social protection platform for adolescents and young people.
- vi. Provide a review of where Social Protection programmes are effectively reaching young people.

***Detailed Activities and Tasks:*** Specifically, the consultant will do the following:

- Conduct a mapping of the different social protection mechanisms existent in the Partner States (how the different countries conceptualize social protection – in broad terms).
- Review the different social protection mechanisms that are responsive to particular population groups e.g. persons affected by HIV, young people etc. (implications of the varied understanding and application of social protection to the population especially the most marginalized).
- Identify the principal social protection programmes in the Partner States; the lead agency (government or non-government); and the target beneficiaries.
- Conduct a desk review of existing social protection policies and laws in Partner States focused on adolescents and young people.
- Establish in each of the Partner States the following with regard to HIV social protection for adolescents and young people:
  - Existing coordination mechanisms and structures and frameworks for social protection, participating agencies;
  - Coverage of social protection within the Partner States' National Integrated Development Plans, and financial resources for social protection;
  - Existing information on social protection programmes coverage;
  - Capacity of existing coordination structures; and
  - Bottlenecks and barriers to effective coordination.
- Make recommendations on what would be ideal (with reference, for example, to the EAC Minimum Standards for Comprehensive Services for Children and Young People).

### **Consultation with stakeholders:**

Consult with stakeholders at national level to gather views on:

- Roles of the various stakeholders in provision and coordination of social protection;
- Knowledge and knowledge gaps on social protection;
- Human resources allocation and capacities;
- Opportunities for improved coordination on social protection;
- Barriers to improved coordination on social protection;
- Proposals on expected linkages between national and sub-national social protection mechanisms; and
- Access to training on HIV social protection and social protection forums;

## Roles and responsibilities

### Social Protection TWG / RIATT-ESA:

- Ensure the objectives for the consultancy are accurately articulated to all relevant stakeholders.
- Avail relevant background documentation to the consultant.
- Review of draft documents from the consultancy and provide feedback to the consultant.
- Pay the consultant fees and other agreed costs subject to submission of satisfactory deliverables.

### Consultant:

- Conduct all activities of the consultancy and submit quality and agreed deliverables in a timely manner. While for contractual purposes the contractor reports to RIATT-ESA Programme Manager, for technical accountability and government ownership, the consultants will report to the Social Protection Technical Working Group.
- Provide invoices for completed work to enable RIAT-ESA process payments for deliverables that are due.

### Outputs/Deliverables:

Deliverables	Duration (Estimated # of days)	Timeline/Deadline	Schedule of Payment
1) Inception Report		31 <sup>st</sup> January 2019	
2) A mapping of social protection mechanisms		8 <sup>th</sup> February 2019	30% payment after submission of deliverable 1 & 2

3) Stakeholder consultations in the EAC		14 <sup>th</sup> February 2019	
4) Report on social protection programmes		28 <sup>th</sup> February 2019	2 <sup>nd</sup> payment of 30% upon submission of deliverables 3,4 &5
5) Proposals for partner states for integrated social protection models		5 <sup>th</sup> March 2019	
6) Final report with recommendations on what would be ideal (with reference, for example, to the EAC Minimum Standards for Comprehensive Services for Children and Young People).		13 <sup>th</sup> March 2019	Final payment of 40% upon submission of deliverables 5 & 6

### Payment Schedule

Payment will be made in three instalments and is based on satisfactory completion of deliverables duly authorized by the Social Protection Technical Working Group through the RIATT-ESA Programme Manager.

### Required qualifications, desired competencies, technical background and experience

#### Experience and Skills

The consultant(s) will require the following skills:

- Relevant advanced academic degree (Social Sciences, Development Studies, Economics or related fields); previous experience leading teams; knowledge of social protection and HIV programmes; knowledge of institutional development and capacity assessment; high quality report writing skills;
- Demonstrated experience in institutional development and with knowledge of social protection policy and implementation;
- Knowledge and skills in capacity assessment in relation to large scale public programmes;
- Specific knowledge of mapping, programmes coordination and data base development;
- Demonstrated ability to prepare for, facilitate and lead, national surveys;
- Demonstrated ability to present information and ideas and to communicate effectively;

- Demonstrated data collection and analytical writing skills;
- Knowledge of the East Africa Community (EAC) administrative structures is an added advantage;
- Proven ability to: (i) handle multiple tasks under pressure with short deadlines; (ii) ability to work independently, seeking guidance on complex issues; and (iii) excellent interpersonal skills, proven team orientation and the ability to work across unit boundaries.

**TECHNICAL CRITERIA FOR SELECTION**

<b>Technical Criteria</b>	<b>Technical Sub-criteria</b>	<b>Max. Points</b>	<b>Minimum Requirements</b>	<b>Points</b>
<b>Overall Response</b>	Completeness of response – overall concord between requirements and proposal	5	Complete response	
		<b>5</b>		
<b>Experience</b>	Overall Experience of consultant	5	10 years	
		<b>5</b>		
<b>Technical Skills</b>	Experience and previous contracts in social protection and institutional development	10		
	Demonstrable capacity for statistical and qualitative analysis	5		
	Demonstrable capacity for high quality reporting	5		
		<b>20</b>		
<b>Key Personnel</b>	Team leader – Relevant academic degree (Social Sciences, Development Studies, Economics or related field); previous experience leading teams ; knowledge of social protection programs; knowledge of institutional development and capacity assessment; high quality report writing skills	10	Bachelor Degree/ relevant or post graduate degree, 5 years of relevant experience	

	Researcher(s) – relevant academic qualifications and research experience	5	3 years of relevant experience		
	Information / Data management– database development; qualitative research software skills; mapping skills	5			
		<b>20</b>			
<b>Proposed Methodology</b>	Degree of likelihood to accomplish the main objectives	10			
	Timeframe	10	Fits within project timeframe as stated		
		<b>20</b>			
<b>Maximum Points, Technical Criteria</b>		<b>70</b>	50		
<b>Financial Proposal</b>	Budget size	30			
<b>Total Maximum Points</b>		<b>100</b>			

#### HOW TO APPLY

Potential candidates are requested to submit the following to [hadmin@repssi.org](mailto:hadmin@repssi.org) cc [riattesamanagement@repssi.org](mailto:riattesamanagement@repssi.org) by the 21<sup>st</sup> January 2019. Only short-listed candidates will be contacted.

- A cover letter outlining your skills and experience
- CV