Terms of Reference
Consultancy: Supporting The Global Fund to Fight Aids, Tuberculosis and Malaria (GFATM)
HIV grant recipients to eliminate mother to child transmission of HIV

Background

The HIV/AIDS Section of UNICEF is located within its Programme Division and is responsible for providing global programmatic leadership and excellence in four HIV/AIDS priority areas affecting children:

- Prevention of Mother-to-Child Transmission (PMTCT)
- Paediatric HIV treatment
- Prevention of infection among adolescents
- Protection and support for children affected by HIV/AIDS

At a global level, UNICEF supports responses for children and HIV through leadership and advocacy, development and issuance of programmatic and technical guidance, knowledge management and technical support to regional and country teams. Within the Joint United Nations Programme on HIV and AIDS (UNAIDS) Division of Labour on HIV and AIDS, UNICEF has a key leadership role in relation to PMTCT and paediatric treatment, young people, and social protection, care and support. As co-convenor of a number of global working groups, UNICEF is responsible for ensuring more harmonised and evidence based approaches to children and AIDS and accelerating scale up of HIV programmes in priority countries – which are mainly, but not exclusively, in Eastern and Southern Africa.

UNICEF is committed through its Medium-Term Strategic Plan (MTSP) and UNAIDS Division of Labour, to ensuring scale up across all four programme areas. The Opportunities in Crisis Publication and Evidence to Impact guidance – launched by UNICEF in 2011 – set out key priorities in relation to prevention and protection, care and support. The virtual elimination of mother-to-child transmission of HIV (eMTCT) is a key results area for UNICEF which has clear targets and a global campaign with high-level support from UNICEF, UNAIDS, US President’s Emergency Plan for AIDS Relief (PEPFAR) and the World Health Organization. The Global Plan ‘Towards Elimination of New HIV Infections among Children by 2015 and Keeping their mothers Alive – Countdown to Zero’ was launched at the June 2011 High-Level Meeting on AIDS and has generated high-level political commitment and consensus around these ambitious targets. UNICEF will play a critical role in ensuring effective global coordination on eMTCT as well as country level implementation to ensure that these targets are reached.

UNICEF has a strong country-level presence backed up by evidence-based strategies and guidance, and because of the breadth of UNICEF programming and experience, UNICEF can facilitate linkages across eMTCT and paediatric treatment, as well as HIV prevention programmes for adolescents and young people, and the protection care and support for children affected by AIDS.

Rationale for donor reporting and progress tracking

In 2010, UNICEF signed a partnership agreement with the GFATM to provide support throughout the 12 steps of the Global Fund grant lifecycle (See Figure 1). UNICEF annual reports and in-house research revealed that in many offices, the organization has committed staff time equivalent to a full time staff member to support the performance of GFATM grants, in addition to supporting the UNICEF-government cooperative agreements which span across UNICEF’s mandate. UNICEF’s support to the Global Fund is evolving as the management and structures of the Global Fund evolves.
In June 2011, UNICEF applied for a grant from PEPFAR, and received funding to Improve the functionality and performance of GFATM grants, specifically the quality of ‘prevention of mother to child transmission of HIV’ components in high burden MTCT countries from September 2011 to September 2013. The specific goals of the proposal are:

**OUTPUT 1:** In 22 countries, UNICEF will work with USG, GFATM, government and other partners to ensure a national and sub-national eMTCT plan is finalized. UNICEF will work with national governments, in consultation with USG in-country and other partners, to determine the joint support needed and help write credible, evidence-informed, costed, national and sub-national eMTCT plan, consistent with the Global Task Team Plan published in June 2011.

**OUTPUT 2:** In 21 African priority countries (not including India), UNICEF will work in close collaboration with USG, implementing governments, Global Fund structures and the national PMTCT coordination mechanisms to review and if necessary, help draft a Technical Assistance (TA) plan.

**OUTPUT 3:** In 7 of 22 priority countries, UNICEF will provide TA as detailed in the TA plan leading to improved performance of the PMTCT components of GFATM grants.

**Figure 1:** 12 points of UNICEF engagement throughout the lifecycle of GFATM grants

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**Scope of work**

The consultant will be required to:

1. **Report on Progress of the PEPFAR Grant:**
   - Communicate with 7 priority countries to collect work plans and provide technical input to ensure workplans align with grant proposal.
   - Work closely with the inter-agency task team on MTCT secretariat to report the progress on GFATM resource mobilisation for PMTCT.
   - Provide quarterly updates on the country deliverables for the PEPFAR grant.
   - Highlight area which are “slow” on progress for intensified support, and monitor support.
   - Report to the eMTCT GFATM Working Group (UNAIDS, WHO, UNDP, PEPFAR, EGPAF and GFATM)

2. **Provide Strategic Information on progress in 22 priority countries**
   - Support the development and updating of 22 PMTCT fact sheets. This work entails working with the Strategic Information Unit of the Division of Policy; UNICEF country offices, and UNICEF staff working
on PMTCT. Draft fact sheets can be found at:
http://www.unicef.org/aids/index_preventionyoung.html

3. Draft discussion papers to facilitate efficient use of GFATM resources and leverage partners engagement in the elimination agenda:
   - 4 Technical papers 5-10 pages each with an executive summary and key points to be researched (evidence compiled) and developed from peer reviewed and grey literature. The communication objective of the discussion paper is to summarize the evidence and make recommendations for ways forward which can be discussed at regional and country levels while formulating national strategies, UNICEF country office workplans, and partnership agreements in pursuant of the eMTCT goals and targets.

Key deliverables

- End of July 2012: A first draft of 22 PMTCT fact sheets;
- End August of 2012: Draft donor report on progress of the PEPFAR/GFATM Grant
- End of November 2012: Final drafts of 22 PMTCT fact sheets
- End February 2012/ March 2013: Quarterly updates for the PEPFAR/GFATM Grant
- End of November 2012: Discussion Paper: HIV and testing/follow-up among adolescents

Duration
11 months part time – 10 days per month (total not more than 110 working days) between July 9, 2012 and May 31, 2013.

Duty station
Home-based with duty travel.

Competencies required

- Degree in relevant field including international development, public health, social sciences, political science, communications
- At least 5 years’ experience in international development
- Good understanding of HIV and AIDS – and in particular, mother to child transmission of HIV
- Excellent written and oral communication skills
- Good understanding of the Global Fund and its processes and policies
- Excellent inter-personal working skills

Application

- Qualified candidates are requested to submit a cover letter, CV and P 11 form (which can be downloaded from our website at www.unicef.org to pdconsultants@unicef.org with subject line “Supporting GFATM HIV grant recipients” by Wednesday, 29 June 2012. Please indicate your ability, daily rate and availability to undertake the terms of reference above. Applications submitted without a daily rate will not be considered.