



NATIONAL AIDS & STIS CONTROL PROGRAMME

REQUEST FOR PROPOSALS

FOR

Individual Consulting Services

Time-Based Payments

**ENGAGEMENT OF CONSULTANT FOR THE GC7 PROGRAMMATIC REFLECTION AND
DOCUMENTATION EXERCISE ON THE HIV PROGRAMME**

OCTOBER 2026

RFP Ref No: NASCP/GF/HIV/2026/06

12thOctober,2026

Letter of Invitation

Dear Sir/Ma:

The Prevention of Mother-to-Child Transmission (PMTCT) programme remains a central pillar of Nigeria's HIV response, contributing significantly to reductions in vertical transmission of HIV, syphilis, and hepatitis B virus (HBV). Nigeria continues to bear a substantial burden of pediatric HIV infections, making the scale-up and optimization of PMTCT services a national priority.

Under the Global Fund Grant Cycle 7 (GC7), Nigeria has expanded PMTCT services to additional antenatal care (ANC) sites, strengthened HIV testing and linkage for pregnant women (including community-based approaches), improved ART initiation and retention, and enhanced Early Infant Diagnosis (EID). Despite these gains, persistent challenges remain in service quality, implementation efficiency, coordination at state and LGA levels, and integration with other public health programmes such as TB, malaria, and MNCH.

As Nigeria transitions from GC7 to GC8, there is a need to systematically capture what was achieved, how results were achieved, what worked and what did not, the adaptations made during implementation, and the lessons that should inform the next grant cycle. The exercise will also preserve institutional memory and acknowledge the contributions of government, implementing partners, health workers, civil society, communities and other stakeholders². More details on the requested services are provided in the Terms of Reference in section A below

3. The National AIDS/STIs Control Programme will make available the necessary information concerning this assignment. You may obtain additional information at the following address: National Coordinator, The National AIDS/STIs Control Programme Plot 75, Edo House, Ralph Shodeinde Street, Central Business District, Abuja.

4. Candidates are required to submit the following:

- i. Evidence of previous work experience relating to the job role with relevant supporting documents (Supporting documents, award letters, or contracts for similar jobs)
- ii. Current Curriculum Vitae and Cover Letter (Proof of certifications mentioned in the CV submitted)

iii. Strong knowledge of Global Fund programmes and Nigeria's HIV response.

v. Technical Proposal (methodology and work plan)

Please note that selection will be on the basis of comparison of individual qualifications (Curriculum Vitae, Experience and supporting documents provided) and technical proposal

5. The following forms are attached:

- (a) Terms of Reference;
- (b) Model of Curriculum Vitae.
- (c) Proposal.
- (d) Observation and suggestion of the consultant on the terms of reference
- (e) List of Annex.
 - i. Annex A (Cost estimate and services)
 - ii. Annex B (Evaluation Criteria)

Yours sincerely,



Pharm. Patiko Mohammed Ibrahim

Deputy Director (PSM)

For National Coordinator

TERMS OF REFERENCE (TOR)

Consultancy for the GC7 Programmatic Reflection and Documentation Exercise on the HIV Programme

Nigeria's GC7 HIV Journey: Progress, Achievement, Innovation and Learning

1. Background and Rationale

The Global Fund Grant Cycle 7 (GC7) has provided Nigeria with significant investments to strengthen the national HIV response and consolidate gains in service delivery, health systems, strategic information and community engagement. Investments across laboratory systems, procurement and supply chain management, strategic information, treatment and care, prevention and other programme areas have contributed to improvements in the availability, quality and use of HIV services and programme information.

Under the leadership of the Government of Nigeria through the Federal Ministry of Health and Social Welfare, NASCP, NACA, State Ministries of Health, State Agencies for the Control of AIDS and other relevant institutions, and with support from Principal Recipients, implementing and technical partners, civil society and communities, the HIV programme has recorded important achievements and implementation experiences during GC7.

As Nigeria transitions from GC7 to GC8, there is a need to systematically capture what was achieved, how results were achieved, what worked and what did not, the adaptations made during implementation, and the lessons that should inform the next grant cycle. The exercise will also preserve institutional memory and acknowledge the contributions of government, implementing partners, health workers, civil society, communities and other stakeholders.

In line with the Global Fund Country Team recommendation, this consultancy shifts the focus from production of a media documentary to a programmatic reflection and documentation exercise. Communication or media products may subsequently be developed from validated findings and stories, but media production is not the primary objective of the consultancy.

2. Purpose of the Consultancy

The purpose of the consultancy is to provide technical and documentation support to NASCP to design and implement a structured GC7 HIV programme reflection and learning process, gather and analyse quantitative and qualitative evidence, document stakeholder experiences and contributions, and produce a validated GC7 Programmatic Reflection and Documentation Package to support GC8 transition, institutional learning, accountability and future programme improvement.

3. Goal

To conduct a comprehensive programmatic reflection and documentation of Nigeria's HIV response under GC7, capturing progress, achievements, innovations, implementation experiences, challenges and lessons learned across the identified thematic and geographic contexts, and generating evidence to inform GC8 and future HIV programming.

4. Specific Objectives

- Document major achievements and progress under GC7 across the identified HIV thematic areas.
- Examine how GC7 investments and programme strategies contributed to improvements in HIV service delivery, systems, programme performance and community outcomes.
- Capture significant innovations, adaptations, partnerships and implementation approaches that contributed to programme results.
- Document challenges, bottlenecks and responses or adaptations adopted during implementation.
- Identify and synthesise lessons learned, good practices and areas requiring further attention under GC8.
- Capture the experiences and contributions of government, implementing partners, health workers, civil society, communities and other stakeholders.
- Strengthen institutional memory by documenting programme evidence, experiences, stories and lessons from GC7.
- Generate a validated evidence base that can subsequently support knowledge management, advocacy, communication and appropriate media engagement.

5. Scope of Work

5.1 Thematic Scope

The consultant will support reflection and documentation across the following major HIV thematic areas supported under GC7:

Thematic Area	Key areas for reflection/documentation
Laboratory Systems	Laboratory network strengthening; point-of-care diagnostics and innovations; external quality assurance; sample referral and transport; quality management systems; laboratory capacity and systems strengthening.
Procurement and Supply Chain Management (PSM)	Quantification, forecasting and procurement; warehousing and last-mile distribution; commodity security; logistics management information systems; PSM innovations, challenges and lessons.
Strategic Information (SI)	Data systems and routine reporting; strategic information for monitoring and decision-making; data quality and use; performance monitoring; digital health innovations and information systems.
Treatment, Care and Support (TCS)	ART scale-up and optimisation; viral load coverage and suppression; Advanced HIV Disease management; paediatric and adolescent HIV services; differentiated/client-centred service delivery; retention and treatment outcomes.

Prevention	Prevention of Mother to Child Transmission (PMTCT)/Triple Elimination, PrEP, HIV Testing Services (HTS), key population and adolescent prevention, community engagement, demand generation and prevention innovations.
Harm Reduction	Harm reduction programming; community-based approaches and linkages to HIV prevention, testing, treatment and care; partnerships and implementation approaches; achievements, challenges and lessons.

5.2 Geographic Coverage

The exercise will span the six geopolitical zones, with at least one representative state per zone, and give prominence to Anambra, Ebonyi, Gombe and Kwara. Final state selection will be confirmed by NASCP in consultation with relevant stakeholders and partners, guided by disease burden, programme performance, availability of relevant evidence and stories, and logistical feasibility.

S/N	Indicative State(s)	Status / Rationale
1.	Kwara	Global Fund priority state
2.	Gombe	Global Fund priority state
3.	Anambra	Global Fund priority state
4.	Ebonyi	Global Fund priority state
5.	Kano	Complementary– high HIV burden
6.	Rivers	Complementary – high HIV burden
7.	Lagos	Complementary – high burden; urban response model
8.	Nasarawa	Complementary – high HIV burden
9.	Niger	Complementary – mid HIV burden
10.	FCT	National Level

6. Reflection and Documentation Approach

The consultant will propose and implement a practical, participatory and evidence-based reflection methodology combining document review, quantitative evidence synthesis, stakeholder consultations, key informant interviews, reflection sessions, case studies and validation. The

methodology shall ensure that the exercise captures both programme results and the implementation experience behind those results.

6.1 Required Stakeholder Experience and Contribution Capture

A specific responsibility of the consultant is to develop fit-for-purpose data collection tools, questionnaires, interview guides, reflection-session guides and other documentation instruments to systematically capture the experiences, perspectives, contributions, innovations, challenges and lessons of stakeholders involved in GC7 implementation.

The tools shall be tailored, as appropriate, to different stakeholder groups, including:

- Government leadership and programme managers at national and sub-national levels.
- NASCP, NACA and relevant national technical/thematic leads.
- Principal Recipients, implementing and technical partners, including IHVN and other relevant partners.
- Health workers and facility teams, including ART, PMTCT, PrEP, HTS, laboratory, pharmacy and nursing personnel.
- Civil society organisations, community networks, peer educators and community-led structures.
- People living with HIV, key population representatives, adolescents and young people, programme beneficiaries and other relevant community representatives, subject to appropriate consent and safeguarding.
- Other stakeholders identified by NASCP as relevant to understanding GC7 implementation, results and learning.

The consultant shall refine the tools with NASCP before field use and ensure that the tools enable consistent capture of: the stakeholder's role and contribution, key achievements and changes observed, enabling factors; challenges and bottlenecks, adaptations and innovations; partnerships and collaboration, unintended effects where relevant, lessons learned, and recommendations for GC8 and future programming.

6.2 Reflection Framework

Reflection Area	Focus
GC7 context and starting point	National HIV context, programme priorities, key gaps and rationale for GC7 investments.
Building and strengthening the HIV response	Leadership, coordination, partnerships, systems and implementation arrangements.
Thematic achievements and innovations	Results, innovations and implementation experience across Laboratory Systems, PSM, SI, TCS, Prevention and Harm Reduction.

Implementation experiences	What worked, what did not, adaptations made and factors contributing to results.
Partnership and community contributions	Contributions of government, PRs, implementing partners, civil society, communities, health workers and other stakeholders.
Lessons learned	What should be retained, adapted, scaled or avoided.
Road to GC8	Implications for transition, sustainability, future priorities and strengthening the HIV response.

7. Detailed Responsibilities of the Consultant

- Review the concept note, relevant GC7 programme documents, reports, evaluations, strategic information and other available evidence to develop an inception methodology and evidence framework.
- Develop a detailed work plan, stakeholder mapping and documentation matrix aligned with the thematic areas and geographic coverage.
- Map existing and planned related documentation/evaluation activities, including the PMTCT evaluation and relevant work led by IHVN, NACA and other PRs, to avoid duplication and identify opportunities to use existing evidence.
- Develop and submit for NASCP approval the required tools/questionnaires, key informant interview guides, reflection-session guides, case-study templates and evidence extraction tools for the exercise.
- Refine tools/questionnaires, based on feedback from NASCP and relevant technical areas.
- Coordinate and facilitate national and sub-national stakeholder consultations, interviews and reflection sessions within the agreed geographic coverage.
- Capture and document stakeholder experiences and contributions, including the perspectives of government, implementing partners, health workers, civil society, communities and other stakeholders.
- Collect and synthesise quantitative evidence on GC7 outputs, outcomes, performance and system improvements, using validated programme sources.
- Identify and develop 6–10 evidence-based case studies/stories demonstrating significant achievements, innovations, implementation experiences or lessons.
- Analyse evidence to identify achievements, enabling factors, challenges, adaptations, innovations, good practices and lessons learned.
- Draft the GC7 Programmatic Reflection and Learning Report and associated outputs, ensuring clear linkage between evidence, findings and recommendations.
- Prepare an executive-level achievements/results brief and a lessons learned and recommendations matrix for GC8 and future programming.

- Compile a curated repository of validated findings, key statistics, quotations, photographs and documented stories suitable for subsequent knowledge management, advocacy and communication use.
- Facilitate technical review and validation of findings with NASCP and relevant programme areas and revise outputs accordingly.
- Ensure that all quantitative figures, programme claims and stakeholder quotations are appropriately validated, sourced and documented.
- Apply appropriate ethical, confidentiality, safeguarding and informed-consent procedures throughout stakeholder engagement and case-study documentation.
- Provide regular progress updates to NASCP ACSM and promptly flag evidence gaps, access issues, duplication risks or emerging findings requiring management attention.

8. GC7 Reflection and Learning Package

The primary output of the consultancy will be a GC7 Programmatic Reflection and Documentation Package. The package is intended to consolidate programme evidence and institutional learning; it is not a media documentary production package.

S/N	Package Component	Description
1.	Nigeria GC7 Programmatic Reflection and Learning Report	A comprehensive report documenting GC7 progress, achievements, innovations, implementation experiences, challenges, partnerships, stakeholder contributions and lessons learned across the thematic areas and geographic contexts.
2.	Executive GC7 Achievements and Results Brief	A concise, senior-management-oriented summary of key achievements, evidence, significant changes and implications for GC8, the Global Fund, CCM and partners.
3.	GC7 Lessons Learned and Recommendations Matrix	A structured matrix linking evidence/experience to lessons learned, programme implications and recommended actions for GC8 and future HIV programming.
4.	6–10 Programme Case Studies/Stories	Evidence-based case studies highlighting significant achievements, innovations, implementation experiences, stakeholder contributions and lessons from the GC7 HIV response.
5.	Curated Evidence and Communication Asset Repository	A structured repository of validated findings, key statistics, quotations, photographs and stories that may subsequently be adapted for advocacy, knowledge management, communication or media engagement.

9. Key Deliverables and Indicative Timeline

S/N.	Deliverable	Indicative Timing
1.	Inception report, detailed methodology, work plan, stakeholder mapping and evidence/documentation framework.	Week 1
2.	Stakeholder data-collection package: questionnaires, interview guides, reflection-session tools, case-study template and evidence extraction tools, submitted for NASCP approval.	Week 1
3.	Evidence review and gap analysis, including mapping of related evaluations/documentation activities and existing evidence.	Weeks 1–2
4.	Progress update and preliminary findings from consultations/evidence collection.	Weeks 2–3
5.	Draft GC7 Programmatic Reflection and Learning Report, executive achievements/results brief and draft lessons/recommendations matrix.	Weeks 4–5
6.	Draft 6–10 case studies/stories and curated evidence/communication asset repository.	Weeks 4–5
7.	Technical review package and presentation of findings to NASCP and relevant stakeholders.	Week 6
8.	Final GC7 Programmatic Reflection and Documentation Package incorporating validated feedback.	End of Week 6

The indicative consultancy period is up to six weeks (30 working days). NASCP may adjust sequencing or timing to align with stakeholder availability, the GC7 close-out process and the GC8 transition timeline.

S/N	Payment Milestones and Schedule	Payment Trigger	Percentage
1.	Milestone 1 – First Payment	Completion and approval of Deliverables 1–3	20%
2.	Milestone 2 – Second Payment	Completion and approval of Deliverables 4–6	30%

3.	Milestone 3 – Final Payment	Completion of the assignment and approval of Deliverables 7–8	50%
4.	Total		100%

10. Coordination and Reporting

The consultancy will be commissioned and owned by NASCP under the Federal Ministry of Health and Social Welfare. The consultant will report to the Director/National Coordinator, PMU Lead, and Head of ACSM Component.

The consultant will work closely with relevant NASCP technical/thematic areas and maintain coordination with NACA, IHVN and other relevant PRs, implementing partners, state structures and related evaluation/documentation processes. The consultant will not independently release or publish programme findings without NASCP approval.

11. NASCP Responsibilities

- Provide overall strategic direction and approve the methodology, tools, stakeholder approach and key outputs.
- Facilitate access to relevant programme documents, data and technical focal persons, subject to applicable procedures.
- Facilitate introductions and coordination with national and sub-national stakeholders and relevant partners where appropriate.
- Provide technical review and validation of programme findings and quantitative data.
- Coordinate with related exercises and partners to minimise duplication and maximise use of existing evidence.
- Review and approve final deliverables.

12. Ethical, Safeguarding and Data Protection Requirements

Given the sensitive nature of HIV programming, the consultant shall apply appropriate ethical and safeguarding standards throughout the assignment. Participation in interviews, consultations and case studies shall be voluntary and based on informed consent. Confidentiality, dignity and privacy shall be protected. Care shall be taken when documenting people living with HIV, key populations, adolescents and other potentially vulnerable groups. No participant should be exposed to stigma, discrimination or harm as a result of participation.

Any photographs, quotations, identifiable stories or personal information intended for subsequent communication or media use shall only be collected and used with appropriate consent. All collected information and files shall be stored securely and used only for purposes authorised by NASCP.

13. Required Qualifications and Experience

- Advanced university degree in public health, social sciences, development studies, communications, knowledge management, monitoring and evaluation, research or a related field- 20 marks
- At least 7 years of relevant professional experience in programme documentation, research, evaluation, strategic communications, knowledge management, learning or related work in public health/development programmes (Evidence of CV, certificates, or reference letters) 10 marks
- Demonstrated experience documenting complex donor-funded health programmes, preferably Global Fund-supported HIV programmes or comparable national programmes 5marks
- Strong qualitative and quantitative evidence synthesis, interviewing, facilitation and report-writing skills.
- Experience developing questionnaires, interview guides, reflection tools, data collection instruments and case-study methodologies (Supporting documents, award letters, or contracts for similar jobs) **(20marks)**
- Demonstrated ability to engage diverse stakeholders including government, implementing partners, health workers, civil society and communities.
- Experience working with HIV programmes and familiarity with Laboratory Systems, PSM, SI, TCS, prevention, PMTCT/Triple Elimination, PrEP, HTS, STI and/or harm reduction is highly desirable (Supporting documents, award letters, or contracts for similar jobs) **(15marks)**
- Experience working across multiple states and with national and sub-national health structures is an advantage.
- Excellent written and oral English communication skills, with strong analytical and synthesis capabilities.
- Ability to work independently, manage multiple stakeholders and deliver high-quality outputs within a compressed timeline.

SN	Criteria	Scores
1	Qualification	20 Marks
2	Experience	50 Marks
3	Work plan	10 Marks
4	Methodology	20 Marks
5	Total	100 Marks

Minimum of 70% for consultant to be technically responsive

14. Performance/Quality Indicators

Area	Expected Standard
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Coverage	Required thematic areas and agreed geographic coverage adequately represented in the evidence and final package.
Stakeholder engagement	Relevant government, partner, health worker, civil society and community perspectives systematically captured using approved tools.
Evidence quality	Findings are evidence-based, traceable to source documents or stakeholder evidence, and quantitative claims are validated.
Learning quality	Clear identification of what worked, what did not, adaptations, enabling factors, innovations and lessons for GC8.
Coordination	Related evaluations/documentation activities and relevant PRs are appropriately coordinated to avoid duplication.
Usability	Final outputs are clear, well structured, professionally presented and usable for programme learning, management, accountability and subsequent communication.
Timeliness	Deliverables submitted according to the agreed work plan and revised promptly following technical review.

15. Application/Proposal Requirements

Interested consultants or firms should submit:

- Technical proposal describing understanding of the assignment, proposed methodology, stakeholder engagement approach and quality assurance arrangements.
- Detailed work plan aligned with the indicative six-week timeline.
- Sample or brief description of comparable programme reflection, documentation, evaluation, learning or knowledge-management assignments undertaken.
- Curriculum vitae(s) of proposed personnel and evidence of relevant experience.

16. Ownership and Use of Outputs

All reports, tools, questionnaires, interview guides, datasets, transcripts or notes, case studies, photographs, evidence repositories and other materials produced under this consultancy shall be submitted to and remain the property of NASCP/Federal Ministry of Health and Social Welfare, subject to the terms of the consultancy contract. The consultant shall not publish, disseminate or otherwise use the outputs for external purposes without prior written approval from NASCP.

17. Recommendation and Way Forward

The consultant will provide the technical and documentation capacity required to translate the GC7 HIV implementation experience into a structured body of evidence and learning. The assignment should result in a validated GC7 Programmatic Reflection and Documentation Package that captures results as well as the people, partnerships, innovations, implementation experiences and lessons behind those results. Any subsequent documentary, media feature or other communication product may be developed from the validated evidence generated through this exercise, subject to separate communication planning and resource availability.

18. Remuneration

S/he will be paid competitive fees for the agreed duration based on qualification and experience and in line with the approved rate for this assignment.

19. Documents

While submitting the Technical Proposal, the applicant shall, in particular, ensure to attach the following:

- Methodology, Workplan,
- Profile of the consultant
- Copies of all certificates for all qualifications indicated in the CV.
- Evidence of relevant experience and relevant supporting document such as contract, appointment letters, reports, award letters, etc
- Recent CV
- **Tax Identification Number or recent TCC**
- Signed Cover Letter

The financial proposal shall specify a total lump sum amount in Naira.

20. GUIDELINE FOR SUBMISSION AND OPENING OF DOCUMENTS

A comprehensive Proposal in English shall be prepared and submitted in **two (2) hard copies**: one original and one duplicate. Each copy (original and duplicate) must be placed in a **separate envelope**. Both envelopes should then be enclosed within a **single outer envelope**, securely sealed.

The outer envelope must be clearly labeled in the **top-right corner** with: **"Engagement of a Consultant to Lead the GC7 Programmatic Reflection and Documentation Exercise on the HIV Programme"**

Additionally, the **Consultant's Name, Address, Email, and Phone Number** should be prominently written on the back of the outer envelope. The submission should be addressed with acknowledgment to the NASCP office at the address provided below.

21. Address for Submission and Information

Attention:

Deputy Director (PSM)

National AIDS/STIs Control Programme
Edo House,
75 Ralph Shoidende Street,
Central Business District,
Garki, Abuja.

The deadline for the submission of proposal should not be later than **Monday 2nd November, 2026** by **12 noon**.

22. Global Fund Code of Conduct

The vendor shall get acquainted with the global fund code of conduct for suppliers using this link below:
https://www.theglobalfund.org/media/3275/corporate_codeofconductforsuppliers_policy_en.pdf

Accepting this Letter of Award shall serve as an acknowledgement and agreement to abide by the Global Fund Code of Conduct for Suppliers.

23. Fraud and Corruption The personnel of the Purchaser and the Suppliers shall adhere to the highest ethical standards, both during the selection process and throughout the execution of the contract. In pursuance of this principle, they shall abstain at all times from corruption or fraudulent practices. Corruption and fraudulent practices are defined as follows:

(i) "corrupt practice" means the offering, giving, receiving, or soliciting, directly or indirectly, of anything of value to influence the action of an official in the selection process or in contract execution;

(ii) "fraudulent practice" means a misrepresentation or omission of facts in order

**Whistle blowing and
channel of reporting
grievances and
infractions.**

to influence a selection process or the execution of a contract;

- (iii) "collusive practices" means a scheme or arrangement between two or more suppliers with or without the knowledge of the Purchaser, designed to establish prices at artificial, noncompetitive levels;
- (iv) "*coercive practice*" means harming or threatening to harm, directly or indirectly, persons or their property to influence the procurement proceedings, or affect the execution of a Contract.
- (v) The Purchaser shall reject a Proposal for award if it determines that the Supplier recommended for award has, directly or through an agent, engaged in corrupt, fraudulent, collusive or coercive practices in competing for the contract in question.

" « *whistle blowing Policy* »

Suppliers are encouraged to send information on any infraction or grievances to the dedicated email account: nascp@health.gov.ng or +2348161682287

Sexual Exploitation and Abuse and Sexual Harassment

1a. Sexual exploitation and abuse

The Donor and NASCP have a zero tolerance for inaction approach to tackling sexual exploitation and abuse ("SEA").¹ This means NASCP and its implementing partners will take all reasonable steps to prevent SEA by both its employees and any implementing partner and respond appropriately when reports of SEA arise, in accordance with their regulations, rules, policies and procedures.

Unless inconsistent with a specific regulation, rule, policy or procedure governing NASCP, NASCP will apply the IASC Six Core Principles Relating to Sexual Exploitation and Abuse (Attachment A) and the following principles and practices when implementing

¹ See UNSG Bulletin ST/SGB/2003/13 for the definition of sexual exploitation and abuse.

the activities under this arrangement and provide evidence to demonstrate this where required:

- a) Adherence to the IASC-Minimum Operation Standards on “Protection from sexual exploitation and abuse by own personnel” and/or [the] SEA elements of the Core Humanitarian Standard on Quality and Accountability,
- b) A victim/survivor-centred approach² to SEA issues;
- c) Strong leadership and signaling on tackling SEA;
- d) Make all reasonable efforts to address gender inequality and other power imbalances;
- e) Reporting to enhance accountability and transparency;
- f) Ensure that SEA standards from this arrangement are reflected in funding templates with implementing partners, and adherence to the NASCP Protocol on Allegations of Sexual Exploitation and Abuse Involving Implementing Partners].

b. Sexual harassment

The Donor and NASCP have a zero tolerance for inaction approach to tackling sexual harassment (“SH”). This means NASCP will take all reasonable steps to prevent SH and respond appropriately when reports of SH arise, in accordance with its regulations, rules, policies and procedures.

Unless inconsistent with a specific regulation, rule, policy or procedure governing NASCP, NASCP will apply the following principles and practices when implementing the activities under this arrangement:

² A victim/survivor centered-approach is one for which the victim/survivor’s dignity, experiences, considerations, needs, and resiliencies are placed at the center of the process, from the initial program design to investigating and responding to potential incidents. Consistent with the UN Protocol on Allegations of SEA Involving Implementing Partners, the victim/survivor should be informed, consulted during the decision-making process, and provide consent on the possible use and disclosure of their information. Those interacting with the victim/survivor and/or handling information regarding the allegation will maintain confidentiality, ensure safety of the victim/survivor, and apply victim/survivor-centered principles which are safety, confidentiality, respect, and non-discrimination. When the victim/survivor is a child, the approach will consider the best interests of the child and engage with the family/caregivers as appropriate. Staff and partners should comply with host country and local child welfare and protection legislation and international standards, whichever gives greater protection.

- a) A victim/survivor-centered approach to SH issues;
- b) Strong leadership and signaling on tackling SH;
- c) Make all reasonable efforts to address gender inequality and other power imbalances;
- d) Reporting to enhance accountability and transparency;

2. NASCP will adhere to the following requirements:

a. Allegations of SEA

(i) NASCP will promptly report all allegations of SEA credible enough to warrant an investigation through the reporting mechanism.

(ii) When NASCP reports an allegation of SEA to, or becomes aware of an allegation reported through, the Report that is (i) directly related to the activities funded by this arrangement or, (ii) would have a significant impact on the partnership between NASCP and the Donor, NASCP will promptly notify **Dr. Adebobola Bashorun** of the report made and the relevant arrangement number, if applicable and provide information containing the level of detail that NASCP is aware of.

(iii) Upon request from the Donor, NASCP agrees to provide further available relevant information NASCP is aware of for allegations notified under paragraph 2a (ii) including about subsequent measures taken by NASCP, unless disclosure of such information would be inconsistent with NASCP' regulations, rules, policies and procedures concerning disclosure of information

b. Allegations of SH

(i) NASCP will report allegations of sexual harassment and measures taken through existing reporting mechanisms.

(ii) Where NASCP has determined that the allegations would have a significant impact on the partnership between NASCP and the Donor, NASCP will promptly notify **Dr. Adebobola Bashorun** and provide information containing the level of detail of the existing reporting mechanisms.

(iii) Upon request from the Donor, NASCP agrees to provide further available relevant information, that NASCP is aware of unless disclosure of such information would be inconsistent with NASCP' regulations, rules, policies and procedures concerning disclosure of information.

3. It is understood and accepted that NASCP' arrangement to report on SEA and SH will be performed in accordance with NASCP' regulations, rules, policies and procedures, including its rules on confidentiality, and is subject to not compromising the safety, security, privacy and due process rights of any concerned persons.

4. When NASCP becomes aware of reasonable suspicions, complaints or reports of SEA or SH by its personnel, NASCP will, as appropriate under its regulations, rules, policies, and procedures, take reasonable, swift and appropriate action to stop harm occurring, investigate and report to relevant authorities (for potential criminal matters), as appropriate and when safe to do so, after considering the wishes of the victim/survivor.

5. The Donor or any of its duly authorized representatives may, in accordance with agreed mutually accepted terms of reference, carry out reviews or evaluations or other assessment measures to verify NASCP' zero tolerance for SEA and SH. NASCP will fully cooperate within the scope of the terms of reference with any such reasonable requests by the Donor or any of its duly authorized representatives or agents to carry out such measures.

6. Any information or documentation provided in accordance with these provisions will be treated by the Donor with utmost discretion in order to ensure, *inter alia*, the probity of any investigation, protect sensitive information, ensure the safety and security of persons and respect the due process rights of all involved. The Donor will presume information/documentation to be confidential, deliberative, and investigatory and will ensure that information/documentation provided to the Donor will be available solely to those who strictly require access to such information/documentation. Any disclosure of such information/documentation beyond such personnel will require notification and consultation with NASCP. The Donor will obtain the express written authorization of NASCP before disclosing any such information/documentation in a judicial proceeding or to the public, unless disclosure is otherwise required by law applicable to the Donor and is not subject to NASCP' privileges and immunities under international and/or national law.

7. Unless the regulations, rules, policies, and procedures applicable to NASCP are amended at an earlier stage, and/or there are other substantive changes to any of the referenced policies, processes or mechanisms, the above provisions are subject to possible PERIODIC review after the date of the Donors' mutual decision on their text with NASCP. Any changes to the above provisions that may be mutually decided following such a review will take effect at least four years after the date of the Donors' mutual decision on the present text with NASCP, until which time the above provisions will continue to apply.

Attachment A: IASC Six Core Principles Relating to Sexual Exploitation and Abuse

1. Sexual exploitation and abuse by humanitarian workers constitute acts of gross misconduct and are therefore grounds for termination of employment.

2. Sexual activity with children (persons under the age of 18) is prohibited regardless of the age of majority or age of consent locally. Mistaken belief regarding the age of a child is not a defence.

3. Exchange of money, employment, goods, or services for sex, including sexual favours or other forms of humiliating, degrading or exploitative behaviour is prohibited. This includes exchange of assistance that is due to beneficiaries.

4. Any sexual relationship between those providing humanitarian assistance and protection and a person benefitting from such humanitarian assistance and protection that involves improper use of rank or position is prohibited. Such relationships undermine the credibility and integrity of humanitarian aid work.

5. Where a humanitarian worker develops concerns or suspicions regarding sexual abuse or exploitation by a fellow worker, whether in the same agency or not, he or she must report such concerns via established agency reporting mechanisms.

6. Humanitarian workers are obliged to create and maintain an environment which prevents sexual exploitation and abuse and promotes the implementation of their code of conduct. Managers at all levels have particular responsibilities to support and develop systems which maintain this environment.

24. NOTES/DISCLAIMER

- i. Late submissions will not be accepted.
- ii. NASCP shall verify any or all documents and claims made by applicants and will disqualify consultants with falsified documents and claims.
- iii. If it is determined that submitted documents and claims have been falsified, the consultant may face prosecution in a court of Law.
- iv. NASCP shall not be held responsible for any disqualified proposal as a result of any omission or deletion relating to the submission guidelines.
- v. This advertisement shall not be construed as a contract to any Consultant, nor shall it entitle any Consultant submitting documents to claim any indemnity from NASCP.
- vi. NASCP is not bound to shortlist any Consultant, and reserves the right to annul the bidding process at any time without incurring any liabilities or providing a reason.

Signed

Management.

B. FORMAT OF CURRICULUM VITAE (CV)

Name : _____

Complete address :

Profession : __

Date of Birth : _____

Years of professional experience : __

Nationality : _____

Membership in Professional Societies : _____

Detailed Tasks Assigned : __

Key Qualifications :

[Give an outline of your experience and training most pertinent to tasks on assignment. Describe degree of responsibility you held on relevant previous assignments and give dates and locations. One page should be sufficient.]

Education :

[Summarize college/university and other specialized education, giving names of schools, dates attended, and degrees obtained. A page or less should be sufficient.]

Employment Record :

[Starting with present position, list in reverse order every employment held. List all positions held since graduation, giving dates, names of employing organizations, titles of positions held, and locations of assignments. For experience in last ten years, also give types of activities performed and client references, where appropriate. Use about two pages.]

Languages :

[For each language indicate proficiency: excellent, good, fair, or poor in speaking, reading, and writing.]

Certification :

I, the undersigned, certify that to the best of my knowledge and belief, these data correctly describe me, my qualifications, and my experience.

[Signature of consultant]

Date : _____

Day/Month/Year

Full Name of Candidate :

C. PROPOSAL

[*Location, Date*]

To : [*Name and address of Procuring Entity*]

Mr/Mrs. :

I, the undersigned, offer to provide the consulting services for [*Title of consulting services*] in accordance with your Letter of Invitation dated [*Date*].

My fees are [net of taxes, estimated at..., as applicable] monthly.

I hereby submit my Proposal, which includes this Technical and Financial Proposal.

I understand that you are not bound to accept any Proposal you receive.

I remain,

Yours Truly,

Name of the Consultant :

Address :

**D. OBSERVATIONS AND SUGGESTIONS
OF THE CONSULTANT ON THE TERMS OF REFERENCE**

1.

2.

3.

4.

5.

LIST OF ANNEXES

1.

Annex A :Cost Estimate of Services, and Schedule of Rates.

Annex B :Evaluation Criteria.

ANNEX A

COST ESTIMATE OF SERVICES

(1) *Remuneration*

<i>Rate /day in (currency)</i>	<i>Number of Days</i>	<i>Total (currency)</i>
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(2) *Reimbursables*

TOTAL COST

ACTIVITY SCHEDULE (Consultant to modify accordingly)

Activity (Work)

periods

1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th

ANNEX B

EVALUATION CRITERIA

The selection method to be adopted is Quality Based Selection (QBS)

The cut-off point is (70%)

The Criteria, sub-criteria, and point system for the evaluation of the Technical Proposals are:
Points

Specific experience of the Consultant relevant to the assignment, competence for the assignment and Educational Qualification:

1) Experience relevant to the assignment **50**

- At least 7 years of relevant professional experience in programme documentation, research, evaluation, strategic communications, knowledge management, learning or related work in public health/development programmes (CV, certificates, or reference letters) **(10marks)**
- Demonstrated experience documenting complex donor-funded health programmes, preferably Global Fund-supported HIV programmes or comparable national programmes **(5marks)**
- Experience developing questionnaires, interview guides, reflection tools, data collection instruments and case-study methodologies (Supporting documents, award letters, or contracts for similar jobs) **(20marks)**
- Experience working with HIV programmes and familiarity with Laboratory Systems, PSM, SI, TCS, prevention, PMTCT/Triple Elimination, PrEP, HTS, STI and/or harm reduction (Supporting documents, award letters, or contracts for similar jobs) **(15marks)**

2) Qualifications relevant to the assignment **20**

Advanced university degree in public health, social sciences, development studies, communications, knowledge management, monitoring and evaluation, research or a related field (20marks)

3) Methodology and Work Plan **30**

(i) Methodology: **(20marks)**

(ii) Work Plan: **(10marks)**

Total points for criterion (I, II & III): 100

Negotiations will be held if required.