CAMEROON PEDIATRIC BREAKTHROUGH PARTNERSHIP

Terms of Reference for a Scoping Assessment

Project Summary

Planned Project/	The Cameroon Pediatric Breakthrough Partnership
Country/Region	Cameroon
Partner Organisation	*Cameroon Baptist Convention Health Services*
Planned Project start date	01.11.2023
Purpose of Scoping	*To undertake a landscape analysis and deliver a scoping report on PMTCT programming, paediatric and adolescent HIV-related services in Cameroon which identifies key gap areas (geographic coverage, service and programming barriers across clinic and community), and identify implementation strategies where the Breakthrough Partnership can add the most value.*
Commissioning Organisation	*PATA/CBCHS, Aidsfonds, EGPAF & UNICEF*
Scoping duration	*40 days*
Budget Amount	*6000pounds*

1. *Background of the Project*

As of 2022, Cameroon's total population was estimated at 27,874,766 people, with a total projected number of PLHIV for 2022 at 494,476 (Spectrum, 2022). Overall, adult HIV prevalence has continually decreased in the past 15+ years, moving from 5.4% in 2004 (DHS, 2004) to 4.3% in 2011 (DHS, 2011), 3.4% in 2017 (CAMPHIA, 2017) and recently 2.7% in 2018 (DHS, 2018), but women and children are affected disproportionately and their care is lagging behind: Children under the age of 15 accounted for 19,3% of new infections and women accounted for 2/3 of new infections among 15-49 year olds. 85% of the PLHIV population are on antiretroviral treatment, but ARV coverage for children under 15 years of age stands at 35%. This is as a result of several compounding factors: weak structural organization of HIV paediatric care and treatment including child and adolescent friendly services adapted to the needs of children and adolescents, frequent breakdowns in supplies and inappropriate formulation; lack of trained medical and para-medical staff to ensure adequate HIV pediatric care and treatment amongst others.

In alignment with the Cameroon National Strategic Plan for the fight against HIV, AIDS and STIs, the Breakthrough Partnership initiative will leverage the combined experiences and technical expertise of five seasoned HIV partners, building onto their existing geographical representation to ensure the successful achievement of the programs.

2. *The Project*

The Cameroon Breakthrough Partnership is funded by ViiV Healthcare Positive Action and will be implemented by a consortium comprising of Pediatric Aids Treatment Africa (PATA) as the lead organization, working with the Cameroon Baptist Convention Health Services (CBCHS), Elizabeth Glaser Pediatric Aids Foundation (EGPAF), Aidsfonds and UNICEF, will accelerate progress toward ending paediatric/adolescent AIDS in Cameroon by maximizing case finding, linkage to care, collaboration between community and clinical services and optimizing HIV care, treatment, and viral load suppression for pregnant and breastfeeding women (PBFW), and children and adolescents living with HIV (CALHIV) through undertaking an initial scoping and start up/pilot towards the development of a longer-term comprehensive Breakthrough plan across partners.

The project is currently in its design phase which includes: a Scoping Assessment to identify key gap areas (geographic coverage, service and programming barriers across clinic and community) in PMTCT programming, pediatric and adolescent HIV related services in Cameroon and identify implementation strategies where the Breakthrough Partnership can add the most value. The result from the assessment will inform the design of the project phase 2. The design phase also includes a pilot period during when the Breakthrough Partnership will be established in some few districts and the partners will develop mechanisms for collaboration within and out of the partnership and coordination and management.

The implementation of the Breakthrough Partnership will be guided by the UNICEF Service Delivery Framework (SDF). The PBP will engage with the MOH at district, regional and national level to take up proven comprehensive, sustainable, and replicable approaches to optimize paediatric HIV services. The scoping will be done in 06 regions (Centre, Littoral, North-West, South, South-West, and West) where CBCHS and EGPAF are currently implementing the PEPFAR project with the exception of the Centre Region. In each region the focus will be on non-PEPFAR supported districts. However, the pilot will be done in two of these regions. Sites will be selected based on the service delivery gaps while community-based partner organizations will be engaged based on their experience with paediatric HIV in addition to other organizational and accountability criteria.

3. The Partners' responsibilities in the Partnership

3.1. Paediatric Adolescent Treatment Africa (PATA)/Cameroon Baptist Convention Health Services (CBCHS)

- Coordinate the partnership
- Technical support: capacity building, Clinic Community Collaboration, guide clinics to develop quality improvement plans to maximize effective case management and service monitoring.
- Linking and Learning; PATA Summit, PATA REAL
- Train health providers to have their voices heard

3.2. Aidsfonds

- Strengthen and explore community structures and their link to health facilities.
- Mapping of community-based organizations and their potential role in the 2 zones, and jointly map out existing community structures
- Snapshot of current community needs – FGDs

3.3. Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)-

- Strengthening the continuum of Care for both children and AGYW/young men.
- Health Systems Strengthening
- Continuously examine emerging programming gaps to remain responsive to the needs of the national program
- Support the development of an M&E Framework for the program in alignment with the MOH program

3.4. UNICEF

- In collaboration with the Global Alliance Country Action Plan team members, identification of advocacy issues and gaps at the national level and potential areas of work (UNICEF)
- For instance, issues related to friendly pediatric regimens, age for consenting for HIV disclosure

4. Target Group

Direct Target Group: The project seeks to provide HIV prevention, Care and Treatment services to pregnant women, HIV-exposed Infants, Children and adolescents living with HIV and their caregivers. Healthcare providers, Peer Supporters and Community Health Workers will be trained and mentored to intensify case identification, linkage, treatment, follow-up, provide psychosocial support and mental health in the Northwest, Southwest, West, Littoral, South and Centre Regions of Cameroon.

Direct Institutional Target Group: National policy maker at the Ministry of Health and other related Ministry, Regional, District and facility-based stakeholders, and other relevant structures like the special fund for Health Promotion,

Indirect Target Group: Local communities including religious and traditional groups, Associations of Persons living with HIV, traditional birth attendants, children and youth clubs/organizations, women groups/non-governmental organizations involved in support around HIV and orphans etc.

4. The Scoping Assessment

4.1. Purpose

The project is currently in its design phase and the partners are seeking to recruit a consultant to conduct a Scoping Assessment to undertake a landscape analysis and deliver a scoping report on PMTCT programming, pediatric and adolescent HIV-related services in Cameroon which identifies key gap areas (geographic coverage, service and programming barriers across clinic and community), and implementation strategies where the Breakthrough Partnership can add the most value.

4.2. Specific Scoping Objectives

- Identify existing gaps in pediatric and adolescent HIV services at health facility and communities in 6 regions
- Assess the impact of community systems in addressing gaps throughout the entire HIV cascade for children and adolescents in the 6 regions
- Propose health facility and community-level solutions to enhance HIV service delivery for pediatric and adolescent population
- Evaluate the available evidence supporting the eligibility of sites for the follow-up grant application

4.3. Expected Outcomes from Scoping

- Epidemiological data per region for instance are there pockets of high HIV Prevalence that we should target
- Service delivery data per district/healthcare site to help us identify poor-performing sites and gaps in service delivery

- Distribution and type of partner support at the clinic and community level to guide the partners in deciding on local collaboration.
- Identified gaps in existing pediatic and adolescent HIV intervention(s) using the UNICEF Service Delivery Framework,
- Identify gaps in current national paediatric HIV policies, guidelines, and manuals (and/or sections in general health guidelines on paediatric and adolescent HIV and possibly gaps in training curricula for health staff)
- Identification of any possible risk and suggestion of risk mitigation strategies
- Established a list of community-based Partners currently involved in the identification, management and follow-up of Children and Adolescents living with HIV in the community and those who are linked to (each of the) treatment centres in the selected pilot sites.
- Detailed report of the findings from the scoping which includes recommendations for improvement of the current situation of our proposed interventions (in the approved proposal) of all aspects of the SDF.

4.4. Scope

4.4.1. Stakeholders

The consultant will work closely with all partners, including PATA, CBCHS, EGPAF, Aidsfonds, UNICEF and relevant local government/non-governmental agencies. However, the consultant will report to CBCHS. The consultant will execute this mission in complete independence and will receive only general instructions from the partners justified by the necessity of the independent collaboration between the parties and the orderly execution of the confined tasks.

4.4.2. Geographical Scope

The scoping assessment will be done in six regions of Cameroon -Northwest, Southwest, West, South, Littoral Region where CBCHS and EGPAF are currently implementing the PEPFAR project and the Centre Region with a projected high number of children and adolescents living with HIV. However, the focus within these regions will be on non-PEPFAR-supported districts to avoid duplication. Some scoping will focus on the selected sites for the pilot, where this is indicated in the text above. The data generated from the assessment will inform the partners as to where the need is most and the extent of the gaps, scope, and budgeting for phase 2. The following health districts and facilities will take part in the scoping:

4.4.3. Documents to be Reviewed.

The consultant is expected to review the following documents as a minimum requirement:

- UNICEF Paediatric Service Delivery Framework: https://www.childrenandaids.org/Paediatric-Service-Delivery-Framework(https://www.childrenandaids.org/sites/default/files/2020-08/Service%20Whitepaper%20WEB%20v2.pdf)
- UNAIDS 2022 Report
- WHO current guidelines
- UNAIDS IMPROVING HIV SERVICE DELIVERY FOR INFANTS, CHILDREN AND ADOLESCENTS: A framework for country programming
- Global Alliance Country Plan to End AIDS in Children and Adolescents
- Sustainable Development Goal with focus on those related to health
- The Cameroon Health Sector Strategy,
- National AIDS Control Committee (NACC) 2022 Report
- Cameroon-COP22-SDS.pdf (state.gov)
- District Specific Data

5. Methodology &Key Informants

Independent of the methods to be used, there are mandatory mechanisms and principles that must be adhered to during the entire process:

- Participatory and inclusive
- Safeguarding of children and adults at risk
- Data Disaggregation (gender/age/disability)
- Data Security and privacy (informed consent)

5.1. Methodology

The Consultant is expected to use a variety of methods to collect and analyse data. Participatory methods should be used to collect qualitative and quantitative data. The consultant is expected to detail out in their expression of interest the methodology he/she intends to use.

5.2. Key Informants

Key informants must include but not limited to the following stakeholders.

National Level	Regional Level	District Levels	Facility Level	Community Level
• Director DLMEP • Permanent Secretary	• Regional Delegates, • Regional Technical	• District Medical Officer	• Facility Heads • Treatment Center Coordinators	• Local AIDS control committee,

National AIDS Control Committee • Focal Point for PMTCT at the Directorate for Family Health	Group Coordinators • M&E Focal point for RTG/HIV, • PMTCT Focal points, • Heads of Viral load Testing Laboratories • Focal Point Supply Chain Management	• District PMTCT focal point • President District health Management Committee • Chief of bureau Health	• Focal Points PMTCT • Focal Points Pediatric HIV Care and treatment • M&E Officers/Data Clerks/ ACRR	• Emancipated Adolescents living with HIV • Caregivers of children living with HIV • Traditional Birth Attendants (TBAs), • Community Health workers, • Community-Based Partners • Civil society

6. Limitations

Due to safety and security concerns in the Northwest and Southwest Regions, data from these regions may be collected remotely through zoom interviews and/or phone calls.

To speak to deaf or hard of hearing target group representatives, sign language interpretation for Francophone, Anglophone or other local Sign Languages, and assistive technology in case of remote virtual interviews of persons who are hard of hearing, will be provided by the CBCHS and EGPAF to support the consultant in their specific regions.

7. ***Deliverables and Schedule***

7.1. Deliverables

- **Inception report** including proposed data collection tools and feasibility study question matrix (matching feasibility study questions with data collection tools);
- **Final report in English** (max. **30 pages** without annexes) which should include recommendations on geographic priority locations, key concepts and interventions to be included in the phase 2 (Template will be shared by partners/ViiV), including clear references and an attached list of relevant resources on paediatric HIV in Cameroon.
- Materials, data collected/analysed and other documents related to the feasibility study;
- A summary **Power Point Presentation** highlighting main findings and recommendations.
- **Presentation of findings** and **recommendations** in a validation **workshop** in Yaoundé by **March, 2024**

7.2. Time Frame and Schedule

The study is expected to start no later than **February 1, 2024** taking a maximum of 40 days. An itemised action plan should be submitted with the expression of interest.

Activity Description	**Timeline**	**Location**
Briefing with Applicants	February 13, 2024	Online
Review of relevant documents	February 14- 19, 2024	CBCHS
Submission of inception Report	February 19, 2024	CBCHS
Review of Inception/ provision of feedback by partners	February 21, 2024	All Partners
Tool Development and Review	February 19-22, 2024	Consultant
Data collection	February 26-March 8, 2024	Consultant
Data analysis and preparation of draft report	March 8-March 22 2024	Consultant
Presentation of scoping findings to partners	March 25, 2024	Online
Integration of inputs from Partners	March 27, 2024	Online
Validation Workshop with MOH staff	March 29, 2024	Yaoundé
Finalisation of scoping and submitting final report of 30 pages max.	April 5, 2024	Online
Total	40	

8. Skills and Experience of Consultant

The consultant should have the following skills and experience among others;

- Academic Degree and extensive expertise and experience in Public Health, International Health Development Studies, Sociology, Anthropology, or any other related field;
- Proven record of carrying out similar studies in Cameroon and/or beyond.
- Track record in designing and conducting quantitative and qualitative studies.
- Experience in undertaking research with remote and marginalized communities.
- Excellent interpersonal and communication skills including the ability to facilitate and work in a multidisciplinary team.
- Strong analytical skills and ability to synthesize and present findings;
- Ability to draw practical conclusions and to prepare well-written reports in a timely manner and availability during the proposed period;

- Working knowledge of English, and French languages;

Safeguarding Policy: As a condition of entering into a consultancy agreement the Consultant must sign CBCHS' and or other partners Safeguarding Policy and abide by the terms and conditions thereof.

9. Application and Selection Procedure

9.1. Expression of Interest

The consultant is expected to submit:

- **Technical and financial proposal** including a **description of the consultancy firm,**
- **CVs** of suggested team members
- Outline of the **understanding of the TORs** and **suggested methodology**,
- Detailed **work plan and time frame** for the entire assignment.
- Detailed **budget plan** for the expected assignment including taxes according to the rules and regulations of the consultants' local tax authorities.

CBCHS reserves the right to terminate the contract in case the agreed consultant/s are unavailable at the start or during the assignment.

All expressions of interest should be submitted by email to:epiefanny@cbchealthservices.org/ bamendadhs@gmail.com or hard copy to: The Directorate, CBC Health Services, Baptist Centre, Bamenda **by February 8, 2024**

10. Selection Criteria

Only complete Expressions of Interest will be considered for selection. The assessment is broken down as follows;

Criteria	**Score**
Budget	***20%***
Technical proposal:	***80%***
Experience in the related task	20%
Qualifications of team	20%
Technical proposal and methodology	40%
Total	**100%**

We would like to further promote diversity in our teams and therefore welcome applications from people of different ethnic and social backgrounds, religions and world views, different ages and genders, including people with disabilities

Attachment SDF UNICEF (or link to) and ViiV positive Action Paediatric Breakthrough Partnership – Results Framework?