

Terms of Reference_ National Consultant to support Country Coordinating Mechanism Pre and Post Training of CSO Constituency

Updated: August 2022 by BCCM

Introduction The national consultant will support with **preparation for pre- and post-Country Coordinating Mechanism (CCM) meetings** for [key populations](#), [civil society](#)¹ and [communities](#)² of people living with and/or affected by HIV, tuberculosis and malaria.

Overview [Engagement](#) of key populations, people living with and/or affected by the three diseases, civil society and community representatives is a key principle that guides the activities of a CCM. Such engagement should continue throughout the grant life cycle to provide valuable input to strengthen the delivery of programs and achievement of targets. Each CCM should establish a mechanism to engage with these constituencies in a way that allows their input and voices to be heard.

For this engagement, [at least 15% of the funding](#) provided to a CCM by the Global Fund must be allocated to [constituency engagement](#) for non-governmental sector activities, including civil society, key vulnerable population groups, and communities of people living with and affected by the three diseases, to promote and improve the quality of stakeholder participation.

To amplify the participation and voice of a CCM's key populations, civil society and people living with and/or affected by the three diseases constituencies, this assignment will enhance their preparation and participation both prior to and following CCM (and relevant CCM Committee) meetings. The planned support will be provided by a national consultant hired independently by the CCM or in consultation with existing regional civil society networks.

Objectives

1. Amplify the participation and voice of representatives of key and vulnerable populations, civil society, and/or communities living with and/or affected by the three diseases in CCM meetings and related decision-making forums (e.g. CCM sub-committees), and more generally in governance and stewardship of national HIV, TB and malaria response(s).
For CCMs in the transition context, there should be an added focus on how inclusion and participatory decision-making in national health governance will be maintained

¹ "Civil society" is the term the Global Fund uses to designate all those stakeholders who are neither government bodies nor private sector enterprises – groups such as international and national nongovernmental organizations, advocacy groups, faith-based organizations, networks of people living with the diseases, and so on.

² "Communities" is used to refer to people who are connected to each other in varied and distinct ways, such as people who are particularly affected by a given health problem or people who share particular characteristics or vulnerabilities due to gender, identity, geography, behavior, ethnicity, religion, culture or age. Community groups are also part of broader civil society.

- when the country transitions out of Global Fund financing.
2. Build capacity among the civil society constituencies to effectively prepare for and participate in CCM meetings.
 3. Enhance bi-directional feedback mechanisms between CCM representatives and their constituencies.

Scope of Work	Task	Metric
	Understand the principle of Engagement and its relationship to the other Evolution principles such as Positioning and Oversight.	Engagement E-Learning module completed, and guidelines reviewed. Engagement guidance note and Annexes read. Positioning and Oversight guidance notes read.
	Undertake a desk review. Obtain relevant CCM documentation (bylaws, conflict of interest management policies, civil society communication/ engagement plans, contact information of civil society constituencies, calendar of activities). For transition contexts, the positioning plan should also be reviewed, where it exists.	Reviewed: <ul style="list-style-type: none"> • CCM bylaws or governance documents. • Civil society communication/engagement plans. • Positioning plan, where it exists. • Any other relevant documents.
	Meet with relevant CCM members to discuss the scope of work, timelines and to gather background for the assignment and input into the process. This includes, but is not limited to, representatives for: <ul style="list-style-type: none"> • Key populations • People living with and/or affected by the three diseases • Civil society and community representatives • CCM Secretariat • CCM Executive Committee or Leadership. 	At the beginning of the assignment, at least one meeting held.
	Support preparation of up to 4 meetings (general CCM meetings, oversight committee, other sub-committees, technical meetings, etc.). <ul style="list-style-type: none"> • Receive key information from 	Prior to each CCM meetings: <ul style="list-style-type: none"> • Key CCM meeting documents reviewed. • Timely consultation with constituencies conducted. • Speaking notes developed.

<p>the CCM Secretariat in advance of CCM meetings.</p> <ul style="list-style-type: none"> • Support representatives to prepare for meetings by helping them review and understand agenda items and key documents in advance. • Facilitate consultation process with their constituency to obtain input (e.g. qualitative or quantitative data) and positions on the agenda and any emerging issues requiring governance attention. • Help define and articulate the constituency’s position for the CCM meeting, ensuring clarity, evidence-based and data-driven arguments and analysis. This should specifically highlight the differentiated needs of populations most vulnerable to and affected by HIV, TB and malaria and community representatives. • Outline desired outcome of meetings and proceedings at CCM meetings, ensuring views of diverse stakeholders are taken into consideration. • Coordinate the development of speaking notes and other supporting materials to use during CCM meetings. • Facilitate and support analytical data-driven discussions and decisions. 	
<p>Facilitate debriefs from CCM meetings.</p> <ul style="list-style-type: none"> • Conduct a facilitated discussion of the results achieved /decisions made during CCM meetings by the CCM civil society and community members and/or alternates. • Discuss and finalize the agendas to be raised in the next CCM meeting. 	<ul style="list-style-type: none"> • Virtual meeting conducted to discuss results achieved, decisions made at the last CCM meeting and next steps. • Bi-directional communication on the issues raised and decision made by CCM and its Committee related to civil society organizations, key populations and/or people living with and/or affected by the three diseases and community with respective constituencies.

Develop engagement or communication plan, tools, and/or templates for rapid sharing of data/information by CCM representatives of key and vulnerable populations, civil society, and/or communities living with and affected by the three diseases to their constituencies – based on needs of constituencies and their representatives.	Engagement/communication plan, tools and/or templates developed for information-sharing and exchange pre- and post-meeting.
Develop a summary report with key findings, including communication gaps, recommendations to strengthen bi-directional feedback, outcomes from facilitations for each of the meetings.	Report (maximum 3 pages) on meeting outcomes and next steps.

- Deliverables** CCM to agree on deliverables, which may include the following:
- Costed work plan with activities to improve the quality of pre-post meeting preparations.
 - Preparation documents and speaking notes summarizing the position(s) of representatives of key and vulnerable populations, civil society, and communities living with and/or affected by the three diseases.
 - Quarterly reports (prior to CCM meetings) summarizing decisions made at CCM meetings and follow-up actions by representatives of key and vulnerable populations, civil society, and/or communities living with and/or affected by the three diseases.
 - Evidence of functional and effective bi-directional accountability/feedback communication channels and tools for rapid sharing of data/information by representatives of key and vulnerable populations, civil society, and/or communities living with and affected by the three diseases to their constituencies.
 - Summary report, including communication gaps, recommendations to strengthen bi-directional feedback, outcomes from facilitations for each of the meetings.
 - Final Training Module incorporating feedback from consultation with Oversight and BCCM Members/ alternate members
 - Training Report on the Training for CSO Constituencies
 - Deliverables with timesheet need to be submitted

Reporting Lines The consultant will report to the BCCM Oversight Committee and the Chair of the BCCM Evolution Task Force. All deliverables will submit to BCCM Secretariat

The consultant will work in close collaboration with the CCM representatives of key and vulnerable populations, civil society, and/or communities living with and/or affected by the three diseases.

The BCCM Secretariat is requested to share the consultant’s deliverables with the Global Fund.

Level of effort (LoE) Recommendation of at least 12 days level of effort (LoE) to support pre- and post-preparations for at least 4 CCM (or relevant CCM committee) meetings between July 2021 to December 2022.

BCCM Oversight Committee, Evolution Task Force and BCCM representatives of key populations, people living with and/or affected by the three diseases, civil society and community representatives will decide on the level of effort based on the number of meetings as well as constituency needs and capacity.

Qualifications, experience and skills

Qualifications

Minimum Master Degree in Social Sciences with Master's in Public Health; or MBBS with Master's in Public Health.

- **Experiences and competencies** At least 10 years of experience in Public Health project specially in Health Governance including 5 years in leading managerial position in National and International Organizations, UN Agencies, Bilateral Organizations and national-level project planning, monitoring, evaluation related to TB, Malaria and HIV programs; Global Fund Grants implementation and oversight experience will be added value. Knowledge on epidemiological and programmatic indicators for, HIV, TB, Malaria and COVID-19 and key financial indicators.
- Experience working with key populations, people living with and/or affected by the three diseases, civil society and community groups.
- Ability to engage populations most vulnerable to and/or affected by HIV, TB and malaria and community representatives, encourage participation, keep people's attention and keep the discussion moving.
- Experience in development of training guideline and
- Ability to synthesize and summarize strategic information.
- experience in planning and conducting and conducting training session
- modules
- Good analytical and documentation/report writing skills.
- Strong communication and facilitation skills.
- Demonstrated commitment to the role of communities in responses to HIV and AIDS, TB and malaria, and the principles of meaningful community engagement and participation.
- Demonstrated expertise and experience of consulting with multi-stakeholder bodies in the areas of civil society organizations engagement, management, capacity development, and/or rights advocacy of populations most vulnerable to and/or affected by HIV, TB and malaria and community groups.
- Prior working Engagement with Community and Key and Vulnerable Population (HIV, TB and Malaria) as desired experience
- Working level of English as well as knowledge of the local language (particularly the one most widely spoken by key population representatives).

Optional qualifications, expertise and competencies

- Demonstrated knowledge/experience of the Global Fund grant architecture and management process.
 - Demonstrated knowledge/experience of CCM governance related issues.
 - Experience in successful provision of technical assistance in the short and medium term.
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- Demonstrated understanding of civil society constituencies' role in the Global Fund.

Preference will be given to consultants who are living with and/or affected by the three diseases and/or key populations themselves.

Age Limit: 45 to 65 years (as on last date of application)

Consultancy Fees: USD 4800 for CSO pre and post training for the CSO Constituencies for 3 months (To be paid in Bangladesh taka as per average conversion rate during bank transfer to BCCM Bank account). Payment will be made based on the submission of deliverables divided into 3 months. Maximum payment USD1600 (Equivalent Bangladesh Taka for One thousand six hundred US dollar) per month. Tax and VAT will be deducted as per government rule.

Assignment Duration: 03 months June 2023-August 2023 or three months from signing of the agreement. It can be quarterly one month assignment pre and post CCM meeting period.

How to apply: Application needs to be sent to bccmsecretariat@gmail.com with a cover letter (describing candidate's suitability and potential in contribution to the position), detailed CV, recent photograph, and scanned copies of educational certificates, experience certificates and NID. Incomplete application will NOT be considered. Application deadline is **03 May, 2023**. The BCCM Recruitment Committee reserved all rights to make any decision for this recruitment. Only short-listed candidates will be called for the written test and further process.
