TERMS OF REFERENCE FOR CONDUCTING A RAPID GENDER IMPACT ASSESSMENT OF COVID-19 IN ZAMBIA



UNDP ZAMBIA

1. Consultancy Information

Title: Government of the Republic of Zambia (GRZ)-United Nations (UN) Joint Programme on Gender-Based Violence Phase II, December 2019 – December 2022.

Type of Contract: Consultancy Firm Post Level: **Consultancy** Duty Station: **Lusaka** Department/Unit: **Governance and Gender** Reports to: **Gender Specialist** Expected Places of Travel: **Applicable where necessary** Duration of Assignment: **45 working days** Estimated commencement date: 19 October 2020 End Date: 20 Dec 2020 Duration of the work: **45 days** Location/duty station: **Lusaka and other locations in Zambia**

2. Background Information

The global COVID-19 pandemic is putting at stake the hard-won advances Zambia has made towards the attainment of the Sustainable Development Goals and risks exacerbating the existing socio-economic inequalities, particularly those between women and men. The COVID-19 crisis is a multidimensional crisis – health crisis, social crisis and economic crisis. Situations of crisis and emergency such as the Covid-19 pandemic tend to have a different socio-economic impact on females and males. Women already in situations of poverty and high vulnerability to social exclusion and human rights abuses will be affected, not only by the likely increase of the burden for caring for children and others (example: elderly parents, PWD) and the potential loss of income for those in formal and informal jobs, but also by the limited material conditions and infrastructure of their households, neighborhoods and communities.

Gender Impact of the COVID-19 Pandemic

Disease outbreaks affect women and men differently and make existing inequalities for women and girls worse¹. In this regard, the impact of the COVID-19 pandemic is not gender neutral as it affects men and women differently. Although data for Covid-19 worldwide shows that more men than women are contracting COVID-19², women remain more vulnerable to the disproportionate economic, health and social risks resulting from such crises as the coronavirus pandemic, exacerbating existing gender inequalities. This is because beyond the distinct biological responses brought about by the disease, gender norms and cultural patterns determine the roles women and men play in a society in response to crisis, as well as the differentiated impacts they experience. In Zambia, as of 19 May

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https://www.sl.undp.org/content/sierraleone/en/home/library/crisis_prevention_and_recovery/ assessing-sexual-and-gender-based-violence-during-the-ebola-cris.html)

https://www.frontiersin.org/articles/10.3389/fpubh.2020.00152/full?utm_source=yxnews&utm_mediu m=desktop&utm_referrer=https%3A%2F%2Fyandex.by%2Fnews

2020, of the 772 cases confirmed, 7 deaths have occurred. Emerging evidence suggests that more men than women are dying, potentially due to sex-based immunological or gendered differences, such as lifestyle patterns, inability to seek medical treatment early and prevalence of smoking and high alcohol consumption among other reasons³.

Gender Impact of the COVID-19 Pandemic on the Workforce

Globally, women represent 70 percent of the health and social sector workforce and special attention should be given to how their work environment may expose them to additional levels of discrimination, as well as thinking about their sexual and reproductive health and psychosocial needs as frontline health workers. This increases vulnerability, the number of females who are health care providers and home care givers generally outweigh the number of males playing the same roles. As frontline workers women are more likely to come into contact with the virus and as such not only face increased risks of contracting the virus if not provided with appropriate PPE, but also risk being stigmatized and excluded by their families and communities who could fear they are bringing the virus to them. Women are at higher risk of infection because of the role they play as not only care givers but also food growers, harvesters (especially daily consumed vegetables), food traders, food preparers, handlers and servers in addition to other family maintenance and care-related activities such as fetching of water for domestic activities, which expose them to the risk of spread and infection. Understanding the gender-differentiated and dynamic impacts of the disease outbreak on women is fundamental to creating effective, equitable policies and interventions that leave no-one behind.

Gender Impact of the COVID-19 Pandemic on Economies

As the effects of the COVID-19 pandemic roll through African economies, shrinking informal sector labour participation, of which 70 percent are women; it is women who in both the short and long term are expected to bear the heaviest loss of livelihoods, income and business⁴. Additionally, women are often at the frontlines of the response in healthcare provision, social services, communities and households and without the necessary information and services, including adequate personal protective equipment (that is the right size for them), women are not just at risk of acquiring the virus but also a conduit for passing it on to their families.

Gender Impact of the COVID-19 Pandemic on Health Needs (Mainly Sexual and Reproductive Health and Mental Health)

Zambia has one of the highest child marriage and teenage pregnancy rates globally. According to the Zambian Demographic Health Survey (2018) 29 per cent of girls aged 15-19 years have already given birth or were pregnant with their first child. Over 45.9 per cent of adolescence girls and women are exposed to GBV. Prevalence of HIV among females aged 15-49 years is 11.3 per cent. The protection risks, negative coping mechanisms such as transactional sex, sexual exploitation and increased child marriages, could exacerbate the high HIV prevalence in the country. The singular concentration on COVID-19 has created challenges in that it is not easy for survivors to access GBV and SRH services.

Noting the ripple effect of the spread of Covid-19 on social and economic systems, including trade restrictions, limited mobility of people and goods, and slowdown in production, an assessment of the socio-economic impact of the Covid-19 crisis is important to identify urgent and medium- to long-term measures to mitigate its impact and support recovery.

Women are already more likely to have lower power in decision making at the family and community level – this will impact their voice being heard when it comes to the outbreak, and as a consequence their general and sexual and reproductive health needs may go largely unmet. Emergency response of COVID-19 outbreak also means that resources for sexual and reproductive health services may be diverted to deal with the outbreak, contributing to a rise in maternal and new-born mortality, increased unmet need for contraception, and increased number of unsafe abortions and sexually transmitted infections.

In Zambia, the Ministry of Health has since March 2020 recorded an increase in the number of maternal deaths, which could be attributed to an increase in home deliveries and/or delays in getting to health facilities due to fear of COVID-19, resulting in preventable complications and death.

While lockdown and quarantine measures to slow the spread of the virus are appreciated, emerging evidence show that these measures have the potential to weaken protection systems and increase women's exposure to higher risks of gender-based violence. In South Africa for instance, 87,000 GBV cases were reported to the police within seven

³ <u>https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7234726/</u>

⁴ https://www.ilo.org/wcmsp5/groups/public/---africa/---ro-

abidjan/documents/briefingnote/wcms_741864.pdf

days of the national lockdown (we need to add Zambian GBV stories/statistics here). In West Africa, the 2013-2016 Ebola outbreak placed women and children at greater risk of exploitation and sexual violence. In the advent of COVID-19, life-saving care and support to GBV survivors (i.e. clinical management of rape and mental health and psychosocial support) may be disrupted putting pressure on tertiary level hospitals and health service providers already overburdened and preoccupied with handling COVID-19 cases.

In contexts where roles and responsibilities are heavily gendered, men may see their socially expected role as family "breadwinner" challenged. (O'Connor, Pirkis, 2016) This fact, together with the stereotypical association of masculinities with strength and even violence may lead to also increase in cases of gender-based violence as discussed above. The Covid-19 outbreak can, worsen the already high prevalence of gender-based violence (GBV) due to greater economic stress in households in times of crisis coupled with increased social isolation. The social distancing policies and mandatory quarantines, which are required to contain the spread of the virus, may thus increase the risk of exposure to intimate partner violence.

The impact is also different in older women and men. Globally, most of the elderly living alone are women, whereas older men living alone tend to be more isolated and have less safety networks (Vandervoort, 2012). Gender, disability and structural inequalities, which characterized societies before the crisis, are being exacerbated by the multifaceted impact of the COVID-19 crisis⁵. Lack of gender and disability disaggregated data makes it difficult to carry out evidence-based analysis of the socioeconomic impact of the COVID-19 crisis and to facilitate targeted and mainstreamed policies for women and girls particularly those with disabilities⁶.

During a period of crisis, gender equality is a goal that some public administrators and families may temporally postponed because of the more pressing need to respond to the crisis. This pauses a risk on the whole response being gender blind. Gender dimensions tend to be regarded as secondary, but emergency responses that fail to incorporate a gender lens are highly likely to exacerbate existing inequalities and in turn exacerbate the negative impacts of the outbreak. For example, in Zambia, the Ministry of Health has since March 2020 recorded an increase in the number of maternal deaths, which could be attributed to an increase in home deliveries and/or delays in getting to health facilities due to fear of COVID-19, resulting in preventable complications and death.

Priorities of the Zambian Government and the United Nations in Response to GBV in the Context of COVID-19

"In our work with governments, UN agencies and our partners play a critical role in ensuring not only business continuity of existing GBV response and prevention services, but also to support governments in preparing for the increased demand for such services in the context of COVID-19"7

The UN in Zambia recognizes that the COVID-19 pandemic will have a significant negative socio-economic impact on women and girls. This is due to the fact that women and girls face a **particular risk of infection owing to the types of work that they do.**⁸

As the pandemic grows, a gender responsive coordinated response to providing healthcare policies, economic / financial opportunities and other measures that provide a continuum of support to vulnerable household is required in order to mitigate the social and economic impacts of the crisis on women and girls.

Against this background, the UN system in Zambia seeks the services of a consultancy firm to undertake an assessment of the socio-economic impact of Covid-19 on women with special focus on gender equality in Zambia.

3. Objectives of Assignment

The objective of the assignment is to assess the Socio-economic Impact of Covid-19 on Gender Equality in Zambia. Moving beyond generalisation, the assessment should bring out the key drivers of vulnerability of COVID-19 on women and how it is currently impacting and likely to impact in the medium- and longer-term socioeconomic wellbeing of women. The assessment should be gender responsive and contribute to the design and planning of the Zambian government's policy response to the Covid-19, in order to prevent exacerbation of already existing gender inequalities. This will also be used to make sure that any discriminatory and negative effects of the pandemic such as increased incidences of GBV, VAC, child marriage, adolescent pregnancy, limited access to income generating opportunities for women including access to sexual reproductive health services, limited access to information and

⁵ <u>https://www.un.org/development/desa/disabilities/covid-19.html</u>

⁶ https://www.un.org/development/desa/disabilities/wp-content/uploads/sites/15/2020/05/PB_69.pdf

⁷ UNDP Brief: Gender Based Violence and COVID-19

⁸ CARE- Rapid Assessment - Impact of COVID-19 (2020)

services for women and adolescent girls are either removed or mitigated. The impact assessment will also seek to propose transformative ways for addressing gender inequalities and ensuring women's empowerment in this pandemic. Through understanding the gender-differentiated impacts of the Covid-19 pandemic, policy makers will be able to create equitable policies and interventions that leave no-one behind.

The specific objectives of the assessment are to:

- Assess sector-wide current, medium term and long term likely impacts of the epidemic on women in Zambia;
- Conduct rapid gender assessment of COVID-19 and analyse immediate and longer-term impact in Zambia;
- Identify priority needs for women and affected households with a particular focus on building resilience for recovery through women empowerment programmes;
- Recommend institutional mechanisms and policy measures to be considered in response to gender equality in Zambia, including measures to prevent and mitigate GBV during the pandemic and its aftermath.

Scope of work

The Consultancy firm will be expected to undertake the following tasks:

- Investigate the direct and indirect current and potential gendered dimensions of COVID-19 and highlight the
 ways in which women, girls and other marginalized people listed below are likely to suffer from the pandemic,
 focusing on the gender gaps in: (i) Access to essential health and SRH services, (ii) GBV prevention and
 risk mitigation including at household level, (iii) gendered impact of COVID-19 on households in general
 including income and decision making power; (iv) Enterprises and value chains; and (v) intra-household
 dynamics (vi) impact of COVID-19 on child marriage and adolescent pregnancy.
- The investigation should also focus on special groups including persons with disabilities (PWD); people living with HIV (PLHIV), the youth and children, and refugees and migrant populations.
- Identify gender gaps in national and sub-national government strategies to respond to the COVID-19 emergency.
- Identify opportunities for addressing gender gaps and scaling up women's empowerment (including
 adolescent girls, women with disabilities, women living with HIV and migrant women) in the policies and
 actions being developed to respond to the crisis, and the post-crisis recovery.
- Analyze data on prevalence of gender-based violence (GBV) and identify potential hotspots.
- Identify service delivery gaps for post-GBV services.
- Conduct literature review of already existing data from Zambia and from other parts of the world.
- Compile data analysis on gender equality, GBV and other issues of the social-economic impact household survey.

4. Methodology

In consultation with the UN, Ministry of Gender and ZAMSTATs, the consultancy firm will propose a robust methodology that takes into account gender disaggregated data in order to provide a clear picture of challenges faced by women during the crisis, which would pave the way for gender-responsive policy-making. The methodology should also have a gender and human right lens based on the principle of leave no one behind. The assessment will use both quantitative and qualitative methods for data collection and analysis. Primary data will be collected through surveys or interviews (including focus group discussions) in line with COVID-19 standard guidelines. The assessment will include keygender-specific indicators by area of assessment (a key set of indicators is included in the annex to these guidelines).

In addition, the consultancy firm will be expected to draw from existing studies and research to ensure nonduplication and complementarity, and should be informed also by Government of Zambia, particularly the Ministry of Gender.

5. Tasks and Responsibilities

The consultancy firm will be expected to: Finalise a robust all-inclusive data collection tool and conduct a rapid gender assessment and Disaggregate all

quantitative indicators by sex, age and race/indigenous groups. Initial draft will be provided. Explore further disaggregation by geographical location, rural/urban, disability, religion, migrant status, nationality, level of education, household type, and other relevant categories.

Other direct sub-activities are:

- Disaggregate respondents by type i.e. governmental institutions, civil society organisations, women, children, adolescents, PWDs, PLHIV, refugees etc.
- If possible, use geo-referencing methods in the deployment of the assessment.
- Disaggregate information by household composition (numbers of adults, children) with specific attention to households with children maintained by a single adult or child-headed households.
- Consider using rapid case study analysis when obtaining intra-household sex-disaggregated data is either difficult or impossible.
- Look at intra-household dynamics and the impacts on women, men, girls and boys, including distribution of consumption, control of income, shifts in power/decision-making, and gender-based violence. (An effective data collection tool, applicable to the Zambian context, will be critical to gather and analyse intra-household dynamics within the Covid-19 environment)
- Ensure the methodology engages with gender equality mechanisms and civil society organizations, such as women's rights and feminist groups, community groups, especially women's groups impacted most by the crisis (e.g. women working in the healthcare sector, domestic workers, migrant workers etc).
- Use gender-responsive budgeting to analyze financial resource allocations to the COVID-19 response to key sub-sectors such as GBV response, Zambia Police Service (VSU), Judiciary, Prosecutions Authority Sexual Based Crimes Unit, SRH, adolescent health, menstrual hygiene in schools.
- Ensure the methodology complies with public health measures such as social distancing measures and • personal protective equipment.
- Consult with the Ministry of Gender and Zambia Statistical Agency on the finalisation of the data collection tool and in the analysis of the information.
- Work with Ministry of Gender and Zambia Statistical Agency to collect data using agreed upon data collection tool and methodology.
- Work with Ministry of Gender and Zambia Statistical Agency to compile summary report
- Work with Ministry of Gender and Zambia Statistical Agency to compile final assessment report

Expected deliverable

The Consultancy firm is expected to deliver a comprehensive report (include number of pages), in English, that disaggregates data on the impact of Covid-19 by sex, age, disability (any other noticeable vulnerability). Evaluates gender impact on livelihoods by looking at the composition of the sectors most impacted (based on existing data). Takes into account household structures and dynamics to assess impact on women, men, PWD, the youth and children. The Report should also provide policy recommendations and actions to ensure gender responsiveness of the Covid-19 response in Zambia.

1. Timeline and Products

The expected duration of the consultancy is 2 months (45 working days) upon signing of the contract. The tentative schedule of deliverables are as follows:

Activities	Consultancy days	Deadline		Weeks					
			1	2	3	4	5	6	7
Planning and design	10	3 Nov, 2020	Х						
Submission of inception report	10	17 Nov, 2020		Х					
Sampling and field work	13	3 Dec, 2020			х	Х	х		
Data processing and analysis	7	12 Dec, 2020						Х	
Submission of draft report	2	15 Dec, 2020							Х
Validation meeting	1	16 Dec, 2020						1	х
Final report and dissemination	2	18 Dec, 2020			1			1	

Documents to be shared with the consultancy firm:

- Completed Rapid Impact Assessments of COVID by UNDP, UNICEF, ILO, IOM
- UNDP COVID -19 Assessment Tools
- Phase II GBV Programme Document
- Phase I GBV Programme Document
- Phase I GBV Programme Evaluation Report
- Phase II GBV Joint Work Plan
- Phase II GBV Reprogrammed work plan
- UN Partnership Framework
- Terminal Report for Phase I GBV Programme

6. TEAM COMPOSITION AND REQUIRED COMPETENCIES

The personnel requirements for this project include:

Core survey team: The Firm must provide a minimum of:

- (1) Full-time Project Manager
- (1) Full-time Field Manager
- (1) Full-time Data Manager

Field Team: Although the Firm will determine the NUMBER of field teams in consultation with the Evaluation Team, each field team should be comprised of:

- (1) Supervisor
- (2-4) Interviewers

7. REQUIRED SKILLS/ EXPERIENCE

As the consultancy is multifaceted, the consultancy team is expected to have a mix of skills relevant to the assignment. The required background and experience for the consultancy team is as follows:

- Legal status recognized by the Government of the republic of Zambia, enabling the organization to perform the above-mentioned tasks under the laws of Zambia.
- Minimum 10 years of relevant work experience in gender analysis, gender policy advocacy, child protection, policy research, gender responsive programming and budgeting.
- Experience in contributing to policy advocacy or research on disaster preparedness, mitigation and response is an asset
- Have relevant experience in working with governments and/or international organisations on consultancy assignments, especially in gender analysis, gender policy and gender responsive budgeting.
- Good network of experienced enumerators, supervisors and data entry clerks.
- Strong capacity in data management and statistics.
- Strong knowledge in the following software: STATA, CS-Pro, SPSS and STATA
- Team with gender mix will be an added advantage

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- Knowledge on GBV related legal and policy framework.
- Have excellent proven written, spoken English and communication skills.

In the technical proposal, the firm must also indicate the proposed staff and qualifications for each of the three key managerial positions based on the following minimum requirements:

REQUIRED SKILLS/ EXPERIENCE

Gender Expert

Master's in Gender, Demography, Public Health, Epidemiology, Sociology, Economics or other development fields

	11	Minimum 10 years of relevant work experience in conder englysic, conder
	II.	Minimum 10 years of relevant work experience in gender analysis, gender policy advocacy, policy research, gender responsive programming and budgeting.
	III.	Have relevant experience in working with governments and/or international
		organisations on consultancy assignments, especially in gender analysis,
		gender policy and gender responsive budgeting.
	IV.	Experience in supervising and managing teams
	V.	Knowledge in data management software and statistical skills
Legal Expert	i.	Master's in Social Science (international Law: with advanced knowledge
0		of child justice and legal protection for children.
	ii.	
		specifically relating to children and women.
	iii.	Experience managing field work for Impact assessments of communities,
		experience in gender analysis, gender policy advocacy, policy research, gender
		responsive programming and budgeting.
	iv.	Experience in conducting trainings and developing teaching aids
	۷.	Experience in community-based projects
Data Manager	١.	Masters' degree in Social Sciences with advanced knowledge in
		Statistics, demography or other relevant discipline;
	II.	Degree or equivalent in computers science, demography, statistics, or any other
		relevant field
	III.	Training and experience in using and programming CS-PRO and similar
	N /	programs.
	IV.	Data analysis and cleaning
	V. VI.	Ability to compile data from different sources, merging data sets
	VI. VII.	Ability to query data or data mining Visualization and reporting
	VII.	
Language Requirements	•	All deliverables are to be written in English and meet good language standards.
	•	Knowledge of a local language is an advantage.
Additional requirements	•	Strong inter-cultural competences
	•	Awareness and sensitivity of gender and social inclusion
	•	Ability to work with minimum supervision and in a team
	•	Possess facilities and equipment to conduct research, communication in light of
		social distancing due to COVID-19
7. Institutional Arrang	ements	

The contractors will work a maximum of 45 working days. Applicable administrative and logistical support will be provided.

8. Payment Milestones against Deliverables					
 The successful team shall rec as per the milestones shown be 	• •	nts upon certification o	f the completed tasks satisfactorily,		
Deliverables/ Outputs	Estimated Duration to Complete	Target Due Dates	Review and Approvals Required		
Product 1: Payment upon submission and acceptance of Inception report.	15%	3 Nov 2020	Approval by the technical team		
Product 2: Payment upon submission and acceptance of work-plan for data collection.	35%	17 Nov 2020	Approval by the technical team		

•	ent upon submission of Draft Assessment	25%	1 Dec 2020	Approval by the technical tea	
Report.					
			Approval by th	e technical team	
	election of the Best O	lffer			
	tancy firms are exped		oth Technical and F	inancial Proposal	s. The Technical
Proposal should Reference. Applic relevant credentia Shortlisting will be	include how the consu cants are expected to s	Iltancy firms will submit their CVs,	deliver the expected Academic Credential th Ministry of Gender	key functions liste s, Work Certificati	d in this Terms of ons and any other
The following chi		Sciecting the bet			
Item	Evaluation Criteria	1			Points
	Technical Evaluati	ion Criteria (70%	6)		
SEQ.	CRITERIA				OBTAINABLE POINTS
SECTION 1. BID	DER'S QUALIFICATI	ON, CAPACITY	AND EXPERIENCE		
1.1	Reputation of Organization and Staff Credibility / Reliability / Industry Standing			30	
1.2	Litigation and Arbitration history			15	
1.3	General Organization - Financial stability - Loose consortium - Age/size of the firm - Strength of project - Project financing of - Project management	, holding compar n t management su capacity	•	implementation	50
1.4	Extent to which any work would be subcontracted (subcontracting carries additional risks which may affect project implementation, but properly done it offers a chance to access specialised skills.)			15	
1.5	Quality assurance procedures, warranty			30	
1.6	Relevance of Expe	erience of Team	Members:		
1.6a	Specialized Knowledge			25	
1.6b	Experience on similar projects			50	
1.6c	Work for major multilateral/ or bilateral programmes 25			25	
16d	Experience in the region			10	
	Sub-total: bidder's	qualification a	nd experience		250
SECTION 2. PRO		.ogy, approa	CH AND IMPLEMEN	TATION PLAN	1
2.1	To what degree does the Proposer understand the task?			50	

2.2	Have the important aspects of the task been addressed in sufficient detail?	30
2.3	Is the proposal based on a survey of the project environment and was this data input properly used in the preparation of the proposal?	
2.4	Is the conceptual framework adopted appropriate for the task?	65
2.5	Is the scope of the task well defined and does it correspond to the TOR	100
	Technologies used - compatibility with UNDP considering the COVID-19 pandemic	20
2.6	Is the presentation clear and is the sequence of activities and the planning logical, realistic and promise efficient implementation to the project indicating time frame?	120
	Sub-total Methodology	450
SECTION 3.	MANAGEMENT STRUCTURE AND KEY PERSONNEL	
3.1	Project Manager/ Lead Consultant (Gender Expert)	
3.11	Master's in Gender, Demography, Public Health, Epidemiology, Sociology, Economics or other development fields	30
3.12	Minimum 10 years of relevant work experience in gender analysis, gender 5 policy advocacy, policy research, gender responsive programming and budgeting.	
3.13	Have relevant experience in working with governments and/or international organisations on consultancy assignments, especially in gender analysis, gender policy and gender responsive budgeting.	40
3.14	Experience in supervising and managing teams	20
3.15	Knowledge in data management software and statistical skills	10
3.2	Field Manager	
3.21	Master's in Gender, Demography, Public Health, Epidemiology, Sociology, Economics or other development fields	30
3.22	Experience managing field work for Impact assessments of communities, experience in gender analysis, gender policy advocacy, policy research, gender responsive programming and budgeting.	
3.23	Experience in conducting trainings and developing teaching aids	10
3.24	Experience in community-based projects 10	
3.3	Data Manager/ Technical lead	
3.31	Degree or equivalent in computers science, demography, statistics, or any other relevant field	
3.32	Training and experience in using and programming CS-PRO and similar programs.	
3.33	Data analysis and cleaning 10	
3.34	Ability to compile data from different sources, merging data sets 10	
3.35	Ability to query data or data mining	10
3.36	Visualization and reporting	10

	Sub-total Management structure and key personnel	300
Total		1000

Summary of Technical Evaluation Criteria

Category	Criteria	Obtainable Points	Weight
Section 1.	Bidder's qualification, capacity and experience	250	25%
Section 2.	Proposed Methodology, Approach and Implementation Plan	450	45%
Section 3.	Management Structure and Key Personnel	300	30%

10. Ethical Considerations, Confidentiality and Proprietary Interests

•The Consultancy firm needs to apply standard ethical principles during the course of the assignment. Some of these must deal with confidentiality of interviewee statements when necessary, refraining from making judgmental remarks about stakeholders.

•The incumbent shall not either during the term or after termination of the assignment, disclose any proprietary or confidential information related to the service without prior written consent by the contracting authority. Proprietary interests on all materials and documents prepared by the contract holder under this assignment shall become and remain properties of UNDP.

11. HOW TO APPLY

Interested applicants with required qualification and experience must submit their applications on line as per the following email: procurement.et@undp.org. The submission should include technical and financial (price offers) as separate components of one application by **15 September 2020** by 15:00hrs (Zambia Time).

12. APPROVAL AUTHORITY

Approval

This TOR is approved by:	
Signature:	Date:
Name: Designation:	