

TERMS OF REFERENCE

FOR SELECTION OF SERVICE PROVIDER FOR THE PREVENTION OF GENDER DISCRIMINATION, SEXUAL EXPLOITATION AND ABUSE & COMMUNICABLE DISEASES

EDUCATION AND PUBLICITY CAMPAIGNS

PROJECT NO. A129292
DOCUMENT NO. M1TA-GSCD-SPToRs 02-F07
VERSION 07 – 24.12.2020
DATE OF ISSUE 29.12.2020
PREPARED CNNEX
CHECKED PTBA
APPROVED ECGS

CONTENTS

ACRONYMS	iv
1. Introduction and Background	1
2. Objectives and Scope of work	4
2.1 Overall Objectives	4
2.1.1 Specific Objectives	4
2.2 Scope of Work	4
2.2.1 Key Tasks	5
2.2.2 Target groups for awareness and public campaigns	9
2.3 Regular monitoring, review and reporting	10
3. Timeframe and Proposed Workplan	11
3.1 Phasing of Implementation of the Plan	11
3.2 Duration	11
3.3 Proposed Workplan	11
4. Service Providers Staff Resources and Qualifications other Requirements	12
4.1 Qualifications for Service Provider	12
4.2 Key Personnel	13
4.2.1 Team Leader/ Supervisor	13
4.2.2 Programme Coordinator	14
4.2.3 Communicable Diseases (HIV/AIDS) Nurse	15
4.2.4 Child Care and Protection officer	15
4.2.5 Development Communication Officer	16
4.2.6 Supporting Staff	17
5. Roles and Responsibilities	18
5.1 Roles and Responsibilities of RA (Promoter)	18
6 Deliverables and Reporting	19
6.1 Deliverables	19
6.2 Reporting	19
6.2.1 Inception Report	20
6.2.2 Training programme Reports	20
6.2.3 Monthly Progress Reports	20
6.2.4 6-monthly/bi-annual Progress Reports	21
6.2.5 Project Lessons Learnt Brief/Best Practices Report	21
6.2.6 Final Report	21
6.3 Submission and Approval of Reports	21
7. Payment Terms to the Service Provider	23
8. Annex 1: Villages/trading centres and schools along route	25

DISTRIBUTION

- > European Investment Bank, Luxembourg:
 - > *Ms. Gabriela Teletin* (g.teletin@eib.org)
 - > *Mr. Ralf-Michael Kaltheier* (r.kaltheier@eib.org)
 - > *Mr. Jim Hodges* (j.hodges@eib.org)
 - > *Mr Wynand Bezuidenhout* (w.bezuidenhout@eib.org)

- > Roads Authority
 - > *The Chief Executive Officer, Emmanuel Matapa* (ematapa@ra.org.mw)
 - > *Director of Major Projects, Sam Kadangwe* (skadangwe@ra.org.mw)

The technical assistance operation is financed under African Investment Platform (AIP)

Disclaimer:

The authors take full responsibility for the contents of this report. The opinions expressed do not necessarily reflect the view of the European Union or the European Investment Bank

ACRONYMS

ACA	Accepted Contract Amount
AP	Advance Payment
BAR	Bi-Annual Report
CDs	Communicable Diseases
CBOs	Community-Based Organisation
CEO	Chief Executive Officer
COVID -19	Corona Virus Diseases - 2019
EIB	European Investment Bank
ESIA	Environmental and Social Impact Assessment
EU	European Union
FP	Final Report
GBV	Gender-Based Violence
IEC	Information, Education and Communication
HSSE	Health, Safety, Social and Environmental
HIV/AIDS	Acquired Immunodeficiency Syndrome (AIDS)/Human Immunodeficiency Virus (HIV)
LLB/BER:	Lessons Learnt Brief /Best Experiences Report for entire project
MDA	Ministries, Departments and Agencies
MPR	Monthly Progress Report
MoGCDSW	Ministry of Gender, Children, Disability and Social Welfare
MoH	Ministry of Health
MoLG&RD	Ministry of Local Government and Rural Development
KIA	Kamuzu International Airport
NGOs	Non-Governmental Organisations
RA	Roads Authority
RWG	Resettlement Working Groups
SADC	Southern Africa Development Community
SEA	Sexual Exploitation and Abuse
SMS	Short Message Services
SOPs	Standard Operating Procedures
STIs	Sexually Transmitted Infections
STDs	Sexually Transmitted Diseases
TA	Technical Advisory
ToRs	Terms of Reference
TWGs	Technical Working Groups.
VAC	Violence Against Children
VDCs	Village Development Committees

1. Introduction and Background

The Government of Malawi through the Road Authority has planned a strategic project to rehabilitate approximately 300km of the M1 Road north of Lilongwe in the Central and Northern Regions of the country. This road is a major national and regional road connector and is a section of the Southern Africa Development Community's (SADC's) North-South Corridor which links the regions two port cities of Dar es Salaam in Tanzania with Durban in South Africa. The road is a major facility for Malawi's transportation of imports and exports as well as for internal commodity markets.

The overall project involves the rehabilitation and widening of five sections of the M1 in the Northern and Central Regions of the country. In addition to the 46km section between Karonga and Songwe, which has recently been rehabilitated with World Bank funding, the European Investment Bank (EIB) together with the European Union (EU) is assisting the Government of Malawi in financing the rehabilitation and widening of the four sections listed below totalling 301km. The Road project will traverse the jurisdictions of the five District Councils of Lilongwe, Dowa, Kasungu, Mzimba and Rumphi.

- 1) Section 1 (LOT 1): From the turn off to the Kamuzu International Airport (KIA) on the outskirts of Lilongwe to Kasungu (102km);
- 2) Section 2 (LOT 2): From Kasungu to Jenda (85.5km);
- 3) Section 3 (LOT 3): From Jenda to the Mzimba turn off (46.74km); and,
- 4) Section 4: (LOT 4) From Kacheche to Chiweta (66.5km).

The anticipated duration of works on each LOT is:

- LOT 1: 30 months
- LOT 2: 18 Months
- LOT 3: 15 Months and
- LOT 4: 24 Months.

The EIB's Environmental and Social Standards 2013/2018, underscores the importance of considering of the rights and interests of vulnerable groups (under Standard 7), which is brought into action through the Stakeholder Engagement – (Standard 10). The EIB Environmental and Social (E&S) standards¹ align with the Government of Malawi's (GoM) recognition of the gender discrimination including gender-based violence (GBV), Violence against Children (VAC) and its impacts on the vulnerable groups, gender equality and poverty reduction efforts (Ministry of Gender, Children, Disability and Social Welfare - MoGCDSW, 2014); as well as Malawi's National HIV/AIDS Policy – Under Ministry of Health (MoH), which seek to enable a high level of commitment, strong intersectoral collaboration and sustained action to address the challenge of HIV/AIDS in the country. The Policy in part aims at preventing HIV infections, improving delivery of prevention, treatment, care and support services and mitigating the impact of HIV/AIDS on individuals, the family and communities.

¹ The applicable EIB E&S Standards are accessible at:

<https://www.eib.org/en/publications/environmental-and-social-standards>

In addition, the project responds to Roads Authority's – HIV/AIDS Policy Mission and Objectives, which aims at promoting appropriate and effective ways of managing HIV/AIDS and related illness.

In view of the above policy guidance, the preparation of the M1 Road Rehabilitation Project included thorough environmental and social risks assessments, which identified the mitigation measures for adverse impacts defined in the Environmental and Social Management Plans (ESMPs).

Managing project associated, potential gender discrimination aspects including gender-based violence; sexual abuse and exploitation; as well as communicable diseases (inclusive of prevention of HIV/AIDS) risks and impacts, is a key component in RA's implementation of M1 Road Rehabilitation Project. For further details, refer to the Environmental and Social Impacts Assessment (ESIAs) below and which are available under the RA's website.²

The results of the Environmental and Social Impact Assessments (ESIAs) for M1 Road Rehabilitation Project are presented in the following reports:

- The Environmental and Social Impact Assessment Report; By Roughton International in collaboration with Wataya Consulting Engineers and Africa Economic Consulting Group; September 2016
- The Environmental and Social Impact Assessment for the proposed rehabilitation of Kacheche to Chiweta Section of the M1 Road, Rumphu District in Malawi, Report Number 490005/2, by SRK Consulting (South Africa) (Pty) Ltd (August 2019) for CPG of Mozambique
- The Resettlement Action Plan; By Wataya Consulting Engineers and Africa Economic Consulting Group. August 2019
- The European Union (EU) Gender Analysis and
- The World Bank's – "Making roads Work for Women – A qualitative Study on Constraints and Opportunities of Women's Equal participation in the Roads Sector in Malawi"

The ESIAs/ESMPs will be implemented in consideration of and in compliance with the National and International COVID-19 preventive standard operating procedures.

RA is now seeking the services of a single Service Provider to support it in the implementation (concurrently on all four LOTS) of an integrated Gender, Sexual Exploitation and Abuse (SEA), Health/Communicable Diseases (CDs) Action Plan³ - (referred to as the Action Plan) for the project area inhabitants.

Any interested Service Provider who finds it necessary to improve their capacity, may enter into Joint Ventures, Consortiums or Associations in order to comply with the requirements as detailed in these Terms of Reference.

² All above documents are available in the public domain on RA's website at:

http://www.ra.org.mw/?page_id=44

³ A "Gender, Sexual Exploitation and Abuse, Health/Communicable Diseases Action Plan – hereby referred to as the Action Plan" – RA is developing two action plans, responding to the risks and impacts associated with potential gender discrimination, sexual exploitation and abuse (including Gender-Based Violence – GBV, and Violence Against Children - VAC) as well as a separate Action Plan for communicable diseases/HIV/AIDS and COVID-19; both of which will be implemented by the Service Provider.

The Action Plan will be implemented alongside related/similar Contractors' programmes for the workforce on each LOT.

In implementing the Action Plan, the Service Provider, will closely collaborate with the relevant Ministries, Departments and Agencies (MDA) and the associated Technical Working Groups (TWGs). These comprise Government (including District Councils) and civil society representatives. Based on the Action Plan the Service Provider, based on the Action Plan, will initially develop an implementation schedule for the first year, which will be reviewed against its performance and rolled out in the subsequent years in line with anticipated duration of works of each LOT.

Key MDAs to this assignment include MoGCDSW, MoH and Ministry of Local Government and Rural Development (MoLG&RD) as well as the District TWGs all of which have input to an efficient and effective system to prevent and respond to GBV, SEA and Communicable Diseases within the project areas of influence.

In order to create synergy, these activities must be implemented in close collaboration with Contractor's Health, Safety, Social and Environmental (HSSE) team and all relevant non-state actors within the area of influence of M1 road project.

Potential service providers should note that for each LOT, the Service Provider will be required to supply a full team of 5 key experts comprising:

- A Supervisor as a common resource manager and Team Leader. This Supervisor will not be field based but will oversee the operation of the 4 field teams.
- Each field team will be led by a Programme Coordinator.
- Each field team will comprise 4 experts plus the necessary support staff all as detailed in Section 4.

2. Objectives and Scope of work

2.1 Overall Objectives

- The overall objective of the assignment is to mainstream gender equality; enhance mechanisms for the prevention of violations of the rights of the vulnerable groups such as women and children, and provide education and awareness, clinical services including testing, treatment support and referrals, Counselling of the affected persons in respect of HIV/AIDS, GBV/SEA, and as appropriate managing grievances and making necessary referrals.
- The above are all to be executed on behalf of RA in compliance with the Action Plans developed.

2.1.1 Specific Objectives

These include the following:

- To implement the Action plan as well as associated mechanisms for preventing gender inequality including GBV, VAC and Communicable Diseases (CDs) including HIV/AIDS and COVID-19;
- To support community-based prevention of GBV, SEA and CDs in the project area of influence including supporting vulnerable groups;
- To enhance partnerships and coordination mechanisms at District and community levels; as well as with the Contractors' Action Plans for effective and integrated implementation of GBV, SEA and CDs; and
- To coordinate, monitor and report on the implementation of the various measures to address risks of GBV and SEA associated with the project implementation; and to document lessons from the project for RA's future learning.

2.2 Scope of Work

All the defined activities will be implemented along the KIA-Mzimba turn-off and Kacheche - Chiweta sections of the Project area of influence - within a distance of 5 Kms either side of the road – measured from the centre line; as well as around all other project associated off-site activities that will be identified during construction (e.g. borrow pits and quarries), by the Supervising Engineer. The project affects the 5 District Councils listed in Section 1 above.

The assignment will target all communities, men and women, girls and boys (in and out of school), traditional and political leaders and technical staff of government and non-governmental institutions located in the project area of influence. These will include all villages/trading centres and schools⁴, health centres, community centres, business and all road users as described in the section 2.2.2.

The assignment involves training of community resources – structures and institutions, consistent/continuous awareness on the prevention and avoidance of adverse risks and impacts, including practical clinical services to the survivors and affected persons.

⁴ A list of Trading Centres/villages and schools under each LOT have been included in Annex 1, which will be reviewed and updated during the inception period of this assignment, to include all other important institutions and areas – including health centres, primary and secondary schools, trading centres, villages, etc. The inception report will reflect an updated list of all the key locations to be reached out during the project implementation under each LOT.

It is envisaged that the implementation will be scheduled to reach all persons and institutions/villages/trading centres on each LOT during the first 3 months in order to establish an initial awareness and engagement.

- In the first 2 months, the Service Provider will aim at undertaking and completing all the required community resources training including all Grievance Redress Committees (GRCs), Resettlement Working Groups (RWGs), all Government institutions such as the relevant District Council teams, the police as well as the non-state actors CBOs and NGOs etc, within the area of influence. Training of the resource teams and partners will integrate initial awareness of the risks and impacts of the project, reporting and understanding pathways of managing grievance, as well as the roles and responsibilities of each institution in partnering to mitigate the risks and impacts relating to the road construction of M1. Training for GRCs and RWGs will be for maximum 1 day and for the District councils together with other entities will be for a maximum of 2 days.
- In the First 3 months, the service provider will intensely engage the entire project affected area on each LOT – reaching all project affected communities and persons and interested parties in the M1 Road rehabilitation Project. The process will involve:
 - a) Creating awareness of and sensitizing communities in the potential risks and impacts that may accrue from the project relating to the gender discrimination and abuse, SEA and communicable diseases associated with foreseen labour influx;
 - b) Establishing defined locations in existing schools, health centres, administrative centres, trading centres etc and/or setting up tents in places non-existent;
 - c) undertaking clinical services including HIV/AIDS testing, treatment support and referrals, Counselling of the affected persons by GBV/SEA, as appropriate managing of grievances and making necessary referrals.
- In all the subsequent months, the Service provider will aim at visiting each established service location at least twice a month.
- The implementation process involving awareness and sensitisation plus managing grievances, trainings and clinical services including counselling and survivor referrals must be documented in the training/activity, monthly and 6-monthly reports.
- The Service Providers performance in implementing the Action Plans will be annually reviewed, and adjustments to the operating procedures, methodologies and lessons learnt incorporated in the subsequent periodic programmes.

2.2.1 Key Tasks

a) **Implementing the Action plan as well as associated mechanisms of preventing gender inequality including GBV, VAC and Communicable Diseases (CDs) including HIV/AIDS and COVID-19, including reaching the most vulnerable groups in the affected communities;**

This task will seek to increase the resilience of communities to prevent and respond to risks of gender discrimination including sexual abuse and exploitation of both women and children (GBV and VAC), associated with the project. Special attention must be given to the most vulnerable groups such women, children (especially the girls) , the elderly, disabled, the truck drivers and sex workers among others; as well as in locations identified as hot spots where there is a high probability of abuse such as schools, truck parking trading centres/areas, active urban centres, and communities, in which the contractor's external facilities such as camps, quarry sites, materials sites with stationed security services, etc, are located.

The task will include scheduled implementation of the designed actions and monitoring compliance with the procedure developed to guide the mitigation of risks of Gender equality, GBV/VAC as well as HIV/AIDS, particularly those associated with labour influx. This will be achieved through the following activities:

- i) Reviewing and updating the Gender, SEA, and Health/Communicable Diseases Action Plans;
- ii) Reviewing and mapping the relevant stakeholders within the project area of influence;
- iii) Updating the lists⁵ of villages, trading centres and schools as part of the inception period and as highlighted in the inception report;
- iv) Liaising with other like-minded players in this field, mobilize all time IEC materials for promotion of gender equality/equity; and prevention of SEA (GBV and VAC) as well as HIV/AIDS and COVID-19; and where possible making such adjustments as may be considered appropriate;

In addition to (iv) above, developing IEC training and publicity materials based on national and internationally approved toolkits such as the World Bank USAID GBV Toolkits: Violence Against Women and Girls, Steppingstones HIV/Gender, World Bank HIV/AIDS and Gender based Violence in Transport Training;

- v) Promoting social inclusion including gender equity and zero tolerance to non-discrimination of the most vulnerable persons particularly women, children, the elderly and people with disability particularly in respect of access to services and employment on the road project;
- vi) Creating awareness, through culturally sensitive and open discussions on key drivers promoting human rights abuse and increase in HIV/AIDS infections including alcohol and potential drug abuse in some hotspot communities; protection of the rights of children and other vulnerable groups identified as abused in the community;
- vii) Conducting regular Gender, SEA, and Health/Communicable Diseases education and publicity campaigns and engagement; including promoting compliance to the defined guidelines and plans;

⁵ Refer to Footnote 5

- viii) Coordinating activities with the community-based resource networks – Gender Network committees and Health Committees, etc; and promoting community Participation in health and safety discussions;
- i) Engaging with various focus groups such as: community leaders (Chiefs, ADCs and VDCs), men and women; parents (mothers and fathers – separately) in respect of the project risks/impacts and their respective roles regarding prevention of gender discrimination, SEA (GBV &VAC) as well as HIV/AIDS;
- ii) Enhancing inclusion of women in employment on the M1 road rehabilitation project as well as maximizing both direct and indirect benefits from the project;
- ix) Mainstreaming gender equality in the project GRM and RWG processes to enhance and promote an inclusive and gender sensitive grievance redress mechanism to handle GBV/VAC incidents/cases using a survivor approach;
- x) Developing tools to train and sensitize communities and affected persons, as well as GRCs on prevention of Sexual Exploitation and Abuse (GBV and VAC) and its associated ills; and establish community referral pathways including functional Grievance Redress Committees (GRCs);
- xi) Offering the appropriate guidance on incident documentation; incident referral pathways and the need for sensitive handling of SEA (GBV & VAC) as well as HIV/AIDS complaints and cases through GRCs and service centres;
- xii) Implementing synergetic initiatives that bridge the activities under this assignment and those of the Contractors to ensure that both the communities and workers appreciate and comply with the preventive requirements;
- xiii) Reviewing the Contractors' Codes of Conduct to ensure promotion of zero tolerance to gender discrimination, SEA (GBV and VAC) as well as infections with HIV/AIDS and COVID-19;
- xiv) Creating awareness within the communities on the Contractors' Codes of Conduct to ensure understanding of roles and responsibilities in the prevention of gender equality/equity; and prevention of SEA (GBV and VAC) as well as HIV/AIDS and COVID-19;
- xv) Participating in the meetings of the Project Liaison Committees (PLC), and working in close collaboration with the Contractor's HSSE personnel in the creation of awareness about the community concerns and workers behaviour in the prevention gender discrimination, SEA (GBV and VAC) as well as infections HIV/AIDS and COVID-19; including understanding of GBV/VAC reporting/complaining pathways.

b) Strengthening coordination with National and District authorities including non-governmental agencies to monitor implementation of mitigation measures in the project area of influence; including:

- i) Conducting Gender equality, SEA (GBV &VAC), and HIV/AIDS preventive stakeholders' mapping and analysis to facilitate collaboration and net-

- working by the District Councils. This should be part of the inception period activity;
- ii) Developing partnership with various government and non-government agencies and facilities in the project area of influence, which are working with related social aspects, in order to promote sustainability of service seeking behaviour;
 - iii) Supporting capacity development in local systems to prevent and respond to GBV/SEA (Policy, Health, Legal, CDOs, CBOs) by:
 - ✓ Strengthening the reporting mechanism and procedures of local systems; strengthening survivor centred referral and response systems and
 - ✓ Strengthening coordination for better services with local and national service providers, as appropriate;
 - iv) Strengthening existing mechanisms or assisting authorities to establish integrated mechanisms to respond to, coordinate with and monitor the management of GBV and VAC risks associated to the project; including community feedback;
 - v) Facilitating joint project GBV/VAC programming with RA, Ministry of Gender, children, Disability and Social Welfare, Ministry of Health and District stakeholders; as well as involvement of CBOs and NGOs in the area of influence;
 - vi) Facilitating and conducting joint quarterly District coordination meetings to discuss activity progress and lessons to be learnt.
 - vii) Technical capacity building for District office bearers including but not limited to Police, Health, technical departments, councillors and selected NGOs;
 - viii) Creating awareness and sensitize communities and all road users on the risks of COVID-19 among the local communities and project workers.

c) Supporting and responding to GBV/VAC/SEA and HIV/AIDS survivors' remedial and support services within the project area.

This task will provide guidance in the remedial and referral pathways when there are SEA (GBV/VAC) and HIV/AIDS incidents – including steps to be taken and the institutions to be engaged with.

- i. Review and implement GBV/VAC as well as HIV/AIDS survivors' referral pathway and supporting protocols with identified service providers to meet survivors needs and possibly legal requirements;
- ii. Create community awareness and sensitization on the appropriate remedial and support services including the referral pathways available to the affected persons;
- iii. Implement service delivery models for SEA (VAC/GBV) survivors mainly based on developed referral pathways and protocol for supporting survivors;
- iv. Provide accessible service centres in existing institutions and trading centres in walkable distances of 5-7.5 kms for the communities and more so SEA (GBV/VAC) survivors;
- v. Provide technical support to GBV survivors to access necessary psychosocial, police, medical and legal support on time;
- vi. Provide GBV Case Management support, not only limited to acting as a victim's advocate but also providing referral services, respecting confidentiality and providing support without discrimination;
- vii. Participating in and promoting incident investigation, and reporting by the communities and affected persons (- offering incident referral in-

formation) as well as supporting reporting and managing associated complaints, while keeping the Supervising Engineer fully informed;

d) Monitoring and reporting on the progress of implementation of the Action Plans.

This task will involve systematic documentation and reporting of the activities including a Lesson Learnt and Best Practices note/brief for future application by RA on similar projects. This activity will include the following:

- i) Documenting balanced activity implementation progress on all the thematic areas including prevention of Gender discrimination, SEA (GBV/VAC) as well as HIV/AIDS and COVID-19. Documentation will include pictorial presentation of the activities in the field;
- ii) Enhancing community participation in monitoring and reporting of the implementation of the Action Plans;
- iii) Identifying and documenting project challenges and proposed remedies and measures to address risks of GBV and SEA associated with civil works in the project areas;
- iv) Undertaking regular reporting (activity, monthly and 6 monthly periodical reports), monitoring and evaluation of campaigns, including periodical updating of the Action Plans and comments on the proposed campaign materials;
- v) At the end of the programme, develop an information and knowledge lessons learnt brief/Best Practice report based on experiences of the programme implementation to inform RA's future use on similar projects regarding mitigation of Gender, SEA and Communicable Diseases.

2.2.2 Target groups for awareness and public campaigns

The programme will be implemented within the project area of influence in the affected Districts, including Lilongwe, Dowa, Kasungu, Mzimba, Rumphi; and will target the following:

- i) All inhabitants of the project area of influence – within a distance of 5 KMs either side of the road centre line;
- ii) Communities associated with off-site activities that will be identified by the Contractors during construction;
- iii) Most vulnerable groups and persons of the community that could be disadvantaged due to gender (esp. Women), age (esp. children and the elderly), poverty and culture/traditional aspects;
- iv) The Contractors' and sub-contractors' workers inclusive of facilitating bridging activities to promote risk- preventive behaviours of workers towards affected communities;
- v) Communities around the Contractors' camps including targeted IEC for both community and workers;
- vi) Partner with relevant governmental and non-government agencies, such as District Councils (Health, Gender, Community Development, Labour, Social Welfare and Environment), Traditional Leaders/Authorities as well the Police and Judicial systems in the project area of influence;
- vii) Collaborate with agencies such as Ministry of Health/, National AIDS Council, Partners for Help and respective District Health Centres
- viii) Collaborate with and adopt community resource persons/structures such as Village Gender Networks and Health Committees

In targeting the above, the Service Provider will define suitable approaches to implementation of the Actions Plans in order to reach the following:

- a) Children/youths in schools and outside school (in community along the areas of influence)
- b) Populations/business population in the trading centres along the road route:
- c) Families and communities
- d) Local Council leaders and authorities
- e) Traditional leaders
- f) Health Centres
- g) Market Vendors/traders/hawkers along the road route
- h) Commercial sex workers
- i) Alcoholics and drug addicts
- j) All road users, and in particular truck, bus and taxi drivers and cyclists
- k) Bar and hotel attendants
- l) CBOs and NGOs operating in the area
- m) Grievance Redress Committees
- n) Resettlement Working Groups
- o) Relevant Community Resources and Structures
- p) Private sector partners at national and community levels
- q) Government ministries and agencies

2.3 Regular monitoring, review and reporting

The Service Provider will be expected to undertake regular monitoring and review of the implementation of activities. Details for reporting are covered under Section 6.

- a) Report on a monthly basis and cumulatively on a 6-monthly progress report to feed in the project missions;
- b) Consult and consider the views and recommendation of communities /stakeholders;
- c) Supervising Engineer will monitor implementation on behalf of the RA;
- d) RA Environmental and Social Safeguards Team in close collaboration with the relevant District Council departments will monitor the implementation of the services

3. Timeframe and Proposed Workplan

3.1 Phasing of Implementation of the Plan

The implementation programme including public campaigns will concurrently follow the road construction schedule for all the 4 LOTS – 1, 2, 3 and 4, for a duration of 3 years

Implementation of the Plan will be an annual rolling plan informed by the one-year comprehensive activity plan that will be presented by the Service Provider in the inception period;

- i) The plan based on performance, will be continually updated throughout the implementation period considering: i) Pre-Construction, and ii) Construction phases.
- ii) The planned services will be accessed on defined days and defined walkable locations within a distance of 5-7.5 KMs; in existing areas/institutions such as trading centres, schools, health centres, private and public institutions including setting up tents, where no other suitable location is identified along the road route/area of influence.
- iii) The Service Provider will aim at providing specific activities reaching all the centres/tents on a fixed day, every two weeks (twice a month).

3.2 Duration

- i) The assignment for the combination of all LOTS, will be undertaken within the period of 3 years. Each LOT has an anticipated duration of works as follows: a) LOT 1: 30 months; b) LOT 2: 18 Months; c) LOT 3: 15 Months and d) LOT 4: 24 Months – as stated in Section 1.
- ii) The timeframe for this assignment for each LOT is dependent on the expected duration for civil works as defined in (i) above.
- iii) The assignment will be managed as one (1) contract over the anticipated period, with annual performance reviews or as may be found necessary.
- iv) The Service Provider is expected to schedule the field operations to be continuous for 22 days per month with one day (Sunday) per week as "off time" in the field and then 5 days at each month end, during which the personnel can return to their homes.

3.3 Proposed Workplan

- i) An implementation programme for one year, based on Gender, SEA and CD Action Plan from RA will be presented by the Service Provider, accompanying the technical proposal, to guide the first-year implementation;
- ii) The Service Provider will be required to consistently submit written reports – as described in Section 6

4. Service Providers Staff Resources and Qualifications other Requirements

4.1 Qualifications for Service Provider

The Service Provider will present evidence (in a table format) of the following:

- i) A strong, skilled and diverse team with professional knowledge of or expertise in the all the relevant thematic areas.
- ii) The team must have experience in addressing social inclusion and preventively dealing with human rights abuses at community level.
- iii) Firm's experience in offering 3 similar services as well as working with or applying multi-lateral environmental and social safeguards in infrastructure projects within the last 10 years.
- iv) Where the Service Provider has worked in partnerships/Joint Ventures, full details including contacts and specific roles in the partnership shall be in presented
- v) Management of a team of 3-4 experts with similar skill sets and abilities in engaging and managing gender mainstreaming, GBV, SEA, and communicable diseases including HIV/AIDS and any other associated diseases, in infrastructure projects;
- vi) Indication on how to comply with requirements for managing the potential spread and infection of COVID-19 according to the standard operating procedures (SOPs) of Government of Malawi; and the internationally recommended SOPs in line with EIB guidelines: https://www.eib.org/attachments/covid19_guidance_note_to_promoters_en.pdf

The Service Provider will present previous experiences, in a table format indicating: Project name, location, start and end dates, Client/Person contact details, duration and value of each project/assignment in accordance to the table below:

Table: Presentation of Previous experience

Name of Project		Country:
Name of assignment		Location within the Country:
Name of Client		Expert Staff provided (list):
Contact address (including telephone) for client		No. of Staff for assignment:
Contact Person – address (including telephone):		Duration of Assignment:
Start Date (Month/Year):	End Date (Month/Year):	Approx. Value of Services (in USD):
		Financier of the Project:
Name of Associated Consultants – For Joint Ventures (if any)		Number of Staff months provided by Associated Consultants:
Details of Staff involved (Name and Position held) and functions Performed in the assignment		
1.		
2.		
3.		
4.		
5.		

Note: Increase more rows as may be found appropriate.

4.2 Key Personnel

Each LOT has an anticipated duration of works, which is the same duration for this assignment. All the staff defined in this section must be assigned for the anticipated months per LOT as per section 1. The Table below reflects the estimated duration for each LOT and the set of personnel required each LOT key personnel:

	LOT	Duration (man months)	Common Resource - LOT - All LOTS	Required Team for Each LOT
1.	LOT 1	30	Supervisor/Team Leader	Programme Coordinator Communicable Diseases Nurse/Psycho-Social Support officer Child Care and Protection Officer Development Communication Officer Support Staff
2.	LOT 2	18		
3.	LOT 3	15		
4.	LOT 4	24		

Note: i) The implementation of all LOTS will be commenced concurrently;

The Following key personnel, who must have acceptable and certified qualifications and experience relevant for the assignment (to be demonstrated in the CVs as per the table presented at the end of this section) will be required:

4.2.1 Team Leader/ Supervisor

The Team Leader/Supervisor who will be a common resource on all LOTS working in close collaboration with the Programme Coordinator, shall have the following Core functions, Competencies and Experiences

- i) Have oversight of the project, not be full time on the project; and shall not be field based;
- ii) Coordinate and oversee the overall assignment implementation, monitoring and reporting in collaboration with LOT coordinators;
- iii) Coordinate, lead and organize national and district government partnerships and engagement on mitigation of gender discrimination, SEA and communicable diseases in collaboration the LOT Coordinators
- iv) Lead, coordinate and oversee preparation of the final specific LOT reports; an integrated overall Final Reports of the assignment as well as the Lessons Learnt Brief/Best Practices Report for future RA application and its dissemination;
- v) Be the contact person between RA and the Service Provider
- vi) Promote coordinated lessons learnt from the implementation of action plans on the different LOTS and ensure input to subsequent year implementation plans;
- vii) At least a master's degree in Public Health and extensive experience and training in community development/Gender mainstreaming or related field;
- viii) Must have at least 7 years of cumulative experience in similar community-related campaigns (for example Gender equality, Human Rights/ Women and Children's rights, HIV/AIDs);
- ix) At least 5 years' experience in leading a team of experts in undertaking the management of gender and health development projects;
- x) Must have undertaken at least 3 similar assignments on infrastructure/road construction projects;
- xi) Documented evidence of experience in implementing Environmental and Social standards on projects for other multi-lateral institutions in the region; She/he will provide projects worked on which implemented E&S Standards;

- xii) Demonstrated understanding of Malawi's legal, policy and institutional framework for Gender, GBV, Child protection and Prevention of HIV/AIDS and related issues – Presenting projects worked on that applied the relevant GoM legal, policy and institutional framework;
- xiii) Demonstrated experience of working in partnership with National and District stakeholders in implementing projects;
- xiv) Expertise in monitoring and evaluation especially tracking progress, preparing quality reports and documentation of good practice;
- xv) Fluency in written and spoken English, Chichewa is mandatory. Knowledge of Tumbuka is required for Section 4;

4.2.2 Programme Coordinator

The Programme Coordinator shall have the following Core functions, Competencies and Experiences

- i) Shall be field based and responsible for managing teams undertaking regular gender, SEA and communicable Diseases interventions including awareness and campaigns on each LOT;
- ii) Liaise with community, stakeholders and other partners in mitigating gender discrimination, SEA and Communicable Diseases in the project area of influence
- iii) Shall be responsible for mobilizing and engaging communities, conducting regular gender, SEA and communicable diseases education and campaigns;
- iv) Liaise with Team Leader and Communication Officer in production of appropriate IEC materials, networking and build links with local service providers in the community project;
- v) First-point person for complaint reference and will lead community/stakeholder partnerships;
- vi) Responsible for gender mainstreaming and dealing with prevention of gender discrimination including improving gender sensitivity of GRCs, RWGs and promotion balanced employment of capable men and women from the communities;
- vii) Handle and coordinate GRM process in the project area of influences and ensure that grievances are well reported, documented and effectively handled as well as concluded in a timely and culturally sensitive manner
- viii) Coordinate and integrate reports of the activities and all the periodical reporting;
- ix) A Degree in any or a combination of the following; community development, Community health, Human Rights or related field;
- x) Have at least 5 years of cumulative experience in similar community/human rights/health-related campaigns (for example Gender equity, GBV/SEA, HIV/AIDS, etc) and have good proven communication and organisational skills;
- xi) Demonstrated experience of working on projects and applying GoM's legal, policy and institutional framework for Gender, GBV, Child protection and Prevention of HIV/AIDS and related issues. Provide evidence of projects where GoM policy framework applied;
- xii) Have experience in community mobilization with participatory approaches and training in managing of gender-based violence, violence against children and prevention of HIV/AIDS;
- xiii) Demonstrated experience of working on projects in partnership with National and District stakeholders in implementing projects;
- xiv) Must have undertaken at least 2 similar assignments on infrastructure/road construction projects;
- xv) Fluency in written and spoken English, and Chichewa is mandatory. Knowledge of Tumbuka is mandatory for LOT 4.

4.2.3 Communicable Diseases (HIV/AIDS) Nurse

Communicable Diseases (HIV/AIDS) Counsellor/Nurse shall have the following core functions, competencies and experience:

- i) Shall be responsible for managing service clinics/programmes including: providing point of care HIV tests and any associated tests, pre and post care counselling, follow up on any positive HIV diagnosis, and give immediate information about treatment, lifestyle as well as referrals as appropriate; as well as distribution of IEC materials;
- ii) Be responsible for the overall planning and provision of psychosocial support to the affected persons and to ensure timely access to psychosocial services and coordinating community counselling and handling of cases; responding to the psychosocial needs of GBV, VAC, HIV/AIDS and COVID-19 survivors; emphasizing Zero tolerance in SEA including child abuse and offers psychosocial support to children, adolescents and adults accessing services under project supported tents/facilities;
- iii) Assesses and plans response mechanism that meet the needs of women and children who are affected by GBV, VAC and HIV/AIDS as well as other communicable diseases;
- iv) Have experience in community mobilization and training experience in the direct provision of counselling and psychosocial support to survivors of gender-based violence, violence against children and prevention of HIV/AIDS;
- v) Have Counselling skills, including experience working with community and especially the vulnerable in community including women and children/girls as well as those affected by HIV/AIDS;
- vi) Must have a Diploma in Nursing/public Health and additional operational training in public health/Community development (a Certificate/Diploma);
- vii) Must have at least 2-3 years of cumulative experience in similar community /health-related interventions (for example GBV/SEA, HIV/AIDS, etc) and have good proven communication and organisational skills;
- viii) Must have undertaken at least 1 similar assignment on infrastructure/road construction projects;
- ix) Fluency in written and spoken English, and Chichewa is mandatory. Knowledge of Tumbuka is mandatory for LOT 4.

4.2.4 Child Care and Protection officer

Shall have the following Core Functions, competencies and Experience:

- i) Will work with other professionals to identify children within the project area of influence who may be at risk, speak with children, families and carers to assess their risks; and investigate reported concerns and allegations and advise on child rights and protection issues.
- ii) Be responsible for the overall planning and provision of psychosocial support to the affected families and their children to ensure timely access to psychosocial services;
- iii) Assesses and plans response mechanism that meet the needs of children who are affected by VAC and HIV/AIDS as well as other communicable diseases
- iv) Will coordinate all the awareness activities related to children's rights issues; and will support implementing an efficient case management system/Incident reporting and offer psycho-social support; strengthening referral child protection path ways.

- v) Coordinating community counselling and handling of cases; responding to the psychosocial needs of GBV, VAC, and HIV/AIDS; emphasizing Zero tolerance in SEA including child abuse and offers psychosocial support to children and adolescents accessing services under project supported tents/facilities
- vi) Must have a Degree or Diploma is Social Worker and additional professional training in children's rights and child protection (– a certificate/Diploma).
- vii) Must have at least 2-3 years of cumulative experience in similar community /health-related interventions (for example SEA/GBV, HIV/AIDs, etc) and have good proven communication and organisational skills.
- viii) Stakeholder engagement and representation and networking with respect to GBV and child protection at community and district level.
- ix) Ability to facilitating GBV and Child protection Awareness and training activities for the targeted communities and workers for the contractor.
- x) Capacity building of; child protection, GBV and Gender, including facilitation of key training packages.
- xi) Undertaken at least 1 similar assignment on infrastructure/road construction projects.
- xii) Fluency in written and spoken English, and Chichewa is mandatory. Knowledge of Tumbuka is a requirement for LOT 4.

4.2.5 Development Communication Officer

Shall have the following Core Functions, competencies and Experience:

- i) The Communication officer (CO) substantive contribute to the effective community communication and public image of the project activities; education and outreach activities as well as documentation of the lessons and best experiences from managing risks and impacts of gender discrimination, SEA and health, social and behaviour change in the project area of influence; resulting from implementing M1 Roads Rehabilitation Project;
- ii) Guide the appropriate community sensitive implementation of the action plan including management on the all complaints and documentation of incidences. and influence counterparts and stakeholders from diverse backgrounds to jointly contribute to achieving the RA's defined objectives of the Gender, SEA and Communicable Diseases action plan;
- iii) Oversee the development of all types of communications to reach media, public and communities, and organize and facilitate learning sessions to improve and develop communications skills and capacity of the Service Provider staff;
- iv) Document lessons learnt, best experiences and actions from mitigating gender discrimination (including GBV & SEA) as Communicable Diseases on M1 Road project and applicability in future projects by RA;
- v) At least a bachelor's degree in mass communication, public relations, journalism or communication sciences; and relevant experience in community sensitization, public awareness and production of radio programmes and IEC materials in local language;
- vi) A minimum 5 years of increasingly responsible professional experience in development communication;
- vii) Have proven ability in developing approaches and materials for diverse target audiences, including messaging on culturally- sensitive issues;
- viii) Demonstrated experience implementing visibility communications including ability to apply social media is development communication as well as working with rural and urban based stakeholders;
- ix) Demonstrated excellent interpersonal communication and photography.
- x) Excellent verbal, writing and editing skills in English, and Chichewa, languages is mandatory. Knowledge of Tumbuka under LOT 4 is a requirement.

4.2.6 Supporting Staff

In addition, to the key personnel designated above, the Service Provider shall determine and justify the support staff deemed necessary to assist with the assignment. The costs of the support staff must be included in the overhead costs within lumpsum financial proposal.

Presentation of evidence of experience of staff working on similar projects

The Service Provider will include in the proposal all CVs for required Expert staff (except for the support staff), demonstrating their ability and declaring their availability for the implementation of the programme. The CVs will include a section on professional experience record in a table format reflecting the information as below:

Date (Start and end)	Location	Company (Including Reference Person and contacts)	Position	Description (including Project Names, Financier, and tasks on the project/assignment)

5. Roles and Responsibilities

5.1 Roles and Responsibilities of RA (Promoter)

- i) Supervise the services of the GBV service provider/firm in accordance with the agreed plans;
- ii) Receive, review and approve programmes and reports;
- iii) Approve any changes of the staff who were not presented during procurement;
- iv) Process and make timely payments to the Service Provider;
- v) Provide timely communications;
- vi) The RA will avail the Service Provider of all available and relevant project documents, which may be necessary for appropriate and timely execution of the assignment and will;
- vii) Assist the Service Provider in obtaining formal consent from other authorities or persons (as identified by the Service Provider) having rights or power in connection with the services or the site thereof, including, among others, letters of introduction; and,
- viii) Facilitate a 5-day EIB E&S Standards compulsory training for all the key personnel as defined for the service provision to be held in Lilongwe. The Service Provider will meet the cost of its personnel participating.

5.2 Roles and Responsibilities of the Service Provider

- i) Perform the Services under the contract with due care, efficiency and diligence, in accordance with best professional practices.
- ii) Submit to the client the reports and other deliverables, specified in the contract.
- iii) Respect and abide by the laws and regulations in force and shall ensure that its personnel and its local employees also respect and abide by all such laws and regulations.
- iv) Treat all documents and information received in connection with the contract as confidential.
- v) Participate in client's organized meetings related to the project services.
- vi) Obtain client's prior approval in writing before taking any of the following actions:
 - ✓ Appointing any member of the personnel that are not named in the contract -approved by the RA.
 - ✓ Entering into a sub-contract that is not specified in the contract, for the performance of any part of the services, it being understood that the consultant shall remain fully liable for the performance of the services by sub-contractor and its compliance to the contract.
- vii) Provide Arrange for his/her own office, transport, accommodation, cost of mobilizing and/or designing and producing IEC campaign materials.

6 Deliverables and Reporting

6.1 Deliverables

The Service Provider is expected to deliver the following outputs for each LOT:

- i) An inception report outlining the detailed approach/methodology; updated Action Plan - Gender, SEA and CDs including HIV/AIDS and COVID-19 Action Plan; updated list of the villages, trading centres, health centres, schools and any other centres that may be relevant; established centres for service/engagement and defined days of engagement; as well as a updated mapping of stakeholders for GBV, VAC and CDs (HIV/AIDS and COVID-19) within 1.5 month;
- ii) Training programme for GBV/VAC management and pathways, GRCs & RWGs, DC relevant teams, government institutions and non-government stakeholders and Training Report reflecting the institutions and lists of persons involved, delivered programme, certified Village Leaders including school teachers and district staff; and by the approved by Supervising Engineer;
- iii) Established service centres for functional clinical services including for counselling
- iv) Production of all relevant IEC materials on management of gender discrimination, SEA (GBV/VAC) and CDs including HIV/AIDS and COVID-19
- v) Stakeholder Coordination meeting minutes/reports from national and DC collaborative meetings, highlighting issues discussed, concurrence and concerns.
- vi) Activity report on the review of the RWG and GRCs in strengthening gender mainstreaming, management of HIV/AIDS and appropriate referral pathways;
- vii) Monthly report on community engagement reflecting locations visited, messages to the stakeholders, discussions held, issues raised and responses; key concerns to be raised in the subsequent month and lists of persons involved in the engagement;
- viii) Six (6) monthly report summarizing the activities, achievements, challenges and recommendations as well as participating stakeholders over the period in respect to achieving the objectives. Six months/bi-annual reports will also summarize the previous six months performance; The 6 monthly report will make input into project support supervision and monitoring missions.
- ix) Information and knowledge lessons learnt brief on best practices on mitigation of Gender, SEA and Communicable Diseases for future RA use, which will be disseminated;
- x) Final/Programme Completion report to be prepared at end of the implementation of each LOT duration;

6.2 Reporting

- i) The Service Provider shall prepare all reports in concise, clear and well-edited Standard English as part of the deliverables.
- ii) All reports shall be produced in A4 size and printed on both sides of the paper. A list of essential contact persons is to be included.
- iii) The reports should have a title page, which should include project name, project code or reference, report title, date issued, and period covered, and

the name and address of the Service Provider including all logos approved by RA.

- iv) The reports will also follow Service Provider's implementation schedules and project support supervision and monitoring missions

Report	Submission deadlines
Inception Report, including programme of activities and Phase I and II Implementation facilities, schedules, approaches as well as proposed campaign material	Within 1.5 month from the starting date of assignment.
Training programme Reports	One week after training
Stakeholder Coordination meeting reports for national and DC teams	One week after meetings
Monthly Progress Reports and Cumulative 6 monthly progress reports to feed into project supervision missions	<ul style="list-style-type: none"> • Every month, during the entire duration of the project and forms the basis of monthly invoicing. • Every 6 months coinciding with the project missions
Lessons learnt and best approaches in mitigating Gender discrimination, SEA including GBV/VAC) and communicable diseases (HIV/AIDS)	At end of programme and prior to Final/Completion Report
Final/completion Report	The Final Report (with RA's comments incorporated) represents the basis for the final payment. The deadline for sending the final report is 30 days following completion of the assignment ⁶ .

The reports mentioned are described in more details as follows:

6.2.1 Inception Report

This report shall give a brief description of the Service Provider's establishment plan for the assignment, staffing deployment, methodology and approaches to be employed in carrying out the assignment, and detailed work plan (rolled out annually) for completion of the activities. It will also present a summary of initial findings after visiting the site, mapping of stakeholders on project route, identified and established referral pathway for the project as well as documentation of any difficulties encountered or expected including proposed management, in addition to the work programme. The report shall also include the Service Provider's comments on the Action Plans received from RA and the assignment implementation schedule; with detail of the proposed facilities, partnerships, campaigns and campaign material/media. The report shall be submitted 1.5 months after commencement date of the assignment.

6.2.2 Training programme Reports

The report contains details of the trainings undertaken during the first 2 months involving community groups, DC teams including other relevant government entities and non-governmental stakeholders. Participants details including the list of attendees with signatures will also be included in the reports.

6.2.3 Monthly Progress Reports

These reports will summarise monthly progress and achievements of the Service Provider in terms of the Gender, SEA and Communicable Diseases interventions including campaigns, and cover the following:

⁶ When the construction works are complete (LOT/LOTS), and RA has notified the service Provider

- i) Detailed activities undertaken during the current month;
- ii) Outputs and/or outcomes achieved as stipulated in Gender, SEA and Communicable Diseases Plan
- iii) Communicable Diseases Plan
- iv) Issues or barriers to progress including incidences, grievances and solutions, and any other;
- v) Training and training IEC materials performance reports – as an addendum of the monthly report
- vi) Evidence of short-term behavioural change among the affected communities and persons
- vii) Issues to be carried forward in the next month's work plan
- viii) Workplan for the next month, showing proposed activities;
- ix) Attendance registers/logs, with telephone contacts with dated signatures of key stakeholders that were engaged with by the Service Provider (for example, market vendors, truck drivers, Cyclists, Children, schools headmasters and teachers, community leaders, local government officials, Coded lists for the GBV, VAC and HIV/AIDS survivors, etc)
- x) Registers must be ratified by a community representative such as school teacher, medical staff, community Psycho-social counsellor, Village Development Committees VDCs, etc

6.2.4 6-monthly/bi-annual Progress Reports

Accumulated detailed reports as above; showing a summary of previous implementation and particularly progress made during the last 6 months prior to the project support supervision and monitoring missions.

6.2.5 Project Lessons Learnt Brief/Best Practices Report

The Service Provider will document all the lessons and experiences learnt from the project regard mitigation of Gender, SEA and communicable diseases, and how mitigation measures could be enhanced in any future road projects under RA. Under each LOT, a report documenting lessons, best experiences and practices in a brief/report to inform the learning will be prepared. Then the Service provider will be expected to compile an overall integrated single brief/report for all the LOTS at the end of the LOT 1, which is the longest – at an expected duration 30 months. This report will be prepared back to back with the final report of LOT 1. Submissions of the respective reports are details in the payment table under section 7.

6.2.6 Final Report

The report shall cover activities undertaken by the Service Provider throughout the assignment highlighting achievements made in terms of outputs and/or outcomes stipulated Action Plan. The report will highlight any challenges encountered that period and remedies. It shall also develop information and knowledge lessons learnt brief/sheet to be disseminated for implementation of Gender, SEA and Communicable Diseases concerns for RA's future use on similar projects.

6.3 Submission and Approval of Reports

Reports will be submitted as per the payment schedule under section 7. The RA is responsible for approving the reports and will provide comments on each report

submitted, after consultation with the Supervising Consultant, and within 2 weeks of submission. The RA may request an extension by no more than 2 weeks.

The reports specified above must be sent in hard and soft (electronic – editable word version) copy to the RA (addressed to the CEO, for the attention of the Director of Major Projects).

Once this report is agreed to by the RA, a final version (With accompanying Comment matrix on how the issues raised by the RA were addressed in the final version) shall be submitted to the RA as follows: **in e-copy and 5 hard copies**. This applies to all reports.

7. Payment Terms to the Service Provider

- i) All total amounts of the service provision will be integrated and spread through each Contract. Payment for the activities approved, will be invoiced for each section each month, and will be scheduled against each deliverable as per Table 2.
- ✓ An advance payment of 20% of the Contract amount shall be made upon submission of an acceptable Bank Guarantee⁷. This will be repaid in equal deduction and distribution by end of LOT 3 – under quarters 2,3,4 and 5) of each LOT as per the payment schedule at end of this section. This payment will be certified by Supervising Engineer and in line with advance guarantee payment requirement.
 - ✓ Subsequent payment for activities undertaken will be done after production of agreed and certified activities/deliverables within the quarter – certified by Supervising Engineer;
 - Payment shall be made upon submission and approval of acceptable Monthly Progress Reports and other relevant reports as defined in the deliverables above as well as indicated in the table of payment schedule below. The progress reports must be representing a balanced implementation of all the thematic sections of the plan including public campaigns.
 - Payments to the Service Provider shall be made within 30 days of submission of the last monthly report in the quarter accompanied with a summary of quarterly Progress and respective invoice.
 - ✓ A final payment of 10% of contract amount shall be made upon submission of acceptable and Final Report of the assignment and respective invoice; plus, an approved and integrated information and knowledge lessons learnt brief/Best practices report for all sections to be disseminated – all certified by Supervising Engineer.

⁷ Advance Payment Guarantee: If any applicant will require an Advance payment if awarded the contract for these services, its proposal must be submitted inclusive of a letter from a reputable Bank/Financial institution stating its agreement to provide the proponent with a first demand Advance Payment guarantee in the event that the proponent is successful. Any proponent not submitting such a letter must be able to show adequate fiscal resources to indicate the capacity to mobilize the team and to provide the required resources including IEC materials. RA will not provide an advance payment without the provision of such a guarantee from a reputable financial institution.

Table: Payment Schedule /guide

Month #	Deliverables				Payment #	Payment amount	Description
	LOT 1	LOT 2	LOT 3	LOT 4			
1	MPR	MPR	MPR	MPR	Advance	20% ACA	Inception Report
3	MPR	MPR	MPR	MPR	1	10% of ACA	For LOTS 1,2,3 and 4
6	MPR/BAR	MPR/BAR	MPR/BAR	MPR/BAR	2	10% of ACA less 25% of AP	For LOTS 1,2,3 and 4
9	MPR	MPR	MPR	MPR	3	10% of ACA less 25% of AP	For LOTS 1,2,3 and 4
12	MPR/BAR	MPR/BAR	MPR/BAR	MPR/BAR	4	10% of ACA less 25% of AP	For LOTS 1,2,3 and 4
15	MPR	MPR	LLR/BER &FR	MPR	5	10% of ACA less 25% of AP	For LOTS 1,2 and 4 LOT 3 Final Report
18	MPR/BAR	LLR/BER &FR		MPR/BAR	6	10% of ACA	For LOTS 1and 4 LOT 2 Final Report
21	MPR			MPR	7	10% of ACA	For LOTS 1 and 4
24	MPR/BAR			LLR/BER &FR	8	10% of ACA	For LOT 1 LOT 4 Final Report
27	MPR				9	10% of ACA	For LOT 1
30	LLR/BER &FR				10	10% of ACA	Final Report

MPR: Monthly Progress Report

BAR: Bi-Annual Report

ACA: Accepted Contract Amount

AP: Advance Payment

LLB/BER: Lessons Learnt Brief /Best Practices Report for entire project

FP: Final Report

8. Annex 1: Villages/trading centres and schools along route⁸

Note: The Service Provider is required to update the lists of these villages, trading centres, schools, health centres and other institutions as part of the inception report.

SECTION 1

a) Villages and trading centres

1. Lumbadzi Trading Centre - Km 2+210 to Km 3+550
2. Settlement - Km 7+800 to Km 9+500
3. Small settlement/trading centre - Km 11+200 to Km 11+800
4. Settlement/trading centre - Km 16+100 to Km 17+400
5. Settlement/trading centre - Km 18+400 to Km 19+300 (900m)
6. Small settlement/trading centre - Km 22+300 to Km 22+800
7. Settlement/trading centre - Km 24+600 to Km 25+000
8. Mponela Trading Centre - 33+300 to 35+140
9. Kawele /trading centre - Km 47+500 to Km 48+200
10. Kawele trading centre
11. Kwamanga trading centre
12. Mtiti trading centre
13. Jakaza Turn-off trading centre
14. Madisi Trading Centre - 53+520 to 54+900
15. Makwonola Trading centre - Km 65+400 to Km 66+000
16. Kasese Trading Centre - Km 71+600 to Km 72+300
17. Bua trading centre - Km 80+200 to Km 81+700
18. Chimpoma Trading Centre
19. Chipampi
20. Carmel
21. Katomba
22. Chipatala
23. To be established (TBE) -
24. Kasungu - Km 101+000 to 102+000

b) Primary and secondary schools

1. Lumbadzi Full Primary School
2. Mkukula Full Primary School
3. Chinkhuti Community day secondary school
4. Chivala full primary School
5. Manondo Full Primary School
6. Francisco Palau Primary School (Mtengowathenga)
7. Senga Full Primary School (Mtengowathenga)
8. Bzyanzi Secondary School (6km from M1)
9. Namwiri Full Primary School
10. Glory of God Private Secondary School (Mponela)
11. Ame Private Primary School (Mponela)
12. Mphimbi Full Primary School (Mponela)
13. Mponela Catholic Primary School
14. St Peters' Private Secondary School
15. St Peters' Private Primary School

⁸ Locations are approximate only

16. Kawere Full Primary School
17. Mpando Secondary School
18. Rise Malawi Private Secondary School
19. Madisi Secondary School
20. Natola Secondary School

SECTION 2

a) Villages and trading centres

1. Bua (Suza) Trading Centre Km 11+560 to Km 12+520
2. Mposa Settlement
3. Chinkhoma Trading Centre
4. Dwangwa Trading Centre - Km 19+860 to Km 20+500
5. MPhomwa Trading Centre - Km 26+700 to Km 28+300
6. Bowe Trading Centre - Km 31+140 to Km 32+160
7. Chenjewazi Trading Centre – Km 33+460 to Km 34+100
8. Chatoloma Trading Centre – Km 41+960 to Km 43+400
9. Majiga Settlement
10. Nkhamenya Trading Centre – Km 56+720 to Km 59+220
11. chailoko Settlement
12. Kakwale Settlement
13. Lodjwa Trading Centre – Km 77+460 to Km 78+240
14. Giga village
15. Jenda Trading Centre – Km 82+700 to Km 85+560

b) Primary and secondary schools

1. Katalima Full Primary School
2. Mdinga Full Primary School
3. Kanganjovu Full Primary School
4. Manyani Secondary School
5. Vivya Full Primary School
6. Chambala Full Primary School
7. Lisasadzi Full Primary School
8. Chilanga School for the Blind **
9. St Helena Full Primary School
10. Islamic Primary School
11. Msawala Full Primary School
12. Suza Full Primary School
13. Dwangwa Full Primary School
14. Kanolo LEA
15. Kamphokoto Full Primary School
16. Luswito Full Primary School
17. Chimbwazi Full Primary School
18. Mphomwa Community Day Secondary School
19. Bowe Full Primary School
20. Chitunda Full Primary School
21. Chamakala Community Day Secondary School
22. Chamakala Full Primary School
23. Kamilaza Full Primary School
24. Nthabana Full Primary School
25. Kanjaluni Community Day Secondary School
26. Chiwawalo Girls Private Secondary School
27. Nkhamenya Christian Private Primary School
28. Nkhamenya Private Secondary School

29. Kamphalika Full Primary School
30. Kapirimnyanga Full Primary School
31. Chankhomi Community Primary School

SECTION 3

a) Villages and trading centres

1. Msegede Trading Centre – Km 6+500 to Km 7+420
2. Balankhondo Village
3. Kathundu Village
4. Luviri Trading Centre – Km 19+520 to Km 20+180
5. Gausi Village
6. Luwawa Forest Turn-off Settlement - Km 28+480 to Km 29+300

b) Primary schools only (list of secondary schools to be provided later)

1. Chamayembe
2. Kamalambo
3. Kasambankholi
4. Kachiwale
5. Luviri
6. Vulundiya
7. Kazomba
8. Kaphuta
9. Kazingilira

SECTION 4

a) Villages and trading centres

1. Small settlement - Km 4+200 to Km 4+900
2. Bwengu village and Rumphu Junction - Km 5+400 to Km 7+500
3. Thumbi Trading Centre – Km 9+700 to Km 10+200
4. Luzi Trading Centre – Km 14+100 to at Km 16+300
5. Mkombezi village / trading centre – Km 19+800 to Km 20+600
6. Small settlement – Km 24+100 to Km 24+700
7. Mzokoto (Ngoma?) Trading Centre Km 27+800 to Km 29+400
8. Phwezi Trading Centre and Livingstonia junction – Km 30+600 to Km 31+700
9. Bwale School in a small settlement – Km 41+700 to Km 42+200
10. Jalawe coal mine access at - Km 51+700 to Km 52+100
11. Settlement and trading centre - Km 55+300 to Km 56+700
12. Small settlement – Km 57+400 to Km 57+600
13. Mchenga Coal Mine, small settlement and trading centre – Km 57+900 to Km 58+200
14. Chiweta village - Km 66+000 to Km 66+666

b) Primary schools only (list of secondary schools to be included during the inception period)

1. Jombo
2. Chishombe

3. Tukuyu
4. Bwengu
5. Chitokoto
6. Luzi
7. Chanolo
8. Chiweta
9. Champera
10. Mphula
11. Jalawe
12. Kawelezi
13. Bale
14. Mwale
15. Mzokoto