

TERMS OF REFERENCE

Consultant on Gender Analysis

to Strengthen country HIV response programs in Armenia, Azerbaijan, Belarus, Georgia, Moldova,
Russia and Ukraine

A. General Background

The number of new infections in Eastern Europe (EE) among women and girls (WG) has grown over the last few years, indicating a shift in the nature and trajectory of the epidemic. In 2006, about 40 percent of newly registered HIV cases in the region were among women (Global Report: UNAIDS). In 2000, women comprised just over 20 percent of new infections; in 2003, this figure was 38.5 percent; and in 2007, the proportion had grown to 44 percent. Every hour 50 young women are newly infected with HIV in the world (UNAIDS Gap Report 2014). For women in their reproductive years (ages 15–49), HIV/AIDS is the leading cause of death and in 2013, almost 60% of all new HIV infections among young people occurred among adolescent girls and young women (UNAIDS Fact Sheet 2014). The region is dramatically missing any data on transgender (TG) both biological and behavioural. MSM programs with no sensitized and special needs based approaches mostly cover them.

WG/TG from key populations, especially those of drug users, sex workers and transgender women are particularly likely to experience violence. Studies in different countries have detected the high prevalence of rape, physical violence, etc.

There is generally a growing recognition of and attention to gender equality – including Gender Based Violence (GBV) and harmful gender norms – as a cause and consequence of HIV. Despite this greater understanding, programming and policies to address the intersection have not yet reached the scale, depth, or breadth required to reverse the overlapping epidemics of GBV and of HIV.

In the EE there is a general lack of evidence related to the linkages between human rights/gender equality and HIV and approaches to ensuring regular documentation of cases with a platform for the voices of persons experiencing human rights violence, gender inequalities in the context of HIV.

B. Specific Background

This project is developed in response to the pressing need to address the persistent gender inequalities and human rights violations that put Women, Girls and Transgender (WG/TG) at a greater risk of, and more vulnerable to HIV. The project leading organization - Alliance for Public Health and partner organizations / networks / coalitions from Armenia, Azerbaijan, Belarus, Georgia, Moldova, Ukraine and Russia (together acting as EKHN - Eastern European Key Population Health Network) focuses on actions in three areas, outlined below:

- Strengthening strategic guidance and support to national partners to ‘know their epidemic and response’ in order to effectively meet the needs of WG/TG.

- Assisting countries to ensure that national HIV and development strategies, operational plans, monitoring and evaluation frameworks and associated budgets address the needs and rights of WG/TG in the context of HIV.
- Advocacy, capacity strengthening and mobilization of resources to deliver a comprehensive set of measures to address the needs and rights of WG/TG in the context of HIV.

The project is rooted in a broad-based human rights approach and reflects a number of principles, including participation, evidence-informed, tailored and ethical responses, partnership, the engagement of boys and men, leadership, multisectorality and accountability.

C. Main objective of the assignment

With the aim to increase coverage of WG/TG with quality HIV-prevention interventions, APH issued this call for proposals for an international or national consultants, experts, community leaders, professionals, civil society representatives, staff, etc to undertake a gender assessment and gender analyses of the current HIV prevention program for WG/TG in **Armenia, Azerbaijan, Belarus, Georgia, Moldova, Russia and Ukraine** and provide practical solutions, undertake and implement project inputs to enhance its reach and effectiveness.

The main objective of this initiative is to contribute to better results for HIV and TB affected girls, boys, women and men by:

- I. Integrating gender analysis into assessment, programme design, implementation and monitoring of organizational and national response;
- II. Strengthening the capacity of APH led coordinators and partners to systemically integrate and apply gender assessment, planning and monitoring tools into their activities at organizational and national levels;
- III. Ensuring gender aspects are included in funding appeals and proposals;
- IV. Implementing gender-responsive activities at organizational and national levels with a view to demonstrating practical application and results; V. Enhancing U

D. Scope of work

The scope of work includes, but is not limited to the following:

- Review relevant national documents related to provision of HIV services to WG/TG;
- Assess the relevance, strengths, shortcomings and weaknesses for the current country HIV response programs for WG/TG and its coverage;
- Analyze current model of HIV interventions for WG/TG and identify key bottlenecks and barriers in interventions' design, services provision approaches, targeting ways, service delivery track, services utilization by WG/TG, and other barriers;

- Analyze the existing package of HIV-prevention services for WG/TG and propose an optimal spectrum of services to support HIV prevention among WG/TG in both virtual and physical spaces;
- In collaboration with Project National Coordinators collect new and existing data disaggregated by sex, age (five-year cohorts of all age groups). After data collection, the Consultant have to analyze on how the epidemic affects WG/TG, by helping to convene and support country processes;
- Use data collected to develop interventions packages for more effective HIV programmes for WG/TG.

E. Expected Deliverables (to be refined based on country-specific needs)

The main product expected from the consultant are:

- A gender assessment of country HIV response programs in project countries, identifying gaps and opportunities in capacity and gender-responsiveness of activities;
- A series of recommendation resulting improved country HIV response programs that integrate gender into healthcare activities, including the capacity to carry out a gender analysis and participatory planning processes, to design results based gender responsive emergency interventions, and to develop, monitor and report on gender-sensitive indicators;
- A series of gender-responsive package of services, carried out through the framework of national programs that demonstrate concrete results and meet the practical and strategic needs of boys, girls, women and/or men at national and sub-national levels.
- A Progress reports (teleconference) and a final narrative report.

F. Institutional arrangements

The dedicated Gender Specialist will work in cooperation with Alliance for Public Health (APH) in framework of the RCNF funded project and will report to the RCNF Program Director. APH will assist the dedicated Gender Specialist in relationship with national partners and Project National Coordinators and facilitate access to necessary resources, data, persons and services to realize the scope of work.

It is expected that UNAIDS or other tools suggested by the applicant will be used to conduct in-country assessment. No travel is expected within the scope of work.

G. Required qualifications

The dedicated Gender Specialist will be selected by APH with a tie consultation with project partners and based on its qualifications for the assignment to be implemented:

General qualifications (30%):

- Relevant educational background in public health, epidemiology, sociology, anthropology, human rights, gender studies or closely-related field;
- Demonstrated expertise in HIV prevention, particularly in the continuum of prevention;
- Familiar with gender and HIV/AIDS programming, the system and working with inter-governmental organizations.

- Knowledge of HIV prevention services for WG/TG in their respective countries and in the EECA region and understanding of coverage barriers;

Relevant experience (40%):

- At least five (5) years of progressively responsible professional experience working on gender responsive programming in development and/or humanitarian/post-conflict settings.
- Practical experience working in emergencies with UN agencies, ICSO, CSOs or state stakeholders.
- Proven experience combining formal expertise on gender mainstreaming and gender equality with experience of applying these concretely to specific programmes sectors, plans, policies and business processes.
- Demonstrated experience in data collection and analyses;

Other qualifications (30%):

- Fluent English. Working knowledge of Russian is an asset;
- Strong interpersonal skills and comfortable working as part of a team to add value to collective results.
- Able to work directly with WG/TG and PLHIV WG/TG in a non-stigmatizing and non-discriminatory way;
- Ability to communicate ideas in a manner conducive to their practical application;
- Availability to participate in teleconferences.

H. Deadline and application procedure

Interested candidates should submit a CV and a motivation letter describing skills and competency for the work and send it to the Project International Officer Mr. Ievgen Kushnir at kushnir@aph.org.ua by 10 August 2016.

I. Duration of work and terms of payment

The work is required for an estimated period of August – September (October) 2016 and is expected to begin in mid August 2016.

The dedicated Gender Specialist will be paid upon presentation of the Report and other sub-products (technical notes, memos, plans, presentations and other documents) that may be required by APH, according to the ToR, following the receipt and approval of the Report by APH.

J. Conflict of interest and conduct

If a conflict of interest arises, the parties shall inform each other as soon as practicable.

If a candidate is representing also another organization that is about to or is already in a contractual engagement with possible conflict of interest, such engagement should be made known to the APH.

Conflicts of interest will be resolved through discussions by the APH and the applicant, collectively.

K. Contact for questions

Karen BADALYAN,

Project Director

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L. Contact for application submission

Ievgen Kushnir

Project International Officer

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