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## Terms of Reference

### **Lead researcher: Identification and systematic addressing of gender barriers to accessing HIV services in 14 countries within ‘Sustainability of Services for Key Populations in the EECA region’ regional project (2022 – 2024)**

#### **1. Background**

There were an estimated 1.7m people living with HIV (PLHIV) (range 1.4m-1.9m) in the EECA region in 2019, an increase from 1.5m in 2018 and 1.4m in 2017. The percentage of PLHIV who know their status was 70% (range 61%-79%) in 2019, a slight increase from 68% (range 59%-76%) in 2018 and 66% (range 57%-75%) in 2017. The EECA is the only region in the world where new HIV infections among all ages have continued to rise. Key populations (KPs) and their sexual partners account for 99% of new HIV infections in the EECA region.

HIV transmission is criminalized in 18 countries of the region, with the policy environment dominated by punitive drug laws. People who live with drug dependence are vulnerable to discrimination based on their chronic health condition, arbitrary arrest and ill-treatment by police. Sex work is also penalized throughout the region, together with a lack of legislative protection from stigma and discrimination that also impacts upon MSM and transgender people, with public attitudes in all countries of the region characterized by high levels of homophobia and transphobia; protection for survivors of gender-based violence is also lacking as is protection of the fundamental rights of migrants. There is also a shrinking legislative space for civil society and freedom of speech and assembly in the region, with street lawyers recording 1,133 cases of human rights violations of key populations in 6 countries as part of the Rights-Evidence-Action (REAct) system in 2020, with the main perpetrators being police, health care workers, and individuals such as husbands, relatives, and clients of sex workers. Also, women living with HIV who experience violence are less likely to access HIV care and participate in HIV prevention and drug and treatment services; their experience is compounded by poor access to maternal health care and other human rights violations, including misleading information about the effects of drugs during pregnancy, forced and/or coerced abortion and sterilization and the removal of children from their custody, regardless of their parenting ability. Also, women in abusive relationships and their children face an increased likelihood of exposure to violence as people stay at home as a result of COVID-19 pandemic responses.

#### **2. Project objectives and approach**

In response to this context, Alliance for Public Health (Ukraine) in a consortium with the WHO, PAS, 100% Life (All-Ukrainian Network of PLWH), SEE RCN, the Central Asian Association of People Living with HIV, Institute of Analytics and Advocacy, and the Eurasian Key Populations Coalition, with the participation of regional key populations networks as well as technical partners have initiated a regional project to support responses to HIV in key populations in 14 countries of the EECA and SEE regions. There are up to 13 mln USD allocated by the Global Fund to Fight AIDS, Tuberculosis and Malaria for the project implementation during 2022 – 2024. Read more about the Project [here](#).

The project has **three major objectives**:

1. Institutionalizing effective models of, and processes in, HIV responses in the EECA region to impact the HIV care cascade in the region.
2. Removing barriers to services for key populations to promote quality health interventions based on human rights principles; addressing gender barriers to services.
3. Budget advocacy for sustainable services for key populations in the EECA region.

**In order to identify gender barriers to accessing HIV services it is planned to conduct the research in project 14 countries.**

By measuring gender barriers experienced by PLHIV in countries of the EECA region, it is expected that a common understanding will increase as to:

- the burden of stigma and discrimination, gender barriers in relation to PLHIV in the region;

- the measures taken to eliminate gender-related barriers;
- identification of gaps and changes in gender-related barriers over time;
- advocacy for more efficient national policies and programs.

### **Priority Population(s) and geographical scope:**

PLHIV; key populations living with HIV (gay men and other MSM, SW of all genders, transgender people and PWUD of all genders).

Countries: Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Montenegro, North Macedonia, Serbia, Ukraine, Uzbekistan.

### **3. Goal and objectives of the consultancy**

The overall goal for the consultant is to coordinate jointly with project partners a research “Identification and systematic addressing of gender barriers to accessing HIV services” in 15 countries; to provide advice and assistance (when needed) to the implementing partners for smooth and effective research conducting in countries.

It is envisioned that by the end of the Project term gender barriers to accessing HIV services will be identified through research and systematically addressed. The methodology of the research will be developed at the beginning of the Y1 of the project. Regular researches on the most significant gender barriers will be held by the key populations and systematic advocacy work will be done to overcome these barriers. Efforts to systematically address these barriers (e.g. to have a developed fixed plan or system of regular and orderly interventions to break down gender barriers) will include but not limited to: training of key stakeholders involved in HIV-related service provision, AND/OR review and amending local and/or national regulations AND/OR holding sensitization campaigns, AND/OR appointing special persons/establishment of special police departments to address gender-based violations.

### **4. Qualifications requirements**

- general experience in HIV/AIDS activities in EECA region;
- experience of working conducting studies and researches related to gender, access to HIV treatment and prevention services;
- technical capacities to ensure smooth conducting of multi-country research;
- ability to hold multiple tasks and set priorities;
- observing deadlines;
- high level of self-organization, ability to work without direct supervision;
- knowledge of MS Word, MS Excel, MS PowerPoint, MS Outlook, using social networks and online messengers to ensure rapid communication;
- excellent spoken and written English and Russian skills.

The consultant has to have (or, in case of citizenship other than Ukrainian, has to be ready to obtain through the APH support) the individual tax code in Ukraine to enable direct payment from the Alliance to Public Health and the account in USD/EUR (for foreign consultants) and in UAH (for consultants - citizens of Ukraine).

### **5. Duration of the assignment**

The overall duration of the assignment is three years – 2022 – 2024. The initial contract will be concluded for one year (2022) with possibilities of extension in case the selected consultant will demonstrate the successful implementation of the activities.

### **6. How to apply**

Expressions of interest (CV, cover letter) including expectations on the monthly payment rate gross must be delivered to [kalyniuk@aph.org.ua](mailto:kalyniuk@aph.org.ua) by **March 31, 2022, 18:00 (GMT+2)**.

Only short-listed candidates will be invited for the on-line interview.

The International Charitable Foundation “Alliance for Public Health” is committed to equal opportunities and welcomes applications from appropriately qualified people from all sections of the community, regardless of their age, gender, sexual orientation, HIV status and individual characteristics.

**Wishing you success!**