

**Terms of reference for the consultant/-s
on technical support for national contingency planning of sustainable provision of HIV
services to key populations during and after COVID-19 in EECA countries**

1. Introduction

The International Charitable Foundation "Alliance for Public Health" (hereinafter - the Alliance) is a leading professional organization that, in cooperation with key civil society organizations, the Ministry of Health and other government agencies, is fighting the HIV/AIDS epidemic in Ukraine, ensuring leadership of prevention programs and the provision of high-quality technical support and financial resources to field organizations. All these efforts are aimed at achieving universal access in the country to comprehensive services in connection with HIV/AIDS, tuberculosis and viral hepatitis C in Ukraine and an effective response to the epidemic at the community level, based on achieved results and best practices.

These Terms of Reference were developed within the framework of the regional project "Sustainability of services for key populations in the Eastern Europe and Central Asia".

The regional project "Sustainability of services for key populations in the Eastern Europe and Central Asia" (2019-2021) is implemented with the support of the Global Fund to Fight AIDS, Tuberculosis and Malaria by a consortium of organizations from the EECA region under the leadership of the Alliance for Public Health in partnership with the All-Ukrainian Network of PLWH¹ (100% Life), the Central Asian Association of People Living with HIV, and the Eurasian Key Populations Health Network. The main goals of the project are as follows:

- Improving the financial sustainability and efficiency of HIV programs;
- Reducing existing legal barriers and respecting the most important human rights to access HIV prevention and care services;
- Improving the efficiency and accessibility of HIV service delivery models (testing and continued care) for key populations.

The project is being implemented in 14 countries of the EECA and SEE region: Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Russia, Romania, North Macedonia, Serbia, Tajikistan, Ukraine, Uzbekistan, Montenegro. Particular attention in countries is paid to cities that have signed or are preparing to sign the Paris Declaration, namely: in Belarus - Minsk, Soligorsk and Svetlogorsk, in Kyrgyzstan - Osh, in Russia - St. Petersburg and Kaliningrad, Novosibirsk, Sverdlovsk, Chelyabinsk region, in Tajikistan - Dushanbe, in Uzbekistan - Tashkent and Samarkand region.

2. Feasibility justification

The COVID-19 pandemic is having a significant impact on the health care system in all countries of Eastern Europe and Central Asia in terms of the provision of harm reduction and medical services. With the growing demand for treatment for COVID-19 patients, maintaining the availability and quality of harm reduction and treatment services, especially for the most vulnerable populations, remains critical. The situation caused by the spread of COVID-19 demonstrates the need for more resilient, flexible and results-oriented healthcare systems, as evidenced by research conducted by the Alliance under the SoS¹ project².

At all levels of service delivery to vulnerable groups, changes are taking place in connection with COVID-19 - decisions are made at the legislative level, adjustments are made at the level of medical institutions and social services, the approach to work is being revised at the level of donors and organizations funding the above activities, and at the level of non-governmental organizations and other

¹ <https://aph.org.ua/uk/covid-19-doslidzhennya/>

² https://aph.org.ua/wp-content/uploads/2021/05/Otsenka_dinamiki_testirovaniya_na_VICH_RRR.pdf

service providers are emerging with initiatives and new formats for working with key groups. Between January and June 2021, the SoS project coordinated the development of the Guide for Contingency Planning for Key Population HIV Services during COVID-19 and Other Emergencies - hereinafter the Guide. This Guide has been developed and is intended as a general Guide, and includes recommendations for specific countries. As part of this work, it is necessary to start working with stakeholders in countries to familiarize and use the Guide and to develop and implement national planning. Prior to this, it is planned to carry out mapping and harmonization of the list of countries for this activity, as some countries have already implemented country contingency planning. However, there is no contingency planning for sustainable service delivery in other EECA countries during and after COVID-19.

Due to this, National contingency planning needs to be developed for each country to enable an immediate response to the crisis and ensure the rights of key populations to receive timely and full-fledged HIV services, adapt planned activities to current emerging needs, and develop a new approach to longer-term interventions in the coming years.

It is expected that the developed National planning will contribute to: increasing the preparedness of countries to respond to new challenges; planning innovative activities to support full service delivery and outreach to end users; revising the formats and methods of service delivery to better meet the needs of the end user in unforeseen circumstances.

3. The goal:

Develop recommendations for the sustainability and cost-effectiveness of HIV services for each country identified in this ToR and provide national planning that will inform national HIV strategies and national HIV plans to deliver cost-effective services in situations related to or similar to COVID-19, using and adapting the recommendations of the Guide.

The above goal suggests the following tasks:

1. Review the Guide developed for EECA countries to use their findings and recommendations for national contingency planning for key populations providing HIV services during COVID-19 and other emergencies for the countries specified in this ToR.
2. Conduct a mapping of the availability of national strategies, plans, and other documents that were developed during the COVID-19 pandemic, aimed at ensuring the rights of key groups to receive timely and full-fledged HIV services.
3. Based on the mapping carried out, select at least 10 countries specified in this ToR, as well as include Armenia and Azerbaijan, for their preparation of national plans for the sustainable provision of HIV services to key populations during COVID-19 and other emergencies.
4. Develop National Contingency Planning for Key Population HIV Services during COVID-19 and Other Emergencies for each participating country selected in the tasks of paragraph 3 of this TOR. As a result of this assistance, documents for each country should be developed
5. Develop recommendations for an advocacy strategy for the project partner countries to change national HIV strategies and develop national HIV plans to provide cost-effective services in situations similar to COVID-19 for the participating countries identified in this ToR.
6. Present the developed national contingency planning for key populations providing HIV services during COVID-19 and other emergencies at CCM meetings of the countries identified in this ToR.

4. Target populations:

Representatives of non-governmental organizations, specialized health facilities, donor organizations, government agencies and /or National Coordination Mechanisms in the country who are directly involved in the provision of HIV services and/or make decisions about their provision to people living with HIV and key populations in countries EECA.

5. Geography:

Country level: Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Russia, Romania, North Macedonia, Serbia, Tajikistan, Ukraine, Uzbekistan, Montenegro, Armenia, Azerbaijan.

6. Methods and sampling

The National planning development methodology involves two components:

1. Analysis of documentation, materials from open sources in each country. This work should use the results and recommendations of the Guide, which will be provided to the consultant / s by the Alliance.

2. Qualitative component - holding meetings, group discussions, interviews, organizing data collection with representatives of organizations from EECA countries selected in the tasks of paragraph 3 (if necessary).

A more detailed methodology for collecting and analyzing data, tools for working within this ToR should be developed and proposed by the consultant/s.

It is planned that the developed National planning will be reviewed by local for each country experts. The consultant/s will have to make changes to the final version of the document based on the comments and suggestions received on the document.

7. Activities and expected results:

№	Activities	Expected results
Preparatory stage		
1	Protocol and toolkit development	Protocol and toolkit agreed with the Alliance
2	Develop a list of informants who can provide information and assist in the presentation of national planning at the CCM meeting	List of informants in the regions included in this ToR as agreed with the Alliance
Desk study stage		
3	Collection and preparation of materials for mapping / analysis of existing documents in the countries specified in this TOR	Mapping with document name, source and country
Qualitative stage		
4	Organization of data collection and meetings, group discussions, interviews with the target group (if necessary)	Transcripts/data array
Final stage		
5	Development of national contingency planning for each country specified in this TOR	National planning in the form of recommendations
6	Preparation of work results	Recommendations should be submitted online for each country (1-2 pages)
7	Finalization of recommendations taking into account comments from local experts	Final version of national contingency planning
8	Presentation of work results for ICF "Alliance for Public Health"	Materials of the presentation and the actual event
9	Presentation of developed national contingency planning for participating countries and international partners	Materials of the presentation and the actual event
10	Presentation of the developed national contingency planning at the CCM meeting for each country based on the mapping results	Materials of the presentation and the actual event

8. Timeframe: November 2021 – March 2022.

№	Task	Deadline
1	Preparatory stage	2 weeks from the contract date
2	Desk study stage	5 weeks from the contract date
3	Qualitative stage	8 weeks from the contract date
4	Final stage	16 weeks from the contract date

9. General requirements to the consultant/s with regard to this assignment:

- Experience in the development of protocols and tools for qualitative research;
- Experience in conducting desk studies and secondary analysis of results;
- Experience in analyzing research data and preparing reports on its results;
- Experience in national study management (experience in coordinating international research would be an advantage);
- Teamwork experience;
- Experience working in the field of HIV/AIDS, including with representatives of key populations, government health agencies, non-governmental organizations and government decision-makers;
- Relevant specialized education (sociology, public health, health care management, etc.);
- High level of knowledge of Ukrainian, Russian languages and level of English proficiency not lower than Upper-Intermediate;
- High level of computer literacy.

10. Competition procedure:

The competition participants should provide the following package of documents:

- A summary indicating the list of studies, written analytical reports, developed tools for assessing situations carried out from 2016 to 2021;
- A letter of motivation indicating relevant experience and expected remuneration for the job;
- If the consultant / consultants are applied for 1 or more countries, provide a short Essay why this particular country / countries need(s) to develop contingency national plans for the sustainable provision of HIV services to key populations during COVID-19 and other emergencies
- A short proposal for the implementation of the study (description of the main stages and terms, if they differ from those indicated in the terms of reference);
- the estimated budget for the implementation of this work;
- Examples of reports on the results of research and/or other publications created by the participant/s of the competition and/or with their participation (indicate the degree of involvement).

The Alliance and the consultant/s will sign the contract for the provision of consulting services, the consultant/s shall provide the services agreed upon by these Terms of Reference within the agreed period of time. A comprehensive national contingency planning for the sustainable provision of HIV services to key populations during and after COVID-19 presented at CCM meetings will be the final confirmation of the consultant/s fulfillment of their commitment hereunder.

Payment terms: payment will be made in installments - 75% for the development of national contingency planning for each country and 25% after the presentation of the results at the CCM meetings of each country and the submission of a report on the results of the work and after the signing of the acceptance certificate for the services provided. The preliminary budget for this assignment is USD 30,000 (for all countries), however, the amount is negotiable once the consultant submits a suggested cost calculation for the tasks indicated in the ToR.

The package of documents must be sent to hrebenkov@aph.org.ua by 6:00 p.m. on November, 30 2021. In the subject line of the letter, indicate which position you are applying for: "National contingency planning consultant".

Only the candidates shortlisted upon preliminary consideration of the submitted package of documents will be invited to the interview.

ICF "Alliance for Public Health" abides by the equal opportunities policy, therefore, it hires qualified specialists from different sectors of society, regardless of their socio-demographic characteristics, HIV status and individual preferences.