Innovative approach to formulate the list for predictors of being LFTU and not to lose contact with a patient who is on treatment/in case management: search for best solutions for Ukraine

Project funded by Centers for Disease Control and Prevention (CDC) and implemented by the Alliance for Public Health

Terms of Reference

1. Background

The ICF Alliance for Public Health is a leading professional organization that in cooperation with key public organizations, the Ministry of Health and other government agencies, fights a number of epidemics, including HIV/AIDS and TB in Ukraine, manages prevention programs and provides high quality technical support and financial resources to local organizations.

The Alliance's mission is to reduce the spread of infections and mortality and reduce the negative impact of epidemics by supporting public response to it in Ukraine and by disseminating effective approaches to prevention and treatment in Eastern Europe and Central Asia.

As an independent legal entity registered in Ukraine since 2003 and after gaining managerial independence in January 2009, the Alliance shares values and remains a member of the global partnership of the Public Health Alliance (an international charity that brings together 30 organizations from different countries) with the Secretariat in Howe, United Kingdom).

This procurement is carried out within the project *Improving HIV Treatment Cascade for Key Populations through Differentiated Case Detection and Linkage to Care and Increased Capacity at Center for Public Health and Strategic Information in Ukraine* funded by Centers for Disease Control and Prevention (CDC).

The Alliance for Public Health is looking for an experienced consultant or group of researchers (national or international) to assess the experience of Ukraine and other countries with the similar HIV epidemic on ART enrollment and retention practices particularly in key populations, define the predictors of being lost for follow up and develop program recommendations to improve ART adherence.

2. Purpose

The assessment will consist of two blocks:

1. Analysis of the local and international experience to improve ART enrollment and developing programmatic recommendations and communications strategies to reach different types of PLWH who are not yet on ARV treatment
    a) Review of successful strategies to enroll in ART care people who do not want to start treatment (KP, migrating population, substance users, AIDS dissidents etc.).
    b) Conduct a qualitative analysis (in-depth interviews) of the profiles of PLWH who don't want to start ART in Ukraine to identify the core personal barriers and facilitators of

starting treatment. The sample should include different types of PLWH (people who inject drugs, other chemical substances users, PLWH who are registered in AIDS care, but postponing or refusing ARV treatment and other subgroups)
  c) Develop programmatic recommendations and propose convincing communication strategies to reach PLWH who are not yet on ART and to make them initiate treatment

2. Analysis of the existing experience and data to develop recommendation to improve ART retention rates for different types of PLWH
  d) Secondary data analysis and triangulation of clinical and programmatic data to formulate the list for predictors of being lost for follow up (LFTU)
  e) Conduct a focus groups discussions with clients and service providers to identify strategies that would help not to lose patients who are in case management after the intervention is over
  f) Conduct a focus groups discussions with clients and service providers to identify facilitators of ART retention for different types of patients with the risk of being LFTU
  g) Develop the program recommendations for differentiated service delivery (DSD) provision

Specifically, the assessment should answer the following questions related to impact and effectiveness of the project interventions:

Impact:
- Why clients do not want to start ART?
- Why patients enrolled in care but not on ART?
- What would make them to start ART?
- What would help not to lose contact with a patient who is on after the case management period is over?
- What improvements are needed to improve ART adherence among PLWH?

Effectiveness:
- What strategies/approaches will be effective in achieving expected results, and why?
- What strategies/approaches were not effective in achieving expected results, and why?

3. Key Deliverables

The consultant is required to produce the following deliverables:

- Deliverable 1: Literature review
- Deliverable 2: Qualitative analysis with profiles of PLWH who are not on ART
- Deliverable 3: Analysis of the predictors of being LFTU and recommendations to improve ART retention
- Deliverable 4: Technical report
- Deliverable 5: Final analytical report with executive summary and recommendations and PowerPoint presentation.

4. Target group

- People living with HIIV

5. Timeframe and Days

The assessment will run from the 1st of January to the 11th of March 2022.

6. Timeframe and Days

TO BE CONSIDERED PLEASE SEND YOUR CV WITH A BRIEF COVER LETTER explaining your interest in this assignment and highlighting relevant qualifications and skills as well as examples of similar scope of work to the following e-mail addresses: uvarkina@aph.org.ua and fedotova@aph.org.ua. Please submit your documents to us no later than 15th of December 2021.