

Terms of Reference for describing the intervention models of 'Stay On' in Ethiopia, Mozambique and Nigeria

Aidsfonds is looking for a consultant to document the successful 'approaches to sustainably retain the most vulnerable people living with HIV (PLHIV) in care' implemented under Aidsfonds' Stay On project, in Ethiopia, Mozambique and Nigeria between April 2020 and March 2023.

1. Background information – Stay On

As a growing number of people living with HIV are on treatment, Aidsfonds' [Stay On call](#) looked ahead and broadened the focus from saving lives to sustaining successes for the next decades. When someone drops out of the treatment cascade, the efforts put into testing and initiating treatment are also lost. Hence, the focus of the Stay On call lies on retaining people living with HIV in care and supporting them to grow old and healthy.

Retention in care is important for a number of reasons. First, it is required for optimal clinical outcomes for PLHIV, keeping people alive, preventing medical toxicities, and identifying treatment failure in order to switch regimens once necessary. AIDS is still the leading cause of death among young people (aged 10–24) in Africa, despite having all the tools for a person to grow old with HIV. Second, it is proven to have a great impact on HIV incidence. Hence, it is a vital component of combination prevention, for instance through prevention of mother-to-child transmission and U=U. Third, intermittent adherence can have severe consequences such as emergence of drug resistant mutations, which will limit future drug options and increase mortality.

With the Stay On call, Aidsfonds aimed to support civil society organisations to develop, implement, and monitor interventions to sustainably retain people with HIV in care.

The objectives of the Stay On call are to:

1. Expand successful approaches to ensure a person living with HIV will grow old in good care. This means work at four levels:
 - PLHIV are supported to adhere to treatment throughout all phases of life
 - PLHIV have access to lifelong quality treatment
 - The healthcare system, which includes community-based approaches, is equipped to retain PLHIV in quality care
 - Structural barriers hampering PLHIV to remain in care are reduced
2. Reach long-term sustainability through national government taking responsibility for systems to retain PLHIV in care throughout their lives. This is a crucial element of the UHC package.

In Ethiopia, Mozambique and Nigeria, three partner organisations implemented contextualized approaches to ensure people with HIV will grow old in good care:

1. **Family Guidance Association Ethiopia (FGAE)** works towards increasing demand for adherence to HIV treatment among female sex workers, and improving access to comprehensive, non-discriminatory quality HIV treatment and care through trained health service providers. FGAE works directly with former sex workers as peer demand creators. These women reach out to their peers and link them to one of the 10 project-supported clinics that provide integrated HIV

and SRHR services in a sex worker friendly manner. The Stay On project in Ethiopia is implemented in 8 strategically located hotspot cities, including the capital city Addis Ababa.

2. **ADPP Mozambique** implemented various support group models such as positive living groups, TRIO's and community support, and adherence groups. These support groups empower young (aged 15-25) and adult (25-59) women and men, including female sex workers, to overcome the challenges of dropping out of treatment. These groups all work around the same concept; people with HIV are supported by peer educators who are trained to support disclosure, access treatment and adherence, next to other subjects including HIV hygiene, nutrition and income generation activities. This approach has proven to be effective and the local government recognizes the benefits of support groups.
3. **YouthRISE Nigeria** aims to strengthen existing HIV treatment, care, and support services through integrated HIV care and support for PLHIV. YouthRISE Nigeria works with people who inject drugs, female sex workers and adolescent and young people. The project focusses on community-based intervention and leverages on existing structures to identify and address factors that affect treatment retention and ensure people living with HIV achieve viral suppression and improved health outcomes.

2. The assignment

The three Stay On projects in Ethiopia, Nigeria and Mozambique are coming to an end in March 2023. After three years of project implementation a particular need has been identified around documenting (describing and explaining the effectiveness) the implemented intervention models in each of the three projects areas, to ensure that these models can be used by other community-based organisations in the HIV response. Hence the documentation should include:

- A full description of the model (including target population, details of implementation, implementation requirements, all relevant stakeholders and their roles, the reach and impact, relevant (monitoring) tools and/or supporting documents, crucial lessons learned)
- What specifically makes these models successful (for this population and improving treatment adherence)
- Potential recommendations to further strengthen the models

The documentation will be shared with relevant stakeholders and will aid efforts to mobilize resources for this kind of work in the future.

3. Deliverable & Methodology

The deliverables for this assignment:

- A documentation per approach (3 in total) with a maximum of 5 pages (font Calibri 11) (excluding cover page, table of contents, list of abbreviations, figures, pictures, references and lay out)
- Organizing and facilitation of a dissemination webinar to share the results of the documentation.
- Lay-out will be done by Aidsfonds

Phase 1: Research

- Analyze original Stay On call for proposals
- Analyze partner reports and other relevant materials to familiarize with respective implemented approaches.
- Conduct interviews with staff members of respective country partners, other involved stakeholders and Aidsfonds, to get insight in the work done towards the respective approaches
- Preferably conduct field research and conduct interviews with targeted population(s); including visiting respective countries, project sites to understand the context, activities, added value, lessons learnt, of each project.

Phase 2: Documentation

The documentation should include a full description of the model and inform civil society organisations in detail, how to implement the model. In this phase a draft report should be submitted to the country partners and Aidsfonds for feedback.

Phase 3: Dissemination

In collaboration with Aidsfonds, organize a webinar for Aidsfonds and Aidsfonds' country partners to present the various successful models implemented under Stay On in relation to retention in care of PLHIV.

Aidsfonds will facilitate linkages with the implementing organisations in Ethiopia (FGEA), Mozambique (ADPP) and Nigeria (YouthRISE). It is expected to closely involve the country partners and where needed the targeted population throughout all steps of this assignment. Due to the nature of this assignment, Aidsfonds has a preference for a consultant who is willing to travel to respective countries and visit the project sites.

4. Timeline

- Selection and contracting of consultant in March 2023
- Final reports approximately due in May/June 2023

5. Profile

We are looking for an enthusiastic consultant who:

- Has a proven understanding of the HIV/SRHR and key populations' context across the countries within this assignment.
- Has experience working with community-based organisations and implementation of community-based interventions. Has preferably been involved with key populations' focused assignments- or organisations before.
- Is fluent in English and has proven native-level writing skills
- Has a demonstrated track record of documentation of intervention models and delivering high quality materials.
- Has analytical skills, including research and interview skills to collect and analyze data to extract relevant information.
- Has excellent writing skills to ensure the reports are clear, to the point and applicable. (English B2 – C1 level; use of specific vocabulary and simple sentence structures)
- Is able to convert qualitative information to a practical and applicable report.
- Is preferably based in Ethiopia, Mozambique or Nigeria and/or has the ability to travel.

6. How to apply

We are looking for a consultant who is available to start this assignment in March 2023. The deadline for application is 6th of March 2023. You can apply by sending the following information to Carmen Roebersen at croebersen@aidsfonds.nl :

- Motivation letter including how you fulfil the required profile
- CV or resume demonstrating relevant experience and a track record on similar work undertaken under your name
- Description of your approach to the assignment, an outline of the proposed actions, tools, methodology and a timeline (maximum of 800 words).
- Detailed financial proposal, including daily rate, number of days needed and potential travel costs.
- Two examples of similar products developed by you (as the lead consultant).

The selection process will take place in March 2023. The proposal will be assessed based on our requirements.