

# Terms of Reference

## Consultant to develop a toolkit on community-based interventions for paediatric HIV based on our Kids to Care model

### 1. Introduction

#### **About paediatric HIV**

One of the Sustainable Development Goal targets is to end AIDS as a public health threat by 2030. The super-fast-track target of providing 1.4 million children (0–14 years) with lifelong HIV treatment by 2020 has been missed as children are left behind in HIV care. In 2020 alone, 330 children died of AIDS and over 850 new HIV infections occur among children each day. Worldwide 1.7 million children live with HIV, 46% are not on treatment. Without treatment, 50% of children born with HIV die before age two. Of those children who are on treatment, more than one third are not virally suppressed, resulting in poor health outcomes.

A high number of children living with HIV and pregnant women are still unaware of their HIV status or not able to start and continue treatment. They have to deal with long distances to a health facility, lack of means to cover transport to a clinic or to ensure healthy nutrition, limited knowledge about HIV prevention and treatment, as well as with stigma and traditional healing beliefs. At health facility level, staff is often overburdened and not sufficiently trained to offer child-friendly services, or children do not receive optimized and child-friendly treatment regimens. Paediatric HIV medicines are not always in stock. This all makes children and pregnant women not accessing health services to enroll in appropriate and life-saving HIV care and support.

To us this is unacceptable, and therefore Aidsfonds is investing in paediatric HIV. Together with community-based partners, we developed the Kids to Care model to ensure children, and their families, receive the care and support they need.

#### **The Kids to Care model**

Aidsfonds [Kids to Care programmes](#) empower communities to find and support children and pregnant women living with HIV and strengthen the links between communities and health

facilities to find, test, treat and retain children and pregnant and breastfeeding mothers living with HIV to access the health services they need. We partner with community-based organisations, NGOs and governments in our project countries to co-design, test and scale these community-based HIV programmes based on our partners' expertise and country context. Community health workers play a central role in the model. They are a crucial link at all four stages of HIV care for children: find, test, start and stay. Sustainability interventions and strategies are an important element of our programming as well. Our Kids to Care model for paediatric HIV programming is well described in [this video](#).

Aidsfonds has been implementing a paediatric HIV programme in Uganda since 2015. The "[Towards an AIDS free generation in Uganda](#)" programme is an example of strengthening community systems to address paediatric challenges. During the TAFU programme a community intervention model for Uganda was successfully implemented, experiences documented in a [booklet](#) and further improved during implementation. The programme has increased awareness on paediatric HIV, trained community actors to identify, refer and follow-up on children and (pregnant) women exposed to HIV, reduced stigma and facilitated socio-economic empowerment of HIV affected households.

Based on the successes and learnings in Uganda, Aidsfonds scaled our paediatric HIV programming to five other countries between 2018-2021: Zimbabwe, Kenya, South Africa, Mozambique and Nigeria. These six programmes, co-developed with nine local partners, are the core element of the Aidsfonds paediatric HIV approach and form the basis for the Aidsfonds Kids to Care model for community based paediatric HIV programming.

The six Aidsfonds paediatric HIV programmes<sup>1</sup> have just ended or are ending in 2022. Some of them will continue implementation in a next phase of the programme focusing on remaining gaps or scaling to new implementation areas in the country. Aidsfonds also aims to scale Kids to Care programmes to other countries in the coming years.

In recent years, the need for investing in community structures, including for paediatric HIV has been acknowledged by more and more countries, (international) NGOs and donors. The solutions matrix of the [UNICEF Paediatric HIV service delivery framework](#) provides guidance with priority community and facility based interventions for countries to implement. At the same time we see and hear that many organisations are still grappling with **how** to implement community based interventions. That's why Aidsfonds aims to develop a toolkit outlining key community interventions for children living with or exposed to HIV and how to implement these.

<sup>1</sup> TAFU programme in Uganda, FTT in Zimbabwe, INUKA-1 in Kenya, Lafiyan Yara in Nigeria, Kusingata in Mozambique and KidsAlive@Home in South Africa

## **About Aidsfonds - Soa Aids Nederland**

[Aidsfonds – Soa Aids Nederland](#) is a Dutch non-profit organisation that also works internationally. Working with communities as equals is at the heart of all our work. We are an involved funder for community based HIV programmes, conduct research and ensure that HIV, AIDS and STIs remain high on the agenda worldwide. Together we are working to find a cure for HIV.

## **2. The assignment**

Aidsfonds is seeking a consultant to develop the Kids to Care toolkit which will be a practical guidance for other organisations on how to implement effective community based interventions. The Kids to Care Toolkit captures and documents the key interventions, best practices and lessons learned, based on Aidsfonds and Aidsfonds partners' experience with the Kids to Care model programmes in Uganda, Zimbabwe, Kenya, South Africa, Nigeria and Mozambique. The goal of this toolkit is to ensure that our (new) partners, other NGO's, governments and relevant stakeholders have a practical tool which can be used to develop and implement effective community based paediatric HIV programmes.

The Kids to Care toolkit will exist out of five modules and will focus on the programmatic level. These modules are centered around the cascade of care and are similar to the components of the Kids to Care model; 1) find, 2) test, 3) treat, 4) retain, and 5) sustain. These modules will exist out of various components of the work of - and interventions implemented by - our partners, for example community dialogues, support groups, case identification, saving groups and income generating activities. The exact and prioritized components under these modules shall be selected and decided upon by the consultant together with the Aidsfonds paediatric team, and partners in phase 1 of this assignment. The components shall be described in a concrete way, and if the topic allows, supported by checklists, templates and/or process descriptions.

The consultant is expected to work in close collaboration with our partners, and actively involve them in gathering input and optimising the development of the toolkit to ensure it speaks to their best practices and lessons learned and will be a useful tool for them and similar organisations.

If the consultant has sound experience with developing theory of changes (ToCs), the consultant is also requested to develop a Kids to Care ToC during the research phase of this consultancy. However, experience with developing a ToC - and development of the Kids to Care ToC - is not a prerequisite. If the consultant does not have the requires skills/experience to develop a ToC. Aidsfonds will undertake the development of the ToC ourselves at the same time, to ensure the ToC can feed into the research phase.

The toolkit will be developed in four phases:

- a. **Research phase.** During the research phase relevant information and findings will be gathered by analysing (narrative) reports of partners, research conducted by Aidsfonds and partners, interviews with Aidsfonds' paediatric HIV partners and other relevant stakeholders, and other relevant reports, tools and frameworks for paediatric HIV. If applicable, the consultant develops a Kids to Care theory of change.
- b. **Translation phase.** In this phase the research findings will be translated into a Kids to Care toolkit which contains 5 of modules.
- c. **Validation phase.** During this phase the toolkit will be validated. Relevant stakeholders are consulted and a virtual validation workshop will be held for Aidsfonds partners. Based on this input the toolkit will be adapted.
- d. **Dissemination phase.** Aidsfonds and the consultant will jointly organise a webinar or meeting to present and disseminate the toolkit.

### 3. Methodology and deliverables

For each phase key actions and deliverables have been identified. All deliverables will be reviewed by Aidsfonds. After each phase of the consultancy Aidsfonds and the consultant will jointly determine if and how the consultant will continue into the next stage.

#### Key actions and deliverables of phase 1:

- Conduct interviews with involved partners and the Aidsfonds paediatric team to get insight in the work done under the Kids to Care model and to identify best practices.
- Analyse partner reports and other relevant materials to identify working elements of the Kids to Care model
- Consultation and discussions with partners and Aidsfonds paediatric team to select the components and interventions under each module, and prioritize these.
- Conduct a landscaping of existing tools, current gaps in tools and ensure that the Kids to Care toolkit is complementary to existing tools in the field of paediatric HIV.
- Develop the draft structure of the Kids to Care Toolkit, including an overview of the topics that will be covered in the toolkit.
- Documents and reports on the main findings of phase 1.
- If applicable, a Kids to Care Theory of Change

#### Key actions and deliverables of phase 2:

- Draft the Kids to Care toolkit based on the results of phase 1 including four rounds of feedback of Aidsfonds.
- The toolkit should be engaging and should contain creative, participatory working methods.

- The toolkit should be to the point, concise, and readable for a broad audience.
- The toolkit should be focused on the programmatic level, being easy to use and apply. For example by including checklists, templates and roadmaps.
- The toolkit should include various case studies and examples from the Aidsfonds programmes.

#### **Key actions and deliverables of phase 3:**

- Collect feedback from Kids to Care partners on the draft toolkit.
- Organise virtual workshops with partners and relevant stakeholders to validate the toolkit. Number of workshops to be determined in consultation with Aidsfonds and consultant.
- Revise the toolkit based on partner's and stakeholder feedback.
- Final feedback round on the revised toolkit by Aidsfonds.
- Final toolkit submitted to Aidsfonds. This can be done in plain text in word with lay out or suggestions for visuals.

#### **Key actions and deliverables of phase 4:**

- Together with Aidsfonds, organize a webinar to present the final toolkit to key stakeholders once the toolkit design is completed.

The design/layout out of the toolkit is out of scope of this assignment and will be done by Aidsfonds.

Aidsfonds will facilitate linkages with Aidsfonds partners and other relevant stakeholders, in addition to the network the consultant might have. This toolkit will be developed remotely, nevertheless the consultant is preferably based in one of Aidsfonds Kids to Care countries; Uganda, Zimbabwe, Kenya, South Africa, Nigeria and Mozambique.

## **4. Timeline**

The below timeline provides an indication for the consultancy period. Phase 1, phase 2 and phase 3 need to be finalized by November 2022.

<b>Period</b>	<b>Phase</b>
July 2022	Recruitment and contracting
August 2022	Phase 1: Research
September – October 2022	Phase 2: Translation
November 2022	Phase 3: Validation
Q1 2023	Phase 4: Dissemination

## 5. Profile of consultant

We are looking for an enthusiastic and skilled consultant who is fluent in English.

### Requirements

- Understanding of community structures, community dynamics and knowledge of public health, and (paediatric) HIV in Africa.
- Demonstrable track record of toolkit production and delivering high quality materials.
- Analytical skills, including research and interview skills to collect and analyse data and reports to extract relevant information.
- Ability to institutionalize partners' experiences and knowledge into standardized tools.
- Ability to work with a diverse group of stakeholders at community level, governments and non-governmental organisations.
- Experience with working with community-based organisations.
- Excellent writing skills to ensure that the toolkit is to the point, clear, understandable, engaging and applicable/helpful.
- Ability to produce toolkits that convert interventions and findings into an easily understandable and digestible toolkit.
- Creativity to ensure the toolkit is engaging and contains creative, participatory working methods.
- Preferably based in and with working experience in one or more of Aidsfonds Kids to Care countries: Uganda, Kenya, Nigeria, Mozambique, South Africa and Zimbabwe.

## 6. How to apply

We are looking for a consultant who is available to start this assignment in August 2022. The deadline for application is **10th of July 2022**. You can apply by sending the following information to Carmen Roebersen at [croebersen@aidsfonds.nl](mailto: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 the consultant's approach to developing the toolkit, an outline of the proposed actions, tools and methods for developing the toolkit, and a timeline
- Detailed financial proposal, including daily rate, number of days needed and any other costs to develop the toolkit (design of the toolkit is out of scope). The financial proposal needs to clearly state the total amount, including VAT
- Two examples of similar products developed by the consultant

The selection process will take place in the week of 18th of July 2022. The proposal will be assessed based on our requirements. We are looking for value for money.