

Call for expressions of interest

Developing a set of advocacy and guidance tools for country advocates and community partners including key messages and communications around the effective inclusion and integration of HIV services in national health and UHC strategies plans, in a COVID-19 context.

I. BACKGROUND AND CONTEXT

UHC capacity building

In 2019, the UN General Assembly adopted the [Political Declaration on Universal Health Coverage](#) (UHC) outlining a series of commitments guiding all UN Member States towards the achievement of UHC by 2030. As a follow up of this Political Declaration, countries have started working on implementation plans and strategies discussing the necessary health reforms needed and what basic packages of health services and health financing modalities would look like if UHC were to become a reality.

The PITCH¹ Programme conducted a [policy research](#) jointly with the London School of Hygiene and Tropical Medicine to identify the opportunities and threats of the integration of HIV services into UHC. These included the safeguarding of comprehensive HIV services for all in UHC packages and health insurance schemes, addressing human-rights related barriers to equal

PITCH is a 5-year strategic partnership that started in 2016 between Aidsfonds, Frontline AIDS and the Dutch Ministry of Foreign Affairs. The partnership aims to enable people most affected by HIV to gain full and equal access to HIV and sexual and reproductive health services. By strengthening the capacity of community-based organisations we support them to engage in effective advocacy, generate robust evidence and develop meaningful policy solutions.

PITCH encompasses partner organisations in countries that carry some of the highest HIV burdens in the world: Indonesia, Kenya, Mozambique, Myanmar, Nigeria, Uganda, Ukraine, Vietnam and Zimbabwe. These organisations are led by and work for communities of lesbian, gay, bisexual, and transgender (LGBT) people, sex workers, people who use drugs and adolescent girls and young women. The aim of PITCH is not only to change policies affecting these groups, but to build the lobbying and advocacy capacity of community-based organisations that is sustainable beyond the 5-year life cycle of the programme.

access, supporting the role of the communities in service delivery, advocacy and holding governments accountable, and ensuing inclusive UHC governance mechanisms. Civil society and community partners across the 9 PITCH countries have made significant efforts to engage with the UHC agenda in their countries, identifying opportunities for influencing this agenda and gathering evidence on which services and which groups are being left behind on the road to UHC.

PITCH has been supporting partners to better understand the key concepts of UHC and how it relates to HIV, and equip them with the skills to influence what UHC looks like in their community, national and regional contexts. There has been an increasing demand by partners for tools and guidance which support their understanding of UHC, their ability to engage with conversations around UHC, and their ability to influence and advocate for the priorities of the communities they serve within UHC dialogues, especially in the current COVID-19 crisis.

Contextualising in COVID-19

Since the outbreak of COVID-19, there are many questions and concerns raised by partners on how this health crisis and the different measures being taken by countries to mitigate its impact are affecting the continued delivery of HIV services, the further exclusion of key populations and other marginalized groups, and the space and role of civil society and communities to have a meaningful voice in the management of the crisis by the government and other key stakeholders.

The overview below represents a quick scan of some of the key developments in the context of COVID-19 pandemic affecting the HIV response and the required advocacy, as reported by country partners and other key stakeholders:

- Lockdowns, quarantining and disruption of public transport have affected the ability of people living with or affected by HIV to go to clinics to access the services they need.
- Disruptions in the supply chain due to flight bans etc. has led to delays and shortages of ARVs, condoms etc.
- Key populations and other marginalized and stigmatized groups have been experiencing additional stigma and discrimination at health facilities that are overwhelmed by coronavirus-related demands (as they are being judged unworthy of care).
- Women, children and young people have been exposed by increased domestic violence at home.
- Lack of PPE especially for vulnerable groups such as sex workers have increased their vulnerability to contract COVID-19
- Legislative or policy measures adopted by governments in the name of preventing further spread of the COVID-19 virus have in certain cases been enforced in ways that lead to human rights violations (including violence and other abusive treatment),
- Shift of resources intended for essential health services to COVID-19

A number of key stakeholders in the HIV and AIDS movement have pointed out the importance of applying the lessons learned of the AIDS response to the COVID-19 response, not at least the importance of a community-led and rights-based approach to health. These lessons

learned could now be used to ensure not only that the global response to HIV remains strong, but also that they permeate the broader landscape of health/UHC and human development.

Need from PITCH partners

There is a demand from PITCH partners for tailored advocacy messages and communications adapted to the COVID-19 context to use in dialogue with their governments and donors with the ultimate aim to ensure comprehensive HIV services are available and accessible for all who need them and that reprogramming of donor and government funds to COVID-19 and the worldwide economic crisis does not lead to a deprioritisation of the HIV response. And to use the COVID-19 crisis as an opportunity to advocate for a more inclusive and rights-based UHC, politically and financially supported by donors and governments.

Thus, we are looking for UHC advocacy tools guiding the development of key messages and resources to be used by our partners working on HIV that are framed in the current COVID-19 context but also for the longer term in a post-COVID-19 world.

II. OBJECTIVES OF THE TASK

- Assess PITCH civil society and community partners' needs and gaps in understanding UHC key concepts and how these relates to HIV and identify what tools could support effective advocacy.
- Produce a set of advocacy and guidance tools (including key messaging products) to be used by civil society and communities which support their understanding of UHC in relation to HIV, their ability to engage with conversations around UHC and HIV, and their ability to influence and advocate for the priorities of the communities they serve within UHC dialogues with donors and governments. These should include tools both adapted for immediate COVID-19 related needs as well as longer-term contexts.
- Support the understanding and uptake of these tools by PITCH partners and communities through the development and delivery of a dissemination strategy.

III. SCOPE OF WORK

The selected consultant will perform the following tasks in close collaboration with the project team consisting of Aidsfonds and Frontline AIDS global policy staff, a PITCH country focal point, the PITCH policy advisor for the AU and the PITCH communications advisor:

1. Design and deliver a survey or virtual interview approach with PITCH civil society partners in a minimum of 4 PITCH countries to assess PITCH country advocates (the PITCH country focal point) in each country) needs and gaps in relation to effectively influencing UHC dialogues and implementation from an HIV perspective, in the context of COVID-19 and beyond. This should include questions around how they perceive the opportunities and threats of COVID-19 for a sustained HIV response and the realization of UHC.
2. Develop 3 suggestions for potential advocacy tools to be developed based on the results of the survey approach and a set of requirements specified by the project team. This might include such key requirements as 1) tools need to be easily accessible by all partners (clear, concise), 2) tools need to be adaptable to be relevant at community, national and regional levels, 3) tools need to be easily updated, 4) tools need to be flexible to share with audiences beyond PITCH partners, and 5) adhere to PITCH

branding. The tools will also need to take into account the COVID-19 context and include both messaging to support immediate advocacy in relation to the COVID-19 impact on UHC and HIV, as well as messaging for the mid to longer term.

3. Review relevant international commitments on HIV, UHC and COVID-19 such as the ones included in recent UN resolutions and outcomes of UN High Level meetings, the World Health Assembly, and as released by WHO and UHC2030, and use these to inform the framing and messages of the tools. The review should also include looking at gender-responsive approaches to UHC and HIV.
4. Develop a set of first drafts of the preferred choice (among the three suggestions) (as chosen by the project team and partners) of advocacy and guidance tools. These will be reviewed by the project team and partners.
5. Develop a revised set of tools incorporating the feedback of the project team and partners. After a second round of review, incorporate further feedback and finalise the tools.
6. Develop a dissemination strategy to support the uptake of the tools by PITCH partners and communities. This includes a set of SMART objectives, target audiences, key messages, proposed activities, and a planning. The basis should be to ensure partners understand how to use the tools and support them to take them up in their influencing work/activities.
7. Deliver the dissemination strategy, either through a webinar or calls with the individual PITCH country focal points to explain the advocacy tools and how to use them in their UHC advocacy.

IV. EXPECTED OUTPUTS AND DELIVERABLES

The Consultant is expected to deliver the following:

1. A survey and delivery of this, which assesses the gaps in knowledge, advocacy skills, and ability to influence UHC dialogues from an HIV perspective taking into account the current COVID-19 crisis and beyond of PITCH partners in at least four countries. ,
2. Three suggestions/proposals for potential tools to be developed based on a set of requirements specified by task team (including 1) tool needs to be easily accessible by all partners, 2) tools needs to be easily updated and adaptable, 3) tools needs to be potentially shared with broader audiences, 4) adhere to PITCH branding)
3. A set of advocacy and guidance tools, to be informed by PITCH partners' needs identified by the survey approach and defined in conjunction with the project team. These could include tools such as: simplified guidance note on the core components of UHC and/or on the services included in basic UHC package, tool to support key stakeholder mapping, tool to understand funding for UHC, scorecards to measure equity in UHC, translation of global and regional commitments into a country advocacy tool.
4. A dissemination strategy to support uptake of the tools by partners, including delivery of a series of webinars/ or similar through which to support partner understanding and uptake of the tools.

V. TIMEFRAME FOR DELIVERABLES

The following is an indication of the timeframe for the submission of expected deliverables, to be discussed with the project team:

1. 05/07/20 Finalisation of needs assessment survey/consultation of country partners
2. 08/07/20 Submission of the three suggestions/proposals to the project team
3. 11/07/20 Project team and partners agree on the preferred proposal
4. 17/07/20 First draft of advocacy tool and messaging
3. 22/07/20 Feedback on first draft by project team and partners
4. 26/07/20 Second draft of advocacy tool and messaging
5. 30/07/20 Feedback on second draft by project team and partners
6. 15/08/20 Finalise the tools/messaging
7. 20/08/20 Dissemination strategy shared with project team
8. 15/09/20 Webinars delivered to support understanding and uptake of tools

VI. QUALIFICATION/ELIGIBILITY REQUIREMENTS AND SELECTION CRITERIA

Qualification/Eligibility Requirements

Academic: Advanced degree in Public Health, Policy Management and Analysis, Communications, Development Studies, International Studies or other relevant discipline(s)

Years of experience: A minimum of 5 years of work experience in related area

Competence:

- Strong experience in developing guidance and tools for advocacy influencing and communications, particularly at community level
- Demonstrated substantive and technical knowledge on UHC and how it relates to HIV to meet requirements of the consultancy scope of work and objectives with excellence.
- Strong knowledge and understanding of global and African regional policies and initiatives on HIV, UHC, health systems and community responses for health. Up to date awareness of changing landscape of national responses to COVID-19 and their impacts on HIV/UHC
- Excellent communication skills and ability to translate complex technical information into easy to understand written language, adapted for different audiences
- Experience of working across different country and regional contexts, particularly in Africa and/or Eastern Europe, preferably in PITCH countries
- Ability to work virtually and show flexibility in response to COVID-19

Selection Criteria

The consultancy firm/consultants (2) will be shortlisted and selected in accordance with the criteria laid down. The evaluation will be based on a Combined Scoring Method – where the qualification and methodology is given 70% weightage and financial offer will be given 30% weightage.

Criteria	Max. Point
Technical (70 %)	
Technical Competence (based on CV and proposal (if required))	70
(a) Minimum educational background as per the requirement in the ToR	25



(b) Understanding the Scope of Work (SoW); comprehensiveness of the technical proposal; and organisation & completeness of the proposal	30
(c) Minimum years of experience in similar consultancy projects	15
Financial (30 %)	30
Total Score: Technical Score 70% + Financial Score 30%	100

NB: An applicant should pass the technical level score first (at least 50 out of 70 points) in order to proceed to the financial level evaluation.

If necessary, the top two or three candidates will be interviewed to clarify the submitted proposal. The consultant will be selected based on the outcomes of the full evaluation.

VII. DOCUMENTS

While submitting the Technical Proposal, the Consultant shall, in particular, ensure to attach the following:

1. Profile of the consultant /recent CV
2. Cover letter explaining the motivation and why the consultant is suitable for the assignment (max 1 page)
3. The proposal outlining the methodology and how the consultant aims to undertake the work with proposed budget and number of days (max 3 pages)

VIII. INSTITUTIONAL ARRANGEMENT/REPORTING RELATIONSHIPS

The consultant will report directly to the Head of Policy, Aidsfonds

IX. TIMELINE

1. The activities should be conducted between 25/06/2020 and 15/09/2020 and the contract would cover a maximum of 28 days. Proposed allocation of days:

- Survey -1
- Follow up/consult 1-2 days
- Three proposals 1-2 days
- Review docs - 2 days
- Developing tools & messaging - 8-10 days
- Consult/ revise - 3 days
- Second revise/finalise - 2 days
- Dissemination strategy - 1 day
- Delivery webinars/calls - 2-4 days
- Contingency - 1-2 days

2. The consultant will work closely with the delegated contact persons and will inform, at least fortnightly, the progress of agreed activities.

X. PAYMENT SCHEDULE AND AUTHORITY



1. The consultant will be paid lump sum service fees as stipulated as per the following payment schedule.
2. The payment will be made only after the approving authority confirms the successful completion of each deliverable.

Installment of Payment/ Period		Percentage of Payment
1 st Installment	The development and delivery of the survey and reporting of the results.	20 %
2 nd Installment	First draft set of tools .	30%
3 rd Installment	Finalised set of tools and completion of dissemination strategy and its implementation to all partners	50%

XI. CONFIDENTIALITY AND PROPRIETARY INTERESTS

1. The Consultant shall not, either during the term or after termination of the assignment, disclose any proprietary or confidential information related to the consultancy service without prior written consent.
2. Proprietary interests on all materials and documents prepared by the consultants under the assignment shall become and remain properties of the Organisation.

XII. SUBMISSION OF EXPRESSION OF INTEREST

Interested Consulting Firm / Consultants should email their expression of interest and CV to: Ms. Renee Groen at rgroen@aidsfonds.nl no later than 20/06/2020.