TOR for consultant
Documentation of Community Learning in Pilot Project (April – July 2024) in Cameroon & Tanzania

Aidsfonds is looking for a freelance consultant to interview ACC, KidAid and Aidsfonds and document lessons learnt in working with communities under the four-month Paediatric BreakThrough Programme Pilot in Cameroon and Tanzania. These lessons learnt are analysed and translated into a package of care for the two-year project period (August 2024-July 2026).

Introduction Paediatric HIV Breakthrough Programme pilot

The ViiV Paediatric HIV Breakthrough Programme is a cooperation between ViiV Positive Action, EGPAF, PATA, UNICEF and Aidsfonds. In this partnership, EGPAF ensures capacity strengthening of health care systems, PATA guides clinics to strengthen the linking of health services with youth and community, while UNICEF coordinates national level advocacy and the Global Alliance for Children and AIDS. The role of and Aidsfonds is to work with community organisations and the provision of community-based support for children living with HIV. The Paediatric Breakthrough partnership is already active in Mozambique, Nigeria and Uganda for four years and recently expanded to Cameroon and Tanzania. For this purpose, the partnership members started with a scoping and pilot session, to design a tailor-made programme and service delivery package for paediatric HIV in the new countries. Aidsfonds would like to learn from this pilot phase, where it concerns community interventions

The project aims to contribute to ending paediatric/adolescent AIDS in Cameroon and Tanzania by maximizing case finding, linkage to care, and optimizing HIV care, treatment, and viral load suppression for pregnant and breastfeeding women (PBFW), and children and adolescents living with HIV (CALHIV). Currently, an initial scoping and start up/pilot is undertaken, that will feed into the development of a longer-term comprehensive Breakthrough plan across partners in these countries. The partnership works in alignment with the Tanzania policies and guidelines as well as the Cameroon National Strategic Plan for the fight against HIV/AIDS and STIs.

The **main objectives** of the PBP piloting phase are therefore:

- To initiate and implement a series of measures informed by the UNICEF service delivery framework in a defined geographical area that can leverage existing partner strengths, applying lessons learned, testing new operational mechanisms and lay the foundation to deliver a well-defined, comprehensive and integrated HIV and SRH package of care for children, adolescent, expectant and breastfeeding mothers through clinic-community collaboration.
- To establish the Breakthrough Partnership and develop mechanisms for collaborative working together, coordination and management. This pilot

phase aims to explore the feasibility of implementing a larger Paediatric HIV program for the subsequent two years (August 2024 to July 2026).

The **key priorities** for Aidsfonds' part of the pilot relate to specific role of communities in paediatric HIV and therefore includes (1) assessing current community involvement and barriers to Paediatric HIV services faced by children and adolescents living with HIV and (young) pregnant women and lactating mothers living with HIV, (2) establishing partnerships with various community organisations, groups, stakeholders, and clubs, and (3) initiating small-scale interventions for children and young mothers living with HIV and (4) explore cooperation with different community structures that can contribute to improvement in paediatric HIV treatment and care.

In the period April 2024 to July 2024 Aidsfonds works on the four-month pilot of a community-based intervention model to bring children living with HIV to care within the ViiV programme with KidAid based in Cameroon and Action for Community Care (ACC) in Tanzania. Both CBOs/NGOs work closely with community groups like people living with HIV, caregivers of children living with HIV, children and adolescents living with HIV, community youth groups, clubs, mentor mothers, community health workers, traditional health providers and others at district level.
The selected districts for the pilot include for Cameroon (1) District Djoum (working with facilities of CMA Mintom), (2) Mbankomo in Central Region and HD Mbandjock also in Central Region.
For Tanzania this is (1) Kongwa, (2) Mpwapwa, (3) Dodoma District/Councils all in Dodoma Region.

Why this TOR

The pilot project is implemented from the **1st of April 2024 – 31st of July 2024**. During this period of assessment, and piloting activities in the community, as part of the wider partnership with PATA, EGPAF and UNICEF, lessons learnt will be derived for a two-year project which starts on August 2024, and which will last until July 2026.

Purpose of the assignment

Aidsfonds would like to clearly document the lessons learnt from the pilot in the community to ensure the best approaches are used in the two-year paediatric HIV programmes in Tanzania and Cameroon.

Specific objectives include

- Analyse the learning and help translate these into country specific packages of community interventions and interventions strengthening the link between community and health providers (not only the specific pilot sites)
- Promote joint learning by KidAid and ACC, on the aspects of supporting the community role in paediatric HIV care/treatment/retention and access to HIV

services and how to align these with EGPAF/CBCHS-PATA/UNICEF interventions.
- Supporting the documentation of lessons learnt and development of strategies for the upcoming two years.

Role of the consultant

- Interview ACC, KIDAID, Aidsfonds to extract lessons learnt from the pilot phase so far and jointly design intervention package for community involvement in paediatric HIV
- Write a short and concise learning document of four pages maximum by end of July 2024 including key lessons learnt in terms of strategies/approaches/activities (together with ACC/KIDAID and possibly community members involved in the pilot), analysis and translate to key community strategies/intervention package and activities for the 2-year proposal (one for Tanzania, one for Cameroon). And advice on how to align with other partnership members interventions/package of care in both countries.
- Provide a clear way forward (based on the learning) for the two-year programme for which a proposal will be developed by PATA/EGPAF/UNICEF and Aidsfonds in July 2024.

Requirements consultant

- French speaking, appreciative inquiry skills, analytical and writing skills
- Understanding of Paediatric HIV challenges and detailed interventions/strategies

Reporting/Deliverables

- Interview guide (appreciative inquiry)
- Document on lessons learnt, analysis and key strategies/activities for 2-year proposal (draft 15th of July)
- Lessons learnt document including package of care for community (final draft **20th of July 2024**)
- Final detailed invoice in GBP, reflecting budget and expenses made in July 2024

Budget

The maximum amount available for this assignment is GBP4,500.

Payment schedule

- 50% in advance upon signing of the agreement
- 50% upon delivery of full reports and final invoice

Please submit a short two-page proposal including approach/methodology/planned activities and attach examples of earlier (short) documents that represent your analytical and writing skills. The deadline for submission of a short proposal is 25th of June 2024.

Annex 1

Introduction Aidsfonds

Aidsfonds – Soa Aids Nederland, based in Amsterdam, is a Dutch organisation that also works internationally. At Aidsfonds - Soa Aids Nederland, we strive for a world where there are no longer any deaths from AIDS and where people enjoy good sexual health. A world in which everyone can love freely and without fear. We do this by working together with the people who are hit hardest by HIV, STIs, discrimination and exclusion. We strengthen their voices and support them with access to information, knowledge, and funding. For all that is love. Our three dream goals are: no more deaths from AIDS and no new HIV infections; sexual health and rights for all; and a cure available for everyone living with HIV.

The Aidsfonds' paediatric HIV programme (2015 – 2025) is based on an unwavering commitment to end AIDS-related deaths and reduce new HIV infections in children. We strive to eliminate vertical transmission[1] and ensuring all children living with HIV and their mothers should be able to live healthy and full lives. To reach this goal, Aidsfonds and partner organisations developed the community-based Kids to Care model (see section 3). After successful implementation and positive results by partner organisations in several countries[2] Aidsfonds is looking for organisations to implement the community-based model in Cameroon to respond to the urgent paediatric HIV gaps in the country.

Introduction KIDAID [3]

KidAid Cameroon is a non-profit, apolitical and non-denominational association. It was created in 2003 under the impetus of a small group of people affected by HIV and AIDS, and wishing to respond to the specific needs of children in the face of the pandemic, the association was then called Kids & AIDS (KidAIDS). The association is run by a 5-member National Executive Committee (equivalent to a Board of Directors), an executive management team with 07 staff and 09 volunteers, with a ratio of 60% women and 40% men. www.kidaidcameroon.org

In 2010, "Kids & AIDS" became KidAid Cameroon, dropping the "s" and opening up to broader issues of health, education and the socio-economic well-being of vulnerable populations, using a family-centred approach to benefit vulnerable children, adolescents and young people.

KIDAID is experienced in:

- Involving communities in the response to the epidemic at local level
- Psychosocial and medical follow-up of HIV-positive pregnant women and mothers to reduce the risk of mother-to-child transmission
- Social mobilisation for the use of PMTCT/PECP services
- Support for compliance by infected children on ART and social support
- Promotion of counselling and screening in communities for women and children
- Training healthcare providers (hospitals and associations) in psychological and social support for HIV+ children and adolescents

- Community-based psychological and social peer support model to improve retention in care among HIV+ adolescents.

From mobilisation for a community response to retention in care, via identification, screening and linkage to care, KIDAID has experienced the realities of working between the community and health facilities for the benefit of HIV+ pregnant women, children and adolescents. The many lessons learnt will be put to good use in this project.

Proposed pilot activities of KIDAID aim to improve the identification, monitoring and ECPG of FE+, EE, HIV+ children and adolescents through a differentiated services approach in three (3) health districts in Cameroon. The sites concerned cover urban, peri-urban and rural areas, with almost all of them (with the exception of the Cité Verte SD) reporting low numbers of cases, and the limited existence of community care structures.

From the clinical baseline assessments/Sites cliniques pilotes, sélection finale Les CBCHS comprennent :

1. Région Ouest - Bamendjou - Hôpital de district de Bamendjou (8 enfants actuellement sous traitement)
2. Région Sud - Ebolowa - CMA Biwong Bane (8)
3. Région Centre - Mbanjock - Hôpital de district de Mbanjock (10)
4. Région Centre - Mbankomo - HD Mbankomo (7)

Objectives of the pilot activities as formulated by KIDAID

1. To help build the capacity of local players (community, hospital) to implement differentiated approaches.
2. Ensure community mobilisation through specific differentiated approaches for the identification of pregnant women, mothers and their babies, HIV+ children and adolescents to be linked to care.
3. Strengthen monitoring of pregnant women, mothers and their babies, and HIV+ children and adolescents to improve retention in care.

Background information from KIDAID

The Centre (DS Cité Verte and DS Mbankomo) and South (DS Djoum, DS Ebolowa and DS Lolodorf) regions, with seropositivity rates in 2023 of 5.6% and 3.8% respectively, represent the most affected regions in Cameroon out of a national average of 2.4%; while the West region (DS Baham and DS Bamendjou), with a seropositivity rate of 1.2%, is below the national average.

In terms of the number of pregnant women tested, this distribution of seropositivity is confirmed, with 3.4% of women in the Centre, 3.8% in the South and 1.7% in the West region.

Chez les enfants de 0 à 14 ans

Région	1er 95	2e 95	3e 95
Centre	49%	85%	74%
Sud	46%	93%	57%
Ouest	40%	94%	85%

Chez les adolescents de 15 à 19 ans

Région	1er 95	2e 95	3e 95
Centre	60%	77%	79%
Sud	46%	91%	80%
Ouest	53%	90%	67%

It is important to note that, according to the latest SMAVI study carried out with the contribution of the KidAid Cameroon association3, HIV+ children and adolescents frequently present mental health problems (anxiety and depression) and problems of adaptation, as well as problems of social integration (or acceptance), which have an impact on their progress and retention in care.

Annex 2

Introduction ACC

Action for Community Care is Non-Governmental Organization officially registered on 24th July 2019 with registration number OONGO/R/0222. The Organization took over the activities of Sharing Worlds Tanzania which operated for 11 years from 2008 to 2019. The Organization envision for vulnerable groups in Tanzania access their needs and have good life. Its Mission is to empower vulnerable groups to gain full access of their needs. ACC works under four thematic areas which are Health, Education, Livelihood and Social Protection. ACC also works on crosscutting issues including the environment. As ways of support, Action for Community Care Provides Education and Comprehensive services on HIV and AIDS; Care and support of vulnerable groups including Most Vulnerable Children, People Living with HIV and AIDS, Elderly, Women, and Youth; Social Protection including promotion of Children and Women Rights, Gender Equality and Gender Equity; Provision of Nutrition Education, and Accessibility of Food; and Economic Empowerment emphasizing more on household income.

GOVERNING BOARD, MANAGEMENT, STAFF AND VOLUNTEERS

Action for Community Care have a very clear structure that demonstrate effective organization good governance and leadership. It is governed by the following organs:

General Meeting (GM): this is supreme organ with final decision power. It comprises members who meet once per year in Annual General Meeting.

Organisation Board: Organization Board has 6 Board Members led by the Chairperson, Secretary and Treasurer. The board meets in quarterly basis. The Board's main task is to govern and oversee the operations of the organization. It is legally, financially, and morally responsible for the organization.

Executive Director: Execute organization leadership and management and responsible in maintaining the sustainability of the organization; She provides strategic leadership of ACC's programs; and leads the implementation, development, and growth of programs.

Management Team: has staffs that operate at the higher levels of an organisation and have day to day responsibility for managing other individuals and maintaining responsibility for key organisations functions. It comprises of 4 members including Executive Director, Project Manager, Finance Manager and Case Management Officer. The management team is responsible for putting together the organisation strategy and ensuring the objectives are met. The Management team is held accountable by the organisation board.

ACC staffs; the organization works with skilled and qualified staffs in various areas depending on the needs and type of projects. Currently there are 16 employed staffs (5 males and 11 females) and 4 local volunteers (3 male, 1 female) to carry out day to day project activities.

Children in Tanzania are still at risk of being infected with HIV from their mothers. Those who are infected do not access services easily as most of the parents and caregivers do not give them priority for HIV services. According to UNAIDS 2021, Global HIV and AIDS Statics Fact Sheet; Children (aged 0-14) who acquired HIV have a risk of morbidity and mortality. Half of infants with HIV infection will die before their second birthday if they do not receive treatment. An estimated 1.7 million children were worldwide living with HIV in 2021. In the same year, 160,000 children newly acquired HIV, and 98,000 children died of AIDS. Furthermore, according to UNAIDS Global AIDS Update 2022, Globally, only half (52%) of children living with HIV are on life-saving treatment, far behind adults where three-quarters (76%) are receiving antiretroviral. An exceptionally high number of children living with HIV, over 40%, are not aware of their HIV status.

In Tanzania, It is estimated that 0.4% of children under the age of 15 years are infected with HIV (0.3% of males and 0.5% of females). The prevalence of HIV infection was 0.4% among those under the age of five years, 0.5% among those aged 5-9 years, and 0.3% among those aged 10-14 years. Regional-wise, the highest prevalence rates were found in Njombe (2.3%), Iringa (1.4%), and the lowest in Rukwa (0.1%) (THIS 2016-2017). In 2023 the prevalence rate is 0.8% in Njombe, 0.7% in Iringa, 0.6% in Mbeya, and 0.2% in Dodoma. Also, the prevalence rate for pregnant and breastfeeding women is highest in Njombe at 9.7%, Iringa at 7.6%, Mbeya at 6.4%, and Dodoma is 2.1% (Ministry of Health, PMTCT of HIV, Syphilis, and Hepatitis B Annual report-2023). According to TDHS 2021, new infections in children 0-14 years of age were 9000, and ART coverage among children was 60% ., Suboptimal in early infant diagnosis leads to late uptake of ART among children aged 0 to 14 years. According to UNAIDS 2023, new infection is 5200 and ART coverage is 73%. Refer to Table 1 below for more data. In Sub-Saharan Africa including Tanzania, there is a treatment gap as 40% of children living with HIV are not aware of their HIV status. Adding to that it remains challenging to eliminate vertical transmission. The rate of transmission of HIV from a mother living with HIV to her child during pregnancy, labor, delivery, or breastfeeding ranges from 15% to 45%. (UNICEF 2023, Pediatric Care and Treatment-https://data.unicef.org/topic/hivaids/paediatric-treatment-and-care/). In Tanzania prevention of HIV transmission from mother to child, being 3.2% in 2020 and 2.8% in 2022, is a slight improvement. The gaps in preventing vertical transmission, are due to, low HIV maternal retesting as some mothers, about 0.2 still test HIV positive; mothers not receiving antiretroviral therapy (inadequate ART coverage), mothers dropping out of care (low retention to care), and mothers getting infected during pregnancy or the breastfeeding period, (Ministry of Health, PMTCT of HIV, Syphilis and Hepatitis B Annual report-2023). THIS 2016-2017 report shows that pregnant women living with HIV in Tanzania are at high risk of transmitting HIV to their infants during pregnancy, birth, or through breastfeeding. Over 90% of new infections among infants and young children occur through mother-to-child transmission. Without any interventions, between 20% and 45% of infants may become infected through MTCT, with an estimated risk of 5%-10% during pregnancy, 10%-20% during labor and delivery, and 5%-20% through breastfeeding. More data are found in Table 2 below. Nearly 50 percent of children

under the age of 15 years living with HIV have not been diagnosed, and overall among them, 81.6% did not have VLS. In addition, there are other barriers such as stigma and discrimination; long distances to health facilities and costs for transport; lack of child-friendly services; insufficient food and nutrients; and poor adherence of the mother on attending CTC and taking medicine. Therefore implementation of this project will help address the situation and provide an opportunity for children and their mothers to live healthy and full lives.

Table 1: HIV Data for children aged 0 to 14 years

UNAIDS2022 Data	Children 0-14 living with HIV (#)	New infections per year Children 0-14 (#)	ART coverage for children 0-14 (%)	Treatment gap difference (%)	EID (%)
2023					
Tanzania	**0.4 prevalence rate**	**5200**	73	7	80.2
Dodoma Region	0.2 prevalence rate		68.2	31.8	
Iringa Region	0.7 prevalence rate		79.7	20.3	
Njombe egion	0.8 prevalence rate		79.8	20.2	
2022					
Tanzania	**79000**				82
Dodoma Region	- Estimate?		67.1	32.9	
Iringa Region	- Estimate ?		78.9	21.1	
Njombe region	- Estimate ?		79.1	20.9	

Table 2: HIV Data among Pregnant and Breastfeeding Women (DHIS2 Tanzania)

Location	PBFW living with HIV (#)	New infections at 1st and 3rd trimester per year among PBFW (#)	HIV Retesting among PBFW (%)	ART coverage among PBFW (%)	Treatment gap difference (%)
2022					
Tanzania	69,250	**18,814**	32.2	73	27
Dodoma Region	2226	857	30.2	88.8	11.2
Dodoma City	1176	384	30.8	89.4	10.6
Chamwino	239	95	35.9	64.9	35.1
Iringa Region	2909	571	32.6	92.7	7.3
Iringa District	430	64	26.3	95.6	4.4
Kilolo District	433	97	42.1	91.2	8.8
Njombe Region	2620	523	39.1	92.6	7.4
Njombe Town	738	180	30.9	95.9	4.1
Makete District	264	48	34.4	92.8	7.2
2021					
Tanzania	72,513	20,578	27.8	72	28
Dodoma Region	2555	1260	25.7	71.2	28.8
Dodoma City	1093	597	23.2	68.0	32.0
Chamwino District	355	177	32.6	82.1	17.9
Njombe Region	3076	603	40.5	83.9	16.1
Njombe Town	810	186	29.0	88.4	11.6
Makete District	510	68	24.8	57.6	42.4
Iringa Region	3467	763	30.8	84.4	15.6
Iringa District	569	86	25.0	87.0	13.0
Kilolo District	586	130	36.0	78.7	21.3

Foot notes:

[1] Without the right treatment and care, a woman living with HIV can pass HIV on to her baby, this is called mother-to-child transmission (MTCT) or vertical transmission

[2] Uganda, Zimbabwe, Mozambique, South Africa and Nigeria, Tanzania, Zambia, Indonesia (West Papua) and Malawi

[3] KIDAID currently operates various programmes including ANGE & EVA" PROGRAMME on child protection: education, hygiene, nutrition, mother and child health and well-being. COSSA" PROGRAMME (Body, Sexuality & Adolescent Health): Hygiene and body knowledge, risk prevention, gender-based violence, sexual rights and reproductive health. LEAD VOICES" PROGRAMME for Citizenship, Participation, Communication, Governance, Human Rights, Research-Action, Capacity Building. CRADAR" PROGRAMME (Resource and Support Centre for Agricultural and Rural Development) on rural entrepreneurship, food security, access to renewable energy and local development.