

JOB PROFILE

**Terms of Reference for the Lead Consultant for the development of the proposal to the GFTAM for the HIV component in Kazakhstan**

1. **BACKGROUND**

The Republic of Kazakhstan is actively involved in achieving global goals on HIV prevention and treatment, joining in achieving the goals of the global strategy “Accelerate to End the AIDS Epidemic by 2030” and the 90-90-90 targets. It is estimated that 74% of PLHIV in Kazakhstan know their HIV status. The HIV epidemic in Kazakhstan is in a concentrated stage and is distributed among key populations such as: people who use drugs (PWID), sex workers (SW), and men who have sex with men (MSM). Kazakhstan is following a system of HIV registration of cases and the registered number of people living with HIV is 37,906. Prevalence of HIV-infection among key populations: PWID - 7.9%; SW - 1.9%; MSM - 6.2% according to the latest IBBS in 2017. The proportion of men is 62%, women - 38%. The highest prevalence of PLHIV was registered in Pavlodar region -267.6, Karaganda –246.1, Almaty -227.5 and in the East Kazakhstan -210.4. The prevalence of HIV infection in the age group of 15-49 years is 0.2%. Risky sexual behaviour among young people and low awareness about prevention of HIV infection is still a concern for Kazakhstan. In 2018, the systematic coverage of PWID with prevention programs, reflecting the commitment of PWID to receive preventive services (at least once a month) was 28%. Overdose prevention with naloxone for injecting drug users and opioid substitution therapy (methadone), is critical in the country. The systematic coverage of sex workers with preventive programs is 47%, MSM 5%. The MSM group is a very closed group for implementation of prevention programs, due to the cultural and high homophobia in the country and the existing stigma and discrimination, as well as self-stigma among MSM. Advocacy capacity of NGOs representing MSM/transgender is quite low, which reduces their negotiation power in decision-making processes. During the last five years Kazakhstan achieved significant results in terms of policy alignment and government funding to implement HIV prevention interventions among MSM/transgender including approving internal guidelines for PreP, reaching them with services and in terms of ensuring their sustainability. However, MSM are not sufficiently informed about the available services. Only 39% of MSM had heard of PreP. Among those, only 62% had correct knowledge about PreP. The number of patients receiving ART in the country is currently growing after introducing *Test All Treat All* policy. Tuberculosis (TB) is the main cause of mortality among people living with TB/HIV co-infection. The government has been successful in taking over harm reduction programmes for key populations and ART treatment from the Global Fund funding and ensuring sustainability of the National Response. However, capacity of the NGOs to subcontract funds through the national social contracting scheme is still low and proper workable mechanisms are not in place yet.

The Global Fund will be announcing the amount allocated to Kazakhstan for the 2021-2023 Funding cycle in December 2019. The allocation amount will be determined after the Replenishment Conference, which is taking place in October 2019, based on available funds, disease burden and income level. Kazakhstan is currently classified by the Global Fund as a Focused country.

The current HIV grant will be ending in 2020. The latest performance of the grant has been A1. To avoid any disruption in program(s) implementation, the Country Coordinating Mechanism (CCM) and all key partners have already agreed on submitting a new proposal and now wish to start developing the 2020-2022 Funding Request application which will have to be adjusted or adapted once the allocation letter will be received.

In close consultation with the Global Fund Country Team, the CCM Kazakhstan has opted to submit a HIV Funding Request for the Second Window that is due on May 25. Kazakhstan is funding the National AIDS response at around 90% of the total needs. It is still in need for funding to ensure smooth transition to full government funding by state budget.

This application will be based on the recently conducted in Kazakhstan Optima: A Model for HIV Epidemic Analysis, Program Prioritization, and Resource Optimization exercise and will also include a funding request for key populations, human rights, and cross-cutting resilient and sustainable systems for health (RSSH), investments to support the HIV response, but also address system wide constraints that affect other diseases and the broader health system.

The CCM is expected to submit a Tailored for Focused Portfolios application.

The 2020-2022 HIV Funding Request will be building on lessons learned during the current implementation period and adjusted to reflect latest epidemiological trends with the overall goal of meeting the 2030 SDGs of ending the epidemic of HIV and building resilient and sustainable systems for health, while acting as a catalyst for domestic resource mobilization and progress towards UHC.

2. **PURPOSE OF ASSIGNMENT**

The overall objective of this consultancy is to support the CCM and the Technical, Working Groups in developing the 2020-2022 HIV Funding Request to be submitted to the Global Fund for the Second Window that is due on May 25, 2020. The CCM is expected to submit a Tailored for Focused Portfolios application, which will require the alignment of the new Funding Request with the current grant(s) with specific focus on maximizing impact, building resilient and sustainable systems for health, promoting community-led key population programs, gender equity and human rights, mobilizing increased domestic resources and the full engagement of country partners and constituencies throughout the process (country dialogue).

The Lead Consultant will lead a multidisciplinary team of national consultants with expertise in HIV, laboratory, Finance/Costing, M&E, PSM, RSSH and be responsible for coordination of activities throughout the period of technical support and for facilitating the development of a complete and quality Funding Request package to the Global Fund by May 23, 2020 and to accompany the CCM in the TRP clarification process.

1. **EXPECTED DELIVERABLES AND RESULTS**

• First drafts of Funding Request documents (including Funding Request Form, Programmatic Gap Table(s), Funding Landscape Table(s), as well as Performance Framework and Detailed Budget, now mandatory at funding request stage);

• Revised drafts of Funding Request documents, addressing peer review recommendations as endorsed by the CCM;

• Final version of complete Funding Request submission package;

• Response to the TRP/GAC Recommendations/Comments, if needed; and

• Brief consultancy close-out report.

**4. APPROACH AND METHODOLOGY FOR IMPLEMENTING THE ASSIGNMENT**

**1. Desk Review**

The Lead Consultant will work closely with other consultants in reviewing specific national strategic and technical documents, Global Fund grant data and reports and other program data to guide and support the Funding Request application.

**2. Inception Report**

In close collaboration with the CCM and the Technical Working Group, the Lead Consultant and the other national consultants will develop an inception report and a roadmap, with detailed tasks, clear milestones, responsibilities and timelines, to be endorsed by the CCM.

**3. Development of the Funding Request**

The Lead Consultant will coordinate and participate in the development of the Funding Request documents, while following the Global Fund guidelines for the 2020-2022 funding cycle. S/he will ensure that the selected modules and interventions included in the Funding Request are aligned with the national strategy, are supported by data and evidence, and are aiming at maximizing efficiency and impact of funds.

To achieve this goal, the Lead Consultant will work with the CCM and the Technical Working Group to help synthesize key results and recommendations from latest reviews and assessments and assist in prioritizing key modules and interventions, based on lessons learned and latest policies.

The Lead Consultant shall also participate in stakeholder’s consultations (Country Dialogue) conveyed by the CCM and compile inputs from these meetings and workshops. S/he will discuss these inputs with the TWG and other national consultants for consolidation in the Funding Request.

Throughout the assignment, the Lead Consultant shall promote full engagement of key country partners, all constituencies, especially representatives of key and vulnerable populations and people living or affected by the disease(s) throughout the duration of the consultancy. S/he shall also work closely with the CCM Secretariat to systematically prepare/gather all needed annexes and supporting documents, as per Global Fund requirements.

**5. SUBMISSION OF THE FUNDING REQUEST AND SUPPORT WITH TRP CLARIFICATIONS PROCESS**

The Lead Consultant shall support (peer) review initiatives and make sure that the consultants and/or the TWG address all recommendations as endorsed by the CCM, while ensuring full alignment of all Funding Request documents. S/he will verify that a complete package (as per 2021-2023 requirements) is submitted to the Global Fund (including on-line) by May 23, 2020.

Finally, the Lead Consultant will support the CCM in the TRP clarification process by assisting in reviewing comments and recommendations and preparing the response, if needed.

It is anticipated that the Lead Consultant will devote up to a total maximum of [25] days to complete the assignment, of which [105] days will be home-based and [20] days will be in-country. [2] trips are anticipated.

**6. QUALIFICATIONS REQUIRED AND ROLE IN THIS ASSIGNMENT**

* Advanced degree in medicine, public health, health economics, health policy, or any other relevant field
* At least 5 years of working experience in working in HIV/AIDS and TB
* Specific technical expertise in planning, M&E, finance and/or PSM, HSS
* At least 5 years of experience working with Global Fund Secretariat, or Global Fund implementers
* Excellent understanding of GF policy, including on counterpart financing, equity and high impact
* Experience of working with key and vulnerable populations/people living or affected by the disease(s)
* Demonstrated experience in developing GF proposals, concept notes or funding requests
* Previous experience of successfully managing and leading multi-disciplinary and multi-cultural teams of consultants
* Previous experience facilitating complex decision-making conversations at country level, gathering different views and feedback, and follow up on group decisions
* Experience collaborating with several multi-lateral and bilateral donors, international health partners, and Government and civil society representatives
* Strong project management skills
* Excellent analytical skills (incl. in programmatic and financial gap analysis)
* Excellent oral and written communication skills in Russian
* Good knowledge of English will be an asset.
1. **PAYMENT SCHEDULE**

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| --- |
| **Output / Deliverable**  |
| Upon signing of contract/agreement (25%) |
| Upon receipt of inception report and roadmap and after approval of the Funding Request by the CCM and submission of the full package to the Global Fund (50%)  |
| After responding to the TRP/GAC Recommendations/Comments and upon receipt of the consultancy report (25%)  |

1. **WORK RELATIONSHIPS**

The Lead consultant will work very closely with the CCM and the TWG and help with facilitation, gathering feedback and provision of specific technical support.

He will also be responsible for guiding and coordinating work done by other consultants;

UNAIDS Country Director is the first level reporting for the Lead Consultant.

The UNAIDS CO will manage the in-country implementation of the assignment.

The Lead Consultant will report directly to the UNAIDS Country Office through the UNAIDS Country Director. UNAIDS will ensure proper working conditions, including communication means, internet connection and transportation to the Consultant.

1. **QUALITY ASSURANCE**

External peer review will be remotely provided to assess the quality of the road map, of the first (and later) drafts of selected key Funding Request documents (e.g. Initial list of selected Modules, Interventions and/or Key Activities, Funding Request Form, Performance Framework, Detailed Budget, List of Health Products, CCM Documents)

1. **KEY REFERENCE DOCUMENTS OR RESOURCES**

Key reference materials will be shared with the Consultant upon request.

• GF Funding Request Template (and Instructions) for the selected approach

• GF Modular Framework Handbook (July 2019)

• Other Funding Request documents (as per GF requirements)

• FAQs for the 2020-2022 Funding Cycle

• [NSP, and other analyses]

1. **PROPOSED WORKPLAN AND TIMELINE**

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| --- | --- | --- | --- |
| **Activity/ Draft Deliverable/ Quality Assurance/ Revised Deliverable** | **Who** | **When** | **Notes** |
| **First Visit (5 days):** * Desk Review of relevant material (e.g. allocation letter, latest evidence, NSP and other building blocks, etc.)
* Concise Inception Report with Situation analyses Description & Road Map in close consultation with CCM, the TWG and/or other consultants
* Work with the national TWG to collect initial feedback on prioritization of key modules and interventions, and activities to include in the GF funding request
* Support the CCM Secretariat to shape the views and inputs from key and vulnerable groups and other key stakeholders into strategies and activities for funding
 | Lead Consultant | By 10 March |  |
| **Home-based (5 days):** * Remote support to the national writing team
* Review of selected draft Funding Request documents as they are being developed by the National AIDS Centre (e.g. based on application modality and information provided in the GF allocation letter)
* Coordinate the review of drafts based on (peer) review comments
 | Lead Consultant | By 25 March |  |
| **Second Visit (5 days):** * Finalize all key findings based on final comments from the TWG and any additional review comments
* Finalize the proposal and check the Annexes
* Facilitate final review and endorsement by the and update Funding Request documents if needed
 | Lead Consultant | By 15 April | CCM will approve the proposal May 15, May 5 the final proposal should be shared with CCM members by e-mail after the review of the GF Team  |
| **Home-based (5 days):** * Assist CCM Secretariat in submitting on-line the full package to Global Fund by 25 May
* Support the CCM Secretariat during the GF quality and completeness review of the Funding Request documents if needed
* Prepare brief consultancy report
 | Lead Consultant | By 25 May |  |
| **Home-based (5 days):** * Support the CCM in the TRP clarifications process and review Funding Request documents, if needed[[1]](#footnote-1)
 | Lead Consultant | By 31 Aug |  |

1. **CRITERIA FOR SELECTING THE BEST OFFER**

Upon the advertisement of the TOR, qualified individual consultants are expected to submit both the Technical and Financial Proposals. All proposals will be evaluated based on Cumulative Analysis as per the following scenario:

* Responsive/compliant/acceptable, and
* Having received the highest score out of a pre-determined set of weighted technical and financial criteria specific to the solicitation. In this regard, the respective weight of the proposals is:
	1. Technical Criteria weight **70%**
	2. Financial Criteria weight **30%**

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| --- | --- | --- |
| **Criteria for Technical Competence (based on CV, Proposal and interview (if required))** | **Weight** | **Max. Point** |
| **Total for Technical Competence**  | **70%** | **70** |
| Specific technical expertise in planning, M&E, finance and/or PSM, HSS | 10% | 10 |
| Excellent analytical skills (incl. in programmatic and financial gap analysis) | 20% | 20 |
| Demonstrated experience in developing successful GF proposals, concept notes or funding requests | 25% | 25 |
| Advanced degree in medicine, public health, health economics, health policy, or any other relevant field | 5% | 5 |
| Previous experience facilitating complex decision-making conversations at country level, gathering different views and feedback, and follow up on group decisions | 5% | 5 |
| Excellent oral and written communication skills in Russian | 5% | 5 |
| **Financial (Lower Offer/Offer\*100)** | **30%** | **30** |
| **Total Score**  | **Technical Score  \* 70% + Financial Score \* 30%** |
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Please note that the qualification criteria in the above table will be assessed against the individual consultants’ resumes of the proposed consultancy.

1. **DOCUMENTS TO BE INCLUDED WHEN SUBMITTING THE PROPOSALS**

Applicants shall submit the following documents and will complete an on-line template as per the instructions below:

* Personal CV indicating all experience from similar projects, as well as the contact details (email and telephone number) of the Candidate and at least two professional references to be sent to burmashovai@unaids.org;
* Financial Proposal that indicates the all-inclusive fixed total contract price, supported by a breakdown of costs, as per template provided to be sent to burmashovai@unaids.org;
* Fill in an on-line template with the details of the qualifications, experience and technical skills following the link: <https://bit.ly/2AQodBE>
1. **FINANCIAL PROPOSAL**

**Lump sum contract**

The financial proposal shall specify a total lump sum amount, and payment terms around specific and measurable (qualitative and quantitative) deliverables as per the template in point

1. **PROPOSED WORKPLAN AND TIMELINE.** Payments shall be based upon output, i.e. upon delivery of the services specified in the TOR.  In order to assist with the comparison of financial proposals, the financial proposal should include a breakdown of the lump sum amount (including travel, per diems, and number of anticipated working days and the price per day).

**Travel costs**

Travel costs should be based on the cost of economy class tickets. Should the consultant wish to travel on a higher class he/she should do so using his/her own resources. In the case of unforeseeable travel, payment of travel costs including tickets, lodging and terminal expenses should be agreed upon, between UNAIDS and Individual Consultant, prior to travel.

1. **Additional Information**

Applications from people living with HIV are particularly welcome. Applications from women are particularly encouraged. Only candidates under serious consideration will be contacted.

The medical criterion for recruitment is fitness to work in the post. The United Nations HIV/AIDS Personnel Policy clearly stipulates that no staff and/or potential candidates shall be discriminated against based on real or perceived HIV status. HIV infection does not constitute lack of fitness to work. There is no obligation to disclose HIV-related personal information.

**Annex 1**

**FINANCIAL PROPOSAL**

1. **Breakdown of Cost by Components:**

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| --- | --- | --- | --- |
| **Cost Components** | **Unit Cost** | **Quantity** | **Total Rate for the Contract Duration** |
| 1. **Personnel Costs**
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| Professional Fees |  |  |  |
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| 1. **Travel Expenses**
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| **TOTAL** |  |  |  |

1. [↑](#footnote-ref-1)