



UNITED NATIONS DEVELOPMENT PROGRAMME

TERMS OF REFERENCE

TERMS OF REFERENCE FOR DEVELOPING A POLICY BRIEF ON CREATING AN ENABLING ENVIRONMENT FOR KEY AND VULNERABLE POPULATIONS (KVP) PROGRAMMING IN TANZANIA

Contract Type:	Individual National Consultant
Location:	Dar es Salaam with travel to Dodoma and other selected regions and districts for consultations
Languages Required:	Fluent English; Swahili desired
Duration of Assignment:	60 days
Expected starting date:	15 th October 2021
Completion Date:	15th December 2021

1

BACKGROUND

The Government of Tanzania (GoT) has made great strides in scaling up of HIV interventions (prevention, care, and treatment) which reflects the consistent reduction of HIV prevalence over the past 20 years. Given the disproportionately high burden of HIV among the Key and Vulnerable Populations (KVP), a significant share of the investment goes to combination prevention interventions targeting these highly marginalized populations. Due to prevailing country laws, culture, norms and traditions, these groups are criminalized and experience stigma and discrimination which affects their access to HIV services. In realization of this, with support from UNAIDS (also with complementary support from other multilateral and bilateral development agencies), the government (under the leadership of TACAIDS and in close coordination with NACP) has been implementing activities that are geared towards creating an enabling environment for KVP programming, including those that are centered on changing policies, guidelines, and service delivery standards. As a result of these efforts, HIV/AIDS Prevention and Control Act (HAPCA) No. 28 of 4 April 2008 was amended in the year 2019; age of consent for testing was lowered down to 15 years of age, and also HIV self-testing was included as part and parcel of standard care. However, several structural barriers still remain. This phenomenon could partially explain why Tanzania did not achieve the global targets to reduce new HIV infections by 75% by the end of the year 2020. The Global Prevention Coalition Report (2020) indicates that, from 2010 – 2019, the country-wide HIV response efforts have been able to drop new HIV infections by only 13% compared to the national goal – as per the 4th National Multisectoral Framework (NMSV IV) which set an ambitious target to reduce new HIV infections by 85% by the end of year 2023. This calls for concerted efforts by the GoT to continuously assess the current prevention landscape and further institute policy changes at various levels to facilitate the smooth implementation of impactful interventions.

In Partnership with the Commission for Human Rights and Good Governance (CHRAGG), the Tanzania Commission for AIDS (TACAIDS) and the Civil Society Organizations (CSOs), UNAIDS, UNDP, WHO and UNFPA conducted National and Regional level stakeholders dialogues on the public health approach to addressing various HIV/AIDS and SRH needs of KPs, legal literacy with right holders as well as dialogues with duty bearers aimed at soliciting insights and recommendation on what the government and stakeholders can and should do to catalyze HIV prevention efforts particularly for the marginalized populations. In addition, a review of laws and policies related to the rights of citizens living with, or at high risk of exposure or impact by HIV, to identify legal barriers was done. Building on these through a multi-stakeholder consultative process a policy brief will be

developed to be used for advocacy purposes at different intended audiences. The objectives, scope and scale of work, methodology and key deliverables are outlined below:

2 OBJECTIVE OF THE CONSULTANCY

To develop policy briefs that can be used as advocacy tools to facilitate policy change processes/dialogues, respectively

3 SCOPE OF WORK

To work closely and collaboratively with UNAIDS and other UN agencies, Government partners (TACAIDS, CHRAGG and NACP) and CSOs to do the following;

- Review reports from the national and zonal dialogues, as well as minutes and report of the legal literacy meeting, legal framework assessment and stigma index reports
- Consult and engage with the institutions, CSOs, consultant/entities and other key stakeholders involved
- Develop a consolidated report on the above tasks and share drafts with UNAIDS and taskforce team
- Draft a policy brief (about 10 pages' min/max)
- Conduct consultative meetings with key actors to review and validate the draft policy brief
- Print and Disseminate advocacy brief with key stakeholders including Government, Development partners, Media etc
- Submit the final activity report and final Policy brief

4 METHODOLOGY

The methodology will involve both desk work and stakeholders engagement and field visits for data collection

5 DURATION OF ASSIGNMENT, DUTY STATION AND EXPECTED TRAVEL

Timeline

The assignment is to be accomplished over a period of 60 days, effective from 15th October 2021 to 15th December 2021.

Payment terms against the deliverables:

- 1) 20% engage Government counterparts and CSOs to initiate the process and submission of acceptable.
- 2) 30% 3. Conduct workshops and consultation meetings to write, review, update and validate draft policy
- 3) 50% submission of final policy brief by ERC, print and disseminate to stakeholders at national level.

6 DELIVERABLES

The implementation of this task will be implemented in a stepwise process. The below table provides a summary description of the modules as well as the expected deliverables for each. Proposed timelines are included as well.

Step	Output/Deliverable
1. Engage Government counterparts and CSOs to initiate the process	<ol style="list-style-type: none"> 1. Meeting reports 2. Formation of task force to support policy brief development process

2. Engage Consultant/organization to facilitate development of the brief	3. Inception reports 4. Desk review reports
3. Conduct workshops and consultation meetings to write, review, update and validate draft policy	5. Workshop reports 6. Draft policy brief 7. Draft project narrative report
4. Review final policy brief by ERC, print and disseminate to stakeholders at national level	8. Activity reports 9. Final draft policy brief 10. Final draft project narrative report 11. Final draft project financial report

7 MANAGEMENT/ REPORTING

Reporting to Project Manager-Sustainable Health in Procurement Project (SHiPP) in UNDP Regional Office CO.

8 REQUIRED QUALIFICATIONS

An advanced degree in Development, public health, population health/demography, sociology or related qualifications.

A minimum of 10 years' previous related professional experience with preference given to candidates with professional experience in KVP programming, development of policy and guidelines aiming at addressing stigma and discrimination at senior level/managerial level;

Five years' experience working with hospitals, health institutions, and health-related governmental and non-governmental organizations in KVP programming and policy;

Experience in other international/national development project and relevant experience of Tanzania environmental health sector will be an added advantage;

Criteria Weight Max.

Educational relevance: An advanced degree in Development, public health, population health/demography, sociology; **20 pts;**

Working Experience: 10 years' previous related professional experience with preference given to candidates with professional experience in KVP programming, development of policy and guidelines aiming at addressing stigma and discrimination at senior level/managerial level;**50 pts;**

Experience working in International/National in large scale Public Health project and relevant experience of HIV/AIDS prevention, care and treatment programmes **20 pts;**

Approved by:

Sergio Valdini

Signature: _____

Name: Sergio Valdini

Designation: Deputy Resident Representative

23-Sep-2021

Date: _____