

JOB PROFILE

Terms of Reference for Consultancy for the Undertaking of a Gender Assessment of the National HIV Response

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.

If the application approach will only be communicated to the country in the allocation letter, the CCM [adjust if needed] is currently planning to submit a [Program Continuation/Tailored for Focused Portfolios/Tailored for National Strategic Plans/ Tailored for Transition/Full Review] 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.

Kazakhstan is also expected to be eligible for Catalytic Investment Matching Funds to maximize impact in priority areas such as scaling up community-led key population programs and addressing human right barriers. Under the 2020-2022 Funding model, Matching Funds requests have to be included within the funding request. Eligibility, amount of funding available for catalytic investments and priority areas will also be confirmed and/or determined following the outcome of the Replenishment Conference.

Part of the application process is submitting a report that provides information on how gender sensitive is the national response to HIV/AIDS. Led by national stakeholders and partners, gender assessment processes are comprehensive initiatives that set out to identify the needs of women and girls in all their diversity and in the context of HIV at the country level. They then use the information compiled and analysed to elaborate and review strategic planning processes, increase the capacity of women's organizations, and leverage political commitment to address these needs.

A specific Tool for Gender Assessment has been developed by UNAIDS to support countries in taking decisions. The Gender assessment tool for national HIV responses (hereinafter the Tool) is intended to assist countries assess their HIV epidemic, context and response from a gender perspective, helping them to make their HIV responses gender transformative and (as such) more effective. The Tool is specifically designed to support the development or review of national strategic plans (NSP) and to inform submissions to both country investment cases and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM).

The Tool also enables the integration of gender equality in other strategic processes—such as the United Nations Development Assistance Framework (UNDAF)—and it serves as a tool for technical capacity building for national authorities, civil society organizations and key stakeholders. By doing so, the Gender assessment tool supports the roll-out of the UNAIDS Agenda. This will be a valuable tool for stakeholders who may have their own requirements for gender analysis (e.g. PEPFAR countries now are all required to complete a gender analysis).

While different constituencies can take the lead in advocating for gender assessment, it is recommended that the actual assessment is undertaken through country leadership. This will ensure that outcomes are incorporated into relevant national strategic frameworks.

2. PURPOSE OF ASSIGNMENT

The Consultant will be expected to closely familiarize with the Gender assessment tool and related materials (including but not limited to the online presentations).

In close collaboration with UNAIDS, the consultant will apply the GAT to the Kazakhstan context and will produce a report based on the building blocs of the Tool.
https://www.unaids.org/sites/default/files/media_asset/JC2543_gender-assessment_en.pdf

3. EXPECTED DELIVERABLES AND RESULTS

- Support to the development of the gender assessment workshop and co-facilitation
- Collect, collate and store relevant documents and data
- Analyze and use the findings, drawing on the gender assessment to identify the gaps and opportunities in the HIV response and to establish evidence-based interventions, such as:
 - defining priorities and identifying key interventions to respond to the gaps;
 - developing an advocacy plan to disseminate and use the findings of the gender assessment; and
 - preparing a report that summarizes the analysis of the HIV epidemic and the data on the context, the current HIV response, and the prevention programmes and initiatives (such as HIV treatment, care and support from a gender perspective).
- Facilitate a workshop to analyses and use the findings is part of the gender assessment process. The workshop length typically lasts three days, with the core team meeting the day before in order to prepare and stay the day after to debrief and decide on the next steps.
- Fill in the Gender Assessment Tool with information and data relevant to the country context

- Support to the development of the gender assessment report, along with a national consultant and UNAIDS.

4. APPROACH AND METHODOLOGY FOR IMPLEMENTING THE ASSIGNMENT

1. Desk Review

The Lead Consultant will review specific national strategic and technical documents, Global Fund grant data and reports and other program data to guide and support the Funding Request application.

5. QUALIFICATIONS REQUIRED AND ROLE IN THIS ASSIGNMENT

- Advanced degree in medicine, public health, social sciences, 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 gender assessments
- Experience of working with key and vulnerable populations/people living or affected by the disease(s) will be an asset
- Demonstrated experience in developing gender assessments, concept notes or advocacy plans
- 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
- Excellent analytical skills (incl. in programmatic and financial gap analysis)
- Excellent oral and written communication skills in English and Russian

6. WORK RELATIONSHIPS

The Consultant will work very closely with UNAIDS and help with facilitation, gathering feedback and provision of specific technical support.

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

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

UNAIDS will ensure proper working conditions, including communication means, internet connection and transportation to the Consultant.

7. PROPOSED WORKPLAN AND TIMELINE

Activity/ Draft Deliverable/ Quality Assurance/ Revised Deliverable	Who	When	Notes
Fill in the Gender Assessment Tool with information and data relevant to the country context		January 2020	
Analyze and use the findings, drawing on the gender assessment to identify		Mid February 2020	

the gaps and opportunities in the HIV response and to establish evidence-based interventions			
Facilitate a workshop to analyses and use the findings is part of the gender assessment process.		Mid February 2020	
Support to the development of the gender assessment report, along with a national consultant and UNAIDS.		End February 2020	

8. DOCUMENTS TO BE INCLUDED WHEN SUBMITTING THE PROPOSALS

Applicants shall submit the 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.

Deadline for submission of applications: **20 December 2019**.

9. 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.