

TERMS OF REFERENCE

Mission N°19SANIN847

I. General information

Title of the expertise mission	Development of a costed National Community Strategy for HIV/AIDS and TB			
Component	HIV/AIDS; Tuberculosis			
Issue(s)	Governance			
Beneficiary	National AIDS Secretariat (NAS) and Action Aid International the Gambia			
Country	The Gambia			
Related Global Fund Grant	Total Signed Amount	Implementation Period	Grant Rating	Period of latest rating
	USD 12.3 millions	2018-2020		
Total number of working days	60			
Contact at Expertise France	Focal Point		Contact Details	
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II. Background of the expertise mission

The National AIDS Secretariat (NAS) is the coordinating body of the national HIV response in the Gambia with the key mandate of ensuring efficient and effective coordination leading ultimately to the attainment of universal access to HIV prevention, treatment, care and support services for all people living in The Gambia. NAS is also a Principal Recipient of the Global TB/HIV/RSSH grant (GMB-C-NAS) and Action Aid International The Gambia (AAITG) is a co- Principal Recipient in The Gambia. NAS is leading the Health Sector Response while AAITG leads the community-based response; the NAS will thus remain the lead implementing partner for the development of the HIV community strategy.

With support from the Global Fund over the years, the country has registered significant progress in the response to both TB as well as HIV/ AIDS. The Global Fund grants have increased provision of ART services, medications for opportunistic infections and STIs, test kits, reagents, condoms, lubricants, and GeneXpert machines for viral load testing. Another critical area where the Gambia made progress is expansion of prevention of mother to child transmission of HIV (PMTCT) services and training of PMTCT staff (together with United

Nations Children's Fund [UNICEF], World Bank [WB]) as well as the introduction of early infant diagnosis (EID). There is also notable improvement in HIV prevention and testing among SW and initiation among MSM; prevention packages designed and implemented for MSM and SW.

The Global Fund has also supported the TB control efforts in The Gambia since 2003 and significant changes have been made since then. The New Funding Model (NFM) grant was a combined grant for TB and Health System Strengthening (HSS) addressing the weaknesses in health system and services in line with national priorities and laying the platform for control of the three diseases in Gambia. In addition, The Gambia has made significant achievements in improving the capacity for diagnosis and treatment for drug susceptible as well as drug resistant TB. Coverage has been extended and health as well as community systems have been strengthened. However, after the rise in case finding and improvement in treatment outcomes up until 2015, there has again been a decline – coinciding with the implementation of NFM. Therefore, there is no convincing evidence to say that National Strategic Plan (NSP) targets of decreasing TB incidence from 174 per 100,000 populations to 139 per 100,000 populations by end of 2022 is on track.

The current grant came with a new implementation arrangement of a combined TB/HIV grant acknowledging that in order to control one disease you have to control the other. Against a difficult political background there has been slowing of HIV control efforts, which would have affected the impact on TB control.

Despite the achievements under the Global Fund grants, it is worth mention that most of the components of the HIV and TB responses are unlikely to meet the targets as per the National Strategic Plans. However, there is no question that the HIV and TB situation in the country would have been far worse without the Global Fund investment over the years.

Both the TB and HIV National Strategic Plans recognize that community systems are too weak to support program implementation. Overall, community systems are under-developed and underutilized. This is largely due to limited funding, poor linkages with health facilities, poor targeting of key populations (KPs) through community interventions and low capacity to monitor and assess service quality and quantity. These HSS/Cross-cutting challenges are key issues related to this application. A key priority for the Government of The Gambia is to provide high quality comprehensive TB and HIV prevention, treatment, care and support services.

In The Gambia, the primary health care systems at the community level provides the gateway into both the health system and the community Health structure Community System Strengthening (CSS) in the context of TB as well as HIV and AIDS focuses on PLHIV support groups and Ex TB Patients Associations, Community Based Organizations (CBOs) and NGOs. The CSOs/CBOs use social structures to mobilize and engage people on solving health problems at the community level. Community sensitization is done by CSOs through participatory behavioral change communication strategies via edutainment and life skills activities for peer education (such as STAR and Stepping Stones). These approaches involve

using drama, role-plays TB/HIV-specific songs to mobilize and sensitize communities to educate them and create demand for services. Working through ‘Kabilos’ (clan) form a perfect entity for disseminating health information which are accepted by community members because the ‘Kabilos’ are highly cohesive and well-structured and respected by the community. The use of ‘Kabilos’ in The Gambia has helped reduce maternal and child mortality by increasing community participation in primary health care and changing community perceptions about family planning). This is why both the TB and HIV programs have adopted this approach to reach community members with prevention, treatment, care and support services. Community home-based care services are also part of the continuum of services and these are delivered mainly by CSOs in partnership with families, PLHIV support groups and volunteers. They are intended to promote referrals between the two systems and ensure follow up and support for adherence to treatment and promotion of treatment literacy to create demand for prevention, treatment, care and support services. However, this arrangement has not worked optimally, partly due to limited investment to support the desired community participation. In addition, the participation of the PLHIV and Ex-TB Patients communities is weak due to limited support.

Strengthening community participation is important to ensure high standards of transparency, accountability of health service management, community ownership and sustainability of health programs. However, investments into CSS are largely inadequate thus leading to weaknesses in community responses, weak coordination and joint monitoring of the interventions being implemented in the current grant. The interface between community and health service delivery requires continued strengthening to ensure the attainment of country targets. Investments in community systems will focus on better and improved coordination, planning and organization capacity building, strengthening of the referral systems, monitoring and evaluation to facilitate increased access to quality health services. It is for this reason that the program is seeking the services of two consultants (one for TB and another for HIV and AIDS) to develop a robust and sustainable Community Strategy for TB and HIV. Especially since having a national community strategy for HIV/AIDS and TB will support the integration of related activities into the coming new GF grant that will be discussed in 2020.

III. Objective and expected results

1) General objective of the expertise mission

The overall objective of the mission is to support the development of a costed National Community Strategy for HIV/AIDS and TB

2) Specific objectives

1. Develop a costed community strategy for both HIV/AIDS and TB
2. Develop and validate a packet of tools for the implementation and monitoring of the strategy
3. Ensure the community strategies are approved nationally and meet communities’ adherence.

Gender Main streaming

In coherence with France's International Strategy on gender equality (2018-2022), the 5% Initiative requests the experts to mainstream a gender approach in their expertise mission. A Webinar is available to support them to identify specific issues related to their mission and to define specific objectives in order to mainstream a gender approach in their mission.

The main issues are the following:

- **Type of mission:** support to governance issues, diagnostic and organizational support, administrative and financial support, programmatic support, data collection and analysis, access to quality medicines.
- **Type of methodology:** literature review, interviews, participatory workshops, conferences, trainings, reports and guides.

During the mission scoping phase and while developing the mission's methodology, the experts will define **at least 2 objectives** related to gender issues and will commit to employ all means needed to achieve these objectives and to auto-evaluate their achievement in the mission's report.

IV. Description of the expertise mission

1) Description of tasks

1. Develop a costed community strategy for both HIV/AIDS and TB

- 1.1. Design a participatory methodology to develop the community strategy
- 1.2. Undertake an in-depth assessment of the existing community structures relevant in the implementation of TB and HIV/AIDS activities in the community and identify bottlenecks that could hamper the role of the community structure in the implementation
- 1.3. Define relevant stakeholders and conduct stakeholders consultative meetings, interviews and focus group discussions with key stakeholders and individuals to gather information relevant to the consultancy
- 1.4. Identify synergies between HIV/ AIDS and TB strategies and activities
- 1.5. Support and guide local team involved in the assignment

2. Develop and validate a packet of tools for the implementation and monitoring of the strategy

- 2.1. Suggest appropriate methods of monitoring TB HIV/AIDS activities as part of the joint TB/HIV community strategic intervention
- 2.2. Define a framework to address bottlenecks in adaptation and implementation for current recommendations and new approaches for reduction of new TB infections among people living with HIV in the community
- 2.3. Develop a packet of tools to support a qualitative implementation of the two strategies including an M&E framework (recording and reporting tools), and a training manual

Provide recommendation for the implementation of the strategy

3. To have the community strategies approved nationally

- 3.1. Provide a costed draft of the costed community strategies to NAS stakeholders review prior to the validation
- 3.2. Integrate the comments made by stakeholders
- 3.3. Ensure that the final documents are approved by NAS and AAITG

2) Expected deliverables

For the TB Component jointly with the HIV expert, the expert will deliver the following:

- Inception Report / Assessment activity plan
- The first draft of the TB/HIV Community Strategy
- The revised draft of the TB/HIV Community Strategy after incorporating comments from stakeholders.
- Submit detailed costed TB community Strategic and an Operational Plan, as a part of the TB/HIV Community Strategy,
- Present a costed M&E Plan for the Community Strategy.
- Provide a Training manual for TB community engagement to the client
- The Final costed TB/HIV Community Strategic Plan both electronic and two hard copies including power-point presentations

For the HIV Component, jointly with the TB expert the expert will deliver the following to:

- Inception Report / Assessment activity plan
- Work in collaboration with the other consultant for the TB component for consistency and alignment
- Present to the client the first draft of the TB/HIV Community Strategy
- Complete and present a revised draft of the TB/HIV Community Strategy after incorporating comments from stakeholders.
- Present to the client a detailed and properly costed HIV community Strategic and an Operational Plan, as a part of the TB/HIV Community Strategy,
- Provide a costed M&E Plan of the Community Strategy
- Present to the client printed final copies of the costed TB/HIV Community Strategic Plan
- Submit an electronic word and PDF file copies of the document to the client.

3) Coordination

In The Gambia, the Expert mission will be technically monitored by the ActionAid in collaboration with her sister PR National AIDS Secretariat. A joint review of both draft reports will be reviewed by partners and a feedback given to the Expert for consideration and incorporation into the report. Equally ActionAid office will provide office space and facilitate logistics required for the conduct of the community HIV strategy development whereas TB program will do for the TB component of the consultancy.

The expert(s) should exchange with representatives of the French Embassy at the Department of Cooperation and Cultural Action (SCAC) in Dakar and/ or with the regional counsellor in Global Health at the beginning and at the end of the mission to present the objectives of the mission and debrief on the conclusions and recommendations.

V. Place, duration and implementation details

- 1) **Provisional Start date:**
September 2019
- 2) **Provisional End date:**
January 2020
- 3) **Effective duration:**
60 working days: 30 working days/expert

VI. Expertise and profile(s)

- 1) **Number of experts :** 2 International Experts

Expertise France will be sensitive to a gender balance in the constitution of the team of experts and encourages women to apply.

- 2) **Expert Profile(s):**

Position: Expert in charge of the development of an HIV/AIDS community strategy

Qualifications and skills:

- MSc degree (PhD preferred) in a field relevant to HIV and AIDS prevention and programming (e.g. Public Health and Community Health, Health Promotion, Anthropology, Health Economics, Monitoring and Evaluation Demography or other Social Sciences)
- Proven conceptual, analytical and evaluative skills and an ability to write in a clear and concise manner;
- Excellent interpersonal/diplomatic skills and ability to establish effective working relationships with people in a multi-cultural environment.
- Appropriate knowledge and skills in gender issues
- Ability to work independently with little to no support.

General Professional Experience:

- More than 10 years of relevant professional experience in the field of HIV and AIDS particularly in West Africa/Region particularly design and implementation of analytical studies and research projects, program coordination and management.

Specific Professional Experience:

- Proven track-record working with government departments and civil society counterparts over the formulation and implementation of HIV Policies and Strategic Plans, including coordinating inputs,
- Relevant experience in a national and international context on HIV and AIDS strategic development in poor resource-limited settings.

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- Proven conceptual, analytical and evaluative skills and an ability to write in a clear and concise manner;
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General Professional Experience:

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Specific Professional Experience:

- Proven track-record working with government departments and civil society counterparts over the formulation and implementation of HIV Policies and Strategic Plans, including coordinating inputs,
- Relevant experience in a national and international context on TB strategic development in poor resource-limited settings.

VII. Mission Report

In addition to the deliverables mentioned above, a final report is due at the end of the mission within 30 days of the return from the mission.

Language of the report: English

Report terms: report will be sent by email to Expertise France.

VIII. Practical Information

The Expert mission will be technically monitored by the ActionAid in collaboration with the co-PR National AIDS Secretariat. ActionAid office will provide office space and facilitate logistics required for the conduct of the community HIV strategy development whereas TB program will do so for the TB component of the consultancy.