

## Terms of Reference

### **Documentation of case studies and fact sheets on the impact of covid19 on HIV health services and organizational operational disruptions experienced in the ESA region**

#### **1.0 Background**

EANNASO as the host of Anglophone Africa Communication and Coordination platform continues to work and support Civil Society Organizations and Communities in Anglophone Africa region in coordinating them to

- Expose what crisis different populations face, regardless of (the lack of) institutional acknowledgement.
- Produce regional summaries that can be used in different fora and support the redirecting of resources, nutrition support, social relief Programmes and health services as needed and as situations change.
- Support messaging from civil society and various community groups to inform actions in regional structures/AU summits/etc.
- Create linkages and technical support to civil society and community groups with partners that support continuation and access to HIV services especially amongst the vulnerable groups in the region.
- Identify and share across countries coping mechanisms and models of care communities have used that promote resilient systems for health

The unprecedented global COVID-19 pandemic has hit Eastern and Southern Africa later than Asia and Europe, but is spreading similarly fast, in a continent with substantially less resources to mitigate it, and quite different capacities and response strategies. COVID-19 outbreaks across the ESA region, create limitations and obstacles in meeting the needs of populations hardly reached by social protection, work opportunities, safety and security, and health services. It also creates limitations and obstacles in how quickly to document who is at risk, who is losing the health care services or treatment they need.

Civil society has always played a key role in the AIDS response – in reaching people hardly reached by public health facilities and hidden populations, in creating an entry point to address discrimination and violation of human rights, in providing real time alerts, and in providing solutions through innovative models for care. In addition, the now widespread community transmission of Covid -19 has the potential to claim tens of thousands of lives across the continent. This will be exacerbated if adequate prevention, containment, and response mechanisms are not instituted and enforced. Ultimately the Covid 19 pandemic has potential to continuously disrupt access to and supply of life saving ART an TV treatment to directly affected populations as well as supply of critical prevention commodities such as iPT

for TB, commodities for PMTCT, mosquito nets, condoms, and lubricants, and PreP which can all negatively impact and reverse the gains made to date on ending the HIV, TB and malaria epidemics.

Whilst some countries implemented strict movement restrictions which are gradually being loosened and lifted at varying degrees, others have continued to promote behavioral change interventions to increase hygiene, wearing of masks, limitations of public gatherings and physical distancing while other countries do not have any restrictions. Ultimately, the decision when to lift or relax restrictions has not been based on seeing a decrease in the epidemic, but based on the balance between saving lives with saving livelihoods – the point which the loss of livelihoods cannot be sustained without having a detrimental impact on individuals, families, and societies at large.

The nexus between Covid 19 and HIV, TB and Malaria cannot be overlooked. This is because sub Saharan African accounts for 25% of all TB deaths and bears 70% of the population of people living with HIV.

It is against this background the EANNASO targets to document the extent to which communities, organizations and countries have been impacted by the Covid -19 pandemic and their respective challenges and coping mechanism in the dual fight against the Covid 19 pandemic and the HIV TB epidemics. The assignment will target east and Southern African countries that experienced either full or partial restrictions in the fight against COVID-19.

## **1.2. Objectives of the Assignment**

- To develop country specific case studies documenting the impact of and experience of communities including AGYWs, PLHIV, MSMs, miners and sex workers, and organizations in the dual fight against covid-19 pandemic and the HIV and TB epidemics including their respective lessons learned and best practices.
- To document and highlight the nature, type and forms of human rights and gender violations have been experienced and the response by CSO's and communities to mitigate the impact of TB, HIV, Malaria and SRHR programming during COVID19 restrictions
- To establish the extent to which communities and civil society are engagement in the development of C19 funding requests to the Global Fund and the implementation of the grants and other Covid 19 response at country level

## **1.3 Methodology**

The assignment methodology will entail:

- a. Desk review of the reports/research done by different partners and review of EANNASO surveys and reports conducted on the effect of covid19 on HIV, Malaria and TB services disruptions
- b. Development of appropriate data collection tools including the survey monkey and key informant Interview question guide

- c. Administer the survey monkey and conduct interview with key informants including the coordination with country focal organization (Webinar calls/ timeframes, follow up on monkey survey results at least 30 responses per country)
- d. Synthesize and analyze information collected to inform the development of the expected deliverables
- e. Convene webinar to disseminate the assignment findings and deliverables

#### 1.4 Deliverables

- a. Data collection tools
- b. Consolidated multi country report
- c. 5 country level case studies and fact sheets to inform national and regional level advocacy
- d. two webinars one with CS and Community groups for validation and one with key Regional representatives (EAC, SADC and AU)

#### 2.0 Deliverables and Timeframes

Activity	Time Frames	Deliverables
Development of tools for data collection	16-18 <sup>th</sup> November 2020	Final tools submitted
Desk review and collection of data	18 <sup>th</sup> – 25 <sup>th</sup> November 2020	Data collected
Data analysis and development of <ul style="list-style-type: none"> <li>a) a multi country consolidated report</li> <li>b) 5 case studies (Botswana, Ethiopia, South Africa, Uganda, and Zambia)</li> <li>c) 5 facts sheets</li> </ul>	26 <sup>th</sup> -9 <sup>th</sup> December,2020	1 <sup>st</sup> Draft of the reports submitted
Webinar to share case studies, position statements, facts sheets and advocacy agenda developed with CS & CG	11 <sup>th</sup> December,2020	Webinar conducted
Webinar with EAC, SADC and AU to share findings and agree on strategies	14 <sup>th</sup> December 2020	Webinar conducted
Final review and submission of reports.	16 <sup>th</sup> December 2020	Final submission of case studies, position papers, fact sheets and advocacy agenda

#### 3.0 Reporting and Supervisory Arrangements

The Executive Director and program officer will be in charge

#### 4.0 Duration

The task should be completed by 15<sup>th</sup> December 2020 according to the schedule above.

## **The consultant**

EANNASO desires to engage a consultant with

- a. 5-7 years' experience with Civil Society and Community Groups engagement
- b. 5 years' experience working in the ESA region
- c. 3-5 years' experience on Community Systems Strengthening (CSS) and Community led Monitoring
- d. 3-5 years' experience on Human Rights and Gender related issues
- e. 3-5 years on organization development skills on CS and CG
- f. Master's degree in the health related field or community development
- g. Provide evidence in documenting case studies, positions statements, facts sheets and advocacy agenda in health-related issues.

### **Submission of expression of interest**

Interested consultants should submit their expression of interest maximum one to [eannaso@eannaso.org](mailto:eannaso@eannaso.org) and copy [chagama@eannaso.org](mailto:chagama@eannaso.org) before 19th of November 2020

The consultant should submit a brief roadmap 2 pages of his or her understanding of the assignment and a financial proposal presenting the cost for accomplishing the assignment.