

**Terms of reference**

**for conducting a baseline study in Uganda on the programme**

***HIV Prevention among Key Populations in Malawi and Uganda***

May 2019

## **Introduction and background**

'HIV Prevention among Key Populations in Malawi and Uganda' is a 3-year programme sponsored by the Danish Development Aid CISU (Civilsamfund i Udvikling / Civil Society in Development). The purpose of this programme is to reduce HIV incidences among key populations, primarily sex workers and men who have sex with men (MSM), in Malawi and Uganda.

The purpose of this baseline study is to identify baseline information on key indicators in the programme in order to measure progress during the programme period.

The Danish AIDS-Fondet is the coordinating partner and grant administrator of the programme and the implementing partners in Uganda are Human Rights Awareness and Promotion Forum (HRAPF) and Lady Mermaid's Bureau (LMB); in Malawi the implementing partners are Centre for the Development of People (CEDEP) and Action Hope Malawi (AHM).

The programme will focus on two essential target groups for reducing the HIV epidemic in Malawi and Uganda: sex workers and MSM. These groups face HIV rates ranging from 2-10 times higher than the general population, partly due to increased risk of being infected with HIV due to their sexual behaviour – anal sex and multiple partners- which increase risk of infection, and partly due to a number of ingrained cultural, structural, social and legal barriers that hamper HIV prevention and hinder KPs from exercising their right to health. KPs are heavily stigmatised because of factors such as their sexual orientation, gender identity and occupation (sex work). They are also associated with and blamed for fuelling the HIV epidemic, which further stigmatises and marginalises them. It is this intricate linkage between stigma, marginalisation, inequality, deprivation of rights and KP's vulnerability to HIV that this programme seeks to address.

The specific areas that the programme will seek to address in order to reduce HIV incidence among KPs in Malawi and Uganda are:

- 1) Barriers for safe sex and health-seeking behaviour among KPs
- 2) Barriers within the health sector that obstruct access to relevant health services for KPs
- 3) Structural, social, cultural and legal barriers to HIV prevention and treatment for KPs.

To achieve these objectives, the programme will also:

- 4) Develop the capacity of local civil society organisations, led by key populations themselves where possible.

## **Objectives of the programme**

### **Main objective**

A comprehensive results framework to measure results at outcome and output levels across countries and partners has been developed. The programme objectives are divided into the three components and has a fourth level measuring capacity development among the local partners and the synergies achieved through cross-country, cross-sector joint partner interventions as well as international connectedness of local partners.

The overall programme objective is:

**Reduced HIV incidence among KPs, primarily sex workers and MSM, in Malawi and Uganda**

In summary, and for an overview, the key outcomes from the results framework are:

**1: Increased ability of KPs to protect themselves against HIV and AIDS**

Outcome 1.1: Increased safe sex behaviour among KPs

Outcome 1.2: Increased HIV testing among KPs

Outcome 1.3: Increased adherence to medication among KPs

**2: Improved access to KP friendly health services**

Outcome 2.1: Increased uptake of healthcare among KPs

Outcome 2.2: Reduced discrimination in health care settings

**3: Removal of structural barriers to HIV treatment and prevention**

Outcome 3.1: Violations of KPs are systematically documented at national level

Outcome 3.2: Reduced experienced discrimination and violations of KP rights

Outcome 3.3: Cases of violations are addressed

**4: Increased capacity of KP organisations**

Outcome 4.1: Increased South-to-South learning and impact

Outcome 4.2: Improved governance structures of programme partners

**For a full overview of the outcome indicators and the programme outputs to be examined in the baseline study, see annex 5 (Comprehensive Results Framework) and annex 6 (Suggestions for formulation of questions in the survey for the baseline).**

## **Objectives of the consultancy**

Conduct a baseline study to identify baseline information for benchmarking the project's key performance indicators so that findings can inform the implementation, monitoring and evaluation of the programme and its impact. All the work that the consultant will be expected to accomplish has to be done with respect to the project proposal documents, current research and any other relevant documents.

The baseline study shall establish knowledge on:

- KPs ability to protect themselves against HIV
- The level of access to KP friendly health services
- The level of structural barriers to HIV treatment and prevention for KPs
- The level of organizational capacity of programme partners & cross-country programme interventions

There will be conducted one baseline study in Malawi and one baseline study in Uganda by different consultants / firms with knowledge of local culture, but it is a requirement that the two consultants / firms are working closely together on a uniform format.

In the Programme Document it is mentioned that "for this programme, an extensive national baseline study will be conducted during the first six months." This will be accomplished by a desk review of existing literature on outcome and output indicators related to:

- Condom use, HIV and STI testing and adherence among KPs (objective 1.1 – 1.4)

- Avoidance and experience of stigma and discrimination among KPs in health care (objective 2.1 – 2.3)
- Reduced experienced and reported discrimination in society (objective 3.3 – 3.4)
- Knowledge and attitudes among health service providers towards KPs (objective 2.2.1 – 2.2.2)
- Attitudes towards KPs among religious and traditional leaders (objective 3.3.1)

It is also mentioned in the Programme Document that the baseline study should produce recommendations for new indicators to apply and specific monitoring tools to measure them. The consultant / firm can thus revise the indicators and recommend new indicators if this is found to be useful for measuring important results of the programme.

**The specific objectives and indicators appear in the Comprehensive Results Framework, see annex 5 and the Suggestions for formulation of questions in the survey for the baseline study, see annex 6.**

## **Methodology:**

The baseline study should adopt a mixed methods approach, integrating quantitative and qualitative methods to achieve the baseline objectives. The consultant or firm will use different methods such as desk review, questionnaires, surveys, focus group discussions and interviews to collect data from the community level and from the institutional level.

However, all data collection methodologies and determination of sample size should be discussed and agreed on between the baseline study team, HRAPF, LMB and AF.

The implementing partners, HRAPF and LMB, will be responsible for identifying respondents among KPs.

The baseline study shall be conducted by taking into consideration ethical standards regarding the gathering of data from the investigated populations and relevant stakeholders.

## **Scope and focus of the consultancy work**

The consultant / firm shall:

- Conduct an inception meeting for the assignment and prepare an inception report
- Gather and review all necessary project documents such as Programme Document, Theory of Change, the comprehensive results framework, monitoring and evaluation plan, etc.
- Design the baseline study in consultation with HRAPF and LMB staff to find the appropriate methodology, sampling size, timing, roles and responsibilities of the team members, etc.
- Coordinate with the consultant / firm conducting the similar baseline study in Malawi
- Develop draft quantitative and qualitative survey tools/instruments and finalize these based on consultations with HRAPF, LMB and AF staff
- Pre-test the survey tools in one or two communities and if needed take necessary actions to correct the tools based on the field findings
- Collect data (desk review, questionnaires, surveys, focus group discussions, interviews, etc.). The implementing partners will be responsible for identifying respondents to answer the questionnaires.
- Develop and submit a draft survey report

- Organize a findings sharing workshop with relevant HRAPF, LMB and AF staff for seeking their input on the findings
- Incorporate feedback and finalize the report and submit to all five partners in the programme

The assigned tasks will need to focus on, but are not limited to, the above mentioned aspects. Other associated tasks and sub-tasks may and should be undertaken based on discussion and need.

## **Required experiences, skills and competencies:**

The consultant or firm will ensure that relevant members from the assignment execution team possess the following experiences, skills and competencies:

### Experiences

- The lead researcher should have minimum 10 years' experience in designing, implementing, managing and coordinating baseline studies/reviews/assessments/evaluations/or similar
- The lead researcher should have an excellent academic background in law, human rights, social sciences, public health or other relevant field and have a proven track record in conducting similar assignments
- Knowledge and experience of using research/survey concept, approaches, tools, techniques, methodologies, sampling, etc.
- Experience in qualitative and quantitative data collection, validation, entry and analysis using statistical software and drafting skills
- Research experience on living conditions for MSM and sex workers, HIV, human rights etc. issues will be a strong advantage

### Skills and competencies:

- Strong analytical skills in overall aspects of designing and conducting surveys
- Excellent communication and facilitation skills as well as fluency in English
- Ability to work collaboratively with multiple individuals and groups
- Demonstrate excellent interpersonal and professional skills in interaction with the population to investigate, including KPs, religious and traditional leaders, health staff and other people and organisations involved
- Ability to produce high quality work under tight timeframes
- Evidence of having undertaken similar assignments
- Ability to develop high quality research reports in English

## **Key Deliverables**

The consultant or firm shall provide the following deliverables:

- An inception report with the detailed work plan, appropriate methodology, sampling, timing, roles and responsibilities of researchers of the particular assignment
- Final tools/instruments of the baseline study
- Electronic files with all raw data

- Draft survey report which will be submitted within 13 days after completion of the field work
- Presentation of the key findings to the stakeholders
- The final report, which will be submitted within 5 days after the findings dissemination workshop with the stakeholders

**Note:** All deliverables shall be submitted in soft copy and in editable form.

## Timing

The data collection and completion of the final report is to be completed within a ten-week period after signing of the contract. Details of activities and suggested required time is stipulated in the table below.

<b>Task/Output</b>	<b>Days</b>
<b>Preparatory</b>	
Inception meeting with HRAPF & LMB, review of key background documents	1
Review all necessary documents	2
Design the baseline study in consultation with HRAPF and LMB staff to find the appropriate methodology, sampling size, timing, roles and responsibilities of the team members, etc.	3
Coordinate with the consultant / firm conducting the similar baseline study in Malawi	1
Develop draft quantitative and qualitative survey tools/instruments and finalize these based on consultations with HRAPF, LMB and AF staff	4
Pre-test the survey tools in one or two communities and if needed take necessary actions to correct the tools based on the field findings	2
<b>Data collection</b>	
Desk review of existing literature on HIV prevalence among sex workers and MSM	2
Distribution and collecting questionnaires among KP (HRAPF and LMB will be identifying the respondents)	4
Distribution and collecting questionnaires among health staff	4
Interviews (or focus group discussions) among relevant stakeholders (e.g. HRAPF and LMB staff, religious and traditional leaders)	5
Data analysis, editing and data cleaning	3
<b>Analysis and Report writing</b>	
Writing draft report	13
Organize a findings sharing workshop with HRAPF, LMB and AF staff for seeking their input on the findings	1
Submission of Final baseline survey report by incorporating the comment given	5
<b>Proposed total numbers of days</b>	<b>50</b>

## Budget/Payment procedure

The consultant / firm will be paid in phases upon completion and submission of key deliverables. The payment schedule will be as follows:

- 10% of the contract sum will be paid upon execution of the contract of engagement

- 20% of the contract sum will be paid to the consultant / firm upon submission of a satisfactory inception report
- 20 % of the contract sum to be paid upon completion of data collection
- 50 % of the contract sum will be paid upon submission and acceptance by the client of a comprehensive final report

## The organisations involved in the programme

As mentioned above, five organisations are involved in this programme. The Danish AIDS-Fondet is the coordinating partner and grant administrator of the programme and the collaborating partners in Uganda are Human Rights Awareness and Promotion Forum (HRAPF) and Lady Mermaid’s Bureau (LMB); in Malawi the collaborating partners are Centre for the Development of People (CEDEP) and Action Hope Malawi (AHM).

Denmark			
AIDS-Fondet (AF)			
Uganda		Malawi	
Human Rights Awareness and Promotion Forum (HRAPF)	Lady Mermaid’s Bureau (LMB)	Centre for the Development of People (CEDEP)	Action Hope Malawi (AHM)

### AIDS-Fondet (AF), Denmark

AIDS-Fondet is a private foundation working for a world without HIV/AIDS and where sexual health is both a right and a reality for all, both in Denmark and abroad. AF was established in 1985 and works to ensure access to prevention, care, counselling and treatment for all but with a special focus on key populations who are particularly vulnerable to acquiring HIV. Another of AF’s main objectives is to ensure that people living with HIV live free from prejudice, stigma and discrimination.

AF is born out of the activism that surrounded HIV and AIDS in the 1980’s. The culture of activism and grassroots movement is still a core value in all aspects of its work. This means that activities are based on the concept of “nothing about us without us” meaning that target groups are involved and represented at all levels of the organisation - from the Board to AF’s staff and volunteers. Another value that guides AFs work is “leaving no-one behind”. From the 1980’s where the HIV epidemic struck Denmark and up until today, AF has fought to end the HIV epidemic with a special focus on the most vulnerable and marginalised groups – in Denmark as well as abroad.

AF has approximately 35 full-time professional staff that possess a broad combination of competencies within HIV/AIDS, stigma, sexuality, sexual orientation and gender identity, counselling, and therapy. Further, AF possess expertise within human rights, research, campaigning, fundraising, communication and advocacy as well as with strategic planning, project management and financial management.

Involvement of volunteers - mostly part of key populations themselves - ensures that AF are in close contact with our main target group, know their behaviour and needs and can counsel in a satisfactory and professional manner – even about themes not yet known in the established institutions.

The Board is the supreme decision-making authority in AF. The Board has seven members and according to the by-law, the Board has to include a medical doctor specialised within HIV/AIDS, three board members elected by those entitled to vote (including members and volunteers) and three board members with professional expertise in areas relevant to AFs mission and purpose. These are appointed by the elected Board members.

AF is a strong advocate in both national, regional, international and multilateral forums. AF coordinates and collaborates with other Danish NGOs working on health, human rights and development. AF is taking active part in various networks, among others the Danish Health and Development Network and the LGBT Network of Danish NGOs working on LGBT rights in developing countries. AF also takes an active part in the Danish Civil Society Network on the SDGs and is the lead coordinator on SDG3.

As part of the international advocacy work, AF collaborates with a range of actors, including research institutions, development institutions and foundations that finance research within HIV/AIDS prevention methods and treatment and support HIV interventions in developing countries. These include The Global Fund to Fight AIDS, Tuberculosis and Malaria, the International AIDS Vaccine Initiative and the International Partnership for Microbicides. AF engages in various international networks and alliances, for instance the Network for the Global Fund and the International AIDS Society. AF also participate in high-level UN fora such as the High Level Political Forum, High Level meetings on HIV/AIDS, and the Commission on the Status of Women etc. to engage with policy makers and officials and likeminded organisations in order to influence decisions.

### **Centre for the Development of People (CEDEP), Malawi**

CEDEP's mission is to ensure that all people, regardless of their sexual orientation and gender identity, enjoy their rights without being discriminated against. The partnership with AIDS-Fondet goes back to 2008 and since then, AF and CEDEP have implemented a number of successful projects together. CEDEP was formed by members of the LGBT community. At its inception in 2007, it was the first organisation working with LGBT rights in Malawi. CEDEP has strong relations to the MSM target group and has managed to gather and organise the MSM community through numerous empowerment projects. CEDEP is currently present in 14 out of Malawi's 28 districts, where they e.g. practice peer education on HIV and human rights among MSM. Also, CEDEP has started to mobilise trans-people, though this has not been a specific priority of the organisation before 2017. As a result, of CEDEP's broader human rights perspective and its experience with marginalised populations, CEDEP has recently engaged in working with the rights of sex workers as well.

CEDEP has strong skills within political advocacy. The executive director, Gift Trapence, is well known by the general population of Malawi. He is often quoted in Malawian newspapers and he has several members of parliament on speed-dial. However, the influence of CEDEP is not perceived dependent on him as a person. The competences and networks held by the executive director are shared by several other staff in the organisation, including the Programme Manager and several Project Managers and Field Officers.

Through its work with gathering documentation on MSM, working closely with Ministry of Health and Ministry of Justice as well as putting pressure on relevant authorities in case of human rights violations related to sexual orientation, CEDEP has become an important political factor in Malawi. CEDEP has achieved

many achievements within ensuring the rights of marginalised populations. Due to CEDEP's and AF's efforts, Malawi's HIV and AIDS Policy now includes provision of non-discriminatory services to KPs.

CEDEP has also implemented projects with law enforcement to ensure that LGBTI people are not unlawfully arrested. The 23 staff members of CEDEP hold strong competences within advocacy, documentation, gender identity and sexual orientation, counselling, HIV/AIDS and mobilisation of vulnerable populations.

CEDEP has extensive administrative capacity, which has been built over several years with support, among others, from AF, EU, USAID, The Global Fund and the Malawi government. CEDEP is member of a number of networks, including Sex Workers Association of Malawi. When looking at the civil society in Malawi, CEDEP is an important organisation for improving human rights and preventing HIV among KPs. CEDEP was the first and is still the only significant LGBTI organisation in Malawi.

### **Action Hope Malawi (AHM), Malawi**

Action Hope Malawi (AHM) implements projects within HIV prevention and access to health services and education for KPs. The organisation was founded as a community based organisation in Zomba district by local community members – some of whom were living with HIV – in response to the massive health education problems in the district. With a HIV prevalence of 17 %, Zomba district has almost twice the HIV prevalence of the country. This is partly due to a high rate of migrant workers such as construction workers, farmers, tobacco farmers and especially soldiers and sex workers.

AIDS-Fondet and AHM started collaboration in 2016 on a CISU funded project focused on empowering and organising 200 sex workers in Zomba district in community based organisations and facilitate dialogue meetings between sex workers and police, judicial institutions and health institutions with the aim of reducing harassment of sex workers and improve access to health care.

Besides having a sex worker in the Board, AHM is not led by sex workers themselves. However, the staff of AHM has strong relations to the 200 sex workers in their community whom they visit on a regularly basis. They provide on-site testing and one-on-one counselling and there is a high degree of trust between the sex workers and the staff of AHM. As a result of an outspoken demand in the community, AHM has been working with sex workers in Zomba since 2014. Through the project with AIDS-Fondet, they have achieved significant political results. Through dialogue meetings with the Department of Health and the Department of Justice, sex workers have for example raised the problem that health service providers are selling HIV medication that should be supplied free of charge. This problem has now been addressed by the highest political institution at the district level. Further, AHM has managed to have the Department of Health initiate the first ever mobile HIV testing and treatment for sex workers in Malawi. Health service providers go to hotspots two times a week and offer testing and treatment for sex workers directly where they work. This is expected to significantly increase the number of sex workers that are tested and receiving treatment for HIV.

AHM participated actively in the coalition of civil society organisations that succeeded in having the Rogue and Vagabond law, which criminalises sex workers, repealed in January 2017 and AHM is member of the Malawi National Sex Workers' Alliance and works towards including their network of sex workers in the alliance.

AHM is also member of several networks including Malawi National Sex Workers Alliance, Global Network of Sex Work Projects, Malawi Network of AIDS Service Organisation, National Association of People Living with HIV/AIDS and Malawi Network of People Living with HIV/AIDS. As mentioned, AHM is not led by sex workers

themselves. Currently, there are no sex worker-led organisations in Malawi that are able to conduct this task. It is the long-term purpose to build a movement of sex workers that are able to take matters into their own hands.

### **Human Rights Awareness and Promotion Forum (HRAPF), Uganda**

HRAPF is a non-governmental human rights advocacy organisation, founded in 2008 to create awareness on human rights among duty-bearers and rights-holders and to provide legal support to the most marginalised groups in Uganda as a means of stemming violations of human rights among marginalised persons and KPs. HRAPF offers free legal support to LGBTI Persons, sex workers, women and girls living with HIV, women, children and elderly persons with land justice challenges, persons who use and inject drugs and women and health workers in conflict with the law on abortion. The organisation operates countrywide and has established four regional legal aid centres across Uganda, which are hosted by local grassroots LGBT organisations in the four regions.

The organisation trains health care providers in human rights to reduce discrimination of KPs. Further, HRAPF has taken the lead on the coordination of all recent cases of strategic litigation on LGBT persons' rights in Uganda and in the East African Court of Justice, including coordinating the case that led to the annulment of the Anti-Homosexuality Act in 2014. HRAPF works closely and has buy-in with state institutions like the Uganda Human Rights Commission, Uganda Police Force, the Equal Opportunities Commission and the Ministry of Health.

In accordance with HRAPF's strategic plan for 2018-2022, their activities fall within four thematic areas: Access to Justice, Research and Advocacy, Community Capacity Enhancement and Institutional Development. To improve access to justice, they have set up a free, specialized and licensed legal aid clinic for KPs and other vulnerable groups. They also conduct "legal aid camps" to create awareness on human rights.

Research on rights violations and analysis of policies and laws are conducted as well as advocacy campaigns to influence policies and laws. They also engage in regional and international advocacy with a view to influencing, through sub-regional, regional and international human rights accountability mechanisms, the state of human rights observance and respect for marginalised persons in Uganda. Both duty-bearers and rights-holders are trained by HRAPF on laws and rights, and in particular, the organisation trains community paralegals from within the various communities they work with. They assist organisations in registering and fulfilling statutory obligations, in order to support the creation of a strong civil society.

HRAPF is involved in a number of coalitions and networks for the purpose of joint advocacy, including the Civil Society Coalition on Human Rights and Constitutional Law, Legal Aid Service Providers Network, East and Horn of Africa Human Rights Defenders Network, Access to Medicines Coalition, Citizens Coalition on Electoral Democracy, Uganda National NGO Forum, Human Rights Network Uganda and National Coalition for Human Rights Defenders. HRAPF has also worked directly with the former AIDS-Fondet partners, Ice Breakers Uganda and SMUG, on different advocacy issues.

The organisation has 32 staff members and has its main office in the capital city of Kampala and four legal aid centres outside the capital hosted by partner organisations. The Board of Directors has seven members, including a representative from the LGBT community.

## **Lady Mermaid's Bureau (LMB), Uganda**

Founded in 2002, LMB was the first organisation led by and for sex workers in Uganda. The mission of LMB is to promote access and improve friendly health services and advocate for human rights of adult sex workers in Uganda – and further to create a strong voice for sex workers, to bring to light the harassment and abuse faced by sex workers, and to educate and empower sex workers. By challenging inequalities, LMB tackles the conditions that allow ongoing violations of sex workers' rights. The organisation advocates for universal access to health services, speaks out about violence against sex workers, opposes human rights abuses, and challenges stigma and discrimination against sex workers. LMB uses different approaches to reach sex workers with information on safe sex, condom use, the advantage of being tested for HIV and STIs. One of these approaches is peer education. LMB has challenged discriminatory laws such as the Anti-Pornography Act and the HIV Prevention and Control Act through a combination of public demonstration, court actions and petitions. Also, radio and TV stations have been used as advocacy channels. LMB also has experience with communication and education of the general public using a variety of approaches including community engagement and workshops, campaigns, drama, radio and TV talk shows.

LMB has previous experience in collaborating with health service providers, both with the government health units and with other NGOs, and it is part of the LMB strategy to strengthen these relationships. Since 2015, LMB has distributed more than 1000 information-loaded SIM cards to members with HIV safety information, both written and audio, which the members can consult on their own phones. Besides information on HIV/AIDS, this SIM card also includes information on what to say to the police if women are approached by police officers.

LMB is also involved in various research and documentation about sex workers with the aim of informing and influencing e.g. health policy makers and implementers. LMB is a member of several national, regional and global networks, including Uganda Network for Sex Workers Organisations, and Global Network of Sex Work Projects. The purpose of this network is to uphold the voice of sex workers globally and advocate for the rights of sex workers. LMB has already initiated collaboration with AIDS-Fondet's other Ugandan programme partner, HRAPF on joint advocacy interventions for KPs.

## **Annexes**

1. Programme document – HIV prevention among Key Population in Malawi and Uganda
2. Theory of Change for the Programme
3. Programme M&E plan
4. AIDS-Fondet Principles and guidelines on M&E
5. Comprehensive Results Framework
6. Suggestions for formulation of questions in the survey for the baseline study