



TERMS OF REFERENCE FOR TECHNICAL ASSISTANCE

RE - ISSUE

FOR THE

**DEVELOPMENT OF COMPREHENSIVE HIV TREATMENT
LITERACY TOOLKIT FOR PEOPLE LIVING WITH HIV**

January 2020

1.0 About NEPHAK.

The National Empowerment Network of People living with HIV/AIDS in Kenya (NEPHAK) is a national 'Network' that unites people living with, at risk of and those affected by HIV and related co-infections and comorbidities through community-based organizations. Operating within the confines of the NGOs Coordination Act of 1990, NEPHAK aspires for a nation where people living with, at risk of and affected by HIV are at the forefront and meaningfully involved in the interventions geared towards an 'improved health and well-being of communities' and where their rights are recognized and respected. The networks works to compliment the government efforts towards the acceleration of the implementation of the fast track plan targets and the achievement of universal health coverage goals.

1.2. Description of the project

Kenya is currently working on the acceleration of the delivery of the 90.90.90 HIV treatment targets with the aim of getting people living with HIV to achieve and sustain virtual viral suppression. In the context of Undetectable Equals Untransmittable (U=U), the hope is that the sustained viral suppression will help eliminate chances of HIV transmission and put Kenya in the path to end AIDS as a public health threat by 2030.

Achieving and sustaining viral suppression require high level of adherence to treatment by PLHIV. Treatment adherence is generally regarded as an important factor in achieving optimal outcomes across many disease states; in the treatment of HIV, poor adherence to treatment has the potential to impact outcomes on multiple levels. Poor adherence to antiretroviral therapy (ART) is associated with less effective viral suppression, which risks the immediate health of the patient, but also risks creating permanent treatment resistance to that particular agent or group of agents within a given combination therapy regimen. This may have downstream effects on treatment costs as well as therapeutic options. The causes of poor adherence to ART are extremely diverse, and include complexity of therapeutic regimens (e.g. pill burden and dosing frequency), treatment side effects, poor health literacy, poor patient-physician relationship, and limited access to ART as a result of formulary restrictions or co-payment costs.

Treatment literacy aims to help individuals and communities understand why HIV treatment is needed, and what it can and cannot do. Effective treatment literacy, developed by or with people living with HIV and those taking antiretroviral therapy (ART), can lead to improved health outcomes, better adherence and retention of patients to drug regimens and higher uptake of voluntary counselling and testing.

With support of the Global Fund to fight AIDS, TB and Malaria through the Kenya Red Cross Society (KRCS), NEPHAK and affiliate PLHIV networks would like to develop a comprehensive and effective treatment literacy materials as a key component to provide universal access to treatment, care and support among the PLHIV. The continuum of such services has played a critical role for an effective prevention and response towards HIV, and it works efficiently when backed by provision of basic treatment literacy knowledge. Treatment and literacy is recognized as one of the best and effective intervention in HIV response.

The assignment is designed to gather needs of people living with HIV and community capacity to understand HIV and ART to assist in informing and shaping the development of updated treatment literacy materials for adherence and treatment support. The aim is to promote strategies to improve treatment literacy and medication adherence so that the individual can be more responsible for their own care and will demand their rights when proper care is not available to them.

2.0 The Assignment

NEPHAK is seeking technical assistance (TA) services to develop comprehensive and effective treatment literacy materials to be used in interpersonal communication with audiences and influence behaviour change. The TA will develop well-designed materials with tailored messages that have the potential to impact social norms and behaviours that lead to adherence in order to achieve viral suppression and optimize outcomes in patients with HIV.

The materials are intended to benefit people who are newly diagnosed, people defaulting from HIV treatment including those lost to follow-up (LTFU) by providing relevant information on treatment adherence, knowledge for healthy and meaningful life, positive living, and education on nutrition, etc. Therefore, developing a comprehensive and effective treatment literacy materials and using it constantly has been prioritized in order to the sustained viral suppression among PLHIV.

2.1 Purpose of the Technical Assistance

The purpose of the assignment is to facilitate the development of HIV treatment literacy materials and messages to be used by the Kenya PLHIV community.

2.2 Specific objectives

The core objective is to develop a comprehensive HIV treatment literacy manual for building knowledge, facilitating adherence to ART, fighting prejudice, isolation reduction and changing their perception about HIV prevention and treatment services. The final treatment literacy module should be able to:

1. Educate on HIV, how it uses CD4 cells to multiply and make the body vulnerable to opportunistic infections, and how HAART can stop such feudal process.
2. Educate on the importance of treatment preparedness, treatment initiations, treatment side effects and treatment adherence, and empower their service seeking behaviour
3. Inform on the services available and accessible for PLHIV to lead a healthy life and empower determination to live positively
4. Reduce isolation, build confidence and closeness and empowerment to live positively and educate on disclosure training
5. Strengthen moral, peer and psychosocial support
6. Educate on human rights, HIV and the law in the context of HIV treatment and care

2.3 Scope of work

The assignment is expected to deliver the following tasks:

1. Development of inception report of not more than 12 pages, outlining the interpretation of the terms of the TA assignment, proposed methodology and the timed deliverables.
2. Undertake review and analysis of the Treatment Literacy Assessment reports (mainly structured interviews and FGDs carried out with AYP, KPs and PLHIV in 15 counties)
3. Review national strategy, guidelines, protocol and develop outline of the contents for the manual aligning with national strategy with consultation of NASCOP, NACC and relevant development partners.
4. Review and reporting on the major findings of relevant materials used to conduct treatment literacy in the past.
5. Prepare an outline of contents of the proposed training manuals (trainer manual, trainee manuals, sensitization materials and key messages)
6. Conduct consultation meetings with people living with HIV, relevant officials at the Ministry of Health and with officials of other relevant stakeholders.
7. Develop a framework and outline of a proposed manuals, including: priority end users for the suggested manuals; proposed methodology, and overview of manuals content and deliver a sensitization outline, highlighting: target users, methodology, session overview, key content, expected sensitization outcomes.
8. Following review of the framework and outline by key stakeholders, the TA Provider is expected to develop a comprehensive training curriculum for TOT and TOF, including facilitation guide, teaching aids and participant materials.
9. Facilitate a validation meeting and present the Draft Treatment literacy materials among the key stakeholders.
10. Deliver revised final training curriculum, Sensitization manuals and key message charts based on pilot feedback.
11. Prepare and finalize HIV Treatment Literacy Materials package.

2.4 Key activities

The TA is expected but not limited to undertake the following activities.

1. Undertake analysis and produce report from the HIV treatment literacy assessment.
2. Review the documents, guidelines and national strategy to rationalize and align key guiding principles and direction for the materials
3. Desktop review on the use of appropriate tools used by key stakeholders to conduct treatment literacy in the past.
4. Communicate and take recommendations with the Treatment Literacy Working Group and key stakeholders during the entire process of TA Provider's work.
5. Consult with people living with HIV, relevant officials at the Ministry of Health and with officials of other relevant stakeholder for their observations, views and analysis to get inputs.
6. Consult with key members of people living with HIV and LGBT and KPs community
7. Finalize comprehensive HIV treatment as prevention literacy materials incorporating inputs and feedback of the consultations

2.5 Deliverables.

The TA Provider should deliver the following during the period of engagement;

1. Inception report on the assignment

2. Report of the Treatment Literacy Assessment
3. A comprehensive HIV Treatment Literacy package developed within the stipulated time frame.
4. Training manual including teaching aids and TA Providers' guide and participants' materials for training of Trainers and training of TA Providers on provision of treatment literacy.
5. Community sensitization manual including teaching aids and TA Providers' guide and participants' materials for sensitising people living with HIV on treatment literacy in community settings.
6. Training of the trainer on the operation and usage of the training curriculum and manuals
7. Report of the HIV Treatment Literacy Manual development

2.6 Role of the HIV Treatment Literacy Working Group

To provide leadership and oversight for this assignment, the PLHIV networks under the guidance of the NEPHAK (Chair) and ICW-Kenya (Co-Chair) have convened a Treatment Literacy Working Group with a Secretariat at the Kenya Red Cross Society which is the non-state PR for the Global Fund grants. During the assignment, the TL WG shall provide support in the areas below:

- a) Provide reports, questionnaires and FGDs checklists from the TL Assessment
- b) Provide documents (in their possession) that are required for desktop review both in hard copy and soft copy.
- c) Provide the list of relevant stakeholders to meet and facilitate their meeting & appointments.
- d) Mobilize PLHIV in their diversity to engage in the consultations and review/validation meetings to support the assignment
- e) Provide office space, internet and communication facility when required.
- f) Provide regular feedback in the process
- g) Approve specifications, budget for production of the treatment literacy materials
- h) Provide feedback on draft versions and approve the final content, designs and materials

2.7 Expertise and minimum team of TA Providers

The TA who will be contracted to undertake this work must have the following:

- Relevant qualifications in Public Health or Social Science/ Equivalent
- Significant experience (over 5 years) in curriculum development and execution.
- Proven minimum 5 years' experience of carrying out similar works in the past of a similar set-up, size and scope that is traceable.
- Knowledge of HIV response, human rights programming, intellectual property rights and their impact on access to medicines, and global health policy;
- Excellent written and oral communication skills in English & Swahili.
- Excellent computer skills: proficient in Microsoft Office and experienced with internet research.
- Experience in working with people living with HIV and in HIV treatment literacy.

2.7.1 Details of Core Competencies required;

- Ability to produce high quality outputs in a timely manner while understanding and anticipating the evolving client needs.
- Strong organizational skills;
- Ability to work independently, produce high quality outputs;
- Sound judgment, strategic thinking and the ability to manage competing priorities;
- Displays cultural, gender, religion, race, nationality and age sensitivity and adaptability
- Treats all people fairly and justly
- Excellent writing, editing and analytical skills

2.8 Duration

The contract period will be for approximately 30 days; extension of this will be need-based and require written approval. The selected TA Provider are required to quote days required for preparation, desk review, content development, analysis of data collected, editing, reporting and any other related services. This assignment is time bound.

3.0 Accountability and Location

The TA shall report directing to the Treatment Literacy Working Group based at the NEPHAK secretariat who will in turn report progress and updates to the Kenya Red Cross Society. The TA Provider will be requested to create progress reports for the duration of the project. This will be shared with the Treatment Literacy Working Group.

4.0 Application Specifications

Interested professionals should include in their application the following:

1. **Technical proposal not exceeding 5 pages on:** An understanding and interpretation of the TOR; Methodology to be used in undertaking the assignment and' Time and activity schedule.
2. **Financial proposal not exceeding 2 pages indicating:** Detailing the TA Provider's daily rate in Kenya Shillings.
3. **Organizational and personnel capacity statement:** Relevant experience related to the assignment; Contacts of at least 3 organizations previously worked for and contact persons whom the TA Provider or consulting firm has undertaken similar assignment and; Curriculum vitae of the TA Provider.
4. A sample of past work delivered for a similar assignment in the last 2 years.

4.1 Submission of Proposal

Interested and qualified TA Providers should submit their application to: info@nephak.or.ke or to the NEPHAK National Secretariat, 3rd floor, Wood Avenue Court; Wood avenue, Kilimani, Nairobi or to P. O. Box 75654 00200 Nairobi.

4.2 Deadline for Submission: **January 27th 2020**

5.0 Evaluation and Award of Assignment

The Treatment Literacy Working Group and/or their technical nominees will evaluate the proposals and award the contract based on technical and financial feasibility. The TL WG reserves the right to accept or reject any proposal received without offering an explanation and is not bound to accept the lowest or the highest bidder.