TERMS OF REFERENCE: Socio-economic profiling of People living with HIV and Mapping of Social protection Schemes
(a team of three consultants)

Title: Socio-economist Consultants
Project: 00080841
Duty station: Lead Author: Home-based with one time travel to Cairo-Egypt, Lead author and the researcher will travel to Cairo, Tunisia, Algiers and Djibouti
Section/Unit: UNDP – BPPS - HIV/AIDS Regional Practice in the Arab states
Contract/Level: IC
Number of posts: Three; Lead Author, Co-author and a researcher.
Duration: 3 months from 15th October 2014 to 15th January 2015
Supervisor: Policy Specialist; HIV, Health and Development - Cairo

1. General Background of Project / Assignment

Despite the global decline in the HIV new infections, the Arab regions currently has one of the fastest growing epidemics. According to UNAIDS 2013 Regional Report for the Middle East and North Africa (MENA), by 2012, 270,000 people were living with HIV, that is 134% increase than in 2001. With a few exceptions (Djibouti and Somalia), the majority of the HIV epidemic in this region is concentrated among key population at higher risk (people who inject drugs, men who have sex with men and sex workers).

Access of people living with HIV to care, support and treatment is unequal across countries. By the end of 2012, 25,100 people were receiving antiretroviral therapy (ART), an increase of 4,800 from 2011. However, regional level coverage of people living with HIV was less than 20 per cent. Although access to treatment is free in many countries, other services such as professional confidential counselling, treatment of opportunistic infections and other health care services remain inadequate. The level of poverty experienced by people living with HIV and affected families remain a concern affecting their ability to access or maintain their access to health and social services and exacerbating the impact of the epidemic. While better-off families can offset their losses in income resulting from AIDS with other assets, poor people are more likely to resort to adverse coping strategies (reducing education, food and health expenditures or sending their children to work) that can result in significant loss of human capital.

The spread of HIV in the Arab States has been driven by poverty, unemployment, war and conflict, population movements, gender inequality as well as sexual and gender-based violence. The epidemic is further fuelled by high prevalence of HIV-related Stigma and discrimination, which drives those living with HIV and those most-at-risk away from testing, disclosure and access to treatment and other related services. In addition to that, many people living with HIV do not have access to psycho-social and legal support, especially those which can help on positive living and to enjoy their constitutional, civil and Human Rights, due to lack of protective enabling environment on one hand, and also lack of their own awareness about their rights. People living with HIV has also very limited access to information about their sexual and reproductive health, which might expose them to additional risky behaviours that can further deteriorate their health status.

UNDP has signed a project agreement with Ford Foundation to improve the socio-economic situation of people living with HIV in Egypt, Algeria and Tunisia, the project which is called Karama “initiative” aims to enhance awareness on HIV-sensitive social protection needs and leverage additional social protection packages by policy advocacy and support, to maximize the benefit of the study, UNDP is adding Djibouti from its core resources to have a generalized epidemic perspective to the study.
2. Purpose and Scope of Assignment

The assignment has two main purposes:

1. Collecting and analysing data on the socio-economic status of people living with HIV/AIDS in four countries: Djibouti, Egypt, Tunisia and Algeria. The assessment will cover four major categories of variables: First, demographic that are related to family composition, employment, housing, children education, assets & livelihoods, place of residence, ethnicity and religion. Second, variables related to people’s access to services such as health/medical services (including counselling, Anti-retroviral treatment and Prevention of mother to child transmission services), social protection services, legal and religious support services. The assessment – as feasible- will also probe into a third category related to risky behaviour (un protected sex, drug and alcohol abuse) and the fourth category will focus on literacy including treatment and adherence literacy and rights literacy.

2. To assess the potential and prerequisites for promoting an integrated approach to social protection for PLWH in the same countries (Egypt, Algeria, Tunisia and Djibouti). This will involve a thorough mapping the existing health insurance and other social protection schemes in each country. Specifically, this will involve:
   (i) Identifying the different social protection programmes in each country and government bodies and other partners (including NGOs) responsible for delivery;
   (ii) Examining the qualifying criteria for accessing the various social protection schemes;
   (iii) Assessing the accessibility of the current social protection programmes by people living with HIV;
   (iv) Identifying gaps/barriers and opportunities in current practices and making concrete country-specific recommendations on how to overcome. Given the main thrusts of the Karama Initiative, special attention will be paid to assessing opportunities to use NGO based livelihood support initiatives as an entry-point for broadening PLVIH's access to social/social protection services, and strengthening advocacy for HIV-sensitive social protection.

The findings of the study will be further discussed during a regional consultation which will propose some key policy advice for supporting the various needs of PLHIV.

3- Expected Outputs/Deliverables:

- **Work plan and Methodology**: The team will develop and submit a work plan for the total duration of the assignment of the consultation, along with outline of study methodology and report structure *(with in the first week after the start of the assignment).*

- **Comprehensive desk review**: The team will review (i) reports, studies and other relevant resources related to theprevious phases of the IgA project in the selected countries, and similar initiatives and studies in and outside the region; available studies on socio-economic status of PLVIH in the four countries; (ii) relevant UNAIDS publications (Guidelines on Positive, Health, Dignity and Prevention for PLHIV), country laws, policies and programmes and other relevant documents relating to health and social protection systems and programs (public, private, national or community-based) and related eligibility/accessibility criteria with special reference to inclusion or exclusion of PLHIV, especially women, and other criteria based on income, gender, sexual orientation etc.. *(analytical summary expected within the first ten days of the assignment)*

- **Field data collection and analysis**: The team will (i) develop data collection tools including focus group discussion guide and key informants interview guide, and as feasible, small survey questionnaire (Survey of PLIVH socio-economic status) *(Expected by the third week of the assignment)*; (ii) Organize and conduct interviews or focus group discussions with key stakeholders (Ministries in charge of social security/protection schemes (Health, Social Affairs, Labor...); international organizations (UNDP, WHO, UNAIDs...); NGOs/CBOs; organizations/networks of PLVIHs, especially women PLVIHs, and, as feasible small surveys among PLHIV; (iii) Analyse data collected *(to be concluded by the 8th week of the consultancy)*

- **Draft study reports**: for each study area, the team will prepare two study reports that will consolidate findings from the desk review and field data collection/analysis *(see expected report format below). The reports should provide a comparative analysis of situations, challenges and opportunities across the four study countries *(by the 10th week of the assignment)*

  a. **Socio-economic Profiling Study: Inclusive of the following**

     1- Executive summary (2 pages)
     2- Background (1-2 pages)
     3- Methodology (1-2 pages)
     4- Process (training, data collection and quality control measures) (2-4 pages)
5- Results and interpretation of data (10-15 pages)
6- Narrative description of the various socio-economic vulnerabilities of PLHIV (5-10 pages)
7- Recommendations (3 pages)
8- Conclusion (1 page)
9- Annexes (5 pages)

b. Mapping of the Social protection schemes: Inclusive of the following
Executive summary (2 pages)
2- Background (1-2 pages)
3- Methodology (1-2 pages)
4- Process (key informants, data collection and quality control measures) (2-4 pages)
5- Key findings of the policy/program review and data collections regarding the ability of social protection programs to reach out to PLHIV (15 to 20 pages)
6- Recommendations (3 pages)
7- Conclusion (1 page)
8- Annexes - such as SP policies in each country wherever available. (5 pages)

- Final report: the team will finalize the study reports, incorporating comments received from supervisor(s) and peer reviewers (By the 12th week of the assignment)

- Participation/presentation of the study findings in a regional consultation (3 days)

Individual responsibilities of the team members

<table>
<thead>
<tr>
<th>Task/deliverable</th>
<th>Lead Author</th>
<th>Co-author</th>
<th>Researcher</th>
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<tbody>
<tr>
<td>Work Plan and methodology</td>
<td>Finalize and submit the overall work plan and the methodologies for the two studies.</td>
<td>Finalize and submit the field work methodology</td>
<td>Finalize and submit the details of stakeholders to be interviewed in each country.</td>
</tr>
<tr>
<td>Comprehensive desk review</td>
<td>Analytical summary of the social protection policies in each country.</td>
<td>Analytical summary of the existing social protection schemes in each country.</td>
<td>Repository of all documents reviewed, including authors, dates, language, type of document...etc</td>
</tr>
<tr>
<td>Tools</td>
<td>Review and finalization of the data collection tools</td>
<td>Preliminary design of the quantitative and qualitative tools, conduct the pre-test of the tools and propose the final adjustment.</td>
<td>Support the design of the tools, ensure the cultural sensitivity of the questions and master support the pre-test.</td>
</tr>
<tr>
<td>Data collection and analysis</td>
<td>Oversee the data collection, provide timely advice on adjustments that might be required, finalize the data analysis and interpretation, including cross-country comparisons.</td>
<td>Supervise the data collection at the field level, provide quality control to the data collection, and summarize the analytical findings in a short report to be annexed to the main study reports.</td>
<td>Directly oversee the field work, including conducting of the focus group discussions and interviews, analysis of the qualitative data.</td>
</tr>
<tr>
<td>Report writing</td>
<td>Write the draft, as per the structure above.</td>
<td>Draft the methodology, process and data sections of the final report</td>
<td>Compile the annexes of the draft and final report</td>
</tr>
<tr>
<td>Facilitation of the Regional conference on Social Protection for PLHIV</td>
<td>Present the study findings, facilitate the findings validation process and compile the findings in the final draft</td>
<td>Develop the conference materials (presentations, group work...etc) and co-facilitate the relevant sessions</td>
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4. Institutional arrangements

Oversight: The team will be under the immediate supervision of the Policy Specialist, HIV, Health and Development with oversight by the Regional Team Leader - Inclusive and Sustainable Growth
5. Payment Milestones

<table>
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<tr>
<th>Milestone/payment</th>
<th>Lead author</th>
<th>Co author</th>
<th>Researcher</th>
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<tbody>
<tr>
<td>Work plan and Methodology</td>
<td>30% up on submission of the final work plan and the desk review summary</td>
<td>30% up on submission of the methodology and the social protection policies analysis</td>
<td>30% up on submission of the stakeholders details and repository of the documents reviewed</td>
</tr>
<tr>
<td>Draft report</td>
<td>40% up on submission of the compiled report</td>
<td>40% on the contribution to the draft report (methodology, process and data)</td>
<td>40% on the contribution to the draft report (annexes)</td>
</tr>
<tr>
<td>Final report</td>
<td>30%</td>
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6. Qualifications and Experience

6.1 Lead Author

a. Education
- Doctoral degree in economics, Health economics, public health, or related social field.

b. Work Experience
- Minimum 10 years of relevant national/international professional experience;
- Experience working in the field of HIV, Social protection or public health
- Work experience from a developing country highly desirable;
- Thorough knowledge of HIV and development issues in the Arab States
- Proven experience in conducting social research using quantitative and qualitative methods
- Proven experience in writing reports, articles or related document.
- Experience in quantitative and qualitative data collection and analysis methods.
- Familiarity with the UN system and other international development organizations an asset.
- Experience in the use of computers and office software packages including data analysis applications (SPSS and/or STATA)
- Fluency in Arabic and English, knowledge of French is an asset

6.2 Co-author

a. Education
- Master degree in economics, Health economics, public health, or related social field.

b. Work Experience
- Minimum 7 years of relevant national/international professional experience;
- Experience working in the field of HIV, Social protection or public health
- Work experience from a developing country highly desirable;
- Proven experience in conducting social research using quantitative and qualitative methods
- Proven experience in writing reports, articles or related document.
- Experience in quantitative and qualitative data collection and analysis methods.
- Familiarity with the UN system and other international development organizations an asset.
- Experience in the use of computers and office software packages including data analysis applications (SPSS and/or STATA)
- Fluency in English, working knowledge of French is desirable.

6.3 Researcher

a. Education
- Master degree in economics, Health economics, public health, or related social field.
b. Work Experience

- Minimum 5 years of relevant national/international professional experience;
- Experience working in the field of HIV, Social protection or public health;
- Proven experience in supervising field work in major research;
- Proven facilitation and mentoring experience;
- Experience in quantitative and qualitative data collection and analysis methods;
- Familiarity with the UN system and other international development organizations an asset;
- Fluency in English, French and Arabic (essential).

c. Key Competencies (For all positions)

Corporate:

- Demonstrates integrity and fairness, by modeling the UN/UNDP’s values and ethical standards;
- Promotes the vision, mission and strategic goals of UNDP;
- Displays cultural, gender, religion, race, nationality and age sensitivity and adaptability.

Functional:

Project and Resource Management:

- Ability to produce high quality outputs and in a timely manner while understanding and anticipating the evolving client needs;
- Ability to focus on impact and results for the client, promoting and demonstrating an ethic of client service;
- Strong organizational skills;
- Ability to work independently, produce high quality inputs;
- Sound judgment, strategic thinking and the ability to manage competing priorities.

Partnership building and team work:

- Demonstrated well developed people management skills;
- Strong ability to create an enabling environment;
- Excellent negotiating and networking skills;
- Demonstrated flexibility to excel in a multi-cultural environment;
- Provides constructive coaching and feedback.

Communications and Advocacy:

- Ability to write clearly and convincingly, adapting style and content to different audiences and speak clearly and convincingly;
- Strong presentation skills in meetings with the ability to adapt for different audiences;
- Strong analytical, research and writing skills with demonstrated ability to think strategically;
- Strong capacity to communicate clearly and quickly;
- Strong inter-personal, negotiation and liaison skills.

7- Applications:-

All interested candidates are requested to email the following documents to: alyaa.nabil@undp.org,

1-Personal CV and,
2-UNDP P11 form,
3-Brief description of why you consider yourself as the most suitable for the assignment.
4-Financial Proposal that indicate the all-inclusive fixed total contract price requested in USD.

Deadline for application- 12th October 2014
Please indicate application number in the subject of your email- 

Any applications submitted to a different email address, after the deadline or without the complete requested documents above will be disregarded.