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**Capacity Building on
Advocacy and
Communications**

Terms of Reference

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| Description | Capacity building of key population organizations (KPOs) on designing advocacy/communication messages and communication materials to reduce stigma and discrimination against key populations (KPs) at various levels in Bhutan |
| Duration | Approximately 40 working days |
| Period | September 25 – November 17 2023 |
| Location | Bhutan |

1. Background

The *Sustainability of HIV Services for Key Populations in South-East Asia (SKPA)-2* Program is funded by the Global Fund to Fight AIDS, Tuberculosis, and Malaria (the Global Fund) to improve the sustainability of evidence-informed, prioritized HIV services for key populations in Bhutan, Mongolia, Philippines, and Sri Lanka. Bhutan successfully implemented the SKPA-1 program from September 2019 till June 2022. The SKPA Program aims to promote sustainable services for key populations including sex workers (SW), men who have sex with men (MSM), transgender people (TP), and people who inject drugs (PWID), in the region at scale to stop HIV transmissions and AIDS-related deaths by 2030. The grant is designed to supplement the existing national programs and grants for HIV response.

The objectives of the SKPA-2 program are to:

1. Accelerate financial sustainability,
2. Improve strategic information availability and use,
3. Promote programmatic sustainability, and
4. Remove human rights and gender-related barriers to services.

Health Equity Matters (formerly known as AFAO) as the principal recipient is implementing the program in consortium with Save the Children in Bhutan (SCB), Youth for Health Center (YFHC) in Mongolia, Love Yourself and Action for Health Initiatives (ACHIEVE) in the Philippines, and the Family Planning Association of Sri Lanka and regional partners APCOM (Asia Pacific Coalition on Male Sexual Health), the Community of Women Living with HIV Asia Pacific (ICWAP) and the Burnet Institute. The World Health Organization and the Joint United Nations Programme on HIV and AIDS provide the program with technical support. The period of performance for the grant is from 1 July 2022 to 30 June 2025.

In Bhutan, the project is delivered through Save the Children Bhutan in close collaboration with the implementing partners namely, the National AIDS Control Program (NACP) of the Ministry of Health, Lhak-Sam, Pride Bhutan, and Chithuen Phendhey Association. Lhak-Sam is a Civil Society Organization (CSO) that works for PLHIV, and Chithuen Phendey Association works for people who use drugs and alcohol. Pride Bhutan is a community-based organization (CBO) that works for the LGBTQI+ community and sex workers.

The baseline assessment recognizes significant gaps in HIV service delivery to key populations including a general lack of understanding on key population issues. Stigma and discrimination especially in the healthcare system are increasingly recognized as major obstacles to achieving the goal of ending the HIV & AIDS epidemic. Negative social perceptions and attitudes towards key populations who are vulnerable and at increased risk of HIV infection deter them from availing vital health services including HIV testing, treatment, and care.

Several studies, including the gender review, have shown that social and self-induced stigma prevents individuals from disclosing their Sexual Orientation, Gender Identify, Gender Expression and Sex Characteristics (SOGIESC), HIV & AIDS status to their family, friends, and sexual partners. Stigma and discrimination discourage them from seeking timely diagnosis and treatment. Based on the recommendations from these studies, a comprehensive advocacy strategy and plan have been developed to address stigma and discrimination against key populations in Bhutan.

Community Led Monitoring (CLM) is an important aspect of community engagement in HIV program delivery and includes collection and use of information and data to advocate for improvements in HIV services for key populations. In Bhutan, there have been multiple rounds of the CLM as of June 2023 with rich data on HIV service availability, acceptability, affordability, and quality (AAAQ) along with data on experience of stigma & discrimination and experiences of negative incidents for key populations while accessing services. The latest data from the pilot has shown 15% of LGBTIQ+ populations experiences stigma and discrimination during their last visit along with smaller levels of serious incidents and S&D among female sex workers and people living with HIV. Part of this consultancy will be to support CLM specifically in the utilizing data for decision-making and engaging in community advocacy finding was to address and solve the issues at local level and at national level through policy, advocacy and implementation.

Abundant evidence and numerous calls for action have revealed the necessity of advocacy efforts to sensitize health workers, lawmakers/enforcers, community leaders, institutions, religious figures, media, and the general population. These efforts aim to bring about reforms in laws and policies that discriminate against key populations (KPs) and restrict their access to necessary services. According to the advocacy strategy, significant gaps, opportunities, and challenges exist in advocating for change in schools and educational institutions. Advocacy programs and activities related to LGBTIQ+ and SOGIESC have made limited progress within school systems due to the sensitive nature of the subject. Furthermore, it has been observed that a majority of young key populations discontinue their education due to gender-insensitive stigma within the school system. Therefore, targeting the young population in schools for advocating stigma and discrimination reduction holds immense potential for future opportunities.

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The commitment to fast-track ending AIDS by 2030 acknowledges that empowering key populations (KPs) and people living with HIV (PLHIV) to understand their rights and access justice and legal services is crucial. It is evident that without vigorously addressing stigma and discrimination through advocacy efforts at various levels, it will not be possible to accelerate the HIV response and ultimately put an end to the epidemic.

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2. General objective

Training on designing advocacy/communication messages and developing advocacy messages and communication materials related to stigma and discrimination regarding SOGIESC, HIV, stigma & discrimination and related issues. The beneficiaries of the training will include project partners including health centers and key population organizations and communities at large.

3. Expected deliverables and timeline.

I. Training on designing Advocacy messages and communication materials on key human rights, gender inequality, stigma discrimination, SOGIESC, and HIV-related services to different target groups such as service providers, health care workers, policymakers, Office of the Attorney General, Police, Prisoners, Schools and Institutions, Rural communities, etc. to advocate their issues including the need for a safe environment for sex workers.

| Activities | Duration | Outputs/ Deliverables |
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| a. Review of literature and advocacy strategy/plans, Community Led Monitoring report, in Bhutan and across other countries | 5 days | – Inception report (summary of literature findings, methodology, and detailed work plan) |
| b. Consultation with the key stakeholders (NACP/SCB and the KPOs) to understand the training need and priorities and also agree on training plans | 2 days | – Meeting minutes and Training plan finalized |
| d. Development of training material, agenda and PPTs | 7 days | – Training materials finalized |
| e. Delivery of training on designing Advocacy messages and communication materials | 5 days | – Finalize training report. |

II. Development of advocacy messages and communication materials development on key human rights, gender inequality, stigma discrimination, SOGIESC, and HIV-related services to different target groups.

| Activities | Duration | Outputs/ Deliverables |
|---|----------|--------------------------------|
| a. Identify the key target groups (Schools (Rural and urban), institutions, rural/urban communities, policymakers, service providers, health care workers, prisoners, monastic institutions, police | 2 days | – Consultation/meeting minutes |

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| force, Office of the Attorney General and others) and design an outline for the BCC/IEC communication materials development. | | |
| b. Drafting of key messages BCC/IEC communication materials development through consultations Pretesting of messages before we launch in for outreach | 7 days | – Draft key messages BCC/IEC communication materials developed. – Consultation minutes |
| c. Finalizing the advocacy messages, BCC, and IEC materials with proper layout and design, making it print-ready version – All the message need to be endorsed by Ministry of Health | 9 days | – Advocacy IEC/BCC materials ready for print |
| c. Report finalization | 3 days | – Reports and Meeting minutes finalized and submitted |

Note: To ensure that all messages include the rural and urban context, consider having messages in both English and Dzongkha. All materials developed should be proofread and prepared in standard and acceptable formatting and layout.

4. Institutional arrangements

The consultant will work under the supervision of the Sr. Health Program Manager, Save the Children and collaborate with Health Equity Matters, NACP, KPOs, and APCOM for technical assistance, along with relevant key stakeholders as arranged and agreed upon with SCB. The SCB office will provide all necessary support in terms of institutional arrangements, including but not limited to the issuance of office orders, arrangement of meetings, orientation, and necessary logistics for any field visits required, or other such facilities deemed necessary for the smooth completion of the assignment, in accordance with SCB or Royal Government of Bhutan (RGoB) policies, as applicable.

5. Selection criteria

Qualification, Skills, and Experience

Essential

- Masters in public health or other health/ social science-related subjects.
- Excellent knowledge and skills and substantial experience in conducting similar assignments.
- Previous experience in conducting similar training for KPOs and providing hands-on training.
- Previous experience in working with key populations or vulnerable communities.
- Demonstrated experience in developing and designing Advocacy training and development of IEC/BCC materials.
- Knowledge of applications such as CANVA and other relevant applications to develop the dummy advocacy tools messages for the Pretesting with the communities.
- Experience (at least 3-5 years) working with government organizations, especially with the Ministry of Health, and related institutions and community organizations dealing with key and vulnerable populations.
- Good understanding of HIV and related services/programs, and KP issues.
- Excellent skills in advocacy materials layout and design.
- Good command of English writing skills.
- Good local language reading and writing skills

Desirable

- Technical experience in public health program planning and management with sound knowledge of Bhutan's health system.
- Proven track record on no innovative IEC/BCC materials developed and advocacy design training conducted successfully.

6. Scope of price and payment

Consultants shall quote all-inclusive daily fees in Ngultrums for the contract period. The term "all-inclusive" implies all costs (daily professional fees, daily subsistence allowances while traveling away from their workstation, communications, consumables, etc.) that could be incurred by the consultants in completing the assignment. The training days are tentatively planned for 3 days in Paro. Payments shall be made as reflected below upon verification of completion of deliverables.

1. 30% upon submission of the Inception report and detailed work plan.
2. 40% upon the submission of the training report.
3. 30% upon the submission of advocacy messages and communication materials.

7. Consultancy duration

The consultant will be contracted for a maximum of 40 working days from September 25 – November 17, 2023.

8. Client contact person

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