



CARIBBEAN COMMUNITY SECRETARIAT

Terms of Reference

**PANCAP – GLOBAL FUND
IMPLEMENTATION OFFICER**

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1. BACKGROUND INFORMATION

Beneficiary

The beneficiaries for this Consultancy would be: Regional stakeholders, policy makers, implementers of HIV projects, National AIDS Programme (NAP) Managers, service providers, donor agencies and leaders and members of Key populations and Civil Society Organisations (CSOs) in ten (10) countries, namely Antigua and Barbuda, Barbados, Belize, Cuba, Dominican Republic, Guyana, Haiti, Jamaica, Suriname and the Republic of Trinidad and Tobago.

Contracting Authority

The Caribbean Community (CARICOM) Secretariat.

Current situation

The CARICOM Secretariat is currently the principal recipient of a Global Fund Multi-country grant, “**Sustainability of services for key populations in the Caribbean**” being implemented in ten countries, Antigua and Barbuda, Barbados, Belize, Cuba, the Dominican Republic, Guyana, Haiti, Jamaica, Suriname and Trinidad and Tobago. PANCAP, CVC and COIN serves as Sub-Recipients of this grant. The Goal of the grant is to provide sustainable prevention, treatment and care services for Key Populations in the Caribbean Region to stop HIV transmissions and AIDS-related deaths by 2030.

The current grant is implemented by three subrecipients of which the PANCAP Coordinating Unit is an implementing body with focus on policy approaches, advocacy and coordination to strengthen the top-down approach while the other two subrecipients, CVC and COIN support community actions working from the bottom up.

The purpose of this consultancy is to support the project implementation and management function of the PCU component of the project to ensure that the project

delivers on time in accordance with the agreed schedule and that the Workplan Tracking Measures (WPTMs) are achieved.

The Caribbean Region ranks among the top eight areas in the world with the highest number of new HIV infections. Over the past decade, there have been important strides in the region in decreasing Mother-to-Child Transmission of HIV, decreasing deaths from AIDS, providing more Persons Living with HIV with life-saving antiretroviral medications, and supporting persons on medications in attaining viral suppression and thereby reducing onwards transmission of HIV while improving quality of life (UNAIDS Global AIDS Update 2020).

However, there remain significant challenges. Although 77% of the estimated 330,000 persons living with HIV in the Caribbean overall have been tested and are aware of their status, and 81% of those diagnosed are on lifesaving medications with 80% of those on medications attaining suppression of the HIV virus, the progress is not uniform across Caribbean countries. For example, although 90% of persons on medications in Barbados or Dominican Republic have attained viral suppression, only just over 50% of diagnosed persons are receiving lifesaving drugs (UNAIDS, 2020).

The region has also not been able to stem the occurrence of new infections, and these disproportionately affect socially marginalized key populations that include men who have sex with men, sex workers, adolescent girls, and young women.

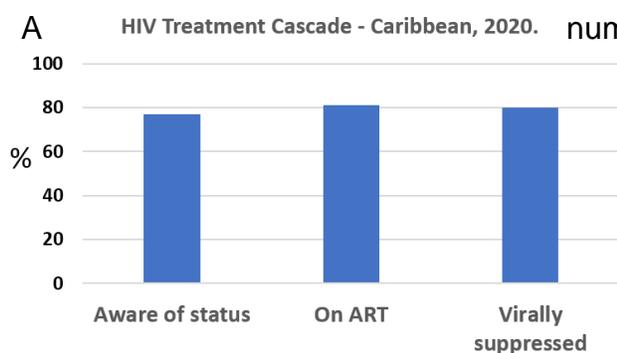


Figure 1. HIV in the Caribbean. Source: Adapted from UNAIDS, 2020.

number of factors have slowed progress towards control of the HIV epidemic in the Caribbean, including stigma and discrimination against PLHIV and key populations at risk of HIV, lack of specific anti-discriminatory legislation in relation to HIV status, and reluctance in adopting evidence-based prevention measures like pre-exposure prophylaxis and HIV self-testing (Caribbean Regional Strategic

Framework on HIV/AIDS 2019-2025).

Members of key population communities and their partners accounted for 60% of new HIV infections in the Caribbean in 2020 ((UNAIDS Global AIDS Update 2020). Key Populations (KPs) in the Caribbean include sex workers, gay men and other men who have sex with men, transgender people, people who inject drugs, and people in prisons and other enclosed settings. Globally, these populations are particularly vulnerable and disproportionately affected by HIV due to certain risk behaviors, marginalization, and structural factors such as stigma, discrimination, violence, human right violations, and criminalization--all which contribute to a lack of access to health services. In 2020, key populations and their sexual partners accounted for 62% of new HIV infections globally, a similar trend seen in the Caribbean Region. ((UNAIDS Global AIDS Update 2020).

Key populations are often difficult to reach for critical testing, care, and treatment services. They face a higher risk of acquiring HIV and have higher risk for onward transmission and yet their access to services is limited. Globally and in the Caribbean, their rates of accessing safe, effective, and quality HIV services are extremely low, while stigma and discrimination, including gender-based violence, are high compared to the general population. Significant barriers, such as police harassment, societal discrimination, and insufficient community-based services prevent them from getting the care they need.

According to the UNAIDS Global AIDS Update 2018, *“Miles to Go – The Response to HIV in the Caribbean”* with respect to prevention services, levels of condom use at last sex with a non-regular partner among young men (aged 15–24 years) ranged from 67% (Belize) to 79% (Jamaica); among young women (aged 15–24 years), the range was 49% (Dominican Republic) to 57% (Jamaica). HIV prevalence among gay men and other men who have sex with men is particularly high in Trinidad and Tobago (32%), Bahamas (25%) and Haiti (13%). Among transgender people, it is highest in Cuba (20%) and among prisoners, it is highest in Dominica (29%). The Bahamas and Barbados were the only countries providing pre-exposure prophylaxis (PrEP) through

the public health system in 2018, although PrEP is available through private providers in Dominican Republic, Jamaica and Suriname. It is not yet available in Cuba, Dominica or Haiti.

The financial resources available for HIV responses in the Caribbean increased until 2011; since then, it has declined, largely due to scaled back international support. Between 2006 and 2017, the availability of domestic resources increased 123.7%, while international resources have decreased by 16%. In 2017, the United States President's Emergency Plan for AIDS Relief (PEPFAR) provided 57% of the total HIV resources in the region; the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) provided 8%. (Caribbean Regional Strategic Framework on HIV/AIDS 2019-2025).

On 16 August 2019, the Board of The Global Fund to Fight AIDS, Tuberculosis and Malaria approved a US\$6.5 Million Multi-country Caribbean grant for PANCAP-CVC-COIN.

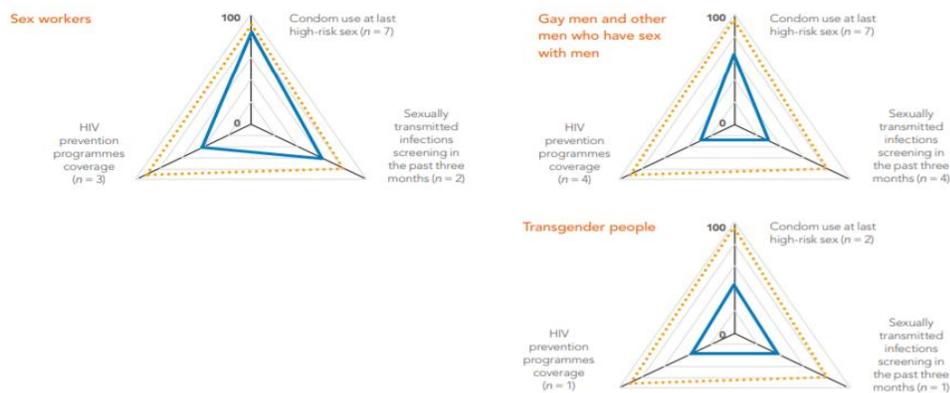
The grant, titled "Sustainability of services for key populations in the Caribbean" commenced 1 October 2019 and will end on 30 September 2022. Men who have sex with men (MSM), Sex workers and Transgender people are direct beneficiaries of the grant which will be shared by ten countries, namely Antigua and Barbuda, Barbados, Belize, Cuba, Dominican Republic, Guyana, Haiti, Jamaica, Suriname and the Republic of Trinidad and Tobago.

The Goal of the grant is to provide sustainable prevention, treatment, and care services for Key Populations in the Caribbean Region. Under this grant, a number of initiatives have been done at the national levels and to support CSOs in reaching KPs and to provide services to KPs. PANCAP has been working with national programs to implement social contracting and to advocate for increasing domestic funding for HIV and Key Population services to ensure the sustainability of essential services. CVC and COIN has been working at the community levels to build capacity of communities to deliver services such as prevention and psychosocial social support to KPs.

The COVID-19 pandemic has impacted the implementation of activities since many countries had to prioritize pandemic response and also the control measures have slowed the implementation of activities especially at the community levels. As a lesson learnt, the existing international guidance and recommendations to mitigate the risk of HIV program disruptions shows that recommended approaches for differentiated prevention and testing modalities and adaptations remain a good way to avoid and/or address the disruption generated during the pandemic in most of our countries.

Figure 2. Gap to achieve the combination prevention targets among KP by intervention 2016-2020.

CARIBBEAN



Source: 2021 UNAIDS Global AIDS Update.

The current level of service coverage for key populations as shown in figure 2, together with the lack of data for many of evidence-based essential services

recommended especially for KPs shows that there are many opportunities to improve targeting and programming for key populations with the purpose of people being the center of the services they need. While many countries in the Caribbean have not yet introduced some key services, others have not yet expanded them at full scale despite evidence supports they can contribute to reducing HIV incidence due to either lack of funding, lack of information, limited technical capacity to plan and provide those services and/or lack of political commitment and incidence. Using the strategic information for health, including finance and programmatic data of the HIV response especially for KPs will help to better understand the challenges and obstacles they face to access existing services will allow countries to better plan to address the gaps and to inform programming.

It is critical that the Initiative can leverage existing collaboration and processes to successfully develop the strategies, workstreams and expected outcomes described in these Terms of Reference. PANCAP/CARICOM expects that this Initiative will provide robust technical support to strategically collaborate with all key stakeholders in the region, using available data to build intelligent approaches which will be feasible to implement to expand at scale specific essential HIV services which will directly contribute to reduce HIV incidence among most vulnerable populations in targeted countries. The technical support this Initiative will provide, should facilitate PANCAP/CARICOM's interactions with its members and beneficiaries in Global Fund grant's implementation to achieve its goals and objectives.

Related programmes and other donor activities

USAID Project and other national projects in targeted countries.

2. OBJECTIVE, PURPOSE & EXPECTED RESULTS

Overall objective

The overall objective of the consultancy of which this contract will be a part is as follows: The incumbent will report to the ASG, HSD and as per the structural internal governance mechanism to the Project Advisory Group (PAG) quarterly. The post-holder will be expected to provide all aspects of project support which will involve working closely with project teams, comprising of both Member States, Key partners and the PCU.

The post-holder will be responsible for the smooth continuation of the project ensuring that activities are adequately planned, resourced, and implemented in a timely manner in accordance with the work plan. The post-holder will be expected to undertake a wide variety of tasks including communicating with stakeholders, leading and planning the delivery of current and new project activities, organising meetings, preparing agendas and minutes, and providing quarterly reports to the Principal Recipient on grant

progress. Additionally, he/she will serve as the Communications Focal Point from the Caribbean Region to the LAC Delegation supporting the work of the delegation.

Purpose

The purpose(s) of this contract is/are as follows:

Manage, coordinate and supervise the implementation of the PCU Global Fund Project, making proactive decisions that will help the team deliver to the agreed timelines. The post holder will have the following key responsibilities:

- Provide high quality project support for the PCU. This includes coordinating with the Principal Recipient, the Global Fund and the Sub-sub-recipient under the project.
- Provide project management and coordination with stakeholders for the PCU component of the programmatic interventions and financial for the Program Continuation - Multi-country Global Fund Grant, Phase 2.
- Provide project updates and reports via monthly and quarterly reporting templates including Excel and any other tracking systems as required by the project.
- Coordinate, convene and lead consultations with various regional stakeholders to advance the Year 3 Workplan Tracking Measures (WPTMs) and COVID-19 Response Mechanism Interventions.
- Liaise with project teams regarding project implementation in beneficiary countries.
- Supervise consultants that are supporting the project.
- Serve as the LAC Communications Focal Point to the Global Fund.
- Support other aspects of the programme of work as and when required.

Results to be achieved by the Contractor

The Contractor is expected to deliver the following results:

- a) Advance the Year 3 WPTMs in collaboration with PAHO, CVC, COIN and CARPHA, including alignment to project scope, budget and program, management of contracts, contract payments and contract administration in conjunction with the PR.
- b) Prepare project monthly and quarterly reports of the PCU component of the Project and ensure mechanisms for reporting are in place. Facilitate the communication with internal and external stakeholders as required.
- c) Advance the PCU burn rate for the HIV and COVID-19 interventions and scheduled activities as per the workplan.

3. ASSUMPTIONS & RISKS

Assumptions underlying the project

The Key stakeholders have documented the interventions undertaken and the outcome of these interventions.

Risks

Foreseen risks are:

- Disruption in project implementation due to the ongoing COVID-19 Pandemic and natural disaster in beneficiary countries. Therefore, virtual engagement with stakeholders must be considered
- Delays in implementation of early phase of project implementation which can spill over into later phases
- Weak advocacy efforts in the beneficiary countries to support these interventions with government officials and CSOs resulting in less than expected enthusiasm for the project by stakeholders.

- Weak coordination between the Contractors and Stakeholders on implementation activities could affect quality of participation in implementation activities by stakeholders and will directly affect the demonstrative countries and pilot interventions.

The major risk faced is the possibility that the above assumptions do not hold. The timely intervention by the Contracting Authority directly alerting the national authorities of challenges faced by the contractor as well as managing expectations will be critical.

4. SCOPE OF THE WORK

General

4.1.1. Description of the assignment

The Contractor will be responsible for:

- i. Supporting the PANCAP Global Fund Project.
- ii. Lead and support Stakeholders in consultative activities with Member States and other external project stakeholders to ensure that project activities are implemented are align with agreed objectives and requirements.
- iii. Support effective communication and liaison processes with project stakeholders including PCU, Principal Recipient, Member States, Global Fund and other project stakeholders are implemented.
- iv. Work closely with Stakeholders to ensure project activities are implemented according to schedule.
- v. Support and assist the delivery of Year 3 WPTMs in collaboration with PAHO, CVC, COIN and CARPHA, including alignment to project scope, budget and program, management of contracts, contract payments and contract administration in conjunction with the PR.
- vi. Conduct project monthly and quarterly reporting and ensure that mechanisms for reporting are in place and ensure they are communicated with internal and external stakeholders as required.

- vii. Ensure, in conjunction with the PR, that project resources are efficiently and effectively managed.
- viii. Carry out other duties as deemed reasonable and appropriate to the role as directed from time to time.

4.1.2. Geographical area to be covered

The PANCAP/CARICOM multi-country grant involves ten (10) beneficiary countries, 7 of which meet GF eligibility requirements (Belize, Cuba, Dominican Republic (DR), Guyana, Haiti, Jamaica, Suriname) and 4 that are included because of their strategic importance to the regional response (Antigua and Barbuda, Barbados, Trinidad and Tobago).

The initiative will target all countries under the PANCAP/CARICOM grant, especially to achieve the outcomes and deliverables expected under the regional scope.

4.1.3. Target groups

KPs in the Caribbean include sex workers, gay men and other men who have sex with men, transgender people, people who inject drugs, and people in prisons and other enclosed settings. Globally, these populations are particularly vulnerable and disproportionately affected by HIV due to certain risk behaviors, marginalization, and structural factors such as stigma, discrimination, violence, human right violations, and criminalization--all which contribute to a lack of access to health services. In 2020, key populations and their sexual partners accounted for 62% of new HIV infections globally, a similar trend seen in the Caribbean Region. ((UNAIDS Global AIDS Update 2020).

The initiative will target all countries under the PANCAP/CARICOM grant, especially to achieve the outcomes and deliverables expected under the regional scope.

Specific work

In collaboration with the PR and consortium of SRs, support the consultancies for the scale-up of essential services for Key populations in the Caribbean and the End of Term Evaluation.

Project Management

4.1.4. Responsible body

Human and Social Development, CARICOM Secretariat will be responsible for management and coordination of the administration component of the consultancy.

4.1.5. Management structure

Project management support will consist of the following structures:

- The consortium of Sub-Recipients, PANCAP/CVC/COIN will provide support for the project and will be involved in the implementation of the consultancy.
- Day-to-day engagement and consultation on the activities of the project will be supported by the Project Management Unit from initiation to close-out.

Support will also be provided by:

- a) Technical Advisory Group (TAG), Project Advisory Group (PAG) and the Priority Areas Coordinating Committee for PANCAP (PACC) responsible for the perusal of quarterly reports and review of implementation strategies.

Figure 2 Table showing Key Stakeholders of the Project

Oversight Committee	Targeted CSOs	Implementing partners	Service Providers
Global Fund CARICOM (Caribbean Community) ¹ PANCAP (Pan Caribbean Partnership Against HIV/AIDS) ²	CVC COIN CRN+ CENESEX National HIV Programs; National CSO/CBOs under specified networks in the subregion. OECS ³	UN System Organizations: PAHO, UNAIDS, UNFPA, PEPFAR USAID CDC and others to be identified by the Principal Recipient	As illustrated in figure 1, the service provider should have a team of experts in the following areas: • Community systems strengthening • Leadership and management in health/social projects of similar magnitude • HIV prevention, HIV differentiated diagnosis, prevention and treatment services • Health financing and health system strengthening • Modelling KP size

¹ The Caribbean Community (CARICOM) is a grouping of twenty countries: fifteen Member States and five Associate Members. CARICOM rests on four main pillars: economic integration; foreign policy coordination; human and social development; and security. <https://caricom.org/our-community/who-we-are/>

² PANCAP is a Caribbean regional partnership of governments, regional civil society organisations, regional institutions and organisations, bilateral and multilateral agencies and contributing donor partners. PANCAP provides a structured and unified approach to the Caribbean's response to the HIV epidemic, coordinates the response through the Caribbean Regional Strategic Framework on HIV and AIDS (CRSF) to maximise efficient use of resources and increase impact, mobilises resources and build capacity of partners. <https://pancap.org/who-we-are/about-pancap/history-of-pancap/>

³ The Organisation of Eastern Caribbean States (OECS) is an International Inter-governmental Organisation dedicated to regional integration in the Eastern Caribbean. The OECS is now an eleven-member grouping comprising of the full Member States of Antigua and Barbuda, Commonwealth of Dominica, Grenada, Montserrat, St. Kitts and Nevis, Saint Lucia and St. Vincent and the Grenadines. <https://www.oecs.org/en/>

			<p>estimates (Spectrum) and HIV program, geospatial data and programmatic mapping with focus on HIV key populations.</p> <p>The composition of the team of experts of the service provider should reflect these areas of expertise.</p>
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4.1.6. Facilities to be provided by the Contracting Authority and/or other parties

To ensure efficiency of country visits the PANCAP Coordinating Unit, CARICOM Secretariat shall:

- Notify Member States of the start of the consultancy to consolidate results achieved under the antecedent projects
- The National AIDS Programme (NAP) Managers in the beneficiary countries to make office space available to the consultant as mutually determined.
- The NAP Managers will assist the consultant with organisation of meetings with senior public officials in Member States.
- If necessary, they will assist with introducing the consultant to senior Government officials as identified by the consultant
- Assist the consultant with preparation for the training of persons, as required.

5. LOGISTICS AND TIMING

Location

The consultancy will be convened in person and the operational base will be the Caribbean Community Secretariat – Turkeyne, Georgetown, Guyana.

Project execution will involve the engagement of the ten (10) beneficiary countries either virtually or face-to-face where appropriate.

Start date & Period of implementation of tasks

The implementation period is expected to start from March 1st, 2022 for 6 months.

6. REQUIREMENTS

Staff

The service provider will work in collaboration with and through the different mechanisms involved in the PANCAP/CARICOM grant implementation map and will establish the contractual relation with the PR (CARICOM).

The following are relevant stakeholders for the implementation of this initiative and their role within the PANCAP/CARICOM grant is described in the annex 01 Grant Implementation map. The key stakeholders include the subregion's community-based organizations and civil society organizations networks which are expected to support enrolling other CBO and CSO to be targeted by the activities and strategies of this initiative.

6.1.1. Key experts

Key expert has a crucial role in implementing the contract. The terms of reference contain the required key expert's profile. The tenderer shall submit CV and Statement of Exclusivity and Availability for the following key expert:

Qualifications and skills

- A Master's degree in Management, Business Administration, Project Management, Public Health or a related field.
- Project Management Qualification
- Good experience of providing high quality project support
- Good experience of working in high pressure environment showing effective prioritisation and coordination of a varied workload under pressure and to deadlines.
- Experience working in the field of HIV/AIDS in the Caribbean especially on Global Fund projects
- Proficiency in English
- Excellent communication skills, verbal and written.
- Excellent knowledge of Microsoft Office applications e.g. Word, Excel, Outlook, Access, PowerPoint etc.
- Able to analyse problems and work around obstacles, offering a range of appropriate solutions.
- Able to work under pressure and maintain high level of concentration.
- Able to work individually as well as part of a team.
- Ability to maintain confidentiality.

General professional experience

General requirements, in terms of competences and skills of the technical team, applied to their respective fields, should include the following but not limited to:

- I. At least 10 years' experience working in Developing countries especially in the Caribbean in the field of HIV including with CSOs and Key population groups.
- II. Experience working with National Governments in the Caribbean and conducting monitoring and evaluation of HIV services including HIV financing assessments
- III. Excellent problem-solving skills and an ability to work within tight deadlines. A commitment to excellence to meet high quality standards expected internally and externally.

6.1.2. All experts must be independent and free from conflicts of interest in the responsibilities they take on.

6.1.3. Non key experts

None

6.1.4. Other experts, support staff & backstopping

None

Office accommodation

The contractor will be housed at the CARICOM Secretariat (CCS), Turkeyne, Georgetown, Guyana for the duration of the consultancy.

Facilities to be provided by the Contractor

The Contractor will be adequately supported and equipped.

Equipment

No equipment is to be purchased on behalf of the Contracting Authority / partner country as part of this service contract or transferred to the Contracting Authority / partner country at the end of this contract. Any equipment related to this contract which is to be acquired by the partner country must be purchased by means of a separate supply tender procedure.

7. REPORTS

Reporting requirements

The following deliverables have been identified in relation to the expected results:

Deliverable	Frequency/timeline	Additional considerations for the deliverable
Inception Report	Within two weeks of contract signing.	Include strategies and planned interventions.
Quarterly Progress Reports	Monthly	Summary of activities implemented and progress by workstream and strategies. Evidence of progress obtaining key outcomes; Summary of lessons learnt Challenges and reprogramming if any.
Draft Final Report	One month before End of Implementation	Summary of activities implemented and progress, recommendations, strategic priorities and next steps. Evidence of progress obtaining key outcomes; Summary of lessons learnt No later than 1 month before the end of the implementation period.
Final report	Within 15 days before the end of implementation	A draft and final report are expected to be presented by the consultant, to allow for revisions, inputs and accountability of the participative revision process.

Submission and approval of reports

The report referred to above must be submitted to the Project Manager identified in the contract. The Project Manager is responsible for approving the reports.

All deliverables specified in this table will be shared by the Principal Recipient and with the oversight bodies (PANCAP-CVC-COIN, PAG and the TAG) for this Initiative and Global Fund for observations, inputs and remarks.

Final dates and revision periods before approval will be established in the final contract. Relation between payments and deliverables will also be established in the final contract.

8. MONITORING AND EVALUATION

The PR, PAG, TAG and HSD will work closely with the consultant to monitor outputs and outcomes achieved.

9. SUBMISSION:

Application Candidates shall submit the following:

- i) Motivation Letter.
- ii) Curriculum Vitae.
- iii) Relevant Degrees/ Certificates; and
- iv) Supporting documents.

Special requirements

The following Annex, which is included below, should be considered as integral components of the Terms of Reference:

Annex

1. Caribbean Regional Strategic Framework on HIV/AIDS (2019-2025).