

**Terms of Reference
for a consultant to conduct mapping of budget advocacy effort and impact in EECA
region for the past 3 years**

Within the regional analysis and dialogue “*Taking stock of budget advocacy efforts to date in EECA region*”, the Eurasian Harm Reduction Association (EHRA) announces an open call for a consultant **to conduct the mapping of budget advocacy activities and its impact on sustainability and funding of HIV services for key populations, for the past 3 years in Eastern Europe and Central Asia region.**

The assignment is implemented in the framework of the Eurasian Regional Consortium project “[Thinking outside the box: overcoming challenges in community advocacy for sustainable and high-quality HIV services](#)”, funded by the Robert Carr Fund for civil society networks. The Eurasian Regional Consortium was established in 2015 in response to a distinct need for stronger collaboration among key population networks in Eastern Europe and Central Asia (EECA) to address a shared threat to sustainability of HIV programs for people who use psychoactive substances, gay men and other men who have sex with men, transgender people, and women living with HIV. EHRA, the lead partner of the Consortium, together with ECOM - Eurasian Coalition on Health, Rights, Gender and Sexual Diversity and Eurasian Women’s Network on AIDS (EWNA) joined forces to respond to funding instabilities of HIV services for key population in countries of EECA.

The overall objective of the regional analysis and dialogue, which has 3 stages, is to examine impact of budget advocacy effort and implementation experience in the region for the recent years and identify perspectives, directions and investment priorities in budget advocacy for funding of social and medical services for key populations affected by HIV in EECA for donors, international and technical partners to understand the budget advocacy activities that proved most efficient in the region and plan interventions accordingly.

The first stage was conducted on December 9-11 2020, when budget advocacy, sustainability and transparency regional and national experts gathered online to take stock of what has been achieved in budget advocacy over the past few years – taking into account the realities of the transition of HIV responses for key populations from donor support to national funding, limited donor resources for EECA, and new economic and public health challenges including the COVID-19 pandemic. The dialogue aimed to explore whether and how budget advocacy efforts have impacted state budget funding for HIV services for key populations in the region, what critical elements of budget advocacy have made a difference, and what next steps donors should take to support further efforts by CSOs in budget advocacy for key population HIV services to be fully covered by national budgets in the region. The crises caused by the COVID-19 pandemic have significantly altered situations and contexts and added new urgency to the need to understand how to influence budget decisions effectively. Meeting report is available [here](#).

The second stage is the task of this assignment – mapping of budget advocacy activities and its impact on sustainability and funding of HIV services for key populations, for the past 3 years in Eastern Europe and Central Asia region.

At the third stage it is planned that results of the mapping conducted by the consultant will be presented and discussed during next expert meeting in April 2021 to discuss perspectives and directions for further budget advocacy efforts in the region and work out recommendations for donors, technical partners and regional organizations.

Objectives of the consultancy

The objective of the consultancy is to map budget advocacy effort and projects funded by different international donors and its impact on sustainability and funding of HIV services for key populations, for the past 3 years regionally with specific focus on 8 EECA countries: Bulgaria, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Montenegro, Northern Macedonia, Ukraine.

The mapping will include:

- analysis of scope, funding and geography of budget advocacy projects implemented in the region;
- defining roles of different civil society organisations, community groups, patients' organisations, transparency and open budget partners, parliament members and other officials;
- identifying different components of budget advocacy implemented in countries;
- documenting results that have been achieved, how they were measured and how they were compared to the initially set goals and targets;
- analysis of what budget advocacy interventions have been most successful in leading to the documented outcomes;
- analysis of factors such as specific advocacy approaches, partnerships, processes of health reforms or introduction of e-governance, transparent procurement, etc., which led to results in budget advocacy and ensured transition of HIV response services for key populations to domestic funding.

Focus of the mapping should be made on the efforts and projects dedicated to advocacy for sustainable funding of specific HIV prevention, testing and treatment services for such key affected populations as people using drugs, sex workers, men having sex with men, trans* people, people living with HIV and inmates.

The outcome dimensions of the projects and effort need to be taken into account while mapping:

- budget related outcomes: specific budget approved, released or allocated;
- outcomes for health finance systems, mechanisms of procurement and funding of services;
- impact on capacity of CSOs in budget negotiation skills, shifting focus on the budget advocacy.

For the regional analysis the data from already published national reports and project reports could be used. The recently published report on the results of budget advocacy in [Kyrgyzstan in the period from 2016-2019](#) could be a good example of such documents.

Tasks of the consultant:

1. To develop the outline of the mapping and questioner for semi structured interviews with informants. EHRA will provide list of the key informants which could be extended by the consultant.
2. To collect and analyze available publications and other secondary data.
3. To conduct up to 20 interviews with key informants.
4. To draft the mapping regional summarizing report which includes 8 country case studies.
5. To present report for discussion during the expert group meeting in April 2021.
6. To finalize the report based on expert group recommendations.

Expected results of the consultancy:

- Report on mapping of budget advocacy efforts and analysis of outcomes in EECA region in the past 3 years. Report should include 8 country case studies/mapping results analysis and regional mapping summary;
- Suggested recommendations for donors on priorities for investments in budget advocacy of services for key populations in EECA based on mapping and new economic and public health challenges impacting budget advocacy efforts in EECA region.

Knowledge of spoken Russian and English for conduction of interviews with budget advocacy projects implementors across the region is essential. The mapping developed within the consultancy can be submitted to EHRA in Russian or English (per consultant's preference).

Proposed timeline:

1. Data collection for the mapping – February – March 2021.
This may include interviews with budget advocacy projects implementors all across EECA region, donors, experts on transparency and open budget partnerships, other relevant for mapping stakeholders, EHRA and others.
2. Mapping report and recommendations – March 2021.
3. Presentation of mapping report and recommendations for donors at the online expert meeting – April 2021.
4. Finalization of the report after getting feedback from EHRA and experts – May 2021.

Evaluation criteria:

A two-stage procedure will be utilized in evaluating the proposals:

- evaluation of the previous experience (portfolio) via technical criteria – 80% in total evaluation;
- comparison of the costs (best value for money) – 20% in total evaluation.

Cost evaluation is only undertaken for technical submissions that score a minimum 80 points out of a maximum of 100 as a requirement to pass the technical evaluation. A proposal which fails to achieve the minimum technical threshold will not be considered further.

To assess submitted applications, the following technical criteria will be used (80%) (maximum possible number of points is 100):

1. Extensive professional and practical experience in health financing analysis (documents or links to developed materials should be submitted in the application) (35 points);
2. In-depth knowledge of state regulations and economics of HIV services for key populations in CEECA (documents or links to developed materials should be submitted in the application) (35 points);
3. Work plan with stages, number of working days, costs and timeline (30 points).

Cost proposal (20%): EHRA will allocate same importance to the provided portfolio and recorded experience as to the cost of the services. The cost proposal will be evaluated in terms of best value-for money to EHRA in USD, price and other factors considered.

Conditions

This announcement shall not be construed as a contract or a commitment of any kind. This request for proposals in no way obligates EHRA to award a contract, nor does it commit EHRA to pay any cost incurred in the preparation and submission of the proposals.

Terms of payment and other conditions same as a final timeline will be indicated in the agreement which EHRA will sign with the winner.

How to apply

Applicants must submit their CV, application (letter of interest) and relevant materials with experience proof in free form to anna@harmreductioneurasia.org, the subject of the letter is “EECA budget advocacy mapping”, the **deadline for submission is before 24:00 EET on February, 17, 2021**. The CV and application should clearly reflect the competency of the candidate necessary to complete this task, as well as include the proposed number of working days for each stage, cost and timing of their implementation and confirmation of fluency in Russian and English to implement the task.

General terms

Interested consultants should pay attention to the following conditions:

- EHRA will sign an agreement with the winner of the competitive selection. The contract will define a detailed work plan and payment terms.
- EHRA reserves the right (but does not commit itself to obligations) to enter into negotiations with one or more applicants in order to obtain clarifications or additional information, as well as to agree on the timing of work.

*If you have any questions or need clarification regarding this ToR, please contact Ganna Dovbakh at anna@harmreductioneurasia.org no later than **February, 1, 2021**.*