BRIDGING THE GAPS

Health and rights for key populations

Aidsfonds is seeking a

Research (and report writing) consultant

In support of the 'Young, Wild…and Free?'- project: prevention, treatment, care and support services for young key populations'

[May 2021 - August 2021]

About 'Young, Wild… and Free?'

'Young, Wild… and Free?' is a 2- year project, commenced in 2019, finding her roots in Bridging the Gaps (2011-2020) – a partnership focusing on a world where sex workers, people who use drugs and lesbian, gay, bisexual and transgender (LGBT) people can enjoy their human rights and access quality HIV prevention, treatment and care. Bridging the Gaps, very successful in addressing taboo topics, in fighting stigma and discrimination and in establishing and increasing access to services where key populations feel safe and respected, has confronted us with topics that remain sensitive, and need urgent and careful address. Meaningful involvement of, and appropriate services for young and adolescent key populations is such a topic.

'Young, Wild… and Free?' investigates the constraints young key population members encounter: What is there to learn from the young people that we currently reach with services, and how can we use these learnings to upscale the demand for services and service uptake? What can we learn from some of the best practices in reaching youth? How can we disseminate these practices further and increase the quality of services for young key populations?

By understanding young people's service needs better, and by directly piloting best practices**, 'Young, Wild… and Free?' aims to increase the demand for services among young key population members, as well as a greater service uptake and more optimal HIV and SRHR health outcomes.**

Data around young people

Data around young key populations is limited as this target group is often underrepresented in bio-behaviour studies. Epidemiological studies reveal that young people who use drugs, sell sex or who identify as LGBT shoulder a relatively disproportionate burden of new HIV infections when such data is reliably collected. Young people are also, even within key population approaches, harder to reach. They have different needs and require an appropriate set of, and approach in, services. In addition to the regressive laws that criminalize and undermine key populations of all age groups, there are laws, regulations and social norms unique to young key populations that keep them from accessing services.

Upscaling of best practices

One of the first steps of YWF was to identify and document best practices within Bridging the Gaps. YWF defines a best practice as "a technique or methodology that, through experience and research, has proven reliably to lead to a desired result. In the context of health programs and services, a "Best Practice" is "knowledge about what works in specific situations and contexts, without using inordinate resources to achieve the desired results,

and which can be used to develop and implement solutions adapted to similar health problems in other situations and contexts". Best Practices may include implementation of an activity, manual, study, program, project, policy, legislation, strategy, etc.

The identified best practices fall under these 4 strategies:

1. Youth-led and youth focused service delivery,
2. Meaningful involvement of young key populations in the development, implementation and monitoring of young key population friendly services, by national or NGO service providers,
3. The development of guidelines on working with young key populations on national level and
4. Building strong and inclusive youth movements.

A selection of these best practices (annex 1) have been scaled-up in a pilot, in four focus countries: Kenya, South Africa, Vietnam and Russia (see annex 2 for rationale for these countries).

The scaling-up of the SRHR/HIV services in all 4 countries are run locally, by service providers and local youth organisations and made context specific based on the following activities that had taken place prior to the actual scale-up:

- Learnings from a South-South peer to peer exchange visits in between the four countries[1];
- Recommendations from 4 youth-led participatory studies[2];[3] in all four countries;
- Recommendations and input from regional and local youth organisations and networks;

Alongside of each individual scale up process, youth networks inclusive of young key populations are formed and strengthened, to strengthen advocacy, foster solidarity and increase demand of youth-focused services.

About the assignment

To be able to learn from the scale up process in the four countries and to optimize future services for young people, we are seeking **a research (and report writing) consultant (or team of consultants)** to help us document the complete scale up process and its results. The goal of the documentation is to inform future programming of (YWF- Bridging the Gaps) alliance members, young key population organisations, and NGO's and CBO's working with young key populations.

Deliverables and timeline

Documentation of the scale-up process

- A documentation of the scale up process , including:
  - A description of the best practices that have been successfully scaled up in the four countries, how this was done and why was this successful and/or could become more successful.
  - A description of how 'traditional' services (have) become young key population friendly[2]
  - The significant changes of the scale-up process in the four countries in regards to the objectives of YWF. This will be reflected in the full report and also in 4 attachments in the form of change stories (1 per country).

[1] Peer exchange learning visits to facilitate South-South learning to good practice sites in Kenya, Vietnam and Ukraine

[2] Some countries already have existing online platforms where young people who use drugs warn and support each other e.g. for adulterated substances, extreme purity of substances (overdose risk) or great variances in what is available on the market, dangerous dealers, rip-deals, police rates, safe spaces, stock-outs.

[3] In four focus countries (Kenya, South Africa, Vietnam and Russia - see section 'Geographical scope'): a youth-led participatory research to better understand the needs and risk behaviours among local young key population members and the barriers and opportunities in scaling youth-focused interventions

- A description of challenges, lessons learnt and solutions towards the increased access to services by young key populations.
- Recommendations for future use of these practices in similar settings/services and scale up efforts.

The documentation should:

- Contribute to the body of knowledge on how best to reach and engage young key population members and to design culturally and age-appropriate services
- Inform alliance members services and programmes, partner organisations involved in this project and Aidsfonds future programmes for young key populations
- Not exceed 20 pages (excluding cover page, table of content, list of abbreviations and annexes) and 4 attachments of 5-7 pages each being Change stories according to the BtG format and reflecting significant changes of the scale up in 4 countries.
- be suitable to read and understand for all of the above mentioned relevant partners (readability score: average).

Timeline

Contracting period of 20 – 30 days	**15 June – 31 August 2021**
Interviews with partners	June – July 2021
Draft report for feedback	07 August 2021
Draft change stories	10 August 2021
Final report including 4 change stories	31 August 2021

Profile

We are looking for a consultant who:

- Has an advanced university degree in Communications, Journalism, Social Sciences or related field; or similar experiences
- Is fluent in English and has proven native-level writing skills;
- Excellent interview skills to collect information
- Excellent writing skills, using the right tone of voice to reach the target audience
- Has at least five years of experience in report writing or related professional experience
- Has experience in working with and for young key populations e.g. International Harm Reduction, HIV, SRHR and/or human rights programming for (Young) key populations. Candidates from young key population communities are encouraged to apply.
- Has an understanding of the HIV/SRHR and (young) key populations' context across different countries;
- Is available to execute all of the above deliverables

How to apply

Send your CV demonstrating relevant expertise and 2 references and experience, and a proposal (4 pages maximum) with an estimation of costs and timeline to Aidsfonds by the **30th of April 2021** to Anke Groot (agroot@aidsfonds.nl).

Proposal must include:

- A motivation letter including how you fulfil the required profile for a consultant.
- An outline of the proposed actions, tools and methods for documenting the scale up process.
- A timeline.
- A financial proposal, including number of days, daily rate and clearly stating the total amount, including VAT.
- Examples (links) of written documents/publications under your name.

Annex 1: Successful strategies identified for scale up

Strategy: Youth-led, youth focused service delivery	
Good practice 1 **HOYMAS** **Kenya**	*2.038 young male sex workers aged 18-24 reached with testing services in 2018 *Safe space and peer support programme developed for young msw/msm living with HIV to link young msw/msm to information, prevention, treatment and care *802 young male sex workers living with HIV linked to treatment in 2018
Good practice 2 Lighthouse **Vietnam**	In 2018, 6.603 young LGBT people accessed a range of SRHR/HIV-related services, a majority of whom received their referrals through online and social media channels
Strategy Meaningful involvement of young key populations in the development, implementation and monitoring of young key population friendly services by national or NGO service providers	
Good practice 1: **AFEW Ukraine**	*2.545 adolescents at risk reached in 2018 with social buro's, information and education and rehab services * New youth friendly services established in four cities and new sites for outreach, using channels like schools and collaboration with juvenile police, operational * Youth leadership and peer educators play key role in outreach and service delivery
Good practice 2 Lighthouse **Vietnam**	*100 healthcare providers in government clinics have been trained to provide friendly services to young LGBT people *2.129 young LGBT people linked to friendly services by government public health clinics and NGOs
Strategy The development of guidelines on working with young key populations on national level	
Good practice 1: AFEW Ukraine	*Youth involvement in work with local administrations *New national drug policy strategy developed with the input of young key population leaders
Good practice 1: AFEW Kyrgyzstan	*national guidelines/clinical protocol on working with young key populations developed *Based on these guidelines a youth centre providing client management to youth was founded, financially supported by the state
Strategy: Building strong and inclusive youth movements	
Good practice 1: Inti Muda **Indonesia**	Young key population representation in Global Fund CCM and in key processes affecting young key populations at national level and in seven provinces
Good practice 2: Teenergizer EECA regional with national level good practice for scale up in Ukraine	*Developed Teenergizer model: young PLHIV including young key populations organise, engage other youth, and initiate and support youth peer support groups on local level (currently 100+ groups across Ukraine with new groups initiated in Russia, Kyrgyzstan and Kazakhstan). Inclusive youth networks are built and form the basis for advocacy for youth representation in processes and bodies where decisions are made that affect young PLHIV and young key populations *In Ukraine, the first youth working group was created under the Ministry of Health and Teenergizer secured representation in the working group on the new 'Strategy for health of youth in Ukraine by 2030'; the working groups under Kyiv city coordination council on HIV/AIDS and TB; and in the National Coordination Council on HIV/AIDS and Tuberculosis *2.500 young people in EECA received online counseling and more than 20.000 received SRHR/HIV information and referrals Ukraine
Good practice 3: Y+ network **Regional and national level**	*Started and leads the READY movement for young PLHIV, young key populations and other youth demanding health rights *Developed the READY to Care scorecard, an innovative accountability tool for young people and health providers to monitor and improve services together

Annex 2 (optional): Focus countries: context and need per country

Relevant context analysis for each of the focus countries regarding legal framework, enabling environment and policies affecting key populations is available in Annex 1: Geographic scope – country context. This section zooms in on the HIV epidemic and legal barriers affecting young key populations specifically as well as the needs of these groups.

Kenya

Young key populations and HIV

More than half (51%) of all new HIV infections in Kenya in 2015 occurred among adolescents and young people (aged 15-24 years), a rapid rise from 29% in 2013. Many of these infections have occurred among young key populations.[4] Young women are almost twice as likely to acquire HIV as their male counterparts, and accounted for 33% of the total number of new infections in 2015. Young men accounted for 16% of all new HIV infections. The are no data available on how many of these young women and men are members of key populations.

Legal barriers

The Age of Consent for sexual intercourse in Kenya is 18 years. Gay sex is prohibited and criminalized. In the absence of any age restrictions young persons of any age may access contraceptives without parental consent. The Age of Consent for HIV testing is 18 years, while certain exceptions apply in which case the patient can consent him/herself. Test results for a person under 18 years are released to the parents unless the child directly consented to the testing.

There is no statutory age limit on access to ART to a child; however the law of Kenya states it is the responsibility of parents and government to ensure access to medical care (including ART). There is no statutory age limit on access to Post-exposure Prophylaxis (PEP). Access to Pre-exposure Prophylaxis (PrEP) is determined by the general policy that parental consent is required for patients under 18 years of age.

Need

Currently, mostly young MSW/MSM in Nairobi and Nyeri are reached as this is where HOYMAS' work focuses. Young female sex workers and young sex workers of all genders in other parts of the country do not have access to similar services, while the need is as great in other sites. In addition, outside the capital young key population members currently have even less access to information, services and support networks. Scale up will therefore focus on:

- Scale up safe space and peer support model to links young MSW/MSM to treatment to other parts of the country
- Scale up safe space and peer support model to links young MSW/MSM to treatment to include young female sex workers
- Scale up reach by implementing Lighthouse model of using online and social media channels to reach young key populations and link them to information, testing treatment and care

[4] https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/kenya

Russia

Young key populations and HIV Russia has the largest HIV epidemic in Eastern Europe and Central Asia. Unlike most countries, Russia's HIV epidemic is growing, with new infections rising by between 10% and 15% each year.[5][6] The majority of new infections are among key populations and their partners. No reliable data on HIV and young key populations are available. A lack of full commitment to comprehensive education on sex and drugs in schools hinders effective prevention. UNICEF is reporting that AIDS is still considered as one of the main reasons of death among youth. According to the UN, the majority of young people are not aware of their HIV status.

An emerging 'most affected population' group is young women. Gender inequality, intimate partner violence and sexual violence are common within Russian society, meaning that the HIV epidemic is affecting increasing numbers of women. The Russian government reports that more than 38% of all new cases of HIV in 2015 were among women. Younger women (aged 15-24) are an emerging high risk group and are twice as likely to be living with HIV than their male counterparts. In addition, women living with HIV, especially young women, face multiple challenges and barriers to accessing HIV services such as stigma, discrimination, gender stereotypes, violence and barriers to sexual and reproductive health[7] all of which are of even more impact for young women belonging to one or several key populations.

Need

In Russia, the younger generation of people who use drugs use different substances and don't identify as a (problematic) drug user. A strong link between drug use and sexual risk behaviour is found and there is a need for interventions that address these risk behaviours and harm reduction services for users of 'new' substances.

As the harm reduction organizations are focusing on survival in an increasingly harsh environment, with space for civil society and especially work on controversial issues, inclusion of young key populations has not been prioritized by most harm reduction organisations. While partners like the Andrey Rilkov Foundation reach youth who use drugs with their 'regular' services this is only 2,5% of service users. Tailored programming and services that take young key populations' specific needs as starting point, are lacking. This results in many youth not being reached, and others whose needs are only partially fulfilled by the services on offer. Tailor made interventions focused on youth and taking into consideration changing drug use patterns will make for more effective prevention and harm reduction.

Learning from the good practice in Ukraine and on practice from Lighthouse Vietnam to reach young key populations through online and social media channels and link them to friendly services will bridge the knowledge and service gap that currently prevents young key populations in Russia to access appropriate services.

[5] Ministry of Healthcare of the Russian Federation (2016) 'Approving the State Strategy to Combat the Spread of HIV in Russia through 2020 and beyond'

[6] In 2017, 100,000 people in Russia became infected with HIV, 26,000 more than in 2010, a 35% rise. UNAIDS (2018) UNAIDS 'Data Book'

[7] UNAIDS (13 October, 2016) 'Update: Russian experts and civil society leaders join UNAIDS' Hands Up #HIVprevention campaign'

South Africa

Young key populations and HIV

HIV prevalence among young women in South Africa is nearly four times greater than that of men their age. Young women between the ages of 15 and 24 made up 37% of new infections in South Africa in 2016. To try and reduce this high rate of infection, young women and adolescent girls who are considered at high risk of HIV infection are now being offered pre-exposure prophylaxis (PrEP).

Poverty, the low status of women and gender-based violence (GBV) have all been cited as reasons for the disparity in HIV prevalence between genders. An estimated 20–25% of new HIV infections in young women is attributed to gender based violence. Sex workers, men who have sex with men, transgender women, people who inject drugs, children and women and adolescent girls are all among those most affected.

Legal barriers

In South Africa the age of sexual consent is 16 years and sexual intercourse with a person under the age of 12 years is illegal. There are rules which allow persons aged 12-17 years to engage in consensual sexual intercourse depending on the age gap between the partners. Persons older than 12 years can consent to medical treatment on their own behalf if they have sufficient maturity and mental capacity. The Age of Consent for access to contraception is 12 years or older. Children aged 12-17 years can consent to medical treatment on their own behalf if they have sufficient maturity and mental capacity. On Antiretroviral Therapy South Africa has a policy for access. The country does not have an age restriction for HIV Post-Exposure Prophylaxis (PEP). The Sexual Offences Act enables access to PEP. There is no prohibition on HIV Pre-Exposure Prophylaxis (PrEP).

The Age of Consent to access HIV testing without parental consent is 12 years. Younger children can be tested without parental consent if they have sufficient maturity. HIV test results are reported to the person who consented to the testing.

Need

Among the service beneficiaries in South Africa's harm reduction programmes around 13% are under the age of 24. The harm reduction programmes that are covered under Bridging the Gaps are oriented to fit the needs of people who inject drugs. One hypothesis is that young people might not have evolved to inject their drugs. Another is that young people are using different substances. And yet another is that young injection drug users simply do not find their way into the services, that are largely reaching street-based people who use drugs.

It is obvious that there is an information gap here that needs to be addressed. Reaching more young people could also provide an opportunity to prevent people to switch to injection drug use and to provide better education about different substances and their effects. Moreover, finding people when they are still young could help to prevent them to be arrested and thus from getting a criminal record.

Under the existing Bridging the Gaps programme the harm reduction services will specifically seek to reach more women who use drugs. And to see into adjusting harm reduction services for people who use stimulant drugs and do not inject. Complementing this with a youth focus would greatly improve the inclusiveness, reach and quality of harm reduction services in South Africa.

Vietnam

Young key populations and HIV

The Vietnam Ministry of Health (MOH) has led a large-scale HIV prevention, testing, and treatment program primarily focused on reaching people who inject drugs (PWID), female sex workers (FSW), and, only more recently, men who have sex with men (MSM). Among MSM, HIV prevalence has increased, from 4% in 2011 to 7.4% in 2016, with the highest HIV prevalence (13%) in Ho Chi Minh City (HCMC) in 2017. Besides, sexual transmitted infections (STIs) are still a burden among MSM; results from MSM Cohort Study indicated that 42.1% MSM had at least one STI, while HIV prevalence among transgender women is 17% in recent studies.

Legal barriers

Vietnam's Age of Consent to sexual intercourse is 16 years and any sexual intercourse with a person under the age of 16 years is illegal. Persons between the ages 10-19 years have the right to access reproductive health services and take responsibility for their own decisions in this regard. It also applies that persons aged 10-19 years are entitled to access contraceptive services, and contraceptive commodities without parental consent. The law is silent on the Age of Consent for young people to access the following services and commodities: Antiretroviral Therapy (ART), Pre-exposure Prophylaxis (PrEP) and Post-exposure Prophylaxis (PEP), and Antenatal Care (ANC), but not for HIV testing. In Vietnam, persons under 16 years require parental consent to access HIV testing. Legislation also facilitates access to ART. There are no age restrictions on access to ART, so parental consent is not a legal requirement.[8]

Need

While Lighthouse has successfully developed strategies to reach and serve an increasing number of young LGBT people, there is a need to scale their strategies and services to reach more people with SRHR/HIV information and services and linking more young people to friendly services. By scaling up services, Lighthouse can bring its experience to nearby provinces where they already have linked up with local LGBT groups and can bring their experience, resources and skills to the local communities. Lighthouse's partner organizations and local groups from other provinces in the North of Vietnam will build on the successful model of the organization. The impact will be that more gay and bisexual men and transgender people from provinces outside Hanoi will have access to resources and HIV services.

Additionally, Lighthouse will build on the experience of AFEW Ukraine in their effort to ensure friendly service delivery for LGBT youth by government and NGO clinics, complementing the trainings for service providers they do. With a specific focus of inclusion and support of young LGBT people living with HIV, Lighthouse will build on HOYMAS's good practice of self-support groups for young KPLHIV, in an effort to link more YKPLHIV to treatment and provide a supportive environment for treatment adherence.

In addition to the concrete results in the four implementation countries, the interventions will provide us with insights on how to best practices from specific settings and adapt them to fit the needs of young key population members in a different context.

The outcomes of this project will benefit all Bridging the Gaps partners as well as stakeholders beyond our partnership. The research and documentation of good practices, including the use of young key population specific normative guidance by 'mainstream' NGO and national service providers, will result in a database of best practices that will be

[8] Age of consent: legal review vietnam country report: https://www.satregional.org/wp-content/uploads/2018/05/Age-of-consent-Vietnam.pdf

made available online. The survey we will conduct includes all Bridging the Gaps partners and will shed light on the key barriers for young key populations and the specifics per country and key population. The project also fosters network building on national and regional level and this will strengthen the voice of young people and their movements. They will be supported to claim their rights and this in turn will benefit young key population members across the world. Elements of the best practices we will upscale can already be taken up by other service providers under the Bridging the Gaps partnership.