

**Terms of Reference**  
for Individual Consultant

**expert sociologist for baseline situation assessment using Annex 2 of the  
Multisectoral accountability framework to accelerate progress to end TB (MAF-  
TB)**

**About TB Europe Coalition (TBEC)**

Established in 2009, TBEC is a regional advocacy network of civil society organizations and individuals from across the World Health Organization (WHO) Europe region, comprising Western and Eastern Europe, Caucasus and Central Asia. The network aims to strengthen the role of civil society within the regional response to TB, and ensure political and financial commitments to end TB. Currently TBEC has more than 200 members from more than 30 countries in the region. In 2017, TBEC was registered as a legal entity in the Netherlands to step up its regional and national advocacy, capacity building and support to country-led TB advocacy initiatives. The TBEC Secretariat is located in Kyiv and responsible for the coordination, communication, administration, programmatic and policy management of the network.

**Background information on the project**

The current assignment is planned as a synergy of 2 projects:

1) [Challenge Facility for Civil Society](#) (CFCS) grant, provided by the Stop TB Partnership<sup>1</sup>, is aimed at the transformation of the TB response so that it is rights-based, gender-transformative, people-centered and accountable, and serving to strengthen the engagement and effectiveness of TB affected, community-based entities at national level to progress efforts to identify and overcome barriers to access, and to advance partnerships between civil society and TB affected communities in neighboring countries. The CFCS grant for the EECA region supports community and civil society actors at national and regional levels to implement key actions to achieve the targets and commitments made in the Political Declaration on the Fight against Tuberculosis (Political Declaration on TB) which was endorsed at the UN High-Level Meeting on TB (UN HLM on TB). The regional project "PRO-ACT TB 2022", led by TBEC and funded by the Stop TB Partnership within Challenge Facility for Civil Society, is focused on Europe region (particularly Eastern Europe and Central Asia) to enhance civil society and community coordination and capacity to strategically contribute to national and regional efforts and reaching the targets of Political Declaration on TB. The project addresses the regional and national operational dimensions of the meaningful involvement of affected communities and civil society in TB response and ensure the learning channel between neighboring countries to share evidence on effective approaches of community advocacy

for sustainable TB finance and rights-based, gender-equitable and people-centered TB services.

2) [Eurasian Harm Reduction Association \(EHRA\)](#) is a non-for-profit public membership-based organization uniting harm reduction activists and organisations from Central and Eastern Europe and Central Asia (CEECA) with its mission to actively unite and support communities and civil societies to ensure the rights and freedoms, health, and well-being of people who use psychoactive substances in the CEECA region. The Association is registered in Lithuania in 2017 continuing regional harm reduction activists' network tradition since 1997.

Currently as part of the Global Fund's Community, Rights and Gender Strategic Initiative, the Eurasian Harm Reduction Association (EHRA) is hosting the [EECA Regional Platform for Communication and Coordination](#). The small grant provided by EHRA is focused on civil society and affected communities involvement in the implementation of multisectoral accountability framework on Tuberculosis (MAF TB) and implementation of the baseline assessment using Annex 2 of the MAF-TB Checklist in its aspects of involvement of civil society and TB affected communities in TB response.

### **Objective of the assignment**

Effective and sustainable multisectoral collaboration and accountability are key to prioritizing ending tuberculosis (TB) at the highest political level in each country. Attention to tuberculosis issues at a high political level, including, is critical to maintaining the resilience of the TB response during health emergencies such as the COVID-19 pandemic.

Multisectoral accountability framework to accelerate progress to end TB (MAF-TB) was developed by the World Health Organization (WHO) in response to a request from UN Member States as a framework approach to strengthen multisectoral collaboration and accountability, including implementation of commitments of the Political Declaration of the UN High Level Meeting on TB (UN HLM on TB), which took place in September 2018. Implementation of MAF-TB includes a baseline assessment with MAF-TB Checklist (hereinafter - the Checklist) developed by WHO. The findings of the baseline assessment should inform the development of multisectoral action plans that will help address the social determinants of health and promote people-centered models of TB care.

The MAF-TB Baseline Assessment Checklist contains the Checklist itself and three related Annexes covering the following thematic areas:

Annex 1 - Ministries/Bodies engaged in Ending TB;

Annex 2 - Engagement of civil society and affected communities in MAF-TB;

Annex 3 - Adaptation And Implementation of WHO Tuberculosis Guidelines (2016-3/2020).

The MAF-TB approach and tools are based on the concept of collaboration and coordination of efforts with the National Tuberculosis Program (NTP) on data collection, including by ensuring that data collection is complementary to all Annexes of the Checklist.

Civil society and TB-affected communities should be part of all MAF-TB processes, including contributing to the completion of the core MAF-TB Baseline Checklist and all annexes. In addition, the MAF-TB Checklist assumes the leadership of civil society organizations and TB-affected communities in collecting data for Annex 2.

The TB Europe Coalition, within the framework of adapting the use of Annex 2 of the Checklist, proposes the use of additional methods of collecting information that will provide an opportunity to verify and supplement the data obtained during the completion of Annex 2.

Additional data will help identify further directions for meaningful engagement of civil society and TB-affected communities to end TB, including processes for multisectoral collaboration and accountability.

The development of guidelines for additional data collection, research tools and their practical application, and subsequent analysis of the data obtained requires the involvement of a second expert sociologist.

The participation of a second expert sociologist is necessary to ensure an objective interpretation of the qualitative data, by comparing the findings of an independent analysis carried out by two sociologists.

## **Scope of work**

- In collaboration with a lead sociologist provide the coordinator of the assessment of civil society participation using Annex 2 with recommendations on the formation of criteria for the selection of participants in interviews, polls, focus group discussions.
- Conduct interviews in collaboration with a lead sociologist (5-6 key informant interviews) in 3 countries.
- In collaboration with a lead sociologist lead the focus group discussion (with the assessment coordinator from CSO).
- In collaboration with a lead sociologist analyze the results of the survey, interviews and focus group discussions.
- Analyze data obtained through the OneImpact platform (if available in the country) as part of a desk study.
- In collaboration with a lead sociologist prepare a written report on the findings of empirical evidence and desk research, and provide the Civil Society Assessment Coordinator with a list of recommendations for further discussion and consultation with stakeholders from national civil society/communities affected by TB.

- In collaboration with a lead sociologist prepare conclusions (including details of needs) on Annex 2 of the MAF-TB Checklist.
- In collaboration with a lead sociologist formulate proposals for consultation with interested representatives of the national civil society/communities affected by TB and the regional assessor to discuss the findings of the study, if necessary participate directly in the consultation.
- In collaboration with a lead sociologist provide feedback to the Civil Society Assessment Coordinator on the draft recommendations for an action plan for civil society/TB-affected communities to fill the gaps and meet the needs identified during the assessment.

### **Expected outcomes**

- Conduct data collection using protocol-defined methods (interview guidelines and focus groups adapted, semi-structured key informant interviews conducted, focus group discussions) in close collaboration with the lead sociologist and the Civil Society Assessment Coordinator in 3 countries.
- An analysis of the received data (interviews, polls, 3 focus groups) was carried out and a report was prepared on its results in 3 countries.
- In collaboration with a lead sociologist a list of recommendations based on the results of empirical evidence and desk research was formulated and provided to the coordinator of the assessment of civil society participation for subsequent discussions and consultations with interested representatives of national civil society/communities affected by TB.
- Conclusions were prepared detailing the needs for Annex 2 of the MAF-TB Checklist in collaboration with a lead sociologist.
- Proposals were made in collaboration with a lead sociologist for consultation with interested representatives of national civil society/TB-affected communities and the regional assessor to discuss the findings of the study (participated in the discussion, if necessary).
- In collaboration with a lead sociologist provided feedback to the Civil Society Assessment Coordinator on a list of recommendations for drawing up an action plan for civil society / TB-affected communities to fill gaps and respond to needs identified during the assessment.

### **An expert sociologist must meet the following qualifications:**

#### **Experience / Knowledge**

- Education in public health, sociology, social work or other relevant specialties (master degree).
- Experience in the field of public health and/or the provision of social and health services.
- Experience in public health research (HIV/AIDS, TB), including research with qualitative and mixed methodology (mixed method research).
- Experience in conducting interviews and moderating focus groups (experience in conducting expert interviews and working in the field of public health at different levels: with managers, field workers directly providing services and recipients of services is an advantage).
- Knowledge of guidelines and regulations related to the socio-psychological aspects and needs of people and communities affected by TB.
- Knowledge and understanding of the national and regional TB response, especially the WHO-recommended human-centered TB care models.
- Knowledge of methods of conducting sociological research.

## **Skills**

- Skills in developing research documents (research protocol, informed consent, interview/focus group guidelines).
- Ability to identify a central trend and formulate conclusions and recommendations based on the results of data collection.
- Good writing and reporting skills (in English and Russian).
- Culturally sensitive communication skills.
- Ability to work independently, respond to feedback in a timely and professional manner.
- Ability to meet deadlines.

## **Duration of the assignment and remuneration provisions**

- The work is expected to start after signature of the specific agreement for individual consultancy services.
- The duration of agreement is starting in April 2021.
- Final number of consultancy days is subjected for negotiation in line with the budget availability and cost-effectiveness of the consultancy proposal.
- Consultant will be evaluated based on the qualifications, consultancy fee will be negotiated based on the consultant's expertise evaluation results.