

# TERMS OF REFERENCE (TOR) FOR CONSULTANCY: MULTI-COUNTRY OPERATIONAL RESEARCH ON NEW AND EVOLVING FORMS OF VIOLENCE AGAINST WOMEN AND GIRLS LIVING WITH HIV

---

## INTRODUCTION

---

### 1.0 About ICWEA

The International Community of Women Living with HIV Eastern Africa (ICWEA) is a regional advocacy network and membership-based organization run by and for HIV-positive women. Established to amplify the voices of women living with HIV, ICWEA operates in five countries: Uganda, Kenya, Tanzania, Rwanda, and Burundi. Guided by a vision of achieving holistic health and rights for women and girls living with HIV in their diversity, ICWEA works towards a mission to ensure meaningful involvement, capacity building, strategic partnerships, and advocacy for this group.

ICWEA with financial support from UN TRUST FUND is implementing a two-year project with two co-implementing ICWEA Country chapter partners (International Community of Women Living with HIV Kenya-ICW Kenya and Dignity and Well-being for Women Living with HIV Tanzania DWWT Tanzania) titled, “THRIVE” (Together Halting Violence and Inequality) to end New and evolving forms of VAW/G living with HIV in Uganda, Kenya, and Tanzania”. **The project aims to** strengthen the collective power, resilience, and impact of the regional movement of Women living with HIV to end violence against women living with HIV in Eastern Africa. The project will address new and evolving forms of violence, including forced HIV disclosure under the Assisted Partner Notification (APN) policy, self-HIV testing, and coerced sterilization, and denial of access to ARVs due to refusal of cervical cancer screening services, and lack of preferred choices for new HIV prevention technologies such as Dapivirine Vaginal Ring (DVR).

ICWEA is seeking the services of a consultant to conduct a **multi-country operational research** across Uganda, Kenya, and Tanzania to explore how **new and evolving forms of violence against women and girls living with HIV** affect their **participation, leadership, and collective organizing within feminist movements**. The research will focus on identifying the **barriers to coalition building, meaningful participation, and sustained advocacy** among women living with HIV, particularly in contexts where violence intersects with HIV-related stigma, healthcare discrimination, and restrictive policies such as **Assisted Partner Notification (APN)** and **limited access to HIV prevention choices**.

Rather than broadly profiling all forms of violence, the research will concentrate on how **specific systemic and policy-related forms of violence (e.g., forced HIV disclosure, denial of treatment, and reproductive coercion)** undermine women's agency and capacity to organize, lead, and advocate for their rights. The research will also examine the **gaps and opportunities in feminist coalitions**, and how women living with HIV can be better positioned as leaders within those movements.

The findings will inform the development of a **policy brief and a position paper**, and provide strategic recommendations for strengthening protections, enhancing inclusive coalition-building, and promoting survivor-led advocacy. Ultimately, this research will serve as a learning tool to support evidence-based advocacy under the THRIVE Project and contribute to shaping more inclusive, intersectional, and resilient feminist movements across Eastern Africa.

### 1.1 Background and Context

The HIV epidemic holds a mirror up to the inequalities and injustices faced by women and girls and how the gaps in rights and services are exacerbating the epidemic. Violence Against women and Girls is a cause and consequence of HIV. Women and girls living with HIV continue to be marginalized, abandoned by their families and/or partners, thrown out of their homes, beaten, and even killed. They now experience new and evolving forms of violence and these include forced and coerced sterilization and abortion, denial of treatment, forced and coerced disclosure of their status, their children and partners without their consent. In Uganda according to the UDHS 2016, 22% of women aged 15-49 have experienced physical violence, and 13% have experienced sexual violence. Women living with HIV are particularly vulnerable, with studies indicating a higher risk of Intimate Partner Violence (IPV) compared to their HIV negative counterparts. In Kenya, the KDHS 2014 reported that 45% of ever-married women aged 15-49 have experienced physical, sexual, or emotional violence from their spouses and that the fear of IPV significantly deters women from participating in Assisted Partner Notification (APN) services. In Tanzania, the TDHS-MIS 2015-16 revealed that 40% of women aged 15-49 had experienced physical violence, and 17% had experienced sexual violence. Women living with HIV face additional layers of violence and discrimination upon disclosure of their HIV status. Over the recent years, ICWEA has noted increasing trends of evolving forms and new manifestations of VAW/G across the Region resulting from HIV interventions aimed at controlling further spread of HIV and ending AIDS by 2030 as a global target goal. One such intervention is Assisted Partner Notification (APN), which is a public health strategy used to prevent the spread of HIV. It involves a healthcare provider notifying the sexual partners of a patient diagnosed with HIV, so they can also get tested and treated. The goal of APN is to inform partners of their potential exposure, encourage them to seek testing and treatment and prevent further transmission of HIV. However, this well-intentioned intervention has resulted in Intimate Partner Violence (APV). Women and girls, who often interact more frequently with health services and therefore are more likely to be the first to know their HIV status, are disproportionately affected. The APN processes often leads to involuntary disclosure of women's HIV status to their partners, which triggers Intimate Partner Violence (IPV). Women living with HIV, particularly those in abusive relationships, are at heightened risk of violence upon disclosure. Women with disabilities, Female sex workers or from key populations, experience compounded vulnerabilities, the stigma of HIV combined with societal marginalization, exacerbates their risk of IPV. While there have been efforts by women's rights organizations, feminist movements, and constituent-led initiatives to address violence against women living with HIV, several barriers hinder progress. The movement to end violence against women and girls living with HIV is fragmented, with limited coordination between different stakeholders. This weakens the collective power of the movement and reduces the effectiveness of advocacy efforts. Without a unified approach, the impact of interventions remains localized, with minimal influence

at the national or regional level. Moreover, stigma against women living with HIV, coupled with societal norms that blame women for HIV transmission, creates an environment where violence is normalized. This stigma is pervasive even within the healthcare system, where women face discrimination and breaches of confidentiality, deterring them from seeking necessary care. Although laws exist to protect women from violence, such as the Domestic Violence Act in Uganda and the Sexual Offences Act in Kenya, enforcement is often weak. Policies on HIV prevention and treatment do not adequately address the unique needs of women and girls living with HIV, further limiting the effectiveness of legal protections. Worse still, the separation between HIV and gender-based violence (GBV) services results in fragmented care, making it difficult for women to navigate the system and receive the support they need.

ICWEA together with two co-implementing ICWEA Country chapter partners (ICWEA Kenya and DDWT Tanzania) will jointly implement the project titled, “THRIVE” (Together Halting Violence and Inequality) to end New and evolving forms of VAW/G living with HIV in Uganda, Kenya and Tanzania. This is 18 months project whose aim is to strengthen the collective power, resilience, and impact of the regional movement of Women living with HIV to end violence against women living with HIV in Eastern Africa. The project targets to address new and evolving forms of violence, including forced HIV disclosure under the Assisted Partner Notification (APN) policy, self-HIV testing, and coerced sterilization, denial of access to ARVs due to refusal of cervical cancer screening services and lack of preferred choices for new HIV prevention technologies such as Dapivirine Vaginal Ring (DVR). While APN, Index Testing Policies are essential towards ending AIDS by 2030, emerging evidence shows that they have come with new forms of violence among women and girls living with HIV. The project responds to the urgent need to address these emerging forms of violence, which threaten the rights, privacy, and safety of women and girls living with HIV and also prevent reversal of progress made so far towards ending the AIDS epidemic by 2030. The primary beneficiaries of the project are women and girls living with HIV, who are facing multiple new and evolving forms of violence. Secondary beneficiaries are: communities, husbands of targeted beneficiaries, VAWG activists and human rights defenders, women networks, CSOs, alliances and coalitions, health workers and government officials. The project will create strong connections among CSOs, women’s rights organizations, and feminist movements for mutual support and capacity building. This includes improving financial and administrative management, investing in digital equipment, and ensuring staff well-being to prevent burnout. ICWEA will emphasize building a critical mass of seasoned women living with HIV advocates, enhancing their leadership skills to foster movement-building processes. These leaders will be equipped to lead advocacy efforts through ICWEA’s Core Group of Advocates and Women Dialogue models. The Project will be regional and implemented in Kenya, Tanzania and Uganda. The women's rights movement and networks such as Eastern African Sub-Regional Support Initiative for the Advancement of Women (EASSI), Akina Mama wa Afrika (AMwA) and Federation of Women Lawyers (FIDA) have made notable progress in advocating for ending violence against women and girls. These organizations have built a solid foundation for advocacy, capacity building, and policy influence. However, the movement is somewhat fragmented, with limited coordination and financial challenges that hinder long-term advocacy and support services. New and emerging forms of violence especially among women living with HIV such as forced HIV disclosure, digital violence, and denial of HIV prevention technologies, need further research

and focused advocacy. Additionally, women and girls from marginalized communities, including those in rural areas and key populations, require stronger representation in these women movements. As such the project will aim to build more inclusive alliances and coalitions in order to unify efforts and enhance the movement's collective power. Overall, the project aims to strengthen the collective power, resilience, and impact of the regional movement of women living with HIV to end violence against women and girls (VAWG). The project will enhance the capacity of ICWEA and its country chapters by building knowledge power through practice-based research and documentation on new and evolving forms of VAWG. This research will guide advocacy efforts and inform policy-making at national and regional levels. ICWEA will grow a mass of empowered leaders and advocates by conducting regional capacity-building workshops, peer learning exchanges, and the annual FIERCE campaign. These activities will inspire new leaders, foster cross-country collaboration, and amplify the voices of women living with HIV. Inclusive networks, alliances, and coalitions will be strengthened, connecting women living with HIV, key populations, feminist movements, and grassroots organizations. This will create regional sustainable spaces for collective advocacy efforts to challenge patriarchal and oppressive systems that are root causes of VAWG.

#### Summary Of THRIVE (Together Halting Violence and Inequality)

Result	Statement
	Outcome: ICWEA and Country Chapters build their collective power, amplify their voices and visibility, heal and transform patriarchal and other intersecting oppressive ideologies, attitudes, behaviors, practices, norms and structures/systems that are root causes of VAW/G.
Output 1:	Evidence on new and evolving forms of violence against women and girls living with HIV (VAWG living with HIV) is generated, documented, and disseminated to strengthen advocacy efforts and promote practice-based learning
Output 2:	ICWEA & Country Chapters grow the mass of empowered leaders and advocates to advance EAWG living with HIV efforts
Output 3	ICWEA & Country chapters form and strengthen inclusive networks, alliances and coalitions with various EAW/G movement groups, feminist activists and intersecting aligned movements
Output 3	Increased visibility and influence of the regional movement in National, regional and international advocacy forums

#### 1.2 Purpose of the assignment

To conduct multi-country operational research to explore how new and evolving forms of violence against women and girls living with HIV affect participation, leadership, and collective organising within feminist movements in Uganda, Kenya, and Tanzania.

The research will focus on understanding the structural and systemic barriers that hinder the meaningful participation of women living with HIV in coalition-building, advocacy spaces, and feminist leadership. It will generate feminist, practice-based knowledge to support evidence-informed advocacy under the THRIVE Project and provide critical inputs for the development of a policy brief and a regional position paper.

This research will build on existing data by focusing on emerging and under-explored forms of violence that intersect with HIV and directly undermine women's autonomy, dignity, and organizing power. These include but are not limited to:

- Forced HIV disclosure through policies such as Assisted Partner Notification (APN);
- Coerced reproductive health decisions, including sterilization or conditional access to services;
- Denial of access to ARVs for women who decline procedures such as cervical cancer screening;
- Limited access to preferred HIV prevention technologies, like the Dapivirine vaginal ring;
- Exclusionary practices within broader feminist spaces, which fail to center the specific needs and experiences of women living with HIV.

The research will specifically examine how these targeted forms of violence obstruct the ability of women living with HIV to participate meaningfully in advocacy and movement-building efforts. It will also examine the opportunities for strengthening inclusive coalitions and leadership pathways, and identify entry points for advocacy at national and regional levels.

Therefore, specifically the following objectives will inform the research findings:

1. To assess the lived experiences of women and girls living with HIV regarding new and evolving forms of gender-based violence (GBV), and their impact on participation, leadership, and collective organizing within feminist movements in Uganda, Kenya, and Tanzania.
2. To examine the experiences of women and girls living with HIV who seek or do not seek assistance after experiencing violence, including their access to shelters and support services, and how these factors influence movement-building participation and their advocacy.
3. To analyze by root cause how existing barriers hinder women and girls living with HIV from receiving assistance and participating meaningfully in coalition-building, advocacy spaces, and feminist leadership.
4. To generate feminist, practice-based evidence and approaches to strengthen inclusive coalitions, leadership pathways, and evidence-informed advocacy under the THRIVE Project at regional levels.

## 1.1 Scope of Work

### 1.1.1 Geographical Scope:

The assignment will target three countries, specifically, Uganda, Kenya and Tanzania- 3/5 ICWEA's Country Chapters. This multi-country operational research will seek to explore how new and evolving forms of violence against women and girls living with HIV impact their ability to participate meaningfully in feminist organizing, leadership, and movement-building efforts.

### 1.1.2 Targeted Population

The research will target women and girls living with HIV who are experiencing various forms of violence, both new and evolving across various age brackets. This includes adolescents, young adults, and older women from diverse geographic, social and economic backgrounds. The study

will focus on those who have either or not sought assistance in response to violence, with an emphasis on understanding the barriers to accessing services. Specifically, the categories will be targeted:

- Women and girls living with HIV (advocates, community members, survivors)
- Feminist activists and movement leaders
- Healthcare providers and social service actors
- Coalition members working on SRHR, HIV, and VAWG
- Male partners/spouses (where applicable), to understand perceptions and reactions to disclosure.

Generally, the research will further target to explore how age, socio-economic status, disability status, education status employment status, refugee status, location (urban, semi urban and rural), regional factors influence the experiences of these women and girls, and their ability to participate in or benefit from available support services. As such, focusing on the targeted population, the research aims to capture the broad range of experiences that will inform more tailored, age-appropriate interventions and policy recommendations.

#### 1.1.3 Intervention Scope:

The multi-country operational research will seek to explore how new and evolving forms of violence against women and girls living with HIV impact their ability to participate meaningfully in feminist organizing, leadership, and movement-building efforts. The research will not only document the violence but analyse the root causes, impacts, systemic and structural responses and equip ICWEA and its partners with evidence-based tools for advocacy and change to combat such violence, improve access to HIV care and Treatment, and to promote their rights and wellbeing. Furthermore, the research will conceptualize HIV related stigma, political participation and regional policy execution status.

The research will blend desk review and targeted qualitative data collection approaches, with outputs that directly inform the development of a policy brief and position paper to support regional advocacy. The consultant will undertake the following activities to achieve the objectives of this research:

- a. Conduct a desk review
  - Review and synthesize existing literature, policy documents, and research on gender-based violence, HIV-related stigma, and the political participation of women living with HIV in Eastern Africa.
  - Identify gaps in existing data—particularly around movement participation and exclusion from coalitions—to refine the research focus.
  - Examine national and regional policies related to Assisted Partner Notification (APN), reproductive rights, HIV prevention technologies, and other relevant frameworks.
- b. Collect Primary Data (Qualitative and Targeted)
  - Develop and validate qualitative data collection tools following the key methods such as Focused Group Discussions, Key Informant Interviews, Case studies, Life history among other methods) in consultation with ICWEA and its country chapters.

- Conduct Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs) with a small, purposeful sample across 1–2 regions per country, focusing on areas with active networks or known challenges.
- c. Profile new and evolving forms of violence
- Narrow the focus to key forms of structural, systemic, policy-linked, or context-specific violence, including:
    - Forced HIV disclosure through APN policies
    - Coerced sterilization or reproductive procedures
    - Denial of ARVs due to non-compliance with other health services
    - Restricted access to preferred HIV prevention options (e.g., DVR)
    - Marginalization within broader feminist spaces and coalitions.
- d. Analyze barriers and enablers to coalition building
- Examine how these evolving forms of violence and systemic barriers impact coalition-building, leadership development, and meaningful participation of women living with HIV in advocacy spaces.
  - Identify examples of inclusive, feminist coalition practices and opportunities for strengthening cross-movement solidarity.
- e. Stakeholder engagement and validation
- Facilitate virtual or in-person validation consultations with ICWEA chapters and key stakeholders.
  - Present initial findings and gather feedback to ensure that the recommendations are grounded and actionable.
- f. Develop Research Outputs
- Prepare a comprehensive research report summarizing findings, gaps, and recommendations.
  - Draft and refine a policy brief tailored to decision-makers with clear calls to action.
  - Develop a position paper articulating ICWEA’s feminist stance on addressing systemic violence and strengthening movement leadership among women living with HIV.

g. Deliverables and Timelines

<b>Deliverable</b>	<b>Timeframe</b>
Inception Report (well aligned methodology, tools, work plan)	Within 2 weeks of contract signing.
Draft Research Report	Within 8 weeks of contract signing
Final Research Report, Policy Brief, and Position Paper in doc and high level ppt summary of report.	Within 12 weeks of contract signing

## METHODOLOGY

### 2.1 Introduction:

The consultant is expected to adopt a participatory and inclusive research approach that aligns with the goals of the THRIVE project and the values of ICWEA to conduct the barrier analysis. The methodology should include:

- **Research Design.** The researcher is required to identify and develop a structured framework that can be applied in research, particularly impact-driven research.
- **Participatory and Inclusive Methods:** Actively engage women and girls living with HIV in all their diversity across Uganda, Kenya, and Tanzania in the research process. Ensure that the perspectives of vulnerable groups, including women and girls with disabilities, are incorporated into the study.
- **Stakeholder Engagement:** Collaborate with ICWEA chapters, partner organizations, healthcare providers, community leaders, and policymakers. Organize validation workshops and consultations to gather insights and refine findings.
- **Data Collection Approaches:** Employ qualitative methods/approach for data collection and analysis. Use tools such as interview guide, focus group discussions, Life History, case studies among others to gather comprehensive data. The consultant will apply both primary and secondary data sources to triangulate data sources and analysis for rich findings.
- **Sampling framework:** The researcher will be required to develop the sampling frameworks for qualitative approach in collaboration with the ICWEA team in the secretariat. These should be of a sufficient size and representativeness to allow:
  - Reasonable levels of certainty that the findings are representative for the target population;
  - Reasonable ability to generalize the intervention's effectiveness to similar contexts; and,
  - Reasonable ability to generalize the insights into what works and why for similar contexts.
- **Data Analysis Techniques:** Analyze data using thematic, visual, discourse, sentiment and content analyses for qualitative insights and findings. Key aspects of the analysis will include examining textual content for themes, trends and sentiments, identifying patterns through coding, understanding language usage to explore power dynamics, and analyzing visual content to uncover symbols or themes related to specific issues and key drivers of violence against women and girls living with HIV.

### 2.2 Ethical Considerations:

- i. Adhere to ethical standards in research, including obtaining informed consent from participants.
- ii. Ensure confidentiality, anonymity, and the protection of participants' rights throughout the research process.
- iii. Address potential risks to participants by providing appropriate support and referrals where necessary.
- iv. IRB approval as well

### 2.3 Quality Assurance:

The researcher is required to submit a quality assurance plan that sets out the systems and processes for quality assuring the evaluation process and deliverables from start to finish of the exercise. This plan should include the proposed approaches to:

- Pretesting of all data collection activities;
- Training of enumerators and researchers conducting the research, including in research ethics;
- Participation in meetings with the ICWEA
- Logistical and management planning;
- Field work protocols and data verification including back-checking and quality control by supervisors; and
- Data cleaning and editing before any analysis.
- Sign the Data Sharing Agreement.

### 2.3 Key Deliverables

- Comprehensive research report & PowerPoint presentation: A detailed report documenting findings on new and evolving forms of violence against women and girls living with HIV in Uganda, Kenya, and Tanzania. The report will include an analysis of drivers, consequences, and recommendations for interventions.
- Policy brief and position paper: A concise policy brief summarizing key findings and recommendations to inform advocacy and policymaking. A position paper addressing critical policy gaps and proposing actionable strategies for reform.
- Workshop presentation materials: Well-prepared presentation materials for stakeholder workshops, summarizing research findings and proposed interventions. Facilitation of discussions to validate findings and gather stakeholder inputs.
- Consent and attendance: Conduct and submit attendance and consent documentation for their participation along with the final report
- Approved data collection tools for data collection
- A complete dataset used for analysis, and reporting (both raw and clean data).
- The consultant will be expected to attend and report to the Research Steering Team (RST) of ICWEA, and attend all meetings as agreed with the consultant. The consultant will be required to provide a weekly progress update(report) by email during the research periods summarizing activities /tasks completed to date (percent achieved), time spent etc.

#### Deliverables by Timelines

No.	Deliverables / Outputs	Estimated Duration to Complete
2	Final Inception Report	Within 2 weeks of contract signing
3	First draft research report. A detailed report documenting findings on new and evolving forms of violence against women and girls living with HIV in Uganda, Kenya, and Tanzania.	Within 8 weeks of contract signing
4	Final research report a) A comprehensive report	Within 12 weeks of contract signing

	<p>b) A five (6) pager power point presentation(ppt) summarizing the key findings and recommendations.</p> <p>c) <b>Policy Brief and Position Paper:</b> A concise policy brief summarizing key findings and recommendations to inform advocacy and policymaking. A position paper addressing critical policy gaps and proposing actionable strategies for reform.</p>	
--	--	--

## 2.4 Consultant Qualifications

The consultant must possess the following qualifications to successfully execute the assignment and deliver high-quality results:

- i. **Academic Qualifications:**
  - a. A master’s degree or higher in social sciences, gender studies, public health, human rights, Law, development studies, or a related field. A PhD in a relevant discipline is an added advantage.
- ii. **Professional Experience:**
  - a. At least five years of demonstrated experience in conducting operational research, particularly in areas related to gender-based violence (GBV), HIV, and intersecting vulnerabilities such as stigma and discrimination.
  - b. Proven experience in implementing research projects in multi-country or regional settings, preferably within the Eastern African context.
  - c. A track record of producing high-impact research outputs, including comprehensive research reports, policy briefs, position papers, and peer-reviewed journal articles.
- iii. **Subject-Matter Expertise:**
  - a. In-depth knowledge of the intersection between GBV and HIV-related stigma, particularly as they affect women and girls living with HIV.
  - b. Familiarity with the socio-cultural and legal contexts of Uganda, Kenya, and Tanzania, including relevant advocacy and policy reform processes.
  - c. Understanding of inclusive research approaches, particularly those that engage vulnerable populations such as women and girls with disabilities.
- iv. **Skills and Competencies:**
  - a. Strong qualitative and quantitative research skills, including expertise in developing data collection tools, conducting interviews, and analyzing data using advanced techniques.
  - b. Excellent analytical and synthesis skills, with the ability to translate complex research findings into actionable recommendations.
  - c. Superior writing and communication skills, demonstrated through the production of accessible and impactful research documents.
  - d. Facilitation skills to effectively engage stakeholders in consultations, validation workshops, and presentations.
- v. **Ethical and Professional Attributes:**

- a. Commitment to ethical research practices, including obtaining informed consent, ensuring participant confidentiality, and minimizing risks to vulnerable populations.
  - b. Ability to work collaboratively with diverse stakeholders, including grassroots organizations, healthcare providers, policymakers, and advocacy networks.
  - c. Strong time management and organizational skills, ensuring timely delivery of high-quality outputs in a dynamic environment.
- vi. Language Proficiency:
- a. Fluency in English (both written and spoken) is mandatory.
  - b. Proficiency in Kiswahili or other local languages spoken in the project countries is an added advantage.

## **2.5 Duration and Timeline**

The consultancy is expected to commence on **1<sup>st</sup> June 2025** and be completed within a period of 90 days.

The consultant is required to adhere to the agreed timeline while ensuring the quality and comprehensiveness of the deliverables. Any adjustments to the timeline will be subject to ICWEA's approval and must be justified based on the scope and complexity of the work.

## **2.6 Application Process**

The contract will be awarded to the consultant offering best value for money (i.e. the researcher offering the best price-quality ratio) or, as appropriate, to the consultant offering the lowest price. ICWEA will evaluate the Proposals received against objective criteria which enable measuring the quality of the Proposals and which take into account the price. Proposals will be examined and evaluated by the Evaluation Committee appointed by ICWEA. All Proposals will be assessed according to the following steps and criteria:

- a) Opening and administrative checks: Proposals will be assessed on whether the deadline was met, if any of the requested information is missing or incorrect, and if the supporting documents requested for submission have been fully provided. If any of the requested information is missing or is incorrect, the consultant may be rejected on that sole basis and not be evaluated further. The Proposals that pass this check will be evaluated in accordance with the Evaluation Grid as presented below:
- b) Cumulative Analysis and selection criteria for best offer. Upon the advertisement of the Procurement Notice, qualified Consultant is expected to submit both the Technical and Financial Proposals. Accordingly; Consultants will be evaluated based on Cumulative Analysis as per the following scenario:
  - Responsive/compliant/acceptable, and
  - Having received the highest score out of a pre-determined set of weighted technical and financial criteria specific to the solicitation.

In this regard, the respective weight of the proposals are:

- Technical Criteria weight is 70%
- Financial Criteria weight is 30%

Interested Consultant (s) are advised to submit the following documents:

- a) Cover letter
- b) CV of Key personnel
- c) Including references of previous clients.
- d) Technical proposal and financial reflecting the understanding and interpretation of the TORs, methodology to be used, time and activity schedule.
- e) **Submission Instructions**

Interested consultants must submit **both a Technical Proposal and a Financial Proposal in two separate sealed envelopes** clearly labeled:

- **Envelope 1:** Technical Proposal – *“Proposal for Multi-Country Research on New and Evolving Forms of Violence Against Women and Girls Living with HIV”*
- **Envelope 2:** Financial Proposal – *“Proposal for Multi-Country Research on New and Evolving Forms of Violence Against Women and Girls Living with HIV”*

Both envelopes should be addressed to:

**The Procurement Committee**

International Community of Women Living with HIV Eastern Africa (ICWEA)  
 Plot 1106, Ssenge - Kawanda Road, Off Kayunga  
 Kampala - Hoima Road  
 P.O. Box 32252, Kampala, Uganda

Proposals can be **physically delivered** to any of the ICWEA country offices in **Uganda, Kenya, or Tanzania**, on the addresses below but must reach the **submission deadline date on 16<sup>th</sup> May 2025**

<b>Uganda</b>	<b>Tanzania</b>	<b>Kenya</b>
<b>International Community of Women Living with HIV Eastern Africa (ICWEA)</b>	<b>Dignity and well-being of Women Living with HIV in Tanzania (DWWT)</b>	<b>International Community of Women Living with HIV- Kenya Chapter (ICWK)</b>
P.O. Box 32252, Kampala, Uganda Plot 1106, Ssenge - Kawanda Road, Off Kayunga Kampala - Hoima Road Wakiso , Uganda	P.O.BOX 16482 DSM. Plot 244, (Behind Kaibada Min Supermarket), Sokon Street, Block 20, Kibada Sheli office No:5 Dar es Salaam , Tanzania	P.O Box 59680-00200 Nairobi, Kenya Bukani flats, along Bukani road next to Ocean Blue Hotel, Nairobi West, Nairobi Kenya

The Terms of Reference will also be advertised in **at least one regional newspaper**, on the **ICWEA website**, and through ICWEA's **official social media platforms**. For inquiries, please contact:

 [admin@icwea.org](mailto:admin@icwea.org) and [hr@icwea.org](mailto:hr@icwea.org)

## **2.7 Management and Reporting**

The consultant will be supervised and report to the Executive Director - International Community of Women Living with HIV Eastern Africa (ICWEA) or her designate

For more details, contact:

### **Executive Director**

International Community of women living with HIV Eastern Africa

Plot 1106, Ssenge - Kawanda Road, Off Kayunga

Kampala - Hoima Road,

P.O. Box 32252, Kampala, Uganda

Email: [admin@icwea.org](mailto:admin@icwea.org) and [hr@icwea.org](mailto:hr@icwea.org)