**Terms of Reference (TORs) for Technical Assistance**

**For**

**(1) Identification of Gaps, in Existing HIV Continuum of Care, Support & Treatment;**

**(2) Development of Standard Protocols / Guidelines for Functional Referral Mechanism among HIV Diagnostics Facilities and ART Centres**

**(3) Tracking & Management of Lost to Follow-up of PLHIVs during Pre-ART & ART Phase, of HIV Care, Support & Treatment Cascade.**

**INTRODUCTION.**

Pakistan like most of the Asian Countries, is facing a concentrated HIV epidemic. Country remained among few regional countries, where the epidemic is still on rise, in term of number of new infections. The HIV epidemic in Pakistan, is characterized by a fast-growing HIV infection among people who inject drugs and to a lesser extent, among the Transgender sex workers. However, among the general population, the prevalence still remains low at 0.1 percent, as per latest Spectrum estimates for 2017.

ART program, in Pakistan was rolled in 2004 and gradually expanded with establishment of 22 Clinics. With an estimated 114,638 PLHIVs; 17,224 were registered at 22 ART clinics, while 8,133 enrolled for treatment, till end September, 2016.

NACP, is executing Global Fund grant, providing Care, Support and Treatment to PLHIV, through provision of ARVs & HIV diagnostics to ART Clinics and Establishment of Community and Home based Care, in the country.

**BACKGROUND.**

A recent study on ‘Community Access to HIV Care, Support and Treatment Services’ in Pakistan concluded huge gap, among estimated number of PLHIVs and those registered at the ART Clinics, while fewer PLHIV reported on ART as compared to those estimated eligible for treatment. Key contributing factors described included; number & geographical location of ART clinics, inadequate pre-ART care, high level of stigmatization, perceived lack of staff confidentiality, long distance to treatment sites, lack of health insurance and non-existence of Pre-ART Care & ART treatment literacy.

NACP intends to improve the efficiency of health care delivery for HIV Care, support and treatment, in Pakistan, through minimizing losses, and tracking of lost to follow-up PLHIV along the continuum of HIV Care, Support and Treatment.

**PURPOSE OF TECHNICAL ASSISTANCE;**

The purpose of the Consultancy is as follows;

* Conduct a review of HIV Care, Support & Treatment Cascade and identify Gaps in it;
* Develop of Standard Protocols / Guidelines for a Functional Referral Mechanism among HIV Diagnostics Facilities and ART Centres;
* Develop a mechanism for Tracking & Management of Lost to Follow-up of PLHIVs during Pre-ART & ART Phase, of HIV Care, Support & Treatment Cascade.
* Conduct an orientation workshop with the key stakeholders to share and discuss the findings of review of care, support & treatment cascade, and get feedback on the proposed guidelines on referral mechanism among HIV Diagnostics Facilities and ART Centres and tracking mechanism for addressing lost to follow-up, along the treatment cascade;

The consultant will be required to complete the above guidelines / protocols, in light of inputs from the key stakeholders.

**PROPOSED METHODOLOGY**

* An initial meeting with the NACP will be held to discuss the technical and logistic aspects of the assignment. The Consultant during the meeting will share an inception document clearly defining the methodology to be adopted, along with the tool for review of HIV Care, Support and Treatment Cascade;
* The development of protocols / guidelines and mechanism for addressing the LTFU for the defaulted PLHIV along the Treatment will include an extensive literature review of culturally relevant documents / approaches with proven effectiveness. Relevant National and programmatic documents will also be reviewed.
* The Consultant will be required to review the latest WHO guidelines / recommendations regarding HIV Care, Support and Treatment Cascade;
* The consultant will visit ART Clinics and CHBC sites to conduct Focus Group Discussions (FGDs) and structured interview, with the professional staff, to develop mechanism for tracking and management of care and treatment defaulted clients;
* The consultant will undertake an orientation workshop with the key stakeholder for the finalization of the above mentioned documents.

Draft documents will be shared with NACP / TWG for review and feedback and after incorporation of comments a final document will be required to be submitted to the client

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| **DELIVERABLES:**   * Review of HIV Care, Support & Treatment Cascade, with Gap analysis; * Protocols / Guidelines for for a Functional Referral Mechanism among HIV Diagnostics Facilities and ART Centres; * Mechanism for Tracking & Management of Lost to Follow-up of PLHIVs during Pre-ART & ART Phase, of HIV Care, Support & Treatment Cascade. * Orientation workshop with the key stakeholders. |
| **TIME FRAME**:  Total period for completion of consultation:45 Working days |

**ESTIMATED COST OF THE CONSULTANCY**

The total budget allocated for the local consultant is 600,000/- PKRs. (Inclusive of any travelling involved, during the course of the consultancy)

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| **QUALIFICATIONS OR SPECIALIZED KNOWLEDGE/EXPERIENCE OF THE CONSULTANT:**   1. Basic medical degree with post graduate qualification in public health 2. Minimum of 07 years of experience preferably in HIV/AIDS with workable knowledge of ART and CHBC services delivery 3. Working experience of existing health systems of Pakistan 4. Strong writing skills including past experience in producing reports, developing guidelines / SOPs etc. |

**Payment schedule:**

25% on signing of contract

25% on submission of Initial Draft

50% on submission & approval of final draft