

TERMS of REFERENCE
HIVAIDS PREVENTION SERVICES for KEY POPULATIONS
{Female Sex Workers (FSW), Male Sex Workers/ Men who have Sex with Men
(MSW/MSM), Transgenders/Transgender Sex Workers (TG/TGSW)}

Background: Pakistan is confronted with a concentrated HIV epidemic with a silently spilling over into the general population through bridging populations. Recent epidemiological evidence (IBBS-2016) has indicated that HIV prevalence has plateaued in people who inject drugs (PWID) and reported an alarming rise in HIV prevalence in sexual networks. IBBS-2016 has indicated a rise in HIV prevalence among key populations in various cities across the country.

The recently concluded surveillance round (IBBS-2016 vs IBBS-2011) reported an increase in HIV prevalence in all key populations: People who inject drugs (PWID) from 37.8% to 38.4%, male sex workers (MSW) from 3.1% to 5.2%, female sex workers (FSW) from 0.8% to 2.2% and in transgenders sex workers (TG-SW) from 7.2% to 7.5%.

Introduction: National AIDS Control Programme (NACP) is spearheading the national HIV response in the country. In light of the available epidemiological evidence, NACP has introduced an innovative prevention model to provide a key population specific defined package of services to the respective key populations. For the purpose, NACP as Principle Recipient (PR) of the Global Fund grant (GFATM-NFR-2018-20) intends to hire the services of an international NGO/organization to implement the Community based Model in the capacity of sub-recipient (SR) (GFATM-NFR-2018-20) to NACP. The model is aimed at scaling-up HIV testing and prevention services, improving program coverage and addressing stigma and discrimination associated with these key populations and HIV AIDS. The ultimate goal is a reduction in new infections in these key populations, reduced transmission to spouses/intimate contacts, and a decline in HIV associated morbidities and AIDS related deaths.

Duration & Geographical Coverage of Contract: The contract will cover Punjab and Sindh provinces and include the following key populations and KP-specific cities: **MSM/MSW** (Karachi, Lahore, Sargodha and Multan), **Transgenders (TG/TG-SW)** (Karachi, Larkana, Multan, Faisalabad, Lahore and Rawalpindi), **FSW** (Karachi, Lahore, Larkana and Bahawalpur). The i-NGO will implement the prevention program by contracting key population specific community based organizations (CBOs) as sub-sub-recipients (SSR) (GFATM-NFR-2018-20) for services delivery.

The duration of contract will be two and a half (2.5) years effective from 1st July 2018 to 31ST December, 2020.

This contract aims to cover the above mentioned key population specific prioritized cities and ensure coverage of **32,962 MSM/MSW, 7,514 TG/TGSW and 4,932 FSW**

based on the high impact scenario and IBBS-2016 mapping by 31st December, 2020. This approach will have the advantages of efficient program management, cost-effectiveness, increased program coverage effective use of technical assistance, and efficiency in service delivery.

The contract will be performance based and quarterly disbursements will be made. The selected organization will have considerable autonomy in deciding service delivery mechanisms to achieve project objectives. The i-NGO will be responsible for the performance of the SSRS and will monitor SSR activities and undertake data validation exercises on a quarterly basis. The SSRs will be reportable to the SR and the SR after on-site verification and appropriate data analysis will share a quarterly consolidated program update and disbursement request (PU DR) to the PR.

Objectives. The core objective of this contract is to control and prevent the spread of HIV/AIDS among the key populations by increasing the uptake of HIV testing and prevention services, efficient linkages/referral mechanisms for timely initiation of anti-retroviral treatment and ensuring treatment adherence. Key population specific defined packages of services are to be provided to the respective key populations operating in all the KP-specific hotspots as identified in the IBBS-2016 mapping exercise. The KP specific defined package of services are as follows:

Defined prevention services package for MSM/MSW:

- Behavioral change communication through outreach (includes Condom & Lubes, IEC material)
- Drop-In Center facility (for repeat BCC /Psycho social support & Counselling)
- VCCT with pre/post counselling & psychological counselling (community-based HIV testing)
- STI diagnosis & Treatment
- Referral support to PLHIV clients with strong follow-up
- Condoms & lubes distribution and
- Career counselling and family counselling in DIC

Defined prevention services package for TG/TG-SW:

- BCC - Behavioral change communication through outreach (includes Condom & Lubes, IEC material)
- Drop-In Center facility (for repeat BCC /Psycho social support & Counselling)
- VCCT with pre/post counselling & psychological counselling (community-based HIV testing)
- STI diagnosis & Treatment
- Referral support to PLHIV clients with strong follow-up
- Condoms & lubes distribution
- Career counselling and family counselling in DIC

Defined prevention services package for FSWs:

- Establishment of Drop-In Centers (DIC) to deliver services to FSWs;
 - Screening/testing of HIV

- Syndromic Management of STIs;
- Community based outreach through peer educators for behavior change;
- Establish condom distribution network to enhance safe sex practices
- Promotion of an enabling environment in the project area;

The work will be done under technical guidance of National AIDS Control Programme (NACP) during contract execution and services will be implemented in accordance with written NACP/GF guidelines.

The overall objectives to be achieved (as per GF-NACP-Performance Framework - 2018-2020) by 2020 are:

- Coverage of prevention services for MSM/MSW = 4%
- HIV Testing coverage for MSM/MSW = 2.8%
- Coverage of prevention services for TG/TG-SW = 14.3%
- HIV Testing coverage for TG/TG-SW = 10%
- Coverage of prevention services for FSW = 2.8%
- HIV Testing coverage for FSW = 1.7%

Targets: Targets for each key population and city of implementation are available as Annex-1.

Scope of Services: The scope of services to be performed by the i-NGO and those provided to all key populations are aimed to enable them to improve their knowledge, attitudes, behaviours and general health to reduce risk of HIV transmission, encourage HIV testing and consequent HIV treatment initiation.

- Through hired CBOs
 - Establish safe and community acceptable drop-in centres at which awareness, training, counselling and interactive activities take place on a regular basis.
 - Promote and increase the use of safe sex practices including condom use and improve health care seeking behaviour through behaviour change interventions implemented through peer outreach programs.
 - Provide a selected set of basic health care and STI services based on syndromic approach using updated National STI Guidelines.
 - Promote an enabling environment to support project implementation.
 - Provide education on sexual and reproductive health including sexually transmitted infections (STIs).
- Strengthen the capacity of CBOs to deliver the defined services packages to the respective target population groups.
- Conduct monitoring visits to the implementing sites, identification and mitigation of gaps/challenges, on-site data verification and reporting

Staffing: In addition to program staff, the i-NGO will be required to have at least the

following full time managerial staff on their payroll: Project Manager, M&E officer, financial officer, and a training officer.

Monitoring Progress: The implementing i-NGO will provide quarterly progress report within 15 days after the end of a quarter of project period. The primary means for judging progress will be verified assessment and reporting of the appropriate indicators. NACP as PR will assess progress based on information from the management information system, progress reports, and appropriate field monitoring visits.

Compliance with National and Provincial Guidelines The executing i-NGO will follow national guidelines (current or those that will be developed during the period of contract execution) for delivery of services to the target key populations.

Recording and Reporting Requirements: The minimum recording and reporting requirements will be as follows:

- The i-NGO staff will maintain all progress reports and relevant documentation related to program activities in sufficient detail to allow for their review and assessment by the PR.
- Maintain income and expenditure statements of the project proceeds for external annual financial audit, and provide copy of the audit report to the PR, **GF and OIG/LFA** within three months after the completion of a fiscal year.
- The financial audit will be used solely to determine whether the organization is financially viable.
- Preparation of quarterly progress reports and their submission to the PR within 15 days after the completion of every quarter. The quarterly progress report will provide at least the following information:
 - Progress made against the agreed work plan;
 - Progress made in achieving the agreed target(s);
 - Challenges encountered and options used to resolve them;
 - Any other issue of importance

Accountability and Working Relationship: The i-NGO will be accountable to NACP for satisfactory delivery of the services defined above.

Annex-1

KP	City	Targets		
		2018	2019	2020
MSM	Karachi	11380	14794	19233
	Lahore	3257	4235	5505
	Sargodha	1562	2030	2639
	Multan	3305	4296	5585
Total		19504	25355	32962
TG	Karachi	2200	2640	3168
	Larkana	272	327	392
	Multan	755	906	1087
	Faisalabad	660	792	950
	Lahore	950	1140	1367
	Rawalpindi	381	457	550
Total		5218	6262	7514
FSW	Karachi	1398	1678	2013
	Lahore	1427	1713	2055
	Larkana	255	306	367
	Bahawalpur	345	413	497
Total		3425	4110	4932