**Terms of Reference**

**National AIDS Control Programme**

**ART Outcome Study: Site-level data collection and analysis**

**Background:**

The HIV care continuum is a useful public health tool for tracking the effectiveness of an HIV response. Essentially, the continuum tracks the percentage of people living with HIV (PLHIV) who know their status, the percentage of PLHIV who know their status who are on antiretroviral therapy (ART) and the percentage of PLHIV who know their status who are on ART who have achieved viral suppression. The internationally-agreed goal is for 90% of PLHIV to know their status, 90% of PLHIV who know their status to be on ART and 90% of PLHIV on ART to be virally suppressed (i.e., the 90-90-90 target).

In recent years, the Government of Pakistan’s Ministry of Health Services Regulation and Coordination (MoNHSR&C) has increased the number of PLHIV who are receiving antiretroviral therapy. With support from the Global Fund for AIDS, TB and Malaria, the number of PLHIV on ART grew from approximately 1,800 in 2012 to over 14,000 in 2018. During these years, there has also been an increase in the number of sites where ART is available in the country.

In addition, financial support from the Global Fund has contributed to improvements in data quality and data use, including critical data points related to reducing stockouts and expirations of antiretroviral drugs (ARVs). Although challenges remain, the quality of data relevant to ART services has improved through investments in an ART management information system (MIS) and regular monitoring of the treatment services.

Despite the improvements in recent years, ART initiation and ART retention are ongoing challenges in Pakistan. For example, only 15% of those people know their HIV status and only 55% of the people who know their status are on antiretroviral therapy (ART). The fact that a high percentage of PLHIV in the country are also members of key population groups such as people who inject drugs (PWID), men who have sex with men (MSM) and transgender further complicates the work to initiate and retain PLHIV on ART.

**Purpose of the ART outcome study**

The primary purpose of the ART outcome study is to collect and analyse quantitative and qualitative data that can be used to better understand the dynamics of the current HIV care cascade and identify opportunities for improving ART uptake and retention. A secondary purpose is to confirm the quality of the data being collected and reported by ART sites.

**Specific objectives of the site-level data collection and analysis**

The specific objectives of the site-level data collection and analysis is to provide critical inputs to the overall ART outcome study. These inputs include key findings from collecting and analyzing:

* Quantitative and qualitative data from facility managers and frontline staff at ART centres on the delivery of ART services, including availability, acceptability, uptake and retention. (Note: Additional qualitative data may be collected from ART centres in Punjab to fill in data gaps in the national MIS.)
* Qualitative data from patients at ART centres on the delivery of ART services and any challenges they face in accessing or continuing treatment; profile of patients for qualitative data collection (e.g., key population, gender, age) to be determined.
* Qualitative data from data clerks/managers at ART centres on the challenges of collecting, reporting and using site-level data, including issues or concerns about data quality and data gaps.
* Site-level verifications and reconciliations to confirm data quality using reference points (i.e., indicators) provided by NACP. (Data collection forms for site-level verifications and reconciliations will be provided to the consultant.)
* Observational data on the quality and effectiveness of the basic operating environment in ART centres.

**Scope of the assessment**

The study will collect data from 28 ART centres in the country. These centres are located in four provinces (Balochistan, Punjab, Khyber Pakhtunkhawa and Sindh) and the Islamabad Capital Territory; see Figure 1. Most centres will require data collectors to be on-site for at least one full day.

**Figure 1. List of ART Centres:**

|  |  |  |  |
| --- | --- | --- | --- |
| **S#** | **ART centre** | **City** | **Province** |
| 1 | Bolan Medical Complex | Quetta | Balochistan |
| 2 | Pakistan Institute of Medical Sciences | Islamabad | ICT |
| 3 | DHQ Hospital | Kohat | Khyber Pakhtunkhawa |
| 4 | Hayatabad Medical Complex | Peshawar | Khyber Pakhtunkhawa |
| 5 | Lady Reading Hospital | Peshawar | Khyber Pakhtunkhawa |
| 6 | DHQ Hospital | Chiniot | Punjab |
| 7 | DHQ Hospital (Adult) | DG Khan | Punjab |
| 8 | DHQ Hospital (Pediatrics) | DG Khan | Punjab |
| 9 | Allied Hospital | Faisalabad | Punjab |
| 10 | Aziz Bhatti Shaheed Hospital | Gujrat | Punjab |
| 11 | Basheeran Begum Welfare Hospital | Jalalpur Jattan | Punjab |
| 12 | Civil Hospital | Multan | Punjab |
| 13 | Fountain House | Lahore | Punjab |
| 14 | Jinnah Hospital | Lahore | Punjab |
| 15 | Mayo Hospital | Lahore | Punjab |
| 16 | Services Hospital (Adult) | Lahore | Punjab |
| 17 | Services Hospital (Pediatrics) | Lahore | Punjab |
| 18 | Shaukat Khannum Hospital | Lahore | Punjab |
| 19 | Banazir Bhutto Hospital | Rawalpindi | Punjab |
| 20 | DHQ Hospital | Sargodha | Punjab |
| 21 | ART Center | Sheikhupura | Punjab |
| 22 | Aga Khan Hospital (Adult) | Karachi | Sindh |
| 23 | Aga Khan Hospital (Pediatrics) | Karachi | Sindh |
| 24 | Civil Hospital (Adult) | Karachi | Sindh |
| 25 | Civil Hospital (Pediatrics) | Karachi | Sindh |
| 26 | FHC Liyari Hospital | Karachi | Sindh |
| 27 | Indus Hospital | Karachi | Sindh |
| 28 | Chandika Medical College Hospital | Larkana | Sindh |

**Methods**

The site-level data collection and analysis will be conducted using a mixed methods approach. It will include both quantitative and qualitative data collection. Data collection will use questionnaires, interviews with key informants and focus group discussions. It will also take advantage of observational data collected by the field teams. Data will be analyzed and cross-refenced at multiple levels, including site, provincial and national.

**Key activities**

The activities to be completed by the consultant are divided into two main categories: 1) Site visits to collect quantitative and qualitative data; and 2) data analysis and reporting. To ensure the best possible outcome of the project, the consultant will:

* Develop a detailed workplan and timeline for the project.
* Develop a basic protocol for organizing and implementing the site visits, including scheduling, logistics, participant selection, use of the questionnaires and, if required, ethics clearance. (Note: The consultant will not be responsible for developing the questionnaires used in the site visits. The questionnaires will be provided by NACP.)
* Pre-test the questionnaires and report on the findings from the pre-test.
* Coordinate with NACP, PACP and ART centres to arrange visits to the participating centres.
* Select and train the data collectors.
* Collect quantitative and qualitative data during site visits, including structured questionnaires with frontline staff and facility managers and focus group discussion with patients.
* Conduct a straightforward data verification and reconciliation exercise at each site.
* Work with NACP to develop a basic data analysis plan, including the possible use of analysis software (e.g., NVivo)
* Analyze the data collected during the site visits.
* Produce a draft report based on the findings identified during the data analysis, including summary reports from each site visit.
* Produce a final report based on feedback from NACP to the draft report.
* Provide regular updates to NACP on progress throughout the project.

**Deliverables**

The Consultant will submit the following deliverables:

* Summary reports (2-3 pages) from each site visit.
* Final report on the key findings from the data collection exercise, including quantitative, qualitative and data verification/validation. The report should be a comprehensive but succinct document that highlights and prioritizes the key issues from the analysis of the site-level data.
* Aggregate data tables for the qualitative data. (Format for the data tables will be provided to the consultant.)
* Aggregate data tables from the data validation and reconciliation exercise. (Format for the data tables will be provided to the consultant.)

**Consultant Qualifications**

*The consultant should have the following qualifications:*

* Broad knowledge of the HIV response in Pakistan. Knowledge and experience working with key populations would be beneficial.
* Proven experience managing collection and analysis of site-level data at health-care facilities in Pakistan, including implementing questionnaires and conducting focus groups.
* Demonstrated capacity to identify, hire and train qualified individuals to collect site-level data.
* Proven experience in collecting data points for verification and reconciliation.
* Proven track record in analyzing data from multiple sources.
* Excellent report-writing and presentation skills.

*Data collectors should have the following qualifications:*

* Broad knowledge of the HIV response in Pakistan. Knowledge and experience working with key populations would be beneficial.
* Proven experience doing site-level data collection at health-care facilities in Pakistan, including collecting data points for verification and reconciliation.
* Excellent interpersonal skills for implementing questionnaires and conducting focus groups.
* Strong observation skills.
* Excellent writing skills.

Note: Data collectors with minimum Bachelor degree and should have the knowledge, skills and demeanour to operate effectively in the field.