**TORs for development of SOP of Counseling at ART Centres**

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| **INTRODUCTION:**  The HIV epidemic in Pakistan has progressed from ‘low prevalence, high risk’ to a ‘concentrated’ epidemic in the early to mid-2000s. The trend of concentrated HIV epidemic among key populations (KPs) in Pakistan continues to be driven by people who inject drugs, male sex workers followed by Hijra or transgender sex workers .  Adolescents, orphans and youth have been marked as vulnerable to contracting the disease. Evidence suggests that certain other populations groups are also highly at risk and have shown signs of being infected. These populations include: spouses/intimate partners of PWID, MSW and HSW, imprisoned populations, street-associated adolescents and persons in certain occupational settings, including some cases of noso-comial infection. Migrant workers and their spouses are considered increasingly vulnerable to HIV, were among the first HIV cases detected in Pakistan and continue to be the largest infected population group in the Khyber Paktunkhwa province. While evidence overwhelmingly calls for a focus on key populations and those at risk, it is essential that prevention strategies and HIV education programs be sustained for the general population.  According to NACP and UNAIDS estimates, in 2018 Pakistan had about 150,000 people living with HIV, of which 25220 PLHIV were registered in the 33 HIV centers across the country. Of the total registered patients 15390 PLHIV are currently on ART. Relative to the estimated number of PLHIV in the country, the number of registered PLHIV within the health care system remains very low. HIV treatment, care and support services are being provided through 33 HIV treatment centers The treatment, care and support facilities have been established on the basis of epidemiological evidence obtained from the Surveillance Rounds and modeling exercises.  **GOALS of SOP for Consolers’ of ART Centres:**   * Ensure that HIV-infected persons and persons at increased risk for HIV   + have access to HIV testing to promote early knowledge of their HIV status;   + receive high-quality HIV prevention counseling to reduce their risk for transmitting or acquiring HIV; and   + have access to appropriate medical, preventive, and psychosocial support services. * Promote early knowledge of HIV status through HIV testing and ensure that all persons either recommended or receiving HIV testing are provided information regarding transmission, prevention, interpretation and significance of HIV test results. * Motivate for ARV start, adherence and mobilize regular follow up including discussion on side effects   **OBJECTIVE:**  The main objective of this exercise is to develop SOP for HIV Counseling . These SOP will be used to conduct HIV counseling in a quality assured manner offered by the ART centers and all other service delivery facilities throughout the country and bring them in conformity with set national and recommended international standards as well as introduce uniformity in the quality of services. These SOP will ultimately contribute to improvements in Counseling  **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. * The development of SOP will include an extensive literature review of culturally relevant and acceptable regional and global guidelines with proven effectiveness. Relevant National and programmatic documents will also be reviewed. * Review of existing guidelines and its practical implications * The Consultant will review and adapt the latest recommendations of WHO regarding HIV Counseling * To develop tools(checklist) to document various aspects of counseling   A revised draft will be shared with NACP for review and feedback and after incorporation of comments a final document of SOP will be submitted to the client  **Components:**  The exercise is aimed at identifying best practices and successful guideline models to facilitate the development of a culturally appropriate, country specific SOP document that should cover/address the following areas:   * Pre & Post testing Counseling * Disclosure * Treatment Preparedness * ARV side effects * Adherence * Partner notification * PREP * Tools development for Counseling (checklist) |

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| **DELIVERABLES:**   * Development of SOP for Consular working in ART centres * Development of tools(check list) to verify different aspects of counselling |
| **EXPECTED OUTCOMES:**   * National SOP for HIV Counseling * Final report in the form of a document on CD and hard copy |
| **TIME FRAME**:  Total period for completion of consultation:**20 Working days** |

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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 05 years of experience preferably in HIV/AIDS with knowledge on of HIV Counseling in Pakistan 3. Working experience of existing health systems of Pakistan 4. Strong writing skills including past experience in development of SOP and guidelines |
| **Payment schedule:**  **25% on signing of contract**  **25% on submission of Guidelines (draft)**  **50% on submission& approval of Guidelines (Final)** |
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