**Terms of Reference**

# Comprehensive Package for Men Who Have Sex with Men (MSM) and Transgender (TG)

1. **Background:** Nepal has a population of 28.34 million with 1.21 annual growth rates[1]. In 2015, the estimated number of people living with HIV was 39,397 and the adult HIV prevalence was estimated to be 0.206%. Almost 50% of people living with HIV or AIDS are located in the Terai highway districts, bordering India. The epidemic in Nepal is driven by injecting drug use and sexual transmission, and is categorized as a "concentrated epidemic".

2. As of December 2015, a total of 27,495 HIV positive cases had been reported to the National Centre for AIDS and STD Control (NCASC)[2]. The male female sex ratio among HIV positive cases is 2:1. A large proportion of all reported HIV infections are among low risk female population (35%), low risk male population including MLM (40%), MSM (9%), MSWs &TGSWs (3%), PWIDs (8%), clients of sex workers (5%) and female sex workers (1%). HIV prevalence among MSM and TG is 2.4%.[3] HIV transmission seems to be occurring within these groups or networks of individuals who have unsafe and unprotected sexual behavior. Therefore, there is a greater need to focus on the key population (KP) for prevention of HIV in Nepal.

3. As per the IBBS findings, HIV prevalence among MSM and TG is as follows over the time:[4]

| KP | Location | 2004 | 2007 | 2009 | 2012 | 2015 |
|---|---|---|---|---|---|---|
| **MSM** | Kathmandu | 3.9 | 3.3 | 3.8 | 3.8 | 2.4 |

*Source: IBBS (2004-2015)*

4. IBBS data show a significant increase in program coverage for MSM in recent years, from 46.7% in 2007 to 78.3% in 2015. Figures derived from routine reporting showed national coverage ranging from 12% to 45% for the same group. The IBBS conducted among MSMs in Kathmandu valley found that 2.4% were HIV positive. Syphilis history has increased in MSM by 2.3% (4.8% in 2015 vs 2.5% in 2012) while in MSW it has increased by 2.8 % (8.0 in 2015 vs 5.2% in 2012). In Non-MSW the Syphilis history has increased by 1.1% (from1.1% in 2012 to 2.2% in 2015). Similarly, among Non-TG, the prevalence of Syphilis history is high (3.2%) in 2015. It means that TG and Non-MSW seem vulnerable in terms of transmission of STIs. In comparison to the prevalence of Anal CT and Anal NG in MSM (i.e 3% and 2.8% respectively) in 2012, there has been an increase in their prevalence in 2015(i.e. Anal CT 3.3%, Anal NG 5.4%). These findings suggest that vulnerability of STI transmission is increasing among MSM.

[1] UN Statistic Division.
[2] NCASC, 2015
[3] IBBS among MSM and TG, 2015
[4] GARP Country Progress Report, Nepal 2015.

5. Targeted interventions (TI) are a cost-effective way to implement HIV prevention programs in settings with concentrated HIV epidemics like Nepal. Targeted interventions are aimed at offering prevention and care services to specific populations within communities by providing them with the information, means and skills they need to minimize HIV transmission and improving their access to care, support and treatment services. The best-designed programs also improve sexual and reproductive health and improve general health. Implementing TIs does not negate the need for broader interventions in the community. In many settings, it optimizes the use of resources by focusing on the environments and populations in which the risk of HIV infection is the greatest. Targeted interventions:
   - are for people within the community who are most at risk of HIV infection, and involves them in service delivery.
   - are adapted to be culturally and socially appropriate to the target audience.
   - focus on limited resources, the most cost-effective interventions and where they can be used to the best benefit.
   - effectively use the language and culture of the people at the centre
   - acknowledge that barriers to accessing health-care services exist for some populations within communities.
   - acknowledge that people who are at risk of HIV infection are often marginalized from the broader community, stigmatized and discriminated against.
6. The Government of Nepal (GoN) has decided to continue HIV prevention interventions targeted at KAPs with the funding from Pooled fund and GoN. GoN intends to apply a portion of these funds to contract the services of qualified NGO/organization(s) for the delivery of a defined package of services for men who have sex with men (MSM), male sex workers (MSW), Transgenders (TG) and Transgender Sex Worker (TG-SW) aimed at preventing and controlling the spread of HIV through safe sex, including condom promotion, peer education, treatment of sexually transmitted infections (STI) and voluntary testing and treatment services. The selected Consultant NGOs subcontract other community-based organizations in order to ensure effective reach.

7. **Duration and geographical coverage:** The contract till 15 July, 2017 will cover at least in the following ten districts: Kathmandu, Parsa, Dhanusha, Saptari, Morang, Sindhuli, Udayapur, Tanhun, Salyan, and Doti. Additional districts may be added based on the results of recent mapping studies. The contract will be a lump sum contract and output based rather than focused on inputs. The selected organization(s) will have considerable autonomy in deciding service delivery mechanisms to achieve project objectives.

8. **Payments Modality:** Payments will be made primarily based on the performance of the organization(s) in making progress at least 80% towards the output/process indicators specified in bimonthly plan with targets each indicator. Provided bimonthly reporting template will be used as tool for judging the progress against the specific target and sources of data. Achievement of results on the ground will be considered of primary

importance. The National Centre for AIDS and STD Control (NCASC) will have an experienced Program Officer for the regular back stopping to the Consultant NGO to deliver the activities as per periodic action. The Officer will review the reports received from the Consultant NGO and proceed with recommendation for disbursement of the project expenditure.

9. **Overall Objective**

   Accelerate and scale up comprehensive package of services for MSM/TG/MSW in selected districts.

10. **Specific Objectives:**

    a) 80% of MSMMSW and TG/TG-SW in working areas are reached with prevention interventions

    b) 60% of MSM, MSW and TG/TG-SW reached with prevention interventions will be tested for HIV and know their status

    c) Link and enroll all diagnosed HIV positive people to care, support and treatment

11. **Indicators and Activities**

    **Indicators:** The consultant will be responsible for achieving the indicators described in Monitoring and Evaluation Matrix.

    **Activities:** The contracted NGO(s) will be responsible for conducting the activities as per the project work plan which will be finalized after selection of the RFP and attached in the contract.

12. **Scope of Services**

    The implementing NGO will provide the following package of services to MSM, MSW, TG and TG-SW. The interventions will be conducted based on the national targeted intervention operational guideline (volume IV) of MSM component. The NGO will prepare an operational work plan to implement the following services through its sub-consultant NGOs in districts:

    - Establish/maintain safe and attractive drop-in centre at which training and other activities take place on a daily basis focusing to the MSM/TG/MSW communities.
    - Increase safer sex practices and improve health care seeking behavior through behavior change communication (BCC) approach through a peer/outreach education program.
    - Operate clinical facilities providing HIV testing and counseling service and STI management using syndromic approach to MSM, MSW, TG & TG-SWs based on updated national guidelines.
    - Provide condom and water based lubricant with proper education on use and disposal. Also ensure availability of condoms and water based lubricant.
    - Promote an enabling environment and reduce stigma & discrimination against MSM, MSW, TG and TG-SW through advocacy, awareness and community sensitization programs.

- Promote empowerment and social development activities among MSM, MSW, TG & TG-SW.

Below each of these services are described in detail.

### 12.1 Establish/maintain safe and attractive at drop-in centre at which education sessions and other activities take place on daily basis to MSM, MSW and TG/TG-SWcommunities.

- Develop DIC operation guideline. The DIC is managed by a trained "DIC Facilitator" from MSM community. Based on the DIC guideline, the DIC Facilitator creates MSM & TG friendly environment in the DIC where MSM, MSW, TG & TG-SW feel comfortable to share their feelings and entertain.
- The DIC Facilitator conducts one to one & group counseling, group discussion, interaction and psychological counseling as per need so that the activities support towards building a sense of community among MSM, MSW, TG and TG-SW.
- DIC Facilitator will develop a map with contact of service delivery sites and develop linkages and referral mechanism for needful service to MSM, MSW and TG/TG-SW who visit at DIC.
- Conduct skill building sessions on proper use and disposal of condom/lubricant, STI knowledge and detection, interpersonal communication and reducing drug and alcohol abuse.

### 12.2 Implement behavior change communication (BCC) to increase safer sex and health seeking behavior through an outreach education program.

- The program should incorporate effective peer/outreach education methodologies, interpersonal communication strategies and selective messages for BCC.
- The BCC materials and activities should include education on condom and skills, sexual health and STIs, HTC and legal rights. Educational and skills building material should be drafted with the aid of peer educators specifically geared to the needs of MSM, MSW, TG and TG-SW.
- Hire and train outreach educators and peer educators from different sub-populations of MSM, MSWs, TG and TG-SW and equipped with BCC materials.
- Ensure supportive supervision and establish feedback mechanism for the effective implementation of BCC activities and quality output of the services.
- Train peer educators to build skills of MSM, MSWs, TG and TG-SW in proper use and disposal of condom and water based lubricant in the field, STI knowledge and recognition skills, negotiation and communication skills with sexual partners reducing drug and alcohol abuse.
- Review and revise strategies and activities based on project implementation experience, behavioral surveillance results and in light of issues raised during review.

### 12.3 Provide syndromic STI management services to MSM, MSW, TG and TG-SW

- Establish equipped STI clinic as per updated national guideline for the syndromic STI case management. The clinic is managed by a clinical staff/STI Technician (CMA or ANM or HA or Staff Nurse) who will be trained on national syndromic STI case

management especially to address anal and oral STIs along with rectal concerns and issues arising from castration and hormonal treatment. The staff will also need to be sensitized on issues of "MSM" masculinities and sexual practices.

- Provide STI case management service (diagnosis and treatment) to MSM, MSW, TG and TG-SW following syndromic approach as envisioned in the updated national guideline. The field staff as well as clinical staff highly encourage for partner treatment.
- Establish effective referral mechanism from the field and DIC so that MSM, MSW, TG, TG-SW easily access the STI services.
- Conduct mobile STI clinic so that the MSM communities of distance will get opportunity to access the STI services easily.
- Refer potential STI clients for STI services in the established STI service sites.
- Regularly review and monitor to ensure the quality services of STIs provided to MSM, MSW, TG and TG-SW in the project area, using mystery clients, exit interviews and support the improvement and maintenance of quality services
- Link services for STIs with referral to specialist services sites.

12.4 **Provide access to HIV testing and counseling and testing (HTC) services**

- Establish HTC services so that MSM, MSWs, TG and TG-SW have effective and appropriate access to HTC service package or refer/accompany them to existing HTC centres where accessible.
- Provide HTC training to counselors and lab assistant/technician based on national guideline and ensure accessible & acceptable services to MSM, MSWs, TG and TG-SW.
- Establish user friendly HTC services catering to specific needs of MSM, MSWs, TG and TG-SW or refer/accompany them to existing HTC centres where accessible.
- Monitor the experience of MSM, MSWs, TG and TG-SW in accessing HTC services, and take remedial action in improving HTC educational activities and testing facilities
- Ensure HIV positive cases are enrolled in ARV treatment centres

12.5 **Provide condom and lubricant distribution and skills in use and negotiation**

- Ensure that condoms and water based lubricants are easily available in the project areas.
- Promote condom and water based lubricant use through free distribution of condoms and lubricants through drop in centres, peer educators/outreach workers, local STI services.
- Provide skills in condom and lubricant use and disposal and negotiating condom use with clients at drop in centres, through peer education and include in materials developed for behavior change intervention.
- Review and revise condom education and distribution activities based on project experience and behavioral surveillance results.

12.6 **Promote an enabling environment to reduce stigma & discrimination and support program implementation**

- Identify potential groups or individuals who could hinder progress of project. Develop a plan to promote a more positive environment for HIV prevention activities among MSM, MSWs, TG and TG-SW specifically tackling stigma and discrimination.
- Undertake advocacy and educational activities to improve understanding of local police officials and other community members towards the importance of working with MSM, MSWs, TG and TG-SW for HIV prevention.
- Advocacy plan and implementation should also include sex trade managers (madams, pimps) and other gatekeepers as necessary.
- Monitor harassment and violence against MSM, MSWs, TG and TG-SW by police and other local power brokers and take action as needed.

12.7 **Promote empowerment and social development activities among MSM/MSW and TGs**

- Initiate self help groups of workers around primary social and economic needs such as literacy, saving schemes etc.
- Establish linkages with local MSM social groups and networks as a key steps towards developing a self help approach
- Develop referral systems for other key support activities, such as micro-credit, legal rights groups etc.

13 **Staffing:** In addition to program staff, the NGO will be required to have at least the following full time managerial staff on their payroll: Program Manager, Admin & Finance Officer, M & E Officer and Program & Training Officer).

14 **Monitoring:** The consultant NGO(s) will provide progress reports against the process indictors in M & E Matrix. In addition, NCASC will judge progress towards achieving the targets described in M&E matrix, by examining whether the NGO is demonstrating progress towards accomplishing milestones described below. Any decision to terminate the contract or take other remedial action, specified in the contract will be based on past progress of the NGO, the existence of extraneous constraints, challenges, or impediments, a summary of all available quantitative information, and the latest results of integrated biological and behavioral surveys.

15 **Milestone one** by the end of the first one month:

i) All project staff have been recruited and trained in the basic principles of HIV interventions for MSM, MSW, TGs, TG-SW;
ii) Specific staff member is delegated and trained to conduct advocacy for an enabling environment; an advocacy program is begun with police, sex trade managers, or other important gatekeepers;
iii) Basic infrastructure, i.e. transportation and main office, are completed;
iv) Specific staff member is delegated and trained for monitoring and evaluation; needed computer programs are installed and operating;
v) Peer education manuals are drafted and criteria for recruitment of peer educators and their supervisors/outreach educators are developed.
vi) Peer Educators and Outreach Educators are trained

vii) Infrastructure, i.e. computer programs, clinics, safe spaces, drug supplies, are secured and operating;
viii) BCC Materials (printed, video, audio, musical, etc.) targeted to MSM, MSWs, TG and TG-SWs are developed or adopted from similar projects;

16 M&E framework completed, including indicators for coverage by districts and period and advocacy for an enabling environment;

17 **Compliance with National Guidelines:** The executing NGO **(a**nd its subcontractors) will follow the MoHP/NCASC's National Targeted Intervention Operational Guidelines for Male Having Sex with Male, Volume 4 and other relevant national guideline/SOP for delivery of services to MSM, MSWs and TGs.

18 **Facilities that will be provided by the Government:** The Ministry of Health, through the NCASC will provide the following facilities to the successful NGO during the execution of the contract:

- Results of surveys including IBBS.
- Results of Mapping Studies of MSM, MSWs and TGs
- Updated national guidelines for management of STIs, HTC and testing standards and ethnical guidelines
- Standard recording and reporting formats – will be adopted the national recording and reporting forms/formats used for Targeted Intervention program especially for MSM, MSW, TG and TG-SW.
- Authorization from the government to work with MSM, MSW, TG and TG-SW
- Copies of key reports and related research
- Access to public sector health services
- Access to public sector HIV testing and STI service facilities
- Access to ARV treatment centers
- Condoms, Lubricant, STI Medicine and test Kits will be provide CNGO and/ or the NGO(s) from NCASC or D (PHO).

19. **Accountability and Working Relationship**: The NGO will be accountable to the NCASC for the satisfactory delivery of the services as defined here. They will work in close collaboration with the other relevant development partners, and other NGOs working with MSM, MSWs, TGs and TG Service.

## REPORTING REQUIREMENTS

The Consultant NGO shall submit the reports to the Client reports as follows:

The Consultant shall submit reports to the Client as follows:

- Submit monthly testing and counselling (T&C), HIV case report and STI report by 7th of succeeding month (Nepali calendar).
- Submit bi-monthly progress report and financial report by using the standard reporting format 10th of succeeding month (Nepali calendar).
- Share copy of each report with DPHO of respective districts.
- Submit final report within the 1 month of project completion.

In addition, the following are required:

- Progress made in achieving the agreed work plan, process/output target(s)
- Challenges encountered and options used to resolved them
- Relations with stakeholders

(i) The NGO's staff (including peers educators or outreach workers) will maintain a daily log of their activities in sufficient detail to allow a review and assessment by the supervisory personnel of the quality of services, both internal and external;

(ii) The number of clients per day using the services & regularity of clients in using services

(iii) Maintain stock registers to allow monitoring and reporting of stock-outs of essential commodities

(iv) Maintain DIC visitor register especially for MSM communities in the drop in centre and for HTC and STI services in sufficient detail to allow data analysis and its interpretation, but keeping confidentiality of records from persons not related to program management and implementation.

(v) Maintain income and expenditure statements of the project proceeds for external annual financial audit, and provide copy of the audit report to the client or its representative 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.

(vi) Maintain all original receipts, vouchers, bills

(vii) Preparation of progress reports and their submission to the client and the management firm within 1 month after the completion of project taking contract signing as the reference date. The project completion report will provide at least the following information:

- Progress made against the agreed work plan
- Submit reports as per reporting requirements.
- Challenges encountered and options used to resolved them
- Relations with stakeholders