TERMS OF REFERENCE

CARE AND SUPPORT SERVICE PACKAGE FOR PEOPLE LIVING WITH HIV AND AIDS (PLHIV) IN NEPAL

Background:

1. Nepal has a population of 26.5 million with 1.35 annual growth rates[1]. In 2013, the estimated number of people living with HIV was 40,720 and the adult HIV prevalence was estimated to be 0.23[2]. Almost 50% of people living with HIV and 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". Based on the geographical spread of HIV, risk behaviour and other factors increasing vulnerability to HIV, Nepal has four epidemic zones: i) Kathmandu valley (3 districts); ii) Terai region - the highway districts (26 districts) – a trucking route running the length of the country; iii) the Far Western hills districts (7) – origin of most Nepali migrants into India; and iv) remaining 39 mountainous, remote districts.

2. As of July 2014, a total of 25,222 HIV positive cases had been reported to the National Centre for AIDS and STD Control (NCASC). A large proportion of all reported HIV infections are among male labour migrants (16%), male clients of female sex workers (3%), IDUs (7%), MSM (11%) and FSW (2%) and 30% are among rural women who may be wives or partners of HIV positive men[3]. Thus, Nepal's epidemic is concentrated among the key affected population. HIV transmission seems to be occurring within these groups or networks of individuals who have high levels of risk due to higher number of concurrent partners or sharing of needles or both. It is imperative to focus on the KAPs for prevention of HIV in Nepal.

3. The Government of Nepal (GoN) has decided to continue TI activities in order to scale up coverage and quality of HIV prevention interventions targeted at MARPs and provide care and support to people living with HIV (PLHIV).

4. The GoN intends to apply a portion of these funds to contract the services of qualified civil society organization(s) for the delivery of care and support services to PLHIV including, but not limited to, home-based care, counseling, positive prevention, treatment of AIDS-related illnesses and opportunistic infections (OIs) including TB, nutrition support and referrals to complementary care.

[1] CBS. Nepal in Figures, 2013
[2] NCASC, 2013
[3] NCASC

5. The government intends to contract an organization to provide services for PLHIV in all identified districts. The selected NGO can subcontract other NGOs/community-based organizations in order to ensure effective reach in each of the identified districts.

The four (4) months contract will cover at least in the following 35 districts: Argakhachi, Baglung, Baitadi, Bajhang, Bajura, Banke, Bardiya, Bhaktapur, Chitwan, Dadeldhura, Dailekh, Dhading, Dhanusha, Doti, Gorkha, Gulmi, Kailali, Kapilbastu, Kaski, Kathmandu, Kavre, Lalitpur, Lamjung, Makwanpur, Nawalparasi, Nuwakot, Palpa, Pyuthan, Rautahat, Rolpa, Saptari, Sindhupalchowk, Sunsari, Syangja, and Tanahun. Additional districts may be added or deducted 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. Payments will be made primarily on the success of the organization(s) in making progress towards the process indicators. Achievement of results on the ground will be considered of primary importance. If the budget is available for the remaining period of the F/Y 2072/073 the contract period may extend.

1. **Objectives.** The overall objectives are to reduce morbidity related to HIV and related complications, prevent HIV transmission and improve quality of life for PLHIV and their families. The specific objective of this contract is to provide care and support services to PLHIV and their families including psycho-social[4] support, referral to clinical care services[5], social and economic services[6] including family and community care[7] and referral support to PLHIV and their families.

2. The contractor(s) will deliver a defined package of services described in the subsequent paragraphs. The work will be done in coordination with the NCASC during contract execution. Services will be implemented in accordance with written guidelines[8].

3. The objectives to be achieved are that: i) 80% of PLHIV in service districts are reached with care and support services; ii) services are provided to PLHIV and their families through at least 40 Community Care Centers in the districts covered; and iii) increase adherence to ART(at least 98% adherence will be maintained)

---

[4] Including counseling, emotional and spiritual support, reduction of stigma and discrimination and positive living

[5] Including testing; prevention of OIs; symptom and pain management; treatment of AIDS-related illnesses and OIs including TB; pediatric care; treatment adherence support and information.

[6] Including social protection; income generation; food and nutrition assistance; transport; positive prevention; etc.

[7] Including psychological, medical, legal, etc.

[8] National Targeted Intervention Operational Guidelines, 2010, National Centre for AIDS and STI Control, Ministry of Health and Population, Nepal

4. **Scope of Services for PLHIV.** The implementing NGO(s) will provide the following package of services to PLHIV. It will prepare and submit an annual work plan to implement the following:

- Provide care and support to PLHIV and their families, especially through Community Care Centers.
- Positive prevention through the promotion of safer sex including dissemination of HIV information and distribution of condoms.
- Create and strengthen referral mechanisms for ARV/CD4/TB/OI/Hepatitis B and all health related services for PLHIV.
- Train and mobilize PLHIV as health volunteers and peer educators.
- Develop linkages to locally available service providers for sustainable nutrition, poverty alleviation,
- Document "HIV related Human Rights Violations" in project districts provide psychosocial and legal counseling and produce periodic report on it.
- Co-ordinate with District Health Office (DHO), District AIDS Coordination Committee (DACC), other donors and existing governmental and non-governmental institutions at district and central level for the implementation of activities.
- Community sensitization, advocacy and awareness rising among key stakeholders to create and enabling environment and reduce HIV-related stigma and discrimination.

Below each of these services are described in detail.

4.1 The design and implementation of the services will be informed by meaningful involvement of PLHIV and their families. Regular feedback and inputs from PLHIV and their families will be required to inform the development and review of the service delivery strategies.

4.2 Provide care and support to PLHIV and their families, especially through Community Care Centers and link these care services through referral networks.

- Treatment for opportunistic infections
- Prevention, early detection and treatment of tuberculosis
- Nutritional therapy and advice
- Palliative care
- Immunizations for children living with HIV
- Provide training and resources to ensure care givers have appropriate information about HIV prevention and care and knowledge of available health services

4.3 Positive prevention through the promotion safer sex through behavior change communication including dissemination of HIV information and distribution of condoms at Community Care Centers.

- Safer sex counseling
- Provision of condoms and lubricant
- STI screening and treatment

4.4 Create and strengthen referral mechanisms for ARV/CD4/TB/OI/Hepatitis B and other health related services for PLHIV by establishing Community Care Centers within existing ART, PMTCT and government hospitals:

- Between the hospital and the community – e.g. essential hospital services and community-based services provided by PLHIV groups, NGOs/CBOs, etc.
- Between the hospital and other public services
- Within the community – e.g. between community-based services that include harm reduction, legal/human rights services, etc.
- Between district, community and zonal/regional hospitals – e.g. between community based and facility based services at the district level and high-level specialized health care services.

11.5 Train and mobilize PLHIV as health volunteers and peer educators:

- Full participation from PLHIV and the communities they live in is essential to the success of the community care centers.
- PLHIV are more likely to use services that meet their needs and that they have been involved in designing and providing.

11.6 Develop linkages to locally available service providers for sustainable nutrition, poverty alleviation, counseling and gender & Human Rights

- Establish and/or strengthen administrative infrastructure to increase coordination and referrals to medical or non-medical support services.
- Document HIV related Human Rights Violations and produce periodic report

11.7 Co-ordinate with District Health Office (DHO), District AIDS Coordination Committee (DACC), other donors and existing governmental and non-governmental institutions at district and central level for the implementation of activities.

- Coordinate within and between different levels of the health system in order to expand access to care and treatment services.

11.8 Community sensitization, advocacy and awareness rising among key stakeholders to create an enabling environment and reduce HIV-related stigma and discrimination.

12 **Staffing:** In addition to program staff, the NGO(s) will be required to have at least the following full time managerial staff on their payroll: 1) Project Manager; 2) Admin/Financial Officer, 3) Training & Advocacy Officer and 4) M & E Officer.

13 **Monitoring Progress:** The implementing NGO(s) will provide the progress reports against the process indicators provided in M & E Matrix. In addition, NCASC will judge progress towards achieving the targets described M & E Matrix by examining whether

the NGO is demonstrating progress towards accomplishing semi-annual 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.

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

- Complete subcontracting, recruitment, procurement and office set up
- All Project staff have been recruited and trained in the basic principles of comprehensive care and support for PLHIV;
- Specific staff member is delegated and trained to conduct advocacy for an enabling environment; an advocacy program is begun with police, community, or other important gatekeepers;
- PLHIV regularly advise project staff and are included as staff members in a defined position that contributes to decision-making;
- Basic infrastructure, i.e. transportation and main office, are completed;
- Specific staff member is delegated and trained for M&E; needed computer programs are installed and operating;
- Knowledge and skills in the technical aspects of OI and STI management for PLHIV are improved with appropriate technical assistance;
- Infrastructure, i.e. computer programs, clinics, safe spaces, drug supplies, are secured and operating;
- All staff are trained in the principles and practices of non-discrimination, including medical staff and auxiliary staff;
- The process of bringing PLHIV together has begun and specific 'empowerment' activities selected; i.e. literacy, savings schemes, micro credit etc.
- Materials (printed, video, audio, musical, etc.) used in discussions among PLHIV are developed in participatory workshops;
- M&E framework completed, including indicators for coverage, exposure to intervention and changes in safer sex behaviors, STI treatment seeking behaviors, quality of STI care and effectiveness, of advocacy for an enabling environment.

15 **Compliance with National Guidelines** The executing NGO (and its subcontractors) will follow any applicable national guidelines regarding the provision of care and support services to PLHIV.

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

- Results of surveys, including IBBS.
- Reports of relevant mapping studies
- National guidelines for management of STIs, voluntary confidential counseling and testing standards and ethical guidelines.
- Standard recording and reporting formats – to be developed jointly through mutual consultation
- Authorization from the government to work with PLHIV
- Copies of key reports and related research carried out in relevant districts
- Access to public sector HIV testing facilities
- Access to ARV treatment centers
- Condoms

17 **Accountability and Working Relationship:** The NGO will be accountable to the NCASC for the satisfactory delivery of the services defined here. They will work in close collaboration with other relevant development partners, and other NGOs working with PLHIV.

REPORTING REQUIREMENTS

The Consultant shall submit to the Client reports 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 project report within 1 month of project completion

In addition, the minimum recording and reporting requirements will be as follows:

(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.

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

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

(iv) Maintenance of a register of patients at the drop in centre and for VCCT 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.

(vi) The preparation of progress report to NCASC will be as following:

- Progress made against the agreed work plan
- Progress made in achieving the agreed semi-annual process/output target(s)
- Challenges encountered and options used to resolved them