TERMS OF REFERENCE

COMPREHENSIVE SERVICE PACKAGE FOR PEOPLE WHO INJECTING DRUG (PWID) IN NEPAL

1. **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 estimated number of PWID in Nepal is 51,190, with annual growth rate of 11.36. The mean age of current drugs users is 25.7 years[4]. As per IBBS findings, HIV prevalence among IDU is as follows:[5]

KAPs	Location	2002	2003	2005	2007	2009	2011	2012
IDUs	Kathmandu	68.0		51.7	34.8	20.7	6.3	-
	Pokhara		22	21.7	6.8	5.4	4.6	-
	E. Terai		35.1	31.6	17.1	8.1	-	8
	W. Terai			11.7	11.0	8.0	-	5

Source: IBBS (2001 -2012)

[1] CBS. Nepal in Figures, 2013
[2] NCASC, 2013
[3] NCASC
[4] MoHA, 2069
[5] NCASC 2013

4. Recent disaggregated IBBS data reveal heterogeneity in HIV prevalence among IDUs; those in the Kathmandu valley have higher infection rates (6.3%) compared to the Pokhara Valley (4.6%). In Eastern and Western to Far Western Terai, HIV prevalence was the same (about 8.1%) in the 2012 round of IBBS.

   Facilitating and expanding a comprehensive response to HIV among IDUs and providing improved access and availability to quality services has been identified as one of the key strategic results in the National HIV and AIDS Strategy 2011 – 2016 included comprehensive harm reduction program that includes needle/syringe exchange programs, oral substitution therapy (OST) with methadone and Bupenorphine, rehabilitation, detoxification and after care. The plan envisioned to reduce HIV prevalence among PWID to 3% from 6.3% of base line target of 2011. At the same time, it is envisioned that 95% PWID will use sterile equipments in the last time they inject by 2016. However, challenges and constraints include:

    - Drug control laws that contradict the current policy environment and hinder implementation of comprehensive harm reduction programs
    - Lack of policy dialogue between sectors of government responsible for HIV and drug use
    - Lack of support for IDUs, especially women, placing them at risk of human rights abuses and HIV infection
    - Lack of standard intervention protocols and guidelines for IDU community
    - Programmatic gaps including:
        - Inadequate number of peer educators and outreach workers
        - Poor focus on sexual health needs of IDUs
        - Poor program focus on female IDUs
        - Lack of focus on abscess management, Hep B and C
        - Poor capacity building efforts focusing on the community

5. **Targeted interventions (TI)** are a cost-effective way to implement HIV prevention programs in settings with concentrated HIV epidemics. 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 limited resources on 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 TI activities in order to scale up coverage and quality of HIV and AIDS prevention interventions targeted at Key Affected Population (KAP). The 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 injecting drug users aimed at ensuring the continuity of existing services while scaling up HIV prevention and comprehensive harm reduction services to drug users.

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

8. The four (4) months contract will cover at least in the following ten districts : Jhapa, Morang, Sunsari, Parsa, Chitwan, Kathmandu, Lalitpur, Kaski, Tanahu and Kailali. Additional districts may be added based on the results of recent mapping studies. The contract will be a time based 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 specified in M & E Matrix measured biannually by HMIS. Sources of data for judging progress will include the management information system and integrated behavioural and biological surveillance (IBBS). 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.

9. **Objectives.**
   The objective of the contract is to control and prevent the further spread of HIV in the IDU population in Nepal. The contractor(s) will deliver a defined package of services described below. The work will be done in close coordination with the NCASC and will be implemented in accordance with written guidelines.[6]

10. The objective to be achieved are that: i) 50% of IDUs in Nepal are covered with prevention interventions; ii) HIV prevalence among IDUs remains below 3% as envisioned in NSP 2011-2016.

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

11. **Scope of Services for IDUs.** The implementing organization(s) will provide the following comprehensive package of services to IDUs. It will prepare annual work plan to implement these services:

- Needle and syringe programs
- Opioid substitution therapy (OST) and other drug dependence treatment including detoxification
- Education on sexual and reproductive health and STIs
- Targeted information, education and communication for people who inject drug and their sexual partners
- Condom distribution and education programs for IDUs and their sexual partners
- Provide primary healthcare, curative services and services for STIs based on syndromic management using national guidelines
- Provide access to Voluntary Confidential Counselling and Testing services
- Antiretroviral therapy (ART)
- Vaccination, diagnosis and treatment of viral hepatitis
- Prevention, diagnosis and treatment of tuberculosis
- Promote an enabling environment to support project implementation and reduce stigma against IDUs

Below each of these services are described in detail.

The above services directly related to HIV will be provided through the TI. The remaining services such as ART; OST, Detoxification and rehabilitation, vaccination, diagnosis and treatment of viral hepatitis; prevention, diagnosis and treatment of tuberculosis will be made through linkages with existing services in the government health care system.

Below each of these services are described in detail.

12. The design of the interventions will be developed on the basis of focus group discussions. Including IDUs is essential to development of the project design and regular feedback and inputs from active and former IDUs will be required to inform the development and review of the service delivery strategies.

13. **Provide harm reduction services**

- Provide sterile injecting equipment and alcohol swap
- Encourage needle exchange service and needle return.

14. **Implement appropriate behaviour change strategies**

- Develop a program to meet health and safety needs of IDUs based on the situation assessment, surveillance findings, and involvement of current and ex-users. The program should incorporate effective peer education methodologies, interpersonal communication strategies, field staff recruitment and skills building.

- Hire and train supervisors, outreach workers and peer educators from different sub-populations of IDUs including female IDUs. Ensure continued training and effective supervision of peer educators.
- Train peer workers to build skills of IDUs in safe injecting practices, proper condom use and disposal, STI knowledge and recognition skills, and educating them on reducing drug abuse
- The materials and activities should include education on how to avoid risks of injection and sharing practices, safer injection practice, condom skills, sexual health and STIs, and HTC. Educational and skills building material should be drafted with the aid of peer educators
- Review and revise strategy and activities based on project experience, behavioural surveillance results and in light of issues raised during implementation.

15. **Provide condom distribution and skills**

- Ensure that condoms are easily available in the project area
- Promote condom use through free distribution of condoms through drop in centres, peer educators/outreach workers, local STI services.
- Provide skills in condom use and disposal through peer education/DIC and include in materials developed for behaviour change intervention
- Review and revise condom education and distribution activities based on project experience and behavioural surveillance results

16. **Provide primary healthcare curative services and services for STIs based on syndromic management using national guidelines**

- Provide basic health care services to effectively manage abscesses, wounds and common ailments of drug users
- Provide treatment for STI infections and access to acceptable and appropriate services for STIs based on syndromic management using updated national guidelines
- Train local service providers who are used frequently by IDUs in provision of services for STIs
- Regularly review and monitor the quality of services for STIs used by the IDUs in the project areas, and support the improvement and maintenance of quality services
- Provide access to diagnosis and treatment of TB through linking up with the TB DOTS program
- Record all medical referrals and establish follow up mechanisms

17. **Provide access to HIV testing and Counselling (HTC) and ARV treatment and care services (if needed)**

- Provide HTC training to project staff to ensure accessible and acceptable services to IDUs

- Establish HTC services so that IDUs have effective and appropriate access to services or refer/accompany them to existing HTC centres where accessible.
- Monitor the experience of IDUs in accessing HTC services, and take remedial action in improving HTC educational activities and testing facilities
- Refer/accompany HIV positive cases to ARV treatment centres

18. **Promote an enabling environment to tackle stigma**

- Identify organizations/persons or others who could hinder implementation progress. Develop a plan to promote a more positive environment for harm reduction services for IDUs.
- Undertake advocacy and educational activities to promote understanding of local government officials, law enforcement agents and other local power brokers towards the importance of comprehensive harm reduction activities for HIV prevention.
- Monitor harassment and violence against IDUs and take appropriate actions

19. **Promote empowerment and social development activities among IDUs**

- Develop linkages with organizations or businesses to provide access to socio-economic rehabilitation through vocational skills training, micro-credit and/or job placement services.

20. **Staffing:** In addition to program staff, the NGO will be required to have at least the following full time managerial staff on their payroll: Project Manager; M & E Officer, Admin/Finance Officer, Training & Advocacy Officer.

21. **Monitoring:** The implementing NGO(s) will provide progress reports against the process indicators. 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 behavioural surveys.

22. **Milestone one** by the end of the first one months:
    - ❖ Complete sub –contracting and office set up if have any
    - ❖ All project staffs have been recruited and trained in the basic principles of harm reduction for injecting drug users;
    - ❖ Specific staffs member is delegated and trained to conduct advocacy for an enabling environment; an advocacy program is begun with police, and other important gatekeepers;
    - ❖ Basic infrastructure, i.e. transportation and main office, are completed both at CNGO and SCNGO level

- Peer education manuals are drafted and criteria for recruitment of peer educators and their supervisors are developed.
- Specific staffs member is delegated and trained for M&E; needed computer programs are installed and operating;
- A participatory project design workshop has been held with drug users and options explored, discussed and the most feasible decided upon collectively, including location of drop-in centres or other safe spaces for meetings/trainings of drug users.
- Infrastructure, i.e. computer programs, clinics, safe spaces, drug supplies, are secured and operating;
- Peer education and peer supervisor training has completed .Materials (printed, video, audio, musical, etc.) used in discussions among drug users are available. M&E framework completed, including indicators for coverage, exposure to intervention and changes in safer sex behaviours, STI treatment seeking behaviours, quality of STI care and effectiveness, of advocacy for an enabling environment;

23. **Compliance with National Guidelines** The executing organization (and its subcontractors) will follow the MoHP/NCASC's National Targeted Intervention Operational Guidelines for People who Injecting Drug Users, Volume 2 for delivery of services to PWIDs.

27 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 contract:

- Results of surveys, including IBBS. Reports of mapping studies of IDUs
- National guidelines for management of STIs, HIV counselling and testing standards and ethical guidelines.
- Training of DIC staff in HIV rapid testing.
- Training of all project staffs in Opioid substitution therapy - both Methadone and Bupenorphine Maintenance Therapy
- Standard recording and reporting formats – to be developed jointly through mutual consultation
- Authorization from the Government to work with PWID
- Copies of key reports and related research carried out in relevant districts
- Access to public sector HIV testing facilities
- Access to ARV, OST, and other treatment centres
- Condoms and STI Medicine will be pr4ovided from NCASC or DPHO.

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

REPORTING REQUIREMENTS

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 DACC of respective districts.
- Submit final report within 1 month of project completion.

In addition, the following are required:

- ❖ 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.
- ❖ The number of clients per day using the services and the regularity of clients in using services
- ❖ Maintenance of stock registers to allow monitoring and reporting of stock-outs of essential commodities
- ❖ Maintenance of a register of patients at the drop in centre and for HTC 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
- ❖ 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.
- ❖ Maintain all original receipts, vouchers, bills.
- ❖ Preparation of progress reports to NCASC will be as follows :
    - Progress made against the agreed work plan
    - Submit reports as per reporting requirements.
    - Challenges encountered and options used to resolved them
    - Relations with stakeholders like PWID, local police and community leaders