

Description of services Terms of Reference
Targeted Intervention Care and support service package for people living with HIV

Background:

1. Nepal has a population of 29.3 million with over 85% of the total population living in the rural areas, and 42% of the population living below the poverty line .In 2009, the estimated number of people living with HIV was 64,000 and the adult HIV prevalence was estimated to be 0.4%. 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 unsafe injecting drug use and sexual transmission, and is categorized as a " Concentrated epidemic". Based on the geographical spread of HIV, risk behavior 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 (7 Districts) - Origin of most Nepali migrants into India; and iv) The remaining 39 mountainous remote Districts.
2. A total of 18535, HIV positive cases had been reported to the National Centre for AIDS and STD Control (NCASC) as of 17 Aug 2011. The male: female sex ratio among HIV positive cases is 2.9:1. A large proportion of all reported HIV infections are among male labor migrants (38.8%), male clients of female sex workers (14.4%), IDUs (3.4%-20.7%), MSM (3.8%) and FSW (2.3%)⁹ and 21% are among rural women who may be wives or partners of HIV positive men. Thus, Nepal's epidemic is concentrated among the Most at Risk Populations (MARPs) More than 75% of known HIV cases are among MARPS. HIV transmission seems to be occurring within these groups or networks of individuals who have high levels of risk due to a higher number of concurrent partners or sharing of contaminated injecting equipment or both. Therefore there is an urgent need to focus on the MARPs for prevention of HIV in Nepal. Among the 18355, reported HIV cases, 4850 meet the threshold for anti retro viral treatment (ART) as per the 2006 WHO guidelines (CD4<200) and 6455 meet the 2009 revised guidelines (CD4<350). Currently, 4,509 people are receiving ART.
3. The GoN intends to apply a portion of these funds to contract the services of qualified civil society organizations(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 illness and opportunistic infections(OIs) including TB, nutrition support and referrals to complementary care.

4. Districts to be covered:

Dhanusha, Tanahun, Syanjya, Dadeldhura, Baitadi, Bajura, Bardiya, Dailekh, Bhaktapur, Kavre, Sindhupalchowk, Nuwakot, Dhading, Nawalparasi, Makwanpur, and Baglung. 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 Community based local PLHIV run 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 Table 1 below. Achievement of results on the ground will be considered of primary importance. .

5. 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 support, referral to clinical care services, and social economic services including family and community care and referral support to PLHIV and their families.

6. The objectives to be achieved by July 15, 2015 are that;

- I. 80% of PLHIV in Nepal 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)

7. Indicators:

The contracted NGO(S) will be responsible for achieving the six indicators described below.

Table 1: List of Indicators

Indicators	Means of data collection	Base line value	Target *
% of PLHIV Receiving counseling and testing services in the contracted districts.	MIS and 3 rd party assessment	To be established	At least 15% points increase from the baseline
% of facilities with community care centers		To be established	At least 15% points increase from the baseline
% of PLHIV accessing STI services	MIS and 3 rd party assessment	To be established	At least 15% points increase from the baseline
% of PLHIV	MIS and 3 rd party	To be established	At least 15% points

accessing VCT services	assessment		increase from the baseline
% of PLHIV who are receiving ART(of those who are in need)	3 rd party assessment		At least 15% points increase from the baseline
Stigma reduction indicator to be added after consultation with PLHIV	MIS and 3 rd party assessment	To be established	At least 15% points increase from the baseline

*The targets to be achieved will be specified during the contract either on annual basis or for the entire contract period. When signing the contract targets will be broken down into yearly targets to ensure that the implementation is on track.

Districts to be covered:

Districts	Region
1. Dhanusha	Eastern
2. Bhaktapur	Central
3. Kavre	Central
4. Sindhupalchowk	Central
5. Makwanpur	Central
6. Nuwakot	Central
7. Dhading	Central
8. Tanahun	Western
9. Syanjha	Western
10. Nawalparasi	Western
11. Baglung	Western
12. Bardiya	Mid Western
13. Dailekh	Mid Western
14. Dadeldhura	Far Western
15. Baitadi	Far Western
16. Bajura	Far Western

8. 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 CCC

- 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.
- Develop linkages to locally available service providers for sustainable nutrition, poverty alleviation, legal counseling and gender and human right
- Coordination with District Health office (DHO), District AIDS coordination committee(DACC), other donors and existing governmental and non-governmental institutions and district and central level for the implementation of activities
- Community sensitization, advocacy, and awareness raising among the key stakeholders to create enabling environment and reduce HIV related stigma and discrimination.

Below each of these services are described in detail:

9. 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
- Provide training and resources to ensure care givers have appropriate information about HIV prevention and care and knowledge of available health services.

10. Positive prevention through the promotion of 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

11. 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 the existing ART, PMTCT and governmental 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

12. 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.

13. Develop linkages to locally available service providers for sustainable nutrition, poverty alleviation, counseling and gender and Human rights

- Establish and/or strengthen administrative infrastructure to increase coordination and referrals to medical or non-medical support services.

14. Coordinate 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.

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

16. Monitoring Progress: The implementing NGO(S) will provide biannual progress reports against the process indicators in Table 1. In addition, NAP+N will judge progress towards achieving the target described above in Table 1 by examining whether the NGO is demonstrating progress towards accomplishing semi-annual milestones described below.

17. Milestone one by the end of three months:

- i. Project staff have been recruited and trained in the basic principles of comprehensive care and support for PLHIV.
- ii. Well equipped CCC have been fully functioned.

- iii. Outreach has identified and established referral mechanism for ART and related services.

18. Duration of Contract and Geographical Spread of Services. The contract with the successful NGO which will remain effective for the period of thirty six (36) months subject to satisfactory execution of the Contract. The executing NGO (and its subcontractors) will provide services to PLHIV in specified districts as identified above by the NAP+N.

19. Accountability and Working Relationship: The NGO will be accountable to the NAP+N for the satisfactory delivery of the services defined here. They will work in close collaboration with the NCASC/hospital ART sites, other relevant developmental partners, and I/NGOS working with the PLHIV.