

# Terms of Reference (TOR)

## Comprehensive Package for Prisoners

- 1. Background:** Nepal has a population of 26.49 million with 1.35 annual growth rates<sup>1</sup>. In 2013, the estimated number of people living with HIV was 40,720 and the adult HIV prevalence was estimated to be 0.23%<sup>2</sup>. 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”. 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 districts (7) – origin of most Nepali migrants into India; and iv) remaining 39 mountainous, remote districts.
- 1** As of July 2014, a total of 25,222 HIV positive has been reported to the National Centre for AIDS and STD Control (NCASC). 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%)<sup>3</sup> and 21% are among rural women who may be wives or partners of HIV positive men.<sup>4</sup> Thus, Nepal’s epidemic is concentrated among the Key Affected Populations (KAPs).<sup>5</sup> 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. Therefore there is a greater need to focus on the KAPs for prevention of HIV in Nepal.
- 2** Worldwide, the levels of HIV infection among prison populations tend to be much higher than in the population outside prisons. This situation is often accompanied and exacerbated by high rates of other infectious diseases such as hepatitis and tuberculosis. The generally accepted principle that prisons and prisoners remain part of the broader community means that the health threat of HIV within prisons, and the health threat outside of prisons, are inextricably linked and therefore demand coordinated action.<sup>6</sup>
- 3** UNDP Nepal conducted a behavioral study in six prisons in Nepal in 2006. While the study did not clearly show risk behavior among prisoners, it raised the possibility of under reporting of risk behaviors due to fear of stigmatization and punishment. It is possible that injecting drug use and the sharing of injecting equipment is a risk factor for HIV infection among the prison population in Nepal. Similarly, overcrowding in the prisons increases the likelihood of transmission of other infectious diseases (skin infections, Tuberculosis and Hepatitis, etc) that pose health risks to prisoners and the prison staff.

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<sup>1</sup> CBS, Nepal in Figure 2013.

<sup>2</sup> HIV Epidemic Situation of Nepal, NCASC, 2013

<sup>3</sup> IBBS 2009

<sup>4</sup> Ibid.

<sup>5</sup> As defined by NCASC: Injecting Drug Users; Female Sex Workers; Men Having Sex with Men (includes Transgender); and Migrants.

<sup>6</sup> UNODC, WHO, UNAIDS, HIV/AIDS Prevention, Care, Treatment and Support in Prison Settings: A Framework for an Effective National Response, 2006.

- 4 Targeted interventions (TI) are a resource-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.
  - are focus limited resources on the most cost-effective interventions and where they can be used to the best benefit.
  - are 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.
  - are acknowledge that people who are at risk of HIV infection are often marginalized from the broader community, stigmatized and discriminated against.
- 5 The Government of Nepal (GoN) has allocated funds required to implement activities in order to scale up coverage and quality of HIV prevention interventions targeted to KAPs. The GoN has decided to allocate the funds to contract the services through qualified NGO/organization(s) for the delivery of a defined package of services prisoners with the aims of controlling and preventing 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 local community-based organizations in order to ensure effective reach.
- 6 **Duration and geographical coverage:** The Four (4) months contract will cover at least in the following 5 districts: Kathmandu (Jaganathdewal), Sunsari (Regional Jail), Parsa, Jhapa & Morang. 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. If the budget is available for the remaining period of the F/Y 2072/073 the contract period may extend.
- 7 **Payments Modality:** Payments will be made primarily on the success of the organization(s) in making progress at least 80% towards the output/process indicators specified in bimonthly plan with targets of 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 STI Control (NCASC) will have an experienced program and finance team for the regular back stopping to the Consultant NGO to deliver the activities as per periodic plan. The concerned officer will review the reports received from the Consultant NGO and proceed with recommendation for disbursement of the project expenditure.
- 8 **Objectives:** The objectives of this contract are to provide prisoners with information on HIV, AIDS and STIs and to provide prisoners with the means to protect themselves against HIV infection and co-infection with hepatitis B and C and/or tuberculosis. 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.<sup>7</sup>

The objectives to be achieved by July 15, 2016 are:

- 80% of prisoners in the selected prisons are reached with prevention interventions;

## **9 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 attached project work plan which will be finalized after selection of the RFP and attached in the contract.

## **10 Scope of Services for Prisoners.** The implementing NGO will provide the following package of services to prisoners. It will prepare annual work plan to implement these services:

- Increase safer sex and injecting practices and improve health care seeking behavior through behavior change interventions using peer educators
- Provide services for STI treatment, care and support based on updated national guidelines
- HIV Testing and Counseling (HTC) using national guidelines
- Condom programming /ensure availability of condoms and water based lubricant in prison health center(no stock-outs)
- PLHIV health care service linkage
- Promote an enabling environment and reduce stigma against prisoners and PLHIV

Below each of these services are described in detail. The design of the interventions will be developed on the basis of focus group discussions with prisoners and other stakeholders (e.g. prison staff)

### **10.1 Implement behavior change communication interventions:**

- Provide access to accurate, confidential, non-judgmental and accessible information on HIV and AIDS in various formats. This should include clear information on routes of transmission and the types of behaviors (i.e. unsafe sexual activity, syringe sharing, unsafe tattooing and piercing) that pose a risk of HIV transmission.
- Train peer educators to build skills of prisoners in proper condom use and disposal, safe injecting, tattooing and piercing practices, HIV awareness, STI knowledge and recognition skills, HTC.
- Education on condom and sexual health and STIs, legal rights, and HTC. Educational and skills building material should be drafted with the aid of peer educators specifically geared to the needs of prisoners.
- Review and revise strategies and activities based on project implementation experience, behavioral surveillance results and in light of issues raised during review.
- Support Prison hospitals/primary health care clinic with condom and lubes

### **10.2 Provide general health care services and a focus on prevention and care of STIs**

- Provide a select set of primary health care services including for TB and hepatitis to prisoners

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<sup>7</sup> National Operational Guidelines, 2015, National Centre for AIDS and STI Control, MoHP, Nepal

- Provide services including syndromic case management of STIs, distribution of condoms and lubes, health education and counseling, etc.
- Regularly review and monitor the quality of services for the prisoners and support the improvement and maintenance of quality services

### **10.3 Provide access to HIV Testing and Counseling (HTC) services**

- Provide access to HTC for prisoners and ensure confidentiality of HIV test results
- Ensure that informed consent and pre- and post-test counseling are mandatory for all HIV testing in prisons
- Monitor the experience of prisoners in accessing HTC services, and take remedial action in improving HTC educational activities and testing facilities
- Refer/accompany HIV positive cases to ARV treatment centers

### **10.4 Promote an enabling environment to reduce stigma and support program implementation**

Identify groups or individuals who could hinder progress of project e.g. prison authorities & staff. Develop a plan to promote a more positive environment for HIV prevention activities among prisoners specifically tackling stigma.

- Undertake advocacy and educational activities to improve understanding of prison and law enforcement authorities and public health officials towards the importance of working with prisoners for HIV prevention.
- Include anti-stigma messages in IEC and BCC materials
- Monitor harassment and violence against PLHIV by prison staff and other prisoners and take action as needed

11 **Staffing:** In addition to program staff, the NGO will be required to have at least the following full time managerial staff on their payroll:

- I. Project Manager
- II. M&E officer
- III. Admin/ Finance officer
- IV. Counselor/ Training officer

12 **Monitoring Progress:** The implementing NGO(s) will provide the progress reports against the process indicators defined 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 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.

13 **Milestones** by the end of the first one month:

- i) Senior project staff have been recruited and trained in the basic principles of HIV interventions for prisoners;
- ii) Specific staff member is delegated and trained to conduct advocacy for an enabling environment; an advocacy program is begun with prison authorities and other important gatekeepers;
- iii) At least a few prisoners regularly advise project staff or are included on the staff in a defined position that contributes to decision-making;

- iv) Basic infrastructure, i.e. transportation and main office, are completed;
- v) Outreach worker manuals are drafted and criteria for recruitment of outreach workers and their supervisors are developed.
- vi) Specific staff member is delegated and trained for M&E; needed computer programs are installed and operating;
- vii) Participatory project design workshops have been held with prisoners

- 14 **Compliance with National Guidelines** The executing NGO (and its subcontractors) will follow the MoHP/NCASC's National Operational Guidelines of prison (NCASC 2010).
- 15 **Facilities that will be provided by the Government:** The Ministry of Health, through NCASC will provide the following facilities to the successful NGO during the execution of the contract:
- Results of surveys.
  - Results of Mapping Studies of prisoners
  - Updated national guidelines for management of STIs, HTC and testing standards and ethical guidelines
  - Standard recording and reporting formats – to be developed through mutual consultation
  - Authorization from the government to work with migrants
  - Copies of key reports and related research
  - Access to public sector health services
  - Access to public sector HIV testing facilities
  - Access to ARV treatment centers
- 16 **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 relevant development partners and other NGOs working with MSM, MSWs & TGs.

## APPENDIX B: REPORTING REQUIREMENTS

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

- Submit bi-monthly progress report and financial report by using the standard reporting format 10<sup>th</sup> of succeeding month (Nepali calendar).
- First inception report along with first bimonthly progress report.
- Submit monthly testing and counselling (T&C), HIV case report and STI report by 7<sup>th</sup> of succeeding month (Nepali calendar).
- Share copy of each report with DACC of respective districts.
- Submit final report (both progress and financial reports) within the 1 month of project completion.

In addition, the following are required:

- (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 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 VCT 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) The progress report will provide at least the following information:
  - Progress made against the agreed work plan
  - Progress made in achieving the agreed semi-annual process/output target(s)
  - Challenges encountered and steps taken to resolve them