

Terms of Reference (ToR)

Service Package: 25:STI and HIV prevention Service Package for MSM/MSW/TG and their clients;

1. Introduction of the procurement entity:

AIDS/ STD Programme (ASP) of the Ministry of Health and Family Welfare is the government agency responsible for implementing the HIV prevention and control programs. ASP has been developed a five year National Strategic Plan for the 2018- 2022 that has recently updated in inclusion of epidemiological changes and extended to 2023. This plan will be implemented during the Health Population Nutrition and Sector Programme (HPNSP) followed the objective to prevent HIV infection from gaining a larger foothold within key populations and to control its spread into general population, without stigmatizing the high-risk populations.

2. Country HIV Situation:

The Government of Bangladesh (GOB) has a long history of strong political commitment to the HIV response. Bangladesh initiated an early response to the HIV epidemic since mid-1980s. Since then, the response has been enhanced considerably, and many HIV-prevention interventions among the Key populations and the general populations are being undertaken. Bangladesh was the first country in the Asia and Pacific region to adopt a comprehensive national policy on HIV/AIDS and STIs in 1997. Bangladesh remains a low HIV prevalent country with less than 0.01%³ (overall prevalence in general population over the years) but among the KPs prevalence is 3.9 of which PWID contributed big number of positivity.

The first case of HIV in Bangladesh was detected in 1989. There were 814 new infections in 2019 and among the Forcibly Displaced Myanmar Nationals (FDMN), there were 105 new infections reported in the same year. Therefore, in total 919 new infections were reported. Until October 2019, cumulatively 7,374 cases (including FDMN cases) were detected of whom 1,242 died. Thus, reported numbers of PLHIV were 6,132 in 2019⁵ and the estimated number of PLHIV was around 13,800 in 2018. Among the detected new infections, PWID constituted 27.1%, excluding the FDMN. Over 70% of the reported new infections were from two divisions- Dhaka and Chattogram. Around 25% of the newly detected PLHIV were women.



Situation/ Context of the Target Population:

The second most HIV-affected KP are TG; as per IBBS 2015- 2016 report two out of 46 were found positive in Hili, in Dinajpur district bordering with India; in Dhaka prevalence among TG was 0.9% and overall HIV prevalence among TG is estimated to be 1.4%. Among other key populations (KP) defined in the 4th National Strategic Plan (NSP) HIV prevalence remains low: among female sex workers (FSW), men who have sex with men (MSM), and male sex workers (MSW) prevalence was found to be less than 0.5%. 46% of MSM, 46.5% of MSW and 58.9% of TG reportedly did not use condoms with clients or non-transactional sex partners during the last sex act. The mean age of first sex of MSM, MSW and *hijra* was 15.7, 13.6 and 12.3 years, respectively. Although nearly half of MSM and nearly 60% of TG do not use condoms, the program is positively impacting behaviour change towards safer sex.

Current Response and Proposed Site:

As per size estimation, survey conducted by ASP in 2015 about 141,671 MSM/ MSW and TG (maximum range) living in the country, most of them are coming from 23-priority district of the country. Currently, The Global Fund is supporting the MSM/ MSW and TG prevention programme in different part of the country, about 37 districts are already covered by this intervention where 37,500 population are planned to provide services until 2023, still a big number of MSM/MSW and TG are living out of the HIV prevention services in the country. Of those uncovered population, ASP is planning to provide HIV prevention service about 5,000 population.

3. Program objectives:

General objective:

To minimize the spread of HIV and the impact of AIDS on the individual, family, community, and society, working towards Ending AIDS in Bangladesh by 2030.

Specific objectives:

1. To increase the identification of PLHIV and to prevent new HIV infections among the MSM/ MSW and TG in selected district of the country providing standard service packages
2. Identification of STIs among the population and treat accordingly



3. To provide universal access to treatment, care and support services for the people living with HIV among the MSM/ MSW and TG for ensuring viral load suppression
4. To strengthen the coordination mechanisms and management capacity at different levels to ensure an effective national multi-sectoral HIV&AIDS response especially treatment and rehabilitation

4. Minimum Services to be provided:

The staff will reach out to the population to provide basic HIV prevention services as described below.

- a) **Coverage target:** At least 80% of the listed MSM/ MSW and TG need to be reached (as per standard definition of reach)
- b) Mapping and listing the population including identify the spot
- c) Provide life-skills education to population that include behaviour change and communication on HIV and STI prevention and information on referral services for other health services
- d) Ensure HTS, TB, hepatitis B and C, General Health Services, STI management, Abscess management, overdose management etc at facility as well effective referral.
- e) Referral of the HIV positive MS/ MSW and TG in the ART center and follow regular basis for ensuring adherence
- f) Condom and lubricant Promotion
- g) Psychosocial support
- h) Multi sector engagement for creating enabling environment for DUs and ensure other social services for the recovery cases
- i) Capacity building and training for the service providers

Please see the standard HIV service packages for PWID in www.asp.gov.bd (Standard Operating Procedure of DIC management) for more information.

5. Approach / Modality:

1. Establish an outreach facilities to ensure Peer Outreach Worker deployment and capacity building as front line service providers to ensure outreach service including health education syringe exchange, condom promotion (if necessary) referral for clinical service. Develop systems to distribute needles, syringes at times, and places when and



where they are most needed, improve collection and disposal of used needles and syringes to decrease the risks of reselling and reusing needles and syringes.

2. Establish a safe space for the MSM/ MSW and TG for providing them clinical services like STI management, HTS, abscess management, Hep C/ B, general illness, the facility may attach in district hospital/ medical college hospital/ any other existing private health facility. Relevant manpower is planned in this grant.
3. Structural intervention through influence to policy level stakeholders by ensuring enabling environment

Two prone service delivery facility will be established for the population, the health and clinical service including STI/ abscess management, general health, TB, Hep B and C, HTS, overdose management at government/ private hospital facility. Another service facility will be outreach services, which may be in rented house or consultant organization's existing facility. All the outreach services will be offered by this point.

4. Proposed Intervention Area (Table):

SL	Name of the District	No of Population to be covered
01	Dhaka	800
02	Popuakhali	700
03	Chottragram	800
04	Sylhet	600
05	Netrokona	700
06	Manikganj	700
07	Rajshahi	700
	Total	5,000

6. Experiences, Resources & Delivery Capacity Required

1. The applicant should have Legal establishment for a minimum of twelve (12) years (valid registration with joint stock company/ Social welfare /NGOAB/ any other GoB entity) of which three years of experience in any of the areas of health, population and nutrition sector.
2. Preference given to the applicant who have experience in implementing HIV/ AIDS prevention program for any key population



3. Proof of sound financial ability to manage the requested assignment, attached last three years audit report and programme report.
4. The applicant should have evidence of skilled human resources required in the program, personnel should be familiar with GOB/national HIV prevention policies and guidelines.
5. Having working experience with the government health system is mandatory.

Applicant may apply in joint venture implementation arrangement where one will be lead and rest will be JV partner but not more than 4 organizations, applicant may include strategic partners to implement any component of the contract. In case of JV arrangement, all above requirements are applicable for lead and partners

7. Funding source: 4th HPNSP

8. Period of services: October 2020- May 2022

9. Selection method: Quality and Cost based selection (QCBS)

10. Application Submission procedure:

Interested organization will be required to submit the EOI (1 original with 2 copies) to the address of the Director (MBDC) and Line Director, TB-L and AIDS/ STD Programme as mentioned below, write up of the EOI will be within 20 page in the New Roman 12 font (1" margins all around) along with all supporting evidence mentioned in the experience and eligibility criteria/ Capacity Required above on 12/11/2020 at 12:00 Noon. EOI's will be opened in presence of the representative of the participating firms, if any on 12/11/2020 at 12.30 PM (BST). In case of any unavoidable circumstances such as strike, civil commotion, Govt declared holiday etc, EOI's will be received and opened on the following working day. Upon receipt of EOI's the interested firms those are deemed best suited to perform the assignment will be short-listed. There after Request for Proposal (RFP) document will be issued to the Short-Listed Firms. The organizations will be selected based on the QCBS basis in accordance with the procedures set out in the PPA 2006 and PPR 2008 of GoB.

Address of Official inviting EOI: Director (MBDC), Line Director, TB- Leprosy and AIDS/STD Programme (TB-L & ASP), DGHS, 4th floor, Old building of DGHS, Mohakhali Dhaka-1212, Bangladesh

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