

## **Terms of Reference (ToR)**

### **Harm reduction Intervention for people Who Inject Drug (PWID):**

**Service Package: 26:** Harm reduction and Opioid substitution therapy (OST) Service package for male and female PWID

#### **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 which 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%<sup>3</sup> (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. Till 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 2019 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:**As per IBBS report of 2015-2016 conducted by IEDCR and icddr,bHIV risk behaviours were found to be riskier among male PWID between two neighbourhoods in Dhaka A1 and A2, especially with regards to injection practices, more shared their needles/syringes and had more injection sharing partners when partners were different individuals. However, in 2016, 52.4% and 53.1% were still found to be sharing (whether lending or borrowing) their used needles/syringes in the last injection or in the last week respectively. Of the 197, HIV positive male PWID >60% borrowed or lent last week, >30% were married or had non-transactional sex partners or bought sex from FSWs, some had multiple sex partners and <40% used condoms consistently in last year with FSWs. Beyond individual risk factors, structural factors can also impact the HIV epidemic such as living conditions; 54.7% of HIV positive PWID in A1 lived on the streets and fewer compared to HIV negative PWID lived with families.

Another issue of concern is the low levels of effective HTC conducted in the last year in all population groups sampled with the lowest in hotels based FSWs (4.7%) and the highest in street based FSWs from Hili (37.8%). In PWID 26.8% had been tested, counselled and received their HIV test result in the last year. If more individuals are not tested for HIV, identification of those positive will not be possible so that treatment will be hampered allowing greater spread of HIV. In 2016, the HIV prevalence was still found to be the highest among male PWID in A1 with 27.3% being HIV positive. This was a significant and steep rise compared to earlier years. Furthermore, HIV was not restricted to A1 but had spread to A2 where the HIV prevalence in male PWID was 8.9%. Taken together the HIV prevalence in this population group was 22% in all of Dhaka. Fortunately, active syphilis rate was low (2.6%).

**Current Response and Proposed Site:**

As per size estimation survey conducted by ASP in 2015 about 33,067 PWID (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 PWID prevention programme in different part of the country, about 18 district are already covered by this intervention where 17035 PWID are planned to provide service till 2023, still 16000 PWID are living out of the HIV prevention services in the country. Of those uncovered PWID, ASP is planning to provide HIV prevention services through needle syringe programme about 10,000 population and 1500 PWID also planned under OST





services, drug user will also cover in this intervention providing health education, HTS, BCC. ASP proposed project site is follows;

### **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 PWID 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 PWID/ DUs for ensuring viral load suppression
4. To ensure treatment and rehabilitation for the DUs/ PWID
5. 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

### **6. Minimum Services to be provided:**

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

- a) **Coverage target:** At least 80% of the listed PWID/ DUs 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 PWIDs 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 PWID/ DUs in the ART center and follow regular basis for ensuring adherence
- f) Distribution of needle and syringe, establish proper disposal mechanism
- g) Condom Promotion



- h) Drug treatment and rehabilitation and social integration
- i) Psychosocial support
- j) Education and Counselling for the drug user for preventing themselves from injecting drugs
- k) OST management including fixation of doses, dispensing of methadone, follow up and retention
- l) Multi sector engagement for creating enabling environment for DUs and ensure other social services for the recovery cases
- m) Capacity building and training for the service providers

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

## **7. Definition of the Population:**

- 1. People who Injecting Drugs (PWID):** The persons who inject any types of illicit drugs (within in last 3 months once or more than once) for the for the purpose of addiction
- 2. Drug Users (DU):** The person who takes any types of illicit drugs in oral/ smoke form (within last 3 month once or more than once)for the purpose of addiction.

## **8. 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 and 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. Motivate clients to enrol in the OST programme and rehab programme
2. Establish a safe space for the PWID 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. Establish a services facility for providing oral substitution therapy (OST) for the PWID using existing drug treatment facility run by government/ DNC or any private center by on boarding relevant manpower
4. Ensure drug treatment for the drug user/ PWID and social integration
5. 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.

6. Proposed Intervention Area (Table):

Sl. No.	District	No of PWID/ DUs for needle / Syringe Programme	OST Programme
1	Jhalokathi	316	
2	Brahmanbaria	327	
3	Cox's Bazar	604	
4	Dhaka	500	400
5	Faridpur	348	
6	Jamalpur	479	
7	Kishoreganj	357	
8	Narsingi	411	
9	Tangail	602	
10	Bagerhat	389	
11	Chuadanga	651	
12	Khulna	500	300
13	Kushtia	394	
14	Satkhira	455	
15	Naogaon	416	
16	Chapainawabganj	400	
17	Rangpur	521	
18	Habiganj	333	





19	Moulvibazar	329	
20	Sylhet	678	
21	Nilphamari	294	
22	Thakurgaon	298	
23	Feni	248	
24	Magura	243	
25	Chottragram		300
26	Barishal		300
27	Mymensingh		200
	Total	10093	1500

## 8. 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 or having experience in drug treatment and rehabilitation.
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

## 9. Funding source: 4<sup>th</sup> HPNSP

## 10. Period of services: October, 2020- May, 2022



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

**12. 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, 4<sup>th</sup> floor, Old building of DGHS, Mohakhali Dhaka-1212, Bangladesh

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