**Detailed Scope of Work**

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| Issue date | 30 July 2021 |
| Deadline for questions | 05 August 2021 |
| Deadline for Submission of Proposal | 13 August 2021 |
| Date of commencement of award | 1 October 2021 |
| Subject: | Request for Application to become an Implementing Partner |
| Program Title: | KEY Populations-Strengthening Technical Assistance and Response for Sustainable HIV Prevention and Treatment (KP-STAR) |
| Where | Gobabis and Otjiwarongo districts |
| Duration of Award | 1 October 2021 to 30 September 2022 (renewable depending on performance and availability of donor funding)  |

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## **Acronyms**

|  |  |
| --- | --- |
| ARV | Antiretroviral  |
| FSW | Female sex workers |
| HIV  | Human Immunodeficiency Virus |
| IHN | IntraHealth Namibia |
| IPT | Index Partner Testing  |
| KP | Key Populations |
| M&E | Monitoring and Evaluation |
| MER | Monitoring, Evaluation and Reporting Indicator Reference Guide |
| MoHSS | Ministry of Health and Social Services |
| MSM | Men who have sex with Men |
| NAM-IBBS | Namibia Integrated Biological and Behavioural Survey  |
| NAMPHIA | Namibia Population-based HIV Impact Assessment |
| PEP | Post Exposure Prophylaxis |
| PEPFAR | U.S. President’s Emergency Plan for AIDS Relief |
| PGA | Priority Geographical Area |
| PrEP | Pre-exposure Prophylaxis |
| STI | Sexually Transmitted Infection |
| TGW | Transgender women |
| USG | United Sates Government |
| VL | Viral Load |

## **Program Description**

**Introduction and Purpose**

Over the past decade, Namibia has made impressive progress in the fight against HIV/AIDS. The recent NAMPHIA-2017 study shows that of people living with HIV (PLHIV) aged 15-64 years, 86% reported knowing their HIV status, and once diagnosed over 90% of PLHIV were linked to antiretroviral therapy (ART) and virally suppressed. The Government of the Republic of Namibia (GRN) has taken decisive steps to scale up best practices to reach epidemic control, including integrating preexposure prophylaxis (PrEP) into the national ART guidelines, increasing HIV testing access and yield through targeted index contact tracing and HIV self-testing and introducing community-based ART models that have demonstrated high retention rates. Despite this progress, key and vulnerable populations—particularly sex workers (SWs), men who have sex with men (MSM), and transgender (TG) women—continue to be left behind

Key Populations (KP) in Namibia, especially men who have sex with men (MSM), female sex workers (FSW), and transgender women (TGW) are at high risk of HIV. Based on the Namibia Integrated Biological and Behavioural Survey (NAM-IBBS) conducted in 2019, HIV prevalence was high among FSW: 20.9% in Windhoek, 21.2% in Walvis Bay and 43.6% in Katima Mulilo. Overall Key Populations (KPs) continue to lag behind the general population in achieving 95-95-95 HIV outcomes.

IntraHealth Namibia (IHN) is looking for partners to support the implementation of the USAID-funded, Key Populations Strengthening of Technical Assistance and Response for sustainable HIV prevention, care and treatment (KP-STAR), in Gobabis and Otjiwarongo.

The project goal is to strengthen HIV prevention, care, and treatment interventions for Key Populations through applying innovative, evidence-based approaches to reduce the incidence and mitigate the impact of HIV among KPs—specifically SWs, MSM, and TG individuals. IntraHealth Namibia is the lead partner for the KP-STAR consortium working in ten priority geographical areas (PGAs) namely Gobabis, Otjiwarongo, Windhoek, Rundu, Keetmanshoop, Katima Mulilo, Walvis Bay, Swakopmund, Oshikango and Oshakati.

## **Objectives and Deliverables**

As part of the application, the successful partner is expected to document and deliver on innovative strategies to implement the following objectives and activities among MSMs and TGs in Gobabis and Otjiwarongo , in accordance with national Strategic Framework and guidance of MoHSS:

**Objective 1: Increase HIV testing and case-finding among MSM and TG people through self-testing, index testing, and social network testing strategies.**

Activity 1.1 Demand creation for HIV Testing Services in Gobabis and Otjiwarongo for MSMs and TG people

Activity 1.2 Provide and support the distribution of HIV Self Testing services amongst MSMs and TGs

Activity 1.3 Conduct Index Partner Testing (IPT) for all HIV+ individuals

Activity 1.4 Ensure effective client linkages to care and treatment services using information and communication technology (ICT) tools

Activity 1.5 Provide sexual risk reduction counselling and condom/lubricant distribution

Activity 1.6 Effective sexually transmitted infection (STI) screening, diagnosis and treatment services

**Objective 2: Increase antiretroviral therapy (ART) initiation among MSM and TG people.**

Activity 2.1: Offering KP-competent treatment services through differentiated service delivery strategies S

Activity 2.2 Provide Rapid ART initiation for MSMs and TGs

Activity 2.3 Community ART provision and Treatment Literacy

**Objective 3: Improve ART retention and achieve viral load (VL) suppression among MSM and TG people**.

Activity 3.1 Scale-up peer navigation and case management

Activity 3.2 Increase patient understanding of VL and create demand for VL services

Activity 3.3 Address local bottlenecks in VL process and provide differentiated service delivery options

**Objective 4: Initiate pre- and post-exposure prophylaxis services (PrEP and PEP) with eligible MSM and TG people**

Activity 4.1 Sensitize peer navigators to screen and conduct follow-up for eligible clients on PrEP and PEP

Activity 4.2 Refer for PrEP initiation and support ongoing continuation/use.

Activity 4.3 Provision of oral pre-exposure (PrEP) and post exposure (PEP) ARV prophylaxis as per the MoHSS ART guidelines.

**Objective 5. Cross-cutting Areas**

Activity 5.1 Gender, Violence and Human Rights

Activity 5.2 Providing case management services to support retention and adherence

Activity 5.3 Provide National standards, guidelines, training curriculum and Monitoring and Evaluation (M&E) tools

Activity 5.4 Coordination and Networking

Activity 5.5 Trainings with partners

Activity 5.6 Strengthen KP community-led structural interventions to address determinants of risk and reinforce risk reduction and resilience among key populations

## **Monitoring and Evaluation**

Progress of activities will be reported in routine reports and during regular consultation with IHN. To better capture results and make timely course corrections to programs and interventions, IHN will report on a subset of Monitoring, Evaluation, and Reporting (MER) and custom indicators on a weekly basis in line with the new USAID High Frequency Reporting requirements.

In addition, all verified results (both MER and custom indicators) will be reported monthly (by the 10th of each month) into Infolink, and quarterly into PEPFAR’s reporting system, DATIM.

The table below provides the indicators which IHN tracks and reports on monthly. On a quarterly basis, IHN and the partner will jointly review progress towards set targets to ensure performance and agree upon any remedial action if needed.

The partner will agree with IHN on targets for the following indicators:

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| --- | --- | --- | --- |
| **Indicator** | **Performance indicator** | **Disaggregation**  | **Target to reach** |
| KP\_PREV  | Number of key populations reached with individual and/or small group-level HIV prevention interventions designed for the target population  | KP type, Testing services (known positive, newly tested and/or referred, declined testing/referral)  | TBD  |
| PrEP\_NEW  | Number of individuals who have been newly enrolled on oral antiretroviral pre-exposure prophylaxis to prevent HIV infection in the reporting period  | Age, sex, KP type  | MSM – TBDTG – TBD |
| PrEP\_CURR  | Number of individuals, inclusive of those newly enrolled, that received oral antiretroviral preexposure prophylaxis (PrEP) to prevent HIV during the reporting period  | Age, sex, KP type  | MSM - TBDTG - TBD |
| PrEP\_Eligible  | Number of individuals who are eligible for PrEP during the reporting period  | Age, sex, KP type  | MSM - TBDTG - TBD |
| PrEP Offer  | Number of individuals offered PrEP during the reporting period  | Age, sex, KP type  | MSM - TBDTG - TBD |
| PrEP\_ACCEPT  | Number of individuals who accepted PrEP during the reporting period  | Age, sex, KP type  | MSM - TBDTG - TBD  |
| HTS\_TST  | Number of individuals who received HIV Testing Services and received their test results  | HTS modality, age, sex, site  | MSM – TBDTG - TBD |
| HTS\_TST\_POS  | Number of individuals who test positive for HI  | Age, sex, KP type  | TBD |
| TX\_NEW  | Number of key populations newly enrolled on antiretroviral therapy (ART)  | Age, sex, KP type  | TBD |
| TX\_CURR  | Number of key populations currently receiving antiretroviral therapy (ART)  | Age, sex, KP type  | 95% of key populations enrolled  |
| PrEP\_Screen | Number of individuals screened for PrEP eligibility during the reporting period | Age, sex, KP type  | MSM - TBDTG - TBD |

### **Location**

### The activities are expected to be implemented in Gobabis and Otjiwarongo.

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### **Contractual Modalities**

 Payment will be based on deliverable.

1. **Minimum/Eligibility Requirements**

To be eligible applicants should:

* Be KP competent or KP-led organization legally registered in Namibia
* Demonstrable experience and track record of working in HIV prevention, treatment and care programs in Namibia
* Should have project management experience supported by recommendation/reference letter based on a recent assignment.
* Having a presence in Otjiwarongo and Gobabis is an added advantage
* Be prepared to start work on 1st October 2021

## **Application process and submission of applications**

To apply, read the information provided in the scope of work, and if you meet all the minimum requirements. Kindly send your application with all the supporting documents to the following email address: imendes-siyamba@intrahealthnamibia.org