

TERMS OF REFERENCE
For conducting comprehensive study in HIV area

Programme title:	UNAIDS Kyrgyzstan
Short title of Assignment:	
Duty Station:	Bishkek, Kyrgyzstan
Application Deadline :	
Type of Contract :	
Duration of Initial Contract :	

BACKGROUND:

The Kyrgyz Republic remains a country with a low HIV prevalence. According to the National AIDS Center as of January 1, 2014 there were registered 5,115 men, women and children living with HIV, including 600 people identified at the stage of AIDS. During all the previous years, 877 people with HIV died, 292 of them died at the stage of AIDS. The incidence rate of HIV infection in the Kyrgyz Republic per 100,000 population was 10.8 in 2011; 12.5 in 2012; and 8.5 in 2013. According to the modeling of "Spectrum" software in 2013, the country had 8,000 PLHIVs (6,500-10,000).

The country fully supports and follows targets of Political Declaration on HIV/AIDS of the UN General Assembly Special Session 2011, as well as other UN Declarations, UNAIDS and WHO initiatives. The State Programme on stabilization of HIV epidemic in the Kyrgyz Republic and Health Reform Den Sooluk Programme for 2012-2016 sets the policy and defines the priority of the country in health care sector. The State programme on HIV/AIDS was adopted in 2012 and includes all nearly efforts taken by stakeholders. However, the programme was not financially substantiated.

Due to high level of commitment to international obligations, the country has got great international financial support, mostly from the Global Fund to fight AIDS, TB and Malaria. Nevertheless Kyrgyzstan has poor information on real funds spending by the Kyrgyz Government and has no mechanisms on domestic and donor's funds counting and coordination. In this connection the country meet great constrains in reports preparation as well as in assessment of country's needs in financial resources for the Concept note on NFM GF preparation. Therefore, in 2014 National AIDS Spending Assessment (NASA) in the Kyrgyz Republic was conducted for development of sustainable mechanism for AIDS resource tracking, increasing effectiveness of funds mobilization and realization. This is a crucial issue considering downsizing of funds from Global Fund, the need in budget optimization and increase of efficiency of the current interventions is vital.

The country prepared NASA report for 2011 in year 2012, but during three years the source of funding, and amount of funds considerably changed, the new State programme was adopted by the Government; HIV related issues were included as one of four priority areas of the Health Reform Den Sooluk Programme.

HIV background in Kyrgyzstan

HIV infection has been registered in all oblasts of the country. As of January 1, 2015, the largest number of PLHIV is registered in Chui Oblast (29.7% of the total registered PLHIVs) in Osh region (20.1%), Osh city (17.8%) and Bishkek (17%). The lowest number of PLHIV is in Talas and Naryn oblasts (1.2% in each).

The HIV epidemic is at the concentrated stage (prevalence rate among pregnant women is 0.03%). However, according to the second generation of sentinel surveillance (IBBS, 2013), in three of the four population groups at risk, HIV prevalence exceeds 5% (IDUs-12.4; prisoners-7.6%; MSM-6.3%).

The major of HIV infection is in the working and reproductive age category 20-39 years (68.1%). So far, the proportion of HIV-positive children under 15 is cumulatively 9.9%. In connection with detected cases of HIV nosocomial transmission in children and in order to investigate the risk factors for transmission, developing preventive measures and timely initiation of antiretroviral therapy in 2011-2012, screening test among children aged 3-14, and among children coming for treatment to hospitals regardless of age was conducted in 2 southern oblasts of the country (Osh, Jalal-Abad). According to the routine sentinel surveillance in 2011, 65,263 children were tested based on their clinical and epidemiological conditions and 57 of them were HIV positive. In 2012, 157

children were identified as HIV positive out of the total tested 110,203 children. This determined the change in the nature of the epidemic and the increase in the number of PLHIV in 2012. The vertical transmission of HIV showed a decline from 3.6% in 2011 to 2.9% in 2013. Despite the increase in early HIV testing (up to 2 months) babies born to HIV-positive mothers from 3.4% in 2011 to 14.6% in 2013, the coverage of such testing remains low, so reliable figures will be known only in 2014.

According to the assessment of key populations in the country in 2013, the estimated number of IDUs is 25,500 persons¹; MSM – 9,000 persons², sex workers from 6,890 to 7,316 persons³, whereas most of them work in big cities (Bishkek and Osh).

The penitentiary system of the Kyrgyz Republic consists of 35 establishments, including 5 pre-trial detention centers, 19 penal settlements, 11 correctional facilities, including one women's colony and one educational institution for under-aged. According to data of the State Penal System, prison population including penal settlements in 2013 was 10,273, out of them 8,045 in the closed penal institutions.

MSM was the only group where HIV prevalence has increased significantly over the past period from 1.1% in 2010 up to 6.3% in 2013 (in Bishkek-13.3%). Prevalence of Hepatitis C among MSM declined more than 4 fold (from 6.8 in 2010 to 1.6% in 2013). Low prevalence of viral hepatitis C (2.2% in Bishkek and 1% in Osh) in 2013 as well as its decline since 2010, suggests a predominantly sexual transmission of HIV among MSM. So, the level of antibodies to syphilis has increased in survey group from 5.7% in 2010, up to 7.9% in 2013 (in Bishkek-13.3% and 3% in Osh). This figure is significantly correlated with the age of MSM, increasing from zero in the age group of up to 20 years to 14% in age group of 35-39 years. It should also be noted that no cases of HIV as well as hepatitis C and syphilis was found among the MSM under 20 years. At the same time, members of this group reported to have the least number of sexual partners, although 17% of them reported having symptoms of STI⁴.

There was a reduction in the HIV prevalence among sex workers from 3.5% in 2010 to 2% in 2013, in the whole country, including Osh oblast by 2.5% (from 4.5% to 2%), and Chui oblast by 2.8% (from 5.7 to 2.9%). There has also been a reduction in Hepatitis C among sex workers by 1.9% and syphilis by 10.4% (compared to 2009). However, there is a high prevalence of antibodies to syphilis among SW (23.9%). The highest prevalence was observed in Bishkek city where every other SW with experience of over 4 years had antibodies to syphilis. The prevalence of antibodies to syphilis is directly dependent on length of service in sex business (the more experience, the higher the prevalence of antibodies to syphilis).⁵

Country response to HIV. State programme

The State programme for the stabilization of the HIV epidemic in the Kyrgyz Republic for 2012-2016 aimed at the implementation of the objectives of UN Political Declaration on HIV/AIDS, 2011. This programme is based on the lessons learned from the implementation of three earlier programmes, recommendations of international experts and evaluation data.

The goal of the State program is the stabilization and further reducing the transmission of HIV in the Kyrgyz Republic by 2016.

The approved budget of the State programme for 2012-2016 totals to 96.5 million USD whereas 68.6% (66.2) of it confirmed donor funds. Donors are bilateral and multilateral development partners, including UN Agencies, USAID, CDC, PEPFAR, KfW, German society for international cooperation (GIZ), UK Department for international development, World Bank and others.

The State program, in contrast to previous, is clearly focused on the priorities and aimed at stabilization of the epidemic. It includes 5 strategic areas and 16 targets. The strategies are set out as per the priority areas and the level of impact upon the epidemic. Integral components of this programme are the work- plan, the budget and M&E plan and regulations.

¹ Estimation number of PWID in Kyrgyz Republic 2011 and 2013, Bishkek 2014, p.17

² Size estimation of men who have sex with men in the Kyrgyz Republic, 2013, M-Vector, p.83

³ Size estimation of sex workers in the Kyrgyz Republic, 2013, M-Vector, p.22

⁴ The IBBS report 2013, MSM, p. 34-37

⁵ The IBBS report 2013, SW, p. 30 - 33

Strategic areas of the State program⁶

Strategy 1. Reducing the vulnerability of people who inject drugs to HIV infection.

Expected result: 60% and more of the estimated number of injecting drug users receive high-quality services for prevention, treatment and care for HIV by 2016.

Strategy 2. Prevention of sexually transmitted HIV infection

Expected result: At least 60% of sex workers and 30% of MSM will be covered by the basic package by 2016

Strategy 3. Ensuring access to treatment, care and support for people living with HIV (PLHIV)

Expected result 3.1: By 2016 to reach 80% coverage by HAART and 85% of patients keep on continuous treatment over 12 months

Expected result 3.2: By 2016 TB mortality in people living with HIV is reduced by 20-50%.

Expected result 3.3: Vertical transmission of HIV will not exceed 3% of the number of children born to HIV-positive mothers, by the end of 2016.

Strategy 4. Strengthening and ensuring the sustainability of the health system to respond to HIV-infection

Expected result 4.1: 60% of PLHIV receives quality health services at the primary health care level.

Expected result 4.2: By 2016, the nosocomial transmission of HIV infection will be reduced to zero

Strategy 5. Improvement of strategic coordination and management of public policies

Institutional arrangements for implementation of the national response.

Implementation of the State program is based on a multisectoral approach, given the complex nature of the problems, it involves the participation of all stakeholders, including Government, international, educational, religious and non-governmental organizations, as well as at-risk populations and PLHIV.

The Government of the Kyrgyz Republic carries out overall management and coordination of activities in the field of HIV-infection. In accordance with the State program the key ministries, government bodies and organizations involved in the implementation of the State program are:

- The Ministry of health of the Kyrgyz Republic;
- The Ministry of Finance of the Kyrgyz Republic;
- The Ministry of Justice of Kyrgyz Republic; -
- The Ministry of Defense of the Kyrgyz Republic;
- The Ministry of Internal Affairs of the Kyrgyz Republic;
- The Ministry of education and science of the Kyrgyz Republic;
- The Ministry of youth, employment and migration of the Kyrgyz Republic;
- The Ministry of culture and tourism of the Kyrgyz Republic;
- The Ministry of social development of the Kyrgyz Republic;
- The National Statistical Committee of the Kyrgyz Republic;
- The state penitentiary system of the Kyrgyz Republic;
- The state drug control agency

Funding of the State programme

Socio-economic situation in the Kyrgyz Republic does not allow funding in full amount interventions to prevent HIV infection from the State budget. As in most of the low-income countries, the bulk of resources for activities to prevent the spread of HIV in the country are covered by the external sources.

The budget of the State programme is deficient.

M&E of the State programme

Monitoring and evaluation system (M&E) is used by the Government of the Kyrgyz Republic the reporting mechanism at all levels, as well as for the collection, storage, analysis, retrieval and dissemination of information about the situation. The unique system of monitoring and evaluation of public programs on HIV-infection for 2012-2016 consists of 12 M&E components and is an integral part of the State programme. Capacitated specialists in accordance with the approved system of M&E will evaluate the effectiveness of all interventions and provide a

⁶ The State Program to stabilize HIV epidemic in the Kyrgyz Republic for 2012- 201, p. 28-35

single mechanism of funding and strategic information, necessary for adjusting the implementation of the programme.

Donors active in HIV area.

The GFATM is the main source of funding of HIV programs in the Republic of Kyrgyzstan. The Global Fund finances all ART drugs, opportunistic infection drugs, STI drugs for key populations, reagents and test kits.

German Bank for Reconstruction (KfW) had equipped 34 laboratories for HIV diagnostics in public health institutions. But as of today, some parts of equipment are broken down. As the procurement of lab equipment is not supported by other donors, this procurement is planned within GFATM funding.

In 2009, USAID started a new 5-years regional project "Dialogue on HIV and TB". This project implements the activities of HIV and TB prevention among PLHIV, MSM, PWID, SW, migrants. In 2010 USAID started the implementation of another project "Quality Health Care", where issues related to HIV and TB are addressed as the key components. The Project provides technical assistance, training, equipment and information materials in order to improve the access of most-at-risk populations to quality public healthcare services and primary healthcare.

AIDS Foundation East-West (AFEW) is implementing the project of strengthening of interaction between HIV and TB services in the Central Asia and works with NGOs and penal facilities.

Soros-Kyrgyzstan Foundation supports in reforming public healthcare system and expansion of access to medical services for most-at-risk populations by involving civil sector representatives into decision-making process. The Foundation also supports strengthening civil sector capacity, promoting legal aspects related to HIV within the educational program (curriculum) at the Academy of the Ministry of Internal Affairs and medical law programs for medical and law faculties. From 2010, the project started to work in the area of promoting palliative care and HCV treatment.

UN Agencies provide technical assistance in accordance with the mandate of each agency. UNAIDS is responsible for general coordination of UN agencies' work in the area. UNFPA works with youth in the area of HIV and reproductive health; UNICEF supports PMTCT, HIV prevention and treatment in children; UNODC deals with issues of HIV prevention among PWID; UNESCO is supporting in developing the regulatory framework and strengthening of human resources capacity in HIV prevention programs within the education system; WHO is providing support in developing policy and standards in the area of healthcare, prevention, treatment, care and support, medical aspects of HIV, blood safety. UNDP being at present the Principal Recipient of GFATM Grants implements the program "Support to the Government in the response to HIV/AIDS epidemics".

For the Central Asian countries, a health system strengthening project (HIP/USAID) and PEPFAR started implementation in 2010.

Recent studies

Since 2012 the country has conducted various studies in area of HIV. In 2014 WHO has conducted health sector wise evaluation of the State programme, NASA report was developed under support of UNAIDS. Moreover, in 2012 National Statistics committee made Demographic and Health Survey on quite extensive issues including HIV/AIDS related knowledge, attitudes, and behavior.

The study to be convened will build on the existing surveys, researches and studies conducted in HIV area.

Objective

The purpose of the assignment is to conduct a comprehensive study in HIV area to evaluate the progress in implementation of the programme; to see the gaps and losses in continuum of HIV service provision for PWID for further refocusing of the state programme (if necessary), and to develop an action plan to implement the state programme for 2015-2016. The study will consist of 2 researches (components) followed by a planning exercise:

- Mid-term evaluation of the State programme;

- Assessment of HIV continuum of care for PWID;
- Revised and costed action plan for the State program to stabilize HIV epidemic in the Kyrgyz Republic for 2014-2016 based on the results of the investment case.

Scope of work

1. To determine the regions to be surveyed jointly with the interested country-based partners;
2. Develop a methodology for the Study;
3. Conduct mid-term evaluation;
4. Conduct HIV continuum of care research for PWID;
5. Based on the findings develop an action plan to implement the state programme for 2015-2016.
6. Discuss findings with stakeholders and collect comments;
7. Provide final Study report and make presentation;

Final deliverables

Desk review of source of available information is conducted.

The methodology of the Study is developed and discussed.

The Study consisted of:

- Mid-term evaluation;
- HIV continuum of care for PWID;
- Revised and costed action plan for the State program to stabilize HIV epidemic in the Kyrgyz Republic for 2014-2016 based on the results of the investment case is conducted.
- Mid-term evaluation of the State programme conducted and report on evaluation prepared;
- Assessment of HIV continuum of care for PWID implemented and report submitted;

Revised and costed action plan for the State program to stabilize HIV epidemic in the Kyrgyz Republic for 2014-2016 based on the results of the investment case developed and submitted for review and approval.

The level of effort in working days as well as estimated time for completion must be proposed by the bidder.

The deliverables should be prepared in Russian and English language.

Reporting requirements

The reports shall be submitted by the contractor based on the results achieved in agreed format stating all actions taken during the assignment. Upon completion of the assignment the Contractor will submit the final report for the whole assignment to be approved by UPO and this will serve as a justification for final payment.

Qualification and experience requirements for the company

- Extensive experience in evaluation of development assistance at project, programme and strategy or country level (three or more references).
- Extensive knowledge on and experience from establishing evaluation approaches and application of evaluation methods, including theory based evaluations, contribution analysis, and mixed methods evaluation.
- Substantial experience with collecting, systematizing, analyzing and reporting large amounts of different types of data. Experience with synthesis studies an advantage.
- Strong knowledge of HIV situation in Kyrgyzstan;
- Experience in evaluation national and/or donor funded HIV programs
- Knowledge of Russian language is desirable