

Terms of Reference

Title	To conduct Stigma Index 0.2 study among people living with HIV and other key populations like men having sex with men, a transgender person and female sex workers.
Duration	65 days spread over four months
Project Period	April-July 2022
Location	Bhutan

1. Background rationale

Bhutan is one of the few countries in South Asia that continues to experience a low adult (15-49 years) HIV prevalence of below 0.2 per cent. HIV prevalence is estimated at 0.1-0.6 percent. The UNAIDS estimates a total of 1300 HIV positive cases and the current cases diagnosed stands at 779 thus creating a case detection gap of 40%. About 87% of the reported HIV/AIDS cases are between the ages of 15-49 years thus depicting a young age infection. In terms of mode of transmission majority (92%) of them have acquired HIV and AIDS infection through unprotected heterosexuals followed by 6% through Mother to child transmission and then 1% each through IDUs and Blood Transfusion (outside the country).

Despite the concerted effort in responding towards HIV/AIDS prevention in the country for more than two decades, there is still a challenge in reaching the people living with HIV (PLHIV) and other key populations with comprehensive HIV and AIDS prevention services. Several studies like the General population Survey 2005, Behavioral Surveillance Survey (2008) and KAP Surveys (2013) have revealed the existence of high-risk behaviour, low comprehensive knowledge and some form of stigma and discrimination against people living with HIV and other key populations. As depicted these studies are conducted quite a long time back has become necessary to validate the baseline information and also to understand the progress made in these areas of work.

Therefore, it was felt paramount important to undertake an integrated stigma index survey capturing all key indicators in the areas of HIV related risk stigma and discrimination against PLHIV and other key populations. For a small and diverse society like Bhutan, integrated survey designs are found more feasible than conducting a large-scale individual subject-based survey to save cost and time. Further, it will be an example in the region on the feasibility of an integrated national-level stigma index survey without diluting the key aspects of the stigma index for PLHIV. This integrated survey will help us understand the level of related stigma and discrimination, associated risks and factors causing the stigma for appropriate public health actions to improve the quality of the life of PLHIV and other key populations in Bhutan.

2. Objectives: To carry out the stigma index study among people living with HIV and other key populations (men having sex with men, transgender populations and high-risk women) in Bhutan.

3. Expected deliverable

- 3.1. Develop study protocol
- 3.2. Train the field investigators on the study protocol
- 3.3. Rolls out the study protocol and support qualitative data collection
- 3.4. Assist the qualitative data collection
- 3.5. Analyze the data and generate the report

4. Working arrangement/Institutional arrangement

- 4.1. The consultant will work closely with the NACP and Lhak-Sam to draft the study protocol and support the implementations.
- 4.2. The NACP in coordination with Lhaksam will render all support in terms of institutional arrangements not limiting to the issue of office orders, arrangements of meetings, and necessary logistics during the field visits for the consultants and other such facilities deemed necessary for the smooth completion of the assignment.

5. Deliverables

The NTA will deliver the following outputs for the outcome:

Key deliverables	# Days
Carrying out the desk review on available reports including the key stakeholder's consultations.	5
Draft the study protocol with both quantitative and qualitative methods with all the required tools and SoPs to collect the data in the field.	12
Present the study protocol to the steering committee and other international partners and incorporate the feedback and submit it to the NACP for administrative and REBH clearance.	3
Training and simulation exercises of the identified HIV Counselors, PLIHIV, MSM &TG community as a national survey enumerator.	3
Rolling out of the study and qualitative data collections from the field.	14
Supervision of data entry and management	5
Data analysis and report writing and submission of the first draft.	20
Incorporation of the feedback from the national and international stakeholders and finalization of the report.	3
Total working days for the NTA.	65

6. Duration of the assignment

- The consultant will have full-time work for 65 working days (spread over 5 months that is from 1st March to 30th June 2022).

7. Duty station and reporting

- The consultant will be stationed at his or her office but should present to the NACP, Ministry of Health and Lhaksam office as and when required for consultations and support.

8. Documents to be submitted when submitting the proposal/EOI

- The letter of confirmation of interest and the availability of the consultant to the NACP.
- Personal CV, indicating all requirements as per the criteria set in this ToR and contact details.
- A Statement of the Work (SoW) to ensure that he/she has adequate strategic knowledge in undertaking the assignment.
- The SoW or technical proposal should (demonstrate understanding of and ability to undertake the work and description of the approach to the assignment)
- The financial proposal should be submitted in two separate envelopes to the Procurement Officer, Ministry of Health.

9. Consultant Criteria

The consultant must have the following qualifications, experience and possess the following attributes:

- Minimum of Master in Public Health/Social Science or other related qualifications.
- Previous experience in carrying out HIV/AIDS-related assignments for the Ministry of Health and other organizations.
- Experience working with key populations like MSM, TG and sex workers, including the people living with HIV will be an additional point.
- Experience working with government organizations and related institutions dealing with HIV and AIDS.
- Excellent research skills and knowledge with good writing, analysis and presentation skills which can be validated with his/her past professional work.
- Good communication, interpersonal skills and capacity to coordinate with parties concerned.
- Team worker/leadership skills are an important attribute including Respect for diverse cultures, religions and gender issues.

10. Scope of price and payment schedule will be as follows:

- Consultant shall quote all-inclusive daily fees for the contract period. The term “all-inclusive” implies that all costs in lumpsum (daily professional fees, daily subsistence allowances while travelling away from his or her work station, communications, consumables, etc.) could be incurred by the consultants in completing the assignment).
 - The MoH will facilitate the payment of daily professional fees for the NTA.

- Payments shall be done as reflected below upon verification of completion of deliverables by the Department of Public Health, and approval by the appropriate head of MoH.
 - a) 50% upon the completion of the literature/desk review and finalization of the study protocol, training and rolling out.
 - b) 50% after submission of the final detailed study report.

11. Evaluation

- EOI shall be evaluated based on criteria specified in sub-clause 8.2 of the SREOI on Page No. 4 and as per the published ToR. The first highest ranked consultant shall be asked to submit a financial proposal which shall be subject to negotiation.