

TERMS OF REFERENCE

Title	Partner Notification Pilot Implementation Programme to Increase ART Coverage
Budget Line	327, 328, 329, 310, 311: Partner Notification TA
Duration	7 month March – September 2020
Period	March – September 2020
Location	Jakarta, Indonesia

I. BACKGROUND

Until 2017, UNAIDS estimates there are some 36.9 million people living with HIV (PLHIV). UNAIDS data also mentioned that new infections (all ages) decreased from 3.4 million in 1996 to 1.8 million in 2017, of which about 47% of all new HIV infections globally originate in key populations and their sexual partners.¹Data estimates by UNAIDS for PLHIV in Indonesia until December 2017 suggested that there were 630,000 people of which as many 265,194 people already know their status, 91,369 people were currently on antiretroviral (ARV) treatment and only 3,809 who had reached undetectable virus levels.²This data tends not to be too different from the report issued by the Indonesian Ministry of Health through the estimation and projections of HIV-AIDS in 2011-2016, which states that estimates of PLHIV aged ≥ 15 years were 785,821 people.³Meanwhile, based on the HIV-AIDS Progress Report on the third quarter period 2018, reported the number of PLHIV until September 2018 were 314,143 people of which as many as 307,055 people into treatment and as many 103,334 people still in ARV treatment.⁴

Knowing the status or carrying out an HIV test is the entrance for earlier care, support, and treatment and mitigation of impacts. This also relates to a better quality of life and a reduced the risk of transmission to other people (including partners). This will maximize the currently programs that being carry out by the Indonesian government, namely the Strategic Use of ARV or SUFA in Indonesia that encourages early HIV treatment in key populations (including key population partners) and Sustainable Comprehensive Services. The World Health Organization (WHO) has developed a guideline that recommends couples to be able to carry out HIV testing, including support for disclosing their HIV status, with a special focus on testing for partners of people were diagnose with HIV infection (PLHIV).⁵

Hypothetically the objectives of Zero New Infection cannot be achieved if HIV prevention interventions continue to focus solely on groups of sex workers and their clients; men who have sex with other men; injecting drug users and PLHIV without any prevention effort that connect pairs of these groups with information, referrals and HIV services (prevention, support and treatment) through a variety of ways including through the promotion of HIV testing. These conditions indicate a need to increase HIV prevention efforts by focusing on reaching out and encouraging HIV testing for a partner of key populations and serodiscordant partner. One of the approaches that began to be

¹ http://www.unaids.org/sites/default/files/media_asset/miles-to-go_en.pdf

² http://www.unaids.org/sites/default/files/media_asset/miles-to-go_en.pdf

³ Profil Kesehatan Indonesia tahun 2016, hal; 159

⁴ Profil Kesehatan Indonesia tahun 2016, hal; 159

⁵ Consolidated guidelines on HIV testing services. Geneva: World Health Organization; 2015. [12 May 2016]. <http://www.who.int/hiv/pub/guidelines/hiv-testing-services/en/>

used for the achievement of the first targets of 90-90-90 is known as Intimate Partner Notification (IPN).

Initially, IPN has been used to help with the spread of STIs since the early 1900s. In addition to the individual clinical benefits, IPN has significant public health benefits, including controlling the spread of STIs, reducing STIs associated with morbidity and mortality and to reaching people with asymptomatic STI infection.⁶ IPN is an approach that has the potential to improve coverage while also identifying people with HIV who have not been diagnosed.⁷ The IPN refers to a holistic approach that provides HIV testing services to sexual partners, syringe users, and children who have been exposed to HIV through people diagnosed with HIV (called index patients or index partners). The purpose of a partner test is to provide HIV testing services to people who are not diagnosed with HIV who have a relationship with someone diagnosed with HIV.⁸

Indonesia in this case the Ministry of Health in collaboration with UNFPA and PPH AtmaJaya, initiated the HIV prevention among intimate partners through a series of assessments in 2016 in five cities in Indonesia (West Jakarta, Bandung, Denpasar, Surabaya and Makassar). This study specifically addresses and analyses existing outreach program models for key populations that targeting intimate partner transmission and identify their challenges in accessing health services. The series of follow-up of these activities, in 2018, through the UNFPA support was published Guidelines for HIV Prevention Program in Relations with Intimate Partner by the Community. Overall objectives of these guidelines are to support the acceleration of the implementation of the "test and start" policy approach and contribute to the achievement of 90-90-90 in 2020. However, these guidelines has the specific objectives which is to: 1) Provide standard operating procedure for outreach worker and peer support in implementing HIV prevention programs for intimate partners of key populations and PLHIV; 2) Reducing obstacles and challenges that have an impact on the implementation of HIV prevention programs for intimate partners of key populations and PLHIV; and 3) Monitor and evaluate the implementation of HIV transmission programs from key population groups to their intimate partners.

Data shows that sexual partners of people diagnosed with HIV infection have a higher likelihood of developing HIV-positive.^{9,10,11,12,13,14,15} However, partner testing services, including IPN, have not been routinely offered or implemented, therefore, absorption and coverage remain low.¹⁶ The benefits of couples who carry out the examination have been well documented, including the existence of mutual support in accessing prevention, care, and increasing compliance and retention services in the care and prevention of mother-tochild transmission programs. Testing on partners

⁶ Partner notification: A handbook for designing and implementing programs and services, USAID PEPFAR, AIDSfree, 2018

⁷ Partner notification: A handbook for designing and implementing programs and services, USAID PEPFAR, AIDSfree, 2018

⁸ Partner notification: A handbook for designing and implementing programs and services, USAID PEPFAR, AIDSfree, 2018

⁹ Brown L, Miller W, Kamanga G, Kaufman J, Pettifor A, Dominik R, et al. Predicting partner HIV testing and counseling following a partner notification intervention. *AIDS Behav.* 2012;16(5):1148–55. 8p.

¹⁰ Brown LB, Miller WC, Kamanga G, Nyirenda N, Mmodzi P, Pettifor A, et al. HIV partner notification is effective and feasible in sub-Saharan Africa: opportunities for HIV treatment and prevention. *J Acquir Immune Defic Syndr.* 2011;56(5):437–42.

¹¹ Landis SE, Schoenbach VJ, Weber DJ, Mittal M, Krishan B, Lewis K, et al. Results of a randomized trial of partner notification in cases of HIV infection in North Carolina. *N Eng J Med.* 1992;326(2):101–6.

¹² Rosenberg NE, Mtande TK, Saidi F, Stanley C, Jere E, Paile L, et al. Recruiting male partners for couple HIV testing and counselling in Malawi's option B+ programme: an unblinded randomised controlled trial. *Lancet HIV.* 2015;2(11):e483–e91.

¹³ Levy JA, Fox SE. The outreach-assisted model of partner notification with IDUs. *Public Health Rep.* 1998;113:160–9.

¹⁴ Cherutich P, Golden M, Wamuti B, Richardson B, Asbjörnsdottir K, Otieno F, et al. Effectiveness of partner services for HIV in Kenya: a cluster randomized trial. Presented at: Conference on Retroviruses and Opportunistic Infections; 13-16 February 2016; Boston, MA. 2016.

¹⁵ Conrad C, Bradley H, Broz D, Buddha S, Champman E, Galang R, et al. Community outbreak of HIV Infection linked to injection drug use of oxymorphone — Indiana, 2015. *MMWR Morb Mortal Wkly Rep.* 2015;64(16)

¹⁶ Hightow-Weidman L, Beagle S, Pike E, Kuruc J, Leone P, Mobley V, et al. 'No one's at home and they won't pick up the phone': using the internet and text messaging to enhance partner services in North Carolina. *Sex Transm Dis.* 2014;41(2):143–8.

also allows those in a serodiscordant relationship to prioritize effective HIV prevention.¹⁷ A preliminary finding from an acceptance study of partner counseling in key population groups in Bali, Indonesia (Wulandari et al, 2013)¹⁸ reported a fairly good acceptance of the key population for partner counseling. From the counselor's own side, a qualitative study in Ethiopia (Netsane & Dessie, 2013)¹⁹ concluded that partner notification and referral could be improved through active and comprehensive involvement of HIV counselors in the process of opening status.

II. OBJECTIVE

In general, this consultancy aims to support the acceleration of implementing a "test and start" policy approach through HIV transmission prevention interventions in intimate partner sexual transmission, in order to increase the efficiency and coverage of HIV testing, especially for the first achievement of commitment 90-90-90; namely diagnosing 90% of people living with HIV in 2030. Specifically, the series of activities that will be carry out in this project also aims to:

1. Providing the detailed of guidance, strategies and mechanisms for peer support in supporting the implementation of HIV prevention programme among intimate partners of PLHIV of key populations and PLHIV;
2. Reducing barriers and challenges that have an impact on implementing HIV prevention programme for intimate partners of key populations and PLHIV;
3. Monitor and evaluate the implementation programme for HIV prevention among intimate partner transmission as the underlying study to carry out further program development.

III. STRATEGY

As an effort to achieve the objectives of the project, the consultant seeks to integrate a series of activities summarized as follows:

1. Develop training module and guideline for HIV prevention among intimate partner transmission.
2. Provide technical assistance and capacity building to implementing partners.
3. Develop or modify data recording and reporting tools that will be use by peer support for PLHIV, this is to be in line with Spiritia Information System.
4. Compile, analyses and provide feedback on the data collected through the established recording and reporting system;
5. Develop or modify national and cities dashboard (cascade) on testing, case finding and treatment uptake for intimate partners of the key population and PLHIV;
6. Revise and make improvements on the Peer Support Guideline for HIV Prevention among intimate partner transmission.

¹⁷ Guidance on couples HIV testing and counselling - including antiretroviral therapy for treatment and prevention in serodiscordant couples: recommendations for a public health approach. Geneva: World Health Organization; 2012. [22 May 2015].

¹⁸ Wulandari, L. P. L., Astuti, P. A. S., Lubis, D. S., Nopiyani, N. M. S., Sawitri, A. A. S., Muliawan, P. (2013). How acceptable is couple HIV counseling and testing among high risk population in Bali? Abstract presented on International Conference of AIDS in Asia and Pacific.

¹⁹ Netsanet, F., Dessie, A. (2013). Acceptance of referral for partners by clients testing positive for human immunodeficiency virus [versi elektronik]. HIV/AIDS-Research and Palliative Care, Volume 5, p 19-28.

IV. EXPECTED DELIVERABLES AND TIME FRAME

Below are the specific tasks and activities to be undertaken by the consultant:

<i>Activities</i>	<i>Deliverables</i>
Develop training module and guideline for HIV prevention among intimate partner transmission.	<ul style="list-style-type: none">• Training module on Partner Notification for Peer Support• Conduct Partner Notification Training
Provide technical assistance and capacity building to implementing partners.	<ul style="list-style-type: none">• Conduct monitoring visit to implement partners• There is mapping regarding obstacles and challenges, also success story on achieving the HIV prevention programme for intimate partners of key populations
Develop or modify data recording and reporting tools that will be used by peer support for PLHIV, this is to be in line with Spiritia Information System.	<ul style="list-style-type: none">• The comprehensive system on data recording and reporting that will be used by peer support;• National and cities dashboard (cascade) on testing, case findings (including cases of Intimate Partner Violence) and treatment uptake for intimate partners of key populations and PLHIV;• Recommendation to revise and improve the Outreach and Peer Support Guidelines that were implemented on this project.

- All deliverables and reports will be submitted in English and Indonesia.
- Upon receipt of the deliverables and prior to the payment of the instalment, the deliverables related reports and documents would be reviewed and approved by Spiritia.

V. DURATION OF THE ASSIGNMENT

The consultant will be contracted for a maximum of 7 months between March to September 2020.

VI. SCHEDULE OF PAYMENT

Payment will be made according to the workplan submitted to Spiritia.

VII. INPUTS

- Spiritia will provide the consultant with background materials and the programme implementation related document.
- The consultant is expected to work remotely using his/her own computer, but may access the Spiritia office printing or relevant documents or should he/she be required to work on-site at any point during the assignment.

VIII. PERFORMANCE EVALUATION

- Consultant's performance will be evaluated based on : timeliness, responsibility, initiative, communication, accuracy, and quality of the products delivered.

IX. REQUIRED EXPERIENCE AND QUALIFICATIONS

- The consultant should be local and legal entities and established more than 3 years
- Minimum of 3 years' experience in the field of HIV & AIDS in Indonesia
- Previous experience in related module development especially on intimate partner notification
- Extensive experience with intimate partner notification programme especially with The Global Fund mechanism support
- Capable to show experiences related to implementing program, monitoring & evaluation and financial reporting at districts level
- Preferable consultants who are experienced with The Global Fund mechanism support
- In depth knowledge, professional experience and understanding of documentation, of completed project/program, as according to its project/program cycle.

X. REPORTING PRACTICE

End of assignment

- i. Consultant to complete Spiritia Contract Completion Report & Consultant Feedback Form.
- ii. Any amendments to the current assignment and deliverables in regards to the TOR must be acknowledged by the client and Spiritia FP.

XI. APPLICATION PROCEDURE AND DEADLINE

Interested candidates are requested to submit electronic application to: info@spiritia.or.id with copy to rahmat@spiritia.or.id not later than, 25 February 2020 at 17:00 UTC+ 07:00.

SUBMISSION PACKAGE

- Prospective consultants are expected to submit technical proposals in English or Indonesian that includes the following:
 - a. A comprehensive proposal including time frame, log frames activity and consultants fee (including office running cost/office operational cost).
 - b. Most recent Curriculum Vitae (of all team members) with clear demonstration of previous experience.

Please note that only selected candidate will be contacted.