

**REQUEST FOR PROPOSALS
(RFP)**

**Enhanced HIV/AIDS Control Program
Sindh- Pakistan**

In Collaboration of

UNFPA

Prevention of HIV/AIDS among vulnerable populations in
geographical boundaries of Sindh Province

Young Key Affected Population - YKAP

Section 1. Letter of Invitation

Karachi, 10th August 2015

Dear Sir/Madam,

1. Enhanced HIV/AIDS Control Program in collaboration & funding with UNFPA has launched this pilot project as, “Young Key Affected Population-YKAP”.
2. The SACP now initially invites proposals to provide the following consulting services:

“Prevention of HIV, harm reduction, and referral services among young key affected population in selected areas of Karachi. More details on the services are provided in the attached Terms of Reference”.
3. A firm will be selected under **Quality and Cost Based Selection Method**. Selection and procedures are described in this RFP.
4. The RFP includes the following documents:

Section 1 - Letter of Invitation

Section 2 - Information to Consultants

Section 3 - Technical Proposal - Standard Forms

Section 4 – Financial Proposal - Standard Forms

Section 5 - Terms of Reference

Yours sincerely,

Dr. Muhammad Younis Chachar
Provincial Program Manager
Enhanced HIV/AIDS Control Program

Section 2. Information to Consultants

- 1. Introduction**
- 1.1 The client named in the data sheet will select a firm among those listed in the letter of invitation, in accordance with the method of selection specified in the data sheet and detailed in the edition of the Guidelines indicated in the data sheet.
- Consultants here are referred to as NGOs, Firms, Organization applied.
- 1.2 The consultants are invited to submit a technical proposal and a financial proposal, as specified in the data sheet for consulting services required for the assignment named in the data sheet. The proposal will be the basis for contract negotiations and ultimately for a signed contract with the selected firm.
- 1.3 The assignment shall be implemented in accordance with the phasing indicated in the data sheet. When the assignment includes several phases, the performance of the consultant under each phase must be to the client's satisfaction before work begins on the next phase. The contract may be terminated at any stage if the performance is found unsatisfactory by the client.
- 1.4 The consultants must familiarize themselves with local conditions and take them into account in preparing their proposals. To obtain firsthand information on the assignment and on the local conditions.
- Client is referred to as Enhanced HIV/AIDS Control Program
- 1.5 The Client will provide the inputs specified in the data sheet, assist the firm in obtaining permits needed to carry out the services, and make available relevant project data and reports as necessary.
- 1.6 Please note that
- (i) the costs of preparing the proposal and of negotiating the contract, including a visit to the client, are not reimbursable as a direct cost of the assignment; and
 - (ii) the client is not bound to accept any, or all of the proposals Submitted. Moreover the client is not bound to provide any prior notification & justification for not acceptance or rejection of proposal as per provision of SPP Rules 2010.
- 1.7 The Consultants provide professional, objective, and impartial advice and at all times hold the client's interests paramount, without any consideration for future work, and strictly avoid

conflicts with other assignments or their own corporate interests. Consultants shall not be hired for any assignment that would be in conflict with their prior or current obligations to other clients, or that may place them in a position of not being able to carry out the assignment in the best interest of the Client.

1.7.1 Without limitation on the generality of this rule, consultants shall not be hired under the circumstances set forth below:

- (a) Consultants or any of their affiliates shall not be hired for any assignment which, by its nature, may be in conflict with another assignment of the consultants.

1.7.2 As pointed out in para. 1.7.1 (a) above, consultants may be hired for downstream work, when continuity is essential, in which case this possibility shall be indicated in the data sheet and the factors used for the selection of the consultant should take the likelihood of continuation into account. It will be the exclusive decision of the Client whether or not to have the downstream assignment carried out, and if it is carried out, which consultant will be hired for the purpose.

1.7.3 Any previous or ongoing participation in relation to the assignment by the firm, its professional staff, or its affiliates or associates under a contract with any other organisation may result in rejection of the proposal. Consultants should clarify their situation in that respect with the Client before preparing the proposal.

1.7.4 Client reserves the right to terminate the contract if at any point it finds out that the consultant is not providing services as per specification or is not providing services to the best utilization of resources.

1.8 It is required that highest standard of ethics should be observed during preparation of the project while same will be considered during the selection and execution of such contracts.

- (a) will reject a proposal for award if it determines that the firm recommended for award has engaged in corrupt or fraudulent activities in competing for the contract in question;

- (b) will cancel the portion of the contract to the firm if it at any time determines that corrupt or fraudulent practices were engaged in by representatives or of a beneficiary during the selection process or the execution of that contract, without the contractor having taken timely and appropriate action satisfactory to the client to remedy the situation;
- (c) will declare a firm ineligible, either indefinitely or for a stated period of time, to be awarded a contract if it at any time determines that the firm has engaged in corrupt or fraudulent practices in competing for, or in executing, and
- (d) Will have the right to require that, in contracts a provision be included requiring consultants to permit the Client to inspect their accounts and records relating to the performance of the contract and to have them audited by auditors referred by the Client.

1.9 Consultants shall not be under a declaration of ineligibility for corrupt and fraudulent practices.

1.10 Consultants shall furnish information as described in the financial proposal submission form (Section 4A) on commissions and gratuities, if any, paid or to be paid to agents relating to this proposal, and to execute the work if the firm is awarded the contract.

1.11 Consultants shall be aware of the provisions on fraud and corruption stated in the standard contract under the clauses indicated in the data sheet.

2. Clarification and Amendment of RFP Documents

2.1 Consultants may request a clarification of any of the RFP documents up to the number of days indicated in the data sheet before the proposal submission date. Any request for clarification must be sent in writing by e-mail, mail or facsimile to the Client's address indicated in the data sheet. The client will respond by e-mail, mail or facsimile to such requests and will send written copies of the response (including an explanation of the query but without identifying the source of inquiry) to all invited consultants who intend to submit proposals.

2.2 At any time before the submission of proposals, the Client may, for any reason, whether at its own initiative or in response to a

clarification requested by an invited firm, amend the RFP. Any amendment shall be issued in writing through agenda. Agenda shall be sent by e-mail, mail or facsimile to all invited consultants and will be binding on them. The client may at its discretion extend the deadline for the submission of proposals.

- 3. Preparation of Proposal**
- 3.1 Consultants are requested to submit a proposal (para. 1.2) written in the language(s) specified in the data sheet.
- Technical Proposal**
- 3.2 In preparing the technical proposal, consultants are expected to examine the documents constituting this RFP in detail. Material deficiencies in providing the information requested may result in rejection of a proposal. It should be kept in mind that in this selection technical proposal will be given preference and the firm may be qualified despite quoting higher price in financial proposal.
- 3.3 While preparing the technical proposal, consultants must give particular attention to the following:
- (i) The consultants are encouraged to seek the participation of local consultants.
 - (ii) For assignments on a staff-time basis, the estimated number of professional staff-months is given in the Data Sheet. The proposal shall, however, be based on the number of professional staff-months estimated by the firm.
 - (iii) It is desirable that the majority of the key professional staff proposed be permanent employees of the firm during the project time.
 - (iv) Proposed professional staff must, at a minimum, have the experience indicated in the data sheet, preferably working under conditions similar to those prevailing in the country of the assignment.
 - (v) Alternative professional staff shall not be proposed, and only one curriculum vitae (CV) may be submitted for each position.
 - (vi) Reports to be issued by the consultants as part of this assignment must be in the language(s) specified in the data sheet. It is desirable that the firm's personnel have a working knowledge of the client's national language.

- 3.4 The technical proposal shall provide the following information using the attached standard forms (Section 3):
- (i) A brief description of the firm's organization and an outline of recent experience on assignments of a similar nature. For each assignment, the outline should indicate, *inter alia*, the profiles of the staff proposed, duration of the assignment, contract amount, and firm's involvement.
 - (ii) Any comments or suggestions on the terms of reference and on the data, a list of services, and facilities to be provided by the client
 - (iii) Methodology to be used for recruitment of 10 outreach workers as required by the project and mentioned in TORs.
 - (iv) A clear description of the methodology and work plan for performing the assignment to be provided in detail.
 - (iv) The list of the proposed staff team by specialty, the tasks that would be assigned to each staff team member, and their timing
 - (v) CVs recently signed by the proposed professional staff and the authorized representative submitting the proposal. Key information should include number of years working for the firm/entity and degree of responsibility held in various assignments during the last ten (10) years.
 - (vi) Estimates of the total staff input (professional and support staff; staff time) needed to carry out the assignment, supported by bar chart diagrams showing the time proposed for each professional staff team member.
 - (vii) A detailed description of the proposed methodology, staffing, and monitoring of training, if the data sheet specifies training as a major component of the assignment.
 - (viii) Any additional information requested in the data sheet.
- 3.5 The technical proposal shall not include any financial information, if found so the consultant will be disqualified on such grounds without any notification & justification.

- Financial Proposal**
- 3.6 In preparing the financial proposal, consultants are expected to take into account the requirements and conditions outlined in the RFP documents. The financial proposal should follow standard forms (Section 4). It lists all costs associated with the assignment, including:
- (a) Remuneration for 1 Field Manager/Supervisor and 10 outreach workers, and
 - (b) Reimbursable expenses such as transportation, communication, office supplies, printing of documents and compensation for time and travel of peers HIV positive peoples to be mobilize in outreach activities. If appropriate, these costs should be broken down by activity.
- 3.7 The consultant may be subject to local taxes (such as: value added or sales tax, social charges or income taxes on amounts payable by the client under the contract. The client will state in the data sheet if the consultant is subject to payment of any local taxes. Any such tax amounts shall not be included in the financial proposal as they will not be evaluated, but they will be discussed at contract negotiations, and applicable amounts will be included in the contract.
- 3.8 The data sheet indicates how long the proposals must remain valid till 120 days after the submission date. During this period, the consultant is expected to keep available the professional staff proposed for the assignment. The client will make its best effort to complete negotiations within this period. If the client wishes to extend the validity period of the proposals, the consultants who do not agree have the right not to extend the validity of their proposals.
- 4. Submission, Receipt, and Opening of Proposals**
- 4.1 The original proposal (technical proposal and financial proposal shall be prepared in indelible ink. It shall contain no interlineations or overwriting, except as necessary to correct errors made by the firm itself. Any such corrections must be initialed by the persons or person who sign(s) the proposals, if not signed the proposal will be considered void.
- 4.2 An authorized representative/Owner of the firm initials all pages of the proposal. The representative's authorization is confirmed by a written power of attorney accompanying the proposal, if not signed the proposal shall be deemed unfit and the consultant will be disqualified immediately without any prior notice or justification.

- 4.3 For each proposal, the consultants shall prepare the number of copies indicated in the data sheet. Each technical proposal and financial proposal shall be marked “**ORIGINAL**” or “**COPY**” as appropriate. If there are any discrepancies between the original and the copies of the proposal, the original governs.
- 4.4 The original and all copies of the technical proposal shall be placed in a sealed envelope clearly marked “technical proposal,” and the original and all copies of the financial proposal in a sealed envelope clearly marked “**FINANCIAL PROPOSAL**” and warning: “**DO NOT OPEN WITH THE TECHNICAL PROPOSAL.**” Both envelopes shall be placed into one outer envelope and sealed. This outer envelope shall bear the submission address and other information indicated in the data sheet and be clearly marked, “**DO NOT OPEN, EXCEPT IN PRESENCE OF THE EVALUATION COMMITTEE.**”
- 4.5 The copy of pay order should be attached with the Technical Proposals. However the amount of pay order should be hidden so that the amount could not be read. If the copy of pay order is not attached or the amount of pay order is not hidden the proposal will be considered. The completed technical and financial proposals must be delivered at the submission address on or before the time and date stated in the data sheet. Any proposal received after the closing time for submission of proposals shall be returned unopened.
- 4.6 After the deadline for submission of proposals, the technical proposal shall be opened immediately by the evaluation committee. The financial proposal shall remain sealed and deposited with procurement committee until submitted financial proposals are opened publicly or returned unopened to rejected bidders.

**5. Proposal
Evaluation
General**

- 5.1 From the time the bids are opened to the time the contract is awarded, if any consultant wishes to contact the client on any matter related to its proposal, it should do so in writing at the address indicated in the data sheet. Any effort by the firm to influence the client in the client’s proposal evaluation, proposal comparison or contract award decisions will result in the rejection of the consultant’s proposal.
- 5.2 Evaluators of technical proposals shall have no access to the financial proposals until the technical evaluation.

- Evaluation of Technical Proposals**
- 5.3 The evaluation committee, notified by the parent health department as a whole, and each of its member individually will evaluate the proposals on the basis of their responsiveness to the terms of reference, applying the evaluation criteria, sub criteria (typically not more than three per criteria), and point system specified in the data sheet. Each responsive proposal will be given a technical score (*St*). A proposal shall be rejected at this stage if it does not respond to important aspects of the terms of reference or if it fails to achieve the minimum technical score indicated in the data sheet.
- 5.4 In the case of quality and cost based selection method, selection based on highest combined scores of technical and financial proposal according to the criteria mentioned in the data sheet, selected firms will be invited to negotiate its proposal and the contract on the basis of the technical proposal and the financial proposal
- Public Opening and Evaluation of Financial Proposals:**
- 5.5 After the evaluation of quality is completed, the client shall notify those consultants, whose proposals did not meet the minimum qualifying mark or were considered nonresponsive to the RFP and terms of reference, indicating that their financial proposals will be returned unopened after completing the selection process.
- The Client shall simultaneously notify the consultants that have secured the minimum qualifying mark, indicating the date and time set for opening the financial proposals. The notification may be sent by registered letter, facsimile, or electronic mail.
- 5.6 The Financial Proposals shall be opened publicly in the presence of the consultants' representatives who choose to attend. The name of the consultant, the quality scores, and the proposed prices shall be read aloud and recorded when the Financial Proposals are opened. The Client i.e. Provincial Program Manager himself will prepare minutes of the public opening.
- 5.7 The evaluation committee will determine whether the Financial Proposals are complete (i.e., whether they have costed all items of the corresponding Technical Proposals; if not, the Client will cost them and add their cost to the initial price), correct any computational errors.
- 5.8 As this is a QCBS so the lowest Financial Proposal (*Fm*) will be given a financial score (*Sf*) of 100 points. The financial scores (*Sf*) of the other Financial Proposals will be computed as indicated in the Data Sheet. Proposals will be ranked according to their combined technical (*St*) and financial (*Sf*) scores using the weights

(T = the weight given to the Technical Proposal; F = the weight given to the Financial Proposal; $T + F = 1$) indicated in the Data Sheet:

The firm achieving the highest combined technical and financial score will be invited for negotiations.

- 6. Negotiations**
- 6.1 Negotiations if required will be held at the address indicated in the Data Sheet. The aim is to reach agreement on all points and sign a contract.
 - 6.2 Negotiations will include a discussion of the Technical Proposal, the proposed methodology (work plan), staffing and any suggestions made by the firm to improve the Terms of Reference. The Client and firm will then work out final Terms of Reference, staffing, and bar charts indicating activities, staff, periods in the field and in the home office, staff-months, logistics, and reporting. The agreed work plan and final Terms of Reference will then be incorporated in the “Description of Services” and form part of the contract. Special attention will be paid to getting the most the firm can offer within the available budget and to clearly defining the inputs required from the Client to ensure satisfactory implementation of the assignment.
 - 6.3 The financial negotiations will include a clarification (if any) of the firm’s tax liability and the manner in which it will be reflected in the contract; and will reflect the agreed technical modifications in the cost of the services. Unless there are exceptional reasons, the financial negotiations will involve neither the remuneration rates for staff (no breakdown of fees) nor other proposed unit rates in the cases of QCBS.
 - 6.4 Having selected the firm on the basis of, among other things, an evaluation of proposed key professional staff, the Client expects to negotiate a contract on the basis of the experts named in the proposal. Before contract negotiations, the Client will require assurances that the experts will be actually available. The Client will not consider substitutions during contract negotiations unless both parties agree that undue delay in the selection process makes such substitution unavoidable or that such changes are critical to meet the objectives of the assignment. If this is not the case and if it is established that key staff were offered in the proposal without confirming their availability, the firm will be disqualified.

- 6.5 The negotiations will conclude with a review of the draft form of the contract. To complete negotiations the Client and the firm will initial the agreed contract. If negotiations fail, the Client will invite the firm whose proposal received the second highest score to negotiate a Contract.
- 7. Award of Contract**
- 7.1 The contract will be awarded following negotiations. After negotiations are completed, the Client will promptly notify other consultants on the shortlist that they were unsuccessful and return the unopened Financial Proposals of those consultants who did not pass the technical evaluation.
- 7.2 The firm is expected to commence the assignment on the date and at the location specified in the Data Sheet. Consultants qualified for assignment will be bound to submit 10% performance security valid till end of project and will be released on successful completion of assignment & submission of report to SACP & UNFPA along with all inventories.
- 8. Confidentiality**
- 8.1 Information relating to evaluation of proposals and recommendations concerning awards shall not be disclosed to the consultants who submitted the proposals or to any other person not officially concerned with the process, until the winning firm has been notified that it has been awarded the contract.

Information to Consultants

DATA SHEET

Clause Reference

- 1.1 The name of the Client is:
Enhanced HIV/AIDS Control Program (SACP)
Health Department, Government of Sindh
In collaboration & funding from UNFPA.
- The method of selection is:
Quality and Cost Based Selection Method
- 1.2 Technical and Financial Proposals are requested:
- The name, objectives, and description of the assignment are:
Young Key affected population:
Prevention of HIV, harm reduction, and referral services among (Name of
NGO qualified for) in selected areas of Karachi.
- 1.3 A pre-proposal conference will be held: Yes No
- The name, address, and telephone numbers of the Client's official is:
Dr. Muhammad Younis Chachar, Provincial Program Manager.
Enhanced HIV/AIDS Control Program
Barrack No. 12, Sindh Secretariat NO. 4-A
Telephone: (92-21) 99213892/3 Fax: (92-21) 99213891
- 1.4 The Client will provide the following inputs:
- Background Document.
 - Brief about SACP.
 - Summary of IBBS Round – 4.
 - Invitation to attend National AIDS Days, National AIDS Control conferences and key seminars with expenses for participation to be borne by the NGO. (if organized during that period)

- 1.5 The Client envisages the need for continuity for downstream work: Yes No
- 2.1 Clarifications may be requested within 7 days before the submission date.
The address for requesting clarifications is:
Enhanced HIV/AIDS Control Program
Barrack No. 12, Sindh Secretariat NO. 4-A
Telephone: (92-21) 99213892/3 Fax: (92-21) 99213891
- 3.1 1- Proposals should be submitted in the following language: **English**
2- Reports that are part of the assignment must be written in the following language(s): **English**
- 3.2 Methodology should be detailed & clear in accordance with the project objectives, goals and TORs, project implementation plan, road map and strategy on ethical issues, right based approach, gender balance, enabling environment, beneficiaries, monitoring, sustainability and linkages with services provided by public sectors and other development partners in the project area (how these will be utilized, linked & strengthened). These should be incorporated and mentioned separately head wise in the proposal.
- 3.3 1- NGOs or other private sector entities (hereinafter referred to jointly as NGOs) may associate with a maximum of two other NGOs:
2- The minimum required qualification & experience of proposed key professional staff is:
 - **Field Manager:** 2 to 5 years of experience working in the area of HIV/AIDS prevention, experience of working with male & Hijras sex workers on in the context of HIV/AIDS and demonstrated analytical skills and report writing.
- 3.4 Additional information in the Technical Proposal includes:
(a) Copies of last 3 years of audited financial reports of the NGO (the member in charge in case of a consortium;
(b) Evidence of incorporation or registration as an NGO; and
(c) Evidence of at least two years of experience working with target group Applied for and evidence of relevant qualification and experience working on HIV/AIDS issues.

- 3.6 **Taxes:**
The NGO (or NGOs) will be liable to pay all prevailing Government taxes including Stamp duty.
Bank guarantee (attested by Oath Commissioner) to be verified by the concerned bank and or bid security/Pay Order/Demand Draft whatever applicable will be required.
- 3.7 Consultants to state local cost in the national currency:
- 3.8 Proposals must remain valid 120 days after the submission date.
- 4.1 Consultants must submit an original and four additional copies of each proposal along with proposal in CD.
- 4.2 The proposal submission address is:
Enhanced HIV/AIDS Control Program
Barrack No. 12, Sindh Secretariat NO. 4-A
Telephone: (92-21) 99213892/3 Fax: (92-21) 99213891
- 4.3 Proposals must be submitted no later than the following date and time: 19th August, 2015 at 12:00pm hour's local time.
- 4.4 The address to send information to the Client is:
Enhanced HIV/AIDS Control Program
Barrack No. 12, Sindh Secretariat NO. 4-A
Telephone: (92-21) 99213892/3 Fax: (92-21) 99213891
- 4.5 The number of points to be given under each of the evaluation criteria are:
- 5 **Screening General Criteria:** To be considered for this assignment the NGO (in the case of a consortium, the member in charge) must meet the following minimum criteria for their technical proposal to be considered:
- (a) have provided audited financial reports for the last 3 years;
 - (b) have provided evidence of incorporation or registration as an NGO
 - (c) at least two years of experience working with Target group applied for and evidence of working on HIV/AIDS prevention among high risk groups.
 - (d) Income tax certificate

Criteria for Evaluating Technical Proposals:

Since this is a Quality and Cost Based Selection Method, so both Technical and financial Proposals will be considered for evaluation

Points

- | | |
|---|------|
| (i) General Screening/Evaluation | [25] |
| (ii) Specific experience of the consultants related to the assignment
experience of the NGO working with Target group applied for and
on HIV prevention activities with additional points provided for having done both | [25] |
| (iii) Adequacy of the proposed work plan and methodology in responding to the
Terms of Reference | [25] |
| (iv) Qualifications and competence of the key staff for the Assignment | [25] |

Total Points: 100

The number of points to be given under each evaluation sub criteria for qualifications of staff are:

Points

- | | |
|---|------|
| (i) General and specific qualifications as per position required | [10] |
| (ii) Experience on HIV/AIDS Prevention | [05] |
| (iii) Specific Project-related Experience with Target group applied for | [05] |
| (v) Research on HIV/AIDS | [05] |
| Total Points: | [25] |

The minimum technical score required to pass: 60

Criteria for Evaluating Financial Proposal: Total Points: 100

Lowest and Costing of all items of the corresponding Technical Proposals as Per methodology with justification.

In preparing the Financial Proposal, consultants are expected to take into account the requirements and conditions outlined in the RFP documents. The Financial Proposal should follow Standard Forms (Section 4). It lists costs associated with the assignment, including:

- (a) remuneration for 1 Field Manager/Supervisor and 10 outreach workers, and
- (b) Reimbursable expenses such as transportation, communication, office supplies, printing of documents, and compensation for time and travel of peers and HIV positive peoples to be mobilized in outreach services.

The Financial Proposal should clearly estimate, as a separate amount, the local taxes, duties, fees, levies, and other charges imposed under the applicable law, on the consultants, the sub consultants, and their personnel.

Consultants may express the price of their services in the currency of Pak. Rupees. Commissions and gratuities, if any, paid or to be paid by consultants and related to the assignment will be listed in the Financial Proposal submission form (Sec.4A).

6. The address for negotiations is:

**Enhanced HIV/AIDS Control Program
Barrack No. 12, Sindh Secretariat NO. 4-A
Telephone: (92-21) 99213892/3 Fax: (92-21) 99213891**

Section 3. Technical Proposal - Standard Forms

- 3A. Technical Proposal submission form.
- 3B. Firm's references.
- 3C. Comments and suggestions of consultants on the Terms of Reference and on data, services, and facilities to be provided by the Client.
- 3D. Description of the methodology and work plan for performing the assignment.
- 3E. Format of curriculum vitae (CV) for proposed professional staff.
- 3F. Time schedule for professional personnel.
- 3G. Activity (work) schedule.

3A. TECHNICAL PROPOSAL SUBMISSION FORM

[*Location, Date*]

To: [*Name and address of Client*]

Ladies/Gentlemen:

We, the undersigned, offer to provide the consulting services for [*Title of consulting services*] in accordance with your Request for Proposal dated [*Date*] and our Proposal. We are hereby submitting our Proposal, which includes the Technical Proposal, and the Financial¹ Proposal sealed under a separate envelope.

If negotiations are held during the period of validity of the Proposal, i.e., before [*Date*] we undertake to negotiate on the basis of the proposed staff. Our Proposal is binding upon us and subject to the modifications resulting from the contract negotiations.

We understand you are not bound to accept any Proposal you receive.

We remain,

Yours sincerely,

Authorized Signature:

Name and Title of Signatory:

Name of Firm:

Address:

¹ In Quality-Based Selection, the proposal may include only a Technical Proposal. If this is the case, delete “and a Financial Proposal sealed under a separate envelope.”

3B. FIRM'S REFERENCES

Relevant Services Carried Out in the Last Five Years That Best Illustrate Qualifications

Using the format below, provide information on each assignment for which your firm/entity, either individually as a corporate entity or as one of the major companies within an association, was legally contracted.

Assignment Name:		Country:
Location within Country:		Professional Staff Provided by Your Firm/Entity(profiles):
Name of Client:		Nº of Staff:
Address:		Nº of Staff-Months; duration of assignment:
Start date (month/year):	Completion date (month/year):	Approx. Value of services (in current Pak rupees):
Name of Associated Consultants, If any:		Nº of Months of Professional Staff Provided by Associated Consultants:
Name of senior staff (Project Director/Coordinator, Team Leader) Involved and Functions Performed:		
Narrative description of project:		
Description of actual services provided by your staff:		

Firm's Name: _____

3C. COMMENTS AND SUGGESTIONS OF CONSULTANTS ON THE TERMS OF REFERENCE AND ON DATA, SERVICES, AND FACILITIES TO BE PROVIDED BY THE CLIENT

On the terms of reference:

- 1.
- 2.
- 3.
- 4.
- 5.

On the data, services, and facilities to be provided by the client:

- 1.
- 2.
- 3.
- 4.
- 5.

3D. DESCRIPTION OF THE METHODOLOGY AND WORK PLAN FOR PERFORMING THE ASSIGNMENT

3E. FORMAT OF CURRICULUM VITAE (CV) FOR PROPOSED PROFESSIONAL STAFF

Proposed position: _____

Name of firm: _____

Name of staff: _____

Profession: _____

Date of birth: _____

Years with firm/entity: _____ Nationality: _____

Membership in professional societies: _____

Detailed tasks assigned: _____

Key qualifications:

[Give an outline of staff member's experience and training most pertinent to tasks on assignment. Describe degree of responsibility held by staff member on relevant previous assignments and give dates and locations. Use about half a page.]

Education:

[Summarize college/university and other specialized education of staff member, giving names of schools, dates attended, and degrees obtained. Use about one quarter of a page.]

Employment record:

[Starting with present position, list in reverse order every employment held. List all positions held by staff member since graduation, giving dates, names of employing organizations, titles of positions held, and locations of assignments. For experience in last ten years, also give types of activities performed and client references, where appropriate. Use about two pages.]

Languages:

[For each language indicate proficiency: excellent, good, fair, or poor in speaking, reading, and writing.]

Certification:

I, the undersigned, certify that to the best of my knowledge and belief, these data correctly describe me, my qualifications, and my experience.

_____ Date: _____
[Signature of staff member and authorized representative of the firm] Day/Month/Year

Full name of staff member: _____

Full name of authorized representative: _____

3F. TIME SCHEDULE FOR PROFESSIONAL PERSONNEL

Name	Position	Reports due/activities	Months (in the form of a bar chart)												Number of Months	
			1	2	3	4	5	6	7	8	9	10	11	12		
																Subtotal (1)
																Subtotal (2)
																Subtotal (3)
																Subtotal (4)

Full-time: _____
 Reports Due: _____
 Activities Duration: _____

Part-time: _____

Signature: _____
 (Authorized representative)

Full Name: _____

Title: _____

Address: _____

3G. ACTIVITY (WORK) SCHEDULE

A. Field investigation and study items

	<i>[1st, 2nd, etc. are months from the start of assignment.]</i>													
	1st	2nd	3 rd	4th	5th	6th	7th	8th	9 th	10th	11th	12th	13th	14th
Activity (Work)														

B. Completion and Submission of Reports

Reports	Date
1. Inception report	
2. Quarterly progress report	
3. Draft report	
4. Final report	

Section 4. Financial Proposal - Standard Forms

- 4A. Financial Proposal submission form.
- 4B. Summary of costs.
- 4C. Breakdown of price per activity.
- 4D. Breakdown of remuneration per activity.
- 4E. Reimbursable per activity.

4A. FINANCIAL PROPOSAL SUBMISSION FORM

[*Location, Date*]

To: [*Name and address of Client*]

Ladies/Gentlemen:

We, the undersigned, offer to provide the consulting services for [*Title of consulting services*] in accordance with your request for proposal dated [*Date*] and our proposal (technical and financial proposals). Our attached financial proposal is for the sum of [*Amount in words and figures*]. This amount is exclusive of the local taxes, which we have estimated at [*Amount(s) in words and figures*].

Our financial proposal shall be binding upon us subject to the modifications resulting from contract negotiations, up to expiration of the validity period of the Proposal, i.e., [*Date*].

Commissions and gratuities, if any, paid or to be paid by us to agents relating to this proposal and contract execution, if we are awarded the contract, are listed below:

Name and Address of Agents	Amount and Currency	Purpose of Commission or Gratuity
_____	_____	_____
_____	_____	_____
_____	_____	_____

We understand you are not bound to accept any Proposal you receive.

We remain,

Yours sincerely,

Authorized Signature:

Name and Title of Signatory:

Name of Firm:

Address:

4B. SUMMARY OF COSTS

Costs	Currency(ies) ²	Amount(s)
Subtotal		
Local Taxes		
Total Amount of Financial Proposal		<hr/>

4C. BREAKDOWN OF PRICE PER ACTIVITY

Activity No.: _____	Activity No.: _____	Description: _____
Price Component	Currency(ies)	Amount(s)
Remuneration		
Reimbursable		
Subtotal		_____

4D. BREAKDOWN OF REMUNERATION PER ACTIVITY

Activity No. _____		Name: _____	
Position	Input ³	Remuneration Currency(ies) Rate	Amount
<u>Field Manager:</u>			
<u>Outreach Worker:</u>			

³ Staff months, days, or hours as appropriate.

4E. REIMBURSABLE PER ACTIVITY

Activity No: _____

Name: _____

No.	Description	Unit	Quantity	Unit Price In	Total Amount In
1.	Local Transportation ⁴ _____				
2.	Communication				
3.	Office supplies				
4.	Printing of Documents				
5.	Compensation for time and travel of peers and HIV positive people to be mobilized in outreach activities.				
	Grand Total				_____

⁴ Local transportation costs are not included if local transportation is being made available by the client. Similarly, in the project site, office rent/accommodations/clerical assistance costs are not to be included if being made available by the client.

“HIV/STI prevention among Young Key Affected Populations through integrated approaches”

TERM OF REFERENCE

Provision of Outreach Services for HIV/STI Prevention in selected area of Karachi

I. Introduction

Integrated Biological and Behavioral Surveillance (IBBS) in 2011 indicated an alarmingly growing concentrated HIV epidemic among male and Hijra sex workers. It found that 3.1% of Male Sex Workers (MSWs) and 7.2% of *Hijra* Sex Workers (HSWs) were living with HIV (NACP, 2011). Other HIV and AIDS indicators in Pakistan also show a pressing need to significantly accelerate control and prevention efforts by improving the coverage and quality of comprehensive interventions targeting male and Hijra sex workers.

MSWs and HSWs are among the most marginalized population groups. Their risk behaviors (sex work and male-to-male sex) are illegal and religiously prohibited in the country, making it even more difficult for them to access essential health care services including HIV prevention, treatment, care and support. According to the IBBS, only 21% of MSW in Karachi had benefitted at least once from HIV prevention programmes, and for HSWs it was 49% (NACP, 2011). Because of their weak negotiation skills and lack of decision-making power, only 9% of MSWs in Karachi reported to consistent use of condom with their clients, while 24% of HSWs in Karachi reported it. Similarly, uptake of HIV Voluntary Confidential Counseling and Testing (VCCT) was found to be low in Pakistan; only 9% of MSWs and HSWs had received an HIV test in the past 12 months and knew their results.

Sindh AIDS Control Programme (SACP) is implementing an HIV/ AIDS programme targeting young key affected populations in partnership with UNFPA and UNICEF. The programme has a component to reach out mainly young male and Hijra sex workers aged 13-24 years old to deliver HIV/STI services. However, male and Hijra sex workers falling in other age groups will have an equal opportunity to access the service in the project. Under this joint initiative, outreach services for the target groups will be delivered in Landhi, Korangi, and DHA/Clifton in Karachi. SACP is seeking proposals from interested and capable NGOs, CBOs, and consulting firms for the implementation of outreach activities and delivery of services to the target population.

II. Objective

The major objective of the assignment is to deliver outreach service in the selected areas of Karachi city, and promote safer sexual practices among the target population for HIV/AIDS prevention. More specifically, the selected partner will:

- Provide correct knowledge about safer sexual behavior, HIV/ AIDS, and STIs
- Promote correct and consistent use of condom during sexual activities

- Encourage the target groups to use STI and VCCT services by providing referral to designated clinics.

III. Deliverables

The successful partner will undertake the following activities in the selected areas to achieve the targets indicated below. These targets are subject to change following the beneficiary-mapping exercise.

1. Conduct mapping of male and Hijras sex workers, gurus, hot spots, and STI clinicians in the selected areas. Mapping will be completed within two months *after the starting date of the contract period* and the selected organization will avail outreach workers for the exercise. Required technical assistance for this exercise will be provided by third party.

Target: 2500 people from the target groups mapped and registered, all hot-spots, and STI clinics identified and mapped, all NGOs/ CBOs working in the project area identified and their coverage mapped

2. Set-up condom distribution points to ensure that condoms are available 24/7

Target: 100 condom distribution points set up within 6 months after the starting date of the contract period,

3. Provide behavior change communication (BCC) and life skills education. SACP in coordination with UNFPA will provide materials for this purpose.

Target: All identified hot spots (100%) are covered by outreach service within 6 months after the initiation of interventions.

4. Provide referral to designated STI clinics and VCCT centers to increase uptake of STI diagnosis and treatment and VCCT services

Target: Per month at least 20 referrals made each to designated STI service centers and VCCT centers

5. Mobilize peers and HIV-positive people as a role model to share their experience

Target: At least 20 outreach activities implemented per month in which peers or HIV positive people are mobilized

6. Launch a bottom-up peer led campaigns. Guidance for the campaign will be provided by UNFPA in coordination with SACP.

Target: At least one bottom-up peer-led campaign launched

7. Provide translation and interpretation from Urdu/Sindhi to English and vice-versa as and when needed.

8. Perform accountability for outputs and fund utilization using a given format:

Target: Monthly and quarterly reports, including narrative and financial details, submitted to SACP. These will form basis for the release of payments and advances for the assignment.

9. Supervise activities and work ethics of outreach workers on daily basis

10. Provide other support to outreach workers in order to ensure that they will deliver deliverables mentioned above

IV. Supervisor

The designated supervisor of this consultancy is the Provincial Program Manager of Sindh AIDS Control Program.

V. Monitoring and Supervision

A selected organization will report directly to SACP for any matter relating to the project keeping UNFPA in the loop. SACP will conduct regular monitoring and supervision of the project activities and provide relevant instructions. In addition, in coordination with SACP, UNFPA personnel will also conduct ad-hoc monitoring of project activities and provide technical support as needed.

VI. Methodologies

Following a standard procurement process of SACP/ Government of Sindh, a suitable partner will be selected to carry out the service delivery component of the project. A contract will be signed between SACP and the successful institution to accomplish the outlined objectives with a clear schedule of submission of deliverables. The implementing partner (IP) will work in close coordination with the assigned focal point for the project by SACP properly updating UNFPA. The implementing partner, will be provided with necessary technical support from SACP & UNFPA personnel as & when needed and availability of resources are assured.

Upon signing of the contract, the IP will recruit 1 Field Manager/Supervisor and 10 outreach workers for a period of 12 months; however the NGO shortlisted will have to recruit outreach workers whom SACP suggest as UNFPA has already provided one training to outreach workers via international trainer. Out of this, first two months of their work will be to complete

the mapping exercise in collaboration with a selected third party by UNFPA. UNFPA will support the implementation of the exercise.

After completion of the mapping, the IP will mobilize the outreach workers for BCC and service delivery activities for ten months and ensure all targets are met within the defined period. Supplies of condoms will be ensured by SACP based on periodic reports from the IP. SACP & UNFPA will regularly monitor the project through preferably joint field visits.

VII. Administrative and financial

- The selected partner will recruit 1 Field Manager and 10 outreach workers for a period of 12 months. However the NGO shortlisted will have to recruit outreach workers whom SACP suggest as UNFPA has already provided one training to outreach workers via international trainer. Salaries and travel costs for these personnel should be included in the proposal. Note that no other personal cost can be included in the proposal.
- Potential partner may propose office support cost required to produce the deliverables in given times. Note that compensation for the time and travel of peers & HIV positive people to be mobilize in outreach activities should be paid from the support cost.

Notes:

- Project will not provide any hardware and material support to the IPs. Only condoms will be provided by SACP.
- The project will provide animated cartoons and participatory guides to facilitate peer-to-peer communication. The outreach workers will carry out Behavior Change Communication using these animated cartoons shown on portable tablets. Portable tablets will also be provided by the project.
- During the contract period, the outreach workers are not allowed to be employed outside this assignment.

VIII. Tentative Schedule

All the activities are to be completed within a period of 12 months from the start date. Interested consulting firms/NGOs/CBOs will submit a detailed work plan along with the technical proposal.

IX. Qualification/specialized knowledge/experience required

- A Pakistani registered entity with qualified and experienced staff and required resources.
- Over 3 to 5 years of experience in working in the area of HIV/AIDS prevention.
- Past experience in working with male and Hijras sex workers on HIV /AIDS issues is required.
- Experience of working with target groups in Karachi city will add value to the proposal.

- Demonstrated analytical skills and report writing skills.
 - Presence in Karachi with the establishment of an office.
-
- **Interested NGOs, CBOs, and consulting firms are requested to submit their proposals to Sindh AIDS Control Program.**
 - **Please note that technical and financial proposals must be submitted in separate sealed envelopes. Proposals containing both technical and financial proposals in a same envelope will be disqualified.**
 - **SACP reserves the right to disqualify any or all of the proposals at time during process without assigning any reason whatsoever as per provision of SPP Rules 2010.**

Background document

The HIV epidemic is fast outpacing many global health and social problems and is now one of the greatest development and security issue facing the world today. To date, around 35 million people have been infected with HIV, while AIDS has killed more than 25 million people since it was first recognized in 1981. More than US. \$ 8 billion are spent annually in low or middle income countries alone to fight HIV and yet there is evidence that the epidemic continues to expand in many countries.

Pakistan is now in a state of concentrated phase of epidemic. Although the estimated prevalence among the general population is less than 0.1% in the country, recent surveillance results clearly indicate that the epidemic is becoming established among certain high risk groups (HRGs).



At present the most prominent face of Pakistan's HIV epidemic are the IDUs. In this regards, Pakistan is following the Asian Epidemic Model, where the HIV epidemic first establishes among IDUs and then spreads to the rest of the population via sex workers who have sexual contact with IDUs.

Organized and focused prevention efforts are required to minimize the size of this impact and curtail the epidemic at an early phase.

HIV/AIDS Situation in Sindh

In Sindh, the magnitude of the problem is bigger than other provinces and we are in concentrated phase of epidemic among IDUs and Male Sex Workers (MSWs).

Epidemiological trends of HIV infection in Province of Sindh are not very different from the rest of the country. Recent data of Surveillance Centers in Sindh show that out of total **7574** reported cases in Pakistan, **5508** are present in Sindh Province with breakup of **5282** HIV positive and **226** full-blown AIDS cases. Majority are Male.

Pakistan has entered into concentrated phase of epidemic with first outbreak among Injecting Drug Users at Larkana in June 2003. National surveillance has shown that HIV prevalence among IDUs in Karachi and Hyderabad has increased to 42% and the infection has gained epidemic proportions among Male Sex Workers and Hijras... There is also geographical increase of Female Sex workers in Pakistan.

(The national HIV/AIDS Surveillance Project, 2012, shown in the table below)

		IDU	MSW	HSW	Total FSW	HFSW	BFSW	SFSW	KKFSW	Beg FSW	MFSW
Karachi	Total Tested	361	353	351	392	131	30	75	96	30	30
	Positives	151	20	41	7	6	0	0	1	0	0
	% Positives	42	6	12	2	5	0	0	1	0	0
Larkana	Total Tested	363	359	373	378	285	47	19	27	0	0
	Positives	68	11	53	7	1	2	2	2	0	0
	% Positives	19	3	14	2	0	4	11	7	0	0
Sukkur	Total Tested	334	209	166	178	125	0	33	20	0	0
	Positives	58	1	6	1	0	0	1	0	0	0
	% Positives	17	0	4	1	0	0	3	0	0	0
Dadu	Total Tested	150	0	0	0	0	0	0	0	0	0
	Positives	24	0	0	0	0	0	0	0	0	0
	% Positives	16	0	0	0	0	0	0	0	0	0

Sindh AIDS Control Program is following the Implementation plan for Screening, Treatment and follow-up of HIV Positive jail inmates in Sindh, developed with mutual consensus of Jail authorities.

In different rounds of screening among jail inmates at Karachi, Hyderabad and Sukkur Total 19023 Jail Inmates have been counseled and 3066 have been tested for HIV/AIDS. Out of which 142 are found HIV Positive. ART Treatment facilities are open to all jail inmates throughout Sindh on referral basis. 01 Jail inmate is on ART.

In addition, Karachi is home to internally migrant labour. Many of these further travel on overseas for employment. In recent years, HIV+ repatriated migrant labour have been recognized as a major face of HIV in Pakistan.

The situation is potentially aggravated by a number of factors that could provoke the spread of HIV like Poverty, unemployment, low levels of literacy, Lack of knowledge about STIs and of actions to protect against them , Unsafe injection practices both in public and private sector, Danger of transmission from medical, surgical and dental procedures because of inadequate sterilization.

With economic burden increasing in the region, external migration from and to Pakistan are on the rise, we find central Asian people moving to Pakistan, and more and more local are moving to other countries, as remittances is one of major economic contributor.

History of Enhanced HIV/AIDS Control Program with Current Status

Health Department, Government of Sindh established Enhanced HIV/AIDS Control in year 1995 exclusively from its own resources. This was scaled up with World Bank support in year 2003 for the period 2003-2008 at the cost of Rs. 516.663 Million. This program was later extended up to December 31, 2009 by World Bank, providing grace period of 18 months.

Now the Honorable Chief Minister Sindh has solicited approval to the Enhanced HIV/AIDS Control Program for the next 03 years (FY. 2011-2014) on October 14, 2011. The Administrative Approval, subsequently, has been issued by Health Department, Government of Sindh on 15th October 2011.

Services

Sindh is a leading Public Health Program in Pakistan. Instead of the fact that the World Bank financing has been stopped since December 31, 2009, all services established in the public sectors are still on board. Under the umbrella of PIU (Provincial Implementation Unit) of SACP all diagnostic and treatment services are being provided through 46 STIs clinics (Sexually Transmitted Infections) 21 VCT Centers, 03 PPTCT (Prevention of Parent to Child Transmission) Centres and 05 HIV/AIDS Treatment Centers. These facilities are situated at District head quarters and teaching Hospitals. These Services are free of cost and also provided to some of the cities of Baluchistan province, which have geographical affinity and availability of transport facilities accessible to Karachi.

The Health system in its current state is simply incapable to withstand the pressure of a generalized epidemic. The cost of response would be staggering. Based on experience from countries with generalized epidemic, it has been seen that half of the country's GDP can be wiped out to the overwhelming impact of HIV/AIDS.

Strategy for next 03 years 2011-2014

The Expanded Response to HIV/AIDS will be implemented through Public-Private partnership by SACP under the leadership of Health Department. In the next three years, it is envisaged that the program will contribute significantly to improve the health of the people by limiting the spread of HIV/AIDS in Pakistan generally and Sindh specifically.

The program plans are kept flexible and amenable to modification as necessary to meet the demands of the changing epidemic and Provincial steering committee will thoroughly review and approve the modifications (if any).

Additionally, Provincial Task Force, District Task force and Technical Subcommittees will allow the DoH to provide more direct oversight over the HIV activities.

Education, Labor & Manpower, Police, Home Department and Social Welfare department will also be brought in line for proper implementation, enabling environment, social support and coordinated efforts. Each department will be asked for designating a lead person/s to coordinate the implementation of program activities in close coordination with PACPs. These departments will also be the part of the Provincial Steering Committee, Technical Advisory Committee and, Districts Task Force to provide leadership and technical guidance for implementation of the program.

This program will have the following main areas of activities:

1- Component I: Interventions

This includes both community and facility based activities divided into

- A. Targeted Interventions for most-at-risk and bridge groups
- B. HIV Care and Support
- C. STI Control
- D. Voluntary Counselling and Testing (VCT)

2. Component II: Advocacy and Communication and social mobilization

These are divided into activities that are related to

- A. Advocacy
- B. Communication and Stigma Reduction Campaign
- C. Social mobilization

3. Component III: Governance & the Institutional Framework of the Response

This is divided into

- A. Governance
- B. Capacity Building
- C. The Provincial Reference Laboratory
- D. Program Management
- E. Surveillance
- F. Monitoring and Evaluation of the HIV Response

4. Targeted Interventions for Most At Risk and Bridge Groups:**1- Injecting Drug Users (IDUs)**

In this PC-1, 8602 IDUs are proposed to be covered through the SDPs at Karachi, Hyderabad, Sukkur and Larkana. This is near about 37 % of the estimated number of IDUs in these 04 cities. Please refer to Estimates in HASP Executive Report.

In Global fund Round-9, 8684 IDUs will be covered in 10 cities other than Cities included in the PC-1. In this way near about 17000 IDUs will be covered. Cities to be covered in GFATM round are Dadu, Jacobabad, Khairpur, Ghotki, Mirpurkhas, Nawabshah, Nousheroferoz, Sanghar, Badin and Thatta.

Three proposed packages of IDUs are as follows;

2- Karachi Region Package I (6121 IDUs)

The Karachi region includes all towns i.e. Saddar, Liyari, Kemari, Site, Baldia, Orangi, North Karachi, North Nazimabad, Liaquatabad, Gulberg, Jamshed, Gulshan, Gadap, Shah Faisal, Malir, Landhi, Bin Qasim and Korangi

3- Hyderabad Region Package II (1427 IDUs)

The Hyderabad region includes the following districts; Hyderabad, Tando Muhammad Khan, Tando Allah Yar, Tharparkar, Umerkot, Jamshooro, Matiari and catchment areas.

4- Sukkur and Larkana Region Package III (1054 IDUs)

The Sukkur region includes the following districts; Sukkur, Khairpur, Larkana and Kamabr/Shahdad Kot.

Services: The planned services that are to be provided include:

Needle Syringe Exchanges (which is the mainstay of HIV prevention), wound dressings, Voluntary Counselling and Testing (VCT) for HIV, PHC/STI Care and Prevention, Peer Outreach and counselling, Drug Detoxification, Rehabilitation & an array of social services.

5- Male Sex Workers (MSWs) and Hijras,

In this PC-1, 9600 Hijras/MSW are proposed to be covered through the SDPs at Karachi, Hyderabad, Sukkur and Larkana. This is near about 40 % of the estimated number of Hijras/MSW in these 04 cities (HASP Round 4 Data, estimated average number Hijras-12373 and MSW-11702). Please refer to Estimates in HASP Executive Report.

Three packages for MSM are as follows;

- i. **Karachi Region Package I: (6088 MSW)**
The Karachi region includes all towns i.e. Saddar, Liyari, Kemari, Site, Baldia, Orangi, North Karachi, North Nazimabad, Liaquatabad, Gulberg, Jamshed, Gulshan, Gadap, Shah Faisal, Malir, Landhi, Bin Qasim and Korangi with catchment areas.
- ii. **Hyderabad Region Package II (1664 MSW)**
The Hyderabad region includes the following districts; Hyderabad, Thatta, Badin, Tando Muhammad Khan, Tando Allah Yar, Mirpurkhas and Sh. Benazir Abad.
- Sukkur Region Package III (1848 MSW)**
The Sukkur region includes the following districts; Sukkur, Khairpur, Larkana, Kamabr/ Shahdad Kot and catchment areas.

Services: The planned services that are to be provided include:

Primary Health Care, treatment and care for STI, sexual health and behavioral change communication services, Voluntary Counseling and Testing (VCT) for HIV, Peer outreach, Social services and Harm reduction program (counseling, Provision of condoms and lubricants)

6- Female Sex workers (FSWs)

In this PC-1, 8604 FSW are proposed to be covered through the SDPs at Karachi, Hyderabad, Sukkur and Larkana. This is near about 31% of the estimated number of FSWs in these 04 cities (HASP Round-04 Data, estimated average no. (27795). Please refer to Estimates in HASP Executive Report.

Three proposed different packages of Female Sex Workers are as follows;

- i- **Karachi Region Package I (6326 FSW)**
The Karachi region includes all towns i.e. Saddar, Liyari, Kemari, Site, Baldia, Orangi, North Karachi, North Nazimabad, Liaquatabad, Gulberg, Jamshed, Gulshan, Gadap, Shah Faisal, Malir, Landhi, Bin Qasim and Korangi catchment areas.
- ii. **Hyderabad Region Package II (1648 FSW)**
The Hyderabad region includes the following districts; Hyderabad, Thatta, Tando Muhammad Khan, Tando Allah Yar, Mirpurkhas, Shaheed Benazir Abad, Sehwan (Dadu) Matiari and catchment areas.
- iii. **Sukkur Region Package III (630 FSW)**
The Sukkur region includes the following districts; Sukkur, Khairpur, Larkana and Kamabr/ Shahdad Kot catchment areas. This is envisaged to be implemented by working closely with this group and other local stakeholders to develop an enabling environment in close collaboration with PACP.

Services: The planned services that are to be provided include:

Primary Health Care, treatment and care for STI, sexual health and behavioral change communication services, Voluntary Counseling and Testing (VCT) for HIV, Peer outreach, Social services and Harm reduction program (counseling, Provision of condoms and lubricants)

7- Jail Inmates:

In this PC-1, 14494 Jail inmates are proposed to be covered through the SDPs in the jails at Karachi, Hyderabad, Sukkur and Larkana.

Services: The planned services that are to be provided include:

Primary Health Care Services, Voluntary Counseling and Testing (VCT) for HIV, STI Care and Prevention, Peer outreach and counseling, an array of social services and Harm reduction (Provision of Syringe and condoms supply with BCC).

8- Long distance Truckers

In this PC-1, 10,000 Truckers are estimated to be covered through the SDPs at Karachi, Hyderabad, Sukkur and Larkana. The number may be increased depending upon the rational and approach adopted by the selected firm in providing services with quality assurance.

Services: The planned services that are to be provided include:

Primary Health Care, treatment and care for STI, sexual health and behavioral change communication services, Voluntary Counseling and Testing (VCT) for HIV, Peer outreach, Social services and Harm reduction program (counseling, Provision of condoms and lubricants). Existing Inter Provincial system of linkage through referral for treatment will followed.

9- Most at Risk Adolescent

They are defined as those children and adolescents (usually those under age 24 years) that sell sex, inject drugs or live permanently on the streets (UNICEF, Pakistan office). A recent UNICEF study showed the high level of risk for these children: 1 in 6 of all boys and over a third of the girls had sold sex in the past year (UNICEF, 2007: unpublished). It is for this reason; an SDP for MARA is contemplated.

This will provide specific focus on human rights issues, gender inequalities, behavioural practices that fuel the spread of infection, reducing stigma and discrimination against people living with HIV/AIDS. DICs/Youth club following the UNICEF model will be established for MARA. Where Social services according to the needs, Primary Health Care services, harm deduction services and STIs treatment will be provided.

In this PC-1, 3000 MARA are proposed to be covered through 02 packages SDPs at Karachi and Sukkur. The number may be increased depending upon the rational and approach adopted by the selected firm in providing services with quality assurance.

However since this is a new theme

10- Strengthening Network of People Living with HIV and AIDS.

In this PC-1, 13, 50 PLHIV are proposed to be covered through 02 SDPs covering major cities with marked number of PLHIV. The number may be increased depending upon the rational and approach adopted by the selected firm in providing services with quality assurance.

These small grants may also be used for filling the gap in case of outbreak of epidemic in any area (uncovered or under covered).

11- Mobile Information Resource Unit.

Mobile information resource centre is proposed to be developed for the community awareness. This will work under BCC component and will be the part of the Information resource Centre located at Provincial Implementation unit. It will adopt innovative approaches like Telefilms, short plays and puppet shows, I.E.C material and camping to sensitize the community/general population and will help in increasing the network of

socially mobilized factors by bringing NGOs, CBOS, Civil Society members and key influential's persons on board.

This Mobile unit will be an opportunity for the general population especially low income groups to have sensitization services at their door steps; this will also have the provision of Counseling and testing facilities along with harm reduction tools.

Procurement of SDPs and Services

Service Delivery Packages will be the major contracts, involving major/main cities with burden of Most at risk population and load of epidemic. Each contract, designed will be covering given type of High Risk Group (HRG, s) with scope of already defined services and cost effectiveness.

The number of target population in each SDP may be increased depending upon the rationale and approach adopted by the selected firm in providing services with quality assurance. Workable targets will be evaluated after consulting results of Round-4 to make it more rational.

Proposals will be invited for each package from Firms/NGOs/Organizations/Institutions hereafter referred to as organizations interested to work with required target Group for preventing and controlling of HIV/AIDS and STIs. The successful organization will be required to implement a defined "Service Delivery Package" in selected cities of Sindh."

EXECUTIVE SUMMARY

Canada-Pakistan HIV/AIDS Surveillance Project We estimated a total number of 89,178 FSWs in the 15 cities where mapping was done. The highest number of FSWs was estimated in Karachi i.e., 25,399, closely followed by Lahore, where a total number of 23,766 female sex workers were estimated. In addition to these absolute numbers, we calculated the numbers of FSWs per 1000 adult male population for a broad comparison. Based on this analysis, 7.2 FSWs per 1000 adult males were estimated and showed wide variations across provinces and cities. Other than the size estimates generated, the study provided valuable information on group and operational dynamics, which formed the basis for the study being able to identify various sub-typologies of FSWs. These included 'home-based (HBSWs), 'kothikhana based' (KKSWs), 'brothel based' (BBSWs), 'street based (SBSW) and 'cell phone based FSWs' (CPBSW) or 'call girls', and showed wide variation across the cities mapped. A network operator mediates sex work and is the key to the operations of a large proportion of FSWs, especially the home and kothikhana based typologies. Our analyses showed that each network operator directly controls an average of 5.2 FSWs. This includes operational management of 3.2 HBSWs and 1.7 KKSWs. Spot distribution maps show that the street based spots were located in the prime commercial areas, kothikhana mainly in middle income residential settings, while home based FSWs were mainly located in slightly lower socio-economic residential areas.

The mapping study estimated a total number of 46,351 injecting drug users (IDUs) spread over 5,898 spots mapped in 19 cities. The highest number of IDUs was found in Karachi, followed by Faisalabad and Lahore, where the estimated numbers were 16,544, 7,907 and 3,596 respectively. While absolute numbers depict the magnitude of the injecting drug use in various cities, numbers of IDUs per 1000 adult male was calculated for broader comparisons. Based on this analysis, 3.7 IDUs per 1000 adult males was calculated. Injecting drug use was found to be a profound phenomenon in Sind in comparison to other provinces, with 4.5 IDUs estimated for every 1000 males in that province. In Punjab, most cities presented low rates of IDUs except Faisalabad, where 8.1 IDUs per 1000 males was reported. 'Spot size' is defined as the average number of IDUs found at each spot. The highest number of IDUs per spot was seen in Lahore and Sukkur, each having more than 14 IDUs per spot. Spots in DG Khan, Rahim Yar Khan, Dadu, Larkana and Mirpurkhas also showed larger networks i.e., spot size of more than 10 IDUs per spot. This shows bigger networks of IDUs and hence a riskier drug injecting environment. A total number of 23,317 Hijras sex workers were estimated by using network mapping techniques in 14 cities. In addition to the HSWs the mapping study also estimated 3,594 gurus in these cities. Two major types i.e., home based HSWs and dera based HSWs were identified, based on the ways in which they operate. Although every Hijras is associated with a guru and a dera, nearly 6,885 HSWs were found to live in their homes (most often with families), and only visited deras for socializing with community members and/or sex work. On the other hand a much larger number of HSWs i.e., 16,433 were living in deras. Unique among SW communities in Pakistan, the Hijras community is strongly linked in most cities, and each guru knew of several other gurus and HSWs. This was especially likely in Punjab cities; in Lahore, for example, one guru knew 20 other gurus within the city and was in contact with 34 deras. In large cities like Karachi and Lahore, with substantial HSW

Populations, 1.9 and 1.7 HSWs per 1000 adult males were computed. Medium size cities like Sukkur and Multan have a sizeable HSW population comparative to city size. For every 1000 adult males 6.9 and 3.4 HSWs are present, respectively, in each city. Larkana, Mirpurkhas, and

Quetta also have about 3 HSWs per 1000 adult males. Canada-Pakistan HIV/AIDS Surveillance Project MSWs, include males who provide sexual services i.e, anal or oral, to other males in return of money or other financial benefits. MSWs thus operate in the same manner as female sex workers, and usually are younger boys, who provide sexual services to male clients. We estimated an average number of 19,115 MSWs spread over 3,706 spots in the 14 cities mapped. Male sex work is quite thinly distributed in all the cities where data were collected and we did not see large MSW spots as compared to the IDUs data. These spots, often referred to as “pick up points’ or ‘cruising sites’, are specific locations where MSWs cruise and solicit clients for sex work, which usually takes place at a different location. The average spot size (number of MSWs at each spot) was quite small and only 5.2 MSWs were found to operate at each spot. We calculated 1.6 MSWs per 1000 adult males living in all cities that were mapped. The numbers of MSWs reported from Punjab cities were significantly lower, with only Faisalabad and Sargodha showing more than one MSW per 1000 adult men. Sind and KPK (Khyber Pakhtoonkhawa) showed almost similar numbers with 1.9 and 1.7 MSWs per 1000 adult males respectively.

While most of countries struggle identifying and describing key populations, Pakistan is far ahead with exact knowledge of which populations exist, how many there are, how are they distributed and their operational typologies. Findings of this research describe high risk situations and their effects on HIV/AIDS transmission, valuable knowledge for HIV programming.

Our results are suggestive of an increasing trend of IDUs in Sind, Baluchistan and Khyber Pakhtoonkhawa, while Punjab shows no major differences over the past 4 years. The study also showed some very pertinent changes in the organization and structure of female sex work in Pakistan. One of the foremost changes mapped is diminishing street based sex work. Recent improvements in communication technology, especially the availability of cell phones, have revolutionized the sex industry in Pakistan. Sex workers now interact with clients via cell phones, without having to stand on streets to find clients, or involving network operators. Moreover, sex work is becoming widely diffused, and FSWs are more difficult to reach with prevention services. In addition to a large number of female sex workers in Pakistan, there is an equally large sex industry comprised of male and Hijras sex workers. There are definite hierarchical networks within the Hijras community, and they operate through a wide network, where Hijras are mastered by a guru, and all gurus are attached to senior gurus. The numbers of MSWs, in comparison to previous studies were substantially lower in Punjab, while cities in KPK and Baluchistan did not show significant differences. This scientific knowledge could be used extensively to develop and implement “evidence-based approaches” for high-impact prevention program Second Generation Surveillance System in Pakistan 1.2 Mapping of Key Vulnerable Populations Before the launch of the Enhanced HIV/AIDS Control Program surveillance efforts in Pakistan predominantly concentrated on tracking AIDS cases. The surveillance system largely relied on collection, analysis and reporting of data from routinely reported diagnoses of notifiable diseases, based either on clinical or laboratory diagnoses. Considering that HIV Sero-surveillance is of limited use in places where HIV infection is relatively uncommon in the general population, and applying the latest advances in the field of HIV/AIDS surveillance, the Enhanced Program envisaged the need for second generation HIV/AIDS surveillance, which captures Sero-prevalence trends as well as the underlying risk behaviors that help determine the progression of an epidemic in a given population.

Similar to other adjoining countries in South Asia, the HIV epidemic in Pakistan remains concentrated among key populations, namely those who engage in injecting drug use (IDU) and

sex work i.e., female, male and transgender. The fundamental differences between the HIV epidemic and other infectious diseases are the complexity and diversity of the behaviors among key populations, behaviors that drive HIV's spread, as well as the dynamics of the communities who practice these behaviors. Moreover, stigma and discrimination cause these populations to remain hidden and hard to reach, a significant challenge when conducting research among them. Experience from other countries in South Asia has shown that concentrated HIV epidemics involving key populations can expand quickly within those sub-populations and affect the wider population through “bridge populations” (usually men who have sexual partnerships with both members of higher risk key populations and lower risk partners).

Therefore, to prevent the establishment and potential expansion of an HIV epidemic in Pakistan

A key strategy is to reduce the potential for transmission in important networks of key

Populations, particularly where such networks are large and dense and therefore prone to rapid HIV transmission. The first key step in developing targeted interventions for key populations is assessing their location, size and basic operational characteristics. This is easier said than done.

Mapping

To gather information on the characteristics, operational attributes and size estimates of key populations, the HIV/AIDS Surveillance Project developed a “mapping approach” which has been enhanced over time and with experience. The approach has been a hallmark of the HIV/AIDS Surveillance Project in Pakistan, and was instrumental in understanding the risk situation in terms of the number of settings and population size(s). The initial methodology followed a 'geographical approach'; it identified the locations of high-risk activities for HIV/AIDS and estimated the numbers of individuals involved in these activities. With changing trends of sex work in Pakistan, in which many sex workers shifted from geographical spots or brothels, to working within hidden networks, the geographical approach was not found to be effective and a variant approach called 'network mapping' was developed to supplement mapping of key populations in Pakistan. Through this approach networks of pimps/brokers and gurus are mapped rather than the geographical locations where sex workers congregate and pick up clients. The data collected is placed on a geographical map, in an epidemiological context of person, place and time, by using simple graphics (such as drawings, pictures and sketches). Key high-risk activities for HIV are defined i.e, injecting drug use, sex work etc., to identify “who” is involved and ascertain “how many” are there. In addition, mapping provides information on where and when high-risk activities take place through a detailed profiling of these locations. Mapping thus provides a quick method of collecting and presenting complex information in a simpler form, which can be used extensively for planning future interventions. The methodology also provides size estimates of each of the populations exposed, which can be easily rolled up from each province to a national estimate of key vulnerable populations; information immensely important but so rarely available.

The broad objective of this research was to provide the country with accurate information on the size and characteristics of key populations in selected cities of Pakistan, through a comprehensive mapping study.

The specific objectives of the research are:

To estimate size and settings most at risk populations through geographic and network mapping in selected cities in Pakistan

ESTIMATES OF HRGS MAPPING Round 4 of Surveillance

Cities	IDU	FSWs								HSWs					MSW
	Street	Brothel	Street	Home	KK	Mobile	Beggar	TOTAL	Gurus	Hijras	Dera	Home	Total Deras		
Karachi	Min	14317	150	5426	7843	4852	744	1645	20660					5723	
	Max	18770	200	7190	9412	5822	982	2180	25786					7761	
	Total Average	16544	175	6308	8628	5337	863	1913	23224	550	9072	6915	2154	756	6742

Cities	IDU	FSWs								HSWs					MSW
	Street	Brothel	Street	Home	KK	Mobile	Beggar	TOTAL	Gurus	Total Hijras	Dera	Home	Total Deras		
Hyderabad	Min	3209	200	756	1808	846	472	146	4228					1541	
	Max	4505	240	1018	2169	1015	730	200	5372					2254	
	Total Average	3857	220	887	1989	931	601	173	4801	157	656	245	413	93	1898

Cities	IDU	FSWs								HSWs					MSW
	Street	Brothel	Street	Home	KK	Mobile	Beggar	TOTAL	Gurus	Total Hijras	Dera	Home	Total Deras		
Larkana	Min	810	45	10	345	37			437					1266	
	Max	1381	80	19	449	44			592					1575	
	Total Average	1096	125	15	397	41			578	155	517	298	187	150	1421

Cities	IDU	FSWs								HSWs					MSW
	Street	Brothel	Street	Home	KK	Mobile	Beggar	TOTAL	Gurus	Total Hijras	Dera	Home	Total Deras		
Mirpurkhas	Min	1062		176	72	42	202	90	582					293	
	Max	1396		243	94	52	261	115	765					386	
	Total Average	1229		210	83	47	232	103	675	49	359	217	133	159	340

	Cities	IDU	FSWs							HSWs					MSW
		Street	Brothel	Street	Home	KK	Mobile	Beggar	TOTAL	Gurus	Total Hijras	Dera	Home	Total Deras	
Nawabshah	Min	1632	150	437	86	141	16		830						424
	Max	2097	190	613	112	169	23		1107						568
	Total Average	1865	170	525	99	155	20		969	8	195	70	135	19	496

	Cities	IDU	FSWs							HSWs					MSW
		Street	Brothel	Street	Home	KK	Mobile	Beggar	TOTAL	Gurus	Total Hijras	Dera	Home	Total Deras	
Sukkur	Min	1750		321	735	233	241	162	1692						694
	Max	2207		379	956	280	304	208	2127						915
	Total Average	1979		350	846	257	273	185	1911	149	1574	496	1037	457	805

	Cities	IDU
Dadu	Min	422
	Max	518
	Total Average	470

