BACKGROUND: The HIV situation is changing rapidly in Pakistan. Recent evidence indicates a concentrated epidemic among injecting drug users (IDUs) across the country and among male sex workers (MSWs) and Hijras in Karachi. Although HIV prevalence among female sex workers (FSWs) is still below 1 percent, the evidence from various cities indicates high-risk behaviour among this group, including low condom use and close interaction and overlap with other high-risk populations such as IDUs and MSWs. The Sexually Transmitted Infection Survey (NACP 2005) found that nearly one-third of IDUs and 25 percent of MSWs in Lahore and Karachi had visited FSWs in the past month. Mapping studies further categorize different sub-groups among FSWs; only a small proportion of FSWs are brothel-based while the majority operate from residential localities (kothikhanas) or undertake street-based work, making access to these population groups more challenging and difficult.

Given the evidence of risky behaviours in Pakistan and the experience of other Asian countries, the epidemic is almost certain to spread from IDUs to the commercial sex networks and possibly from there to the general population. The Pakistan Enhanced HIV-AIDS Program that was launched in 2003 with assistance from the World Bank, CIDA, DFID and other development partners includes a core component of support to targeted intervention for FSWs, IDUs, and other high-risk groups. The key challenge facing the Enhanced Program is to scale up HIV prevention services to high-risk populations including FSWs early enough to contain the epidemic.

The Provincial AIDS Control Program, Department of Health, Government of Pakistan intends to hire the services of an NGO/organization for the delivery of a defined package of services for female sex workers (FSW) aimed at controlling and preventing the spread of HIV. The five-year province-wide contract will aim to cover all major cities of the province to ensure coverage of an estimated …………. Female sex workers based on results of mapping studies or outbreak investigations become available. The contract will include provisions for expansion to other urban centres thereby enabling a flexible response to the emerging epidemic. This approach will have the advantage of easier management with lower transaction costs, more effective use of technical assistance, easier attribution and greater accountability. Existing contracts for female sex workers that end by December 2008 will fold into this province-wide contract.

The contract will be a lump sum contract and therefore output-based rather than focused on inputs. The selected organization will have considerable autonomy in deciding service delivery mechanisms to achieve project objectives. Payments will be made primarily on the success of the organization in making progress towards the targets specified in Para 7 measured annually by a third party. Other sources of data for judging progress will include the management information system and integrated behavioral and biological surveillance (IBBS). Achievement of results on the ground will be considered of primary importance.
Objectives. The objective of this contract is to control and prevent the spread of HIV/AIDS in the FSW population in the Punjab. The contractor will deliver a defined package of services for primary healthcare, STI infections, sexual and reproductive health and behaviour change services (described in the subsequent paragraphs) that will be provided to all categories of female sex workers including those operating in brothels, residential localities and streets based workers. The work will be done in close coordination with the Provincial AIDS Control Program and under technical guidance of National AIDS Control Programme (NACP) during contract execution. Services will be implemented in accordance with written NACP guidelines.

The objectives to be achieved by June 2012 are that: i) HIV prevalence remains below 5 percent among FSWs in the project area (monitored through HIV sero surveillance); ii) syphilis infection is reduced by half from baseline (assessed through HIV sero-surveillance; and iii) condom use occurs in at least 60 percent of penetrative sex acts in the project area of female sex workers.

Targets. Based on independent evaluations, FSWs in selected areas of Punjab, by the end of June 2012, will have acquired the following knowledge and skills:

**Safer Sex Behaviour:**

(a) 60 percent of FSWs report using a condom during last penetrative sex act with client;

(b) 60 percent of FSWs carry a condom when working and can show it to an interviewer;

(c) 60 percent of FSWs report using a condom during last penetrative sex act with a regular sex partner;

**Knowledge – 80 percent of FSWs surveyed in the project area can spontaneously, without prompting, correctly identify:**

(a) Two ways that HIV infection is transmitted

(b) Three ways to prevent transmission of HIV infection, including the use of condoms

(c) That the use of condom can prevent the occurrence of other STIs

(d) At least two sites for obtaining condoms

(e) A local clinic or private doctor that provides treatment for STIs

(f) The location of a center for Voluntary Confidential Counseling and Testing services

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<th>Indicator</th>
<th>Means of Data Collection</th>
<th>Baseline Value</th>
<th>Approximate Target *</th>
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<td>Impact indicators</td>
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1. HIV Prevalence among FSWs  | IBBS | 1% | < 5%
2. Prevalence of syphilis among FSWs  | IBBS | To be established | Reduced by 50% from the baseline

**Output Indicators**

1. % of sampled sex workers using condom during last penetrative sex act  | IBBS | To be established | 60%
2. % of FSWs who can identify condoms can prevent STIs  | 1. IBBS 2. 3rd Party Evaluation | Baseline to be established | 60%
3. % of FSWs who score above 80% on a standardized test of HIV knowledge  | 1. IBBS 2. 3rd Party Evaluation | Baseline to be established | 60%
4. % of sex workers carrying a condom  | 1. IBBS 2. 3rd Party Evaluation | Baseline to be established | 60%

**Process Indicators**

1. Number of FSWs reached through counseling in contract area  | MIS | To be established | 60%
2. Number of sex workers who can correctly demonstrate the use of condom  | MIS 3rd Party Assessment | To be established | 60%
3. Number of FSWs accessing STI services  | MIS 3rd Party Assessment | To be established | 60%

* The targets are to be achieved at the end of 5 yrs, when signing the contract breakdown targets into yearly targets to ensure that the implementation is on track.

**Scope of Services for FSWs.** The implementing NGO will provide the following package of services to the FSWs to enable them to improve their knowledge, attitudes, skills, behavior and health:

(a) Establish safe and attractive drop-in centers at which training and other activities take place on a daily basis, with clinic facilities operating at least twice per week;

(b) Increase use of safer sex practices and improve health care seeking behaviour through behaviour change interventions implemented through a peer outreach program;

(c) Provide condom use and negotiation skills and ensure that condoms are widely available to the FSWs;

(d) Provide a selected set of primary health care and STI services based on syndromic approach using updated national guidelines;

(e) Promote empowerment and social development activities among FSWs;

(f) Promote an enabling environment to support project implementation;

(g) Provide education on sexual and reproductive health including STIs; and
(h) The organization will continuously strengthen its capacity to deliver the above services.

The design of the interventions will be developed on the basis of formative research behavioural studies. Formative research should be accomplished within 3-4 months and is essential to development of the project design. The qualitative assessment will provide insights into the of life, of sex workers and sex work dynamics including issues related to personal partners, children, financial, health legal and various forms of discrimination and victimization. Regular feedback and inputs from female sex workers will be required through participatory design workshops to inform the development and review of the service delivery strategies.

**Establish drop-in centers for the sex workers to gather and meet and provide a safe place for:**

(a) Group discussions, psycho sexual counseling, advice, information and support towards building a sense of community among FSWs. The approach should combine education with entertainment;

(b) Skill building on proper condom use and disposal, negotiation skills, STI knowledge and recognition, interpersonal communication and reducing drug and alcohol abuse;

(c) Clinic facilities that operate at least twice a week; and

(d) Bringing FSWs together to develop self help groups and empowerment activities.

**Implement behaviour change intervention to increase safer sex and health seeking behavior through an outreach program of peer educators.**

(a) Develop a program to meet health and safety needs of FSWs based on formative research with involvement of the FSWs. The program should incorporate effective peer education methodologies, interpersonal communication strategies, field staff recruitment and skills building.

(b) Hire and train supervisors and peer educators from different sub-populations of FSWs. Ensure continued training and effective supervision of peer educators.

(c) Train peer workers to build skills of FSWs in proper condom use and disposal, negotiation skills, STI knowledge and recognition skills, personal communication skills with sexual partners, reducing drug and alcohol abuse.

(d) The materials and activities should include education on condom skills, sexual and reproductive health including FP and STIs, legal rights, and VCCT. Educational and skills building material should be drafted with the aid of peer educator.
(e) Review and revise strategy and activities based on project experience, behavioral surveillance results and in light of issues raised during implementation.

**Provide a selected set of primary curative services, including STI treatment**

(a) Develop a detailed education and services delivery plan for sexually transmitted infections based on discussions with FSWs.

(b) Provide a select set of primary curative services including for STI infections and provision of condoms to female sex workers through clinic services and drop in centres.

(c) Train local service providers who are used frequently by the FSWs in provision of services for STIs using syndromic approach.

(d) Regularly review and monitor the quality of services for STIs used by the FSWs in the project area, using mystery clients, exit interviews, sex worker clinic guidance committees and support the improvement and maintenance of quality services.

(e) Implement a referral system for specialist services.

**Provide access to voluntary confidential counseling and testing (VCCT) services**

(a) Establish VCCT services so that FSWs have effective and appropriate access to VCCT service package or refer/accompany them to existing VCCT centres where accessible.

(b) Phase in introduction of ARVs where VCCT are available to sex workers.

(c) Provide VCCT training to project staff to ensure accessible and acceptable services to FSWs/partners.

(d) Monitor the experience of FSWs in accessing VCCT services, and take remedial action in improving VCCT educational activities and testing facilities.

(e) Refer/accompany HIV positive cases to ARV treatment centres.

**Provide condom distribution and skills in use and negotiation**

(a) Ensure that condoms are easily available in the project area including PHC clinics and drop in centres.

(b) Promote condom use through free distribution of condoms through drop in centers, peer educators/outreach workers, local STI services.

(c) Provide skills in condom use and disposal and negotiating condom with clients through drop in centres, peer education and include in materials developed for behaviour change intervention.
(d) Review and revise condom education and distribution activities based on project experience and behavioral surveillance results.

Promote an enabling environment to support program implementation

(a) Identify potential persons/groups or others who could hinder progress of project. Develop a plan to promote a more positive environment for HIV prevention among FSWs in the project area.

(b) Undertake advocacy and educational activities to promote understanding of local police officials and other public sector officers towards the importance of HIV prevention and in working with FSWs for HIV prevention.

(c) Advocacy plan and implementation should also include sex trade managers (madams, pimps) other gatekeepers as necessary.

(d) Monitor harassment and violence against sex workers by police and other local power brokers and take appropriate steps as needed.

Promote empowerment and social development activities among female sex workers

(a) Initiate self help groups of sex workers around primary social and economic needs such as literacy, saving schemes etc.

(b) Develop referral systems for other key support activities, such as children’s schooling, and micro-credit, women’s legal rights groups etc.

Staffing: In addition to program staff, the NGO will be required to have at least the following full time managerial staff on their payroll: project manager; M&E/research officer, financial officer, advocacy officer and a training officer. In addition field managers will be required at each intervention site.

Monitoring Progress: The implementing NGO will provide quarterly progress report within 20 days after the end of a quarter of project period. The primary means for judging progress will be the independent assessment of the appropriate indicators described in para 7. In addition, and of secondary importance, the client will judge progress towards achieving the targets described above in paragraph 7, by examining whether the NGO is demonstrating progress towards accomplishing objective semi-annual milestones, which are described below. In case that data on the indicators in para 7 is not available, the Provincial AIDS Control Program will judge the progress based on information from the management information system, progress towards process milestones, and appropriate field monitoring. Any decision to terminate the contract or take other remedial action, specified in the contract will be based on past progress of the NGO, the existence of extraneous constraints, challenges, or impediments, a summary of all available quantitative information, and the latest results of behavioral and sero-surveillance.

Milestone one by the end of the first six months:
(a) Senior project staff have been recruited and trained in the basic principles of HIV interventions for sex workers;

(b) Specific staff member is delegated and trained to conduct advocacy for an enabling environment; an advocacy program is begun with police, sex trade managers, or other important gatekeepers;

(c) At least a few active sex workers (not old ex-sex workers and not pimps) regularly advise project staff or are included as staff member in a defined position that contributes to decision-making;

(d) Basic infrastructure, i.e., transportation and main office, are completed;

(e) Peer education manuals are drafted and criteria for recruitment of peer educators and their supervisors are developed.

(f) Specific staff member is delegated and trained for monitoring and evaluation; needed computer programs are installed and operating;

(g) Baseline research has been undertaken and completed; draft report submitted; completed report submitted no later than the end of month 6.

**Milestone two by the end of the year:**

(a) A participatory project design workshop has been held with sex workers (may need several if different types of sex workers as well as power holders are included) and options explored, discussed and the most feasible decided upon collectively, including location of drop-in centers or other safe spaces for meetings/trainings of sex workers;

(b) Staffing is completed based on size estimation results and accessibility of sex workers;

(c) Knowledge and skills in the technical aspects of STI management for female sex workers and/or hijras are improved with appropriate technical assistance;

(d) Infrastructure, i.e. computer programs, clinics, safe spaces, drug supplies, are secured and operating;

(e) Peer education and peer supervisor training has begun with at least 40-50 peer educators graduated from first 3 week course;

(f) All staff are trained in the principles and practices of behaviour change interventions and non-discrimination, including medical staff and auxiliary staff, such as drivers; this training should include issues relating to empowerment and social inclusion;

(g) The process of bringing sex workers together to develop self-help groups has begun and specific ‘empowerment’ activities selected; i.e. literacy, savings schemes, micro credit, etc.;

(h) Materials (printed, video, audio, musical, etc.) used in discussions among sex workers are developed in participatory workshops; and
(i) Monitoring and evaluation framework completed, including indicators for coverage, exposure to intervention and changes in safer sex behaviours, STI treatment seeking behaviours, quality of STI care and effectiveness, of advocacy for an enabling environment; at least 3 months of process data are collated and available.

**Duration of Contract and Geographical Spread of Services** The Provincial AIDS Control Program will sign the contact with the successful NGO which will remain effective for a period of five years subject to satisfactory execution of the contract. The executing NGO will provide services to FSWs in major urban centres of the province as identified by the Programme. Coverage could be extended to other cities in response to mapping studies or discovery of other “hotspots.” Existing projects in Lahore and Multan will be incorporated into the project on completion of contract in December 2008.

**Compliance with National and Provincial Guidelines** The executing NGO will follow national guidelines (current or those that will be developed during the period of contract execution) for delivery of services to the FSWs. While procuring essential drugs including condoms, the executing firm will ensure that they meet the specifications and standards laid down by the provincial Department of Health. Where such standards or specifications don’t exist, the specifications and standards laid down by the WHO will govern.

**Facilities that will be provided by the Government:** The Department of Health, through its AIDS Control Program will provide the following facilities to the successful NGO during the execution of contract:

(a) Social Assessment Study of High Risk Groups and results of surveys, including IBBS;
(b) Reports of Mapping Studies of FSWs;
(c) Updated national guidelines for management of STIs, voluntary confidential counseling and testing standards and ethical guidelines;
(d) Training of DIC staff in HIV rapid testing;
(e) Standard recording and reporting formats – to be developed jointly through mutual consultation;
(f) Authorization from the government to work with FSWs;
(g) Invitation to attend World AIDS Days, AIDS related trainings, conferences and key seminars with expenses for participation to be borne by the NGO;
(h) Copies of key reports and related research carried out in Pakistan;
(i) Support in training and capacity building activities while NGO will bear the cost of travel and boarding/lodging for its participants;
(j) Access to public sector health services to FSWs registered with the NGO;
(k) Access to public sector HIV testing facilities; and
Access to ARV treatment centres.

**Recording and Reporting Requirements:** The minimum recording and reporting requirements will be as follows:

(a) The NGO’s staff (including peers educators or outreach workers) will maintain a daily log of their activities in sufficient detail to allow a review and assessment by the supervisory personnel;

(b) The number of clients per day using the services and the regularity of clients in using services;

(c) Maintenance of stock registers to allow monitoring and reporting of stock-outs of essential commodities;

(d) Maintenance of a register of patients at the drop in centre and for VCCT services in sufficient detail to allow data analysis and its interpretation, but keeping confidentiality of records from persons not related to program management and implementation;

(e) Maintain income and expenditure statements of the project proceeds for external annual financial audit, and provide copy of the audit report to the client or its representative within three months after the completion of a fiscal year (July 1 – June 30). The financial audit will be used solely to determine whether the organization is financially viable;

(f) Preparation of quarterly progress reports and their submission to the client and the management firm within 20 days after the completion of every quarter taking contract signing as the reference date. The quarterly progress report will provide at least the following information:

(g) Progress made against the agreed work plan;

(h) Progress made in achieving the agreed semi-annual process/output target(s);

(i) Challenges encountered and options used to resolved them;

(j) Relations with stakeholders like FSWs, their Clubs (if any) or; and

(k) Unions/associations, local police and community leaders.

**Accountability and Working Relationship:** The NGO will be accountable to the Provincial AIDS Control Program for the satisfactory delivery of the services defined here. They will work in close collaboration with the National AIDS Control Program, the World Bank, other relevant development partners, and other NGOs working with FSWs.