

Questions & Answer UNFPA CBS

1. The Concept Note refers to “community testing” in some places and “community screening” in others. Which is correct?

ANSWER: As the MoH requires HIV testing at a health facility using the MoH-recognized testing algorithm in order for someone testing positive to be eligible for GoI financed ART, HIV testing in community settings not based on the MoH-recognized testing algorithm is not viewed by the MoH as “testing,” but as “screening.” The intent of the program described in the Concept Note is to engage female sex workers in “community screening,” meaning that a woman receiving a reactive community screening test result would have to go to health facility for a confirmatory test before being eligible for GoI financed ART. In the context of the Concept Note, HIV testing refers to testing at a health facility or MoH mobile clinic using the MoH-recognized testing algorithm.

2. Also, UNFPA using the terminology of “supervised” and “unsupervised” vs “assisted and “unassisted”. Which one is correct?

ANSWER: The two sets of terms are interchangeable. “Supervised” and “Assisted” refer to the case where a community health or outreach worker is present while the community screening takes place and to provide assistance to the persons being tested as needed. “Unsupervised” and “Unassisted” refer the case where a person performs the screening test by themselves without any assistance from health or outreach workers. The latter may be viewed as “self-screening.” In responding to the IFP, the offeror may choose the terms that they prefer, but be sure to define them clearly in the response to the IFP so that it is clear to the reviewers.

3. The Concept Note calls for a randomized controlled trial to be undertaken. Does UNFPA envision that individual sex workers will be randomized to treatment and control groups, or will districts be randomly assigned to treatment and control groups?

ANSWER: a community randomized trial is desired; that is, the 23 districts should be randomly assigned to treatment and control groups.

4. Is it anticipated that the HIV community screening intervention will be implemented in all 23 districts?

ANSWER: As a community randomized design is envisioned, the HIV community screening intervention will be implemented in a subset of the 23 districts and the remaining districts will be treated as control districts.

5. As access to health system data will be required in all 23 districts, can UNFPA facilitate access to needed data?

ANSWER: UNFPA will approach the MoH and request support from in the form a letter, directive or some other form of communication to provincial and district health offices requesting cooperation and collaboration in providing access to data needed to successfully complete the study.

6. Will UNFPA procure or facilitate procurement of the commodities needed to undertake community HIV screening, or will the contracted organization be fully responsible for procurement?

ANSWER: UNFPA will provide on the commodities. Subject to SAS approval by Ministry of Health.

7. Will UNFPA arrange/facilitate coordination and/or collaboration with the organizations currently working with female sex workers as sub-sub-recipients (SSRs) on the UNFPA GFATM grant?

ANSWER: To some extends, yes. UNFPA will facilitate coordination with the SSRs, however more technical coordination and collaboration will be expected to be conducted by the contracted organization.

8. Apakah 23 districts/cities adalah daerah intervensi saja atau merupakan daerah dimana randomisasi intervensi dan kontrol akan dilakukan?

ANSWER: This was addressed in the answer to question # 3. In order to undertake a community randomized trial in the 23 districts, it will be necessary to assign some districts to a “treatment” group and some to a “control” group. It is expected that the intervention will be undertaken in the treatment group of districts only.

9. Apakah institution fee dimungkinkan? How about management fee?

ANSWER: We need to clarify this to the Global Fund.

10. Apakah dimungkinkan peneliti menggunakan infrastruktur penjangkauan dan pelaporan data yang dimiliki SSR dan IU FSW yang ada di 23 daerah penelitian. Ini terkait juga dengan ketersediaan data test dan start treatment yang mungkin saja harus diakses dari penyedia layanan setempat seperti RS dan Puskesmas. Apakah memungkinkan peneliti mengakses data ini dari IU atau harus melakukan direct contact dengan Dinas Kesehatan setempat?

ANSWER: Untuk ketersediaan data test dan start treatment peneliti perlu melakukan kontak langsung dengan penyedia layanan setempat dan juga dinas kesehatan setempat. Peran UNFPA adalah memastikan dukungan dari Kementerian Kesehatan untuk ini terkait koordinasi dengan SSR dan puskesmas/layanan kesehatan.