

The Ministry of Health and Wellness  
HIV/STI/TB (HST) Unit

Terms of Reference  
MSM 2023 Study Lead

**Background**

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The epidemic in Jamaica has features of both a generalized and concentrated epidemic. As of December 2019, there were 32,617 persons or approximately 1.6% of the Jamaican adult population estimated to be infected with HIV. Almost 16% of HIV infected persons are unaware of their status. Higher HIV prevalence has been recorded in vulnerable groups such as female sex workers (SW) (2%), men who have sex with Men (MSM) (29%), persons with STIs (3.6%), homeless/drug users (13%), and prison inmates (7%).

There is an urgent need in Jamaica to increase the effectiveness of prevention programs among high-risk groups to limit the spread of HIV. Many approaches are needed to contain the epidemic, including school-based programs, mass media campaigns and targeted approaches for those most at risk. The prevention response needs strategic information in order to improve programs. This includes information about the prevalence of HIV and other STI. It also includes information about the characteristics and behaviours of key populations.

According to UNAIDS 2019, HIV prevalence among MSM in the Caribbean ranges between 1.1% in Cuba to 29.6% in Jamaica, which reflects the increasingly serious nature of the epidemic in the region. Two territories in the region - Jamaica, Trinidad and Tobago have prevalence higher than 20% among MSM. The stigma associated with homosexuality continues to be widespread (Figuerola et al. 2017, 876 study, 2018). The risk of hostility, verbal abuse, aggression and physical violence is real for MSM and transgender persons. Religious beliefs are used to rationalize and justify the negative attitudes towards MSM and contribute to the animosity that sometimes fuels aggression and violence against MSM. Most Jamaicans do not understand issues of sexual and gender identities and the challenges faced by transgender persons who have their own special needs.

The anti-buggery law is also an ongoing reminder to MSM societal rejection and criminalization of their sexual orientation. The rejection often induces shame, conflict, low self-esteem and risk-taking. MSM of lower socioeconomic status are more vulnerable, and boys may be chased from their homes and become homeless and subject to sexual abuse or transactional sex or forced into commercial sex. MSM who are of low literacy or experience adverse life events such as violence, jail or homelessness is at significantly higher risk of HIV (Figuerola et al. 2015). Some MSM are forced to disguise their sexuality and as such, have relationships with women or marry to pretend to be straight. Some men are fearful of doing an HIV test.

Bio-behavioural Surveillance Studies (BBSS) among MSM have been implemented in Jamaica for over 10 years (every 4 years). The results are used to develop programs to reduce the prevalence among the populations. The 2011 study showed a prevalence of 31.7% (Figuerola et al. 2011). Subgroup analysis of this study revealed an HIV prevalence of 45% among 95 respondents who identified as female (but did not self-identify as transgender), and 52.9% among 17 respondents who self-identified as transgender women

(TGW). The latest study conducted in 2017/2018 showed a prevalence of 29.6% among MSM and 51% among transgender women.

Another study is due in 2023 and will establish HIV prevalence among MSM and transgender persons and collect information that will guide and improve HIV/STIs interventions among the population at risk.

## **Objectives**

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The objectives of the study are to:

1. Determine the prevalence of HIV and Syphilis among the MSM and TG population in Jamaica
2. Assess the Risk behaviours among MSM and TGP in Jamaica
3. Assess engagement along the continuum of HIV prevention and care among MSM and TGP
4. To determine the effectiveness of prevention interventions among MSM and TGP
5. Estimate the population size of MSM and TGP
6. Assess the psychosocial needs of MSM and TGP
7. Strengthen syphilis reporting, referral, and linkage to treatment services.
8. To measure proximate & underlying determinants of HIV transmission
9. To estimate MSM and TG population size
10. To understand the social and sexual networks of MSM and TGP

## **The Survey**

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The implementation of this study will be guided by previously developed protocols. The protocols included a quantitative HIV prevalence and behavioural survey utilising respondent driven sampling methods. The survey used multiple population size estimation methods to improve precision and strengthen confidence in the estimates calculated. All study protocols maintained confidentiality and considered the difficulties in identifying members of the MSM and TG population and the concerns about unwanted exposure.

## **Scope of Work**

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The Study Lead will be required to conduct a targeted population-based survey in Jamaica, based on the specific objectives stated in these terms of reference. The consultant's technical approach to the conduct of survey should include processes for- sampling, fieldwork, data capture and analysis, and report preparation and dissemination.

The Study Lead will collaborate with the Ministry of Health and Wellness, National HIV/STI/TB Unit and the National Family Planning Board.

### **Study Oversight:**

- Develop and manage the pre-study and study implementation plan, including division of labour, the definition of roles and responsibilities, and implementation oversight.
- Manage the Field Coordinators, including implementing quality assurance measures and conducting ongoing training as needed.

- Coordinate all survey activities in accordance with the PLACE Methodology – Community Informant survey, Site verification, Participant survey.
- Summarize findings of formative assessment (Community Informant Survey, Site Verification) in a written report
- Ensure adherence to the approved study protocol and the confidentiality of all study materials.
- Gather relevant information and resources needed to ensure successful implementation.
- Engage Steering Committee/technical assistance providers as appropriate.
- Ensure reporting out on deliverables, including tools, resources, and building blocks of study design and implementation support.
- Present and discuss study progress and findings with stakeholder groups and technical committee as requested.
- Prepare final report on participant survey process, agreed on core indicators, and include key recommendations for MSM Programs based on survey findings

#### **Technical Support:**

- Study Design: Provide high quality guidance and play a lead role in:
  - Preparation of study design and protocol writing.
  - Development of data collection forms, databases, etc.
  - Supervise data entry and analysis
- Study Coordination: Provide high quality work for:
  - Implementation planning and management.
  - Strategic engagement of stakeholders (RHAs, NGOs, labs, etc).
  - Organize training and logistics for training study staff and interviewers involved community informant survey, site verification and participant interviews and conduct trainings.
  - Develop supervision plan for field operations
  - Manage study budget
  - Develop supplies and equipment list for procurement
  - Ensure compliance with human subjects requirements.
  - Development of reporting forms, study operations documents, etc.
  - Data management – entry and analysis
  - Prepare and present final report

#### **Project Administration:**

- Prepare and submit accurate and timely financial reports on study expenses.
- Supervise study staff, including orientation, mentoring and performance reviews as appropriate.
- Plan and lead survey team meetings with the Steering Committee.

#### **Other:**

- Establish and maintain good working relationships with key stakeholders and implementing partners.
- Plan, conduct and evaluate workshops and/or trainings.
- Contribute to efforts to publish and disseminate study outcomes.

## **Length of project**

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Pre-study and study implementation, data entry, preliminary analysis and final report will be completed during the time period January 2, 2023 – December 4, 2023.

## **Qualifications and Experience**

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- Masters' Degree in Public Health, Social Science, Demography, or similar
- Previous experience in conducting health or social surveys within the Caribbean region
- Expert knowledge of HIV and STI context in Jamaica
- Expert knowledge of PLACE Methodology/research methods
- Previous experience with Men who have sex with Men (MSM)
- Previous experience with national survey implementation
- Expert knowledge of SPSS or other statistical program
- Excellent interpersonal skills and ability to establish rapport with a range of stakeholders
- Excellent Project Management skills
- Excellent reporting and technical writing skills
- Ability to work in a team

## **Reporting Relationship**

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The Study Lead will work under the overall guidance of the Senior Medical Officer, Adolescent Programme Manager (HST) and Strategic Information Advisor, HIV/STI/TB Unit, Ministry of Health and Wellness and Global Fund Technical Support. Direct supervision will be given by the Director of Health Promotion and Prevention, National Family Planning Board.

## **Deliverables**

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- Implementation Plan including a brief overview of MSM surveillance in Jamaica
- Recruitment and training plan for study staff and interviewers
- Summary report of Formative Assessment activities – findings and process. This includes the Community Informant Survey and Site Verification
- Final report on participant survey process, core indicators required for reporting on HIV response among MSM, and key recommendations for MSM Programs

### Schedule of Deliverables

Activity	Timeframe	Cost (J\$)
Technical proposal including work plan	January, 9, 2023 (One week after signed contract)	10%
Research proposal to be submitted for ethical approval	February 6, 2023 (Five weeks after signed contract)	15%
Ethical approval letter received	Six to twelve weeks after submission	
Commencement of data collection	Two weeks after ethical approval	15%
Data collection completed	Twelve weeks after commencement of data collection	
Draft report and separate detailed calculation of indicators listed in Appendix 1	Six weeks after completion of data collection	20%
Presentation of findings at Stakeholder consultation to ascertain feedback and make adjustments	Two weeks after submission of first draft	15%
Final survey report (Electronic and hard copies) that addresses the comments of stakeholders	Two weeks after stakeholder consultation and feedback	20%
Participation at dissemination meetings to present study findings to stakeholders	TBD	5%

### Special Terms and Conditions

All expenses must be stated in the budget as the total in the proposal is the final amount to be paid. All resources and documentation produced from this activity are owned by the Ministry of Health and Wellness and shall not be accessed, shared or published without the written permission of the Ministry of Health and Wellness.

**Evaluation Criteria**

Evaluation Criteria						
	Max (%)	Marks Allotted				
1. Adequacy of the proposed technical approach, methodology and work plan in responding to the Terms of Reference (20)	20					
2. Financial Proposal (10)	10					
3. Key professional staff qualifications and competence for the assignment: [(i+ii+iii) x weight]		a	b	c	d	e
(weight)						
a. Team Leader/Manager 25%	Σ(a-e) = 70					
b. Research Assistant 20%						
c. Biostatistician 20%						
e. Other 5%						
Total (criterion ii) 70%						
Total Points (staff): x/70						
The number of points to be assigned to each of the above positions or disciplines shall be determined considering the following three sub criteria and relevant percentage weights:	30	a	b	c	d	e
i. General Qualifications Master's degree in Demography, Public Health, Social Science, or at minimum, another Masters eg. Statistics degree with emphasis on quantitative research methods (30%)						
ii. General Experience conducting surveys (45%)	50	a	b	c	d	e
Experience in Project Management (5%)						
iii. Experience conducting social/ behavioural/health- related surveys	20	a	b	c	d	e

(20%)						
<i>Individual Total (/100)</i>						
Total (1+2+3) Minimum required: 80 marks						