

# Terms of reference

## GENERAL INFORMATION

**Title:** Consultant for HCT development and assessment of women's health in prisons

**Project Name :** UNODC Sub-Programme 4

**Reports to:** National Programme Officer

**Duty Station:** Home based

**Expected Places of Travel (if applicable):** Bandung

**Duration of Assignment:** 28 working days, starting September –November 2017

### REQUIRED DOCUMENT FROM HIRING UNIT

	TERMS OF REFERENCE
5	<b>CONFIRMATION OF CATEGORY OF LOCAL CONSULTANT , please select :</b> (1) Junior Consultant (2) Support Consultant (3) Support Specialist (4) Senior Specialist (5) Expert/ Advisor <b>CATEGORY OF INTERNATIONAL CONSULTANT , please select :</b> (6) Junior Specialist (7) Specialist (8) Senior Specialist
x	APPROVED e-requisition

### REQUIRED DOCUMENTATION FROM CONSULTANT

x	Completed CV or P11 with at least three referees
x	Copy of education certificate
x	Completed financial proposal
x	Completed technical proposal

### Need for presence of IC consultant in office:

partial (explain): The contractor will be based in Jakarta during his/her consultancy. No requirement to attend daily to the office, however to be available for any meeting request by the supervisor.

intermittent (explain) :

full time/office based (needs justification from the Requesting Unit)

### Provision of Support Services:

Office space:  Yes  No

Equipment (laptop etc.):  Yes  No

Secretarial Services  Yes  No

If yes has been checked, indicate here who will be responsible for providing the support services:

## I. BACKGROUND

UNODC is the lead UNAIDS agency for ensuring access to comprehensive package of HIV prevention, treatment and care services for people in prisons and HIV among people who use drugs and, is assisting countries in reaching target 3 of the Sustainable Development Goal 3 on ending the AIDS epidemic by 2030.

More specifically, in the context of the UNAIDS Strategy 2016-2021 and UNAIDS 2016-2021 Unified Budget, Results and Accountability Framework (UBRAF), UNODC is expected to support implementation of evidence-based HIV services for people in prisons.

Indonesia's prisons housed 224,040 prisoners in facilities with a total design capacity of 122,742<sup>1</sup>. Although there is no specific data on the number of PWID in prisons, available data estimates that narcotics-related offenders account for approximately 38% of the total prison population.

The 2011 Directorate General of Corrections (DGC) report on *"HIV and Syphilis Prevalence and Risk Behaviour Study among Prisoners in Prisons and Detention Centers in Indonesia"* found that in the general prisons the HIV prevalence was 1.1% among male respondents and 6% among females, with higher prevalence rates in narcotics prisons. Among prisoners with a history of injecting drug use, the HIV prevalence was higher, from 8% in the general prisons to over 33% in narcotics prisons. In addition, the studies reported that 3.1% of prisoners had a history of injecting drugs while in prison, with around 1.9% still identifying as PWID at the time. Among the current PWID in the prison population, 73% admitted to sharing needles with others.

HIV-AIDS was the leading cause of death among Prisoners in 2016

Table 1<sup>2</sup>  
Morbidity Rate of HIV-AIDS and TB Among Prisoners in 2016

Month	Morbidity Rate	
	HIV-AIDS	TB
January	1.038	451
February	965	436
March	1.075	478
April	992	487
May	998	533
June	944	525
July	924	466
August	938	511
September	948	545
October	803	461
November	1.049	571
December	869	609

HIV counselling and testing (HCT) is one of the 15 key interventions of the comprehensive package designed to support countries in mounting an effective response to HIV and AIDS in prisons and other closed settings. Efforts to scale up access to HIV testing and counselling in prisons should not be undertaken in isolation, but as part of the package to ensure the greatest impact on health when delivered as a whole.

Additionally, women prisoners constitute a very small proportion of prison populations and often present gender-specific issues which correction system do not adequately address. The profile and background of women in prison, and the reasons for which they are imprisoned, are different from those of men in the same situation. Once in prison, women psychological, social and healthcare needs will also be different.

As of May 2017, there were 12,331 women housed in Indonesia prisons. As many as 4,390 of them are housed in 12 of the 475 prisons in Indonesia which are dedicated to housing women. The remainder are housed adjacent to or within blocks within men's facilities.

Women have a particular physical vulnerability to HIV, and similar to men, should also have access to all interventions in the comprehensive package, however these interventions should be tailored to their specific needs and include, for example, attention to women's sexual and reproductive health

<sup>1</sup> <http://smslap.ditjenpas.go.id/public/grl/current/monthly/year/2017/month/6>

<sup>2</sup> <http://smslap.ditjenpas.go.id/>

needs.

UNODC aims to support DGC to ensure that prisoners have easy access to quality HTC services at any time during their detention and address the special health needs of women in prisons including sexual and reproductive health, through:

- a. Developing guidelines on management of HIV-AIDS in prison setting which include SOP on HTC in prisons, based on the national guidelines and in-line with the international normative guidance.
- b. Review current policies and practices, and generating strategic information on needs and gaps as related women's health in prisons using the WHO/UNODC Women's health in prison – Action guidance and checklists

Relevant tools and publication on HIV in prison:

- [http://www.unodc.org/documents/hiv-aids/HIV\\_comprehensive\\_package\\_prison\\_2013\\_eBook.pdf](http://www.unodc.org/documents/hiv-aids/HIV_comprehensive_package_prison_2013_eBook.pdf)
- [http://www.unodc.org/documents/hiv-aids/Final\\_UNODC\\_WHO\\_UNAIDS\\_technical\\_paper\\_2009\\_TC\\_prison\\_ebook.pdf](http://www.unodc.org/documents/hiv-aids/Final_UNODC_WHO_UNAIDS_technical_paper_2009_TC_prison_ebook.pdf)
- [http://www.unodc.org/documents/hiv-aids/UNODC\\_WHO\\_UNAIDS\\_2009\\_Policy\\_brief\\_HIV\\_TC\\_in\\_prisons\\_ebook\\_ENG.pdf](http://www.unodc.org/documents/hiv-aids/UNODC_WHO_UNAIDS_2009_Policy_brief_HIV_TC_in_prisons_ebook_ENG.pdf)
- [http://www.unodc.org/documents/hiv-aids/publications/Prisons\\_and\\_other\\_closed\\_settings/2014\\_WHO\\_UNODC\\_Prisons\\_and\\_Health\\_eng.pdf.pdf](http://www.unodc.org/documents/hiv-aids/publications/Prisons_and_other_closed_settings/2014_WHO_UNODC_Prisons_and_Health_eng.pdf.pdf)
- <http://www.unodc.org/documents/hiv-aids/V0855768.pdf>

Relevant tools and publication on Women's health in prison:

- [http://www.unodc.org/documents/hiv-aids/publications/Prisons\\_and\\_other\\_closed\\_settings/2014\\_WHO\\_UNODC\\_Prisons\\_and\\_Health\\_eng.pdf.pdf](http://www.unodc.org/documents/hiv-aids/publications/Prisons_and_other_closed_settings/2014_WHO_UNODC_Prisons_and_Health_eng.pdf.pdf)
- <http://www.unodc.org/documents/hiv-aids/V0855768.pdf>
- [http://www.unodc.org/documents/hiv-aids/WHO\\_UNODC\\_2011\\_Checklist\\_Womens\\_health\\_in\\_prison.pdf](http://www.unodc.org/documents/hiv-aids/WHO_UNODC_2011_Checklist_Womens_health_in_prison.pdf)
- [http://www.unodc.org/documents/hiv-aids/WHO\\_EURO\\_UNODC\\_2009\\_Womens\\_health\\_in\\_prison\\_correcting\\_gender\\_inequity-EN.pdf](http://www.unodc.org/documents/hiv-aids/WHO_EURO_UNODC_2009_Womens_health_in_prison_correcting_gender_inequity-EN.pdf)
- <http://www.unodc.org/documents/hiv-aids/Women%20and%20HIV%20in%20prison%20settings.pdf>
- [http://www.unodc.org/documents/hiv-aids/publications/Prisons\\_and\\_other\\_closed\\_settings/P\\_BangkokRules\\_2010\\_EN.pdf](http://www.unodc.org/documents/hiv-aids/publications/Prisons_and_other_closed_settings/P_BangkokRules_2010_EN.pdf)

## II. SCOPE OF WORK, ACTIVITIES, AND DELIVERABLES

### Scope of Work

**Under the direct supervision of the National Programme Officer and the overall supervision of the Country Manager, the consultant will:**

- a. Review current policies and practices, and generate strategic information on the needs and gaps as related to women's health in prisons using the WHO/UNODC Women's health in prison – Action guidance and checklists
  - Translate and adapt the WHO/UNODC Women's health in prison – action guidance and checklists to review current policy and practices of women prison in Indonesia
  - Conduct interviews of the checklists with:
    - ✓ Decision- and policy-maker at DGC

- ✓ Senior prison managers at DGC and Women Prison in Jakarta
  - ✓ Prison health staff at DGC and Women Prison in Jakarta
  - ☐ Submit the first draft assessment report of women health in Indonesia prisons
  - ☐ Finalize and submit final assessment report of women health in Indonesia prisons in Bahasa and English. The report should include analysis of the completed checklist against the international normative guidance, identification of needs and gaps and recommendations to overcome them
  - Conduct one-day workshop to disseminate and discuss the result of completed checklist with prison senior managers, MoH and prison health services providers.
- b. Develop guidelines on the management of HIV-AIDS which include SOP on HTC in prisons, based on the national guidelines and in-line with the international normative guidance
- ☐ Conduct preliminary meeting with the Directorate of Prisoners Health Care and Rehabilitation and relevant stakeholders (these will be determine later)
  - Conduct a desk review of international and national guidelines on management of HIV-AIDS in prison setting including the implementation of HCT.
  - ☐ Facilitate a consultation workshop with relevant stakeholders on the development of the guidelines
  - Produce the first draft of guideline on management HIV-AIDS in prison setting based on the consultation meeting with the key stakeholders
  - ☐ Facilitate a consultation workshop with relevant stakeholders to finalise the development of the guidelines
  - Produce the final draft of guideline on management of HIV-AIDS in prison setting which are endorsed by UNODC and DGC in Bahasa and English
  - ☐ Perform any other tasks deemed necessary to ensure the success of the project.

#### **Expected Outputs and deliverables**

- a) Submission of final assessment on women health in prisons in 10 working days (in Bahasa and English)
- b) Submission of first draft of guideline on management of HIV-AIDS in prison setting in 10 working days
- c) Submission of final guideline on management of HIV-AIDS in prison setting in 8 working days following submission of the draft (in Bahasa and English)

### **III. WORKING ARRANGEMENTS**

#### **Institutional Arrangement**

The consultant will perform its work under the supervision and report directly to the National Programme Officer, UNODC Indonesia. The UNODC Country Manager will provide overall guidance and supervision

During the consultancy, the consultant is expected to coordinate closely and liaise with key counterparts (DGC, MoH and UN Agencies- UNAIDS, WHO)

The project will provide the necessary budget allocation to convene a consultative meeting with stakeholders. The consultant will developed TOR and budget in advance following UNODC/UNDP regulation. Support will be provide by the National Programme Officer

#### **Duration of the Work**

28 working days, starting September to November 2016

<b>Deliverables/ Outputs</b>	<b>Estimated number of working days</b>	<b>Completion deadline</b>	<b>Percentage</b>
Submission of final assessment report on women's health in prisons	10 working days	October	
Submission of first draft of guideline on management of HIV-AIDS in prison	10 working days	October	
Submission of final guideline on management of HIV-AIDS in prison	8 working days	November	

### **Duty Station**

The consultant will be home based working arrangement during his/her consultancy. No requirement to attend daily to the office, however to be available for meeting requests by the supervisor.

## **IV. REQUIREMENTS FOR EXPERIENCE AND QUALIFICATIONS**

### Academic Qualifications:

- Master Degree in HIV-AIDS, sexual health, or health in prison.

### Years of experience:

- Minimum 20 years experience in HIV-AIDS, sexual health and health in prison. Physicians with clinical experience will be prioritized
- ☐ Strong experience in working with Directorate General of Corrections and Ministry of Health on above topics
- Strong knowledge on national and international guidelines on management of HIV-ADS in the community and in prison setting
- ☐ Extensive knowledge and experience in implementing HIV Prevention, Treatment and Care in prison setting
- ☐ Research background (supervising and conducting), in particular clinical research related to infectious diseases, is an advantage.

### III. Competencies and special skills requirement:

- Ability to operate MS-Office
- Ability to work in a team
- Effective planning and organising skills
- Demonstrated ability to work with persons of different ethnicity and cultural background;
- Strong reporting, communication and interpersonal skills; and
- Ability to work under pressure and handle multiple tasks simultaneously
- Proficient in English and Bahasa languages, spoken and written.

## **V. EVALUATION METHOD AND CRITERIA**

Cumulative analysis

When using this weighted scoring method, the award of the contract should be made to the individual consultant whose offer has been evaluated and determined as:

a) responsive/compliant/acceptable, and

b) Having received the highest score out of a pre-determined set of weighted technical and financial criteria specific to the solicitation.

\* Technical Criteria weight; [70%]

\* Financial Criteria weight; [30%]

Only candidates obtaining a minimum of 70 point would be considered for the Financial Evaluation

<b>Criteria</b>	<b>Weight</b>	<b>Maximum Point</b>
<u>Technical</u>		
<b>Criteria A: qualification requirements as per TOR:</b>	40%	40
1. Master Degree in HIV-AIDS, sexual health, or health in prison	10	10
2. Minimum 20 years experience in HIV-AIDS, sexual health and health in prison. Physicians with clinical experience will be prioritized	5	5
3. Strong experience in working with Directorate General of Corrections and Ministry of Health on above topics	5	5
4. Strong knowledge on national and international guidelines on management of HIV-ADS in the community and in prison setting	10	10
5. Extensive knowledge and experience in implementing HIV Prevention, Treatment and Care in prison setting	5	5
6. Research background (supervising and conducting), in particular clinical research related to infectious diseases, is an advantage.	5	5
• <b>Criteria B: Brief Description of Approach to Assignment.</b>	60%	60%