

Terms of reference

GENERAL INFORMATION

Title: Consultant to conduct cost and economic study of health services in Indonesia prisons (National)

Project Name : UNODC Sub-Programme 4

Reports to: National Programme Officer

Duty Station: Homebase

Expected Places of Travel (if applicable):

Duration of Assignment: 37 working days, starting 25 April – 15 November 2019

REQUIRED DOCUMENT FROM HIRING UNIT

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

REQUIRED DOCUMENTATION FROM CONSULTANT

X	CV
X	Copy of education certificate
X	Completed financial proposal
X	Completed technical proposal (if applicable)

Need for presence of IC consultant in office:

☒ partial (explain): The consultant will be homebased 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: < Enter name>

I. BACKGROUND

Prisons and detention centres are considered high risk environments for the transmission of HIV due to several reasons such as some prisoners are came and likely to return to high risk environments of HIV transmission, injecting drug use, tattoos, and unprotected sexual practices in prisoners which are not supported by the availability of sterile injecting equipment and condom, as well as high rate

of sexually transmitted infections such as syphilis with inadequate treatment, contributes to the occurrence of higher transmission of HIV risk through sexual activity.

Indonesia's prisons housed 256,032 prisoners in facilities with a total design capacity of 127,041¹. Although there is no specific data on the number of PWID in prisons, available data estimates that narcotics-related offenders account for approximately 47% 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 1²
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

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.

HIV counselling and testing (HCT) is one 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. Subsequently, Directorate General of Corrections (DGC) has prioritized HIV and tuberculosis (TB) prevention and care and drug treatment as parts of the essential care package for inmates.

UNODC now aims to support the DGC to ensure that prisoners have easy access to quality HTC, TB and related drug treatment services at any time during their detention. One key question to be

¹ <http://smslap.ditjenpas.go.id/public/grl/current/monthly/year/2019/month/1>

² <http://smslap.ditjenpas.go.id/>

answered to achieves that goal is surrounds the optimal resource needs for health services in correctional facilities. An economic analysis to cost these programs and inform the efficiency gains from their implementation is required. Additionally, parallel to this effort, UNODC also supporting DGC on the development of its 2020-2024 HIV/AIDS Action Plan for prisoners and detainees.

II. SCOPE OF WORK, ACTIVITIES, AND DELIVERABLES

Scope of Work

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

- Conduct a desk review on health related programmes including HIV/AIDS, TB and drug treatment in Indonesia prisons, policy documents, as well as relevant studies on health economic and costing analysis, disease modeling related to HIV/AIDS, TB and drug treatment in special setting
- Conduct serial consultative meetings and workshops with DGC research teams and stakeholders in order to set up target of a specific health objectives to be measured, implement and finalise the study.
- Formulated competing and stand-alone scenarios of cost and health consequences of HIV; TB and Drug treatment programmes in prison setting
- Identify data source and gap of the study and conduct data collection, processing and analysis.
- Develop draft report on the economic study of health services (at the minimum: HIV; TB; Drug treatment) in Indonesia prisons, which include description of scenarios being compared, analytic methods and data collection process, unit costs and model assumptions, and the estimated resource needs for each programmes
- Finalise and submit report on the economic study of health services (at the minimum: HIV; TB; Drug treatment) in prisons which include description of scenarios being compared, analytic methods and data collection process, unit costs and model assumptions, and the estimated resource needs for each programmes (in Bahasa and English version)
- Perform any other tasks deemed necessary to ensure the success of the project.

Expected Outputs and deliverables

All documents must be submitted in English and Bahasa.

Deliverables/ Outputs	Estimated number of working days	Completion deadline	Percentage
a. Submission of inception report (include output of the desk review and detail	7 working days	15 June	
b. Submission of draft report on the economic study of health services (at the minimum: HIV; TB; Drug treatment) in prisons which include description of scenarios being compared, analytic methods and data collection process, unit costs and model assumptions, and the estimated resource needs each	18 working days	15 September	

	programmes			
	c. Submission of final report on the economic study of health services (at the minimum: HIV; TB; Drug treatment) in prisons which include description of scenarios being compared, analytic methods and data collection process, unit costs and model assumptions, and the estimated resource needs each programmes (in Bahasa and English)	12 working days	10 November	

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 Headquarter, DGC research teams and other government stakeholder)

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

Duration of the Work

37 working days, starting 25 April 2019 – 15 November 2019

Duty Station

The consultant will be homebased 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 and Work Qualifications:

- Ph.D (preferable) in Public Health.
- Minimum 5 years' experience in related areas such as research, programme monitoring and evaluation.
- Expert in Economic research and or study

III. Competencies and special skills requirement:

- Strong experience in working with Ministries or other Government Institutions.
- Research background (supervising and conducting), in the fields of health sector, is desired.
- Demonstrated ability to work with persons of different ethnicity and cultural background;
- Strong reporting, communication and interpersonal skills
- Ability to work under pressure and handle multiple tasks simultaneously
- Proficient in English and Bahasa languages, spoken and written.

- Ability to operate MS-Office
- Ability to work in a team
- Effective planning and organising skills

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

Criteria	Weight	Maximum Point
<u>Technical</u>		
Criteria A: qualification requirements as per TOR:	50%	50
1. Ph. D (preferable) in public health.	20 %	20
2. Minimum 5 years experience in related areas such as research, programme monitoring and evaluation	15 %	15
3. Expert in economic research and or study	15%	15
Criteria B: Brief Description of Approach to Assignment.	50%	50
• Strong experience working with Ministries or other Government Institutions	25%	25
• Strong reporting, communication and interpersonal skills	25%	25
• Criteria C: Further Assessment by Interview (if any)	-	-

Prepared by

 - 25/03/2019
Ade Aulia Erwin
National Programme Officer

Approved by


Collie Brown
Country Manager