

Terms of reference



Empowered lives.
Resilient nations.

GENERAL INFORMATION

Title: Consultant for UN Family Therapy implementation science study in North Jakarta

Project Name: GLOK32, UNODC Sub-Programme 4

Reports to: National Programme Officer and UNODC Chief and PTR Section Vienna

Duty Station: Home Based

Expected Places of Travel (if applicable): Jakarta

Duration of Assignment: 61 working days within 4 months , starting 1 December 2019 – 30 March 2020

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
	APPROVED e-requisition

REQUIRED DOCUMENTATION FROM CONSULTANT

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

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 and ability to visit project sites as needed.

☐ 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

Substance/Drug Use Disorders (S/DUDs) are a public health, developmental and security problem both in industrialized and developing countries. It is associated with health problems, poverty, violence, criminal behaviour and social exclusion. Prevention and treatment of drug dependence are essential demand reduction strategies of significant public health importance. Therefore, the implementation of adequate programmes is key in ensuring an appropriate balance between the need for evidence-based prevention and treatment interventions and the need of people at risk or affected by S/DUDs.

Through its global programmes on drug dependence treatment and care, UNODC supports Member States in their efforts to develop effective drug dependence treatment services and systems and to address the associated health and social consequences of drug use disorders. With the involvement and active participation of public governmental institutions, universities, treatment centres, civil society organisations and health and social professionals, UNODC promotes a systematic, inter-sectorial and multidisciplinary response to a very complex problem. The main objective is to increase access to quality, affordable, diversified and human rights-based drug treatment and care services for people in need and help to improve the well-being and social integration of the beneficiaries.

Adolescents with SUDs, including those in contact with or at risk of being in contact with criminal justice system and their families are facing grave challenges often without appropriate support and access to S/DUD treatments, in particular in low- and middle-income countries (LMICs). Hence, UNODC, with funding support from the Government of Japan, developed a science-informed, skills-based and practical treatment training package with elements of family therapy for adolescents with S/DUDs including those in contact with or at risk in contact with the criminal justice system (TFI¹), which is to be integrated with UNODC TreatNet² programme. The draft package enhanced through peer review was further tailored in 3 pilot trainings in Asia to meet the needs and cultural contexts of 16 low- and middle-income project countries. The overall goal is to create societies resilient to drugs and crime by enhancing ties in families and systems surrounding adolescents affected by S/DUDs. The results of focus group discussions indicated the usefulness of the information and techniques.

Moreover, TFI aims at interlinking health and criminal justice settings, given the preventive potential family therapy has, family-based treatment can address risk factors that may have significant preventive effect on other family members. TFI intends to explore outcomes that include preventing crime and recruitment into violent extremist groups. This special form of criminal behavior involves many vulnerabilities that are also associated with drug use disorders. Violent extremism is the product of historical, political, economic and social circumstances, including the impact of regional and global power politics. Currently there is little evidence available about effective strategies for the prevention of violent extremism and many interventions focus on behavioural change with a view to the use of violence as well as re-integration into society.

UNODC is planning an implementation science- / feasibility study to assess the feasibility of training

¹ https://www.unodc.org/documents/drug-prevention-and-treatment/Updated_Final_UNFT_to_share.pdf

² <https://www.unodc.org/unodc/en/treatment-and-care/treatnet-training-package.html>

on TFI and its integration in daily practice in a low resource setting to explore its potential for the treatment of adolescent substance use disorder and as a strategy to prevent recruitment into violent extremist groups.

II. SCOPE OF WORK, ACTIVITIES, AND DELIVERABLES

Scope of Work

Under the direct supervision of the National Programme Officer, the overall supervision of the Country Manager of Indonesia and Chief also PTRS team in Vienna, the consultant will:

- To prepare study implementation including meetings with North Jakarta supervisors and practitioners, development of advocacy/information materials (including but not limited to brochure to be approved by UNODC), cognitive testing of study tools in Bahasa, recruit and ensure informed consent of study participants (community members, practitioners, supervisors, family members) and print all study materials (advocacy materials, study tools, information sheets) as needed;
- To translate and adapt the advocacy materials into local language (in coordination with other national research Partner);
- To prepare online questionnaires and SPSS database;
- To support the preparation of study implementation sites for study 1 and 2 in North Jakarta
- To implement study 1 (community) in line with TFI study protocol;
- To adapt and adjust reliable informed consent of study participants (community members, practitioners, supervisors, family members);
- To implement study 2 (practitioners) in line with TFI study protocol;
- To support the preparation of study 3 implementation sites in North Jakarta;
- To implement study 3 (practitioners/supervisors/family on fidelity) in line with TFI study protocol;
- To support the preparation of study 4 implementation in North Jakarta;
- To implement study 4 (adolescents) in line with TFI study protocol;
- To implement study 5 (caretakers) in line with TFI study protocol;
- To ensure clinical supervisions for all practitioners in North Jakarta
- To ensure data collection from North Jakarta study sites during study implementation and post-study implementation periods in line with study protocol;
- Timely submission of data to UNODC and international PI;
- To contribute writing and review draft and final study report;
- To ensure the coordination and participation of national data collectors for study sites in North Jakarta;
- To ensure TFI implementation in North Jakarta in coordination with UNODC POIDN*;
- To provide overall guidance and technical assistance for the TFI study implementation in North Jakarta in consultation and collaboration with UNODC POIDN, UNODC PTRS, the PI and the relevant national authority (BNN).

Expected Outputs and deliverables

- Quality of translation of study protocol and data collection tools into Bahasa and/or local language ensured;
- TFI practitioner's protocol adjusted to local needs and national study protocol prepared for

ethical review process; Local ethical approval for TFI protocol obtained;

- Other tools (advocacy/information materials, cognitive test, informed consent etc) relevant to study developed and/or adjusted into local context;
- Report on preparation of study 1,2,3 and 4 implementation sites, and the recruitment process of families also preparation of practitioners to implement TFI skills;
- National data collectors trained in line with study protocol;
- Collected data (implementation data and post-implementation data) study 1,2,3,4 and 5 submitted timely to international PI and UNODC;
- Supervision reports of group meeting, onsite session, regular phone follow-up with practitioners and participation in meta-supervision group with international TFI trainers;
- Inputs to the final feasibility study report.

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 Indonesia and Chief also PTRS team in Vienna will provide overall guidance and supervision. The purpose of this assignment is to contribute to the development of TFI study protocol (including national ethics approval) and ensure its implementation and data collection in a timely manner together with the respective international consultant (Principal Investigator).

During the consultancy, the consultant is expected to coordinate closely and liaise with National Narcotics Board and other relevant stakeholders

Duration of the Work

61 working days within 4 months, starting 1 December 2019 to 30 March 2020

Deliverable	Description of task (deliverable)	Working days	To be accomplished by	Monitor and Reviewed By
1	<p>1. Deliverable: Submission of document on information/ advocacy materials and cognitive testing tool in Bahasa</p> <p>2. Deliverable: Online questionnaires and Data report for study 1 have been developed and submitted through the online formats to the Principal Investigator copying Programme Officers.</p> <p>3. Deliverable: Data report for study 2 have been developed submitted</p>	17 days	30 December 2019	Programme officer & Chief of PTR section

	<p>through the online formats to the Principal Investigator copying Programme Officers.</p> <p>4. Deliverable: Submission of report on preparation of study 1 and 2 implementation sites, and the recruitment process of families also preparation of practitioners to implement TFI skills.</p>			
2	<p>1. Deliverable: Data report for study 3 have been developed and submitted through the online formats to the Principal Investigator copying Programme Officers.</p> <p>2. Deliverable: Data report for study 4 have been developed and submitted through the online formats to the Principal Investigator copying Programme Officers.</p> <p>3. Deliverable: Submission of report on preparation of study 3 implementation.</p>	19 days	30 January 2020	Programme officer & Chief of PTR section
3	<p>1. Deliverable: Submission of report on preparation of study 4 implementation.</p> <p>2. Deliverable: Data report for study 5 have been developed and submitted through the online formats to the Principal Investigator copying Programme Officers.</p>	15 days	20 february 2020	Programme officer & Chief of PTR section

4	<p>3. Deliverable: Supervision report of (at minimum) 1 group meeting with all practitioners from North Jakarta, 1 onsite session with each practitioner of 1 study implementation site per supervisor, regular phone follow-up with practitioners and participation in meta-supervision group with international TFI trainers</p> <p>4. Deliverable: Final research report submitted</p>	10 days	20 March 2020	Programme officer & Chief of PTR section
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Duty Station

The contractor will do home base working arrangement during his/her consultancy. No requirement to attend daily to the office, however to be available for any meeting request by the supervisor and ability to visit project sites as needed.

IV. REQUIREMENTS FOR EXPERIENCE AND QUALIFICATIONS

Academic and Work Qualifications:

1. Master degree in Psychology, or Community Psychology, or Child Development and Family
2. Minimum 8 years experiences of relevant research experience in the field of mental health drug demand reduction, public health, public health policy development, sociology, psychology, statistic;
3. Proven experience in developing and implementing research protocols and ability to perform qualitative and quantitative research, for country settings at local, national or regional level;
4. Proven ability to identify, compile and systematize scientific and technical materials, as well as demonstrated skills in writing scientific and systematic reports in the field of drug dependence treatment or children issue.

Competencies and special skills requirement:

- Proven experience in developing and implementing research protocols and ability to perform qualitative and quantitative research, for country settings at local, national or regional level;
- Proven ability to identify, compile and systematize scientific and technical materials, as well as demonstrated skills in writing scientific and systematic reports in the field of drug dependence treatment;
- Strong expertise in training and facilitation in the context of drug addiction treatment related field;
- Strong experiences in working with key population (people with drug use problems);
- Demonstrated ability to work in harmony with person of different ethnicity and cultural background;

- Strong reporting, communication and interpersonal skills;
- Ability to work under pressure and handle multi-tasking situations; and
- Excellent English and national language written and spoken skills. Knowledge of the other UN languages would be an asset;
- Good computer skills (including Word, Excel and Power Point);
- Strong motivation and good team player.

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:	60%	60
1. Master degree in Psychology, or Community Psychology, or Child Development and Family	20 %	20
2. Minimum 8 years experiences of relevant research experience in the field of mental health drug demand reduction, public health, public health policy development, sociology, psychology, statistic;	20 %	20
3. Proven experience in developing and implementing research protocols and ability to perform qualitative and quantitative research, for country settings at local, national or regional level	10 %	10
4. Proven ability to identify, compile and systematize scientific and technical materials, as well as demonstrated skills in writing scientific and systematic reports in the field of drug dependence treatment or children issue	10%	10

Criteria B: Brief Description of Approach to Assignment. <ul style="list-style-type: none"> Understand the task and applies a methodology appropriate to the task as well as strategy in a coherent manner. Important aspect of the task addressed clearly and detailed. Logical, realistic planning for efficient project implementation. 	40%	40	
	15	15	
	15	15	
	10	10	
Criteria C: Further Assessment by Interview (if any)	N/A		