

Terms of reference



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GENERAL INFORMATION

Title: Consultant to Support Strengthen the Disease Surveillance System at the Correctional Health Facility

Project Name: United Nations Office on Drugs and Crime Sub-Programme 4 (XAPA10)

Reports to: National Programme Officer

Duty Station: Jakarta

Expected Places of Travel (if applicable): West Java

Duration of Assignment: 107 Working day within` February 2021 – July 2022

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 / P11 with 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: < Enter name>

I. BACKGROUND

The provision of strategic information to improve health services for persons in prison settings can be done through carrying out health surveillance as stipulated in the Minister of Law and Human Rights regulation No. M.HH.02.UM.06.04 Year 2011 on Health Services in prison settings.

Health surveillance is an effort to continuously monitor the distribution and trend of disease incidence through systematic collection, consolidation and evaluation of morbidity and mortality reports and other relevant data. This monitoring is carried out to determine appropriate efforts to prevent or control diseases that occur in the prison health facility. Therefore, the results of this surveillance can be useful to set priorities, plan, and implement various disease control programmes, and to assess their effectiveness. Specifically, the application of health surveillance activities within health facilities can be guided by the Minister of Health Regulation Number 45 of 2014 on the Implementation of Health Surveillance.

In prison settings, the Directorate General of Corrections (DGC) has established a standardised record and reporting system on the implementation of health services and applies them to all Correctional facilities. This system has also been supported by information technology which makes it easier to enter and report data.

However, the implementation of health surveillance using various data sources that have been collected is not yet a standard procedure for every correctional facility, the Regional Office of Law and Human Rights nor the Directorate General of Corrections. For this reason, it is important for every health facility in the correctional facility to have this system, so that it can support to improve the provision of health services for people in prison settings.

The Efforts to strengthen health surveillance system in correctional facility can be done by strengthening its functions:

- Core functions. The core function includes surveillance activities and health intervention measures. Surveillance activities include detection, data recording, reporting, and analysis. Epidemiological and laboratory confirmation and feedback to prison management, and
- Support functions. The support function includes training, supervision, provision of human resources and laboratories, resource management, and communication

Considering the variety of health problems experienced by persons in prison, while on the other hand there are limited resources to support comprehensive and adequate health services in the prison settings, the implementation of health surveillance will becomes an important strategy for the DGC to determine priority in developing short and mid-term plan and resource allocation for health services in Indonesia correctional facility.

To continue supports the DGC to strengthen its disease surveillance system at the correctional health facility, UNODC is seeking an individual consultant to support the development of national guideline for the implementation of health surveillance at health facility in correctional facility; facilitate capacity building training for prison health personnel on the application of health surveillance; and piloted the health surveillance to monitor the provision of health services in prison settings during the new normal era.

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 Programme Coordinator and UNODC Country Manager, the consultant will:

No	Activity	Day
1	Facilitate preliminary meeting with DGC to discuss the scope of works on the application of health surveillance in correctional facility	2 days
2	Develop the assessment protocol for the health surveillance in correctional facility	7 days
3	Conduct rapid assessment on the implementation of the existing recording and reporting health system in correctional facility (data collection, analysis and assessment report)	21 days
4	Development of national guideline for the implementation of health surveillance (communicable diseases; non communicable disease; drug addiction; COVID-19) in correctional facility (prisons and prison's hospital)	15 days
5	Facilitate workshop to review the first draft of the health surveillance guideline	2 days
6	Finalise the health surveillance guideline in correctional facility	3 days
7	Develop training module on the application of the health surveillance in correctional facility	14 days
8	Training on the application of health surveillance for prison health personnel	5 days
9	Piloted the implementation of health surveillance in correctional facility	
10	Training on data analysis and reporting of surveillance data	3 days
11	Monitoring the implementation of the health surveillance in the correctional facility (12 months)	12 days
12	Evaluation of the implementation of health surveillance in the correctional facility	7 days
13	Facilitate half day routine coordination meeting (during period of performance) between UNODC and DGC	6 days
14	Final consultancy report and revision of health surveillance guideline based on the result of the feasibility evaluation report	10 days
		107 days

Expected Outputs and deliverables

- Submission of assessment report (include its protocol) on the implementation of the existing recording and reporting health system in correctional facility (in English and Bahasa)
- Submission of the national guideline for the implementation of health surveillance (communicable diseases; non communicable disease; drug addiction; COVID-19) in correctional facility (prisons and prison's hospital) (in English and Bahasa)
- Submission of the final training module on the application of health surveillance in prison settings and report of the training for prison health personnel (in English and Bahasa)
- Submission of quarterly progress report of the pilot implementation of health surveillance in correctional facility (starting the first quarter of its implementation) and its feasibility evaluation report. (in English and Bahasa)

- e) Submission of the final consultancy report and the revision of the prison health surveillance guideline based on the feasibility evaluation report. (in English and Bahasa)

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 Programme Coordinator and UNODC Country Manager will provide overall guidance and supervision

During the consultancy, the consultant is expected to coordinate closely and liaise with the Directorate General of Corrections, the Regional Office of Law and Human Rights of West Java Province and Prisons in West Java Provinces.

Any related travel cost will be born directly by UNODC in accordance with UNODC rule and regulations

Duration of the Work

107 Working day, within February 2021 – July 2022

Deliverables/ Outputs (all documents submitted as deliverables are to be in English and Bahasa)	Estimated number of working days	Completion deadline	Review and Approvals Required
a. Submission of assessment report (including its protocol) on the implementation of the existing recording and reporting health system in correctional facility (in English and Bahasa Indonesia)	30	30 May 2021	National Programme Officer (XAPA10 Project), Country Manager UNODC Indonesia
b. Submission of the national guideline for the implementation of health surveillance (communicable diseases; non communicable disease; drug addiction; COVID-19) in correctional facility (prisons and prison's hospital) (in English and Bahasa Indonesia)	20	30 July 2021	National Programme Officer (XAPA10 Project), Country Manager UNODC Indonesia
c. Submission of the final training module on the application of health surveillance in prison settings and report of the training for prison health personnel (in English and Bahasa Indonesia)	22	30 September 2021	National Programme Officer (XAPA10 Project),

			Country Manager UNODC Indonesia
d. Submission of quarterly progress report of the pilot implementation of health surveillance in correctional facility (starting the first quarter of its implementation) and its feasibility evaluation report. (in English and Bahasa Indonesia)	19	15 May 2022	National Programme Officer (XAPA10 Project), Country Manager UNODC Indonesia
e. Submission of the final consultancy report and the revision of the prison health surveillance guideline based on the feasibility evaluation report. (in English and Bahasa Indonesia)	16	30 July 2022	National Programme Officer (XAPA10 Project), Country Manager UNODC Indonesia

Duty Station

The contractor will be stationed in Jakarta during his/her consultancy period. No requirement to attend daily to the office, however to be available for any meeting request by UNODC.

IV. REQUIREMENTS FOR EXPERIENCE AND QUALIFICATIONS

Academic Qualifications:

- A Master Degree in Public Health

Years of experience:

- Minimum Eight (8) years' of experience working in related area of public health
- Experience in developing health related research/study protocol
- Experience in developing health services related guideline
- Experience in facilitating capacity building training;

III. Competencies and special skills requirement:

- Strong motivation and good team player.
- Demonstrated ability to work in harmony with person of different ethnicity and cultural background;
- Ability to work under pressure and handle multi-tasking situations; and
- 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

Criteria	Weight	Maximum Point
<u>Technical</u>		
Criteria A: qualification requirements as per TOR:	70%	70%
<ul style="list-style-type: none"> • A Master Degree in Public Health 	20 %	20
<ul style="list-style-type: none"> • Minimum Eight (8) years' of experience working in related area of public health 	10 %	10
<ul style="list-style-type: none"> • Experience in developing health related research/study protocol 	10 %	10
<ul style="list-style-type: none"> • Experience in developing health services related guideline 	20 %	20
<ul style="list-style-type: none"> • Experience in facilitating capacity building training; 	10 %	10
Criteria B: Brief Description of Approach to Assignment.	30%	30%
<ul style="list-style-type: none"> • Understanding assignment specified in the TOR 	15%	15
<ul style="list-style-type: none"> • Proposed approach and methodology 	15%	15