

Terms of reference



Empowered lives.
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GENERAL INFORMATION

Title: Consultant to Support the Development and Pilot Virtual Harm Reduction Training Module

Project Name: UNODC Sub-Programme 4

Reports to: Programme Coordinator

Duty Station: Jakarta

Expected Places of Travel (if applicable): N/A

Duration of Assignment: 52 Working day within July – Dec 2021

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

Globally, people who inject drugs (PWID) are 28 times more likely to be living with HIV than the general population. Harm reduction refers to policies, programmes and practices that aim primarily to reduce the adverse health, social and economic consequences of the use of licit and illicit drugs. The harm reduction approach is based on a strong commitment to public health and human rights.

Harm reduction helps protect people from preventable diseases and death from overdose, and helps connect marginalized people with social and health services.¹

To help the public sector response in addressing the HIV associated with PWID (PWID), a comprehensive package of interventions for the prevention, treatment and care of HIV among PWID has been endorsed widely, by WHO, UNAIDS, UNODC, the UN General Assembly, the Economic and Social Council, the UN Commission on Narcotic Drugs, The comprehensive package also reflected in the UNGASS Outcome Document 2016. The Comprehensive Package includes:²

1. Needle and syringe programmes.
2. Opioid substitution therapy.
3. HIV testing services.
4. Antiretroviral therapy.
5. Prevention and treatment of sexually transmitted infections.
6. Condom programmes for people who inject drugs and their sexual partners.
7. Targeted information, education and communication.
8. Prevention, vaccination, diagnosis and treatment of viral hepatitis B and C.
9. Prevention, diagnosis and treatment of tuberculosis.

As in many country people who use drugs are commonly marginalised by community and usually attempt to remain hidden from authority, especially law enforcement agencies. This due to either a reason of they are afraid being identify and registered as drugs users at services providers which may lead to possibility of prosecution as drug use and possession is an illegal activity under the narcotics law, or simply because the services being offered are not respond to their needs for variety reasons. In order to accomplish the successful implementation of the comprehensive package a strong outreach component is recommended. Years of research and evaluation has indicated that outreach-based intervention is effective in delivering out-treatment for PWID and provided them with effective behaviour changes.

Outreach aims to contact drug users in the communities where they live, use drugs and gather, and to provide them with information and the means to reduce the risks of acquiring HIV infection related to the sharing of injecting equipment and sexual contact. Outreach is also intended to prevent other health and social consequences of drug use. Typically, outreach workers provide risk-reduction information and commodities such as clean needles and syringes, bleach and condoms. They also provide, where available, referral opportunities for drug-dependence treatment, including substitution treatment, and other services, such as the collection of used injecting equipment, abscess management, HIV testing and counselling and treatment of sexually transmitted infections.³

In Indonesia, the harm reduction programmes has been initiated more than 20 year ago in Bali. In the mid of 2000s the Ministry of health was scaling up the programme nationwide. The Harm reduction programme has been proven effectively to reduce the HIV prevalence among PWID in Indonesia. The national HIV prevalence among PWID has been reduced gradually from 52.40% in 2007 to 41.20 in 2011, and down to 28.78% in 2015.

However, there has been a swift of focus in conducting outreach activities by outreach worker due to a burden of high target for HIV testing and treatment. While there is an increase of workload for outreach workers and a significant impact and challenges due to COVID19 outbreaks, there is no sufficient investment made to increase the knowledge, skill and capacity of outreach workers which seemingly to decreased among programme implementers. Outreach workers and peer educators are

¹ Implementing Comprehensive HIV and HCV Programmes with People Who Inject Drugs. PRACTICAL GUIDANCE FOR COLLABORATIVE INTERVENTIONS. UNODC 2017

² WHO, UNODC, UNAIDS Technical guide for countries to set up targets for universal access to HIV prevention, treatment and care for injecting drug use. 2012

³ Evidence for action on HIV/AIDS and injecting drug use. WHO, UNODC, UNAIDS 2004.

the backbone of successful HIV programmes. It is important to equip them with adequate knowledge and skills so they can optimally perform their tasks.

UNODC is planned to support the Ministry of Health to scale up the harm reduction services to support increase coverage of HIV 90-90-90 targets among people who use drugs through the development and piloted a virtual harm reduction training module to increase the capacity of outreach workers and peer educator. UNODC therefore seeks to obtain the services of an individual consultant who can support such initiative.

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:

- Conduct a desk review of existing and relevant harm reduction and or HIV related training modules for outreach workers and or services providers.
- Develop and submit an assessment report which include the proposed outline for the training module.
- Facilitate series of focus group discussion with relevant stakeholders on the development the virtual training module.
- Facilitate four series of virtual capacity building training for outreach worker and peer educator to pilot the developed training module.
- Submit report of the piloted virtual training and the final version of the training module.
- Perform any other tasks deemed necessary to ensure the success of the programme.

Expected Outputs and deliverables

- a) Submission of assessment report which include the proposed outline of the training module (Bahasa and English version).
- b) Submission of version one of the virtual training module for outreach worker and peer educators – ready for pilot (Bahasa and English version).
- c) Submission report of virtual capacity building training and final version of the training module (Bahasa and English version).

III. WORKING ARRANGEMENTS

Institutional Arrangement

The consultant will perform its work under the supervision and report directly to the National Programme Coordinator, 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 the Ministry of Health and relevant CSOs.

Duration of the Work

52 Working days, from July – December 2021.

Deliverables/ Outputs (all documents submitted as deliverables are to be in English and Bahasa)	Estimated number of working days	Completion deadline	Reviewed and Monitored By
a. Submission of assessment report which include the proposed outline of the training module (Bahasa and English version).	10	1 August 2021	Programme Coordinator of HIV & Aids
b. Submission of version one of the virtual training module for outreach worker and peer educators – ready for pilot (Bahasa and English version).	25	10 October 2021	Programme Coordinator of HIV & Aids
c. Submission report of virtual capacity building trainings and final version of the training module (Bahasa and English version).	17	10 December 2021	Programme Coordinator of HIV & Aids

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:

- Master's degree on public health, psychology, sociology, social science or other relevant area

Years of experience:

- Minimum ten (10) years' of experience in related area of HIV & AIDS and harm reduction programme.
- Experience in training module development.
- Experience working with the Ministry of Health and or relevant Government institution.
- Experience in planning and organizing training events.

III. Competencies and special skills requirement:

- Ability to designing, coding software and web application
- Strong motivation and good team player.
- 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
- Proficient in English and Bahasa languages, spoken and written.

V. EVALUATION METHOD AND CRITERIA

Individual consultant will be evaluated based on the following methodology:

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">Master's degree on public health, psychology, sociology, social science or other relevant area	10 %	
<ul style="list-style-type: none">Minimum ten (10) years' of experience in related area of HIV & AIDS and harm reduction programme.	20 %	
<ul style="list-style-type: none">Experience in training module development	20 %	
<ul style="list-style-type: none">Experience working with the Ministry of Health and or relevant Government institution.	10 %	
<ul style="list-style-type: none">Experience in planning and organizing training events;	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