

Terms of reference



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GENERAL INFORMATION

Title: Consultant to conduct assessment on the level of knowledge and basic competencies required for the government personnel who work on drug use prevention interventions

Project Name: XAPA11

Reports to: Programme Coordinator DDR & HIV UNODC

Duty Station: Jakarta

Expected Places of Travel (if applicable): No

Duration of Assignment: 30 Working Day (within October – December 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

In 2017, the National Narcotics Board of the Republic of Indonesia (BNN) in collaboration with the University of Indonesia conducted a study of drug use and estimated the number of people with substance use disorder to range from 3.8 million to 4.1 million or around 2.10% to 2.25% of Indonesian population ages 10-59 years old. The biggest proportion of users are among worker (59%), followed by students (24%) and the general population (17%). Male and females represent 72% and 28% respectively. Almost a half of respondents (47%) of the survey reported that the first drug they used was marijuana.

Drug use prevention is one of the main components of a health-centred approach to addressing drug-related social problems, as mandated by the three international Conventions on drug control and recommended in the 2016 UN General Assembly Special Session on Drugs (UNGASS) outcome document.

The 2016 UNGASS outcome document specifically provided recommendations for member states to take effective and practical primary prevention measures that protect people, in particular children and youth, from drug use. They include providing them with accurate information about the risks of drug abuse, promoting skills and opportunities to choose healthy lifestyles and develop supportive parenting and healthy social environment. Ensuring equal access to education and vocational training were also highlighted as important elements.

Additionally, the document also recommends member states to increase the availability, coverage and quality of scientific evidence-based prevention measures and tools that target relevant age and risk groups in multiple settings. These includes reaching youth in school as well as out of school, among others, through drug abuse prevention programmes and public awareness-raising campaigns¹.

The BNN is a non-ministerial government institution with responsibility for coordinating the Government responses on narcotics drugs in Indonesia. According to the Narcotics Law number 35-year 2009, the BNN also mandated to develop and implement a national policy and strategy including for drug use prevention

As part of its continuing partnership with the BNN and to support efforts to strengthen the government's responses to drug use prevention intervention, UNODC is seeking an individual consultant to conduct an assessment to undertake the following:

- identify the level of knowledge and competencies required of government personnel who work on drug use prevention interventions.
- Conduct a mapping of the existing law and regulations in drug use prevention; and
- Identify areas which requires improvement to meet the international standard of drug use prevention programmes.

¹ Outcome document of the 2016 UNGASS on the world drug problem p.5

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:

- Conduct a desk review of relevant background publication regarding international guidelines on drug use prevention and review the existing national law and regulations of drug use prevention;
- Facilitate consultation meetings with the BNN to discuss the scope of work required for the assessment;
- Develop an assessment protocol with a qualitative and quantitative methodology (Focus Group Discussion/interview/Survey, etc);
- Conduct a rapid assessment to map the existing drug use prevention interventions in Indonesia;
- Develop and submit assessment report; and
- Perform any other tasks deemed necessary to complete the consultancy.

Expected Outputs and deliverables

- a) Submission of the inception report which includes the assessment protocol on the implementation of drug use prevention intervention in Indonesia (in English and Bahasa)
- b) Submission draft of an assessment report on the implementation of drug use prevention intervention in Indonesia including recommendations to improve them. The report is expected to be delivered in English and Bahasa.
- c) Submission final assessment report on the implementation of drug use prevention intervention in Indonesia including recommendations to improve them. The report is expected to be delivered in English and Bahasa.

III. WORKING ARRANGEMENTS

Institutional Arrangement

The consultant will perform its work under the supervision and report directly to the Programme Coordinator DDR & HIV 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 National Narcotics Board, Deputy of Prevention.

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

Duration of the Work

30 Working Day (within October – December 2021)

Deliverables/ Outputs (all documents submitted as deliverables are to be in English and Bahasa)	Estimated number of working days	Completion deadline	Review/Monitor by
a. Submission of the inception report which include the assessment protocol on the implementation of drug use prevention intervention in Indonesia (in English and Bahasa)	10	29 October 2021	Programme Coordinator DDR & HIV UNODC
b. Submission draft of an assessment report on the implementation of drug use prevention intervention in Indonesia including recommendations to improve them. The report is expected to be delivered in English and Bahasa.	15	15 December 2021	Programme Coordinator DDR & HIV UNODC
c. Submission final assessment report on the implementation of drug use prevention intervention in Indonesia including recommendations to improve them. The report is expected to be delivered in English and Bahasa.	5	30 December 2021	Programme Coordinator DDR & HIV UNODC

Duty Station

The consultant will be stationed in Jakarta during his/her consultancy period. No requirement to attend daily to the office but must be available for any meeting requested by UNODC.

IV. REQUIREMENTS FOR EXPERIENCE AND QUALIFICATIONS

Academic Qualifications:

- A Master Degree in Public Health, Psychology, Sociology or Public Administration

Years of experience:

- Minimum eight (8) years' of experience working in related area of public health
- Experience in planning, designing health-related research/study protocol
- Experience in implementing, analysing and reporting results of qualitative and quantitative studies

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, Psychology, Sociology or Public Administration	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 planning, designing health-related research/study protocol	20 %	20
<ul style="list-style-type: none">Experience in implementing, analysing and reporting results of qualitative and quantitative studies	20 %	20
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
Criteria C: Further Assessment by Interview (if any)		