

### Country Consultant

#### **In-country study of drug policy and harm reduction services to people who use drugs in Cambodia, Indonesia, Nepal and Vietnam**

##### **I. Background:**

Due to social, biomedical advances and increased funding, the response to AIDS has yielded remarkable results. There are better, improved mechanisms for screening, diagnostics, and treatment of HIV. Community responses to HIV are also established as the cornerstone of effective, equitable and sustainable programmes. They play a critical role in demanding and delivering services, supporting health systems and reach out to those most vulnerable to HIV where state facilities cannot.

Communities are increasingly involved in monitoring access and quality to HIV treatment, care, and support services. They can act as barometers in their watchdog role, tracking what works and what does not with a local, contextualized perspective. Communities give a voice to those who need services, provide feedback as to whether policies and programmes are working and suggest how they can be improved. As service recipients, they are best positioned to evaluate the programs and provide critical feedback to HIV and Health programs.

Asian Network of People who Use Drugs (ANPUD) is a regional network of people who use drugs established to address challenges faced by the people who use drugs and their families in Asia. The core belief behind the formation of ANPUD is that people who use drugs living in countries of the region coming together with a unified voice can have a greater impact in changing the current punitive laws and strategies. ANPUD believes that drug use as a health issue (not a law and order issue) can work more effectively towards creating a better environment for people who use drugs and their communities, building from within the community.

In 2014, ANPUD along with other 3 regional networks applied for a multi-country grant to the Global Fund and was subsequently approved. One of the components of the grant is to use national PUD networks to monitor the quality of needle and syringe exchange services (NSP), opioid substitution therapy services (OST) and linkage to HIV related care for people who inject drugs (PWID) in Cambodia, India, Indonesia, Nepal, Thailand and Vietnam.

The process is scheduled to conduct an operational research study to understand the situation of Harm Reduction and linkages to HIV related health services amongst PWID in the six countries. The entire study is a three staged process that focuses firstly on a national level review of drug use and HIV policy in current programs, strategies and policies. The second and third stages will be purely quantitative data collection from key informant interviews of selected government officials and service providers involved in harm reduction programming and implementation and lastly one-on-one interviews with end users of these services will be conducted. The first stage will be carried out at the regional level whereas activities related to the second and third stage will be carried out at the country level.

##### **II. The scope of the assignment:**

The objective of this ToR is to seek the expertise of a qualified personnel to support in successful implementation of the KPRA project. This person will be responsible for supporting the regional consultant on collection of country specific data, providing inputs on study tools, conducting a comprehensive national level HIV and Drug use program review and support field data collation in six countries. The consultant is expected to carry out desk-reviews, conduct key informant interviews and focus group discussions, train field data collectors and monitor quality of field data collection and support in data entry.

The following are the specific expectations from the consultant:

1. Support regional consultant by providing country specific data, provide information and documents
2. Participate in a regional training and contribute in micro-planning for the field work, provide feedback on the proposed data collection tool and be familiar with the approach and expected outcomes of the comprehensive national review and field data collection.
3. Take a lead in national level training of field data collectors and ensure that the entire team is familiarized with the tools, guidelines, processes and timelines.
4. Provide inputs on the country specific section of the regional level desk review report
5. Organise key informant interviews according to tools developed.
6. Visit harm reduction sites and conduct structured site observation.
7. Conduct FGDs among service providers and the service users.
8. Monitor the quality of the field data collection and provide supporting supervision.
9. Assist in the data entry into the web-based platform.

### III. Activities and Timeline:

The consultant task is expected to complete in 30 working days between 01 July – 31 March, 2019. Given in the following table features activities to be carried out by the country consultant.

#	Activities	Expected results	Number of working days
1.	Participation in the Regional Training at Bangkok, Thailand	<ul style="list-style-type: none"> <li>- Development of detailed field implementation plan</li> <li>- Deeper understanding of expected outcomes of the national review and field data collection</li> <li>- Good understanding of the tools and take it home and translate it in the local language</li> </ul>	Travel 1 day and participation 3 days (Total 4 days)
2.	Training of field data collectors	<ul style="list-style-type: none"> <li>- Trained data collectors with adequate understanding of tools and techniques to conduct a quality field level data collection</li> </ul>	4 days
3.	Support regional consultant in document collection for review of drug laws, national policy, strategy, IBBS and other available reports and publications and provide inputs on the findings	<ul style="list-style-type: none"> <li>- Deeper understanding of policy provisions, legal provisions, current programmatic gaps data availability and programmatic approaches on HIV and drug use</li> </ul>	3 days
4.	Coordination, entry meetings with national AIDS program, UN partners, ministry of home, law, service providers and conduct key informant interviews and focus group discussion (wherever applicable)	<ul style="list-style-type: none"> <li>- Availability of key officials from relevant government departments for interviews and focus group discussions</li> <li>- An on-the-record position on critical legal barriers, current programmatic approaches and its strengths and weaknesses</li> </ul>	5 days
5.	Site visits, observations and facilitate focus group discussion with users and providers of selected services	<ul style="list-style-type: none"> <li>- An in-depth understanding of PWID, NSP, OST, HIV testing, HCV testing, treatment and ART</li> <li>- Deeper understanding of the enablers and barriers associated with delivering services and perceived quality of services among PWID</li> </ul>	5 days
6.	Supportive supervision and monitoring quality of field data collection	<ul style="list-style-type: none"> <li>- Key benchmarks for quality of data collection monitored and ensured</li> </ul>	4 days
7.	Consolidation of findings, report writing and finalization (for national review only)	<ul style="list-style-type: none"> <li>- A comprehensive report of the findings from desk review, KII, FGD and site observations (according to the guideline attached in the annex of this ToR)</li> </ul>	5 days
			30 days

#### IV. Support role of the country focal person:

The Country Focal Person will help organize the entry meetings. Plan the interviews, assist in communicating with key stakeholders. Plan and support FGDs and manage all the finances. Organize the field data collectors training. Provide logistic and coordination support for data quality visits. The Country Focal Person will also review draft reports and provide feedback, manage logistics and coordinate with ANPUD.

#### V. Deliverables:

The following deliverables are expected of from the country consultant:

#	Deliverable	Activity
1.	Training report	Lead the training for community data collectors and ensure that quality is maintained while data collection
2.	Translation of tools	Ensure appropriate translation of the final set of national review tools in the local language. The same will be back-translated in English to check the authenticity of the language specifically the local terminology used for harm reduction, NSP, HIV, HCV services etc.
3.	CBQM Report	A comprehensive report of findings from KII, FGD and one-on-one interview – national review only
4.	Others activity reports	<ul style="list-style-type: none"><li>- Mapping of all relevant stakeholders, ministries, departments, service outlets (NSP, OST, HIV/HCV testing and treatment centres</li><li>- All documents collected and reviewed, including those that are requested by ANPUD</li></ul>

#### VI. Schedule of payments:

The payment of the country consultant will be USD 200/- (two hundred dollars per day) x 30 days during a period between 01 July till 31 March 2019 for a total of 30 days within this period.

#### VII. Education, Experiences & Skills:

Following are qualification, expertise, essential and desirable skills of the country consultant:

##### Essential:

1. A university degree in public health, social science and or closely related field (health/ research/ law etc.)
2. Strong experience in quantitative research techniques with 2 or more published reports that is available for review.
3. Minimum of 5 years relevant work experience in HIV, health, and development.
4. Understanding about the local drug use scenario (essential) and must have interacted with people who use drugs (desirable)
5. Strong technical know-how of the subject matter and content writing skills with a very good command of written English.
6. A pleasant personality who gets along with people who use drugs and policy actors alike.
7. Ability to deliver high-quality work under a strict deadline.

##### Desirable:

1. Prior experience in policy review
2. Prior experience in review of the legal framework
3. Prior experience in HIV program (Harm Reduction) among drug users
4. Prior experience in HIV and drug use activism

**Notes:**

1. For people who self-identify themselves as a person who has used drugs, educational qualification can be waived, providing other qualification are deemed sufficient to deliver the tasks.
2. Women, people who have used drugs, people belonging to sexual minority and or other key HIV population with similar qualification will get a preference.