**Call for Consultant for an Individual Contract**

**IRN/Z78 - “Drug Use Prevention, Treatment, Rehabilitation, and HIV Care”**

**Stepping up peer-led HIV testing, HIV case finding and attachment to HIV care services of people who inject drugs and their spouses through provision of training and mentoring of peer educators in hotspots and treatment services in the Tehran province**

**Background and Context**

The UNAIDS Unified Budget Results and Accountability Framework (UBRAF) aims at achieving UNAIDS long term vision of zero new HIV infections, zero AIDS-related deaths, and zero discrimination by catalysing and leveraging resources for the AIDS response. Ending the AIDS epidemic is more than a historic obligation to the 39 million people who have died of the disease. Although many strategies will be needed to close the book on the AIDS epidemic, one thing is certain. It will be impossible to end the epidemic without bringing HIV treatment to all who need it. Powerful momentum is now building towards the new narrative on HIV treatment and a new and ambitious, target to be reached by 2020 (90-90-90): 90% of all people living with HIV will know their HIV status. 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy. By 2020, 90% of all people receiving antiretroviral therapy will have viral suppression. The UNAIDS 2016–2021 Strategy is a bold call to action to get on the Fast-Track and reach people being left behind. The Islamic Republic of Iran is selected as one of the 34 Fast Track countries and is recipient of some funding under the UBRAF in 2018. UNODC as one of the cosponsors of UNAIDS is conducting the present activity contributing to close the HIV testing Gap in the country siding all otherwise precious action taking place through national and international stakeholders and actors.

The Islamic Republic of Iran has been extremely successful in establishing a well-developed network of services in diverse governmental, nongovernmental and public settings that are providing HIV prevention and treatment services in their daily work like: HIV testing and treatment centres, primary health care network, centres for vulnerable women and drug treatment and harm reduction centres. HIV counselling and rapid testing is already available in many of these services. Notwithstanding the pace of case finding in the country is still much slower than desirable. And these centres are markedly working below their capacity potential. The number of people who do not know their status is estimated to be around 40,000 at present. The number of women diagnosed with HIV has been increasing rapidly in the recent years. It is estimated that about half of women living with HIV in Iran have acquired the virus through their husbands who inject (had injected) drugs. At present over 10,000 people living with HIV out of about 36,000 known HIV cases are receiving ARV therapy in Iran. The ARV therapy gap is much heftier among people who use(d) drugs. Earlier studies had found that both starting of ARV treatment as well as its continuation among people who use(d) drugs are more infrequent as compared to other populations affected by HIV. Reasons for the lower ARV therapy rate among people who use drugs seem to be higher stigma and discrimination of service providers, lack of coordination between ARV treatment and methadone treatment teams, higher frequency of untreated mental health problems and insufficient psychosocial support services.

Based on the available information it seems that addressing stigma and discrimination of service providers together with the more meaningful involvement of the target populations in designing, planning and running these services could help in bridging case finding and HIV treatment gaps in-line with the 90-90-90 goals. Moreover, people from target populations seem to have better mastery in communication and establishing trusting rapport with their peers.

The present activity takes place under the UNODC Project “IRN/Z87- Drug use prevention, treatment and rehabilitation and HIV care” being at the same time part of the Work plan of the Joint United Nations Team on HIV/AIDS (JUNTA) in Iran in the context of the UBRAF 2018-19 and funded by UNAIDS under the namely framework. The activity focuses on the training to be provided by the to be selected consultant, whereas a separate call shall identify the organisational entity for taking care of the logistical arrangements of the training.

**Duration of work**

The work will be accomplished in six months between May-December 2018

**Location:**

The work will be conducted in Tehran Province (Tehran city and one other city in the province)– Iran

**Tasks**

It is expected that the contracted consultant prepares training material, provides training to identified peer educators, mentors peer educators along their action in the field, facilitates meetings of experts and service providers from governmental and nongovernmental organisations as necessary and provides a comprehensive report at the end of her/his consultancy on the results and findings together with recommendations for developing a model for peer-led HIV testing education.

The materialisation of these tasks shall thus assist towards stepping-up of the access of PWID and their female spouses to HIV testing services and their attachment to HIV treatment centres.

**Activities/Responsibilities**

It is expected that the contracted consultant:

1. Reviews national guides and standards of procedures related to HIV testing and assesse unmet needs of target populations for accessing HIV testing services and develops booklets and brochures for peer educators to encourage target populations taking up HIV testing and referring to HIV care services in case diagnosed of having HIV considering good practices and cumulative evidence stated in international literature.
2. Participates in coordination meetings with UNODC and it national partners (DCHQ, MoH and SWO) and reports on achieved progress regularly.
3. Develops a plan of action including a modus operandi and indicators for assessing result of the implementation.
4. Facilitates briefing and coordination meetings with the participation of governmental and nongovernmental experts and service providers.
5. Trains selected lead peer educators (2 WWID, 4 MWID, 2 spouses of MWID)
6. Mentors and supervises the action of the lead peer educators and is in reach of the trained lead educators for addressing upcoming problems
7. Assists trained lead peer educators in each training further 8 peer educators one months after they have started actual work.
8. Continues mentoring and support of peer educators in approaching target populations and training another 8 peers.
9. Monitors the implementation and gathers information on the results of the entire work including the achievements of the indicators
10. Develops a final comprehensive report including data on the stipulated indicators and recommendations for developing a model for peer-led HIV testing education among people who inject drugs and women married to men who inject drugs and improving service access of those diagnosed with HIV for utilising care services.

**Outputs/Deliverables:**

1. Brief needs assessment report on unmet needs of target populations as related to HIV testing and the referral of those diagnosed with HIV to care services drafted and submitted;
2. Brochures and booklets for peer educators are developed and submitted.
3. Plan of action for the training and mentoring activity together with relevant indicators for monitoring of the activity is developed and submitted.
4. Reports on the Training of peer educators are submitted.
5. Reports on briefing and coordination meetings with governmental and nongovernmental experts and service providers are submitted.
6. Final comprehensive report as described under the activities/ responsibilities is developed and submitted.

**Verification**

The final report should be verified/endorsed by DCHQ and UNODC based on the final terms of reference.

**Competencies**

**Core Competencies:**

* Demonstrates corporate knowledge and sound judgment;
* Demonstrates and safeguards ethics and highest standards of integrity, discretion and loyalty.
* Acts as a team player while also taking individual initiative to complete outlined tasks;
* Shares information and knowledge with involved entities

**Functional Competencies:**

* Displays excellent skills in planning and implementation
* Takes initiative and applies sound judgment
* Is able to work as a member of a team as well as work autonomously
* Has Strong communication skills
* Demonstrates ability to work harmoniously with persons of different backgrounds
* Is able to work under pressure.

**Required Skills and Experience**

**Education**

* Holds relevant higher university degree like in medicine, psychology, social work, sociology or public health or other similar fields

**Experience**

* Has thorough acquaintance with substance dependence, its consequences and harms and addressing them
* Has thorough knowledge on HIV prevention, treatment and care
* Has at least five years of experience of working in the field of harm reduction
* Has proven experience in working directly with the target populations
* Has proven experience in providing training on harm reduction and HIV prevention
* Has experience in carrying out needs and situation assessments
* Has proven experience in drafting reports in Farsi and/or English

**Languages**

* Is in full command of spoken and written Farsi
* Displays good command in reading scientific literature in English.

**Submission**

The contracted consultant shall work according to UNDP Terms and Conditions (Please see annex 1 to the present file).

Interested consultants are encouraged to submit their applications in two separate emails to the attention of Ms. Ninette Haghverdian, HR Admin Associate, Programme Support Unit (PSU): [Ninette.Haghverdian@un.org](mailto:Ninette.Haghverdian@un.org)

**Email 1**

Titled:

IRN/Z78-Call for Consultants- training of peer educators for stepping-up HIV testing of PWID and their sexual partners- CV and P11

Containing a cover email and two attachments:

* Personal History Form (P11), indicating all past experience from similar projects, as well as the contact details (email and telephone number). The template is annexed to the present file (Please see Annex 2)
* An updated Curriculum Vitae

**Email 2**

Titled:

IRN/Z78-Call for Consultants- training of peer educators for stepping-up HIV testing of PWID and their sexual partners- Financial proposal

Containing a cover email and one attachment:

* A financial proposal (Please see annex 3)

**Application deadline**

14 April 2018