

TERMS OF REFERENCE

Title	MSM Outreach Consultant To Increase Testing/Screening Uptake
Budget Line	TA outreach - refocusing to testing and service linkage
Duration	21 November – 30 January 2017
Period	19 consultancy days
Location	Jakarta, Indonesia

I. BACKGROUND

Over the last 10 years, Indonesia's HIV epidemic among men who have sex with men (MSM) has gained rapid momentum. Despite expanded behavioural interventions and HIV testing and counselling (HTC) among MSM, the HIV epidemic continues to outpace the response.

HIV prevalence among MSM increased steadily between 2007 and 2013 from 5% to 17.3%, which represents an overall increase of more than 200% from 2007. According to modelling data, around one-fifth of all new HIV infections in Indonesia are occurring among MSM. In 2013 it was estimated that MSM accounted for 20.2% of new infections and this figure is projected to increase to 23.6% by end of 2015.

There is an urgent need for a comprehensive program to increase quality and coverage of HIV prevention for MSM and TG, linking to affordable, efficient and welcoming community-level HIV services. The programme recently proposed in the Global Fund Concept Note submitted in May 2015 focuses resources across 141 districts with a city-based approach for 38 urbanised districts (which are taken from the 75 Strategic Use of ART districts, building on existing momentum). An intense outreach and service delivery model is proposed for larger urban centres where the bulk of MSM and high risk behaviours are taking place.

The programme will seek to optimize success across the HIV prevention and treatment cascade by: (i) Increasing coverage of community-led outreach interventions to underserved MSM-TG in local districts areas; (ii) Increasing rates of HIV testing through community-led outreach interventions, (iii) Increasing HIV case finding through community-led outreach interventions; (iv) Strengthening linkages between prevention and the continuum of care, and other relevant services for MSM-TG (e.g., psychological support, social and legal services, harm reduction services, and sexual and reproductive health); (v) Increasing initiation of ART among MSM-TG newly diagnosed with HIV; and (vi) Reducing leakage across the HIV treatment cascade.

Moreover, the operationalization of these strategies will be supported and enhanced by the implementation of crucial cross-cutting interventions including: Strategic behavioural communication; Structural interventions; Capacity building (organizational and technical capacities); and leadership development; and Strategic information.

Spiritia has implementing the MSM Outreach Program for semester 1 (Januari – Juni) and in need to evaluate the implementation to ensure that the prevention and service delivery models for MSM and TG are went well as planned.

This TA seeks to address one the following key three areas with specific support in the period November 2016 to Januari 2017;

- A) Review and revise existing program implementation including instrument and module for MSM Outreach
- B) Provide recommendations to strengthen the existing and future MSM Outreach strategy

II. OBJECTIVE

The objective of the consultancy is:

- 1) To support Spiritia and partners in reviewing existing program implementation including instrument, module for MSM Outreach and others related supporting activities, i.e community based testing/screening, MSM friendly clinic, virtual outreach strategy to increase testing/screening uptake.
- 2) To provide recommendation in improving the existing and future program implementation strategy and plan to Spiritia and partners.

III. EXPECTED DELIVERABLES AND TIME FRAME

Below are the specific tasks and activities to be undertaken by the consultant:

<i>Activities</i>	<i>Deliverables</i>	<i>Consultancy Days</i>
Desk review of Indonesia Concept Note related to MSM Strategy and of the national best practices (Planning)	1) Draft consultation design document 2) Review report on CN and national best practices	2 days
Meeting with PR for understanding the system and gap identification	Summary report on gap identification at PR Level	2 days
Meeting with PR-SR for understanding the system and gap identification (field visit)	Summary report on gap identification at SR Level	2 days
Meeting with SSR for understanding the system and gap identification (field visit – 6 SSRs)	Field report, Summary report on gap identification at SSR Level,	10 days
Draft the report and recommendations	Documents of report and recommendations for strengthening the MSM outreach implementation	1 days
Final meeting with Spiritia at national level to received feedbacks and inputs.	Draft report after received feedbacks and inputs from Spiritia	1 days
Finalization of the reports based on the feedbacks received.	Final report	1 days
		19 days

— All deliverables and reports must have submitted in written English language.

- Upon receipt of the deliverables and prior to the payment of the instalment the deliverables related reports and documents will be reviewed and approved by Spiritia. The period of the review is one week of working day after receipt.

IV. DURATION OF THE ASSIGNMENT

The consultant will be contracted for a maximum of 19 days between November 2016 – January 2017.

V. SCHEDULE OF PAYMENT

Payment	Description	Deliverable Requirements
1st Payment	30% (of consultancy fee)	<ul style="list-style-type: none"> • Draft consultation design document • Review report on CN and national best practices
2nd Payment	70% (of consultancy fee)	<ul style="list-style-type: none"> • Field Report to understanding the system and gap identification (PR-SR-SSR) • Final report after received feedbacks and inputs • Dissemination final report

VI. INPUTS

- Spiritia will provide the consultant with background materials for the desk review and MSM Implementation related document.
- The consultant is expected to work remotely using his/her own computer, but may access the Spiritia office printing or relevant documents or should he/she be required to work on-site at any point during the assignment.

VII. PERFORMANCE EVALUATION

- Contractor's performance will be evaluated based on : timeliness, responsibility, initiative, communication, accuracy, and quality of the products delivered.

VIII. REQUIRED EXPERIENCE AND QUALIFICATIONS

Consultant	Qualification, Skills, Experience and Role
Local/Regional Consultant	<p>Education:</p> <ul style="list-style-type: none"> • Post-graduate qualifications in social sciences, health, public health or related field. <p>Skills, Competencies:</p> <ul style="list-style-type: none"> • Excellent inter-personal and communication skills. • Excellent planning and analytical writing skills. <p>Experience:</p> <ul style="list-style-type: none"> • Minimum of 10 years' experience in the field of HIV & AIDS in the Asia Pacific region

	<ul style="list-style-type: none">• Extensive experience with MSM/Transgender HIV prevention programs in the Asia-Pacific region. Languages: <ul style="list-style-type: none">• Command of written and spoken English
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IX. REPORTING PRACTICE

End of assignment

- i. Consultant to produce timesheet with **clients' signature** upon completion of the assignment.
- ii. Consultant to complete Spiritia Contract Completion Report & Consultant Feedback Form.
- iii. Any amendments to the current assignment and deliverables in regards to the TOR must be acknowledged by the client and Spiritia FP.

X. APPLICATION PROCEDURE AND DEADLINE

Interested candidates are requested to submit electronic application to: info@spiritia.or.id with copy to: rahmat.spiritia@gmail.com not later than, 16 November 2016 at 17:00 UTC+ 07:00.

SUBMISSION PACKAGE

- CV and cover letter containing selection criteria (required experience and qualification) aforementioned and provide supporting documents related to previous rate.

Please note that only selected candidate will be contacted.