

**Terms of Reference for development of training module
Developing Tuberculosis Services for people Who Use Drugs**

Background

Eurasian Harm Reduction Network (EHRN) is undertaking to develop a training module in the framework of WHO funded project “Developing TB services for people who use drugs”. The project aims to increase capacity of CBOs and NGOs working in harm reduction field, including service providers and communities of IDUs, to provide (1) TB related services, (2) technical support and (3) engage in advocacy actions to increase access to TB services for IDUs. Training module is developed as part of joint efforts of EHRN, WHO, and OSF in response to TB epidemics among injecting drug users in Eastern Europe and Central Asia.

This module will be based on WHO guidelines for collaborative TB and HIV services for drug users, according to evidence based policy activities on TB/HIV and drug use response, following WHO Clinical protocol for TB/HIV co-infection management and using already developed capacity development tools.

The structure of the module will correspond to the training modules developed in the framework of the Harm Reduction Knowledge Hub for Europe and Central Asia (<http://www.harm-reduction.org/hub.html>). The training module should be suitable for adoption for trainings targeting the stakeholders including medical professionals, ministries and local harm reduction providers. Detailed training module description is provided in the concept of the training module Annex 1.

These Terms of References are directed for identifying consultants and experts to develop the described training module. **For application please send you CV and short (half page) motivation letter to hub@harm-reduction.org by February 29.**

If you have any questions please refer to the following **contacts**:

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THE OVERALL JOB OBJECTIVE

Expert, working alone or in collaboration with other expert(s), develops comprehensive training module on “Developing TB services for people who use drugs” covering topics of prevention, diagnostics and treatment of tuberculosis for injecting drug users (IDUs) and integration of these service in low-threshold programs (harm reduction and opioid substitution treatment programs).

The expert will be working in close cooperation with the *TB for IDUs Community Advisory Board* which role is to share relevant information (guidelines, scientific papers, case studies, etc.), to advise on the training module outline, and review the pre-final version of the training module.

Task I: Literature review

- Desk research involves reviewing information provided in the already developed materials. Materials list is provided in the Annex 2. Additional information can be requested from the *TB for IDUs Community Advisory Board*.
- Training module must be based on and provide reference to evidence based and internationally recognised approaches to TB diagnostics, prevention and treatment, including the materials listed in Annex 2.
- Expert is responsible for organizing interviews with leading organizations/experts in the field that are based in the countries of Eastern Europe and Central Asia (EECA) in order to assess training needs.
- Expert is responsible for honouring the copyrights of the material used.

Task II: Harm Reduction Knowledge Hub Training module “Developing TB services for people who use drugs” development and revision in accordance with reviewer comments.

1. The training module should be developed in line with the standard Harm Reduction Training module format which consists of the following components:
 - Training agenda (overview)
 - Daily training program (detailed)
 - Presentation slides
 - Text: slides & commentary: guide for trainers on each slide
 - Text: guide for trainers on each exercise/interactive session
 - Case studies
 - Handouts
 - Additional literature file & list
 - Glossary.

The consultant will be provided with samples of the other knowledge hub training modules so that the training module can be written and formatted in a similar manner.
2. Consultant is welcome to suggest changes in the proposed structure to enhance the quality of the training module.
3. The module should include clearly indicated goals, objectives, expected results, time frame for teaching. The course may differ in terms of teaching time and depth of training to meet the different trainees’ needs.
4. The module should have clearly defined and described chapters (and subchapters) with indicated goals, objectives, expected results and time frame.
5. Each chapter should consist of a theoretical part and practical exercises:

- Recommended reading materials pertaining to the theoretical part should be included in the recommended literature file and list.
 - Practical exercises should be prepared for each chapter. Emphasis should be placed on the use of appropriate and practical case studies / examples throughout the modules. These case studies should illustrate regional / local context and approaches.
6. The module should have an evaluation component:
 - For trainers to evaluate knowledge absorbed by trainees (pre/post tests);
 - For trainees to evaluate training's effectiveness;
 - With indicators for grading the results;
 - All chapters within the module should be captured.
 7. Time for identifying gaps in participants' existing knowledge/skills should be planned. Opportunities to address these weaknesses during the training course should be explored.
 8. A list of recommended literature in English and Russian should be added to the module. The most important recommended literature should be distributed among trainees during the training course and availability should be indicated within the training manual.
 9. The process of the training should be described in details indicating: number of trainees, required rooms, supporting staff; list of required equipment and supporting materials; defined time frame indicating working hours etc.
 10. The module should have a manual for trainers including resource materials or teaching tools (e.g. generic slides/presentations as overview of each module).

Task III. To ensure that:

1. Each chapter consists of:

- Theoretical part and practical exercises; list of recommended literature should be attached;
- Practical exercises should take up between 40% to 50% of the training time;
- The whole module should allow 24 hours training time for 3 days;
- Evaluation tool should to measure knowledge absorbed by trainees as well as training's effectiveness evaluated by trainees;
- State learning objectives and key learning points for each part.

2. To use an agreed and standardized format / framework for the modules, which includes specific section headings, proposed lengths for each section / subsection, etc.

It is critical that all modules have the same style that will enable cross-linking / referencing to occur, and mixing and matching of different modules to tailor specific training courses. A sample outline will be provided and discussed during the meeting.

3. To provide advice on how to navigate through all existing tools and other resources, e.g. how different materials may be used alone or together and how they relate to each other.

4. To check that the case studies are appropriate and practical throughout this module.

DELIVERABLES

1. Short report on literature review summarizing the situation with TB diagnosis, prevention and treatment for IDUs in the region that could be used in trainings for presenting the situation.

2. TB services for people who use drugs trainers' manual, including details indicated in Task II section (70 pages maximum).
2. Participants handouts and worksheets.
3. Trainers resources, including:
 - a. Presentation slides
 - b. Training agenda
 - c. Trainers handouts and worksheets
 - d. Information material: slides and commentary to guide trainers on each slide and exercise/interactive session
4. Copies of manual supporting resources and materials, including background reading and references.

KEY QUALIFICATIONS

- Knowledge and experience in the field of prevention, diagnostics, treatment and care of Tuberculosis;
- Knowledge and experience in the field of harm reduction and/or work with drug users.
- Experience and skills in development of training tools, guidelines, methodologies.
- Experience and skills in conducting research: skills on desk research.
- Experience and skills in preparing and conducting/ facilitating training sessions.
- Fluent English and Russian. Excellent spoken and written skills.
- Able to work under short timelines and pressure.

TIMELINES

By April 16 – providing draft training module for Community Advisory Board for revision

April 16-May 7 – Revision of the module

May 7-20 – providing finalized version of the training module

CONSULTANCY FEE

Consultancy fee is calculated by number of days worked and consultants daily rate. Number of days and total consultancy fee is agreed upon the negotiations with EHRN. First instalment (60%) on receipt of signed contract, second instalment (40%) on satisfactory completion of work.

Training Module: Developing Tuberculosis Treatment Services for people Who Use Drugs

**Harm Reduction Knowledge Hub for Europe and Central Asia
Eurasian Harm Reduction Network (EHRN)**

-- Concept --

Aim and objectives

The aim of the module is to serve as a comprehensive tool when increasing capacity of CSOs/ CBOs and individuals – including trainers, service providers or community activists – to provide TB related services to IDUs, technical support and engage in advocacy actions to increase access to TB services for IDUs.

Objectives:

- Provide basic knowledge on TB prevention, diagnosis and treatment, and implications of drugs use; implication of co-infection with TB, such as HIV and hepatitis C.
- Inform on international recommendations and guidelines (such as WHO) for provision and integration of TB related services for people who use drugs; suggest possible models of implementation and provide good practices examples
- Propose ways to enhance community involvement in broadening the reach and improving quality of collaborative TB/HIV and drug use services and advocacy.

Resources

The training module developed will be based on and coordinated with the following documents:

1. WHO, UNODC, UNAIDS (2008). Policy Guidelines for Collaborative TB and HIV Services for Injecting Drug Users: An Integrated Approach. Evidence for Action Technical Papers.
http://www.who.int/tb/publications/2008/tbhiv_policy_guidelines_injecting_drugusers/en/.
2. UNAIDS, WHO, HIT, INPUD (2010). Tuberculosis Advocacy Handbook for People Who use Drugs.
3. WHO (2004). Interim policy on collaborative TB/HIV activities.
http://www.who.int/tb/publications/tbhiv_interim_policy/en/index.html.
4. WHO (2011). Clinical protocol for TB/HIV co-infection management.
5. OSI (2011). TB4IDUs Toolkit for Low-threshold TB Care for Drug Users.
6. WHO, UNAIDS, UNODC (2009). Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users.
http://www.who.int/hiv/pub/idu/idu_target_setting_guide.pdf

Target population & audience

The target population of the training module is people who use drugs, especially those who inject drugs. The target audience of the concrete capacity building intervention will depend on specific objectives. The training module aims to be designed to be used with different target audiences:

- health policy-makers and decision-makers at the national and subnational levels;
- service providers of TB and HIV prevention and control programmes and service providers of programmes and drug treatment services for drug users and general health care services at the national and subnational levels;
- drug users and the organizations representing them;

- advocacy and communication experts working with drug users or in TB and HIV prevention and control programmes.

Proposed structure and content

The proposed structure of the training module is as follows:

INTRODUCTION

- Short facts on epidemiology of drug use, TB and HIV.
- Introduction of goals and objectives of the training.

PART I: Treatment literacy.

- Main things that should be known about TB (including forms, ways of transmission, difference between TB infection and disease, etc.)
- Symptoms, case finding, diagnosis and testing
- General principles of TB prevention, treatment and care
- TB prevention and treatment.
 - Contemporary TB treatment, side effects.
 - Implications of TB and drug use.
 - Implication of HIV and TB co-infection, interaction of treatments.
 - Implications of multiple co-infections, including with hepatitis C, interaction of treatments.
- Treatment of multi drug resistant TB

PART II: Developing TB services for people who use drugs.

- International recommendations and guidelines, clinical protocols of WHO on TB prevention, treatment and care, including treatment of co-infections with HIV and hepatitis C.
- International recommendations and guidelines, clinical protocols of WHO on TB prevention, treatment and care for people who use drugs, including treatment of co-infections with HIV and hepatitis C.
- Role of the legislation regulating TB/HIV/drug use issues on the national level.
- Approaches for providing TB services for IDUs, integration of services targeting HIV, TB and drug use; possible of service delivery models, examples of good practices.
- Role of harm reduction programs, including OST, in TB prevention, treatment and care.
- Role and involvement of people who use drugs community in TB prevention, treatment and care.
- Main challenges that can be encountered and how they can be addressed.

PART III: Advocating for quality of TB related services for people who use drugs.

- Formulation of advocacy messages on TB/IDUs; essential components and emphasis.
- Advocacy on national level (recommended actions, institutions and decision makers to target, helpful international documents and institutions). Development of the advocacy plan on national level.
- Partnerships and allies to support in advocacy activities (role of different stakeholders – public health, drug use, criminal/penal institutions – and networking between them).
- Ways to enhance community involvement in advocacy for broadening the reach and improving quality of collaborative TB/HIV and drug use services and advocacy.
- Practical tasks in advocacy - action plans, protocols for case finding, documenting and targeted advocacy.
- Main challenges that can be encountered and how they can be addressed.

The final structure and content of the training module will be developed in consultation with consultants and partners, such as WHO and IHRD/OSF.

The training module will include:

- All necessary information needed to deliver the training: sample agenda, handouts, slides, references to literature and documents, pre and post evaluation forms, trainers guide, suggestions and description of methods for each session (e.g. group work, presentations, ice breakers, exercises, etc.)
- Recommendations for the team of trainers – a recommended set of qualities, expertise and skills for the team of trainers to deliver the training.
- Recommendations on selection of participants in order to ensure maximum efficacy of the training.

Technical details

- Training module designed for 3 days.
- Recommended number of participants – up to 20 people.
- Available in English and Russian.

REFERENCES

1. UNAIDS (2010). Global Report. UNAIDS Report on the Global AIDS Epidemic, 2010. Retrieved December 15, 2011, from http://www.unaids.org/globalreport/Global_report.htm.
2. WHO, UNODC, UNAIDS (2008). Policy Guidelines for Collaborative TB and HIV Services for Injecting Drug Users: An Integrated Approach. Evidence for Action Technical Papers. Retrieved December 15, 2011, from http://www.who.int/tb/publications/2008/tbhiv_policy_guidelines_injecting_drugusers/en/.
3. UNAIDS, WHO, HIT, INPUD (2010). Tuberculosis Advocacy Handbook for People Who use Drugs.
4. WHO (2004). Interim policy on collaborative TB/HIV activities. Retrieved December 15, 2011, from http://www.who.int/tb/publications/tbhiv_interim_policy/en/index.html.
5. WHO, UNODC, UNAIDS (2004). Substitution maintenance therapy in the management of opioid dependence and HIV/AIDS prevention: Position paper. Geneva: World Health Organization, United Nations Office on Drugs and Crime, Joint United Nations Programme on HIV/AIDS. Retrieved October 31, 2011, from http://www.who.int/substance_abuse/publications/en/PositionPaper_English.pdf.
6. EHRN (2011). Harm Reduction in 2011. Annual report.

Basic references

1. WHO, UNODC, UNAIDS (2008). Policy Guidelines for Collaborative TB and HIV Services for Injecting Drug Users: An Integrated Approach. Evidence for Action Technical Papers.
ENG version - http://whqlibdoc.who.int/publications/2008/9789241596930_eng.pdf
RUS version - http://whqlibdoc.who.int/publications/2008/9789214330622_rus.pdf.
2. UNAIDS, WHO, HIT, INPUD (2010). Tuberculosis Advocacy Handbook for People Who use Drugs.
3. WHO (2004). Interim policy on collaborative TB/HIV activities.
http://www.who.int/tb/publications/tbhiv_interim_policy/en/index.html.
4. WHO (2011). Clinical protocol for TB/HIV co-infection management.
5. OSI (2011). TB4IDUs Toolkit for Low-threshold TB Care for Drug Users.
6. WHO, UNAIDS, UNODC (2009). Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users.
http://www.who.int/hiv/pub/idu/idu_target_setting_guide.pdf
7. WHO guidelines 2011 - Guidelines for intensified tuberculosis case-finding and isoniazid preventive therapy for people living with HIV in resource-constrained settings.
ENG version – <http://www.who.int/hiv/pub/tb/9789241500708/en/index.html>
RUS version – <http://www.who.int/hiv/pub/tb/9789241500708/ru/index.html>
8. WHO Policy on TB Infection Control in Health-Care Facilities, Congregate Settings and Households.
http://www.stoptb.org/wg/tb_hiv/assets/documents/9789241598323_eng.pdf
9. A framework to plan, implement and scale-up TB infection control activities at country, facility and community level.
http://www.stoptb.org/wg/tb_hiv/assets/documents/TBICImplementationFramework1288971813.pdf