



## Call for Proposals

**Project Title:** **Improving the Capacity of the System of Drug Use Disorders Treatment Services to Provide Ethical, Evidence-Based and Humane Treatment to Persons with Drug Use Disorders in Tanga, Tanzania**

**Duration:** **18 months**

**Deadline for submission:** **November 16, 2018, 23:59:59 Eastern Africa Time**

The United Nations Office on Drugs and Crime (UNODC) invites eligible not-for-profit civil society organisations to apply for a partnership with UNODC to implement the project *Improving the Capacity of the System of Drug Use Disorders Treatment Services to Provide Ethical, Evidence-Based and Humane Treatment to Persons with Drug Use Disorders in Tanga, Tanzania*. The project will promote access to evidence-based drug dependence treatment services through advocacy, capacity building, and the expansion of services to reduce the negative health and social consequences of drug dependence and help provide an improved quality of life for persons with drug use disorders. A detailed scope of work is attached as Annex A.

UNODC seeks to partner with an organisation that meets the following:

- Experience in planning and delivering comprehensive drug use disorders treatment;
- Experience in organising training and capacity-building activities in the field of drug use disorders treatment;
- Experience working closely with the community, preferably in the Tanga Region.

### Fundamental principles

Applicants are expected to consider the following fundamental principles in designing their project proposals:

- Partnership/collaboration/cooperation with other stakeholders;
- Project design with the potential for replication;
- Sustainability of project activities;
- An approach that values diversity among men and women.

### Award amounts

Proposals with budgets ranging from **USD 230,000** to **USD 280,000** will be considered. This amount should include direct and indirect costs. Please note that value for money is a part of the rating criteria. It is therefore in the applicant's interest to provide a **realistic and cost-effective budget**.

The following costs will **not be considered as eligible under this project**:

- Debts and provisions for losses or debts;
- Interest owed;



- Salary top-ups and similar emoluments to government employees
- Items already financed in another project, i.e. existing capacity should not be included in the budget;
- Purchases or rental of land or buildings<sup>1</sup>;
- Currency exchange losses;
- Direct taxes, unless the Beneficiary (or the Beneficiary’s partners) cannot reclaim them and the applicable regulations do not forbid coverage of taxes;
- Credit to third parties.

## EVALUATION PROCEDURE

### Eligibility assessment

Only proposals aimed at achieving the objectives and meeting all requirements will be considered under this Call for Proposals.

To be eligible, the applicant **must**:

- be a non-profit organisation (CSOs including NGOs, CBOs) registered under the relevant laws of the country where it is registered;
- have been registered in Tanzania not less than three (3) years;
- be directly responsible for the preparation and management of the project, i.e. not acting as an intermediary;
- demonstrate prior experience of at least three (3) years implementing activities on drug use disorders treatment;
- have a bank account.

### Technical assessment of full project proposals

The quality of the project proposals will be assessed in accordance with the evaluation criteria set out in the evaluation grid below.

Evaluation criteria	Maximum score
<b>Output 1: A creative Information, Education and Communication Strategy to be implemented in Tanga City and Muheza</b>	20
1. Is the IEC strategy creatively designed to advocate for DUD treatment that is based on (1) scientific evidence, (2) human rights, and (3) voluntary participation, as provided in the International Standards?	5
2. Can the IEC Strategy be efficiently and effectively implemented?	5

<sup>1</sup> Except where necessary for the direct implementation of the project, in which case ownership belongs to UNOV/UNODC until it is transferred to the final beneficiaries. Any such transfer shall be done in accordance with the internal rules of UNOV/UNODC.



3. Does the IEC strategy engage directly with the community? Does the project support the active participation of the community in the activities?	5
4. Does the design and implementation of the proposed IEC Strategy target and engage women? Does it take into consideration needs specific to women to enable them to participate?	5

<b>Output 2: Implementation of training for drug dependence treatment practitioners in Tanga City through the Universal Treatment Curriculum (UTC) Basic Series</b>	<b>15</b>
1. Is the proposal based on training needs in Tanga? Does the proposal reflect mechanisms to identify the practitioners who will benefit the most from the training?	5
2. Does the proposal offer a cost-efficient implementation of the UTC Basic Series?	5
3. Does the proposal provide an opportunity, or facilitate access to opportunities, for the trainees to apply and share their training?	5

<b>Output 3: Implementation of the Universal Treatment Curriculum (UTC) specialised training course on drug dependence treatment in rural settings for treatment practitioners in Muheza</b>	<b>15</b>
1. Is the proposal based on training needs in Muheza? Does the proposal reflect mechanisms to identify the practitioners who will benefit the most from the training?	5
2. Does the proposal offer a cost-efficient organisation of the UTC specialised course on treatment in rural settings?	5
3. Does the proposal provide an opportunity for the trainees to apply and share their training?	5

<b>Overall Proposal</b>	<b>20</b>
1. Does the proposal demonstrate that the applicant has the experience and knowledge necessary to engage effectively with the Tanga community?	5
2. Does the proposal present good value for money? Does the proposal minimise administrative costs and maximise the amount of money allocated for project activities?	10
3. Does the proposal account for risks and show ways to mitigate them?	5

<b>Total</b>	<b>70</b>
--------------	-----------



**UNODC**

United Nations Office on Drugs and Crime

Full project proposals (application form provided) must be submitted in English. Hand-written applications will not be accepted. Please note that only the application form and the completed annexes will be evaluated. It is therefore of utmost importance that these documents contain ALL relevant information concerning the project.

Clarifications will only be requested if information provided is unclear and prevents objective assessment of the application.

### **Deadline for the submission of applications**

Completed application forms including the workplan, registration certificate, bank certificate, and audited financial statements for the last two fiscal years must be submitted by email to [UNODC-tanga.ip@un.org](mailto:UNODC-tanga.ip@un.org) no later than **November 16, 2018, 23:59:59 Eastern Africa Time**

Applications sent by any other means (e.g. by fax or by mail) or delivered to other addresses will not be considered.

Incomplete applications will be rejected. Proposals that do not conform to the requirements will be technically considered a non-response and may be rejected.

### **Documents to be submitted with the application:**

The following documents must be submitted as part of the application:

- Application form (template provided);
- Indicative budget (template provided);
- Registration certificate as evidence for legal credentials of the organisation;
- Bank certificate or any other official document attesting to the existence of the organisation's bank account;
- Organisational audit reports for the last 2 years.

Further documentation may be required, and these will be communicated to the provisionally selected applicant.

Documents will be checked for truthfulness and accuracy of representation through various means, including but not limited to internet searches, formally official confirmation from responsible offices, letters of recommendation, etc.

The provisionally selected project proposal will be reviewed by the UNOV/UNODC Committee on Grants and External Engagements based on which the approval will be granted.

The successful applicant will be informed in writing of UNOV/UNODC's decision concerning their application.

## Annex A

# The Scope of Work

### Background of the Project

The use of controlled psychoactive substances<sup>2</sup> for non-medical and non-scientific purposes and the resultant drug use disorders lead to serious consequences for the persons who use drugs (PWUDs), for their families, and for their communities. Drug use disorders (DUDs) are complex bio-psychosocial diseases that require a multi-faceted, comprehensive response provided by a system of treatment and care. DUDs can be effectively treated using pharmacological and psychosocial interventions based on scientific evidence, human rights, and patients' voluntary participation.

The biggest challenge to providing drug dependence treatment is limited access, especially given the stigma associated with drug use and dependence, and the discrimination that PWUD endure. Globally, it is estimated that only 1:6 persons who need treatment have access to it. The situation for women who use drugs is worse. Though 1:5 persons who use drugs is a woman, only 1:3 persons receiving treatment is a woman. There is a clear need to make drug dependence treatment more accessible in general, and to ensure that women are not left behind.

In Tanzania, hotspots for drugs are commonly found along regional highways, and in coastal areas near the Indian Ocean. Both conditions apply to Tanga: the northern highway from Dar Es Salaam passes through Tanga and into Kilimanjaro. Tanga is also situated along the coast, and has fishing posts and camps that have been identified as hotspots. Tanga is among the regions in Tanzania with the highest numbers of drug use. The Tanzanian Drug Control Commission (DCC) estimates that there are 5,000 persons in the Tanga Region who use drugs. Of this 5,000, nearly 10% inject drugs. The DCC classifies drug use in Tanga as *prevalent*, i.e., that 'drug use is spreading into new subgroups or areas.' Cannabis, khat, and heroin are the most commonly used drugs. Cannabis is usually smoked; khat is chewed and heroin is most commonly injected, sniffed; or made into 'cocktail,' i.e. mixed with cannabis dust and tobacco, and smoked. Drug use has spread to small towns and villages outside of Tanga City. The DCC finds that the Tanga Region has the highest number of drug pushers in Tanzania. In their research, some key informants claimed that 'in some areas of Tanga City, there is a pusher on every corner.'

Targeted services for people who use drugs in Tanga are limited, and where available need improvement to align with the [International Standards for the Treatment of Drug Use Disorders](#). In addition to this, the longstanding stigma associated with persons with drug use disorders (DUD) makes it unlikely that persons needing treatment will ask for help. Tanga City has the highest concentration of drug use in the Tanga Region.

---

<sup>2</sup> The focus of UNODC is specifically on illicit drugs. Tobacco and alcohol do not fall under this categorisation.



Muheza is a district in the Tanga Region, 35 kilometres away from Tanga City. It is along the main highway to the city, at the junction to Amani Nature Reserve and to Pangani, known locally for its beaches. It is home to over 200,000 people. Its position along the highway and proximity to both Tanga City and a tourist site like the Amani Nature Reserve suggest drug-related activity, but little about this is known. The little data on drug use is from Bombo Regional Hospital, which functions as the Tanga Regional Referral Hospital. They report that in Muheza 150 people have sought some form of treatment or assistance relating to drug use disorders in 2017. This data is limited to those who seek treatment and does not reflect the number of people who may need it but for a variety of reasons do not seek it. The UNODC has observed a general trend in the spread of drugs, previously viewed as an urban and inner-city problem, into rural communities in both developing and industrialised countries. Factors like lower socio-economic status and more limited opportunities to access health services make drug use in rural areas an area of increasing concern.

The UNODC's past work has focused on Dar Es Salaam and Zanzibar. This time, it would like to address the needs of people with drug use disorders in the Tanga Region. With this project, it aims to build capacity by directly engaging the local community as active agents in the system of drug use disorders treatment and care. It aims to improve the existing capacity for DUD treatment in Tanga City, specifically with treatment practitioners from Bombo Regional Hospital, Tumaini Hospital, Makorora Hospital, as well as community health facilities. It will also pilot a treatment and training program in the district of Muheza, whose district hospital Teule (also known as Saint Augustine Hospital) is faced with providing DUD treatment amid scarce resources and a limited system of treatment and care.

## **Goal and Objective of the Project**

This project aims to improve the capacity of the system of drug dependence treatment services through advocacy and capacity building to reduce the negative health and social consequences of drug dependence and help provide an improved quality of life for persons with drug use disorders in Tanga. Specifically, this project aims to co-opt the community to improve the capacity of the system of treatment services in the Tanga Region to deliver ethical, humane, evidence-based DUD treatment.

### Expected Outcomes

- (1) Raised awareness of the necessity of ethical, humane, evidence-based drug dependence treatment;
- (2) Increased capacity of the local system of treatment and care to provide drug dependence treatment that is based on scientific evidence, human rights, and patients' voluntary participation.

### Expected Outputs

- (1) An innovatively designed and implemented Information, Education and Communication Strategy in Tanga City and Muheza;



- (2) Implementation of training for drug dependence treatment practitioners in Tanga City through the Universal Treatment Curriculum (UTC) Basic Series; and,<sup>3</sup>
- (3) Implementation of the Universal Treatment Curriculum (UTC) specialised training course on drug dependence treatment in rural settings for treatment practitioners in Muheza.<sup>4</sup>

### Key Stakeholders:

- Community / community leaders
- Drug Treatment Practitioners
- Ministry of Health and Social Work
- Tanzania Drug Control and Enforcement Authority
- Implementing Partner
- Local authorities
- UNODC

### **Project Implementation Overview**

The project will be implemented over the course of 18 months. During these 18 months, the Implementing Partner is to deliver the following outputs in parallel:

- The design and implementation of a creative Information, Education and Communication Strategy implemented in Tanga City and Muheza (Output 1).
- To implement training to improve the existing capacity of the system of drug dependence treatment and care (Outputs 2 and 3).

Outputs 2 and 3 involve implementing training packages developed by the Colombo Plan. To deliver both outputs, the Implementing Partner will be responsible for the following:

- Screening and selecting trainees;
- Planning and logistics to organize the training event, including travel and lodging for two (2) trainers from Tanzania. Trainers will be selected by the Implementing Partner in coordination with Colombo Plan and UNODC.
- Printing the training materials provided by Colombo Plan;
- Administering pre and post tests before and after the training sessions, respectively;
- Reporting to UNODC on training activities.

### **Output 1: A creative Information, Education and Communication Strategy implemented in Tanga City and Muheza**

---

<sup>3</sup> This training series has been developed by Colombo Plan. An overview of the courses can be found at <https://www.issup.net/training/universal-treatment-curriculum>.

<sup>3</sup> This training series is part of the specialised courses developed by Colombo Plan. It is based on the [UNODC Guidelines for the Prevention of Drug Use and Treatment of Drug Use Disorders in Rural Settings](#).

The Implementing Partner will design and implement an Information, Education and Communication (IEC) Strategy in Tanga City and in Muheza. The design and implementation of the IEC strategy should reflect and advocate for the principles of DUD treatment as established by the [International Standards for the Treatment of Drug Use Disorders](#): The IEC Strategy should inform the community of the nature of DUDs as a chronic, relapsing disease that is best addressed by treatment that is based on scientific evidence, human rights, and patients' voluntary participation. It should also provide information on the importance of a system of drug treatment services and care.

The strategy should be implemented to reach as many persons as possible and should include a means to measure results.

### **Output 2: Training for drug dependence treatment practitioners through the Universal Treatment Curriculum (UTC) Basic Series.**

The [UTC Basic Series](#) is composed of training modules to build the capacity of treatment practitioners. It requires 24 days to implement.

The Implementing Partner is responsible for screening and pre-selecting trainees from the existing system of treatment practitioners in Tanga City. Training is conducted by two trainers. Trainers from within Tanzania will be provided by the Colombo Plan through coordination with UNODC. The Implementing Partner is responsible for coordinating with UNODC and Colombo Plan, organizing the training sessions and arranging for the trainers to come to Tanga. The proposed budget should provide details of training delivery costs including inter alia, trainers' travel, transportation and daily subsistence allowance.

At the end, the implementing partner may organize an activity through which trainees can apply what they have learned.

### **Output 3: Implementation of the Universal Treatment Curriculum (UTC) specialised training course on drug dependence treatment in rural settings for treatment practitioners in Muheza**

To increase the capacity of the system of treatment and care at the level of rural settings to respond to the treatment needs of persons affected by DUDs, the Implementing Partner will organise and deliver training to health service providers using the UTC specialised course on treatment in rural settings. The course builds on the [UNODC Guidelines on the Prevention of Drug Use and Treatment of Drug Use Disorders in Rural Settings](#).

To achieve this, the Implementing Partner will organise:





- a. A five-day Training of Practitioners (ToP), targeted at drug dependence treatment professionals. 2 international trainers will be selected by the Implementing Partner in coordination with Colombo Plan and UNODC.
- b. A one-day Training of the Community (ToC), targeted at members of the community as part of the continuum of care, to be conducted by international trainers from the Colombo Plan to equip the community with concrete, step-by-step instructions for the community as a part of the treatment and rehabilitation process.
- c. At the end, the implementing partner may organize an activity through which trainees can apply what they have learned.

The proposed budget should provide details of training delivery costs including inter alia, trainers' travel, transportation and daily subsistence allowance.

## **Monitoring and Reporting**

UNODC will conduct two field visits to ensure fidelity to the objectives of this project. In addition, UNODC will engage an international consultant with extensive experience in evaluation of training in the field of drug dependence treatment.

The Implementing Partner will be required to report every three (3) months by providing Progress Reports. Templates for this report will be provided. The Progress Reports shall include the status of activities, outputs delivered, results/impacts achieved and an assessment of whether the Project is being implemented in accordance with the agreed Project Implementation Plan and the Project Budget, and a description of any obstacles to full and timely implementation of the Project.

The Implementing Partner shall also be required to submit quarterly financial reports. Together, the financial reports and progress reports will be used for review. Additionally, funds for the succeeding quarter will be released only upon review of the reporting and clearance from UNODC.