

Terms of Reference - Consultant Indigenous Approaches to Harm Reduction Information Resources

A. Background

ICAD is a coalition of over 100 Canadian organizations and individuals that provides leadership in the response of Canadian international development organizations and Canadian HIV/AIDS organizations to reduce the impact of the HIV/AIDS epidemic at home and abroad. Founded in 1989, the Coalition is made up of Canadian AIDS service organizations, international development non-governmental organizations, faith-based organizations, trade unions, educational institutions, academics, researchers and consultants from across the country.

ICAD helps Canadians contribute to the international HIV/AIDS response and ensures that the lessons learned from efforts at the global level are utilized by Canadian organizations to improve prevention, treatment, care and support work in Canada.

Socioeconomic and systemic factors deeply rooted in colonial legacies continue to compromise Indigenous people's health and wellbeing. Indigenous peoples in Canada are disproportionately affected by HIV and hepatitis C (HCV), with non-sterile injection drug use as the primary risk factor for transmission. In addition to this, Indigenous peoples are disproportionately affected by the overdose crisis in Canada. [New data released in British Columbia](#) indicates that First Nations people are five times more likely to experience an overdose and three times more likely to die due to overdose than non-First Nations people. Although Western harm reduction approaches such as safe consumption sites, the distribution of clean needles and drug use equipment, naloxone, and opioid substitution therapy (OST), can be effective tools for reducing harms and encouraging healing within Indigenous communities, there are critical elements within Indigenous harm reduction concepts that are uniquely grounded in Indigenous cultures, traditions and the traumatic legacy of colonization. These concepts must be incorporated into any national policy and front-line programming that directly impacts Indigenous communities.

Through funding support provided by the Public Health Agency of Canada (PHAC), ICAD is interested in producing two bilingual (English/French) resources focused on Indigenous approaches to harm reduction:

1. **Policy Brief:** The policy brief will highlight critical reflections, considerations and key international developments when implementing rights-based Indigenous approaches to addressing needs of Indigenous people who use drugs. Following peer review, the policy brief will be submitted to Canada's Minister of Health and Minister of Indigenous Services to further inform the formulation and operationalization of the [Canadian Drugs and Substances Strategy](#).
2. **Fact Sheet:** A companion piece to the policy brief, the fact sheet will showcase Canadian and international promising and wise practices in advancing Indigenous approaches to harm reduction. Case study illustrations will highlight transferrable lessons learned for a diversity of urban and rural community settings in Canada.

The anticipated launch date for the two resources is in early 2018.

A Working Group of approximately seven (7) Coalition members and partners and two (2) ICAD staff has been created to provide stewardship and support to the development of these resources.

B. Scope of Work

The Working Group requires the services of a highly-skilled consultant to work with ICAD staff to develop both the policy brief and fact sheet focused on Indigenous approaches to harm reduction.

The consultant's activities will include:

- develop qualitative and quantitative data collection tools to identify wise practices, lessons learned and policy-related considerations and reflections on rights-based Indigenous approaches to harm reduction from within and outside of Canada;
- conduct components of the data collection process, namely key informant interviews with targeted participants; and
- perform data analysis, synthesis and writing of the resources.

During the development of both resources, the consultant will ensure equal representation of key groups in Canada and people with lived experience. The consultant is highly encouraged to provide their input into the most culturally appropriate ways to produce the resources.

C. Anticipated Activities

- Conduct data analysis and synthesis of results; and
- Resource writing.

Other Activities

- Contribute to the design of data collection tools and delivery of key informant interviews;
- Participate in teleconferences with Working Group members at regular intervals;
- Maintain close communication with ICAD staff during the design, implementation, analysis and writing of the resources;

D. Deliverables

At a minimum, the following deliverables will be required:

- Detailed work plan with associated milestones;
- Detailed budget;
- Written analyses of the data gathered, including an outline of each resource;
- Synthesis of data collected through the writing of agreed resources according to an agreed upon format, structure, and themes of focus.

E. Qualifications and Conditions

The consultant will have the following skills and experience:

- Good knowledge and understanding of the social and structural determinants negatively impacting Indigenous health outcomes;
- Strong analytical skills;
- Experience producing publications including, fact sheets and policy-related publications;
- Excellent written and verbal communication skills;
- Program evaluation;

- Qualitative and quantitative research design and implementation;
- Data analysis and synthesis of research results;
- Understanding of civil society conditions and constraints;
- Working with diverse stakeholders including community based groups, government, health care providers and organizations, educators/researchers, etc.;
- Excellent oral and written communications skills in English; the ability to provide services in French is an asset;
- Background in health, HIV/AIDS, is an asset;
- Well-developed organizational skills;
- Masters or PhD-level or commensurate experience;
- Significant lived experience, including Indigenous harm reduction, will be prioritized;
- Indigenous candidates will be prioritized. Non-Indigenous applicants must have lived experience and/or demonstrate a significant history of ethical engagement with Indigenous people.

ICAD reserves the right to reject any or all applications with or without cause and are under no requirement to contract with any applicant. This offer may be withdrawn at any point and/or reposted in the future.

F. Timeframe and Budget

The contract is to begin in December 2017 with an overall timeframe of 6 months for the completion of the work. The budget for this contract is \$10,500 with the possibility of additional resources depending on the availability of supplemental funding. Translation and design costs are the responsibility of ICAD.

G. Questions

Prospective respondents are asked to submit any questions regarding these terms of reference in writing to kalexander@icad-cisd.com by **15:00 ET Thursday, November 9, 2017**.

H. Applications

Interested consultants should submit the following documents:

- A one-page cover letter outlining your interest and qualifications for this work;
- A two-page curriculum vitae;
- A 2-3 page outline/description of the process you would undertake to achieve the objectives and outputs, including proposed activities, time line and budget;
- A 3-5 page writing sample; and
- Contact information for three recent references, two of which are from Indigenous communities.

Deadline for applications: **Monday, November 13 2017 at 17:00 ET**.

Please submit applications by e-mail (only) to hiring@icad-cisd.com.