1. Background of the assignment:

The assignment takes place within the framework of the United Nations Office on Drugs and Crime (UNODC) project GLOG32 – “GLOG32: HIV/AIDS prevention, treatment, care and support for people who use drugs and people in prison setting”. The overall objective of the project is to ensure integration of HIV services for people in prisons and for people who use drugs in national health agendas, including prison health, and social services in key countries.

Most prisoners return to the community, sometimes after relatively short periods of time in prison. While adequate care has been provided during incarceration, these efforts might be compromised by several challenging factors, that may supersede the priority that released prisoners give to health care; therefore protecting prisoners’ health protects general public health. In this regard, of utmost importance is the assurance of health information transfer and continuity of care arrangements between prison and community health care providers, (and vice versa). Together with the imprisonment stigma, released persons might face multiple competing priorities, including reintegration into society and for some, the need for reinstatement of income support, as such simple referral letter may get lost in the process. As seen in several literature provisions; most released person may find themselves back in prison and it has been (anecdotally) reported that such persons, who were lost to follow-up and not linked to community health care centres upon release from prison, have experienced adverse effects, including resistance, upon resumption of treatment. It is thus undeniable that vast majority of incarcerated individuals will return to society and their partners, spouses and families, therefore the linkage between prisons, communities, and the overall HIV epidemic is inextricable. The public health sector is increasingly recognizing the opportunity within corrections to contribute to a more successful re-entry process for former incarcerated citizens into the community. It has been shown that promoting health during incarceration promotes health in communities post-release.

2. Purpose of the assignment:

Develop referral and linkages to HIV care tools and a training module for Community Corrections unit of the National Department of Correctional Service (DCS) on HIV and continuum of care. This assignment also seeks to train Community Corrections staff, Auxiliary social workers, and community health care professionals on the developed tools (referral & linkages tools), basics of HIV, AIDS and drug use and importance of treatment continuation, treatment as prevention, known barriers to treatment continuation.

3. Specific tasks to be performed by the Institution:

- In partnership with the Department of Health (DoH), develop referral and linkages tools for the DCS Community Corrections unit;
• Develop a training module on HIV care continuum.
• Identify host clinics that work directly with Community Corrections and establish links between Department of Health (DoH) HAST Programme Coordinators and Community Corrections staff & Auxiliary Social Workers.
• Conduct training of Community Corrections officers, Auxiliary Social Workers and DoH HAST Programme Coordinators on basics of HIV, AIDS and drug use and importance of treatment continuation, treatment as prevention, known barriers to treatment continuation.

4. Expected tangible and measurable outputs:

A. Referral and linkage tools.
B. Training module HIV care continuum
C. Training Workshop(s) for HAST Programme Coordinators and Community Corrections staff & Auxiliary Social Workers conducted.
D. Report developed and approved by UNODC.

5. Dates and details of deliverables/payments:

The duration for this short-term consultancy work will be for 52 working days commencing from the date of signature of the contract and the tasks should be completed by 31 January 2020.

<table>
<thead>
<tr>
<th>Deliverable</th>
<th>Output</th>
<th>Working days</th>
<th>To be accomplished by (date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Referral and linkage tools</td>
<td>5</td>
<td>18 October</td>
</tr>
<tr>
<td>B.</td>
<td>Training module HIV care continuum</td>
<td>25</td>
<td>22 November</td>
</tr>
<tr>
<td>C.</td>
<td>Training Workshop(s) for HAST Programme Coordinators and Community Corrections staff &amp; Auxiliary Social Workers conducted.</td>
<td>20</td>
<td>20 December</td>
</tr>
<tr>
<td>D.</td>
<td>Final report</td>
<td>2</td>
<td>31 January</td>
</tr>
</tbody>
</table>

The Institution will receive payment in lump-sum in line with UN financial rules and regulations. Payment will be released in three separate instalments subsequent receipt and approval of deliverables by UNODC.

i. The first instalment amounting to 50% of the total cost of the contract will be released upon UNODC receipt and approval of the workplan and training module;
ii. The second instalment amounting to 30% of the total cost of the contract will be released upon UNODC receipt and approval of the training workshops report together with the feedback from the participants;
iii. The third and final instalment amounting to 20% of the total cost of the contract will be released upon UNODC receipt and approval of the final assignment report.

6. Institutional performance Indicators:

• Timely submission of a quality tools and training module.
• Quality assure training and feedback from training participants.
• Timely submission of a quality final report.

7. Method of Application and Enquiries

Interested and suitable Institutions are invited to submit the following:

• Letter of Confirmation of Interest and Availability including brief description of why the institution considers itself as the most suitable for the assignment; A letter of support confirming successful vetting by DCS research unit is required;
• Institution Profile, indicating all past experience from similar projects, as well as the contact details (email and telephone numbers) of the team leader as well as at least 3 members of the team and (3) professional references;
• Technical Proposal (Inc. Time frames)
• Financial Proposal; (all logistical, secretarial, personal-costs, travel cost, required stationary, communication costs, IT supplies should be covered in the proposal);
• Monitoring and Evaluation component detailing reporting mechanisms and provisions for monitoring of the progress, the evaluation of outcomes and measuring of results of the consultancy;

8. Qualifications/expertise sought (required educational background, years of relevant work experience, other special skills or knowledge required) for a lead consultant:

• Advanced university degree or equivalent in public health, human rights or other relevant discipline.
• At least four years of practical experience with development of capacity building materials on provision of health care and rights in prison settings.
• Proven experience with delivery of training.
• Demonstrated prior experience on provision of continuity of care
• Working experience in South Africa, in particular, with the department of Correctional Service.
• Excellent report writing skills.
• Excellent communication and presentation skills.
• Fluency in written and spoken English.

Applications should be sent to Ms. Takalani Godobedza takalani.godobedza@un.org on or before the 10 October 2019, with subject line: Strengthening the HIV care continuum.

Any incomplete proposals or proposals received after the deadline will not be considered in the evaluation process.

Please contact Ms. Takalani Godobedza, at +2712 342 0841 or through email for all enquires.

These ToRs will also be available on the UNODC website: https://www.unodc.org/southernafirca/en/consultancies-and-opportunities.html

Correspondence will be limited to shortlisted Institutions only.

UNODC reserves the right not to make an appointment.