

Post Title	Institutional Contract – Situation and Needs assessment on HIV and related communicable diseases (Tuberculosis, Hepatitis B, identified STIs) in Namibian Correctional Facilities
Country of Assignment	Namibia
Duty Station	Windhoek
Duration	122 working Days within a maximum of ten (10) consecutive calendar months starting not later than 10 August 2015
Supervision	UNODC Regional and National Programme Coordinators and National Steering Committee
Quality Assurance	UNODC Regional Office for Southern Africa

BACKGROUND

UNODC is a global leader in the fight against illicit drugs and international crime. Established in 1997, through a merger between the United Nations Drug Control Programme and the Centre for International Crime Prevention, UNODC operates in all regions of the world through an extensive network of field offices. UNODC is mandated to assist Member States in their struggle against illicit drugs, crime and terrorism. As a Cosponsor of the United Nations Joint Programme on AIDS (UNAIDS), UNODC is the convening agency for addressing HIV prevention, treatment, care and support among people who use drugs and people living and working in prison settings. Through partnership with national and international partners, including civil society organisations and other UNAIDS cosponsors; UNODC assists countries to achieve universal access to comprehensive, evidence-informed, public health-oriented and human rights-centred HIV prevention, treatment, care and support services for people who use drugs and for people who live and work in prison settings.

In 2008, UNODC Regional Office for southern Africa launched a regional programme entitled “HIV/AIDS Prevention, Care, Treatment and Support in Prison Settings in Southern Africa”. The Programme is currently being implemented in 10 countries (Namibia, Mozambique, Swaziland, Tanzania, Angola, Ethiopia, Lesotho, Malawi, Zimbabwe and Zambia). The overall objective of the programme is to prevent new infections specifically related to incarceration in selected countries in Sub-Saharan Africa.

HIV and AIDS pose serious threats in many countries and present significant challenges for prison and public health authorities and national governments. The levels of HIV infection among prison populations worldwide are much higher than in the general population. Because most prisoners are in prison for only a short period of time before they re-enter their

communities, it is acknowledged that prisoners and prison staff are part of the broader community and that the health threat of HIV within and outside prisons are linked. Nonetheless, prisons, prisoners and prison staff are often neglected in efforts intended to tackle the epidemic.

Namibia has a generalized HIV epidemic; estimated HIV prevalence rate among pregnant women attending Ante-Natal Care (ANC) in the year 2012 and 2014 is 18.2% and 16.9 % respectively (MoHSS 2014). Sexually Transmitted Infections (STIs) are considered to be the risk factors for contracting HIV. Most common reported STI in Namibia are Syphilis, Chlamydia, Trichomoniasis, and Gonorrhoea. The Health Facilities Census for 2009 indicates that about 3% of out patient visits are attributed to STIs. With regards to TB, Namibia is the fourth worst TB affected country in the world, with TB Incidence of 651/100,000 people reported in the general population in the year 2013 (WHO 2015).

Namibian Correctional Facilities has an estimated total number of 3,382 inmates population of which 88 are women, while 7 are children (UNODC 2012). Globally it has been reported that the prevalence rate of TB, HIV, STI, Hepatitis B and C is usually 2-10 times higher in prison populations as compared to the general population (UNODC, 2013). In the Namibian context, an inconclusive research findings conducted in Namibian Correctional Facilities indicate that 13.2% of the inmate's population are living with HIV (UNODC 2012). Data on HIV prevalence rate as well as on related communicable disease (TB, Hepatitis B and STIs) for populations in closed settings in Namibia are limited. Lack of data impedes the development and implementation of evidence-based health responsive programmes that are sensitive to inmates and staffs needs in these settings.

Several national policies and frameworks have been implemented, these includes the National Policy on HIV/AIDS which makes provision for inmates and staff to have access to HIV and TB health services available to the general population (MoHSS 2007), and the Namibian National Strategic Framework for HIV and AIDS 2010/11 – 2015/16 (NSF) recognizes the need to scale up the prevention of HIV among Most at Risk Population (MARPs) including prisoners. The NSF acknowledges that while there are limited programmes in prisons, scaling up interventions in correctional services has been limited to an extent owing to lack of Namibian Correctional Services Health Policy.

It is against this background that NCS and UNODC seek to recruit an institution to conduct the situation and need assessment in Namibian Correctional facilities in order to validate the findings of the previous study conducted in the year 2012.

INSTITUTIONAL ARRANGEMENT

The institution will work under the direct supervision of the UNODC National Project Coordinator, the Regional Programme Coordinator as well as the National Steering Committee. Reports will be submitted to and reviewed by the National Project Coordinator who will then forward to the Regional Project Coordinator for further review and approval.

PURPOSE OF THE CONSULTANCY

The main objective of this consultancy is to conduct a comprehensive Situation and Needs assessment on HIV and related communicable diseases (HIV, TB, Hepatitis B and selected STIs) as to contribute to evidence base and to inform programming.

Specific Objectives

- To assess the HIV prevalence (and the prevalence of TB, hepatitis B and identified STIs) in the Correctional facilities population generally, and in sub-groups such as women,
- To identify specific risk factors which may be associated with the transmission of blood borne pathogens and airborne infections, including TB, among inmates and staff
- To assess the level of knowledge, attitudes, behaviours and practices (KABP) on HIV, TB, Hepatitis B and STIs in all target groups within the Correctional facilities, including staff,
- To determine the availability of and quality of health services in correctional facilities,
- To identify and review current national policies and legal framework that makes provisions to and addresses prisoners' rights to health,

Specific project output

- HIV, TB, hepatitis B and identified STIs prevalence in the Correctional Facilities population established.
- Specific risk factors which may be associated with the transmission of blood borne pathogens and airborne infections, including TB, among inmates and staff identified.

- Knowledge, attitudes, behaviours and practices (KABP) on HIV, TB, Hepatitis B and STIs in Correctional Facilities population including staff determined.
- Availability of and quality of health services assessed and documented.

SCOPE OF WORK

The institution will be expected to undertake the following tasks:

1. Submit and present the project inception report; the report should elucidate understanding of the assignment, outlining how the assessment will be carried out, the methodological approach including work plan and time frames.
2. Conduct a review of country existing literature from relevant published and unpublished research, programs, policies related to health in general, HIV and related communicable diseases in Correctional facility settings and submit a report to UNODC.
3. Develop and submit a comprehensive project protocol including study instruments to UNODC for review and approval.
4. Obtain ethical clearance from Ministry of Health and Social Services (MoHSS) with the support of UNODC and NCS.
5. Coordinate all activities related to the project and liaise with relevant stakeholders, including UNODC and NCS focal persons, steering committee and technical working groups during the planning and implementation phase of the project.
6. In close collaboration with UNODC, participate and facilitate all project related meetings including stakeholder's consultations meetings or workshop.
7. Consult, solicit and incorporate stakeholders' comments and inputs into project documents.
8. Conduct and document training of the research team prior to data collection.
9. Conduct pre-testing of the data collection tools.
10. Document and submit to UNODC the pre-testing exercise report covering challenges encountered if any, and recommendation of how challenges can be addressed.
11. Ensure commodities and logistics required for the project are available timely.
12. Conduct field work as per approved protocol
13. Ensure that Quality Assurance mechanisms are established and adhered to at all stage of data collection process.

14. Conduct data analysis and write reports including all findings, challenges and recommendations.
15. Submit preliminary study findings draft reports to UNODC for further circulation to relevant stakeholders for review and inputs.
16. Facilitate study findings validation meeting and incorporate stakeholder’s comments and inputs.
17. Submit an edited final study report to UNODC for approval
18. Facilitate study findings dissemination workshop.
19. Perform any other duties related to this study as assigned.

DURATION OF ASSIGNMENT

The assignment should be completed in 122 working days within maximum 10 (ten) Calendar months:

Deliverables	Timeline
Draft and submit the Inception report with a comprehensive budget and costed work plan, and present it at an inception meeting with UNODC (and NCS).	8 working day
Conduct a literature review and develop and submit draft protocol and assessment instruments	15 working days
Convene and Facilitate a steering committee/TWG consultation meeting to review the protocol.	1 working day
Submit a final protocol for ethical clearance	1 working day
Conduct research team training	5 working days
Draft and submit research team training report	1 working day
Conduct pre-testing of data collection tools	2 working days
Draft and submit pilot-test exercise report	1 working day
Field work/data collection:	
<ul style="list-style-type: none"> • Interviews and Biological samples collection 	24 working days
<ul style="list-style-type: none"> • Laboratory results (HIV, TB, Hep B, STI tests) analysis 	15 working days

Conduct data analysis.	8 working days
Draft and submit assessment report.	22 working days
Facilitate the stakeholders meeting to validate the assessment findings.	1 working day
Incorporate stakeholders' inputs and comments to the report.	2 working days
Finalize and submit draft report	10 working days
Edit the assessment report	5 working days
Facilitate the findings dissemination workshop.	1 working day
Total number of work	122 Working days

DELIVERABLES

- Budget and costed work plan
- Inception report
- Desk review report and the assessment protocol
- Research team training and pilot test report.
- A comprehensive final assessment report
- Data sets

FINANCIALPROPOSAL

The institution will receive remuneration in lump-sum and in line with UN financial rules and regulations. Technical and financial proposals should be comprehensive of all costs (logistical, per-diem, secretarial, personal, travel, required stationary, printing, communication, IT supplies, editing etc.). The financial proposal should be accompanied by a detailed budget completed on UNODC budget template form (attached). Remuneration will be released in three separate installments subsequent to approval of deliverables by UNODC:

- The first installment amounting to 20% of the total cost of the contract will be released upon receipt and UNODC's approval of the work plan, inception report and desk review report;
- The second installment amounting to 30% of the total cost of the contract will be released upon receipt and UNODC's approval of the assessment protocol, tools and ethical clearance letter/certificate;

- The third installment of 50% of the total cost of the contract will be released upon receipt and UNODC's approval of the final comprehensive edited assessment report and data sets.

DESIRED EXPERTISE AND QUALIFICATIONS

Institutional Requirements

The institution should meet the following institutional requirements outlined below, through two suitably qualified consultants, i.e. a Principal Investigator and a Public Health Expert.

1. Institutional Expertise and Competencies

- HIV/AIDS Prevention, Treatment, Care and Support
- Public Health
- Knowledge of working in Prisons Settings or knowledge of working with other most-at risk populations.
- Knowledge of working in the Namibian/Southern African context
- Excellent written and spoken English

2. Institutional Experience

- Proven track-record of conducting Integrated Biological and Behavioral Surveillance Survey (IBBSS)
- Proven sufficient institutional capacities that ensure a successful completion and high quality of deliverables

Key Personnel Requirements:

1. Principal Investigator

- A postgraduate degree in Medicine and/or Public Health or other related discipline;
- An additional qualification in health/medical research will be an added advantage;
- A minimum of ten (10) years of experience in health or social/behavioral research programs implementation;
- Knowledge and experience of working in prison settings//closed setting or experience of programming with Most-at-Risk Populations.
- Demonstrated knowledge and experience of working with multi-sectoral stakeholders
- Demonstrated team leadership skills, with ability to supervise and support multi-disciplinary teams of professionals
- Ability to critically analyze issues, manage conflicts
- Excellent writing, oral communication and presentation in English.

- Excellent qualitative and quantitative analytical research methods.
- Excellent report writing skills
- Excellent computer skills (MS Office), including knowledge and previous experience and manipulation of data using statistical packages.

2. *Public Health Expert*

- Advanced degree in Public Health, Medical or Social Sciences with proven track record in HIV/AIDS and behavioural research.
- A minimum of 5 years working experience in HIV/AIDS related field is required.
- Experience and/or knowledge of current best practice in the area of HIV in prisons would be an advantage.
- Excellent qualitative and quantitative data collection and analysis skills.
- Excellent facilitation, communication and report writing skills.

DOCUMENTS TO BE INCLUDED WHEN SUBMITTING THE PROPOSALS:

The following documents are requested:

- a) Duly accomplished Letter of Confirmation of interest and availability, including brief description of why the institution considers itself as the most suitable for the assignment
- b) Institution Profile, indicating all past experience from similar projects, as well as the contact details (email and telephone numbers) of the PI and PH practitioner
- c) CV and Personal History form for the Principal Investigator and PH practitioner, as well as at least 2 members of the team, and contact details for (3) professional references.
- d) Technical proposal in line with the ToR
- e) Financial Proposal with completed UNODC Budget Template (inclusive of logistical, per-diem, secretarial, personal, travel, required stationary, printing, communication, IT supplies, editing etc).

Interested institutions should send their proposals to procurement.za@unodc.org and copy Josephine Mento Josephine.mento@unodc.org on or before **24 July 2015** with the subject line **"Situation and need assessment of HIV in Namibian Correctional Facilities"**.

NB: Applications not sent to procurement.za@unodc.org **WILL NOT** be considered. Incomplete Applications **WILL NOT** be considered. Applications from Individual consultants will be disqualified.

Enquiries: For any further information regarding this assignment, please contact Ruusa Mushimba at: ruusa.mushimba@unodc.org

Correspondence will be limited to short listed candidates only.

UNODC reserves the right NOT to fill this position.

Proposal Evaluation Criteria

Institutions will be evaluated based on a cumulative analysis: Offers will be evaluated using the combined scoring method. The Technical Proposal is weighted 70% of the assessment and the Financial Proposal 30%.

Criteria	weight	max. points
1. Management structure and Expertise of the Firm		
1.1. General Organizational Capability likely to affect implementation (i.e. loose consortium, holding company or one firm, size of the firm / organisation, strength of project management support e.g. project financing capacity and project management controls).	2%	2
1.2. Quality Assurance procedures, monitoring and evaluation	3%	3
1.3. Experience in conducting health or social research, IBBSS or prevalence studies.	3%	3
1.4. Knowledge and experience in the field of HIV and AIDS, including experience in prison/closed setting or experience of programming with Most-at-Risk Populations.	3%	3
1.5. Proven expertise in communicable disease prevention, treatment, care and support	2%	2

1.6.	Experience of working in the Namibian/Southern African Region context.	2%	2
<i>Total management structure and expertise of the firm scoring</i>		<i>15%</i>	<i>15</i>
2. Proposed Work plan and Approach			
2.1.	To what degree does the applicant understand the task?	5%	5
2.2.	Is the scope of task well defined and does it correspond to the TOR?	5%	5
2.3.	Is the proposal based on a survey of the project environment and was this data input properly used in the preparation of the proposal?	5%	5
2.4.	Appropriateness of the proposed methodology to the study context?	15%	15
2.5.	Clarity and is the sequence of activities and logic in the planning which promise efficient implementation to the project?	10%	10
<i>Total work plan and approach scoring</i>		<i>40%</i>	<i>40</i>
3. key personnel qualifications			
(A) Principal investigator			
	• A postgraduate degree in Medicine and/or Public Health or other related discipline;	1%	1
	• An additional qualification in health/medical research will be an added advantage;	1%	1
	• A minimum of ten (10) years of experience in health or social/behavioral research programs implementation;	1%	1
	• Knowledge and experience of working in prison settings//closed setting or experience of programming with Most-at-Risk Populations.	1%	1
	• Demonstrated knowledge and experience of working with multi-sectoral stakeholders	1%	1
	• Demonstrated team leadership skills, with ability to supervise and support multi-disciplinary teams of professionals	1%	1
	• Ability to critically analyze issues, manage conflicts	1%	1
	• Excellent writing, oral communication and presentation in English.	1%	1

<ul style="list-style-type: none"> • Excellent qualitative and quantitative analytical research methods. • Excellent report writing skills • Excellent computer skills (MS Office), including knowledge and previous experience and manipulation of data using statistical packages. 	1%	1
	1%	1
	1%	1
<i>Total Principal Investigator scoring</i>	<i>10%</i>	<i>10</i>
(B) Public Health Expert		
<ul style="list-style-type: none"> • Advanced degree in Public Health, Medical or Social Sciences with proven track record in HIV/AIDS and behavioural research. • A minimum of 5 years working experience in HIV/AIDS related field is required. • Experience and/or knowledge of current best practice in the area of HIV in prisons would be an advantage. • Excellent qualitative and quantitative data collection and analysis skills. • Excellent facilitation, communication and report writing skills. 	1%	1
	1%	1
	1%	1
	1%	1
	1%	1
<i>Total Public Health Expert scoring</i>	<i>5%</i>	<i>5</i>
Total Technical Proposal	70%	70
4. Financial proposal		
Budget (logistical, per-diem, secretarial, personal, travel, required stationary, printing, communication, IT supplies, editing etc).	30%	30
<i>Total Financial proposal scoring</i>	<i>30%</i>	<i>30</i>
Total	100%	100