REQUEST FOR PROPOSALS

Title: Rapid Assessment and Response (RAR) on HIV and Drug use especially Injecting Drug Use amongst women in Namibia

Organisational Section/Unit: ROSAF-HIV and AIDS

Country: Namibia

Proposed period: 20 working days from 27 June 2014

1. Background

Drug use and particularly injecting drug use is a global phenomenon. Recent estimates suggest that there are around 16 million injecting drug users worldwide. Of those, approximately three million are living with HIV. Accumulated evidence and experience from the past two decades show that HIV can spread explosively once it enters a drug-injecting population. In some settings, one-year increases in HIV prevalence from five percent to fifty percent have been observed among people who inject drugs (UNAIDS).

The World Drug Report (2013) estimated the number of PWID to be about 997,574 in the Africa region of which 117,502 were estimated to be living with HIV. There are some recent PWID size estimates which indicate the extent of the problem; 10,000 in Mauritius, 1,800 Seychelles, 20,000 in Kenya and 25,000 in Dar es Salaam. Estimates for South Africa put the number of PWID at 67,000, which is taken from a 2008 national survey.

According to the 2008 Injecting Drug Use Reference Group data, HIV prevalence among injecting drug users in neighbouring South Africa was estimated at 12.4 percent. A study conducted in South Africa on HIV risk behaviour among drug using Sex Workers in three cities found the prevalence to be at 34 percent which highlights the issue of HIV among this marginalized population. Drug users put themselves at risk for HIV transmission through various unsafe sexual behaviours as well as through needle sharing.

In Namibia, the number of new HIV infections peaked between 1998 and 2000 and began to decrease thereafter demonstrating the impact of prevention programmes in place at the time. In 2010/11, HIV prevalence in the general population among people aged 15–49 years was estimated at 13.5 per cent, resulting in around 4,500 AIDS-related deaths in the same period. In 2010/11, approximately 9,300 people were infected with HIV. This steady stream of new infections over a long period of time has resulted in an estimated 189,000 adults and children living with HIV in 2010/1.

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1 Petersen et al. Harm Reduction Journal 2013, 10:13
Compared to men, women are particularly at high risk for HIV. HIV prevalence among pregnant women attending antenatal care in the country was 18.8 per cent in 2010 compared to 17.8 per cent in 2008. The prevalence increased from 1992 and peaked in 2002 at 22 per cent followed by a slight decrease and apparent stabilization between 2004 and 2010. The antenatal care survey results indicate that HIV prevalence peaks in the age group of 35–39 years, with 29.7 per cent, and in the age group 30–34, with 29.6 per cent. Among young women aged 15–24 years attending antenatal care, there has been a decrease in prevalence from 15.2 per cent in 2004 to 10.3 per cent in 2010.

There is lack of data on the prevalence of drug use in Namibia and particularly amongst women who inject drugs.

Women, who inject drugs, are among the groups with the highest risk of HIV infection. In general, female drug users are also more likely to be stigmatized by society than male drug users because their activities are considered to be doubly deviant, violating social norms of behaviour, and diverging from traditional expectations of women as wives, mothers, sisters, daughters and nurturers of families.

There is a lack of strategic information on the use of drugs and related HIV risk practices amongst female drug users and availability of effective HIV services, including drug dependence treatment, in Namibia. However, available information indicates that their profile in terms of HIV risk behaviours, challenges and barriers they face in accessing HIV services, would not be very different from the profiles of the female drug users around the globe.

A limited number of local institutions in Namibia have general services for drugs and alcohol counseling. But they are not tailored to the needs of female drug users. Given this context, the development and implementation of interventions aiming to reduce HIV vulnerability of female drug users, through sensitisation, awareness, empowerment and increased access to female friendly preventive and curative services, is crucial.

UNODC carried out a planning mission in September 2013 prior to finalizing the TOR for the study. During the mission the planning team met various counterparts to understand the drug situation in Namibia and to guide the design of the study. Some key themes that emerged from the discussions were:

• Namibia has moved from being a "drug transit" country to a "drug consuming" country.
• Marijuana, Cocaine, Mandrax seem to be drugs of choice (sniffing was reported among youth). Injecting drug use is very limited, especially among women (though this will need to be examined further).
• There is a reported overlap between sex work and drug use among women.
• Issues of violence against women (which is reportedly very high in Namibia) and drug use need to be explored.
• Link between female mules (drug trafficking) and drug use/exploitation need to be explored (especially with reference to trafficking to Brazil and Angolan borders).

Drug trends and consumption patterns could be different within different regions of the country (e.g. border areas between South Africa and Namibia could record a high Tik consumption).
2. **Purpose**

The purpose of this study is to assess, describe and analyse the drug use and HIV vulnerability risks among women who inject drugs in selected towns of Namibia. The assessment will result in recommendations and an action plan for new or modified policies and programmes related to HIV prevention, treatment and care for women drug users.

3. **Objectives**

   a. To identify, describe and analyse the drug use patterns among women who use and inject drugs (WWID);
   b. To identify transition patterns from non-injecting to injecting practices;
   c. To identify, describe and analyse the social and behavioural factors influencing drug use including injecting drug use as well as HIV infection risk;
   d. To identify, describe and analyse the level of HIV risk awareness among the WWID and attitudes to HIV risk reduction;
   e. To explore the inter-linkages and overlaps between violence against women, drug trafficking by women and drug use among women
   f. To identify and compare drug trends (behaviours, consumption patterns, etc) by region
   g. To identify, describe and analyse interventions that are available and required for HIV prevention, treatment and care for PWID;
   h. To develop recommendations and an action plan for evidence-informed policy and programme development for PWID by region (depending on findings)

4. **Methodology**

The methodology will employ a combination of several qualitative and quantitative data collection techniques from multiple sources, in an effort to understand the nature, extent and trends of women injecting drug use and HIV risks behaviours; structures and services that exist (or do not exist) to address these issues, and then recommend means to deal with the situation.

The assessment shall be implemented in three parts:

   a. Secondary data review: this might include household surveys; previous RAR studies and other assessments; treatment and rehabilitation centers data and outpatient data; updated drug seizure data and data related to arrest; policy documents; study of the memorandum of understanding with international organization such as UNODC, WHO and World Bank; prevention education documents; national surveillance data on HIV and AIDS, hepatitis, tuberculosis, sexually transmitted infections, sexual behavioral data; psychiatric studies on drug abuse; sociological studies on violence or crime in the country; any other research data especially related to key populations; any data on evaluation of any of drug user/injecting drug intervention programs.

   b. Field assessment with Women Who Inject Drugs in 2/3 different locations in Namibia: Sample selection - Interviews with women who inject drugs recruited in selected towns.
5. Duties and Responsibilities:

Under the direct supervision of the UNODC Regional HIV and AIDS Director and in close cooperation with the UNODC Namibia Office and the UN Joint Team on HIV and national counterparts, the Consultant will undertake the following duties:

a) Develop an assessment protocol, including a sampling strategy, time frame, and relevant tools. This will also include questionnaire development, pre-testing and printing. Submit the draft assessment protocol for review and approval to the Joint UN Team on AIDS (UNODC).

b) Solicit and obtain ethical approval from the Ethics Committee in the MoHSS.

c) Working together with the Joint UN Team on AIDS and key stakeholders, select the appropriate sites for the RAR where women using or injecting drug use could be an emerging issue, including people with relevant local knowledge.

d) Carry out the desk review – secondary data review.

e) Conduct field work - Initiate data collection with key informants and drug users.

f) Conduct secondary data analysis on relevant documents, records and other data available.

g) Produce a draft assessment report and circulate it among concerned stakeholders for inputs and/or comments.

h) Present the draft report (data as well as recommendations) at a validation meeting attended by appropriate stakeholders.

i) Incorporate final comments, print and submit the final RAR report, with all attachments (tools used, ethical clearance certificate, etc) to the Joint UN Team on AIDS (UNODC).

6. Expected outputs

At the end of this study, a comprehensive report will be produced detailing the nature, patterns and trends of women drug users including women injecting drug use and its linkages with HIV, and available services in the selected sites as well as a set of recommendations. The report will further inform the development of evidence informed strategies and programming for women who use drugs especially injecting drug users.

Key outputs:

- Assessment protocol for describing the methodology applied and work process
- Final report that describes
  - Drug use patterns among WWID (including sub-regional comparisons), including transition patterns from non-injecting to injecting practices;
7. **Qualifications, skills, attributes and experiences:**

The successful candidate must possess:

- Advanced university degree in Public Health, Social Science or related field;
- A minimum of 7-10 years of relevant professional experience in the field of drug use and/or HIV epidemiology or working on issues related to key populations;
- Extensive practical and theoretical experience in statistics, epidemiological research and data management (data collection and analysis), drug policies, drug dependence treatment and related fields;
- Field experience working with hard-to-reach marginalized populations;
- Experience in leading multi-disciplinary teams in similar assessments demonstrating effective analytical, report writing, presentation/communication and organizational skills;
- Relevant local/regional/international work experience with a track record of successful performance in earlier similar assessments;
- Experience working with the United Nations is desirable.
- Excellent skills in English (both oral and writing).

8. **Reporting and work relationships:**

It is expected that the Consultant will directly liaise and report to the UNODC National Programme Coordinator in Namibia as the first focal point to ensure proper coordination. However, the UNODC Regional Director and the Joint UN Team on AIDS will, throughout the course of implementation of the assessment, provide technical assistance and support required for entire assessment process. The reporting schedule will be outline during the inception meeting.

UNODC will retain the copyright and related intellectual property rights for all material (documents, reports and publications, etc) that result from this activity.

9. **Timeframe:**

The successful candidate should be able to take up his or her duties as soon as the contractual documentation has been signed.

10. **Remuneration:**

The submission should be inclusive of all costs, i.e. including costs for consultancy, travel, accommodation, and printing. Daily consultancy rates are commensurate with UNDP guidelines on rates for nationally recruited consultants.
11. Payment Schedule:

Remuneration will be released in four separate installments and in line with UN financial rules and regulations, subsequent to appointment of a successful candidate.

The first installment amounting to 20% of the total cost of the contract will be released upon signature of the contract and receipt of a developed assessment protocol; including a sampling strategy, time frame, and submission of the ethical clearance document to the identified research institution. 30% of the total cost of the contract will be paid upon approval and clearance of the protocol by the ethics committee. 30% of the total cost of the contract will be paid upon conducting field work and presentation of draft assessment report. The final installment amounting to 20% of the total cost of the contract will be released upon receipt and UNODC approval of a final assessment report.

12. Proposal submission:
Proposal packages are to include all of the following:

- A detailed work plan and/or implantation plan reflecting phases, timeframes, resources required;

- Appropriate supporting documents providing a profile of the consultant, including a description of a similar work undertaken previously. The names and contact numbers of at least three contactable references on projects of similar nature;

A costed implementation plan in accordance with the TOR. The plan presented should be VAT inclusive and include consultancy fees, travel and accommodation subsistence, reproduction charges, courier costs, and unit costs should be calculated as a per day tariff (e.g. consultancy fees).

13. Application deadline:
The deadline for submission of applications is **20 June 2014 at 12 pm**. Applications can be submitted to United Nations Office on Drugs and Crime-Namibia, Attention: Ms. Josephine Mento; Email: josephine.mento@unodc.org. For any technical related queries, please call Ms. Kaeno Mujoro +264-61-204 6315.

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3 Field work will be completed when full recruitment has occurred and/or once the agreed upon time for field work has lapsed.