

INDIVIDUAL CONSULTANT PROCUREMENT NOTICE



Date: 15 May 2015

Country:	Zimbabwe
Description of the assignment:	Assessment of TB Prevalence and Factors associated with TB transmission Among the Prison Population in Zimbabwe.
Project name:	HIV and AIDS Prevention, Treatment, Care and Support in Prison Settings in Sub-Saharan Africa
Period of assignment /services (if applicable):	3 months commencing on the day of acceptance and signature of the contract.

Proposal should be submitted by email at procurement.za@unodc.org and copied to Danai.Mahachi@unodc.org, no later than **26 May 2015**.

Any request for clarification must be sent in writing using standard electronic communication to Mr. Nicholas Nyamapfeni at Nicholas.Nyamapfeni@unodc.org, who will respond in writing with the required explanation to each individual query.

1. BACKGROUND

Africa boasts some of the highest imprisonment rates in the world with the Southern African region maintaining the highest numbers of prisoners on the continent. Appalling physical conditions of African prisons, along inadequate food and nutrition, overcrowding and almost non-existent health services seriously exacerbates the prevalence of HIV in prisons. Though little or nothing is known on Injecting Drug Use (IDU), both in the community and in prisons, it is believed that IDU is increasingly becoming an issue of concern in Sub-Saharan African communities including prisons as it is observed in many countries.

Within the African context, there is an apparent lack of reliable data/information on the extent of IDU in prisons. Although a number of previous studies suggest that rates of HIV in African prisons are higher

than in the general population , there is very little recent data/information of current HIV prevalence rates in African prisons. The number of African countries reporting IDU is increasing with countries like Cape Verde, Kenya, Mauritius, Nigeria, South Africa, and Tanzania, reporting cases. For the most part, however, especially in sub-Saharan Africa the issue remains unaddressed.

The emergence of the HIV pandemic has seriously threatened tuberculosis (TB) control efforts globally. HIV weakens the immune response and dramatically increases the risk of developing active tuberculosis (TB). There are several reasons why prisoners are particularly vulnerable to HIV and TB co-infection. These include excessive overcrowding, poor access to health care services etc...TB accelerates progression to AIDS; it is the most common cause of illness & death in people living with HIV in Southern Africa including Botswana, Lesotho, etc. Generally, the incidence of TB is higher in prisons settings than in the general population. The World Health Organization (WHO) has advocated for TB/HIV collaboration programming response and has designed treatment and interventions protocol to this effect.

Despite the gap in information, what is known suggests that HIV in Prisons may in fact be fuelling the HIV pandemic in the general population. There is also an abundance of evidence on the continent, such as Mauritius, where IDU is the principle driver of the epidemic.

In light of the magnitude of the HIV epidemic on the continent and in consideration of the efforts that are made to address it, HIV and TB in prisons as well as HIV amongst IDU for the most part remain highly neglected areas. To this end there is an urgent need to undertake further in-depth research in prisons settings to get better insights of prevalence rates on both prisoners, prison staff and IDUs, as they relate to the spread of HIV on the Continent.

It is against this background that UNODC in partnership with Zimbabwe Prisons and Correctional Service aims to carry out a TB prevalence and behavioural survey amongst the prison population. The assessment will enable evidence based interventions and programming for TB prevention, care, treatment and support in prisons to be developed.

2. SCOPE OF WORK, RESPONSIBILITIES AND DESCRIPTION OF THE PROPOSED ANALYTICAL WORK

Specific Tasks of the Consultancy

1. Review of literature on factors associated with TB transmission in Prison settings Globally, Regionally and in Zimbabwe.
2. Development of a protocol for the assessment and seeing it through for ethical approval. The study will involve both serological and knowledge, attitudes and behavioural assessments, with quantitative and qualitative methods being applied. A sampling framework will be developed to select the prisons to be assessed. Care should be taken to ensure geographical, gender and age distribution; Alignment of the protocol to the national TB study.

3. To conduct a study on TB prevalence and related risk behaviors amongst the prison population based on the approval protocol.

3. REQUIREMENTS FOR EXPERIENCE AND QUALIFICATIONS

The Principal Investigator is required to have the following qualifications and skills:

1. An advance degree in Medicine, Public Health and/or Social Sciences with proven track record in TB programming and research.
2. Experience and/or knowledge of current best practice in the area of TB in prisons
3. Excellent qualitative and quantitative research skills [strong analytical skills]
4. Advanced knowledge and experience of statistical packages [spss, stata, sas, etc.] and excellent data analysis skills.
5. Excellent facilitation, communication and report writing skills
6. Demonstrate excellent leadership skills
7. Prior experience working in prisons settings will be an added advantage

4. DOCUMENTS TO BE INCLUDED WHEN SUBMITTING THE PROPOSALS.

Qualified and interested individual consultants must submit the following documents for their expression of interest:

1. Technical Proposal
2. Financial Proposal - should relate to activities in the Technical Proposal. All Financial Proposals must be expressed in terms of a lump sum amount, broken down into four (4) key deliverables/milestones, as indicated below.
3. Cover letter
4. Curriculum vitae (*IN ENGLISH*)
5. Completed P11 forms

5. FINANCIAL PROPOSAL

Lump sum contracts

The consultant will receive remuneration commensurate to his/her qualification and in line with UN financial rules and regulations: Remuneration will be released in three separate installments subsequent to appointment of a successful candidate:

- The first instalment, amounting to 20% of the total cost of the contract will be released upon signature of the contract and UNODC receipt and approval of an inception proposal and work plan.
- The second instalment amounting to 60% of the total cost of the contract will be released following UNODC receipt and approval of a draft report.
- The final instalment amounting to 20% of the total cost of the contract will be released upon receipt and UNODC approval of a final assignment report and presentation at a dissemination meeting to relevant stakeholders.

Travel;

NB: All travel costs must be included in the financial proposal.

6. EVALUATION

Individual consultants 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
<u>Technical</u>	70%	70
<ul style="list-style-type: none">• <i>Experience working in fields related to TB especially in prison settings or most at risk/key populations and good domain and understanding of the context of health issues in prisons of SADC region, including UN standards.</i>	25%	25
<ul style="list-style-type: none">• <i>Educational qualifications: An advance degree in Medicine, Public Health and/or</i>	15%	15

	Social Sciences with proven track record in TB programming and research.		
	<ul style="list-style-type: none"> <i>Experience in independent research including research methodologies, data collection and analysis and the ability to draft reports at a professional level.</i> 	20%	20
	<ul style="list-style-type: none"> <i>Experience in design and facilitation of workshops and adult training skills.</i> 	10%	10
	<i>Financial</i>	30%	30
	<u>Total</u>	100%	100