UNODC
United Nations Office on Drugs and Crime

Southern Africa

CORE VALUES: INTEGRITY, PROFESSIONALISM, RESPECT FOR DIVERSITY

CONSULTANCY ANNOUNCEMENT

TERMS OF REFERENCE

POSITION TITLE	:	**Consultancy: Prisons HIV and TB and STIs Assessment**
ORGANIZATION	:	United Nations Office on Drugs and Crime
TYPE OF CONTRACT	:	Individual Contract
REGIONAL OFFICE	:	Lusaka, Zambia
DUTY STATION	:	Home-based
PROPOSE PERIOD	:	November – December 2020
ACTUALWORK TIME	:	60 working days
Fee Range	:	B

1. **Background**

Zambia is a land-locked country situated in the South-central region of the continent of Africa. This geographical placement makes the country accessible by many and thus, susceptible to disease and infections owing to routine transactions and relations with its neighbouring countries. According to ZAMSTATs, the country has an estimated population of 17,381,168 with 49.5% male and 50.5% female. A larger proportion (56.9%) of the population dwells in the rural as opposed to the urban areas. In 2016, it was estimated trough the national wide impact assessment, ZAMPHIA, that about 1.2m people were living with the HIV with an annual incidence rate of 0.61% among adults aged 15-59. This translates into about 43, 000 new infections, annually among people in the said age group. The 2018 Zambia Demographic and Health Survey (ZDHS, 2018) reports a national HIV prevalence of 11.1% for adults aged 15 – 49 years broken down as 7.5% among males and 14.2% among females). Those living in the urban areas are disproportionately affected with HIV being more prevalent in urban areas at 18.2% compared to those living in the rural areas, 9.1%. The 2018 ZDHS furthers reports a general increase in prevalence with age but mostly for the females. Zambia has a generalized HIV epidemic with heterosexual transmission being the primary mode of transmission.

The 2009 Modes of Transmission study identified six key drivers of the HIV epidemic in the country. These are multiple and concurrent sexual partners, low and inconsistent condom use, low levels of voluntary medical male circumcision (VMMC), mobility and labour migration, sex workers (SW) and men who have sex with men (MSM) and mother to child transmission. Beginning in the latter part of 2019, the world has been grappling with the emergence of new corona virus, dabbed Covid-19. WHO reports that as of mid-May 2020, over 216 countries and areas had reported cases with over four and half million (16 523 815) confirmed cases and over

three hundred thousand (655 112) deaths (https://www.who.int/emergencies/diseases/novel-coronavirus-2019 accessed on 29th July 2020 at 19h, GMT)? Correctional and open settings have not been spared, there are over 10 million people held in detention centres worldwide, and more than half are in pre-trial detention. Considering the high turnover in the prison population, over 30 million people are imprisoned annually (Walmsley 2006:1). The rates of HIV, TB and hepatitis C and B infections among prisoners in most countries are significantly higher than those in the general population.

HIV/AIDS, hepatitis, tuberculosis (TB) and sexually transmitted infections (STIs) are significant health threats to prisoners, prison staff and their families. Outbreaks of HIV infection have occurred in several prison systems, demonstrating how rapidly HIV can spread in prison unless effective action is taken to prevent transmission. These diseases present significant challenges for prison and public health authorities and governments. Among prisoners, the burden of HIV infection, viral hepatitis, tuberculosis (TB) and sexually transmitted infections (STIs) is high due to risk behaviours prior to and during incarceration. Risk behaviours can include sexual coercion, continuation and initiation of injecting drug use, unsafe medical practices, and in the case of tuberculosis, environmental factors include overcrowding and poor ventilation In Zambia, the Prison population is slightly around 22,000 (ZCS, 2018; Zambia Human Rights Commission, 2017). The inmate population rate (per 100,000 of national population) is 146 based on an estimated national population of 17.17 million at May 2017 (from United Nations figures). The Pre-trial detainees' / remand prisoners (percentage of prison population) is 28.0%. Female prisoners constitute 3% of the country prison population, while Juveniles / minors / young inmates form 2.5%. As at December 2005, foreign inmates constituted 2.1% of the Zambia inmate population. There are 90 correctional establishments of which 54 are standard correctional facilities, while 36 are open air farms. As at 2017, the official carrying capacity of the facilities was 8250, while the official occupancy level was 303%. 1.1 Justification of the Assessment Inside correctional facilities, people living with HIV are often stigmatized. Fear of AIDS often places HIV positive prisoners at increased risk of social isolation, violence, and human rights abuses from both inmates and Correctional Service staff. They are also often discriminated and segregated, and their rights are often not respected: lack of confidentiality; mandatory HIV testing or no access to ARV for example.

However, effective policies to prevent HIV inside prisons and other correctional institutions is often hampered by the denial of the existence of the factors that contribute to the spread of HIV: overcrowding, unsafe sexual activities, drug use, violence, gangs, lack of protection for the youngest, female and weakest inmates, corruption and poor prison management. These factors all create an environment that increases the vulnerability of prisoners to HIV infection and other diseases such as tuberculosis, hepatitis and other sexually transmitted infections. All HIV prevention, treatment and care interventions, including harm reduction interventions, available in the community, must also be available for prisoners and prison's staff. The rights of people in prisons and other closed settings to health care at least equivalent to the community are little or not observed in most countries in the world. Health services in prisons often operate in isolation

from community and public health services. Lack of interest and denial contribute to the poor attention provided to the health of prisoners. The high degree of mobility between inmates and community means that communicable diseases and related illnesses transmitted or exacerbated in prison do not remain there. When people living with HIV are released from incarceration and return to their sexual and/or needle-sharing partners in the community, their partners face increased risk of HIV infection and may not be aware that they are at risk. Despite this situation, HIV and other infectious diseases prevention, treatment and care services are rarely adequate or are not provided at all in correctional service settings, available data on HIV prevalence have been collected erratically, mostly through studies conducted in individual prisons and often only among prisoners who have been diagnosed with HIV or AIDS. Existing data are not recent or accurate enough to provide a reliable picture of the current situation

2. **Purpose of Assignment**

The overall objective of the situation and needs assessment is to complement existing information in the country about HIV and other communicable diseases. The gathering of additional information will allow government to set more specific targets for achieving universal access for inmates to comprehensive and evidence-based HIV prevention, treatment, care and support interventions amid COVID – 19.

3. Deliverables

i. Assess the HIV prevalence (and the prevalence of TB, hepatitis B and hepatitis C, and STIs, where
ii. possible) in the prison population generally, and in subgroups such as women, people who use drugs, remand and convicted prisoners, and unauthorised immigrants
iii. Identify specific risk factors which may be associated with the transmission of blood borne pathogens and airborne infections, including TB, among prisoners, visitors, and staff .
iv. Assess the level of knowledge, attitudes, behaviours and practices (KABP) on HIV/TB/hepatitis/ STIs in all target groups within the prison, including prison staff.
v. Determine the availability of and quality of health services, prison conditions, associated infrastructure and national policies and legal framework to identify feasible and appropriate opportunities for improvement. 5. Strengthen the information and training for prisoners and prison staff 6. Provide a baseline for ongoing monitoring and evaluation of the resulting intervention programmes.

Dates and Details of Deliverables/Payments

Deliverable	Tentative Timeline	Days Worked	To be accomplished by
1.	Inception report including final workplan and budget	Three(3) Days	Three working days after signing the contract

2.	Draft Protocol	Ten(10) Days	Thirteen working days after signing the contract
3.	Facilitation of Consultation Meeting	One (1) Days	Fourteen working days after signing the contract
4.	Final Protocol for Ethical Clearance	Three(3) Days	Seventeen working days after Signing Contract
5.	Consultancy Progress Report 1	Zero(0) Days	Seventeen working days after contract
6.	Field Work	Thirty (30) Days	Forty-seven Working days after signing contract
7.	Draft Findings Report	Eight(8) Days	Fifty-Five working days after signing contract
8.	Facilitation Consultation Meeting	One(1) Days	Fifty-Six working days after signing contract
9.	Final Prison Assessment Report	Four(3) days	Fifty-nine working days after signing contract
10.	Final Report Consultancy	One(1) Days	Sixty working days after signing contract
Total		**60 working days**	

4. Remuneration

The consultant will receive remuneration in lump-sum payments relevant to his/her qualification and in line with UN financial rules and regulations. Remuneration will be released in four installments subject to receipt and approval of deliverables by UNODC.

i. The first instalment, amounting to 30% of the total cost of the contract will be released upon Signature of the contract and UNODC receipt and approval of the detailed inception report with a comprehensive budget and costed work plan.
ii. The second instalment, amounting to 40% of the total cost of the contract will be released upon UNODC receipt and approval of consultancy progress report 1 (deliverable 5) and deliverables 2, 3 and 4
iii. The third and final instalment amounting to 30% of the total cost of the contract will be released following UNODC receipt and approval of the final documents as described in the deliverables 6, 7, 8 and 9 and a final consultancy report (deliverable 10).

Note: Payment is subject to approval of UNODC on all deliverables. Approval will only be granted based on quality assessment of deliverables submitted. A turn-around time of 7 working days should be factored in, for inputs from UNODC.

5. Evaluation criteria/expertise sought (required educational background, years of relevant work experience, other special skills or knowledge required).

- Master's degree or higher (i.e. PhD) in Medicine, Public Health Epidemiology, Biostatistics or related field is required.
- Minimum of ten years' experience in relevant field is required
- Greater understanding and knowledge of HIV and AIDS in Zambia is essential.
- Experience working with key populations (PWID, SW, LGBTIQ, Prisoners) is essential.
- Experience in conducting survey and statistical analysis is desirable
- Strong protocol development and research record, outstanding writing ability and people-skills is required.
- Competent in Microsoft Office applications.
- Proficiency in verbal and written English Language.
- Knowledge of other UN Languages will be an added advantage.

6. Remuneration

The consultant will receive remuneration in lump-sum payments relevant to his/her qualification and in line with UN financial rules and regulations. Remuneration will be released in four installments subject to receipt and approval of deliverables by UNODC.

iv. The first instalment, amounting to 30% of the total cost of the contract will be released upon signature of the contract and UNODC receipt and approval of the detailed inception report with a comprehensive budget and costed work plan.
v. The second instalment, amounting to 40% of the total cost of the contract will be released upon UNODC receipt and approval of consultancy progress report 1 (deliverable 5) and deliverables 2,3 and 4
vi. The third and final instalment amounting to 30% of the total cost of the contract will be released following UNODC receipt and approval of the final documents as described in the deliverables 6, 7, 8 and 9 and a final consultancy report (deliverable 10).

Note: Payment is subject to approval of UNODC on all deliverables. Approval will only be granted based on quality assessment of deliverables submitted. A turn-around time of 7 working days should be factored in, for inputs from UNODC.

Application Requirements

Applications should be sent to Ms. Nellie MUKUKA: nellie.mukuka@un.org on or before the 30 October 2020, with subject line: **"Consultant: Prisons HIV and TB and STIs Assessment**

A completed application must include: Financial and technical proposal, Cover letter, CV, and Personal History profile (UNDP P11 Form). Personal History profile must include past work

experiences, computer skills and include three contactable references. *(incomplete applications will not be considered)*

For enquiries, please contact Mujinga NGONGA at mujinga.ngonga@un.org

These TOR's will also be available on UNODC website:
https://www.unodc.org/southernafrica/en/consultancies-and-opportunities.html

Correspondence will be limited to shortlisted candidates only

UNODC reserves the right not to make an appointment.

CLOSING DATE FOR APPLICATIONS: 5 November 2020