UNODC
United Nations Office on Drugs and Crime

INDIVIDUAL CONSULTANCY
REQUEST FOR PROPOSALS

Title: Rapid Situation Assessment and Response on HIV/AIDS and drug use, especially injecting drug use, among women in Namibia

Organizational Section/Unit:	UNODC Regional Office for Southern Africa, Pretoria
Country covered:	Namibia
Proposed period:	1 May – 12 June 2015

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[1].

According to the 2008 Injecting Drug Use Reference Group data, HIV prevalence among injecting drug users in neighboring South Africa was estimated at 12.4 percent. A study conducted in South Africa on HIV risk behavior 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.[2] Drug users put themselves at risk for HIV transmission through various unsafe sexual behaviors 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 2010/11.

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

[1] Petersen et al. Harm Reduction Journal 2013, 10:13
[2] Parry C.D.H, Dewing S, Petersen P, Carney T, Needle R, Kroeger K, Treger L: Rapid Assessment of HIV Risk Behaviour in Drug Using Sex Workers in Three Cities in South Africa. Sprinter Science + Business Media, LLC, 2008 March;13: 849-859

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, including injecting drug use. Data is particularly limited around drug use and injecting drug use among women.

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 behavior, 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 female drug users around the globe.

A limited number of local institutions in Namibia have general services for drug and alcohol counseling. But they are not tailored to the needs of females who use drugs. Given this context, the development and implementation of interventions to reduce HIV vulnerability of females who use drugs, 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. 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 and Mandrax seem to be drugs of choice (sniffing was reported among youth). Injecting drug use was reported to be 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;
- Links 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 situational assessment is to deepen understanding on HIV/AIDS and illicit drug use among women, particularly injecting drug use, in Namibia, including on social and behavioural factors influencing drug use, consumption patterns and HIV related risks. The study will assess the current response to women who use drugs, particularly those who inject drugs in Namibia by focusing on current policies and programmes as well as on key partners and service providers involved in the HIV response for women who use drugs, particularly women who inject drugs. The study will also document current gaps and challenges in the national response and will result in recommendations for evidence-informed and human - rights based policy and programme development for women who use drugs, particularly women who inject drugs, taking into consideration the regional experience and features of the HIV and drug use epidemics.

3. Objectives

a. Deepen understanding on HIV and illicit drug use among women, particularly injecting drug use, in Namibia, including social and behavioural factors influencing drug use, consumption patterns and HIV related risks;
b. Describe existing legislation, policies, frameworks and partnerships in Namibia that seek to address HIV/AIDS and illicit drug use among women, particularly injecting drug use;
c. Draw an inventory of key stakeholders in the area of HIV/AIDS and illicit drug use among women, particularly injecting drug use, in Namibia, and outline their programme/service/financing areas;
d. Identify, describe and analyse interventions/services that are available and required for the HIV prevention, treatment and care of women who inject drugs by taking into consideration the regional experience and features of the HIV and drug use epidemics;
e. Identify gaps and challenges in the national response to HIV/AIDS and illicit drugs use among women in Namibia, particularly injecting drug use;
f. Develop recommendations for evidence – informed and human rights - based policy and programme development for women who use drugs, especially women who inject drugs, taking into consideration the regional experience and features of the HIV and drug use epidemics.

4. Methodology

In the effort to understand HIV/AIDS and illicit drug use among women in Namibia, particularly injecting drug use, and to recommend measures to address the needs of women who use drugs, especially women who inject drugs, the assessment shall be implemented in three parts:

a. **Desk review** of existing documents and data on policy, research, programmes and services on HIV/AIDS and illicit drug use among women, particularly injecting drug use.

b. **Solicit additional information** (through telephone calls and/or e-mails as might be appropriate) **from a diverse range of stakeholders** such as government and

civil society, technical assistance organizations and donors, etc. as identified and agreed with UNODC.

c. **Focus groups discussions with women who use drugs, especially women who inject drugs in 3 locations in Namibia**. As might be appropriate and agreed with UNODC, key informants from the community and/or other key populations around drug scene can attend.

5. Duties and Responsibilities:

Under the direct supervision of the Programme Officer on HIV/AIDS Prevention and Care based in the UNODC Regional Office for Southern Africa and in close cooperation with the UNODC Office in Namibia and the national counterparts, the Consultant will undertake the following duties:

a) Develop the study protocol including methodology. Submit the protocol for review and approval of UNODC.
b) Draw an inventory of key stakeholders showing categories and level of involvement and identify those to be approached.
c) Carry out the desk review of existing information.
d) Solicit additional information from key stakeholders.
e) Organize and implement focus groups.
f) Analyze and interpret the data collected.
g) Formulate recommendations for evidence-informed and human rights – based policy and programme/services development for women who use drugs, especially women who inject drugs.
h) Produce a draft assessment report and circulate it among key stakeholders for inputs and/or comments.
i) Review the draft report by incorporating final comments from stakeholders and submit the final report (including all attachments) to UNODC.

6. Expected deliverables

- Study protocol including methodology developed and agreed with UNODC;
- Key stakeholders inventory done;
- Focus groups implemented;
- Assessment report (in English) submitted to UNODC including all attachments.

7. Qualifications, skills, attributes and experiences:

This consultancy is open for residents of the Southern African Development Community (SADC) region only.

The successful candidate must demonstrate:

- Advanced university degree in Public Health, Social Sciences or other relevant disciplines;
- A minimum of 7-10 years of relevant professional experience in the field of HIV and drug use and/or HIV epidemiology or working on issues related to key populations in the SADC region;
- Extensive practical and theoretical experience in statistics, epidemiological research and data management (data collection and analysis), drug policies, drug dependence treatment and related fields;
- Experience in working with key stakeholders in the field of HIV/AIDS and drug use in the countries of region of SADC;
- Previous experience in working with the key stakeholders from the field of HIV/AIDS/ drug use in Namibia is an asset;
- Experience in conducting similar studies/assessments in SADC countries is desirable;
- Experience in working with hard-to-reach marginalized populations is an asset;
- Excellent spoken and report writing skills are highly required.
- Previous experience in drafting reports for the United Nations is desirable.

8. Reporting and work relationships:

It is expected that the Consultant will directly liaise and report to the Programme Officer on HIV/AIDS Prevention and Care based in the UNODC Regional Office for Southern Africa. However, the UNODC Office in Namibia will provide on-going technical assistance and support.

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/her duties as soon as the contractual documentation has been signed. The assessment is expected to be implemented over the period 1 May – 12 June 2015, as follows:

Deliverable		Weight	Estimated timeframe
Deliverable 1	Study protocol including methodology developed and agreed with UNODC; Key stakeholders inventory done;	20%	1 – 8 May 2015
Deliverable 2	Focus groups organized and implemented; Final assessment report (in English) completed and submitted to UNODC.	80%	9 May – 12 June 2015

10. Remuneration:

The consultant will be paid for the entire consultancy. The proposal should be inclusive of all costs of the consultancy. No additional costs shall be covered.

11. Payment Schedule:

In respect of the work performed by the consultant, payment will be released in two installments, in line with UN financial rules and regulations. The first installment amounting 20% of the total cost of the contract will be released upon signature of the contract and receipt of the study protocol including methodology and inventory of key stakeholders (*Deliverable 1*). The second and final installment amounting the remaining 80% will be paid upon receipt and approval by UNODC of the Final report (*Deliverable 2*). Considering the short length of consultancy, no intermediate payments are envisaged.

12. Proposal submission:

Proposal packages are to include all of the following:

- Detailed description of **proposed methodology**;
- Appropriate **Curriculum Vitae, P11 form and supporting documents describing the profile and experience of consultant**, including a description of similar assignments previously undertaken.
- A **costed implementation plan (in ZAR)** in accordance with the scope of work, duties and responsibilities, timeframe and expected deliverables as outlined in the terms of reference. The plan presented should be **VAT inclusive** and must include all costs of the consultancy.
- The **names and contact details of at least three individuals** that may provide references on the consultants performance in projects of similar nature;

13. Application deadline:

The deadline for submission of applications is **1 April 2015 by 10 am (Pretoria time).** Applications must be submitted by e-mail to procurement.za@unodc.org, attention: **GLOG32/HIVAIDS Consultancy**. For any further technical information, please contact Mrs. Alina Bocai: alina.bocai@unodc.org

UNODC reserves the right not to fill this position. Communication will be restricted to shortlisted candidates only.