

## **TERMS OF REFERENCE FOR THE ASSESSMENT OF HIV PREVALENCE AND RELATED RISK BEHAVIOUR IN THE PRISON SETTING IN KENYA**

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### **Background**

This proposal has been born out of a specific request of the Kenya Prisons service to get more refined information on HIV situation in the prison settings.

This activity is in line with the new Kenya National AIDS Strategic Plan (KNASP) III, 2009/10-2012/13 which recognises contributions of MARPs to the HIV epidemics in Kenya and which propose to address drivers of HIV through a more gender and MARPS sensitive service delivery.

It is also in line with the Joint UN Programme on AIDS 2007-2012, which amongst other activities aims to deliver evidence-based HIV prevention response among Most At Risk Populations (MARPs), namely, Injecting Drug Users (IDUs) including drug using commercial sex workers, prison inmates and contextualised Men Having Sex with Men (MSMs).

Globally it has been recognised that HIV related morbidity and mortality is significantly higher among Most-at-Risk Populations (MARPs) than in the general population. The 2007 Kenya Modes of Transmission Study indicates discordant couples; people having multiple concurrent sex partners, sex workers and their clients, men who have sex with other men (MSM), including contextualised MSM in prisons and Injecting Drug Users (IDUs) contribute to more than two thirds of new infections.

Even though limited studies on HIV in the prison settings have been undertaken in Kenya, they do not provide sufficient updated information necessary to inform an effective action plan for engagement in the national response to HIV and AIDS. HIV data from prisons is scattered, not been collected in a systematic manner, and is based on small and unrepresentative samples.

Moreover, a recent draft report of the study on the socio economic impact of HIV and AIDS on service delivery in GJLOS institutions (January 2008) is lacking in assessment of critical factors driving the epidemics in prison settings. The study did not address HIV in prevalence and risk factors, nor a comprehensive assessment of available services and service delivery gaps linked to HIV prevention, treatment and care and support.

Generally, there is an agreed insufficient services to prevent HIV in prison settings. This failure to provide critical support to prison populations contribute significantly to new infections in Kenya. For example, there is high turnover in the prisons, yet there are no sufficient pre lease programmes like couple counselling and testing at the time of release to mitigate HIV infection and re insertions with the general population.

Current programmes often focus on the general population and fail to adequately reach MARPs who require sensitive approaches; and often present legal, technical and

logistical challenges. Indeed the Kenya National AIDS Strategic Plan (KNASP) is being reviewed in view of the emerging evidence with a view to provide an evidence based comprehensive framework for HIV prevention covering all sectors contributing to the HIV epidemic.

In addition, effective policies to prevent HIV inside prisons and other correctional settings are often hampered by the denial of the existence of the factors that contribute to the spread of HIV (e.g., unprotected sex, drug use, gangs, violence) inside these institutions.

It is against this background that UNODC on behalf of the Joint Programme of Support on AIDS, and in partnership with the Kenya Prisons Service aims to carry out a rapid situation assessment on the prevalence of HIV and related risk behaviours in prison settings.

The analysis is envisaged to inform policy formulation and strategic programming and interventions. The United Nations System in Kenya has developed a Joint UN Programme of Support on AIDS 2—7-2012 aimed at increasing effectiveness and harmonisation of its support to the national HIV response.

## **Objectives**

The main objective is to carry out a rapid situation assessment on prevalence of HIV and risk behaviour in prison settings producing comprehensive evidence baseline information to:

1. Develop specific advocacy campaigns addressing policy makers and programme planners;
2. Inform policy development to addressing HIV and AIDS prevention and care comprehensively in the prison settings;
3. Refine national strategy for HIV and AIDS prevention and care in prison settings;
4. Inform programme planning and prioritization for prison in mates, prisons staff and their families.

## **Specific objectives**

1. To update information on HIV prevalence and risk behaviours in the prison settings;
2. To determine services available for HIV and AIDS prevention, care and treatment in the prison settings;
3. To document service delivery gaps for comprehensive HIV and AIDS prevention, care and treatment a in the prison;
4. To make recommendations for a comprehensive action plan on HIV and AIDS prevention and care in the prison settings.

## Specific Tasks

1. A review of literature on HIV prevalence and risk behaviours in prison settings;
2. Preparation of instruments for rapid situation assessment, including protocols 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 will be taken to ensure geographical, gender and age distribution.
3. The conduct of the rapid situation assessment, including:
  - a sero-prevalence assessment in the prison settings;
  - an analysis of legislation and policy framework for identification of potential policy barriers;
  - an analysis of current responses and documentation of available services and service delivery in the prison settings;
  - recommendations to formulate/refine a comprehensive action plan for HIV and AIDS prevention and care in the prison settings.

The study will use a methodology that involves key sectors (MoH, NACC, Prisons Service and civil society), through operational research and wide dissemination and application of findings. The idea is to encourage key stakeholders to have in-depth exposure to the issues so that they will become strong internal advocates for issues of HIV and AIDS within the prisons.

**Expected outcomes of the project:** *(likely short-term or medium term effects):*

A rapid situation assessment report on HIV prevalence and risk behaviour in prison settings with comprehensive evidence baseline information being used to:

- Develop specific advocacy campaigns addressing policy makers and programme planners;
- Inform policy development to addressing HIV and AIDS prevention and care comprehensively in the prison settings;
- Refine national strategy for HIV and AIDS prevention and care in prison settings;
- Inform programme planning

## Expected Outputs

1. Prevalence of HIV situation in prison settings in Kenya established;
2. Magnitude, characteristics and patterns of new HIV infections in the prison settings established;
3. Risk behaviours related to HIV transmission and infection in the prison settings identified and documented;
4. Existing interventions and required interventions to minimise the risks and new infections established;
5. Availability, nature and effectiveness of comprehensive HIV prevention, care and support programmes documented in the prison settings;
6. Recommended evidence based strategies for comprehensive HIV and prevention and care in prison settings, which also respond to the identified needs and gaps.

The RSA report should include:

- Summary (main findings, conclusions and recommendations);
- Background and rationale of the RSA;
- Objectives of the RSA;
- Methodology;
- Findings;
- Discussion and recommendations;
- References.

### **Time line and reporting**

6 weeks beginning 25 October 2009

The consultancy will take place in close collaboration with the Kenya Prisons Services, National AIDS Control Council and UNODC and the UN Joint Team of Support on AIDS prevention theme group.

The research team will work under the supervision and with technical advice from UNODC ROEA, Kenya, and in close collaboration with the UN Prevention theme group.

### **Consultancy Team composition and skills required**

The lead researcher is required to have the following qualifications and skills:

1. Advance degree in Public Health, Medical or Social Sciences with proven track record in HIV and AIDS programming and behavioral research.
2. Experience and/or knowledge of current best practice in the area of HIV in prisons
3. Excellent qualitative and quantitative data collection and analysis skills.
4. Excellent facilitation, communication and report writing skills

5. Prior experience working in prisons settings
6. Excellent knowledge of English and Kiswahili

**How to apply:**

Interested consultancy firms and individuals are requested to submit a detailed proposal including study methodology and a costed work plan before close of business on 25 September 2009 to:

The Officer in Charge  
The United Nations Office on Drugs and Crime (UNODC ROEA)  
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