



INTERNATIONAL INSTITUTE FOR DEMOCRACY AND ELECTORAL ASSISTANCE

ANNEX B

TERMS OF REFERENCE

Tender Reference No: 2026-09-100

Training and Capacity Building on the Operational Protocol for Managing Inmates with Mental Illness in Nigeria

1. Background

- 1.1. The Rule of Law and Anti-Corruption (RoLAC Phase II) Programme is a 5-year (2023–2027) initiative funded by the European Union (EU) and implemented by the International Institute for Democracy and Electoral Assistance (International IDEA) in Nigeria. The Programme aligns with the objectives of the EU – Federal Republic of Nigeria Multi-Annual Indicative Programme (MIP) 2022-2027. RoLAC Phase II aims to further consolidate justice sector and anti-corruption reforms in Nigeria, reduce gender-based violence, and promote respect for human rights. Building on the successes of RoLAC Phase I (2017–2022), Phase II continues to advance justice sector reforms, enhance access to justice—particularly for vulnerable groups—and promote accountability and transparency in governance.
- 1.2. The Nigerian Correctional Service (NCoS) is mandated under the Nigerian Correctional Service Act 2019 to ensure the safe custody of offenders while facilitating their reform and rehabilitation. The management of inmates with mental disabilities remains an important operational and human-rights concern. Section 24 of the Act provides a legal framework for the treatment of persons of unsound mind, while effective implementation requires appropriate procedures, capacity, referral pathways and institutional coordination.
- 1.3. To bridge this operational gap, RoLAC supported the development of the "Operational Protocol for Managing Inmates with Mental Illness within the Criminal Justice System in Nigeria" (Annex 1). This document, validated and issued by the Controller General of Corrections, serves as the primary resource material for the administration of mental health services in custodial centres. This assignment aims to operationalize the Protocol by enhancing the capacity of NCoS Mental Health Review Boards and correctional personnel to align penal administration with international standards regarding inmate mental health care, such as the Mandela Rules, and with Nigeria's legal framework for mental health care, such as the Nigerian Mental Health Act.

- 1.4. Operationalising the Protocol requires coordinated capacity building across criminal justice institutions. The assignment therefore brings together the Criminal Justice Reform Component (C1) and Access to Justice Component (C2), whose interventions have complementary and cross-cutting implications for the protection of the rights of persons with mental disabilities within custodial, review, parole and reintegration processes.
- 1.5. The assignment will be competitively procured. It is envisaged that three distinct individual consultants will be engaged: one Lead Consultant and two Support Consultants. The consultants may be independent of one another and are not required to be employees or representatives of the same organisation. They will work as a coordinated consultancy team under the supervision of the RoLAC C1 and C2 Managers.

2. Context and Rationale

2.1. Mental Health Administration and Custodial Management: Currently, the identification and management of mental health challenges within NCoS facilities remain largely reactive. There is an urgent need to shift toward a proactive system of early detection, standardized screening (using General Health Questionnaire (GHQ-12) and Patient Health Questionnaire (PHQ-9) instruments), and structured referral pathways. Observations suggest that many frontline officers lack the clinical orientation to distinguish between behavioural infractions and symptoms of mental illness, often leading to disciplinary measures that exacerbate an inmate's condition. An in-depth training intervention is crucial to ensure that the Mental Health Review Boards (MHB) established across the federation can function effectively and that the rights of vulnerable inmates—including the right to informed consent and advance directives—are protected.

2.2. Furthermore, the Protocol emphasizes the equivalence of care, asserting that inmates are entitled to the international standard of mental healthcare. Enhancing the capacity of the NCoS Directorate of Health and Welfare through this intervention will directly contribute to reducing the trauma associated with incarceration, improving safety for both staff and inmates, and ensuring that mental health is a core component of the rehabilitation journey rather than an afterthought.

2.3. Mental Health in the Re-entry and Parole Continuum: The transition from custody to the community represents a critical point of vulnerability for inmates with mental disabilities and substance use disorders. Effective reintegration is frequently undermined by a "cliff-edge" in care, where clinical support ends abruptly upon release. Parole Boards play a decisive role in this transition. However, there is a recognized gap in the Board's ability to integrate mental health assessments and "Aftercare" plans into parole eligibility reviews. Without specific guidelines for the Parole Board, inmates with stabilized mental health conditions face a high risk of relapse and recidivism due to the stigma and lack of community-based support.

2.4. It is essential to recognize that successful reintegration requires a multi-agency approach involving the Legal Aid Council (LACoN), psychiatric hospitals, and community health providers. This intervention will facilitate the development of specialized training tools for the Parole Board to ensure that mental health considerations—such as the availability of psychotropic medication post-release and the involvement of "significant others" in treatment plans—are institutionalized within the parole process.

2.5. An intervention at this stage is essential to map the clinical and administrative requirements of the Protocol onto the day-to-day operations of the NCoS in the eight (8) RoLAC focal locations.

By building a robust framework for both custodial care and parole review, the programme will ensure a continuity of care that upholds the dignity of the person and fosters safer communities.

2.6. The findings and the capacity-building tools developed through this consultancy will inform evidence-based practices for the NCoS, ensuring that Section 24 of the Act moves from a legal provision to a lived reality for inmates across Nigeria.

2.7. RoLAC's C1 intervention will focus principally on practical capacity building for relevant NCoS and criminal justice actors, with a target of not less than 940 persons. C2 will focus principally on strengthening the capacity and functioning of Mental Health Review Boards through a two-day workshop bringing together at least 40 Board members/representatives from the eight RoLAC focal locations.

2.8. The assignment is consequently structured as two linked workstreams delivered under one ToR. While the workstreams are technically complementary, consultancy days must be allocated and claimed separately by component and by consultant to prevent duplication or double billing.

3. Purpose of Consultancy

The purpose of the consultancy is to support the implementation of the Operational Protocol for Managing Inmates with Mental Illness through targeted development/adaptation of training materials, capacity building, practical learning, institutional strengthening and documentation across the RoLAC focal locations, with distinct outputs for the C1 and C2 workstreams.

4. Objectives of the Assignment

The primary objective is to operationalise the Protocol by strengthening the knowledge, skills and institutional capacity of relevant criminal justice actors to identify, assess, refer, manage, review and support persons with mental health conditions or mental disabilities in custodial and post-custodial settings, while ensuring that mental health management is integrated into rights-based custodial, diversion, parole, rehabilitation and reintegration practices.

4.1. Overall Objectives

- a. Translate the technical and legal provisions of the Protocol into practical, role-specific learning content for custodial personnel, Mental Health Review Boards, Parole Boards and other relevant justice-sector actors.
- b. Strengthen capacity to recognize mental health conditions, mental disabilities, substance-use concerns and co-occurring conditions and respond appropriately within respective mandates.
- c. Promote consistent application of admission screening, referral, diversion, treatment, review, parole, aftercare and reintegration pathways in accordance with the applicable legal and operational framework.
- d. Strengthening coordination between Mental Health Review Boards, Parole Boards, the NCoS Directorate of Health and Welfare, custodial personnel and relevant justice-sector institutions, including the Legal Aid Council where applicable.
- e. Strengthen understanding of the distinction between criminogenic risk and clinical need so mental illness is not treated as a substitute for risk assessment or used unfairly to deny appropriate legal or non-custodial options.
- f. Strengthen rights-based, ethical, gender-responsive, child-sensitive and disability-inclusive approaches to management of persons with mental health needs in custody.

- g. Generate evidence of changes in knowledge and confidence and document implementation challenges, lessons and recommendations.

4.2. Specific Objectives

I. The specific objectives relating to parole boards and correctional officers include:

- a. Develop and deliver a structured capacity-building programme targeting at least 940 participants across the eight focal locations, with participant categories and coverage agreed with RoLAC.
- b. Strengthening capacity of custodial personnel and relevant NCoS officials to implement mandatory gender-sensitive admission screening, including appropriate administration and interpretation of GHQ-12 and PHQ-9 where authorized and applicable.
- c. Strengthening understanding of triggers for mental-health referral and the administrative pathway for reporting persons suspected to be of unsound mind, including relevant workflow involving the State Controller and Mental Health Review Board.
- d. Build capacity on ethical and rights-based management, including prohibition of segregation as punishment, informed consent, confidentiality, advance directives and safeguards for persons with mental health conditions or disabilities.
- e. Build practical understanding of referral and diversion pathways, including relevant provisions of the NCoS Act and the relationship between clinical needs and criminal justice responses.
- f. Provide practical orientation on technology, digital records and tele-health approaches relevant to mental-health reporting and continuity of care, subject to approved systems and data-protection requirements.
- g. Strengthen capacity to respond to the specific needs of women, children and persons with disabilities in custody, including gender-sensitive assessment and management of pregnancy-related stressors and needs of lactating mothers.
- h. Strengthen Parole Board capacity to understand and use clinical psychiatric information appropriately in parole and re-entry decision-making, including aftercare, transition planning and continuity of medication/treatment.
- i. Promote appropriate consideration of non-custodial measures and community-based treatment/support where legally and clinically appropriate.
- j. Use simulated and practical case-management exercises to translate the Protocol into operational decision-making.

II. The specific objectives relating to Mental Health Boards include:

- a. Organize and facilitate a two-day Mental Health Review Board workshop bringing together at least 40 Board members/representatives from the eight focal locations.
- b. Strengthen Board capacity to interpret and use clinical psychiatric assessments, reports and certifications in reviewing mental health and care needs of persons in custody.
- c. Improve ability to distinguish clinical needs from criminogenic risks and identify appropriate care, treatment, referral, institutional or community-based responses within the Board's mandate.
- d. Strengthening understanding of the relationship between mental health review, custodial management, diversion, parole, rehabilitation and reintegration.

- e. Clarify roles, responsibilities, referral pathways and coordination arrangements between Mental Health Review Boards, Parole Boards, NCoS health and welfare structures and other relevant actors.
- f. Identify operational, legal, institutional, referral and resource constraints affecting effective functioning of Mental Health Review Boards across the focal locations.
- g. Generate practical recommendations to strengthen sustainability, operational effectiveness and coordination of Mental Health Review Boards.

5. Scope of Work

The consultants shall undertake the following activities:

5.1. Common/Technical Activities

- a. Conduct an in-depth review of the Operational Protocol, relevant provisions of the Nigerian Correctional Service Act 2019, National Mental Health Act 2021 and other relevant legal, policy and standards documents identified by International IDEA.
- b. Review existing RoLAC/NCoS training materials, institutional procedures and available evidence on mental health management to identify gaps.
- c. Prepare an inception report and detailed implementation plan covering methodology, sequencing, participant categories, state-level arrangements, quality assurance, data collection and reporting.
- d. Develop/refine practical, role-specific training curricula, manuals, case studies, exercises and facilitator guidance.
- e. Develop baseline/pre-training, post-training and participant-feedback tools and reporting templates.
- f. Coordinate technically with NCoS, RoLAC and other designated stakeholders and incorporate agreed feedback.
- g. Document lessons, implementation challenges, good practices and recommendations for institutionalisation and sustainability

5.2. Parole Boards and Correctional Officers: Capacity Building and Multi-state Implementation

- a. Develop two complementary training/manual streams, namely a Manual for Custodial Operations; and a Manual on Parole Board Roles and Re-entry.
 - i. The Manual on Custodial Operations shall cover admission screening; GHQ-12/PHQ-9; indicators/triggers of mental distress; referral and administrative pathways; ethical discipline and non-segregation; confidentiality and consent; management of vulnerable groups; and relevant MHRB processes.
 - ii. The Manual on Parole Board Roles and Re-entry shall cover clinical psychiatric information in parole and risk assessment; aftercare/transition plans; continuity of treatment and medication; community-based services; and appropriate non-custodial options.
- b. Facilitate a National Training-of-Trainers session for relevant NCoS Health and Welfare leads/zonal coordinators or other agreed participants, with emphasis on sustainability.
- c. Deliver targeted/intensive capacity building across Abia, Adamawa, Anambra, Edo, Kano, Lagos, Plateau and FCT, adapted to participant categories.

- d. Facilitate simulated practical case-management exercises, including substance-use/co-occurring mental-health screening, relevant referral pathways and complex case scenarios.
- e. Provide practical orientation on approved digital/tele-health and data-management approaches relevant to mental-health reporting and continuity of care.
- f. Integrate targeted sessions on the rights and needs of women, children and persons with disabilities.
- g. Collect attendance, participant profile, sex/gender-disaggregated participation, pre/post assessment results and feedback

5.3. Mental Health Review Board Workshop

- a. Develop a training manual on Mental Health Review Board. The manual shall cover Mental Health Review Board roles/functions; interpretation and use of clinical psychiatric information; care needs; institutional/community responses; and coordination
- b. Plan and facilitate a two-day workshop for Mental Health Review Board members/representatives from all eight focal locations in close consultation with ROLAC
In the delivery of the workshops, the consultants shall:
 - i. Develop workshop agenda and materials focused on Board roles, clinical reports/certifications, care decisions, referral, institutional/community treatment, coordination and follow-up.
 - ii. Facilitate discussion on state-level realities, including referral capacity, specialist services, institutional arrangements, documentation and coordination challenges.
 - iii. Use case studies and practical exercises to strengthen decision-making and application of the Protocol.
 - iv. Clarify the interface between the Mental Health Review Board, Parole Board, NCoS Directorate of Health and Welfare, custodial staff and other relevant actors.
 - v. Document agreed actions, priority recommendations and issues requiring policy/institutional attention.
- c. Produce a workshop report capturing participation, key discussions, outcomes, state-specific issues, agreed actions and recommendations.

6. Consultancy Roles and Level of Effort

This is an open consultancy arrangement for three distinct individual consultants. A separate individual will be selected for each position: one Lead Consultant, one Support Consultant 1 and one Support Consultant 2. Each applicant shall apply for only one position. A consultant appointed to one position shall not undertake or bill work assigned to another position unless expressly approved in writing.

Position	Core Responsibilities	Maximum Days
Lead Consultant – Mental Health/Justice Specialist	Overall technical leadership; technical review; methodology; quality assurance; high-level stakeholder engagement; oversight of curricula/manuals; key facilitation; synthesis and reporting.	30

Support Consultant 1 – Mental Health Specialist	Mental-health /operational review; case-management exercises; field coordination; workshop/training support; data and field documentation.	20
Support Consultant 2 – Training & Curriculum Specialist	Curriculum/manual development; adult-learning methodology; assessment tools; training preparation/facilitation; participant assessment and documentation.	17
TOTAL	67 consultancy person-days.	67

7. Deliverables and Reporting Requirements

7.1. The Consultants shall be required to deliver the following:

S/N	Deliverable	Primary Responsibility	Timing
01	Inception Report and detailed implementation plan, including methodology, participant categories, state workplan, QA and data tools.	Lead Consultant + Support Consultants 1 and 2	Within 10 working days of contract signature and no earlier than 14 December 2026
02	Reviewed/refined curricula and three technical manuals.	All, led by the Lead Consultant	During the design phase and within the assignment period
03	Baseline/pre-training, post-training, feedback tools and reporting templates	Lead Consultant + Support Consultants 1 and 2	Before Delivery
04	Training-of-Trainer's session and documentation.	Lead Consultant + Support Consultants 1 and 2	As Scheduled
05	Multi-state training delivery, attendance and assessment data	All as Assigned	As Scheduled
06	Two-day MHRB workshop covering all eight focal locations.	All as Assigned	As Scheduled
07	Validated training delivery/results report with participant profile, sex/gender data, assessments, where feasible, feedback, and state findings where feasible, challenges, and recommendations.	Lead Consultant + Support Consultants 1 & 2	Within 7 days after completion of the training activities and before January 29 2027

08	Comprehensive Final Technical Report integrating findings, lessons, sustainability and strategic recommendations.	Lead Consultant + Support Consultants	5 February 2027
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8. Detailed Requirements for Key Deliverables

- a. The Inception Report shall refine methodology without reducing the substantive scope of this ToR and shall identify the role of each consultant and activities against which person-days will be recorded.
- b. Training materials shall translate technical provisions into practical, role-specific learning and include appropriate case studies, exercises, knowledge checks and facilitator guidance.
- c. Delivery documentation shall provide an auditable participant record, including number, sex/gender, state, institutional/cadre category and other agreed disaggregation.
- d. Assessment analysis shall compare pre/post results and identify improvements and continuing capacity gaps.
- e. Documentation shall confirm participation from all eight focal locations and capture state-specific operational constraints and recommendations.
- f. The final report shall provide integrated analysis of results, challenges, lessons, inclusivity, coordination and sustainability rather than merely reproducing activity reports.
- g. The final report shall provide actionable recommendations for sustained implementation, including institutionalisation of training, continuing capacity development, coordination, referral systems, digital/data processes and operational effectiveness of Mental Health Review Boards.

9. Level of Effort and Billing Structure

- a. Each consultant shall maintain an individual timesheet/activity log identifying date, activity, deliverable, substantive contribution and person-days claimed.
- b. Where an activity relates to both components, actual substantive work for each component shall be recorded separately; the same work product, meeting, drafting effort or preparation shall not be duplicated.
- c. Attendance at a meeting, training or workshop is not automatically billable; a substantive role or approved deliverable-related task is required.
- d. Where multiple consultants participate in the same event, each may claim time only where each has a distinct substantive role.
- e. International IDEA may verify claims against agendas, materials, reports, attendance records, drafts, correspondence or other reasonable evidence.
- f. Unutilised days are not payment entitlements and may not be transferred between consultants without written approval.

10. Timeline

Phase	Main Activities	Indicative Period
Phase 1	Inception, curriculum/manual development and assessment tools	1–14 December 2026
Phase 2	ToT, C1 multi-state training, assessment/documentation and C2 workshop	14 December –18 January 2026
Phase 3	Results analysis, reporting, validation/finalisation and comprehensive final report	19 January 2027 – 5 February 2027

11. Qualifications and Experience

11.1 Lead Consultant

- Postgraduate degree in Law, Criminology, Sociology, Psychology, Psychiatry, Public Health, Criminal Justice, Social Work or related field.
- 10 years' relevant experience in correctional reform, prisoner rehabilitation, mental health/justice programming, criminal justice administration or justice-sector reform.
- At least 8 years' experience designing/delivering training curricula, operational manuals, guidelines or similar technical products for justice-sector actors.
- Demonstrated knowledge of mental-health care in custodial settings and familiarity with NCoS Act 2019, National Mental Health Act 2021 and relevant international standards including the Mandela Rules.
- Experience facilitating high-level policy/institutional engagements with government stakeholders.
- Strong analytical, reporting, documentation and stakeholder-management skills

11.2 Support Consultant 1 – Mental Health Specialist

- University degree in psychology, psychiatry, social work, gender studies, public health, criminology, criminal justice or related field; relevant professional qualification is an advantage.
- Minimum 5 years' relevant experience in mental-health programming, criminal justice, custodial administration, rehabilitation/reintegration or related work.
- Demonstrated experience supporting legal/technical review, case-management exercises, institutional assessments, training or field implementation.
- Practical understanding of mental-health needs in justice/custodial settings and referral/continuity-of-care issues.
- Gender-sensitive, human-rights-based and disability-inclusive programming experience is an advantage.

11.3 Support Consultant 2– Training and Curriculum Specialist

- University degree in education or the social sciences, psychology, public health, law, criminology, criminal justice or related field; postgraduate qualification is an advantage.
- Minimum 5 years' relevant experience in training, curriculum development, adult learning; experience of supporting justice-sector capacity building is an advantage.

- c. Demonstrated experience developing facilitator guides, training manuals, assessment tools and learning materials.
- d. Experience supporting multi-location training and analysing pre/post-training results.

12. Applying

- a. An individual applicant shall apply for only one consultancy position and shall clearly identify the position applied for.
- b. An updated curriculum vitae detailing relevant qualifications, professional experience, comparable assignments and contact information.
- c. Copies of academic certificates and evidence of relevant professional qualifications, where applicable.
- d. Evidence of comparable assignments and relevant experience, including the applicant's role, scope of work, client and period of performance, together with relevant technical products or work samples where appropriate.
- e. A concise technical approach and methodology for delivering the assignment, including a proposed work plan and any relevant comments or suggestions on these Terms of Reference.
- f. A statement confirming availability during the assignment period and for the maximum number of consultancy days applicable to the position: 30 days for the Lead Consultant, 20 days for Support Consultant 1 and 17 days for Support Consultant 2.
- g. The proposed daily professional fee rate, included only in the separate Financial Proposal. No price information shall be included in the Technical Proposal.
- h. A signed conflict-of-interest declaration completed Declaration of Honour form and any other supporting documents required by International IDEA under the Request for Proposals.

12.1. Application Annexes

Applicants shall use and submit the applicable templates and declarations accompanying these Terms of Reference:

- Annex B - Technical Proposal and Methodology Template;
- Annex C - Financial Proposal Template, to be submitted separately from the Technical Proposal;
- Annex D - Standard Curriculum Vitae Template;
- Annex E - Conflict-of-Interest Declaration;
- Annex F - Applicant Declaration;
- Annex G - Indicative Person-Days Allocation Template;
- Annex H - Indicative Implementation Schedule, for planning and preparation of the applicant's proposed sequencing;
- Annex 1 - Operational Protocol and Guidelines for Managing Inmates with Mental Illness
- Declaration on Honour on Exclusion Criteria and Selection Criteria for Restricted Competition and Tenders.

The Financial Proposal must be submitted separately from the Technical Proposal. Applicants should use Annex H for planning purposes and reflect their proposed sequencing and availability in Annexes B and G.

13. Management and Organisation

13.1. The assignment will be managed and supervised by the RoLAC Components 1 and 2 Managers.

13.2. The relationship between IIDEA, the RoLAC programme, and the Consultant shall be as defined in these ToRs and the accompanying contract. Nothing therein may be construed as appointing the Consultant as a representative of IIDEA and the RoLAC programme or conferring on them the authority to make commitments on behalf of IIDEA and/or the programme.

13.3. All required documentation, including conflict-of-interest declarations and institutional capacity evidence, shall be submitted prior to contract signature to ensure transparency, non-duplication of grant-funded activities, and full compliance with International IDEA policies.

14. Payment Terms

14.2. Each consultant shall indicate the proposed daily professional fee rate in a separate Financial Proposal. The financial proposal shall show the fee calculation by unit rate and input, together with any incidental expenses likely to be incurred. The professional fee rate shall be all-inclusive of taxes, communication, stationery, preparation time and other professional incidental costs, subject to the separate travel provisions below. Payments shall be made in tranches upon satisfactory completion and approval of the applicable milestone activities.

Indicative Milestone	Indicative Payment (% of contract)
Approval of inception report, implementation plan and draft/refined technical materials	40%
Delivery of correctional and parole board or mental health review board training, whichever comes first	30%
Approval of final comprehensive technical report and outstanding deliverables	30%
Total	100%

14.3. Official travel associated with the assignment will be provided by International IDEA in accordance with the International IDEA Travel Policy and Procedures. International IDEA will make the bookings and settle the costs directly with their official travel agent(s) for flights and accommodation to the extent that these costs are to be covered by International IDEA over and above the contract price. These will not be reimbursable expenses.

14.4. However, claims may be made on per diem resulting from travel associated with the assignment.

PER DIEM CALCULATION		
DESCRIPTION	PERCENTAGE	AMOUNT (EURO)

Lunch	40%	EUR 23.60
Dinner	40%	EUR 23.60
Incidental Expenses	20%	EUR 11.80
TOTAL PER DIEM AMOUNT		EUR 59.00
Please note that exchange rates for each can be accessed from the link below. https://commission.europa.eu/funding-tenders/procedures-guidelines-tenders/information-contractors-and-beneficiaries/exchange-rate-infoeuro_en		

15. Monitoring and Evaluation

15.1. The progress and success of this assignment shall be measured by the following performance indicators:

- a. Number and profile of Parole Board and Correctional Officers participating, with sex/gender-disaggregated participation and state/institution/cadre categories as agreed.
- b. Coverage of all eight focal locations.
- c. Change in knowledge/proficiency through appropriate pre/post assessments.
- d. Demonstrated understanding of screening/referral processes through practical exercises where applicable.
- e. Quality and practical usability of curricula, manuals and workshop materials.
- f. Integration of gender, children, disability and human-rights considerations.
- g. Quality of state-level findings, lessons, recommendations and sustainability measures.
- h. Final self-assessment of achievement against objectives, challenges, lessons and recommended improvements.

15.2. The Consultants shall, as part of the final report, provide a comprehensive Self-Assessment. This must evaluate the extent to which the training objectives were met, provide a candid analysis of the logistical or institutional challenges encountered during the state-wide rollout, and offer a "lessons learned" brief for future RoLAC interventions in the health-justice sector.

15.3. The Programme may conduct periodic quality reviews, check-ins and progress review meetings to ensure operational alignment, discuss field findings from the 8 states, and monitor the overall quality of the consultancy's delivery.

16. Gender, Inclusion and Safeguards

All activities shall integrate gender equality, non-discrimination, disability inclusion, child-sensitive approaches and human-rights safeguards. Materials shall address the specific vulnerabilities and needs of women, children and persons with disabilities in custody and promote dignity, confidentiality, informed consent and non-discriminatory access to appropriate mental-health support.

17. Confidentiality and Data Protection

17.1. Each Consultant is required to maintain the highest level of confidentiality regarding all organizational information, security protocols, and personnel data obtained during this assignment. This obligation extends to all information related to the NCoS, its facilities, staff, and inmates.

17.2. Protection of Mental Health Information: In strict accordance with the Operational Protocol (Section III & V), the Consultant shall treat all inmate medical and psychiatric data as "Highly Confidential."

17.2.1. The Consultant shall not release any information regarding an individual inmate's diagnosis, medical condition, or treatment history without informed written consent or a specific order of the court/MHB.

17.2.2. All data collected for the purpose of the baseline assessment or training evaluation must be anonymized or de-identified in the final report to prevent the identification of individual inmates or staff members.

17.3. Security and Encryption: Recognizing the protocol's mandate for Digitization and Tele-health, each Consultant must ensure that any digital data collected during the assignment is stored in an encrypted format and protected against unauthorized access.

17.4. Ethical Recusal and Conflict of Interest: As per the Protocol's guidelines, the Consultant must ensure that no member of the training or evaluation team has a personal or familial relationship with any inmate whose file is being reviewed for case study purposes. Any such conflict must be disclosed to the RoLAC Programme team immediately.

17.5. Non-Disclosure Agreement (NDA): All members of the Consultant's team shall be required to sign a formal Non-Disclosure Agreement. This obligation remains in effect indefinitely, even after the expiration of the contract or the conclusion of the assignment.

17.6. Ownership of Materials: All training manuals, research data, and reports generated during this assignment are the property of International IDEA/RoLAC. The Consultant may not use, publish, or disseminate any of these materials for any other purpose without the prior written consent of the RoLAC Programme team.

18. Expected Results

- a. At least 980 relevant actors have improved knowledge and practical capacity to implement mental-health provisions of the Protocol.
- b. NCoS personnel demonstrate improved understanding of screening, referral, ethical management and vulnerable-group safeguards.
- c. Parole Board participants demonstrate improved understanding of clinical information, risk assessment, aftercare, continuity of care and non-custodial options.
- d. Mental Health Review Board representatives from all eight focal locations have strengthened understanding of operational roles, coordination responsibilities and use of clinical information.
- e. Practical training and workshop materials are available for continued institutional use.
- f. Evidence is generated on learning gains, implementation constraints, state-level differences and sustainability priorities.
- g. Clear recommendations are provided for institutionalisation and sustainable implementation of mental-health-related criminal justice reforms.