

### **TERMS OF REFERENCE**

Recruitment of national short term consultant to support the Department of Penitentiary Institutions (DPI)  
to efficiently implement HIV/AIDS services in prisons

Project title:	XCEA01 OFID/UNODC Partnership on Effective HIV/AIDS Prevention & Care among vulnerable groups in Central Asia & Eastern Europe
Description of the assignment:	National consultant to support DPI on effective HIV services implementation in prisons
Country/Duty Station:	Republic of Moldova
Expected places of travel:	no travel expected
Starting date of assignment:	14 November 2014
Duration of assignment:	November – December 2014
Supervisor's name/title:	UNODC National HIV/AIDS Officer in Moldova
Payment arrangements:	Lump sum
Administrative arrangements:	No working space or equipment will be provided by the project

### **BACKGROUND**

Eastern Europe and Central Asia is the only region where HIV prevalence clearly remains on the rise. The HIV epidemic that is mainly IDU-driven poses one of the most formidable challenges to the development, progress and stability of the countries of the region. Republic of Moldova is experiencing a concentrated HIV epidemic in the European region and the Commonwealth of Independent States, and requires a long-term, sustained national response. The epidemic is likely to cause significant damage to public health in Moldova, and may continue to expand in the absence of well-designed and managed HIV/AIDS services targeted to most-at-risk populations (MARPs).

Institutions of the penitentiary system are commonly recognized as facilities with higher risk of dangerous infections spreading, one of the top concerns being HIV, TB and Hepatitis. In Moldova, the Ministry of Justice and the Department of Penitentiary Institutions as the agency coordinating work of all penitentiary sector, is involved in implementing national HIV/AIDS response strategy. State policy framework guiding the HIV response in the Republic of Moldova is implemented through the National Program on Prevention and Control of HIV/AIDS and STIs for 2011-2016, which has as priority national strategies: prevention, epidemiological surveillance and treatment, care and support. According to National HIV/AIDS Programme, the DPI is one of the stakeholders responsible for achieving the National HIV/AIDS indicators.

National and international organizations provide technical and financial support to penitentiary system in development of HIV services, including HIV prevention, AIDS treatment and care for PLWH. Therefore, projects funded by Global Fund, Council of Europe, UNODC, Pompidou Group, European Union and NGOs at national and local levels implement projects related to HIV/AIDS in cooperation with DPI.

It is noteworthy to mention that the Parliament of Republic of Moldova has adopted the Justice Sector Reform Strategy for 2011-2016. The aim of the strategy is to build an accessible, efficient, independent, transparent, professional justice sector with high public accountability, consistent with European standards and ensuring the rule of law. One of reform provision is to transfer the Penitentiary Medical Service under Ministry of Health authority. Even though growth and progress is registered, the country faces challenges related to universal access to services of HIV prevention, treatment, care and support among MARPs and in closed settings. Thus the Department of Penitentiary Institutions needs serious and continuous medical service improvement.

OST estimated coverage is less than 1% at the moment (in 2012 304 patients in OST from estimated 31 562 IDU). Geographical availability of the OST in the country better in the penitentiary than in the community, with OST programs available only in Chisinau and Balti cities and in 11 penitentiary institutions out of 17 prisons. OST both in community and prisons still lacks full multidisciplinary approach to address multiple social needs of patients and the complete package of services does not always include wraparound services. Although in March 2014, four more OST sites were opened in prisons (Prison 9 – Pruncul, Prison 4 – Taraclia, Prison 17 Rezina and Prisons 7 – Cahul) by September 2014 only 12 new patients have initiated the program, 6 have dropout from the program only after a few months after the initiation.

As a result, of the SWOT analysis conducted in 2012 with the scope to improve access, quality and coverage of HIV services in prisons a series of technical documents were developed with the UNODC support and approved by the Department of Penitentiary Institutions. As a result of the consultancy in 2012 and 2013 two manuals for medical staff were developed and printed:

1. *Procedure Handbook for medical staff: Opioid Substitution Treatment in the Prison System of the Republic of Moldova*
2. *Procedure Handbook medical staff: Harm Reduction Programs on HIV/AIDS, Viral Hepatitis and sexually transmitted infections within implementation of the Needles/Syringe-Exchange Programs and condom dispensing in the Prison System of the Republic of Moldova*

Furthermore in July 2013, a workshop for prison staff was conducted at the administration of the DPI. During the seminar another SWOT analysis amongst participants was conducted to identifying barriers and opportunities with regard to implementation of Methadone program in prisons. The SWOT analysis has provided a set of recommendations with the scope to scale-up OST program in prisons, such as:

1. *Was identified the need to develop an Operational manual for non-medical staff regarding Methadone implementation program in prisons. The implementation of the program requires participation also from non-medical personnel, such as guards, operational staff, educational service, psychologists and social assistants' services. There is a need to define the division of labor but in the same time enhance the cooperation between various prison units, Legal unit, Medical unit, Educational, Psychological and Social Assistance unit and Security Regime, and Supervision Unit.*

2. *Furthermore, the SWOT documents provides for the necessity of developing/ setting a motivational system for inmates' enrollment into Methadone Program, including the establishment of a reward system for Methadone patients (ex. more frequent meetings with the relatives, participation in various competitions, recommendation included into personal file for employment, grounds for reducing the disciplinary sanctions for previously determined sanctions, and other).*
3. *There is also a need to develop OST specific IEC materials for the inmates, personnel and relatives of the inmates*

In this context, UNODC is seeking to recruit a national consultant/s to assist the Department of Penitentiary Institutions to developing/review its current OST framework and other activities related with its implementation in line with the international guidelines on HIV prevention and care among IDUs and in prison settings taking into account the Prison HIV Services SWOT Analysis.

The project UNODC implements in Moldova addresses programmatic aspects and capacity building needs of partners with the ultimate aim to improve availability, coverage and quality of HIV services for people who inject drugs and prisoners. One of the project components aims to support authorities from law enforcement and justice sectors to respond to HIV epidemic at national level. The technical assistance offered to the Government of Moldova shall contribute to improved policy and legal environment that protects the human rights and facilitates accessibility of evidence informed comprehensive HIV prevention, treatment, care and support services for IDUs and in prison settings.

UNODC has specific mandates to assist countries to provide people who inject drugs, prisoners and people vulnerable to human trafficking with evidence-informed, comprehensive HIV prevention, treatment and care services through advocacy; support in developing effective legislation and policies; support in developing comprehensive evidence-based strategies and programs; building capacity of national stakeholders including government agencies, civil society and community organizations to ensure optimum coverage of these population groups with HIV services.

#### **MAIN OBJECTIVES OF THE ASSIGNMENT**

UNODC seeks a national consultant to support the DPI (Ministry of Justice) in implementing international/national recommendations on the HIV comprehensive package of services in prisons. The consultant/s is expected to provide his services to the Ministry of Justice in accordance with a list of activities agreed between both parties.

#### **DESCRIPTION OF RESPONSIBILITIES / SCOPE OF WORK**

The consultant shall support DPI to implement its sectorial HIV policy and the list of activities agreed during the workshop in July, 2014. The activities will refer to improvement of HIV/AIDS, mostly OST services coordination, strategic planning and monitoring of services implementation.

The consultant, jointly with DPI Medical Unit staff, is expected to find suitable mechanisms to ensure scale-up of good medical practices in prisons of Moldova to be in the line with international recommendations, main national HIV/AIDS response strategies and national stakeholder's references (SWOT Analysis on Prison HIV services (May 2012 and July 2014) in order to better address the needs of vulnerable populations from prison setting.

The consultant is expected to consider the HIV response recommendations of WHO, UNAIDS and UNODC publications during his consultancy work.

### **MONITORING/REPORTING REQUIREMENTS**

The consultant shall be recruited locally and will work under the supervision of UNODC National HIV/AIDS Officer in Moldova and UNODC Regional HIV/AIDS Adviser for Ukraine and Moldova.

### **DELIVERABLES**

The consultant is expected to provide the following deliverables as a result of this consultancy:

1. Detailed progress report against delivery of all tasks agreed with the DPI management for each month. The work plan shall be finalized together with the DPI representatives.
2. The draft policy paper, instructions (Operational Manual on OST in prisons) for the non-medical personnel from prisons is developed. The document includes clear division of responsibilities for all non-medical personnel from prisons;
3. A draft document of a motivational system for inmates' enrollment into Methadone Program, including the establishment of a reward system for Methadone patients is developed jointly with the DPI;
4. The Manual and the Motivational policy documents are consulted at the TWG within the DPI and at the TWG on Vulnerable Groups (CCM);
5. Suggestions for the development of prisons specific IEC materials on Methadone are done;
6. Final Report on achieved results during consultancy work period presented.

### **EXPERIENCE AND QUALIFICATIONS REQUIREMENTS**

The consultant must meet the following qualifications:

- University Degree in Medicine, Law or Public Administration or related field;
- At least 7 years of work experience within or tangential collaboration with penitentiary system;
- Excellent knowledge of Moldova justice system and human rights issues;
- Knowledge of national justice sectors recent developments and proposed reforms;
- Knowledge and understanding of theories, concepts and approaches relevant to HIV prevention, including among injection drug users and in prison settings;
- Sound knowledge of the UNODC/UNAIDS/WHO HIV comprehensive package of services for IDUs
- Deep understanding and knowledge about HIV and harm reduction services provision;
- Being able to work independently, objectively as well as within a team, and take initiative;
- Proven analytical skills and ability to work under tight deadlines;
- Knowledge of fluent Romanian and Russian languages.

### **DURATION OF WORK AND PAYMENT CONDITIONS**

UNODC will cover consultancy costs for expertise between November – December 2014.