

TERMS OF REFERENCE

Recruitment of National Short Term Consultant to assess the sectorial Policies and Develop Recommendation with regards to scaling-up of gender specific services for Women who inject drugs, women living with HIV, and women inmates

Project title:	TDGLOG32FUA/UNODC HIV/AIDS Prevention, Treatment, Care and Support for People Who Use Drugs and People in Prison Settings in Moldova
Description of the assignment:	National Consultant to assess the existent health and social protection Policies and Develop gender specific recommendation
Country/Duty Station:	Republic of Moldova
Expected places of travel:	no travel expected
Starting date of assignment:	May 15th 2015
Duration of assignment:	May – July 2015
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

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).

According national statistics data as of December, 2014, a cumulative number of 9398 HIV positive cases were registered in Moldova. HIV prevalence among the general population is currently 0.37%, prevalence in IDUs is up to 16.4%. The revised National HIV/AIDS Program (2011) clearly indicates that a greater emphasis should be put on addressing the vulnerable groups, including PWIDs, SW and MSM and the cross-groups such as women as well.

Starting with 2010, 2011 and 2012 the number of women with HIV has slightly increased compared to newly diagnosed male population. As follows, in 2010 newly registered cases were 363 women and 341 men, in 2011 newly registered cases were 377 women and 341 men and in 2012 newly register cases were 387 women an 377 man. In 2014 out of 831 new cases 375 were amongst women. The percentage of HIV transition from mother to child in 2014 was 1,76%. The increasing number of new HIV infections reported, signal a shift towards sexual transmission and a “feminization” of the epidemic. Women and girls who inject drugs in Moldova account for 6.4 per cent (3,220) of the total number of people who inject drugs.

The services provided to vulnerable women are limited: gender sensitive services addressing the specific needs of women and girls do not exist in most of the cities of Moldova, most vulnerable women (women who

inject drugs, sex workers, women ex-prisoners), which are usually excluded from services and pushed back into the circle of vulnerability. Both official and unofficial data confirm that women are underrepresented as clients of harm reduction, drug dependence treatment, and psycho-social support services. The existing community and maternal centers where women can get help in difficult situations usually do not accept women who use drugs and women ex-prisoners. Centers for people living with HIV and people using drugs exist in Moldova; however the access of women remains low.

Sometimes services are not in close vicinity of women who cannot attend the service delivery points. In addition, there is a lack of services that aims at setting up self-support networks, child care facilities and development of leadership skills. Basic needs of service provider for the implementation of gender sensitive approaches to HIV prevention include training, skilled female personnel and expanding the infrastructure (buildings, transport, staff). For example, a significant number of highly vulnerable women and girls require services that are delivered at home. Conventional outreach on streets does not meet these requirements, as there is a need for the development of skills and commitment to safe behavior. The lack of trained female service providers with appropriate skills and a proper attitude often deters highly vulnerable women and girls from accessing services. Women with children may also not seek services because of fear of hostility or of having their children taken away from them. Women may also encounter barriers in accessing services because of household responsibilities, lack of family support, social networks and of financial resources. In addition, they have to cope with a lack of privacy and confidentiality and thus the fear of being identified and stigmatized.

The national referral system is approved by the Government which focuses on three society focal point's capacities to efficiently implement regulations and referrals to other services – family doctor, policeman, and social assistant. This mechanism is still strongly influenced by human factor. Currently, harm reduction, reproductive health, HIV, TB, psychiatric care, drug dependent treatment, social support and other services are fragmented and are not linked in an efficient referral system. Moreover, there has never been a gender sensitive service adjustment conducted.

Some civil society organizations have tried to adapt their current services to ensure that they are available and tailored to the needs of vulnerable groups. However, it is evident that there is a significant gap when it comes to the specialized knowledge and expertise required to respond adequately to women's needs, namely in identifying the type of services and their delivery approach.

In May 2014, UNODC jointly with other UN agencies organized the round table with high level authorities from the MoH and MLSPF to discuss the key challenges in developing and scaling up HIV services for vulnerable women. The First Lady of the RM supported this cause. As a result of the round table, a resolution that outlines the key barriers in scaling up HIV services for vulnerable women, as well as recommendation on how to overcome the obstacles was developed.

As the follow up activity, UNODC and UNAIDS will conduct the joint consultancy to assist the MoH, MLSPF and NGOs to review the existent normative framework and provide recommendation for developing gender specific approaches for women who inject drugs, HIV positive women and women inmates.

The UNODC activities in Moldova support the national partners in reviewing and adapting the policy and legislative environment, building the capacity of national and local partners and in developing, implementing, monitoring and evaluating evidence, human rights and gender based HIV services for PWIDs and in prison settings.

MAIN OBJECTIVES OF THE ASSIGNMENT

The overall goal of the consultancy is to review the existent frameworks and services in terms of gender responsiveness for PWID, PLHIV and in prison settings and develop recommendation for their amendment or optimization. The consultancy also includes the development of advocacy tools that should be used to approach the national partners in the country, including policy and decision makers, national and local specialists from different areas and civil society organizations. The results of the consultancy (report,

recommendations and advocacy tools) will be presented at the 2nd high policy dialog meeting October-November 2015.

DESCRIPTION OF RESPONSIBILITIES / SCOPE OF WORK

To review and develop recommendation and assist the MoH, MLSPF, prisons administration, probation services and civil society to incorporate gender responsive policies into their HIV sectorial plan of activities. UNODC consultant, jointly with UNAIDS consultant, is expected to find suitable mechanisms to ensure scale-up of women's access to the services and provide sound recommendations with regards to needs and adjustment for Moldova to undertaken.

In parallel UNAIDS has launched a call for consultancy with the overall goal to assess country's gender response to the spread of HIV/AIDS in Moldova is to provide strategic information, justification and advocacy tools on current situation of the gender aspects of HIV response in the country for policy and decision makers, specialists from different areas at the national and local levels, representatives of civil society and international partners. The assessment will support to identify the priorities for the next National HIV Program for the period 2016-2020 which is currently under development and will provide strategic information for resources mobilization in the area of HIV/AIDS, achieving of gender equality and elimination of gender-based violence through integration of gender and HIV issues in the broad national agenda in accordance with rational and targeted utilization of the resources.

The consultancy is based on WHO, UNAIDS and UNODC evidence based comprehensive package of HIV prevention, treatment, care and support services for people who inject drugs¹.

MONITORING/REPORTING REQUIREMENTS

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

DELIVERABLES

1. To conduct desk review on the gender aspects of the main available documents related to HIV, reports on the relevant studies, legal and normative acts etc
2. Asses the existent medical and social protection services and inmates prisons and probation services in terms of gender sensitiveness for women who inject drugs, women with HIV and women inmates. Assess the SOPs of various support centers of vulnerable women (maternal centers, shelters for victims of domestic violence and human trafficking, crisis centers for women in need) is an opportunity to adjust these services and the regulatory framework to ensure access for women IDUs who do not have a place to live, for women IDUs with children who need support, and eventually create additional support centers specific to needs of women IDUs.
3. To highlight integration of HIV aspects in the broad gender national agenda, issues related to women empowering, gender aspects of stigma, violence and discrimination
4. To develop a road-map including specific recommendations to ensure an entry point for the above mentioned vulnerable groups following integrated approach to services and the sustainability of these interventions
5. To work jointly UNAIDS consultant responsible to overall conduct an assessment of HIV situation in Moldova
6. To analyze the results of the desk review and prepare the draft of the report, jointly with UNAIDS consultant
7. To meet with members of key national stakeholders to discuss the gender issues related to HIV

¹ http://www.who.int/hiv/pub/idu/targets_universal_access/en/

8. To facilitate the working group organized during workshop on the development of NSP for 2016-2020 to validate the finding of the desk review and to develop the recommendations for future integration of gender issues in the national response
9. Final Report on achieved results during consultancy work period presented.

EXPERIENCE AND QUALIFICATIONS REQUIREMENTS

The consultant must meet the following qualifications:

- University Degree in Social Sciences, Law or Public Administration or related field;
- At least 5 years of work experience in human rights issues and in particular gender aspects;
- Excellent knowledge of Moldova's context in terms of human rights issues and in particular gender aspects;
- Previous similar assignments or collaboration with the MoH, MLSPF or penitentiary system;
- 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 May – July 2015. All in this entire consultancy should not exceed up to 25 working days.