

TERMS OF REFERENCE

Recruitment of national short term consultant¹ to support prison system from the left bank to efficiently implement HIV/AIDS prevention, treatment and care services in prisons

Project title:	Human Right in Transnistria, 3rd component of the project referring: Improving prevention, treatment and care services for PLHIV, PWIDs and people in prisons HIV/AIDS in Transnistrian region, implemented with the support of the Swedish Government
Description of the assignment:	National consultant to support prison system from the left bank to efficiently implement HIV prevention, treatment and care services in prisons
Country/Duty Station:	Republic of Moldova, left bank
Expected places of travel:	Prisons Tiraspol nr. 2 and nr. 3 and prison Glinoe
Starting date of assignment:	1st November 2016
Duration of assignment:	1 st November – 12 th December 2016
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).

In February 2013, Thomas Hammarberg, Senior UN expert on Human Rights, produced a report including 38 recommendations¹, based on four missions to the Transnistrian region. Authorities from Tiraspol undertook this as an internal exercise across departments, which resulted in a plan requiring investments. Gradually, greater understanding was being built on what the human-rights based approach entails, as requests for support from the region are increasingly about accessing knowledge and experiences. During the assessment

¹ Or a team of consultants

mission Senior UN expert in Human Right has also paid visits to TN prisons and concluded that tuberculosis (TB) and HIV infection situation is of grave concern and health care services in prisons must be improved.

There are 4 penitentiary institutions on the left bank, an educational institution for juvenile convicts in Camenca, penitentiary colonies for male convicts in both Glinnoe (prison no. 1) and Tiraspol (prison no. 2), another penitentiary institution in Tiraspol (no. 3) which holds (in separate sections) male convicts; female convicts and detainees held on remand. There is no official statistics with regards to the number of inmates detained in Transnistrian prisons. According to Hammarberg's report, as of October 1, 2013, 2 858 inmates in these institutions, of whom 2 224 were convicted and 634 held on remand. This means that incarceration rate is almost 500 prisoners per every 100 000 persons, one of the highest figures in Europe. The number had gone down during 2012 from an even higher figure as a consequence of releases through reduction of sentences and pardons granted to a considerable number of prisoners. Furthermore, Hammarberg's report, provide that there is limited communication with the civilian health system, which results in low coverage with testing and treatment. New TB infections were registered in prisons. Inmates are kept isolated from other prisoners but not separated from one another only cases with (MDR) infection are kept separately. TB may spread in society through infected ex-prisoners whose treatment programme remains unfinished.

Another major health problem in the prisons is HIV/AIDS. Antiretroviral treatment (ARV) is available in prisons, including in remand facilities. Access to ARV and treatment of opportunistic infections is contingent on people disclosing their HIV status. This requires the possibility of confidential and voluntary testing for HIV, also in prisons. Few human resources and limited capacities of existing medical personnel create barriers to enjoying access to quality medical services in penitentiaries. UNAIDS has noted that cooperation between the prison administration and the Tiraspol TB Institute and the Transnistrian Ministry of Health is limited. The consequence is substandard treatment and care while in prisons and poor referrals upon release.

There are a number of international standards, including the United Nations Standard Minimum Rules for the Administration of Juvenile, the Beijing Rules, and the Bangkok Rules, the Nelson Mandela Rules, standards and guidelines which could be of help when establishing a proper system. Health care must be improved and the competence of the Transnistrian Ministry of Health be better utilized in such efforts. A more systematic approach should be developed to prepare inmates for a life in society after release. This, in turn, speaks for another approach to the right of the prisoners to keep in regular contact with family members while in custody. Inhuman disciplinary measures should be abolished and staff recruited and trained to cope with the daily problems with dignity and fairness.

The project 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. The offered technical assistance shall contribute to improved policy and normative 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. The assessment and follow up revision activities will be conducted under the 3rd component of the project referring: Improving prevention, treatment and care services for PLHIV, PWIDs and people in prisons HIV/AIDS in Transnistrian region. Such an analysis of the existent services and needs in prisons will be the stepping stone in further development of the action plan and adjustment of policies and the normative framework and guiding principles. The contracted consultant will assess the current situation of HIV services provision in TN prisons following the introduction of UNODC, ILO, UNDP, WHO and UNAIDS with regards to the Comprehensive package of service

to HIV prevention in prisons, making use in the same time of the UN Standard Minimum Rules for the Treatment of Prisoners, Mandela Rules, 2015 and UN Human Right framework.

In 2015, following the recommendation provide by Thomas Hammarberg, Swedish Government has provided financial support in piloting a project on HIV and Human Right in TN. The project that is currently implemented by UNODC, UNAIDS, OHCHR and UNDP has entered into the 2nd phase. The national consultant, to be recruited, will have two main responsibilities: (1) assist the international consultant who will undertake a mission to Transnitrian prisons, in collecting information, organizing the mission and reporting. (2) furthermore, based on the recommendations provided in the report, the national consultant will revise and update the current sectorial HIV/AIDS frameworks and other activities related to the implementation of the evidence based intervention related to the comprehensive HIV services in prisons.

MAIN OBJECTIVES OF THE ASSIGNMENT

UNODC seeks a contract a national consultant to support the prison and justice authorities from the left bank in assessing the existing services and implementing international recommendations on the HIV comprehensive package of services in prisons. The consultant is expected to provide full support and guidance to the international consult which will be recruited to conduct assessment of HIV services in prisons on the left bank.

DESCRIPTION OF RESPONSIBILITIES / SCOPE OF WORK

The consultant shall support prison authorities from Tiraspol to assess and implement the comprehensive package of prevention, treatment and care to HIV in prisons. The activities will refer to improvement of HIV/AIDS services coordination, strategic planning and monitoring of services implementation.

The consultant is expected to assist the international consultant in the assessment of HIV prevention, treatment and care HIV services in prisons. Providing substantial background information and guiding in the process of assessment.

The consultant, jointly with DPI Medical Unit staff, is expected to find suitable mechanisms to ensure scale-up of good medical practices in prisons to be in the line with international recommendations, 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.

DELIVERABLES

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

Deliverable	Due date
1. A work plan to be developed by the consultant with regards to the scope of the assignment.	November 10 th

2. Provide support to the international consultant in collecting data for the desk review of TN prisons and health systems, and in particular, HIV and TB and drug dependency services	November 2 th – December 7 th
3. Coordinate and prepare agenda for the visit of the international expert	November 15 th
4. Accompany international expert during the mission, take notes and provide inputs with regards to the situational background	November 21 th – December 12 th
5. Organize interviews, ensure translation when needed and systematize the collected information	November 7 th – December 7 th
6. Provide suggestions and recommendation to the draft assessment report	November 7 th – December 7 th
7. Ensure the implementation of the recommendations provided in the report	December 12 th
8. Submit final consultancy report	December 12 th

EXPERIENCE AND QUALIFICATIONS REQUIREMENTS

The consultant must meet the following qualifications:

- University Degree in Law, Public Health, Public Administration or related field; Advanced university degree is an asset;
- At least five years of work experience within or tangential collaboration with penitentiary system;
- Research or work experience on Justice system issues of Moldova including left bank;
- Experience in working in the national justice sector, including proven knowledge of recent developments and proposed sector reforms;
- Experience in research of theories, concepts and approaches relevant to HIV prevention, including among injection drug users and in prison settings;
- Experience in the field of HIV and harm reduction services provision;
- Previous experience in applying analytical skills and ability to work under tight deadlines;
- Being able to work independently, objectively as well as within a team, and take initiative;
- Fluency in Romanian and Russian languages. English shall constitute an advantage.

DURATION OF WORK AND PAYMENT CONDITIONS

UNODC will cover consultancy costs for expertise during November – December 2016.

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http://md.one.un.org/content/dam/unct/moldova/docs/pub/Senior_Expert_Hammarberg_Report_TN_Human_Rights.pdf