

## **ANNEX-I**

### **TERMS OF REFERENCE Individual Contractor**

#### **1. Assignment Information**

<b>Assignment Title:</b>	Consultant to assist with developing toolkit on protecting the rights of HIV affected populations at healthcare settings
<b>UNDP Practice Area:</b>	Governance and HIV
<b>Cluster/Project:</b>	Programme Unit
<b>Post Level:</b>	Specialist
<b>Contract Type:</b>	Individual Contractor (IC)
<b>Duty Station:</b>	Home-based
<b>Expected Place of Travel:</b>	Phnom Penh Cambodia
<b>Contract Duration:</b>	20 Days (1 August – 31 Dec)

#### **2. Project Description**

There is emerging recognition that there are instances where health care institutions are sites of discrimination, violence, and abuse towards individuals who come seeking health care services, with health care providers withholding care or performing treatment that intentionally or negligently inflicts pain and suffering. Rights violations are faced by all key populations in health care settings may include discriminatory and humiliating treatment, breaches of consent and confidentiality, forced and coerced sterilization, forced and coerced abortions, denial of access to services, and being subjected to discrimination and degrading treatment.

In a report submitted to the twenty-second session of the Human Rights Council (February 2013), the Special Rapporteur on Torture and other Cruel, Inhuman, or Degrading Treatment or Punishment, Juan Mendez, noted that some of these practices not only involve violations of human rights such as the right to health, the right to non-discrimination on prohibited grounds, and the right to found a family, but they may constitute torture and inhuman or degrading treatment.. Despite the many interventions by non-governmental organizations (NGOs) and government institutions regarding the practices of health care workers, stigma and discrimination continue in many hospitals and health care centres across Asia.

According to the People living with HIV Stigma Index Study for Cambodia (2010) 47 percent of male respondents said they could only access ARV if they agreed to use certain forms of contraception. One in ten respondents were denied family planning/ reproductive health services, close to 80 percent had been advised by a healthcare worker to not have children and 14 percent of women who were pregnant had been advised to terminate their children.

A 2011 study by the Asia Pacific Network of People Living with HIV (APN+) on WLHIV's access to reproductive and maternal healthcare services in six South and South East Asian (SEA) countries found that WLHIV often face discriminatory treatment in the healthcare setting, such as denial of sexual and reproductive healthcare services.

The study additionally revealed that between 17.7 percent and 40.4 percent of WLHIV were asked to undergo unnecessary sterilization, with up to 83.3 percent of the participants feeling they lacked the choice to decline the procedure. Furthermore, over 60 percent of the respondents reported that an obstetrician-gynecologist and/or a HIV clinician were the providers who recommended sterilization. The study also found abortion rates as high as 44

percent among WLHIV in certain countries. Of the women who had abortions, 29 percent indicated that the pregnancy had been wanted; 60 percent of the abortions occurred due to HIV-related factors, including concerns about their HIV status.

On Cambodia, the study found that

- 10% were denied access to sexual and reproductive health services
- 6% report breach of confidentiality by health care services
- 12% experienced being forced to change places of residence or unable to rent accommodation because of their HIV status
- 9% reported that children were dismissed, suspended or prevented from attending schools because of their parents' HIV status
- 4% of respondents were denied health services including dental care
- Not a single case being filed in courts on violations faced by WLHIV
- International Human Rights Standards

These violations encompass breaches of multiple human rights based in international law.

International human rights law prohibits discrimination based on multiple grounds, including gender, disability, and "other status," which includes having actual or presumed HIV infection. UN bodies have determined two of the foundational international human rights treaties—the International Covenant on Civil and Political Rights (ICCPR) and the International Covenant on Economic, Social, and Cultural Rights (ICESCR)—to encompass the right to nondiscrimination on the basis of health status, including HIV/AIDS. Specifically, the Committee on Economic, Social, and Cultural Rights has determined that the right to health provision in the ICESCR to include "access to health-related education and information, including on sexual and reproductive health." International law describes this right to health-related information as "information accessibility," or "the right to seek, receive and impart information and ideas concerning health issues."

Sex-based discrimination compounds the burden of HIV-based discrimination experienced by KAWG. Establishing the right to equity, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) explicitly prohibits discrimination against women on the basis of sex and imposes a comprehensive obligation upon States Parties to eliminate all forms of sex-based discrimination by both public and private actors. Under CEDAW, States must guarantee that women are not discriminated against in the provision of health care. Article 12 of CEDAW further affirms this right by obligating States Parties to ensure "access to quality health-care services," which incorporates the right to make a fully informed choice.

International law has recently strengthened its censure on coerced sterilization. Litigation in Chile and Namibia over the past few years have established powerful precedents that governments have affirmative obligations to protect the rights of key HIV affected women and girls.

Toolkit on empowering people affected by HIV to protect their rights at healthcare settings

In response, UNDP and Asia Pacific Network of People Living with HIV are implementing an initiative to empower people affected by HIV at healthcare settings.

A pilot initiative was rolled out in Nepal to empower women affected by HIV are more aware of their rights, are able to protect themselves from violations of rights at healthcare settings and have recourse to justice if their rights are violated, specific to the conditions of each country.

The toolkit covered 4 modules including:

1. Know Your Epidemic! Know Your Rights!: provides an overview of the HIV epidemic in Nepal and introduces the sexual and reproductive health rights of women affected by HIV. The participants identify rights violations and learn ways to prevent or stop abuses of their rights
2. Seeking Justice: provides information on how women affected by HIV can seek justice if their rights are violated. Participants learn about the options available to them and how to document rights violations. Sessions cover the specifics of how to make a complaint, use alternative dispute resolution, file a case with the National Human Rights Commission, take a case to court and get legal aid. Participants discuss the positive and negative sides of these options and make decisions about what a woman can do in specific cases
3. Working for Change through Community Action: allows participants to identify ways that they can work together to engage with health care workers to improve the treatment of women affected by HIV and reduce the violation of their rights in these settings. It also provides them with information about how the implementation of human rights treaties are monitored and how they can participate in the process of monitoring and reporting on specific treaties as well as the Universal Periodic Review
4. Community Mobilization: Doing It for Ourselves! Leads participants through a community mobilization process which culminates in the development of an action plan to address the problems that lead to the violation of the rights of woman affected by HIV in sexual and reproductive health care settings.

### **3. Scope of Work**

A similar toolkit will be developed for Cambodia in 2015, following on a similar process that was used to develop the toolkit in Nepal. The scope of the initiative will be wider for Cambodia and will include all people affected by HIV

The toolkit will be developed in partnership with, APN+ (and their national partners in Cambodia including the CCW and CPN+), UN Women and UNAIDS.

The initiatives at the regional level is conducted in Partnership with the Asia Pacific Network of HIV Positive People (APN+)

The consultant is expected to develop the toolkit using the Nepal draft as guidance more specifically:

1. Conduct a literature review on
  - i) the legal literacy training/ capacity development/ education programs available to HIV affected people regarding their rights. The Nepal toolkit already provides a wealth of information, the consultant is expected to review and adapt it to the Cambodian context
  - ii) laws and legal mechanisms that can protect people affected by HIV from violations of their rights at healthcare settings. The series of work done by UNDP and UNAIDS in the past few years will cover much of the information including:
    - i. Protecting the Rights of Women Affected by HIV at Healthcare Settings – A ;legal Scan for Southeast Asia (to be released)
    - ii. Sex work and the Law  
<http://www.undp.org/content/undp/en/home/librarypage/hiv-aids/sex-work-and-the-law-in-asia-and-the-pacific.html>
    - iii. Legal environments HIV and the Law; MSM and TG  
[http://www.transgenderasia.org/legal\\_msm\\_undp\\_final.pdf](http://www.transgenderasia.org/legal_msm_undp_final.pdf)

## 2. Tool Kit Development

Based on the findings of the report, develop/adapt training materials/toolkit. The toolkit will be a complete package for implementation by organizations working with people affected by HIV and their partners to understand their sexual and reproductive health rights as well as what legal services and recourse is available if their rights have been violated. This toolkit will be specific to Cambodia. The modules to be covered in the toolkit will be decided by a consultative meeting of key stakeholders in Cambodia, which will use the Nepal toolkit as a guide.

### 4. Expected Outputs and Deliverables

<b>Deliverables/Outputs</b>	<b>Estimated Duration to Complete</b>	<b>Target Due Dates</b>	<b>Review and Approvals Required</b>
Conduct consultative meeting with stakeholders (1-2 days) to decide on content and structure of the toolkit <ul style="list-style-type: none"><li>• Develop concept note for workshop</li><li>• Prepare materials</li><li>• Invite participants</li></ul>	3days	15 August 2015	Program Team Leader, UNDP Programme Analyst, UNDP
Develop the first draft of toolkit based on feedback received from preliminary consultative meeting with stakeholders – the draft will then reviewed by internal reference group (to be selected)	10 days	18 September 2015	Program Team Leader, UNDP Programme Analyst, UNDP
Conduct a validation workshop of toolkit with stakeholders <ul style="list-style-type: none"><li>• Develop concept note for workshop</li><li>• Prepare materials</li><li>• Invite participants</li></ul>	2 days	12 October 2015	Program Team Leader, UNDP Programme Analyst, UNDP
Finalize toolkit based on feedback received from the validation workshop	5 days	9 November 2015	Program Team Leader, UNDP Programme Analyst, UNDP

### 5. Institutional Arrangement

The consultant will be responsible to deliver the expected outputs of the assignment and shall report directly to the Assistant of the Country Director and Programme Analyst (UNDP Cambodia). The consultant will work in close collaboration with the Programme Analyst on a daily basis to ensure that the work is moving on the right track and is implemented according to the agreed work plan.

### 6. Duration of the Work

In order to produce the expected outputs, the consultant will be given the period of total **20 working days** spreading over a period of **August 2015 – December 2015**.

### 7. Duty Station

The proposed assignment will be conducted in Phnom Penh. The consultant can work from home but will be required to attend meetings and consultative workshops with relevant stakeholders as required.

## **8. Minimum Qualifications of the Individual Contractor**

<b>Education:</b>	Master's degree (Master's degree or equivalent) in gender, Public Health, Law or Social Sciences or academic equivalent
<b>Experience:</b>	<ul style="list-style-type: none"> <li>▪ Minimum 7 years of professional experience assisting with developing information and education materials on sexual reproductive rights, HIV human rights and access to justice</li> <li>▪ Comprehensive understanding and knowledge of HIV and issues relating to stigma and discrimination in region</li> <li>▪ Substantive experience working with the UN, donors, multilateral organizations and NGOs;</li> <li>▪ Verified practice on coordinating and producing peer reviewed publications for UN, development partners, government and academic journals.</li> <li>▪ Extensive experience in stakeholder engagement</li> </ul>
<b>Competencies:</b>	<ul style="list-style-type: none"> <li>▪ Excellent writing, and communications skills</li> <li>▪ Proven ability to work flexibly and independently with limited supervision in a multicultural team environment and deliver quality results against tight deadlines</li> <li>▪ Up-to-date knowledge of gender and climate change in Cambodia, regional and global levels</li> <li>▪ Proficient computer and internet skills including Microsoft Office</li> </ul>
<b>Language Requirement:</b>	Fluency in English required (written and spoken)

## **9. Criteria for Evaluation of Level of Technical Compliance of Individual Contractor**

<b>Technical Evaluation Criteria</b>	<b>Obtainable Score</b>
Experience in developing information and education materials on sexual reproductive rights, HIV human rights and access to justice	30
Comprehensive understanding and knowledge of HIV and issues relating to stigma and discrimination in region	30
Verified practice on coordinating and producing peer reviewed publications for UN, development partners, government and	20
Experience working in multi-stakeholder process to develop education materials	20
<b>Total Obtainable Score:</b>	<b>100</b>

## **10. Payment Milestones**

The consultant will be paid on a lump sum basis under the following installments.

<b>N</b>	<b>Outputs/Deliveries</b>	<b>Payment Schedule</b>	<b>Payment Amount</b>
1	A first outline of the toolkit	Aug 2015	20%
2	First draft of the toolkit	Sept 2015	50%
3	Final draft of toolkit	Dec 2015	30%