



IOM International Organization for Migration
OIM Organisation Internationale pour les Migrations
OIM Organización Internacional para las Migraciones

Terms of Reference

Title:	Development of a Position Paper on National HIV Response in Emergency Settings in Mozambique, utilizing case studies from Gaza and Zambézia provinces
Duty Station:	Maputo, with travel to Gaza and Zambézia Provinces, Mozambique
Duration:	(2 months) from date of signing contract
Date of Commencement:	ASAP

International Organization for Migration

The International Organization for Migration (IOM) is a dynamic and growing inter-governmental organization, with 165 member states. IOM works to help ensure the orderly and humane management of migration, to promote international cooperation on migration issues, to assist in the search for practical solutions to migration problems, and to provide humanitarian assistance to migrants in need, refugees and internally displaced people. IOM address the migratory phenomenon from an integral and holistic perspective, including links to development, in order to maximize its benefits and minimize its negative effects.

Background

Out of the 314 million people affected by humanitarian emergencies in 2013, 1.6 million were people living with HIV/AIDS (PLWHA). Of this total, 1.3 million (81%) were from sub-Saharan Africa. In 2013, 1 million people living with HIV were unable to access treatment during humanitarian emergencies.

In scenarios of humanitarian crises, we must face and plan the challenge of HIV / AIDS on two fronts: ensuring that people living with HIV can access and continue antiretroviral treatment; and reduce the vulnerabilities of migrants and internally displaced people (IDP) towards HIV.

Ensuring access to ART is essential during a humanitarian crisis. In these contexts, migrants may be forced to enter countries or IDP to move into regions with different treatment regimens, or where antiretroviral drugs are not available. They are thus particularly vulnerable to treatment interruptions which can lead to higher rates of drug resistance.

Moreover, food insecurity, magnified during humanitarian crises, may hinder adherence to treatment for PLWHA. Furthermore, malnutrition presents a particular risk to people living with HIV, as they have less appetite and are less able to absorb nutrients.

There are also specific vulnerabilities migrants and IDPs face in emergency situations:

- Lack of access to health care and specific HIV prevention information;
- Weakening of the social norms that regulate human behaviour that can lead to risky sexual behaviours and sexual violence;
- Unbalanced power dynamics in origin and destination, especially between genders and ethnicities;
- Lack of social protection mechanisms and structures;
- Exposure to trauma in displacement areas, countries of origin, transit and destination.

These causes can exacerbate or contribute for individuals to engage in risky sexual behaviours such as transactional sex in exchange for food, money and / or protection. There is also an increased risk of alcohol abuse and other drugs as well as cases of sexual abuse, violence and trafficking. All these situations increase the vulnerability of migrants and IDPs to HIV.

Migration Health

IOM implements a bi-regional health programme called Partnership on Health and Mobility in East and Southern Africa (PHAMESA II) since 2010. PHAMESA seeks to contribute to improved standards of physical, mental, and social wellbeing of migrants and migration affected populations in East and Southern Africa, enabling them to substantially contribute towards the social and economic development of their communities through four distinct, yet inter-related, result areas:

1. Improved monitoring of migrants health to inform policies and practices (Outcome 1);
2. Policies and legislations make provisions for the health needs and rights of migrants and migration affected communities in line with international, regional and national commitments (Outcome 2);
3. Migrants and migration affected communities have access and use Migrant-Sensitive Health Services in countries of origin, transit and destination (Outcome 3);
4. Strengthened Multi-country/sectoral partnerships and networks for effective and sustainable response to migration and health challenges in East and Southern Africa (Outcome 4).

PHAMESA II has been implemented in 11 countries in East and Southern Africa (Botswana, Kenya, Lesotho, Mauritius, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Uganda and Zambia) since 2014 and expected to be completed in 2017.

Department of Operations and Emergencies

The mobility dimensions of humanitarian crises embraces complex and often large-scale migration flows and mobility patterns which typically involve significant and diverse vulnerabilities for affected individuals and communities.

The floods in January 2013 resulted in the displacement of over 150,000 people in five districts of Gaza province. Soon after the floods of 2015 in Zambézia, IOM and partners registered more than 60,250 IDP, hosted in 48 recognized relocations communities across different districts. Both floods resulted in the loss of human life, livestock, crops, household assets and shelter. The capacity and access to basic services in the centres is limited, as a fact, the majority of the relocation sites do not have healthcare centres available nor referral facilities identified. Similarly, protection issues have been reported in several sites, though they are more prevalent in origin locations. Assessments made in the centres to identify needs during displacement indicated that HIV/AIDS was one of the most commonly reported health problems, which combined with lack of access to healthcare, also limits the continued access to antiretroviral treatment and specific HIV prevention information. A large number of communities with chronic diseases or other serious health conditions, including HIV and AIDS, reported having no access to HIV and/or TB treatment centres close to relocation sites and reported limited health workers visits to the areas since the relocation centres were occupied, a scenario presented by the last round of Displacement Tracking Matrix made on July 2015. A new assessment in these communities can generate evidence based information to develop best practices recommendations contributing as such to ensure that people living with HIV can, during emergencies, access and continue antiretroviral treatment, as well as reduce the vulnerabilities of other IDP towards HIV.

Objectives of Assignment:

The main objective of this assignment is to generate evidence on HIV vulnerability, prevention and treatment needs among migrants and IDP in selected areas with past humanitarian emergencies in Mozambique. Furthermore, the objective is to investigate how government structures address HIV/AIDS needs during and in the aftermath of humanitarian emergencies, who are the actors that play a role in it and what are their responsibilities; as well as to know whether and/or how is HIV included in any of the sectors

or pillars of the national emergency system. The output of this project should be in a format of a position paper and include a list of recommendations and action plan to better position the government and humanitarian actors such as IOM to respond to the encountered needs, as per the Inter-Agency Standing Committee (IASC) *Guidelines for Addressing HIV in Humanitarian Settings*.

Methodology

Target population

The research will be done in selected post humanitarian emergency sites in the provinces of Gaza and Zambézia where IOM Mozambique has previously operated. The sites are to be selected during the inception meeting and are subject to security clearances. The target population will be resident IDPs and PLWHA (whenever possible), as well as other relevant stakeholders in the emergency response, NGOs, CBOs, local authorities, government structures and other service providers operating in those areas.

Data collection tools

Data collection tools should include:

- A literature review to help identify what is known already about HIV vulnerabilities and service needs in humanitarian emergencies in Mozambique, as well as to help uncover the key gaps in information;
- A mix of qualitative and quantitative methods and tools.

A detailed section on methodology and other finer details should be included in the inception report and will be agreed with IOM and in line with IOM Data Protection Principles, as established in IN/00138 and after coordination with IOM Legal Department.

Duties and Responsibilities

Under the direct supervision of the IOM Mozambique Programme Manager for Labour Migration and Migration Health, the consultant will lead in undertaking an assessment of HIV vulnerabilities, prevention and treatment needs among migrants and IDP in select post humanitarian emergencies in Mozambique. IOM Mozambique will provide technical support and assistance to the consultant, as well as facilitate access to key documentation and sites.

The successful completion of this assignment will involve the following activities:

- Conduct literature review of country's current research reports, policies, and programmes;
- Develop the research protocol and data collection instruments, adapt it to the country context and submit it to IOM for approval and alignments with IOM DPP (IN/00138);
- Ensure qualified and experienced local research assistants /and field workers are in place to undertake research which includes recruiting and training research assistants/and field workers;
- Conduct pre-testing and pilot testing of the data collection tools;
- Ensure that ethical clearance and approval from local authorities is obtained before commencing the assessment, if and when needed;
- Collection data in the agreed post humanitarian emergency sites, as well as with key stakeholders at district, provincial and national levels, and ensure key respondents in the target population are included in alignment with IOM DPP;
- Ensure quality assurance mechanisms are adhered to at all stages of the data collection process;
- Analyse data in alignment with IOM DPP;
- Draft a report and *powerpoint* presentation on the findings;
- Produce final report that incorporates comments and inputs obtained through the IOM internal validation process;

- Produce a short research brief (1-2 pages) with main findings and recommendations to be used for advocacy purposes.

Expected Deliverables and timelines

The project is expected to be completed within 2 months counting from the start date. Potential consultants are expected to provide a research protocol in response to this ToR explaining how they would carry out the assignment. This response should include detailed description of the scope and methods as well as a detailed work plan, itemised budget and comprehensive curriculum vitae of the lead researcher.

The key expected deliverables from the consultant are:

- A. An inception report, including research protocol, sampling technique, research tools, data collectors' training curricula and field work plan;
- B. A first draft report which analyzes findings from the fieldwork and secondary data collected in-country and includes policy and programmatic recommendations for prioritization of IOM interventions in this area;
- C. A final, comprehensive report in a form of a position paper which includes a thorough scan of existing HIV/AIDS related policies, frameworks and practices by government and other humanitarian actors in humanitarian emergencies, together with a list of recommendations and action plan to better position the government and humanitarian actors such as IOM to respond to the encountered needs, as per the Inter-Agency Standing Committee (IASC) *Guidelines for Addressing HIV in Humanitarian Settings*. The final report should also incorporate comments and suggestions from IOM and the internal validation workshop;
- D. Dissemination materials (research brief, *powerpoint* presentation).

Payment Schedule

The consultant is expected to submit an all-inclusive itemized budget. Payments will be phased and based on satisfactory submission of deliverables outlined above.

Desired Background and Experience:

The assignment calls for the following background, experience and skill mix:

- A minimum Master's degree in Public Health, bio-statistics, social sciences, or related field;
- Understanding of migration and health dynamics,
- Demonstrated skills in quantitative and qualitative field research and data analysis;
- Experience in report writing, preferably in either HIV or migration issues, including the development of recommendations for policy makers.
- Five years of demonstrated experience in social research methods. Specific experience in social and behavioural research being an advantage;
- Experience and familiarity with STIs, HIV/AIDS, malaria and TB programming;
- Demonstrated ability to deliver quality assignments under tight timeframes;
- Ability to work independently, to follow leads and to be innovative in obtaining and triangulating information from a variety of sources;
- Ability to fluently write in both English and Portuguese is essential. Ability to speak local languages is an advantage.

Interested applicants should submit a proposal in response to this ToR explaining how he/she plans to carry out the assignment, in addition to a detailed CV showing respondents' ability to carry out the assignment and a writing sample. All documents should be sent to iommaputo@iom.int by January 19, 2017. In the subject line of the email please include: "HIV and Emergencies".