



Terms of Reference for KP/PLHIV Projects Evaluation

i. Organizational Background

AMICAALL is an Alliance of Mayors' Initiative for Community Action on HIV/AIDS at the Local Level. It is a non-governmental organization which operates through a public civil society partnership with urban local government and the Ministry of Housing and Urban Development. AMICAALL is a major component of the National HIV/AIDS Response and is charged with the responsibility to coordinate the urban response. Structurally, AMICAALL is organized at national, urban local government authority (towns and cities) and community levels. Its catchment includes the following urban local Government authorities: Mbabane, Manzini, Nhlanguano, Matsapha, Piggs Peak, Siteki, Ezulwini, Hlathikhulu, Mankayane, Lavumisa, Ngwenya, Vuvulane and Malkerns.

AMICAALL has been receiving funding from CANGO for implementing a PLHIV program in 20 tinkhundla. The program started in 2018 and ending in 2021.

II. Project Background

The evaluation is on two projects; the Key populations and the PLHIV projects. the focus of the key populations projects is on providing HIV prevention information and services to halt the spread of HIV among the key population. The project works through the peer to peer navigation strategy to provide information and mobilise the key populations for access to services. The project has engaged 47 key populations (5 PWIDs, 10 FSWs, 7 MSM and 25 TOs). The PLHIV project is focused on facilitating community engagement for increased uptake of ART, facilitate an enabling environment for PLHIV to access quality treatment for adherence and retention to care. Community Expert clients (CECs) which are 40 in total and are providing treatment literacy to support group members, their families, CommART groups (CAGs) and patients at health facilities to create demand for health services. CECs will also offer psychosocial support to PLHIV within the project sites.

AMICAALL through this program is disseminating HIV prevention information, Facilitating the access of SRHR services including HIV testing and HIV prevention services among key populations, providing treatment literacy for PLHIV and formation of support groups and CAGs

to develop a support system for adherence to treatment of ART clients in the 20 Global Fund implementing constituencies in the kingdom of Eswatini. These constituencies are as follows: Somntongo, Matsanjeni, Zombodze, Kubuta, Ngudzeni, Sandleni, Nkwena, Gege, Ngwempisi, Ntontozi, Mtfongwaneni, Mafutseni, Mahlangatsha, Mkhiweni, Mhlume, Mayiwane, Ndzingeni, Nkhaba, Maphalaleni, Hhukwini. All activities are delivered at community level through door-to-door visits, one on one sessions, group sessions, activations and CAGs.

Project Profile

Project Name	Global Fund- New Funding Model
Project Aim	- To improve treatment literacy amongst PLHIV, create demand for health service thus improving adherence. -To halt the spread of HIV among Key populations
Project Objectives	- To ensure quality delivery of the Treatment literacy sessions within the PLHIV project through door-to-door visits, health talks, support group meetings and the establishment of Community ART Groups (CAGs). - To Scale up HIV prevention services for Key populations (FSW, MSM, TOs and PWIDs) - To reach Key populations with the HIV core prevention package
Routine Project Indicators	1.Number of Treatment literacy sessions conducted during door-to-door visits. 2. Number of Treatment literacy session conducted through health talks. 3. Number of Treatment literacy sessions conducted through Support group meetings. 4. Number of Support Group members reached on treatment literacy.
Location	20 Tinkhundla
Project Period	Sep 2018 to Sep 2021
Implementing Partner	AMICAALL Eswatini

ii. Mid Term Evaluation Objectives

This activity aims to;

1. Assess the progress made towards achieving project goal and impacts based on the project design and strategy (Relevance, Effectiveness, Impact, Sustainability and Efficiency) in order to better inform future programming for both the key populations and the PLHIV projects.
2. Identify potential gaps and area-specific opportunities/focus for programme planning and improvement.
3. Come out with recommendations to guide future programming.
4. Render accountability to donors

This assignment aims to respond to the following questions:

Relevance

- Did the program logic (Strategy) allow to achieve the project's objectives?
- Were the targets set realistically?
- Do the project's objectives reflect the needs of the target groups?
- Did the planning and implementation of interventions take the local context into account, which means a) were based upon an adequate needs-assessment and b) show understanding of and support for the livelihoods and capacities of the affected population?
- Were the project's activities and objectives designed and implemented in a way avoiding future harm while supporting these?
- Did the project team as well as partners have institutional capacity in terms of staffing, local knowledge and experience to implement the project's targets?
- To which extent did the community and stakeholders participate in planning and implementation of projects interventions?
- Did the programme and projects respond to the needs and priorities of the target groups?
- To what extent is the project suited to the priorities and policies of AMICAALL
- To what extent are the objectives of the project still valid?
- Are the activities and outputs of the project consistent with the overall goal and the attainment of its objectives?
- Are the activities and outputs of the project consistent with the intended impacts and effects?
- To what extent did the target population participate in the planning and Implementation of the project.

Effectiveness

- To what extent did the programme achieve its outputs,
- To assess the progress made towards achieving the project's goal and objectives based on the log-frame, design and monitoring data; outcomes and goals?
- What were the major factors influencing the achievement or non-achievement of the objectives?
- Did the project follow technical standards and/or project models from AMICAALL?
- Have critical components for strengthening resilience been implemented and show intended results?
- It is expected that the evaluator will verify the planned impact matrix against the actual project implementation and if necessary establish an adjusted impact chain.

Coverage

- What were the main reasons that the intervention provided or failed to provide major population groups with assistance and protection, proportionate to their need?

- From the targeted areas, was the coverage a good representation of the target population

Efficiency

- To what extent are the objectives of the project still valid?
- Are the activities and outputs of the project consistent with the overall goal and the attainment of its objectives?
- Are the activities and outputs of the project consistent with the intended impacts and effects?

Impact

- What are the positive and negative, intended and unintended, changes produced by the project?
- Analyze the contribution of the project to any observed impact (intended, unintended, positive, negative) and analyze what other actors and factors contributed to the impact.
- What real difference has the intervention made to the beneficiaries? - How many people have been affected?
- Are the local communities and stakeholders more resilient than before?
- How likely is it that any positive changes may be sustained in the short- and medium-term? Connectedness and sustainability

Connectedness and Sustainability

- Did the project plan and implement an adequate transition and exit strategy that ensures longer-term positive effects and reduces risk of dependency?
- How likely will critical services and effects be sustained beyond the duration of the project?
- How well are the project's outputs linked to more long-term focused objectives?
- What were/are the major factors which influenced the achievement or non-achievement of sustainability of the project?
- To what extent will the benefits of the project continue after donor funding ceases?

iii. Scope of Work

The scope of this consultancy is to conduct an evaluation of the ongoing KP/PLHIV projects activities to ascertain the impact and come out with recommendations for future programming.

iv. Specific tasks and Responsibilities: Evaluation of the PLHIV programme

- Develop inception report including all data collection tools and specific work plan.
- Train Research Assistants

- Lead data collection
- Compile evaluation report
- Facilitate stakeholder consultations and validation meeting
- Lead the Systems requirement gathering initiative
- Develop the system

v. Deliverables

- Programme evaluation report

vi. Duration and timeline

The assignment shall be completed within 30 working days beginning soon after the inception meeting.

vii. Consultant Competencies, Experience and Skill requirements

- Post graduate qualification in Demography, Public Health with exposure to monitoring and evaluation of electronic health medical records system
- Experience in data collection, data management, Database development, Clinical databases
- Ability to write clearly and concisely in English
- Clear understanding of the HIV landscape in Swaziland

viii. Management and organization of the Consultancy Communications

The contract will be supervised by AMICAALL in collaboration with CANGO. The consultant is expected to compile and submit an inception report to be discussed and approved by AMICAALL and CANGO as well as selected stakeholders.

To apply

Consultants are requested to show interest by submitting a comprehensive proposal and budget through email to procurement@cango.org.sz latest **30 June 2021**.