

**Terms of Reference**

**Terminal Evaluation: “Increasing Access to HIV/AIDS Prevention**

**and Care for Vulnerable People”**

**Title : Increasing Access to HIV/AIDS Prevention and Care for Vulnerable**

 **People**

**Organization : UNDP, India**

**Duty Station : New Delhi**

**Type of Contract : Individual contract**

**Duration : 23 days over one month**

1. **Background**

HIV is influenced by a number of socio-economic factors, such as poverty, illiteracy, migration, gender discrimination, urbanization, etc. For prevention and impact mitigation involvement of key stakeholders beyond the health sectors in required. Mainstreaming & partnership is an effective approach to generate multisectoral response for risk reduction, integration of services and social protection.

People Living with HIV (PLHIV) face various vulnerabilities such as job insecurity, poor access to health care facilities, low access to nutritional support and education for children. In addition, HIV-related social stigma and discrimination diminishes their access to work and medical treatment, and lowers their self-esteem to even seek government entitlements. Children Affected By HIV/AIDS (CABA) have many factors currently deter or prevent them from benefiting essential health care, education and other social welfare services provided under the Government of India schemes. Girls orphaned by HIV tend to be more socially vulnerable. Given these realities and the need for regular income for the PLHIV to meet their escalating

expenses for treatment and care, there is a need to plan for social protection for those living with HIV and AIDS. It is recognized that for population infected and affected by HIV and AIDS have needs beyond HIV prevention and treatment services.

The National AIDS Control Programme in India has gone beyond just generating an HIV response — it has paved the way for some of the most successful experiments in social sector response. UNDP has an important role in supporting health outcomes by helping countries to address the social, cultural and economic determinants of HIV and health, in partnership with UN entities and other organizations. This is done through UNDP’s core work in reducing inequalities and social exclusion that drive HIV and poor health, promoting effective and inclusive governance for health, and building resilient and sustainable systems for health. UNDP also contributes through its coordinating and convening role in bringing together multiple partners and resources at national and local levels. More than three decades of experience responding to an epidemic, has taught us that HIV cannot be addressed by the health sector alone.   Strengthening governance, institutional capacities, partnerships, civil society, mainstreaming, community engagement and enabling legal and policy environments while scaling up evidence and human rights based programmes, can help to address challenges faced in other health and development programmes.

In partnership with the National AIDS Control Organization, Ministry of Health & Family Welfare, Government of India, UNDP India aims to reduce stigma faced by people affected by HIV and support improved access to entitlements and services through mobilizing communities and strengthening institutions on facilitating access to social protection and expanding coverage of HIV services to hard-to-reach men-having-sex-with-men and transgender groups.

The social protection is viewed with great importance for reducing vulnerabilities and to mitigate the impact of HIV. The strategy on social & legal protection is to reduce the impact of HIV by ensuring entitlements & benefits to PLHIV & affected families. It reduces the burden on household as well as vulnerabilities of people to infection. The social protection initiatives impacted positively in improving the quality of life of PLHIV, CABA & MARPs and its accessibility ensures social, legal and economic rights. Social and legal protection includes access to rights and entitlements which may be in the areas of nutrition, healthcare, shelter, health insurance, legal aid, travel support, pension and so on. In view of the strategic importance of social protection, the suggested approach is to work closely with Government departments to identify and advocate for amendment/ adaptation of policies and schemes to make it HIV sensitive and to increase accessibility of benefits by PLHIV, CABA and MARPs.

1. **About the model**

The District AIDS Prevention and Control Unit (DAPCU) led “Single Window” model for social protection is envisaged to improve the accessibility of entitlements and schemes by the infected and affected communities. This model intends to facilitate entitlements and schemes provided by the State and Central Government to all eligible People living with HIV (PLHIV), Children Affected by AIDS (CABA) and Most At-Risk Population (MARPs).

The DAPCU office will act as the single window for social protection for the infected and affected communities. At district level, the DAPCU Officer will take a lead to ensure that PLHIV, CABA and MARPs are fully assisted in providing information on various entitlements and schemes, in filling the application through various help desks. DAPCU officer plays important roles in submitting the filled in application to various departments, follow-up and its implementation.

The feature of this model is to increase demand for social protection among PLHIV, CABA and MARPs through social protection help desks. In the DAPCU-led model, the various service centres under the NACP at the district like Targeted Intervention (TI), Link Worker Scheme (LWS), Integrated Counselling and Testing Centre (ICTC), Anti-Retroviral Therapy (ART), Link ART, etc. will act as help desks to facilitate social protection. The DAPCU office will act as apex body in the district to facilitate social entitlements and social protection.

“Single window” refers to a single access point to avail the information on various social protection schemes and submit the application for social protection. The DAPCU directly advocates with the district administration through the District Commissioner / District Magistrate / District Collector with various departments (including legal services) to make necessary changes in the various schemes to address the needs of the PLHIV, CABA and MARPs.

The DAPCU will collect filled in applications from all help desks. The bunch of applications will be again validated by DAPCU and then submitted to the concerned departments with a covering letter. The follow up with respective departments for clearance of application and receipt of benefits will be done by DAPCU in support with the counsellors in the service centres.

Salient features of the Single Window model on Social Protection for PLHIV, CABA and MARPs.

* The DAPCU led single-window approach reduces the barriers in availing the information on social protection schemes by PLHIV, CABA and MARPs.
* It ensures quick access to schemes and facilitates filling up of applications for benefits.
* Improves advocacy with the concerned departments and help in follow-up on the applications submitted.
* Sustain monitoring of the social protection upscale
1. **Objectives of the Evaluation**

The objectives of evaluation are:

* Assess the contribution made by the Project to mainstreaming activities comprising creation of enabling environment, stigma reduction, social protection and partnerships with non-health ministries.
* Assess achievements under the DAPCU led single window model for social protection till date.
* Assess the role of the different stakeholders and their contribution towards the single window model.
* Identify best practices and strengths from the states/ Districts.
* Provide recommendations for improving uptake of social protection.

1. **Methodology**
2. Appraisal design including data collection:

The Appraisal team will be composed of technical experts from the development sector. The team will gather information through the following means:

* Desk review of relevant documents: Guidance notes, field visit/monitoring reports/ annual/ quarterly reports / knowledge products
* Individual interviews/focus group discussions within the target group: (people living with HIV/AIDS and people affected by HIV/AIDS including children, officials from other government departments/ any other stake holders, project staff etc. at national and state level.
1. **Appraisal Criteria:**
* **Relevance:** Assess the relevance of the Project to national priorities and its alignment with UNDAF and Country Programme outcomes / outputs. It also comments on the appropriateness of the Project design
* Effectiveness: Evaluate how successful has the Project been in achieving the outputs that contribute to the overall outcome
* **Efficiency:** examines the use of resources, financial and human, for achieving the results. It further probes if parallel structures were created to achieve the results or if human resources were embedded in implementing partners.
* **Impact**: becomes available only after long term implementation but it was still possible to provide pointers towards impact such as measured through increased number of people accessing the services and increased number of benefits being accessed.
* Sustainability: Action taken by government to scale up the model out of their own resources as also organizational sustainability of networks to continue with the activities after closure of the Project.
* **Value addition**: of the overall Project as well as “single window” measured against “control” districts to see if “single window” model has contributed better results than previous ways of accessing social protection.
* **Gender (sensitivity):** to specifically focus on if the Project addresses the different needs of women, transgender and children.

**Consultant**

UNDP is looking for a senior consultant to sphere head the process. The consultant will be a technical expert and will be responsible for the complete process and submission of the final report. The consultant will be reporting to the Assistant Country Director – Poverty Unit UNDP.

**Tasks to be undertaken by the Consultant:**

* Questionnaires for the interviews
* Desk review – (List of documents required will be developed and shared in advance)
* Development of the appropriate Appraisal tools (in cooperation with UNDP NACO concerned staff).
* Data collection and its Analysis
* Developing presentation and report of the initial findings of the evaluation to UNDP and NACO.
* Submission of the final report

**Qualification:**

Master Degree in Arts

**Experience:**

* 15+ years of experience in the development field
* Conversant with research and evaluation methodologies
* Demonstrated experience in handling similar evaluations
* Experience in working with UNDP

**Responsibilities of UNDP**

* Provide required documents needed for the desk review.
* Facilitate field visits to SACS through NACO.
* Facilitate in developing a field visit schedule in states through NACO.
1. **Report requirements:**

The final report will be within the length of 1-1- 14 pages: One page for recommendations, one page for the executive summary and 14 pages for the presentation of the findings apart from the foreword, copy right page and the cover pages. It may also contain any other relevant information, case studies, supporting documents and specific observations as annexures. The report should ensure quality of information, especially in its findings and clear recommendations. The overall report in print will not exceed 20 pages (A4 size).

**Travel:**

The consultant would need to travel to the Districts mutually agreed upon by NACO and UNDP. Travel to each district should not exceed three days including travel time. Costs would be reimbursed as per the UNDP norms.

**Payment Schedule:**

* 30% on submission Inception Report. The inception report should include:
* Travel itinerary (tentative dates, states and districts to be visited)
* Methodology and tools to be used in the report
* 70 % Final evaluation report