



TERMS OF REFERENCE

Job ID/Title:	Consultant for the final evaluation of the project Global Fund grant STP-Z-UNDP
Duty Station:	Sao Tome and Principe
Category:	IC
Starting Date:	20/05/2021
Duration of Contract:	One month

Languages Required:	Portuguese	X	English	X
Languages Desirable:	Spanish	X	French	X

A. Background:

STP is considered a lower-middle-income country with an estimated Gross National Income (GNI) per capita of \$1,670 in 2014. Population below the poverty line was estimated at 66% in 2009 (WFS) and the country ranks 142nd of 188 countries on the human development index as of 2016.

Since 2005 and until 2020, UNDP was the Principal Recipient (PR) for Global Fund's HIV/Aids, Tuberculosis and Malaria projects in the Republic of Sao Tome and Principe.

In the last funding period, the project was focused on continuing with of Global Fund programs and, at the same time, building national capacity to ensure readiness for UNDP's transition out of the PR role until full handover in 2020 to the Ministry of Health.

The three programs (TB, HIV, and Malaria) are integrated into the healthcare system, with a national coordination unit within the National Centre for Endemic Diseases (CNE). With the Global Fund subvention for 2018-2020 the country aims to:

- Reduce the incidence of malaria to less than 1 case per 1,000 inhabitants within all of the districts of São Tomé, and record 0 (zero) endemic cases within the Autonomous Region of Príncipe by 2021.
- Reduce morbidity among people living with HIV/AIDS from 0.13 in 2013 to 0.06 per 1,000 inhabitants by 2021 and reduce mortality from 28.8 in 2013 to 4.15 per 100,000 inhabitants by 2021.
- Increase the treatment success rate for all forms of TB that have been bacteriologically confirmed and clinically diagnosed, from 76.5% in 2016 to ≥85% by 2020.

With the next activities:

- **Malaria**

- Strengthen the epidemiological surveillance system and entomological monitoring and evaluation at central and district levels, and within the Autonomous Region of Príncipe, as well as improve country's capacity to detect and respond to epidemics.
- Detect 100% of cases of malaria infection throughout the country, using high-quality biological diagnosis, and treat appropriately according to the national policy for case management.
- Ensure that 100% of the at-risk population benefits from interventions integrating vector control, as well as other evidence-based prevention interventions; and Implement social mobilization interventions and communication strategies adapted to the country's efforts towards malaria elimination.

- **Implement strategies for malaria elimination**

- Capacity-building to ensure improved program management at the national level.
- Vector control interventions targeting adult mosquito vectors using systematic Indoor Residual Spraying (IRS) and free long-lasting insecticidal nets (LLINs) distributed through mass campaigns and through routine distribution, with particular emphasis on children less than five years of age and pregnant women.
- Case management in public facilities.
- Strengthening the surveillance systems through epidemiological monitoring, early detection of cases, immediate notification, and community interventions.

- **HIV**

- Reduce the rate of sexual transmission of HIV infection from 0.5% in 2014 to 0.4% in 2020.
- Reduce the morbidity and mortality and improve the quality of life of people living with HIV, their partners and their families.
- Eliminate mother to child transmission of HIV (0%) by 2020.
- Increase the institutional capacity of the National AIDS, Malaria and Tuberculosis Control program/of the Ministry of Health as well as civil society in order to respond to the HIV epidemic.

- **Implement strategies to reach 90-90-90 for HIV by 2020**

- Extend further the test and treat strategy to include all adults, regardless of CD4 count, in addition to priority groups including key populations, pregnant women, children, TB patients, and discordant couples.
- Capacity-building for health care providers.
- Availability of health products (pharmaceutical and non-pharmaceutical).
- HIV prevention among key populations, youth and adolescents.
- Strengthening of the M&E system.

- **Tuberculosis**

- Increase the notification rate of TB cases from 71 per 100,000 inhabitants in 2012 to 80 per 100,000 inhabitants in 2020, by increasing TB screening among key populations.
 - Increase the TB treatment success rate to more than 85%, by placing the emphasis on rigorous DOTS.
 - Carry out routine TB screening using GeneXpert testing for all suspected TB cases.
 - Provide care and support to over 95% of patients co-infected by TB and HIV.
- **Implement strategies that increase the success rate of treatment and the proportion of TB+ patients tested for HIV and/or know their status**
 - Active case finding to increase early diagnosis, and improve the detection rate to ensure patients access treatment early.
 - Continue to improve the quality of TB diagnosis, particularly using the GeneXpert technology.
 - Reinforce infection control measures within health facilities by means of capacity-building to health care providers.
 - Strengthen the M&E system and increase the % of TB-HIV patients who have initiated or continue to be on ART.

The Country Coordinating Mechanism (CCM) has selected UNDP to assume the role of the Primary Recipient, responsible for grant management 2018-2020.

During Program implementation, the PR (UNDP) has provided, in accordance with the terms of the grant agreement, grant funds to other entities to implement the Program activities, based on sub-recipient (SR) agreements. The Program activities supported under this grant have been implemented by the following organizations, considered as SRs under the grant showing the use of resources:

Table 1. SRs expenditures from January 1st 2018 to December 31st 2019 and estimated disbursement for year 2020. Closing analysis for cash statements include data closing date October 31st, 2020.

No	Name	Type of implementing entity	Funds disbursed Jan 2018 - Dec 2019	Estimated disbursement Jan - Dec 2020	Total disbursed funds EUR
1	FUNDO NACIONAL DE MEDICAMENTOS (FNM)	Governmental - Ministry of Health	38,630	19,753	58,383
2	INSTITUTO NACIONAL P/PROM.IGUAL GENERO (INPG)	Governmental - Other Governmental	21,327	13,112	34,439
3	PROGRAMA NACIONAL DE LUTA CONTRA A PALUDISM (PNLP)	Governmental - Ministry of Health	365,221	92,453	457,674
4	PROGRAMA NACIONAL DE LUTA CONTRA A SIDA (PNLS)	Governmental - Ministry of Health	105,952	38,190	144,142

5	<i>PROGRAMA NACIONAL DE LUTA CONTRA TUBERCUSIS (PNLT)</i>	Governmental - Ministry of Health	161,672	39,264	200,936
6	<i>ASSOC. SANTOMENSE PLANEAM.FAMILIAR-FONG (ASPF)</i>	Community Sector - Local NGO	103,662	45,537	149,199
7	<i>Cruz Vermelha</i>	Community Sector - Local NGO	76,602	-	76,602
8	<i>Zatona Adil</i>	Community Sector - Local NGO	437,847	229,371	667,218
Total EUR			1,310,913	477,680	1,788,593

B. Scope of the Evaluation:

The Consultant will conduct the final evaluation of the STP-Z-UNDP grant (herein referred as The Grant) to evaluate the level of achieve all the GF requirements were followed and reach. The end of project evaluation will assess the relevance, effectiveness and efficiency of the grant as well as understand the key factors that have contributed to the achieving or not achieving of the intended results; determine the extent to which The Grant contributed to forging partnership at different levels, including with government, donors, UN agencies, Sub-recipients and beneficiaries; sustainability of the The Grant for continued realization of results generated; and to draw lessons learned and best practices and make recommendations for future programming of projects of similar nature.

Specific evaluation objectives are:

1. To determine the relevance of The Grant and whether the initial assumption remained relevant the whole duration of The Grant;
2. To assess the effectiveness of The Grant in terms of progress towards agreed outputs and identify the factors that influenced achievement of results;
3. To assess the efficiency of The Grant planning and implementation (including managerial arrangements, partnerships and co-ordination mechanisms);
4. To identify best practices and lessons learned from The Grant implementation and provide actionable recommendations for future projects; and
5. Identify the unintended outcomes of the project as well as sustainability of the results.

B.1 Evaluation Questions

The following key questions will guide the end of project evaluation:

Relevance

- To what extent are the programme in line with UNDP's and GFATM mandate, national priorities and the requirements of targeted women and men?
- How did the programmes promote UNDP principles of gender equality, human rights and human development?

- To what extent was The Grant selected method of project implementation appropriate to the development context?

Effectiveness

- To what extent have outcomes/targets been achieved or has progress been made towards their achievement as per the agreed performance framework?
- How have corresponding outputs delivered by The Grant affected the outcomes, and in what ways have they not been effective?
- What has been the contribution of partners and other organizations to the outcome, and how effective have The Grant partnerships been in contributing to achieving the outcome?
- What were the positive or negative, intended, or unintended, changes brought about by The Grant implementation?
- To what extent did the outcomes achieve benefit women and men equally?

Efficiency

- To what extent have the project outputs resulted from economic use of resources?
- To what extent were quality outputs delivered on time?
- Could a different approach have produced better results?
- To what extent were partnership modalities conducive to the delivery of outputs?
- How is the programme management structure operating?

Sustainability

- What indications are there that the project outcomes will be sustained, e.g., through requisite capacities (systems, structures, staff, etc.)?
- To what extent has a sustainability strategy, including capacity development of key national stakeholders, been developed, or implemented?
- To what extent are policy and regulatory frameworks in place that will support the end of Project Evaluation of the Grant continuation of benefits?
- To what extent have partners committed to providing continuing support?

The above evaluation questions will be agreed upon among users and other stakeholders and accepted or refined in consultation with the evaluation team.

- **Methodology for the evaluation**

The end of project evaluation will be carried out in accordance with UNEG Evaluation Norms and Standards of Evaluation and Ethical Standards as well as OECD/DAC evaluation principles and guidelines and fully compliant with the DAC Evaluation Quality Standards. The evaluation involves qualitative and quantitative methods from primary and secondary sources to evaluate The Grant project implementation and performance and to make recommendations for the next programme cycle.

Data Collection

The evaluation process will include the following:

- Document review and analysis.
- Interviews and discussions with key beneficiaries and key stakeholders including donors, government officials, UN agencies, SRs.
- Field visits.
- Participatory observation and incorporation of stakeholder feedback to the draft evaluation report.

The following documentation will be provided as reference:

- Country Programme Document (CPD) and United Nations Development Framework (UNDAF)
- The Grant performance framework, budget and workplan for the period 2018 – 2020
- GF projects annual reports
- Grant Agreement, proposals, progress reports
- Field monitoring reports
- Global Fund grant rating for the period 2018 - 2020
- M&E plan for the three diseases
- Annual HMIS report and DHIS2 data, if available

Time frame

Activities	Deliverable	Number of Days
<ol style="list-style-type: none"> 1. Revise evaluation design, methodology and detailed work plan 2. Inception Meeting Initial briefing 	<p>Inception report: The evaluator will prepare an inception report which details the evaluator’s understanding of the evaluation and how the evaluation questions will be addressed. This is to ensure that the evaluator and the stakeholders have a shared understanding of the evaluation. The inception report will include the evaluation matrix summarizing the evaluation design, methodology, evaluation questions, data sources and collection analysis tool for each data source and the measure by which each question will be evaluated</p>	5 days
<ol style="list-style-type: none"> 1. Documents review and stakeholder consultations 2. Field visits to selected implementation sites and health facilities to see project implementation results. 	<p>Draft end of project evaluation report - The consultant will prepare the draft evaluation report for cognizant of the proposed format of the report and checklist used for the assessment of evaluation reports (see annexes). The report will be</p>	15 days

<p>3. Data analysis, debriefing and presentation of draft Evaluation Report to CCM, SRs, CSOs, Representative of Key population, UN agencies, UNDP HQs, GF and other stakeholders.</p> <p>4. Validation Workshop</p>	<p>submitted to MOH, CCM members, SRs, UN agencies, GF, GFHIST and UNDP HH. Comments from stakeholders will be provided within 5 days after receiving the Draft Report. The report will be reviewed to ensure that the evaluation meets the required quality criteria. The report will be produced in Portuguese with an executive summary in English.</p>	
<p>1. Finalization of Evaluation report</p>	<p>Final end of project evaluation Report. The final report (30-50 pages) will include comments from MOH, CCM members, UN agencies, SRs, UNDP, and GF. The report will be produced in English.</p>	<p>5 days</p>

Note: The schedule is subjected for revision if there is a need from the organization

Reporting:

The Consultant shall report to the RR, DRR UNDP & Programme Coordinator in UNDP Sao Tome and Principe

Lump sum contracts

The financial proposal shall specify a total lump sum amount, and payment terms around specific and measurable (qualitative and quantitative) deliverables (i.e. whether payments fall in installments or upon completion of the entire contract). Payments are based upon output, i.e. upon delivery of the services specified in the TOR. In order to assist the requesting unit in the comparison of financial proposals, the financial proposal will include a breakdown of this lump sum amount (including travel, per diems, and number of anticipated working days).

Travel

All envisaged travel costs must be included in the financial proposal. This includes all travel to join duty station/repatriation travel. In general, UNDP should not accept travel costs exceeding those of an economy class ticket. Should the IC wish to travel on a higher class he/she should do so using their own resources.

Timeframe

The assignment will be conducted over a period from 20 May to 20 of June 2021.

Competencies

Corporate Competencies:

- Demonstrates integrity by modeling the UN's values and ethical standards;
- Promotes the vision, mission, and strategic goals of UNDP;
- Displays cultural, gender, religion, race, nationality and age sensitivity and adaptability.

Functional competencies:

- Strong analytical, negotiation and communication skills, including ability to produce high quality practical advisory reports and knowledge products;
- Professional and/or academic experience in one or more of the areas of the Development or knowledge management field.

Project and Resource Management:

- Ability to produce high quality outputs in a timely manner while understanding and anticipating the evolving client needs;
- Ability to focus on impact and results for the client, promoting and demonstrating an ethic of client service;
- Strong organizational skills;
- Ability to work independently, produce high quality outputs;
- Sound judgment, strategic thinking and the ability to manage competing priorities.

Partnership building and teamwork:

- Demonstrated well developed people management skills;
- Strong ability to manage teams; creating an enabling environment, mentoring and developing staff;
- Excellent negotiating and networking skills;
- Demonstrated flexibility to excel in a multi-cultural environment;
- Provides constructive coaching and feedback.

Communications and Advocacy:

- Strong ability to write clearly and convincingly, adapting style and content to different audiences and speak clearly and convincingly.
- Strong presentation skills in meetings with the ability to adapt for different audiences;
- Strong analytical, research and writing skills with demonstrated ability to think strategically;
- Strong capacity to communicate clearly and quickly;
- Strong inter-personal, negotiation and liaison skills.

Core Competencies:

- Demonstrating/safeguarding ethics and integrity;
- Demonstrate corporate knowledge and sound judgment;
- Self-development, initiative-taking;

- Acting as a team player and facilitating team work;
- Facilitating and encouraging open communication in the team, communicating effectively;
- Creating synergies through self-control;
- Managing conflict;
- Learning and sharing knowledge and encourage the learning of others. Promoting learning and knowledge management/sharing is the responsibility of each staff member;
- Informed and transparent decision making.

Education:

This assignment will require a senior expert with extensive broad-based experience of working in the HIV and AIDS sector or Malaria or Tuberculosis, particularly in developing countries.

- Master's degree in Public Health or any relevant field.

Experience:

- Minimum seven (7) years of experience in planning, management, monitoring and evaluation of health programs at the national and international levels.
- Proven successful experience with strategic planning and development of national policy documents.
- Solid and demonstrable knowledge and understanding of the local, regional and global responses to malaria, HIV and AIDS and Tuberculosis.

Language Requirement:

Portuguese/English is required. Knowledge of French and/or Spanish desirable.

Confidentiality and proprietary interests

The Individual Consultant shall not either during the term or after termination of the assignment, disclose any proprietary or confidential information related to the consultancy service without prior written consent. Proprietary interests on all materials and documents prepared by the consultants under the assignment shall become and remain properties of UNDP.